Addressing the High Cost Of Complex, Chronic Conditions
Behavioral Health Needs of High-Need, High-Cost Patients

Melinda Abrams
Vice President and Director, Delivery System Reform, The Commonwealth Fund

NCSL Professional Legislative Staff Seminar
New Orleans, LA
October 11, 2018
1. Who are high-need, high-cost patients?

2. What are the unique challenges faced by high-need, high-cost patients with behavioral health conditions?

3. What works in caring for high-need, high-cost patients with behavioral health conditions?
Health Care Costs Concentrated in Sick Few—Sickest 5% Account for 49% of Expenses

Source: Agency for Healthcare Research and Quality analysis of 2013 Medical Expenditure Panel Survey; MEPS Statistical Brief 480.
High-Need, High-Cost Patients Are More Likely To...

- Be 65 or older
- Have multiple chronic conditions
- Face material hardship or other socio-economic challenges
- Be near the end of life

Listening to Patients: The Challenges Facing High-Need, High-Cost Adults

Compared to the total population of adults, high-need adults:

• Cost 4X as much on average annual health care expenditures
• Spend 2X as much on out of pocket expenses
• Are almost 2X more likely to worry about paying the bills
• Report 2.5X more unmet medical needs
• Are 2X more likely to report feeling socially isolated
• Are more than 2X more likely to have a diagnosed behavioral health condition (56%)
High-Need, High-Cost Adults are a Heterogenous Population
Functional Limitations are a Key Predictor of High Costs...

Average annual health care expenditures

3+ chronic diseases

$7,526

3+ chronic diseases, with functional limitations

$21,021

Data: 2009-2011 MEPS. Noninstitutionalized civilian population age 18 and older.

...As Are Behavioral Health Issues

Average Annual Health Expenditures Among a Medicaid Population (2002)

- No mental illness
- Mental illness and drug/alcohol problem

<table>
<thead>
<tr>
<th>Condition</th>
<th>No Mental Illness</th>
<th>Mental Illness and Drug/Alcohol Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma/COPD</td>
<td>$8,000</td>
<td>$24,598</td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>$9,488</td>
<td>$24,927</td>
</tr>
<tr>
<td>Coronary heart disease</td>
<td>$8,788</td>
<td>$24,443</td>
</tr>
<tr>
<td>Diabetes</td>
<td>$9,498</td>
<td>$36,730</td>
</tr>
<tr>
<td>Hypertension</td>
<td>$15,691</td>
<td>$35,840</td>
</tr>
</tbody>
</table>

High-Need, High-Cost Adults with a Behavioral Health Condition Are More Likely To...

- Be female
- Have a high school education or less
- Make less than 200% of the federal poverty line
- Report their health as fair or poor

Note: Noninstitutionalized civilian population age 18 and older.
Challenges for High-Need, High-Cost Adults with Behavioral Health Conditions

High-need adults with behavioral health conditions are more likely to have:

• More emergency department visits and hospital stays
• Poorer access to specialists
• Worse patient-provider communication
• Greater likelihood of staying high-cost over time

... when compared to high-need adults without behavioral health conditions

Note: Noninstitutionalized civilian population age 18 and older.
Effective Models Exist
Caring for high-need, high-cost patients

What State Legislatures Can Do

1. Develop new strategies when budgeting for innovation/savings (budget neutrality, time considerations)

2. Cross-program budgeting (social determinants)

3. LTSS integration (MLTSS, D-SNPs)

4. Encourage changes to Medicaid state plan to target high-risk patients (health homes)

5. Increase access and funding for substance use disorder treatment services
Acknowledgments

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Delivery System Reform

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Advancing mental health and well-being

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Well Being Trust

ADVANCING MENTAL, SOCIAL, AND SPIRITUAL HEALTH
"Health care reform. Do we need it? How do we get it?"

by

Benjamin Miller

Block 5

December 16, 1993
What should be Congress’ biggest priority for the health care system?

