VOLUME 2

chapter 8

HEALTH AND HUMAN SERVICES

GOAL		POLICIES FOR DECISION MAKERS	FOR MORE INFORMATION, SEE PAGE:
1	*Neighborhood-based centers that coordinate and deliver a broad range of health and human services tailored to the populations they serve and are accessible to all residents*	1.A. Coordinate partnerships between health and human service providers and owners/tenants of publicly-accessible facilities to provide for the location of multiple health and human service providers in shared locations.	8.15
		1.B. Provide for the location of Multi-service Centers and other needed health and human service facilities, including supportive housing, in zoning and other land use regulations.	8.18
		1.C. Involve neighborhood and community groups and other stakeholders in decisions about the location and development of Multi-service Centers.	8.18
2	*Coordination of health and human service delivery across the continuum of care*	2.A. Support and promote ongoing initiatives to convene a Citywide Human Services Consortium.	8.19
		2.B. Streamline City-administrated grant funding processes for health and human services.	8.20
		2.C. Support the development of a coordinated system of record keeping, intakes and referrals throughout all levels of health care service provision.	8.21
		2.D. Prioritize funding for health and human service initiatives that provide comprehensive case management and/or coordinated care across several disciplines and over time.	8.21

GOAL		POLICIES FOR DECISION MAKERS	FOR MORE INFORMATION, SEE PAGE:
3	*A robust continuum of health care and human services, including preventative care, that is accessible to all residents*	3.A. Ensure the continued success and expansion of community-based health clinics according to national best practices.	8.22
		3.B. Support and enhance efforts to increase health insurance coverage for all residents.	8.23
		3.C. Prioritize funding and support for programs that increase the health and developmental outcomes of children.	8.23
		3.D. Expand mental health and addiction care services and facilities to meet current and projected needs.	8.24
		3.E. Support and enhance preventative and public health education and programs.	8.25
		3.F. Develop additional hospital facilities and emergency health care services and infrastructure according to data on projected population and need.	8.25
4	*Access to fresh, healthy food choices for all residents*	4.A. Establish and promote fresh-produce retail outlets within walking distance of all residents.	8.25
		4.B. Support access to healthy nutrition opportunities at government-run or supported facilities, including (but not limited to) healthy foods and beverages, availability of breastfeeding spaces, and availability of fresh water.	8.27
		4.C. Explore avenues to address unhealthy food choices.	8.27
5	*High quality child care and learning opportunities beyond basic education that are accessible to all children*	5.A. Expand after school and youth programs to serve all New Orleans children.	8.27
6	*High quality supportive services for the elderly that are accessible to all elderly residents*	6.A. Expand elder care facilities and services in areas of greatest need.	8.29
		6.B. Provide affordable paratransit service for seniors.	8.29

GOAL		POLICIES FOR DECISION MAKERS	FOR MORE INFORMATION, SEE PAGE:
7	*A robust continuum of care for homeless individuals and families, centered on permanent supportive housing*	A. Provide additional funding and support for outreach and safety net services for homeless persons.	8.30
		B. Provide for the location of permanent supportive housing, emergency shelters and daytime service centers for the homeless in land use and zoning.	8.30
		C. Support programs and services that prevent homelessness through financial counseling and emergency assistance to at-risk households.	8.30
8	*A criminal justice system that is effective, efficient, and just*	8.A. Support and expand community-based crime prevention programs that target high-risk populations.	8.31
		8.B. Expand evidence-based alternative sentencing, diversion, and community corrections programs for nonviolent offenders that emphasize comprehensive rehabilitation.	8.32
		8.C. Support and expand Community Policing and neighborhood involvement in crime prevention.	8.33

new orleans
MASTER PLAN AND COMPREHENSIVE ZONING ORDINANCE

fact sheet

HEALTH AND HUMAN SERVICES

Health

- Louisiana ranked 50th in the nation in overall health in 2008.
- Infant mortality rate in Louisiana in 2008: 10.3 deaths per 1,000 live births (highest in the nation).
- Cancer death rate in Louisiana in 2008: 223.8 deaths per 100,000 people (second-highest in the nation).
- Leading cause of death in Louisiana in 2007: Cardiovascular disease.
- Rate of binge drinking in Louisiana in 2008: 13.3 percent (13th lowest in the nation).
- Prevalence of obesity in Louisiana in 2008: 30.7 percent (3rd highest in the nation).
- Percentage of pregnant women in Louisiana who received adequate prenatal care in 2008: 81.7.
- Average number of sick days per month in Louisiana in 2008: 3.6 (30th in the nation).
- Percentage of New Orleans adults without health insurance in 2008: 18 (down from 26 percent in 2006).
- Percentage of New Orleans residents reporting some type of chronic health condition or physical disability in 2008: 61.
- Percentage of New Orleans residents reporting their overall health as "fair" or "poor" in 2008: 30.
- Percentage of New Orleans residents reporting trouble accessing health care in 2008: 58.
- Percentage increase in access to primary care for Louisiana residents from 2007 to 2008: 5 (from 113.5 to 119.4 primary care physicians per 100,000 residents).
- Increase in public health funding per resident in Louisiana from 2007 to 2008: $69 to $95.
- Number of hospitals open in New Orleans as of January, 2009: 13 (as compared to 23 before Hurricane Katrina).
- African Americans in New Orleans were significantly more likely than whites to experience physical health challenges (72 percent compared with 60 percent) and difficulty accessing health care (65 percent compared with 45 percent) in 2008.
- African American residents of Louisiana had a significantly higher cardiovascular death rate than other races in 2008.
- Economically disadvantaged New Orleans residents in 2007 ranked their health as "fair" or "poor" more than twice as often as those with higher economic status (19 percent compared with 9 percent).
- Uninsured New Orleans residents in 2008 were 1.5 times more likely to report their health status as "fair" or "poor".
- Before Hurricane Katrina, over two-thirds of healthcare for the uninsured in New Orleans was provided by The Medical Center of Louisiana at New Orleans (MCLNO/ Charity Hospital).
- Patients at MCLNO/Charity before Katrina were about 75 percent African-American and about 85 percent very low-income.

WHAT DOES IT MEAN?

New Orleans and Louisiana residents have very low overall health as compared to the rest of the country. They suffer from high rates of obesity, heart disease, cancer deaths, and chronic health problems. Residents who are African American, economically disadvantaged, and/or uninsured are more likely to have significant health issues.

More than half of New Orleans residents report difficulty accessing care. However, the majority of pregnant women in Louisiana receive adequate prenatal care, and Louisiana residents report roughly as many sick days as the national average. Statewide, per capital funding for public health and per capita access to primary care both increased from 2007 to 2008.

Mental Health

- As of January, 2008, the rate of mental illnesses like depressive disorders and Post Traumatic Stress Disorder in New Orleans was several times the national average.
- Percentage of New Orleans adults who ranked their mental health as "fair" or "poor" in 2008: 20 (up from 10 percent in 2006).
- Percentage of New Orleans adults in 2008 who reported having been diagnosed with a serious mental illness: 15 (up from 5 percent in 2006).
- Average number of poor mental health days per month for Louisiana residents in 2008: 3 (8th lowest in the nation).

WHAT DOES IT MEAN?

New Orleans residents have a higher rate of mental illnesses like depression and Post Traumatic Stress Disorder than the national average, and reported significant increases in mental health issues and diagnoses from 2006 to 2008. However, Louisiana residents overall report relatively few poor mental health days as compared with the nation.

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HEALTH AND HUMAN SERVICES

Children and Seniors

- In 2009, Louisiana ranked 49th in the nation for child well-being based on ten indicators.
- Percentage of children in New Orleans living in poverty in 2007: 36.
- Percentage of pre-Katrina childcare centers open in New Orleans in January, 2009: 46 (125 out of 273).
- Median annual cost for one infant in a Class A child care center in New Orleans in 2007: $5,500 (14.7 percent of median household income).
- Percentage of qualified New Orleans families receiving child care assistance vouchers in 2008: 38.
- Percentage of New Orleans children served by afterschool programs in 2007: less than 25.
- Percentage of New Orleans senior citizens in need of health and supportive care: 16.

WHAT DOES IT MEAN?

Children in New Orleans have very poor overall health and wellness as compared to children in the rest of the nation. Over a third of New Orleans children live in poverty. While the average cost of child care is unaffordable for the average household, just over one-third of qualified households received childcare vouchers. Less than a quarter of children are served by afterschool programs.

While 16 percent of seniors are in need of health and supportive care, several area programs provide daytime programs and services for senior residents.

Homelessness

- As of February, 2008, there were an estimated 12,000 homeless individuals in the City of New Orleans – about 4 percent of the city's total population.
- Number of emergency shelter beds in New Orleans as of March, 2009: 514.
- Percentage of homeless residents in 2008 who had some form of disability: 80.
- Percentage of homeless residents in 2008 who had more than one form of disability: 31.

WHAT DOES IT MEAN?

An estimated 4 percent of the total population of city was homeless as of February, 2008, the majority of whom had some form of disability. There are far fewer available emergency shelter beds than there are homeless residents.

