



State of Louisiana
Department of Health and Hospitals
Office of the Secretary

April 20, 2015

The Honorable John Alario, Jr., President
Louisiana State Senate
P.O. Box 948183, Capitol Station
Baton Rouge, LA 70804-9183

The Honorable Charles Kleckley, Speaker
Louisiana State House of Representatives
P.O. Box 94062, Capitol Station
Baton Rouge, LA 70804-9062

Dear President Alario and Speaker Kleckley:

In response to R.S. 28:916, the Louisiana Department of Health and Hospitals (DHH) submits the enclosed report. This statute requires DHH to submit an annual report to the legislature detailing the services provided by each Human Services District/Authority operating in the state, a financial summary of the operations of each District/Authority, and other information demonstrating the performance of each District/Authority.

DHH is available to discuss the enclosed report with you at your convenience. Please contact Hugh Eley, DHH Interim Deputy Secretary, at (225) 342-7092 with any questions or comments you may have.

Sincerely,

A handwritten signature in blue ink that reads "Hugh Eley".

Hugh Eley
Interim Deputy Secretary

Enclosures

Cc: Senator David Heitmeier, Chair, Senate Health and Welfare Committee
Representative Scott Simon, Chair, House Health and Welfare Committee
David R. Poynter Legislative Research Library

DEPARTMENT OF HEALTH AND HOSPITALS

ANNUAL HUMAN SERVICES DISTRICTS/AUTHORITIES REPORT

REPORT PREPARED IN RESPONSE TO R.S. 28:916
(B) OF THE 2008 REGULAR SESSION

APRIL 2014

Contact:

Louisiana Department of Health and Hospitals
Dana Randall
Office of the Secretary
628 North Fourth Street
225-342-5275
Dana.Randall2@la.gov

EXECUTIVE SUMMARY

In accordance with R.S. 28:916(B), the Louisiana Department of Health and Hospitals (DHH) shall submit an annual report to the legislature detailing the services provided by each human services district/authority in the State, including a financial summary of operations and other information demonstrating the performance of each district/authority.

Currently, there are six operational human services districts/authorities, or local governing entities (LGEs), which are listed below.

- **Metropolitan Human Services District (operational 2004)**
Parishes served: Orleans, Plaquemines and St. Bernard

- **Capital Area Human Services District (operational 1996)**
Parishes served: Ascension, East Baton Rouge, East Feliciana, Iberville, Point Coupee, West Baton Rouge and West Feliciana

- **South Central Human Services Authority (operational 2010)**
Parishes served: Assumption, Lafourche, St. Charles, St. James, St. John, St. Mary and Terrebonne

- **Acadiana Area Human Services District (operational 2013)**
Parishes served: Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin and Vermilion

- **Florida Parishes Human Services Authority (operational 2004)**
Parishes served: Livingston, St. Helena, St. Tammany, Washington and Tangipahoa

- **Jefferson Parish Human Services Authority (operational 1990)**
Parish served: Jefferson

DHH, in collaboration with the districts/authorities, has developed a core set of services to be provided by each district/authority. The core services provided by each district/authority include services for persons with developmental disorders and/or behavior health disorders (mental health and addictions). Specifically, those services include: screening, assessment, referrals, service coordination, community-based crisis response, prevention services and community partnerships and collaboration.

Each district's/authorities' annual operating budget includes state general funds, self-generating funds and interagency transfers for programs and services. The budgets may also include federal funding through grant awards. A few districts/authorities receive additional subsidies from local governments (e.g. millages) or private grants, which are secured by the individual districts/authorities. This report includes the sum totals of each district's/authority's operating budget.

Human services districts/authorities have been able to maximize the use of their revenue to implement innovative programs and services with their targeted population. The overall

performance of each district/authority is depicted through highlighted program initiatives within this report.

In conclusion, each district/authority operates on varying amounts of funding and provides the same required set of core services. Based on the needs of the communities served, each district/authority offers various types of programs and services.

REPORT TO THE LEGISLATURE

Human services districts and authorities (HSDAs), also known as local governing entities (LGEs), are established by Louisiana state law (R.S. 28:831; 28:851-856; 28:861-866; 28:871-876; 28:891-896; 28:901-906; 28:911-917; 36:258G-L) to direct the operation and management of public, community-based programs and services relative to mental health, developmental disabilities and addictive disorders. In accordance with Louisiana R.S. 28:915, the districts/authorities serve as the entities responsible for:

- performing the functions which provide community-based services and continuity of care for the prevention, detection, treatment, rehabilitation and follow-up care of people with mental and emotional illness;
- performing community-based functions for the care, diagnosis, training, treatment and education related to addictive disorders, including, but not limited to, alcohol, drug abuse or gambling;
- performing community-based programs and functions related to the care, diagnosis, training, treatment case management and education of individuals with developmental disabilities and/or autism; and
- performing community-based functions which provide services and continuity of care for the education, prevention, detection, treatment, rehabilitation and follow-up care relating to personal health as determined to be feasible by the department.
 - Please note that not all LGEs perform this final function.

HUMAN SERVICES DISTRICTS/AUTHORITIES SERVICES PROVIDED

The core services provided by each district/authority include services for persons with developmental disabilities and/or behavioral health disorders (mental illness and addictions). Specifically, those services include: screening, assessment, referrals, service provision and coordination, community-based crises response, prevention services and community partnerships and collaboration.