<table>
<thead>
<tr>
<th>Priority</th>
<th>Total</th>
<th>Democrats</th>
<th>Independents</th>
<th>Republicans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Making sure that everyone has health insurance coverage</td>
<td>28%</td>
<td>23%</td>
<td>14%</td>
<td>43%</td>
</tr>
<tr>
<td>Lowering health insurance premiums</td>
<td>13%</td>
<td>17%</td>
<td>18%</td>
<td>25%</td>
</tr>
<tr>
<td>Lowering out-of-pocket costs</td>
<td>17%</td>
<td>16%</td>
<td>16%</td>
<td>20%</td>
</tr>
<tr>
<td>Making sure that low-income families have help in paying for care</td>
<td>15%</td>
<td>17%</td>
<td>17%</td>
<td>18%</td>
</tr>
<tr>
<td>Limiting government involvement in health care</td>
<td>5%</td>
<td>7%</td>
<td>12%</td>
<td>24%</td>
</tr>
<tr>
<td>Don’t Know / No Opinion</td>
<td>6%</td>
<td>16%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Leon Lederman, an experimental physicist who studied subatomic particles, has died at 96 after selling his Nobel Prize for $765,000 at an auction to help pay medical bills.

Nobel Prize-winning physicist Leon Lederman dies at 96
BOISE, Idaho (AP) — Leon Lederman, an experimental physicist who won a Nobel Prize in physics for his work on subatomic particles and coined the phrase "God
PAIN IN THE NATION

Deaths from drugs, alcohol and suicide 1999 to 2025 (PROJECTED)

1999

PainInTheNation.org
Life expectancy vs. health expenditure, 1970 to 2015

Health financing is reported as the annual per capita health expenditure and is adjusted for inflation and price level differences between countries (measured in 2010 international dollars).

Health care v. Health

Prevalence of Adverse Childhood Experiences From the 2011-2014 Behavioral Risk Factor Surveillance System in 23 States

Melissa T. Merrick, PhD; Derek C. Ford, PhD; Katie A. Ports, PhD; et al

Key Points

Question  What is the prevalence of adverse childhood experiences across 23 states stratified by demographic characteristics?

Findings  In this cross-sectional survey of 214,157 respondents, participants who identified as black, Hispanic, or multiracial, those with less than a high school education, those with annual income less than $15,000, those who were unemployed or unable to work, and those identifying as gay/lesbian or bisexual reported significantly higher exposure to adverse childhood experiences than comparison groups.

Meanings  These findings highlight the importance of understanding why some individuals are at higher risk of experiencing adverse childhood experiences than others, including how this increased risk may exacerbate health inequities across the lifespan and future generations.
Share of population with mental or substance use disorders, males vs. females, 2016

Share of males vs. females with any mental health or substance use disorder; this includes depression, anxiety, bipolar, eating disorders, schizophrenia, alcohol and drug use disorders, and neurodevelopmental disorders. Due to the widespread under-diagnosis, these estimates use a combination of sources, including medical and national records, epidemiological data, survey data, and meta-regression models.

Source: IHME, Global Burden of Disease
Solution #1

Enforce the basics
We mustn’t let the Mental Health Parity and Addiction Equity Act languish

By PATRICK J. KENNEDY and BENJAMIN F. MILLER / OCTOBER 6, 2018

https://www.paritytrack.org/mhpaea-10th-anniversary/?
Solution #2
Go to the places people are (and integrate)
**Integrated sites:** 39 percent received some type of substance abuse treatment in integrated sites

**Non-integrated:** 16.8 percent received substance abuse treatment in non-integrated sites
Collaborative Care Outcomes for Pediatric Behavioral Health Problems: A Cluster Randomized Trial

David J. Kolko, PhD,§a.b.c.d John Campo, MD,§ Amy M. Kilbourne, PhD,† Jonathan Hart, MS,§c Dara Sakolsky, MD,§
and Stephen Wisniewski, PhD§

RESULTS:

DOCC (versus EUC) was associated with higher rates of treatment initiation (99.4% vs 54.2%; P < .001) and completion (76.6% vs 11.6%, P < .001), improvement in behavior problems, hyperactivity, and internalizing problems (P < .05 to .01), and parental stress (P < .05-.001), remission in behavior and internalizing problems (P < .01, .05), goal improvement (P < .05 to .001), treatment response (P < .05), and consumer satisfaction (P < .05). DOCC pediatricians reported greater perceived practice change, efficacy, and skill use to treat ADHD (P < .05 to .01).
Many individuals who are at risk for suicide have recently had a primary care visit.

45%  20%  73%

1 Month  24 Hours  Elderly - 1 Month

Luoma, Martin, & Person, 2002; Pirkis & Burgess, 1998; Juurlink et al., 2004
Welcome to the Zero Suicide Toolkit

Watch Mike Hogan, co-lead of the Zero Suicide Advisory Group, describe Zero Suicide. And read the Quick Guide, in the Tools below, for 10 steps to beginning a Zero Suicide initiative.