Public Safety and Criminal Justice

- In 2009, Louisiana had the highest incarceration rate in the nation.
- In 2008, Louisiana had a higher rate of detained and committed youth as compared to the national average (149 per 100,000 youth, compared with 125 nationally).
- In 2008, the cost of detaining a juvenile offender in Louisiana was more than $115,000 annually – more than three times the cost in some other states.
- In 2006, the rate of detained and committed Louisiana youth in custody was 149 per 100,000 youth ages 10-15, in comparison to the national rate of 125.

WHAT DOES IT MEAN?

New Orleans has a higher rate of detained and committed youth and a higher overall crime rate than the national average.

Sources: United Health Foundation, 2009; Louisiana Public Health Institute, 2009; Kaiser Family Foundation, 2008; Brookings Institution/Greater New Orleans Community Data Center, 2009; Bring New Orleans Back Health and Human Services Commission, 2006; Kessler et al, 2008; Agenda for Children, 2008.

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FINDINGS

- Louisiana ranks among the worst states in the nation for several metrics of overall health, including chronic conditions such as obesity and heart disease.
- Socioeconomic disparities in health outcomes continue to persist for New Orleans and Louisiana residents.
- Access to health care among New Orleans residents has increased since Hurricane Katrina due to the proliferation of community-based clinics. However, a lack of specialty and mental health care persists.
- The overall health and wellness of children in Louisiana is poor compared with national averages.
- A relatively high percentage of children in New Orleans live in poverty, but the vast majority of them have health insurance.
- The majority of New Orleans children are not served by out-of-school-hours programs.
- The average cost of child care for one child in New Orleans is prohibitively expensive for the average New Orleans household.
- Homeless rates in New Orleans continue to surpass most other U.S. cities. Supportive housing and increased services such case management, outreach, emergency shelters, and daytime centers are needed for homeless individuals.
- New Orleans senior citizens' highest-priority needs include low-cost medication assistance, transportation assistance, and daytime programming and care.
- New Orleans continues to rank very high in the nation in overall crime, but plans to transform the city's criminal justice system are being implemented by a coalition of criminal justice leaders.

CHALLENGES

- Sustaining and growing the network of neighborhood-based community health centers.
- Coordinating health care and human services in order to reduce redundancy, increase efficiency in service provision, and close service gaps.
- Providing adequate mental health and addiction treatment services, including transitional outpatient care.

a note on education

A note on education: This chapter includes discussion of lifelong educational opportunities outside of regular school hours, including early childhood and day care for youth, afterschool opportunities for all school-age children, and day care and services for seniors. Workforce development for adults is discussed in **Chapter 9—Economic Development.** A comprehensive plan for New Orleans public school facilities—the School Facilities Master Plan for Orleans Parish* - was adopted by the school districts in 2008. The implications of this plan for the physical development of the city are discussed in **Chapter 14—Land Use Plan**.

* See: www.sfmpop.org.

- Providing adequate basic assistance services to underserved residents, including the estimated 21 percent of New Orleans residents living below the federal poverty line (2007).
- Continuing to implement reforms to the criminal justice system to improve its effectiveness and cost-efficiency.

Environmental quality and environmental determinants of health are discussed in Chapter 13—Environmental Quality.

Acronyms

To aid in reading this section, below is a list of acronyms used within the text:

ACT	Assertive Community Treatment
BHAN	Behavioral Health Action Network (a program of the Louisiana Public Health Institute)
CAO	Chief Administrative Officer
CDBG	Community Development Block Grant
CHIP	Children's Health Insurance Program
CJLA	Criminal Justice Leadership Alliance
CPC	City Planning Commission
D-CDBG	Disaster Community Development Block Grant
DHH	Department of Health and Hospitals
DSS	Department of Social Services
LaCHIP	Louisiana Children's Health Insurance Program
LPHI	Louisiana Public Health Institute
MHSD	Metropolitan Human Services District (a division of the Department of Health and Hospitals)
MSC	Multi-service center
NOAH	New Orleans Adolescent Hospital
NOPD	New Orleans Police Department
NOPJF	New Orleans Police and Justice Foundation
NORA	New Orleans Redevelopment Authority
NORD	New Orleans Recreational Department
OPISIS	Orleans Parish Information Sharing and Integrated System (a program of the New Orleans Police and Justice Foundation)
OFICD	Office of Facilities, Infrastructure, and Community Development
PATH	Partnerships for Access to Health Care (a program of the Louisiana Public Health Institute)
UNOP	Unified New Orleans Plan

A Introduction

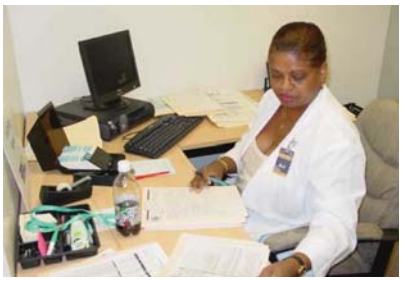
A robust and integrated system of health care and human services contributes to quality of life by promoting competitiveness, productivity and livability. While Louisiana performs poorly on many measures of overall health, and socioeconomic disparities in health outcomes persist in New Orleans, access to health care among New Orleans residents has increased since Hurricane Katrina with the proliferation of community-based clinics, and most New Orleans children have health insurance. Lack of affordable day care and insufficient after school programs affect children and youth, while at the other end of the age continuum the priority needs for senior citizens are affordable medications, transportation assistance and daytime programming and care. The city has higher rates of homeless persons than most other U.S. cities. Criminal justice reform initiatives and police efforts are directed at the city's high crime rate.

IMAGE: GNO UNITED WAY

Dozens of nonprofit organizations—many founded since Hurricane Katrina—offer a broad array of services.

The Master Plan focuses on organizing the physical and spatial aspects of providing health care and human services to New Orleans residents, as well as coordinating programs and initiatives. Non-governmental agencies provide most of these services, but city government can shape and assist the provision of services by designating and promoting locations for facilities, as well as leveraging funding to promote program coordination and efficiency.

The Medical Center of Louisiana at New Orleans (MCLNO/Charity Hospital) was the region's primary safety-net provider of care for residents without insurance before Hurricane Katrina.



IMAGES: ST. THOMAS COMMUNITY HEALTH CENTER. WWW.STTHOMASCHC.ORG.

St. Thomas Community Health Center in the St. Thomas/Lower Garden District area of New Orleans is among the largest and most comprehensive primary care facilities serving both insured and uninsured patients in the New Orleans area.

B Recommendations

A recommendations **Summary** linking goals, strategies and actions appears below and is followed by one or more early-action items under the heading **Getting Started**. The **Narrative** follows, providing a detailed description of how the strategies and actions further the goals. Background and existing conditions to inform understanding of the goals, policies, strategies and actions are included in Volume 3, Chapter 8.

Summary

FIRST FIVE YEARS: 2010–2014 **MEDIUM TERM:** 2015–2019 **LONG TERM:** 2020–2030

GOAL	RECOMMENDED STRATEGIES	RECOMMENDED ACTIONS				
		HOW	WHO	WHEN	RESOURCES	FOR MORE INFORMATION, SEE PAGE:
1. Neighborhood-based centers that coordinate and deliver a broad range of health and human services tailored to the populations they serve and are accessible to all residents	**1.A.** Coordinate partnerships between health and human service providers and owners/tenants of publicly-accessible facilities to provide for the location of multiple health and human service providers in shared locations.	1. Create and maintain a database of publicly-accessible facilities that could house health and human service providers. (Could be part of a larger Asset Management System—see Chapter 16)	Health Department, CAO, Property Management	First five years	ORDA/OFICD 2009 budget provides $25 million for health institutions and hospitals.	8.15 - 8.17
		2. Use current data on population and service needs to identify under served areas and locate new multi-service centers (MSCs) and other health and human service providers in areas of greatest need.	CPC, Health Department, DHH	First five years	LPHI, the Greater New Orleans Community Data Center, DHH, DSS, college and university research institutes, and others	8.17
		3. Offer incentives to property owners and tenants of potential shared use facilities to accommodate health and human service providers.	Health Department; Community Development	Medium term	ORDA/OFICD 2009 budget provides $25 million for health institutions and hospitals.	8.18
	1.B. Provide for the location of MSCs and other needed health and human service facilities—including supportive housing—in zoning and other land use regulations.	1. Consult with homeless housing providers (UNITY and other advocacy groups) and other service delivery agencies in creating new regulations.	CPC	First five years	UNITY of Greater New Orleans can provide information on zoning conducive to supportive housing development.	8.18
	1.C. Involve neighborhood and community groups and other stakeholders in decisions about the location and development of MSCs, and the type of services that should be provided.	1. Use Neighborhood Participation Program to ensure meaningful community input.	CPC	First five years	Neighborhood Participation Program (See Chapter 15.)	8.18
2. Coordination of health and human service delivery across the continuum of care	**2.A.** Support and promote ongoing initiatives to convene a citywide health care consortium and a citywide human services consortium.	1. Ensure full participation of all relevant public agencies in consortia meetings and initiatives.	Health Department, MHSD, DHH, DSS, private and nonprofit providers	First five years	PATH, BHAN (programs of LPHI) have already convened groups along these lines. Build on these.	8.19