Learn more about the fundamentals of Zero Suicide implementation.
Solution #3
Invest in health
Mental Health and Community Development - Volume 13, Issue 1

This issue of the Community Development Innovation Review is dedicated to the topic of mental health and community development. It advances the healthy communities conversation by explicitly recognizing the relationship between mental health and physical health as well as the role social factors play in both aspects of overall wellbeing. As the World Health Organization (WHO) says, “There is no health without mental health.” As the articles in this issue of the Review reveal, there are profound connections between poverty, place, and poor mental health. Issues like financial insecurity, housing instability, community violence, and limited economic prospects are risk factors for poor mental health—they are also the very same issues that community development seeks to address. In addition, the articles explore emerging themes in the field and their connection to mental health, such as the prevalence of trauma, community resilience in the face of climate change, and the power of arts and culture to engage and activate a community.
Comprehensive Care = Cost Savings

- Substantial, independently evaluated total cost of care differentials
- Normalized for differences in population, demographics, risk and price

- Medicaid:
  - 5.5%
- Medicare:
  - 3.0%
- Medicare-Medicaid Beneficiaries:
  - 5.4%
- Combined cost savings:
  - 4.8%

Create incentives to get mental health integrated (e.g. schools, primary care)

Develop standards for how mental health should be identified and treated

Assess policies and practices that may limit where a person can get access to mental health care

Create a vision for what you want the mental health system to be
Resources

- ben@wellbeingtrust.org
- www.makehealthwhole.org
- www.integrationacademy.ahrq.gov
- www.wellbeingtrust.org
- www.wellbeinglegacy.org
- www.farleyhealthpolicycenter.org
ROCHELLE HEAD-DUNHAM, MD, FAPA
EXECUTIVE DIRECTOR AND MEDICAL DIRECTOR
CLINICAL ASSOCIATE AND ASSISTANT PROFESSOR OF PSYCHIATRY, LSU AND TULANE SCHOOLS OF MEDICINE
Metropolitan Human Services District

Metropolitan Human Services District (MHSD) was created by the state legislature in 2003 to oversee the delivery of publicly-funded, community-based mental health, addictive disorders and developmental disabilities services to our area. MHSD serves adults, children and families of Orleans, Plaquemines and St. Bernard Parishes. In particular, we serve residents who are indigent, uninsured, underinsured or Medicaid eligible. Our Primary funding sources are Medicaid, state allocations and federal grants.
Clinical Considerations and Implications

The “New Math” for determining opioid risk/benefit analysis.

- Society
- Patient
- Regulators
- Health Care Provider
- Substance User
- Society

PainWeek, NOLA 2018
Components of A Good Behavioral Health System
OUTCOMES OF A GOOD BEHAVIORAL HEALTH “MAT” SYSTEM

Desired Outcomes

- Decrease opioid overdoses and death
- Raise public and professional awareness about the dangers of opioids
- Increase access to MAT through OTPs and OBTPs
- Increase total opioid RXs
- Decrease Naloxone distribution to save lives
“Model Programs”
On January 12, 2018, MHSD participated in the Substance Abuse and Mental Health Service Agency’s (SAMHSA), Louisiana state compliance audit with federal requirements for expenditure of Substance Abuse Prevention and Treatment Block Grant (SAPT BG)Funding. Three MHSD programs were identified as “Model Programs” (MP) for national recognition.
MHSD Model Program #1
Reengagement Program - “Warm Hand Off”

MHSD in partnership with the Orleans Parish Sheriff’s Office (OPSO) has taken steps to address the mental illness and substance use needs of incarcerated individuals prior to release. The program requires coordination by multiple staff of both agencies.

- OPSO provides MHSD with access to their psychiatric inmates who are eligible for release.
- A MHSD staff person attends Discharge Planning group meetings to introduce and explain service.
- Individuals choosing MHSD services sign Release of Information (ROI) forms.
- The ROI and all medical records are emailed/faxed to MHSD’s Aftercare personnel prior to release.
- A priority appointment is scheduled day after release with the MHSD clinic psychiatrist for Medication continuity which may include Vivitrol continuity or initiation.
- All medications/prescriptions are sent to MHSD’s in house pharmacy.
- Care navigation is available with the MHSD’s Resource Coordination Unit which includes Peer Support and attention to other needs such as housing and employment.
MHSD Model Program #2
“Resource Coordination Unit (RCU)”

The MHSD Resource Coordination Unit (RCU) exists to serve people in need of referral and linkage to non-clinical, but essential core services. The RCU serves as the care management resource to all staff of MHSD including the Care Center, and a care navigator for persons served and their families as well as external partners to the agency and the general public. The RCU links people to services by (1) identifying needs, (2) locating the most appropriate information and services, and (3) linking persons to resources.