FIRST FIVE YEARS: 2010–2014 **MEDIUM TERM:** 2015–2019 **LONG TERM:** 2020–2030

GOAL	RECOMMENDED STRATEGIES	RECOMMENDED ACTIONS				
		HOW	WHO	WHEN	RESOURCES	FOR MORE INFORMATION, SEE PAGE:
2. Coordination of health and human service delivery across the continuum of care	**2.A.** Support and promote ongoing initiatives to convene a citywide health care consortium and a citywide human services consortium.	2. Coordinate partnership with the City Health Department and the New Orleans Place Matters Working Group to develop and implement full range of strategies focused on reducing obesity among New Orleanians.	Health Department, non-profit organizations	First five years	Grants, philanthropic resources	8.20
	2.B. Streamline City-administered grant funding processes for health and human services.	1. Convene all grant administering offices to establish a more efficient application and granting process.	All city agencies that administer grants to health, human service, and related local agencies	First five years	Consult with grant recipients to better understand their needs and realities.	8.20
	2.C. Support the development of a coordinated system of record-keeping, intakes and referrals throughout all levels of heath care service provision.	1. Convene a task force to streamline citywide service referral and directory services.	CAO (3-1-1), United Way (2-1-1)	First five years	Health care and human services consortia (see above) should be consulted to ensure that the system meets needs of all types of providers.	8.21
	2.D. Prioritize support and funding for health and human services that provide comprehensive case management and/or coordinated care across disciplines and over time.	1. Advocate for the completion of the Neighborhood Place at Mahalia Jackson School.	Health Department, Mayor's Office, School Board	First five years	Advocate at state level for implementation of planned Neighborhood Place	8.21
		2. Implement ACT teams and support other resources that increase the availability of comprehensive case management.	DHH, DSS, MHSD	First five years	CDBG, philanthropic funding	8.22
3. A robust continuum of health care and human services, including preventative care, that is accessible to all residents	**3.A.** Ensure continued funding and support for community-based health clinics, including their certification as Patient-Centered Medical Homes.	1. Advocate for increased federal, state and private funding.	Public-private partnerships founded through health care consortium (see above)	First five years	Medicaid; Federally Qualified Health Centers; philanthropic funding	8.22
		2. Advocate for increased funding for Federally Qualified Health Centers	Mayor's Office; Health Department	First five years	Federal funding (Health Care Financing Administration)	8.22
		3. Seek Private philanthropic funding.	Mayor's Office; Health Department	First five years	Federal funding (Health Care Financing Administration)	8.23
	3.B. Support and enhance efforts to increase health insurance coverage for all residents.	1. Advocate for increased funding and expanded eligibility for public insurance programs.	(See above)	First five years	(See above)	8.23

FIRST FIVE YEARS: 2010–2014 **MEDIUM TERM:** 2015–2019 **LONG TERM:** 2020–2030

GOAL	RECOMMENDED STRATEGIES	RECOMMENDED ACTIONS				
		HOW	WHO	WHEN	RESOURCES	FOR MORE INFORMATION, SEE PAGE:
3. A robust continuum of health care and human services, including preventative care, that is accessible to all residents	**3.B.** Support and enhance efforts to increase health insurance coverage for all residents.	2. Provide support and funding for local outreach programs to identify and enroll eligible residents in available insurance programs.	Health Department / City Budget	First five years	Kingsley House's Health Care for All program	8.23
	3.C. Prioritize funding and support for programs that increase the health and developmental outcomes of children.	1. Direct public funding to expand programs such as the Nurse Family Partnership, Head Start, Healthy Start, and other programs that increase the health of children.	Health Department / City Budget	Medium term	Philanthropic, CDBG	8.23
	3.D. Expand mental health and addiction-care services and facilities to meet current and projected need.	1. Advocate for increased state funding for DHH and MHSD for mental health services, including expanded ACT teams and permanent supportive housing.	DHH, MHSD	First five years	CDBG	8.24
		2. Coordinate with the Behavioral Health Action Network to identify and target areas of need in mental and behavioral health and addiction treatment.	DHH	First five years	BHAN	8.24
		3. Work with BHAN and other initiatives to facilitate partnerships between service providers to offer mental health services through existing community clinics and other health care facilities.	Community clinics, BHAN, mental health service providers	First five years	MHSD, DHH, DSS	8.24
	3.E. Support and enhance preventive and public health education and programs.	1. Form a public health education and outreach committee as part of the citywide health care consortium.	Public health education and outreach committee	First five years	Citywide health care consortium (see above)	8.25
	3.F. Develop additional hospital facilities and emergency health care services and infrastructure according to data on projected population and need.	1. Convene a hospital and emergency care advisory group to facilitate the aggregation and use of data in hospital and emergency health care planning.	DHH; hospital and emergency care advisory group	First five years	2009 OFICD/ORD budget includes $75 million for the Biomedical District and an additional $25 million for Health institutes and hospitals. In addition the City will use over $13 million in UDAG funds for the VA Hospital Project. The city has designated $25 million for acquisition of the closed hospital in New Orleans East with the objective of restoring a hospital to this part of the city.	8.25

FIRST FIVE YEARS: 2010–2014 **MEDIUM TERM:** 2015–2019 **LONG TERM:** 2020–2030

GOAL	RECOMMENDED STRATEGIES	RECOMMENDED ACTIONS				
		HOW	WHO	WHEN	RESOURCES	FOR MORE INFORMATION, SEE PAGE:
4. Access to fresh, healthy food choices for all residents.	**4.A.** Establish and promote fresh produce retail outlets within walking distance of all residents.	1. Identify areas that are underserved by fresh food access.	CPC, Health Department	First five years	Tulane Prevention Research Center	8.25 - 8.26
		2. Remove zoning and regulatory barriers to farmers' markets and other temporary/ mobile fresh food vending.	CPC	First five years	Comprehensive Zoning Ordinance under develop-ment	8.26
		3. Explore incentives for small neighborhood food stores to stock fresh produce in under served areas.	Community Development	First five years	City can offer expediting permitting as an incentive.	8.26
		4. Encourage and assist farmers' markets to accept food stamps and Seniors/WIC Farmers' Markets Nutrition Program coupons.	Health Department, local WIC administra-tors	First five years	Several area farmers' markets already accept WIC and other food assistance coupons.	8.26
		5. Support urban agriculture and community gardens.	OFICD; CPC	First five years	Federal funding; bonds; philan-thropic resources	8.26
		6. Explore tax incentives to encourage sale of fresh food.	City's Economic Development team	First five years	Grants	8.26
	4.B Support access to healthy nutrition opportuni-ties at government-run or supported facilities including (but are not limited to) healthy foods and beverages, availability of breastfeeding spaces, and availability of fresh water.	1. Amenities to be included (but are not limited to) healthy foods and beverages, availability of breastfeeding spaces, and availability of fresh water.	City, State, non-profit organizations	First five years	Federal, State and City funds / grants	8.27
	4.C Explore avenues to address unhealthy food choices	1. Explore land use and zoning policies that restrict fast food establishments near school grounds and public playgrounds	City Planning Commission, City Council	First five years	Staff time	8.27
		2. Explore local ordinances to restrict mobile vending of calorie-dense, nutrient-poor foods near school grounds and public playgrounds	City Council	First five years	Staff time	8.27
		3. Explore zoning designed to limit the density of fast food establishments in residential communities.	City Planning Commission, City Council	First five years	Staff time	8.27

FIRST FIVE YEARS: 2010–2014 **MEDIUM TERM:** 2015–2019 **LONG TERM:** 2020–2030

GOAL	RECOMMENDED STRATEGIES	RECOMMENDED ACTIONS				
		HOW	WHO	WHEN	RESOURCES	FOR MORE INFORMATION, SEE PAGE:
5. High-quality child care and learning opportunities beyond basic education that are accessible to all children	**5.A.** Expand afterschool and youth programs to serve all New Orleans children.	1. Pursue increased funding from state and federal sources for after school and youth programs.	City, with local private and nonprofit providers and advocates	First five years	21st Century Community Learning Center Program; No Child Left Behind; Child Care Development Fund; Community Development Block Grants; Temporary Assistance to Needy Families; Section 8(g) Grant Program	8.27
		2. Increase outreach to provide Child Care Development Fund vouchers to all who are eligible.	DSS, CDBG, philanthropic funds	First five years	Provide information through health clinics, Nurse Family Partnership and similar programs for expectant families, and MSC	8.28
		3. Provide for the location of needed child care and after school facilities in zoning and other land use regulations.	CPC	First five years	CZO under development	8.28
		4. Provide support and incentives to child care service providers to become accredited through both national and state accreditation programs.	Nonprofit organizations	First five years	Agenda for Children offers training and technical assistance to child care providers.	8.28
		5. Prioritize new program development in areas of greatest need.	Public and private schools; nonprofits	First five years	Agenda for Children, After school Partnership, and others can provide data on service needs.	8.29
		6. Support workforce development programs that train professional childcare workers.	New Orleans Economic Development Council	Medium term	Local colleges and universities	8.29
6. High quality supportive services for the elderly that are accessible to all elderly residents	**6.A.** Expand elder care facilities and services in areas of greatest need.	1. Identify and expand elder care facilities and services in areas of greatest need.	DHH, MHSC	First five years	Council on Aging can provide data on service needs.	8.29
	6.B. Provide affordable paratransit service for seniors.	1. Advocate for increased funding for paratransit.	RTA: Council on Aging	First five years	Council on Aging had a paratransit program in the past; requires additional funding to restart it.	8.29
		2. Provide funding for taxi vouchers for low-income seniors.	Community Development Council on Aging	Medium term	Staff time; federal grants	8.30