- The RCU is directly linked for care navigation, to our “Care Center,” our primary point of entry.
- The RCU validates its referrals by working directly with internal and external programs to ensure the most accurate and current information/resources/materials are shared.
- The RCU maintains an electronic database of resources found in the MHSD tri-parish area.
- The RCU engages in ongoing maintenance/monitoring of appropriate documentation on referrals to promote team awareness and ensure individuals are served safely.
MHSD Model Program #3
“Academic CEU Training Series “

MHSD recognizes the value of teaching as a core component of staff development.

- MHSD’s academic faculty consists of MHSD staff physicians, Tulane and LSU GME physicians, MHSD psychologists, attorneys and nurses.
- Course selection is suggested by the faculty, aligned with their expertise and approved by the MHSD Medical Director.
- MHSD has received approval from various licensing boards to provide continuing educations units (CEU’s) for training participation; MHSD also serves as an approver of CEU trainings for the LCSW Board.
- Course offerings are part of an MHSD intra agency “lunch and learn” series. July 1, 2018, “inter-agency” training opportunities will be extended to the general public, with priority given to the staff of MHSD partner organizations.
Noteworthy Programs and Services
MHSD Data Dashboard

The MHSD Data Dashboard is a visual information management tool used to track, analyze and display metrics and key data points for monitoring. It provides a single view of information from across the agency and presents it in a readily accessible way. The MHSD Data Dashboard is updated monthly.
MHSD Recovery Oriented System of Care (ROSC)

A ROSC is a coordinated network of community-based services and supports. Primary goals include services that are person-centered, strengths-based, centered on overall health improvement, and involves persons in or seeking long term recovery from substance use and mental illness.

MHSD currently receives SAMHSA technical assistance for the development of a ROSC encompassing the tri-parish areas of Orleans, St, Bernard and Plaquemines. To date, MHSD has completed the first phase of an environmental scan for need determination in the District.

Targeted progress has been made through MHSD collaborating with the City of New Orleans, co-leading efforts of the Behavioral Health Council; collaborations with district wide Faith-based organizations, bridging the divide between science and faith; and MOU’s throughout the tri-parish area with providers of complimentary services, most recently with providers in the New Orleans East, creating the “Behavioral Health Corridor in New Orleans East.”
MHSD Advertising – “Brand Awareness”

Metropolitan Human Services District advertises our agency and brand through a robust marketing campaign funded by the combination of Federal grant funding and state general funds. Messaging advertising media include all social media outlets, television commercials, radio ads and billboard displays that run interchangeably within the tri-parish area of Orleans, Plaquemines and St. Bernard parishes. Targeted campaigns also occur during the holiday season (i.e. Mardi Gras, Christmas.)

All commercials feature Peer Supports and or our Executive/Medical Director, Dr. Rochelle Head-Dunham. Our radio campaign also includes monthly airtime where Dr. Dunham discusses pressing behavioral health issues, leads discussions and answers questions from the community participants.

All MHSD brochures are now translated into Vietnamese and Spanish languages to reach our multi-lingual demographic and to advertise in culture-specific community publications. Our messaging is simple: “Opioid Use, Need Help? Call 504-568-3130!”
Performance Based Contracting

Performance Based Contracting is results-oriented contracting that focuses on quality, and outcomes correlating to at least a portion of a contractor's payment, contract extensions, or contract renewals.

Effective July 1, 2018, MHSD will implement performance enhanced contracts for the achievement of specific, measurable performance standards intended to ensure compliance with specified contract metrics.

Compliance with or exceeding all performance measure results in incentives to the contractor for performance at a high standard and to encourage improved quality of care for our vulnerable populations.
MHSD EMS Ride-Alongs

Join the Metropolitan EMS Team Today!