FIRST FIVE YEARS: 2010–2014 **MEDIUM TERM:** 2015–2019 **LONG TERM:** 2020–2030

GOAL	RECOMMENDED STRATEGIES	RECOMMENDED ACTIONS				
		HOW	WHO	WHEN	RESOURCES	FOR MORE INFORMATION, SEE PAGE:
7. A robust continuum of care for homeless individuals and families, centered on permanent supportive housing	**7.A.** Provide additional funding and support for outreach and safety net services for homeless persons.	1. Advocate for increased funding at state and federal levels.	DHH	First five years	Federal and State Emergency Shelter Grant Programs; CDBG	8.30
	7.B. Provide for the location of permanent supportive housing, emergency shelters and daytime service centers for the homeless in land use and zoning.	1. Incorporate in CZO.	CPC	First five years	CZO under development	8.30
	7.C. Support programs and services that prevent homelessness through financial counseling and emergency assistance to at risk households.	1. City convening diverse working group to develop strategic plan to end homelessness	City Administration, City Council, business community, faith-based community, Continuum of Care (Unity), HUD, DHH, DOJ, USICH	First five years	Federal and State Emergency Shelter Grant Programs; CDBG	8.30
8. A criminal justice system that is effective, efficient, and just	**8.A.** Support and expand community-based crime prevention programs that target high-risk populations.	1. Convene a focus group within the citywide human services consortium to develop programs and policies around community-based crime prevention.	New Orleans Criminal Justice Leadership Alliance	First five years	Advocate for increased public funding and apply for private funds. New Orleans Criminal Justice Leadership Alliance	8.31
	8.B. Expand alternative sentencing, diversion, and community corrections programs for nonviolent offenders that emphasize comprehensive rehabilitation.	1. Redirect criminal justice funding to support community corrections as opposed to incarceration.	Parish Criminal Sheriff	First five years	Juvenile Detention Alternatives Initiative program of the Annie E. Casey Foundation	8.32
		2. Expand workforce readiness opportunities for people with criminal records.	Economic Development Council; private service providers	Medium term	CDBG; private funding	8.32
		3. Investigate a state Community Corrections Act or similar legislation to provide funding for community corrections programs.	State legislators	Medium term	36 other states have similar legislation that can be used as precedent.	8.32
	8.C. Support and expand Community Policing and neighborhood involvement in crime prevention.	1. Work with neighborhoods to identify crime-related blight and call in enforcement.	NOPD, OFICD (Code Enforcement)	First five years	Neighborhood Participation Program (see Chapter 15) can be used to organize system	8.33
		2. Prioritize funding for Community Policing and new satellite police stations.	NOPD	Medium term	General funds	8.33

Getting Started

These items are short-term actions that can be undertaken with relatively little expenditure and will help lay the groundwork for the longer-term actions that follow.

- Create and maintain a database of publicly-accessible facilities that could house health and human service providers.
- Facilitate partnerships to provide for the location of health and human service providers in existing community centers and other publicly-accessible facilities.
- Convene citywide consortia on health care and human services that meet regularly and include stakeholders from public, private and nonprofit sectors.
- Direct public health funding to expand outreach to and enrollment of eligible residents in low-cost or free insurance programs.
- Advocate for the Neighborhood Place at the Mahalia Jackson School to be fully implemented.
- Ensure that all available funds for child care are drawn down from state and federal sources.
- Expand outreach to all eligible families to receive Child Care Development Vouchers.

Narrative

Below is a more detailed narrative of the various goals, strategies and actions highlighted in the "Summary" chart.

GOAL **1**

Neighborhood-based centers that coordinate and deliver a broad range of health and human services tailored to the populations they serve and are accessible to all residents

IMAGE: B/H/.M/W ARCHITECTS

Multi-purpose community centers such as this Central City YMCA provide recreational, educational, and wellness programs for residents of all ages and serve as anchors of neighborhood revitalization.

The term "multi-service center" (MSC) is used here to describe neighborhood-based service centers that provide a range of coordinated health and human services across the continuum of care. This nomenclature is intended to reflect the broadest range of possibilities for collaboration across all health and human service sectors, and encompasses the multitude of forms that those collaborations may take as the concept of the MSC is implemented throughout New Orleans to reflect and meet the specific needs of individual communities. Although they do not go by this same term, there are several service providers in New Orleans that already successfully embody this model by providing a range of multiple, coordinated services, including health care, case management, behavioral health, and programming for children and youth.

Services offered in any one location should be tailored to the specific population served. An MSC is likely to include multiple service providers within a single location, including public, private and nonprofit entities.

By supporting and coordinating existing providers and facilitating partnerships and co-location in key locations, the City can ensure that all neighborhoods have access to an MSC that provides the services they desire and need. The range of services that can be provided through MSCs includes:

- A "medical home" for the coordination and delivery of primary health care and other health care services, including primary and preventative care, care for chronic diseases, and outpatient mental and behavioral health. (A "medical home" is not a residence, but rather a central point of coordination of care for all health-related services. See Volume 3, page 8.4–8.5 for more explanation of medical homes.)
- Case management, coordination and delivery of human and social services.
- Daytime programs and services such as day care and after school programs for youth, daytime programs for seniors, and literacy and workforce development programs for adults.
- Access to and information about publicly-sponsored services such as food stamps, unemployment, social security, disability assistance, transportation and day care vouchers, housing assistance, and literacy and workforce development programs.
- Resources, information, public education and outreach on public health and preventative health topics.
- A database of evacuation needs of residents within the service area, including special needs populations, and coordination of services to ensure continuous medical, mental health, and social service care in the event of an evacuation or other emergency.
- Access to centralized, up-to-date information on services and providers citywide to ensure a "no wrong door" approach to care and referrals that provides efficient and coordinated delivery of services across the continuum of care. The "no wrong door" approach ensures that a client requiring services that are not provided in a given location can be easily referred to the appropriate provider with confidence that system-wide coordination will prevent redundancy and expedite the referral and service delivery processes.

1.A Coordinate partnerships between health and human service providers and owners/tenants of publicly-accessible facilities to provide for the location of multiple health and human service providers in shared locations. MSCs should be centrally-located where they are most accessible to the population they serve. The long-term goal is for every resident to have easy access to an MSC. The model of co-location of health and human services with public and centrally-located facilities such as schools, libraries, places of worship, and community and recreational centers is widely regarded as a national best practice, and has been a central tenet of numerous plans since Hurricane Katrina, including the public school facilities master plan and the UNOP and Neighborhood Rebuilding (Lambert) plans. Co-location of multiple services is not only economical, it also encourages a more robust sociocultural infrastructure that promotes greater coordination and community building.

SHAPE UP SOMERVILLE

Shape Up Somerville (MA) is a city-wide campaign supported by the City of Somerville's Health Department to increase daily physical activity and healthy eating through programming, physical infrastructure improvements, and policy work. The campaign targets all segments of the community, including schools, city government, civic organizations, community groups, businesses, and other people who live, work, and play in Somerville. A diverse taskforce coordinates interventions across the city, including school food service, school curricula, after-school programs, community outreach, restaurants, pedestrian and bike routes, farmers' markets and community gardens. The initial phase of the program, coordinated by Tufts University, targeting food choice and physical activity levels of first, second, and third grade children, and was found to result in a one pound less weight gain among participating students. The program recently received a $400,000 grant from the Robert Wood Johnson Foundation to continue these interventions and provide residents with the tools to live a healthy lifestyle. It has been statistically proven to reduce weight gain in children.[129]

Co-located services should include services that are compatible with one another and the surrounding neighborhood environment, and exclude incompatible services, such as emergency health care facilities within primarily residential areas, that could be disruptive to the surrounding neighborhood.

To create a citywide network of MSCs, NORA, the Department of Property Management, the Office of the CAO, City Planning, and other public agencies should facilitate public-private partnerships and shared-use agreements with existing publicly-accessible facilities to secure shared locations for health and human service providers. The City Planning Commission, through the Neighborhood Participation Program described in ***Chapter 15*** of this plan, should work with neighborhood residents to ensure that MSCs are developed with community input at every stage and result in facilities that are an appropriate "fit"—in both physical and operational character—with the surrounding neighborhood context.

RECOMMENDED ACTIONS

1. *Create and maintain a database of publicly-accessible facilities that could house health and human service providers.*
   Who: *Health Department; CAO; Property Management*
   When: *First five years*
   Resources: *OFICD 2009 budget provides $25 M for health institutions and hospitals*

   Many cities and towns maintain a database of vacant commercial properties for the purpose of attracting businesses to locate there (often maintained by a local economic development agency). City Planning, in coordination with other city agencies (*e.g.*, Health Department, NORA, CAO, and Property Management, as well as the Economic Development Council) and other public and nonprofit health initiatives, could develop and maintain a similar database of potential locations for MSCs and individual health and human service providers. The database should track owner and operator contact information, facility specifications, and cost, and should eventually be geocoded and mapped to include service needs by neighborhood. Maintaining the database would require regular and consistent outreach by City Planning staff to building owners and managers and other city agencies (*e.g.*, schools, libraries, NORD, *etc.*) to keep the database up to date.