MHSD
METROPOLITAN HUMAN SERVICES DISTRICT

NEW ORLEANS EMS

Have you ever wondered what happens on the inside of an ambulance? MHSD has now partnered with New Orleans EMS to provide all staff the opportunity to participate in a ride-a-long. You will not be required to provide any medical assistance to any patient during the ride, it is for observation purposes only. Every employee is encouraged to take advantage of this program.

Please note that K-time will NOT be available for these ride-a-long and are to only be scheduled Friday-Sunday after work hours and on a voluntary basis.

Requirements to participate:

- Sign the hold-harmless document on arrival
- Wear closed-toe work or athletic shoes
- Conservative clothing or medical scrubs with your MHSD ID visible at all times
- Submit a summary of your experience and picture to Dr. Dunham, Ariel Wilson and myself. The picture can simply be a selfie of you and the driver in the sprint car/ambulance, however, do not include any persons served.
MHSD Rides with New Orleans EMS

**Communications Staff:** “Thank you for coordinating such a wonderful program. I went into this opportunity extremely open minded and eager to experience some of the many things I am charged to educate the community about via our social media platforms. For example, the use of Narcan (Naloxone Injection). My shift began at 7PM and by 7:15PM I was on my hands and knees alongside Captain Jeremy watching as he injected a man who had overdosed moments before our arrival. Although this was a traumatic moment, to see the EMS staff working together so confidently, a negative experience quickly turned into a positive one. I will definitely be signing up for future ride-alongs, as well as encouraging other staff to do the same!”

**APRN Prescriber:** “First case was OD on heroin. Patient was found unresponsive on the restroom floor at the Saint hotel lying next to syringe. Upon arrival, patient was arousable to tactile stimulation. Drug paraphernalia was observed in his personal belongings. He was sent to a local ER transported by EMS. Second case was a heroin user with complaints of an infected arm. Upon arrival, patient with what appeared to be an abscess from skin popping. Site was reddened, inflamed, with purulent drainage. Patient sent to local ER for evaluation transported by EMS. Third case was a suicide attempt by OD on Wellbutrin and Reglan. Patient was awake and oriented upon arrival. Prior suicide attempt years ago. Expressed that she intended to kill herself. This patient was also located at the Saint Hotel. Sent to local ER for treatment transported by EMS.”

**Communications Staff:** “During my EMS ride-a-long we responded to two different overdoses. The first was a gentleman in his late 30’s early 40’s. His supervisor went into the gas station and when he got back to the car his employee was unresponsive. Once we arrived EMS got him on the ambulance and begin attaching an IV to him. The gentleman could barely keep his eyes open and had urinated on himself. EMS administered Narcan to the individual and he immediately woke up. EMS asked him what drugs he had taken and he denied taking any until EMS promised not to mention to his supervisor. They then decided that he needed to be admitted to the hospital for further examination…”

**Developmental Disabilities Specialist:** “Before the ride began I thought to myself that I’m hoping this isn’t boring and the first and only call of my ride, gunshot wound victim that took up my entire shift. My adrenaline was pumping and I wasn’t even offering any assistance. EMS and NOPD acted fast, aggressive, and was very alert. While riding in the back of the EMS truck, I witnessed the EMS team trying to save a strangers life, they were professional, and paid attention to detail. During the ride I was thinking the man could die right here. The team kept him up and alert. From the EMS truck to the Trauma room at UMC a team of doctors, and nurses all working together to save the young man’s life. My experience painted a full picture of the true definition of team work. I have even more respect for our first responders.”
### Grants

➢ **Over $30M worth of federal funds**

<table>
<thead>
<tr>
<th>Grant Name</th>
<th>Status</th>
<th>Funding TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Assisted Treatment-Prescription Drug and Opioid Addiction (MAT-PDOA)</td>
<td>Awarded: October, 2016, Office of Behavioral Health Collaboration with Metropolitan Human Services District</td>
<td>$3M for 3 years</td>
</tr>
<tr>
<td>Strategic Prevention Framework for Prescription Drugs (SPF Rx)</td>
<td>Awarded: October, 2016, Office of Behavioral Health Collaboration with Jefferson Parish Human Services District</td>
<td>$1,858,080 for 5 years</td>
</tr>
<tr>
<td>State Targeted Response to the Opioid Crisis Grant (Opioid STR)</td>
<td>Awarded: May 1, 2017, Office of Behavioral Health</td>
<td>$16,335,942 for 2 years ($8,167,971 per year)</td>
</tr>
<tr>
<td>Prescription Drug Overdose: Data-Driven Prevention Initiative</td>
<td>Awarded: October, 2016 Office of Public Health</td>
<td>$900,000 for 3 years</td>
</tr>
<tr>
<td>Prescription Drug Overdose: Data-Driven Prevention Initiative Supplemental Award</td>
<td>Awarded: September 1, 2017 Office of Public Health</td>
<td>$480,000 for 2 years</td>
</tr>
<tr>
<td>Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality</td>
<td>Awarded: September 1, 2017 Office of Public Health</td>
<td>$654,000 for 2 years</td>
</tr>
<tr>
<td>Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality Supplemental Award</td>
<td>Awarded: September 1, 2017 Office of Public Health</td>
<td>$261,544 for 2 years</td>
</tr>
<tr>
<td>Comprehensive Opioid Abuse Site-based Program (COAP) - Category 4: Statewide Planning, Coordination, and Implementation Projects (Subcategory 4a - Coordinated Strategic Plan)</td>
<td>Awarded: October 1, 2017 Office of Behavioral Health Collaboration with the Louisiana Commission on Law Enforcement</td>
<td>$100,000 for 2 years</td>
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<tr>
<td>Comprehensive Opioid Abuse Site-based Program - Category 6: Data-driven Responses to Prescription Drug Misuse</td>
<td>Awarded: September 30, 2017 Office of Public Health</td>
<td>$542,160 for 3 years</td>
</tr>
<tr>
<td>Comprehensive Opioid Abuse Site-based Program (COAP) - Category 4: Statewide Planning, Coordination, and Implementation Projects (Subcategory 4b - Local Implementation)</td>
<td>Application Submitted: June 15, 2018 Office of Behavioral Health</td>
<td>$1,200,000 for 3 years</td>
</tr>
<tr>
<td>State Opioid Response (SOR)</td>
<td>Awarded: September 30, 2018 Office of Behavioral Health</td>
<td>$23,139,150 for 2 years ($11,569,750.00 per year)</td>
</tr>
</tbody>
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Diversified Community Naloxone Trainings

Past Naloxone Trainings:
- Volunteers of America/ Unity of Greater New Orleans 2/5/18
- Housing Provider/MHSD 2/9/18
- Housing Provider/ MHSD 2/9/18
- The Healing Center 3/1/18
- NOE- Nursing Meeting 4/6/18
- Addiction Professionals/ CCBHC 4/11/18
- Olive Branch Baptist Church 4/11/18
- New Hope Baptist Church 4/18/18
- BHG Health Fair 4/26/18
- CC- MCRT Team 5/1/18
- CC BHC 5/2/18
- Ozanam Inn 5/3/18
- MHSD Crisis Team 5/9/18
- NOE Resource Coordinator Mtg. 5/10/18
- NOE Clinic/ IWES 5/18/18
- Central City Clinic 5/30/18
- Ozanam Inn 6/6/18
- BHG 6/19/18
- Jefferson Parish Probation and Parole 6/19/18
- Jefferson Parish Probation and Parole 6/20/18
- Jefferson Parish Probation and Parole 6/21/18
- Peers from CC Clinic 6/22/18
- Xavier University 6/26/18
- Juvenile Justice 6/28/18
- Urban League of La./ Compassion Outreach of America 6/28/18
- Start Corporation 7/23/18
- Start Corporation 7/23/18
- Start Corporation 7/23/18
- Central City 7/27/18
- Start Corporation 8/3/18
- Oxford House 8/5/18
- Orleans Parish Probation and Parole 8/6/18
- Xavier University- Resident Assistants 8/7/18
- Orleans Parish Probation and Parole 8/8/18
- New Hope Baptist Church 8/8/18
- ACER 8/10/18
- TSAP- Tulane Towers 8/20/18
- Plaquemines Parish Sheriff's Office 8/21/18
- Plaquemines Parish 25th JDC Drug Court 8/22/18
- Plaquemines Parish Sheriff's Office 8/23/18
- ACER- Chalmette 8/24/18
- Day Reporting Center 8/27/18
- SUNO 9/6/18
- Crescent Leadership Academy 9/12/18

Tentative Trainings
- Crescent Care  (several trainings will be scheduled)
- University of Holy Cross

Conferences
Sedera and Edward attended the Behavioral Health Symposium Conference in Baton Rouge on September 10th and 11th. Both will be attending the Care Collaborative Forum on October 25th at the Hotel Intercontinental in New Orleans.