   Such a database could be part of a more comprehensive citywide Asset Management Program, as discussed in ***Chapter 16—Structures for Implementation***.

2. *Use current data on population and service needs to identify under served areas and locate new MSCs and other health and human service providers in areas of greatest need.*
   Who: *CPC; Health Department; DHH*
   When: *First five years*
   Resources: *LPHI; Greater New Orleans Community Data Center; DHH; DSS; college and university research institutes and others*

   Several local and regional entities collect and make available data on health outcomes, population demographics, and other factors that should be used to identify under served and at-risk populations when locating new services and facilities. Relevant data is currently available from LPHI, the Greater New Orleans Community Data Center, DHH, DSS, college and university research institutes, and other sources.

   Developing new MSCs also presents an opportunity to target public investment in ways that contribute to neighborhood revitalization and quality of life. As such, reuse of existing vacant or under utilized publicly-owned facilities—including community centers and schools (both functioning schools and land banked buildings)—should be given strong consideration as

potential locations for health and human service providers since these facilities are typically centrally-located within neighborhoods. Many also have historic value and could help achieve simultaneous goals of preserving neighborhoods' historic character, as discussed elsewhere in this plan ***(see Chapter 5—Housing and Neighborhoods, and Chapter 6—Historic Preservation).***

3. *Offer incentives to property owners and tenants of potential shared use facilities to accommodate health and human service providers.*
   Who: *Health Department; Community Development*
   When: *Medium term*
   Resources: *OFICD 2009 budget provides $25 M for health institutions and hospitals*

Incentives could include tenant improvements to facilities or contributions toward maintenance costs.

1.B Provide for the location of MSCs and other needed health and human service facilities—including supportive housing—in zoning and other land use regulations.

Land use and zoning should support the development of health and human service facilities, including supportive housing and MSCs, in circumstances of both adaptive reuse of existing structures and new development, and should also ensure that these facilities are pedestrian- and transit-accessible and compatible with the existing physical character of their surroundings. Health and human service facilities and MSCs should be located in or near neighborhood commercial districts wherever feasible.

RECOMMENDED ACTION

1. *Consult with homeless housing providers (UNITY and other advocacy groups) and other service delivery agencies in creating new regulations.*
   Who: *CPC*
   When: *First five years*
   Resources: *UNITY of Greater New Orleans can provide information on zoning conducive to supportive housing development*

1.C Involve neighborhood and community groups and other stakeholders in decisions about the location and development of MSCs, and the type of services that should be provided.

The development of the first Neighborhood Place in Sabine Parish involved successful collaboration among state and local service providers, community members, and other stakeholders. It will be governed by a board of consumers and community members to ensure that it continues to serve the unique needs of that community. In New Orleans, decisions about the location of new MSCs and the types of services they provide should be shaped by similar collaborative processes involving nearby residents, property owners, and others whom the new facility will serve. The Neighborhood Participation Program outlined in ***Chapter 15*** of this plan provides an organized structure for this type of meaningful community input into decisions related to neighborhood development.

RECOMMENDED ACTION

1. *Use Neighborhood Participation Program to ensure meaningful community input.*
   Who: *CPC*
   When: *First five years*
   Resources: *Neighborhood Participation Program (See Chapter 15)*

GOAL **2**

Coordination of health and human services delivery across the continuum of care

To fully embody a "no wrong door" approach to providing a comprehensive range of human services, significant coordination across all sectors and service providers is needed.

2.A Support and promote ongoing initiatives to convene a citywide health care consortium and a citywide human services consortium.

Two citywide consortia—one for health care and one for human services—including providers, consumers, and other stakeholders from private, public and nonprofit sectors should convene regularly to ensure efficient and effective health care and human service delivery and increase the capacity of the network of providers throughout the region. These consortia should be based on principles such as:

- Truly shared, collaborative governance composed of stakeholders from various sectors.
- Informed by, built upon or built into existing relevant structures.
  - > In the case of health care, the LPHI-led Partnership for Access to Health Care and Behavioral Health Action Network.
- Embodying a regional, systems approach to health and human service policy.
- Promoting best practices with evidence-basis, based on local and national experience.
- Active engagement of the community.
- A culture of openness, mutual respect and accountability.
- Cross-membership between the two consortia.

Goals and activities of the consortia should include:

- Convening meetings of committed members within which to present their problems and resources to the consortium and community at large.
- Implementing actions to create coordinated systems of care, diminishing duplication and promoting efficient and accessible delivery of services.
- Instilling transparency and accountability into the delivery of effective services.
- Promoting the development and sustainability of service capacity of area providers through analysis, planning, decision-making and advocacy around changes to policy, programming and resource allocation.
- Developing, partnering in or otherwise advocating for requests for funding.
- Providing technical assistance to committed partners for implementation of initiatives.
- Developing and periodically updating shared priorities through application of consensus prioritization principles to most recent, valid and reliable data such as those from current

1 City of Somerville: http://www.somervillema.gov/Division.cfm?orgunit=SUS. Retrieved February, 2009.

population estimates, vital data, risk and disease data, service utilization data and community assets assessment.

RECOMMENDED ACTION

1. *Ensure full participation of all relevant public agencies in consortia meetings and initiatives.*
   Who: *Health Department; MHSD; DHH; DSS; private and non-profit providers*
   When: *First five years*
   Resources: *PATH; BHAN (programs of LPHI) have already convened groups along these lines. Build on these*

   City health and human service agencies should be full and active participants in these consortia, and should contribute resources from meeting space to data to funding wherever appropriate to ensure their continued success. A representative from each relevant city and local public agency (*e.g.*, DHH, MHSD, Health Department, DSS, *etc.*) should appoint at least one representative to serve as the liaison to the relevant consortia. Consistent representation will help promote collaborative relationships over time.

2. *Coordinate partnership with the City Health Department and the New Orleans Place Matters Working Group to develop and implement a full range of strategies focused on reducing obesity among New Orleanians. These strategies should support and build upon existing Master Plan Goals, strategies and actions in five key areas:*

   - *Improve access to healthy foods*
   - *Address the surplus of unhealthy foods in our everyday environments*
   - *Raise awareness about the importance of healthy eating to prevent childhood obesity*
   - *Encourage physical activity*
   - *Raise awareness of the importance of physical activity.*

   Who: *Health Department; non-profit organizations*
   When: *First five years*
   Resources: *Grants, philanthropic resources*

2.B Streamline City-administered grant funding processes for health and human services. Private and nonprofit service providers in New Orleans report that they are often deterred from applying for available city-administered grants because of cumbersome administrative burdens. Having a single source of city-administered funding and a common application process for multiple funding sources would increase the effectiveness of these funds by broadening the applicant pool and making the funds easier to use.

RECOMMENDED ACTION

1. *Convene all grant administering offices to establish a more efficient application and granting process.*
   Who: *All City agencies that administer grants to health, human service and related local agencies*
   When: *First five years*
   Resources: *Consult with grant recipients to better understand their needs and realities*

   City offices who administer grant funding should convene and establish within 6 months a strategy for streamlining funding and granting processes. The city's web site should be utilized and application materials made available in downloadable format. A single contact

person should be identified and their contact information posted on the web site to field all initial inquiries about applying for city-administered funding. Once a streamlined process is established and implemented, the group of funders should continue to meet at least annually to ensure continued coordination.

2.C Support the development of a coordinated system of record-keeping, intakes and referrals throughout all levels of heath care service provision.

RECOMMENDED ACTIONS

1. *Convene a task force to streamline citywide service referral and directory services.*
   Who: *CAO (3-1-1); United Way (2-1-1)*
   When: *First five years*
   Resources: *Health and Human Services consortia should be consulted to ensure that the system meets needs of all types of providers*

In the spirit of fostering a seamless continuum of care, numerous organizations have developed in-house resource guides to locally-available services, but no two lists are the same, and all require significant effort to compile and keep up-to-date. This is not only time-consuming for providers, but it also puts consumers at risk of "falling through the cracks" because providers are not always aware of other services available or do not have a reliable means of communicating with providers in other service sectors. The health care and human services consortia described above can be utilized to form a single focus groups to investigate ways to streamline and/or consolidate the various service referral and directory resources throughout the city, including VIALINK (2-1-1),[2] 3-1-1,[3] 504HealthNet,[4] and others to avoid duplication of efforts and make the most efficient use of collective resources.

As of 2009, United Way was working on legislation to develop a dedicated federal funding source for the development of 2-1-1 systems nationwide, and estimates that a fully realized 2-1-1 system that meets national standards will cost approximately $1.00–$1.50 per capita. The University of Nebraska's Public Policy Center estimates that a fully realized 2-1-1 system in Nebraska will bring $7.4 million in benefits to the state of Nebraska with a population of 1.7 million.[5] The City should support efforts to bolster the current 2-1-1 system to provide increased coordination among health and human service providers as well increased as consumer information, and consolidate other duplicative services.

2.D Prioritize support and funding for health and human services that provide comprehensive case management and/or coordinated care across disciplines and over time.

RECOMMENDED ACTIONS

1. *Advocate for completion of the Neighborhood Place at Mahalia Jackson School.*
   Who: *Health Department; Mayor's Office; School Board*
   When: *First five years*
   Resources: *Advocate at state level for implementation of planned Neighborhood Place*

2 A toll-free 24-hour call center funded by United Way, VIALINK (2-1-1) provides referral information for both providers and consumers of health care and human services, in addition to crisis counseling.

3 The City of New Orleans offers information and referral services through its 3-1-1 dial-up information line.

4 504HealthNet is a nonprofit organization in New Orleans that provides support for coordination of service delivery among primary care providers.

5 Louisiana Alliance of Information and Referral Systems: http://www.louisiana211.org/benefits.html. February, 2009.

In 2010, the state plans to open a Neighborhood Place at the Mahalia Jackson School. It would serve as a "one-stop shop" of state services—a single location housing representatives from DSS, DHH, the Department of Education, the Louisiana Workforce Commission, and the Office of Juvenile Justice. ***(For more information, see Volume 3, p. 8.13.)***

2. *Implement ACT teams and support other resources that increase the availability of comprehensive case management.*
   Who: *DHH; DSS; MHSD*
   When: *First five years*
   Resources: *CDBG; philanthropic funding*

(For more information on ACT teams, see Volume 3, Chapter 8.)

GOAL **3**

A robust continuum of health care and human services, including preventative care, that is accessible to all residents

3.A Ensure continued funding and support for community-based health clinics, including their certification as Patient-Centered Medical Homes.

Community clinics funded by the LPHI-administered Primary Care Access Stabilization Grant (PCASG) and other community-based clinics throughout New Orleans have not only filled critical gaps in health care provision since Hurricane Katrina, they also embody the Medical Home model of care which has been a central tenet of health care reform initiatives in New Orleans and throughout the state for more than a decade. (For more information on the Medical Home model, see Volume 3, page 8.4–8.5.) Additionally, several have expanded the services they provide to include outpatient behavioral and social services in addition to primary care, and exemplify coordinated, patient-centered service delivery across the continuum of care. These clinics represent an opportunity to reform the city's health care system according to national best practices, and should serve as a foundation for a citywide network of neighborhood-based MSCs.

RECOMMENDED ACTIONS

To ensure the continuation and expansion of community clinics in New Orleans after the 2010 expiration of the PCASG, the City should pursue the following sources of funding:

1. *Advocate for increased funding from Medicaid.*
   Who: *Public-private partnerships founded through health care consortium*
   When: *First five years*
   Resources: *Medicaid; Federally Qualified Health Centers; philanthropic funding*

   City health officials and other city leaders can advocate at the state and federal levels for expansion of Medicaid eligibility requirements to increase the number of people insured. Increased Medicaid coverage will provide more reimbursements to health clinic providers and decrease their reliance on city and private funding. Additionally, greater flexibility in the state's ability to use Medicaid Disproportionate Share dollars for outpatient primary care (currently only available for inpatient hospital care) can provide a stable source of funding for community health clinics.

2. *Advocate for expanded funding for Federally Qualified Health Centers.*
   Who: *Mayor's Office; Health Department*
   When: *First five years*
   Resources: *Federal funding (Health Care Financing Administration)*

   City health officials and other city leaders can advocate for the expansion of the Federally

Qualified Health Center (FQHC) program in the New Orleans Region and the state to bring it in line with levels of funding received by states and regions with similar needs. This would allow existing FQHCs to expand their service provision and would also provide resources for new grantees. For more information on FQHCs, see Volume 3, p. 8.3-8.4.

3. *Seek private philanthropic funding.*
   Who: *Mayor's Office; Health Department*
   When: *First five years*
   Resources: *Federal funding (Health Care Financing Administration)*

   Support seeking grant funding for providing care for the uninsured. Public agencies such as the Health Department and local offices of MHSD and DHH should partner with existing networks of providers to secure private funding from foundations and other sources for health care initiatives.

3.B Support and enhance efforts to increase health insurance coverage for all residents.

While there are several exemplary programs that work to increase insurance coverage for New Orleans residents (enumerated in Volume 3, chapter 8), none of them currently serves its target audience completely due to lack of funding or capacity or both. Surveys of uninsured residents indicate that many are low-income (see Volume 3, chapter 8), and are therefore likely to qualify for low-cost or free insurance programs like LaCHIP, Medicaid or Medicare. Expanding outreach programs to identify and enroll qualified residents in insurance programs is an early-action item the city can take that is likely to offer significant return on investment. Increasing insurance coverage is not only likely to improve the health outcomes of enrollees, but will also bring needed funding to providers in the form of reimbursements and reduce indigent residents' dependence on emergency rooms for basic care.

RECOMMENDED ACTIONS

1. *Advocate at the state level for increased funding and expanded eligibility for public insurance programs such as LaCHIP, Medicaid and Medicare.*
   Who: *Mayor's Office; Health Department*
   When: *First five years*
   Resources: *Federal funding (Health Care Financing Administration)*

   (See Strategy 3.A, above.)

2. *Provide support and funding for local outreach programs to identify and enroll eligible residents in available insurance programs.*
   Who: *Health Department; City Budget*
   When: *First five years*
   Resources: *Kingsley House's Health Care for All program*

   Public health funding such as CDBG funds should be directed to organizations that already provide outreach to enroll residents in health insurance programs (such as Kingsley House's Health Care for All program). Prioritizing programs that work to ensure all residents will provide significant return on investment and should be an early-action item.

3.C Prioritize funding and support for programs that increase the health and developmental outcomes of children.

Investing in the health and development of children—including prenatal care—is has been proven to provide significant return on investment in terms of the health, education, wellness and prosperity of children and their families for the rest of their lives.

RECOMMENDED ACTION

1. *Direct public funding to expand programs such as the Nurse Family Partnership, Head Start, Healthy Start, and other programs that increase the health of children.*
   Who: *Health Department; City Budget*
   When: *Medium term*
   Resources: *philanthropic funding; CDBG*

3.D Expand mental health and addiction treatment services and facilities to meet current and projected need.

Mental health care and addiction treatment stand out as a significant unmet need in New Orleans, and while the rate of mental illness appears to be on the rise, local mental health providers have lost public funding in recent years. (NOAH, the only inpatient mental health facility for the uninsured in the city is scheduled to close in 2010). Advocates for increased mental health care in New Orleans include a range of interest groups, from health, housing and homeless assistance initiatives to public safety and criminal justice advocates to real estate and business interests, who recognize the connection between providing adequate care and nurturing an investment-friendly environment.

RECOMMENDED ACTIONS

1. *Advocate for increased state funding for DHH and MHSD for mental health services, including expanded ACT teams and permanent supportive housing.*
   Who: *DHH; MHSD*
   When: *First five years*
   Resources: *CDBG*

2. *Coordinate with the Behavioral Health Action Network to identify and target areas of need in mental and behavioral health and addiction treatment.*
   Who: *DHH*
   When: *First five years*
   Resources: *BHAN*

   The BHAN maintains data on service coverage and needs in the New Orleans area. Future investments should make use of this data to target investment where it is needed most and where it will offer the highest returns.

3. *Work with BHAN and other initiatives to facilitate partnerships between service providers to offer mental health services through existing community clinics and other health care facilities.*
   Who: *Community clinics; BHAN; mental health service providers*
   When: *First five years*
   Resources: *MHSD; DHH; DSS*

   Since Hurricane Katrina, several community clinics have branched out to offer mental and behavioral

HARLEM CHILDREN'S ZONE

Called "one of the most ambitious social-service experiments of our time" by ***The New York Times*** and recognized as a "best practice" nationally, the Harlem Children's Zone (HCZ) project is a unique, holistic approach to ensuring that children stay on track through college and go on to the job market. The HCZ pipeline begins with Baby College, a series of workshops for parents of children ages 0–3, and goes on to include best-practice programs for children of every age through college. The network includes in-school, after-school, social-service, health and community-building programs. The two fundamental principles of The Zone Project are to help kids as early in their lives as possible and to create a critical mass of adults around them who understand what it takes to help children succeed. All services are provided free of charge. Recent evaluations showed that 100 percent of students in the HCZ pre-Kindergarten program were school-ready for six consecutive years and 97.4 percent of eighth graders were at or above grade level in math. The budget for the HCZ Project for fiscal year 2009 is more than $40 million, or an average of $3,500 spent annually per child. One-third of funding comes from a public sources and two-thirds comes from private and philanthropic sources.

In 2008, Louisiana state legislation SR122 requested the Department of Social Services, the Department of Health and Hospitals, and the Department of Education to conduct a joint study and develop a comprehensive continuum of support for Louisiana's children using the Harlem Children's Zone as a model.

health services through partnerships with other providers. (See Volume 3, pages 8.7–8.8.) The City can encourage other clinics to follow this example by offering incentives and facilitating partnerships and shared-use agreements between primary care clinics and behavioral health care providers.

3.E Support and enhance preventive and public health education and programs.

Supporting preventative and public health initiatives is another cost-effective investment the city can make in the health and well-being of its residents. Facilitating partnerships with neighborhood, faith-based, and other community organizations to work with public health initiatives can increase the reach of these programs to serve a broader population.

RECOMMENDED ACTION

1. *Form a public health education and outreach committee as part of the citywide health care consortium.*

   Who: *Public health education and outreach committee*
   When: *First five years*
   Resources: *City wide health care consortium*
   This group should coordinate and collaborate on efforts to extend public health education and outreach by applying jointly for funding and otherwise collaborating.

INTERGENERATIONAL DAYCARE

Combined daycare facilities for young children and seniors that give seniors the option to participate in structured intergenerational activities with children are gaining popularity around the country. Studies have shown that elderly adults who participate in structured activities with children on a regular basis are more focused and in better moods than when children are not involved. Compared to their peers in traditional preschools, children in intergenerational daycare programs are more patient, express more empathy, exhibit more self-control and have better manners.[9]

3.F Develop additional hospital facilities and emergency health care services and infrastructure according to data on projected population and need.

Hospitals and other emergency health care services and infrastructure (*e.g.*, EMS, fire and police) are critical to ensuring a robust continuum of health care services. The health care industry is also an important component of the future economic prosperity for New Orleans and the region. Development of new hospital and emergency infrastructure should be driven by data on population demographics and areas of need within the health care sector (*e.g.*, types of specialties, *etc.*).

RECOMMENDED ACTION

1. *Convene a hospital and emergency care advisory group within the citywide health care consortium (see above) to facilitate the aggregation and use of data in hospital and emergency health care planning.*

   Who: *DHH; hospital and emergency care advisory group*
   When: *First five years*
   Resources: *OFICD Budget; City Budget*

See also: Chapter 10—Community Facilities and Services for a discussion of emergency services and infrastructure.

GOAL **4**

Access to fresh, healthy food choices for all residents

4.A Establish and promote fresh produce retail outlets within walking distance of all residents.

RECOMMENDED ACTIONS

1. *Identify areas that are under served by fresh food access.*
   Who: *CPC; Community Development*
   When: *First five years*
   Resources: *Tulane Prevention Research Center*

   Work with local partners, including the Tulane Prevention Research Center, to establish a walkability standard for access to fresh produce outlets for all residents (*e.g.*, 80 percent of households within ½ mile of outlets) and identify geographic areas throughout the city that are under served by fresh food outlets according to this standard. An example of this type of study is the New York City Supermarket Need Index6, which determines areas in the city with the largest populations with limited opportunities to purchase fresh food.

2. *Remove zoning and regulatory barriers to farmers' markets and other temporary/mobile fresh food vending.*
   Who: *CPC*
   When: *First five years*
   Resources: *CZO under development*

3. *Explore incentives for small neighborhood food stores to stock fresh produce in under served areas.*
   Who: *Community Development*
   When: *First five years*
   Resources: *City can offer expediting permitting as an incentive*

   Incentives might include: Financing (grants and loans) for capital improvements and equipment, inventory, and technical assistance; expedited permitting assistance with produce merchandising and promotion. See also: ***Chapter 5—Neighborhoods and Housing*** for strategies for attracting supermarkets and other neighborhood-serving retail.

4. *Encourage and assist farmers' markets to accept food stamps and Seniors/WIC Farmers' Markets Nutrition Program coupons.*
   Who: *Health Department; local WIC administrators*
   When: *First five years*
   Resources: *Several area farmers' markets already accept WIC and other food assistance coupons*

5. *Support urban agriculture and community gardens.* ***See Chapter 13—Environmental Quality.***
   Who: *OFICD; CPC*
   When: *First five years*
   Resources: *Federal funding; bonds; philanthropic resources*

6. *Explore tax incentives to encourage sale of fresh food.*
   Who: *City's Economic Development Team*
   When: *First Five Years*
   Resources: *Grants*

The 2009 OFICD budget provides $7 million in D-CDBG funds to establish a Fresh Food Retailers Grant/Loan Program, and an additional $2 million to establish a Community Markets Initiative and an Urban Food Gardens initiative. These funds—in addition to private and philanthropic funding—can be used for the above strategic actions. The City should work with stakeholders to assure that there is a business plan for the continuation of these initiatives after disaster fund.

Initiatives to increase opportunities for participating in urban agriculture are discussed in ***Chapter 13—Environmental Quality.***

6 For more information, see: http://home.nyc.gov/html/dcp/html/supermarket/index.shtml.

4.B Support access to healthy nutrition opportunities at government-run or supported facilities including (but not limited to healthy foods and beverages, availability of breastfeeding spaces, and availability of fresh water.

1. Amenities to be included (but are not limited to) healthy foods and beverages, availability of breastfeeding spaces, and availability of fresh water.

Who: *City, State, non-profit organizations*
When: *First five years*
Resources: *Federal, State and City funds / grants*

4.C Explore avenues to address unhealthy food choices

1. Explore land use and zoning policies that restrict fast food establishments near school grounds and public playgrounds.

Who: *City Planning Commission, City Council*
When: *First five years*
Resources: *Staff time*

2. Explore local ordinances to restrict mobile vending of calorie-dense, nutrient-poor foods near school grounds and public playgrounds.

Who: *City Council*
When: *First five years*
Resources: *Staff time*

3. Explore zoning designed to limit the density of fast food establishments in residential communities.

Who: *City Planning Commission, City Council*
When: *First five years*
Resources: *Staff time*

GOAL **5**

High-quality child care and learning opportunities beyond basic education that are accessible to all children

5.A Expand after school and youth programs to serve all New Orleans children.

As of 2007, only 25 percent of qualified school-aged children were served by after school programs. For more information, ***see Volume 3, pages 8.16–8.17.***

RECOMMENDED ACTIONS

1. *Pursue increased funding from state and federal sources for after school and youth programs.*

Who: *City, with local private and non-profit providers and advocates*
When: *First five years*
Resources: *Twenty-first Century Learning Center Program; No Child Left Behind; Child Care Development Fund; CDBG; Temporary Assistance to Needy Families; Section 8(g) Grant Program*

Investments in programs for children and youth have been show to provide dramatic returns in terms of both child and family wellness as well as cost savings to the municipalities in which they live. For instance, investments in high-quality pre-school education for low-income students show a $9 return for every $1 investment. Public funding is available for after school programs but has not been fully utilized by the city in recent years. Out of 33 discretionary federal programs identified as potentially funding after school programs, only 9 of them

currently have awardees in New Orleans. The city should partner with child care providers and local advocates (such as the Afterschool Partnership and Agenda for Children) to apply for funds and ensure that all available funding is drawn down and used each year. Sources of available funds include:

- *21st Century Community Learning Center Program (21st CCLC):* Louisiana is eligible to receive over $20 million each year to support afterschool programs; however, since 2004, the state has not drawn down the maximum amount of money dedicated for 21st CCLC programming.
- *No Child Left Behind*
- *Child Care Development Fund (CCDF):* The CCDF is designed to help provide child care to low income parents who work and/or attend school.
- *Community Development Block Grants (CDBG):* Currently, the City of New Orleans allocates $115,617 of the $15.5 million in CDBG funds it receives to youth programs.[7]
- *Temporary Assistance to Needy Families (TANF):* Louisiana dedicates $19–25 million each year in TANF funds to reimburse licensed child care centers.
- *Section 8(g) Grant Program:* Provides approximately $5.1 million in funds each year to exemplary or innovative programs designed to improve student academic achievement or skills.

THE CENTER FOR EMPLOYMENT OPPORTUNITIES (CEO), NEW YORK, NY

Eighty-nine percent of all probation or parole violators are unemployed at the time of violation. CEO is an nonprofit employment agency for people with criminal records in New York City based on the idea that if the employment needs of persons with criminal convictions are addressed at their most vulnerable point—when they are first released from incarceration or soon after conviction—they will be less likely to become reincarcerated and more likely to build a foundation for a stable, productive life. CEO's services include a highly structured program of pre-employment job readiness training, short-term paid transitional employment and full-time job placement and retention services. Findings from an independent evaluation show that program participants are 50 percent less likely to be reincarcerated after joining the program.[13]

2. *Increase outreach to provide Child Care Development Fund vouchers to all who are eligible.*
   Who: *DSS; CDBG; philanthropic funds*
   When: *First five years*
   Resources: *Provide information through health clinics, Nurse Family Partnership and similar programs for expectant families and MSC*

   As of 2008, only 38 percent of qualifying families received the voucher. ***(For more information, see Volume 3, Chapter 8)*** The City can assist in facilitating partnerships with community organizations such as neighborhoods, schools, places of worship, and others to perform outreach to families with children.

3. *Provide for the location of needed child care and afterschool facilities in zoning and other land use regulations.*
   Who: *CPC*
   When: *First five years*
   Resources: *CZO under development*

4. *Provide support and incentives to child care service providers to become accredited through both national and state accreditation programs.*
   Who: *Non-profit organizations*
   When: *First five years*
   Resources: *Agenda for Children offers training and technical assistance to child care providers*

7 Afterschool Partnership for Greater New Orleans. "Policy Brief: Funding Map for New Orleans' Afterschool Programs." Fall, 2008. http://www.gnoafterschool.org/library/. Retrieved February, 2009.

As of 2009, only three child care facilities in New Orleans were nationally accredited. ***For more information, see Volume 3, Chapter 8.***

5. *Prioritize new program development in areas of greatest need.*
   Who: *Prioritize program development in areas of greatest need*
   When: *First five years*
   Resources: *Agenda for Children; Afterschool Partnership and others can provide data on service needs*

The Agenda for Children, the Afterschool Partnership for Greater New Orleans, and other local and national advocacy organizations collect and make available data on service gaps in programs for youth. Partnering with these and other organizations to plan public investments in areas of greatest need will ensure the best return on investment.

6. *Support workforce development programs that train professional childcare workers.*
   Who: *New Orleans Economic Development Council*
   When: *Medium term*
   Resources: *Local colleges and universities*

There is currently a nationwide shortage of well-trained and experienced child care workers. For more information on programs that provide workforce development in child care, see Volume 3, page 8.16. ***See Chapter 9 for further discussion on workforce development programs.***

GOAL **6**

High-quality supportive services for the elderly that are accessible to all elderly residents

6.A Expand elder care facilities and services in areas of greatest need.

To better serve all elderly residents with daytime care and activities, including social and recreational programs as well as health care services, additional facilities as well as expanded services in existing facilities should be developed according to data on service gaps and need. Priority should be given to development of services on or near transit routes and in or near other community and publicly-accessible facilities for maximum accessibility.

RECOMMENDED ACTION

1. *Identify and expand elder care facilities and services in areas of greatest need.*
   Who: *DHH; MHSC*
   When: *First five years*
   Resources: *Council on Aging can provide data on service needs.*

6.B Provide affordable paratransit service for seniors.

In 2008, a survey of New Orleans-area seniors revealed that low-cost transportation assistance was among seniors' most important issues. For more information, see Volume 3, p. 8.17.

RECOMMENDED ACTIONS

1. *Advocate for increased funding for paratransit from RTA.*
   Who: *RTA; Council on Aging*
   When: *First five years*
   Resources: *Council on Aging had a paratransit program in the past; requires additional funding to restart it*

8 Roark, Anne C. "Day Care for All Ages." The New York Times. June 17, 2009.

2. *Provide public funding for taxi vouchers for low-income seniors.*
   Who: *Community Development Council on Aging*
   When: *Medium term*
   Resources: *Staff time; Federal grants*

See also: Chapter 5—Housing and Neighborhoods for a discussion of housing for the elderly.

GOAL **7**

A robust continuum of care for homeless individuals and families, centered on permanent supportive housing

7.A Provide additional funding and support for outreach and safety net services for homeless persons.

With the extent of blight and vacancy in New Orleans, outreach workers for the homeless are stretched thin. Providing additional funding for outreach to the homeless is the only way to ensure that all homeless individuals have access to the network of services designed to move them into permanent housing and provide supportive services.

RECOMMENDED ACTION

1. *Advocate for increased funding at state and federal levels.*
   Who: *DHH*
   When: *First five years*
   Resources: *Council on Aging can provide data on service needs.*

7.B Provide for the location of permanent supportive housing, emergency shelters and daytime service centers for the homeless in land use and zoning.

RECOMMENDED ACTION

1. *Incorporate into CZO.*
   Who: *CPC*
   When: *First five years*
   Resources: *CZO under development*

7.C Support programs and services that prevent homelessness through financial counseling and emergency assistance to at-risk households.

RECOMMENDED ACTION

1. *City convening diverse working group to develop strategic plan to end homelessness.*
   Who: City Administration, City Council, business community, faith-based community, Continuum of Care (Unity), HUD, DHH, DOJ, USICH
   When: First five years
   Resources: HUD, philanthropic community

See Chapter 5—Housing and Neighborhoods for a discussion of permanent supportive housing.

GOAL **8**

A criminal justice system that is effective, efficient, and just

In spring 2007, at the request of the New Orleans City Council, the Vera Institute of Justice proposed several initiatives to make the city's criminal justice system more fair and effective based on national best practices. These recommendations led to formation of the Criminal Justice Leadership Alliance (CJLA). CJLA, working in partnership with the Vera Institute, has already completed ground-breaking work on this issue, implementation of which began in 2009 and holds great promise for transforming the criminal justice system in New Orleans. (For more information, see Volume 3, pages 8.22–8.23.) In addition, NOPJF's OPISIS information-sharing system promises to increase communication and efficiency within the New Orleans criminal justice system. The City should prioritize the continued implementation of these plans. The recommendations below are intended to emphasize and support these plans.

8.A Support and expand community-based crime prevention programs that target high-risk populations.

Stopping the cycle of violence and learned criminal behavior starts with preventing criminal activity before it begins. Studies show that afterschool, youth mentorship, and recreational programs are effective deterrents to criminal activity in young at-risk populations.[9] Nonetheless, criminal justice professionals in New Orleans cite the dearth of youth programs and mental health and addiction treatment services as major impediments to an effective criminal justice system.

RECOMMENDED ACTION

1. *Convene a focus group within the citywide human services consortium to develop programs and polices around community-based crime prevention.*
   Who: *New Orleans Criminal Justice Leadership*
   When: *First five years*
   Resources: *Advocate for increased public funding and apply for private funds.*
   New Orleans Criminal Justice Leadership Alliance

   This group should include members of the criminal justice system, representatives from youth advocates such as the Afterschool Partnership, NOPD, NORD, MHSD, and other stakeholders.

8.B Expand evidence-based alternative sentencing, diversion, and community corrections programs for nonviolent offenders that emphasize comprehensive rehabilitation.

Alternative sentencing, also known as community corrections, is a strategy of serving low-level offenders such as first-time, nonviolent, and status offenders a sentence that can be served in a supervised community-based setting as opposed to in confinement. Community corrections have been shown to result in significant public savings. For example, while a day in detention in Cook County (IL) costs about $114, many young people are now supervised in the community by a youth advocate for $17 a day, or report nightly to a community center for intensive supervision and programming at a cost of $35 a day. Community corrections programs have also been shown to significantly reduce recidivism: Over 90 percent of the young people in Cook County's detention alternatives remained arrest-free

9 National Youth Violence Prevention Resource Center: http://www.safeyouth.org/scripts/index.asp

while in the programs.[10] The New Orleans criminal justice system offers some opportunities for community corrections for youth and adults, such as the successful Orleans Parish Drug Court and the District Attorney's Diversion Program. However, criminal justice professionals suggest that these serve only a fraction of those eligible.

RECOMMENDED ACTIONS

1. *Redirect criminal justice funding to support community corrections as opposed to incarceration.*
   Who: *Parish Criminal Sheriff*
   When: *First five years*
   Resources: *Juvenile Detention Alternatives Initiative program of the Annie E. Casey Foundation*

   Louisiana State law explicitly allows the Orleans Parish Criminal Sheriff to establish and operate community rehabilitation centers within Orleans Parish for offenders who have "strong rehabilitation potential."[11] Redirecting funds from incarceration facilities to community programs would increase the capacity of these programs to serve a higher percentage of eligible nonviolent offenders.

2. *Expand workforce readiness opportunities for people with criminal records.*
   Who: *Economic Development Council; private service providers*
   When: *Medium term*
   Resources: *CDBG; private funding*

   Prisoner re-entry programs that focus on employment and life skills have been shown to significantly reduce recidivism (see box above). Expanding such programs is a cost-effective means of reducing recidivism and reducing crime rates that could provide significant return on investment.

3. *Investigate creation of a state Community Corrections Act or similar legislation to provide funding for community corrections programs.*
   Who: *State legislators*
   When: *Medium term*
   Resources: *36 other states have similar legislation that can be used as precedent*

   Thirty-six states have policies known as a Community Corrections Acts that provide funding to municipalities for community corrections programs.[13] For example, California's Probation Subsidy Act, enacted in 1965, provided counties up to $4,000 for each prison-eligible offender who was supervised, sanctioned and serviced in the community. Between 1969 and 1972, the state placed nearly all nonviolent property offenders under local supervision, cut its inmate population by 30 percent, closed eight prison facilities and drove recidivism (within two years of release) down from 40 percent to 25 percent.[14/15] Louisiana currently has no such program, but city officials could collaborate with other municipalities in the state to investigate the potential cost savings and feasibility of implementing similar legislation.

10 Annie E. Casey Foundation Juvenile Detention Alternatives Initiative. "Detention Reform: A Cost-Saving Approach." www.aecf.org, Retrieved February, 2009.

11 Justia.com/Louisiana RS 15:1131. http://law.justia.com/louisiana/codes/145/78847.html.

12 www.ceoworks.com

13 The Pew Center on the States. Getting in Sync: State-Local Fiscal Partnerships for Public Safety. July, 2008. www.pewcenteronthestates.org. Retrieved June, 2009.

14 Tim Findley, "Story Behind the Decision—Dramatic Prison Reform," San Francisco Chronicle, January 7, 1972, page 1.

15 Marcus Nieto, Community Corrections Punishments: An Alternative to Incarceration for Nonviolent Offenders, California Research Bureau (Sacramento, California: May 1996), www.library.ca.gov/crb/96/08/. Retrieved June, 2009.

8.C Support and expand Community Policing and neighborhood involvement in crime prevention.

RECOMMENDED ACTION

1. *Work with neighborhoods to identify crime-related blight and call in enforcement.*
   Who: *NOPD; OFICD (Code Enforcement)*
   When: *First five years*
   Resources: *Neighborhood Participation Program can be used to organize system*

2. *Prioritize funding for community policing and new satellite police stations.*
   Who: *NOPD*
   When: *Medium term*
   Resources: *General funds*