SCREENINGS

Screenings represent the first stage in determining whether an individual's needs may be appropriately addressed by the mental health (MH), addictive disorder (AD) or development disability (DD) systems. Each LGE collects uniform data elements to facilitate timely triage to the program most suited to conduct a full assessment.

- Screenings are conducted with individuals who are not currently being served by the system to determine the nature of an individual's need for services and supports.
- The screening process may include a federally mandated means testing screening. Sufficient financial and clinical information is gathered to determine next steps.
- The screening process is structured as a brief interview to determine whether or not the individual should be referred for further services.

ASSESSMENT SERVICES

An assessment is a follow-up step to the screening.

- The assessment is an evaluative tool used to determine the extent of the individual's needs through a systematic appraisal of any combination of mental, psychological, physical, behavioral, functional, social, economic and cognitive capabilities.
- The purposes of the assessment are to diagnosis and to determine the person's level of need and eligibility.
- Where possible, common data elements are included across program areas in order to have shared, statewide protocols within each of the program areas.
- Uniformity in the assessment process ensures that consumers can enter through multiple access points and receive the same level of access based on uniform standards.

REFERRALS

Individuals are provided with information about available qualified service providers as well as additional resources and services available through state offices and programs, faith-based organizations and non-profit organizations. The LGEs work with their communities to build community capacity through the establishment of community-based provider networks for services and supports.

SERVICE PROVISION/COORDINATION

Each eligible individual receives service coordination to outpatient or intensive outpatient behavioral health programs that provide mental health and addictive disorder services to children, adolescents and adults. Service coordination to residential addiction services is also available. The scope of services provided within these programs includes: psychosocial assessment and psychiatric evaluation, person-centered planning, individual and group counseling, psycho-education, medication management, peer support groups and comprehensive transition and discharge planning. Additional services include: substance abuse prevention, intensive and non-intensive residential addiction services, medically supported detoxification, case management, housing, crisis intervention and referral, community-based treatment and support services, outreach and referral for homeless or other underserved populations and consumer care resources to provide financial support.

COMMUNITY-BASED CRISIS RESPONSE

Individuals in need of urgent and emergent care related to addictive disorders, developmental disabilities or mental illness must have access to a coordinated, community-based crisis response system that has the capacity to respond on a 24-hour basis.

- The community-based crisis response system may include, but is not limited to, an on-call, 24-hour hotline; a warm line; crisis counseling; behavior management and intervention; mobile crisis services and crisis stabilization in an alternative setting.
- The LGEs determine their system of crisis response.
- The LGEs collaborate and build community capacity through the development of partnerships and collaborative agreements with other non-profit organizations, faith-based

organizations, social service organizations and individual practitioners to promote planning and development of behavioral health and developmental disability services.

- The LGEs determine how this function will be carried out in the community.

PREVENTION SERVICES

Prevention services are evidence-based or include best practices, such as informational services, guidance and instructional services. They help individuals, various community groups and the community at large to make informed decisions regarding their health. The LGEs develop strategies for the provision of prevention services.

SUMMARY OF FINANCIAL OPERATIONS BY DISTRICT/AUTHORITY

Each district's/authorities' annual operating budget includes state general funds, self-generating funds and interagency transfers for programs and services. The budgets may also include federal funding through grant awards. Self-generated funds are earned as a result of the implementation of managed care through the Louisiana Behavioral Health Partnership (LBHP). Districts/authorities may also generate revenue through contractual agreements with private managed care entities, Medicare and other entities. A few districts/authorities receive additional subsidies from local funding (e.g. millages) and private grants. Listed below are the existing operating budgets of each district/authority as of 12/1/2013 and the FY14/15 Executive Budget Recommendation.

	Existing Operating Budget 12/01/2013	Executive Budget Recommendation FY14/15
300-Jefferson Parish Human Services Authority		
SGF	\$ 14,553,468	\$ 14,874,672
Federal Funds	\$ -	\$ -
Self-Gen	\$ 5,610,687	\$ 3,000,000
IAT	\$ 4,646,398	\$ 2,380,806
TOTAL BUDGET	\$ 24,810,553	\$ 20,255,478
301-Florida Parishes Human Services Authority		
SGF	\$ 9,950,579	\$ 11,114,992
Federal Funds	\$ 23,100	\$ 23,100
Self-Gen	\$ 3,036,181	\$ 2,624,525
IAT	\$ 6,679,229	\$ 4,618,109
TOTAL BUDGET	\$ 19,689,089	\$ 18,380,726
302-Capital Area Human Services District		
SGF	\$ 17,395,980	\$ 17,729,942
Federal Funds	\$ 10,500	\$ -
Self-Gen	\$ 3,207,781	\$ 3,218,281
IAT	\$ 9,212,841	\$ 6,808,009
TOTAL BUDGET	\$ 29,827,102	\$ 27,756,232
304-Metropolitan Human Services District		
SGF	\$ 21,194,397	\$ 21,429,601
Federal Funds	\$ 1,355,052	\$1,355,052
Self-Gen	\$ 1,044,243	\$ 1,044,243
IAT	\$ 6,246,611	\$ 5,281,581
TOTAL BUDGET	\$ 29,840,303	\$ 29,110,477

309-South Central Louisiana Human Services Authority

SGF	\$ 15,467,149	\$ 16,268,612
Federal Funds	\$ 186,292	\$ 186,292
Self-Gen	\$ 3,230,402	\$ 2,938,180
IAT	\$ 5,909,526	\$ 4,149,123
TOTAL BUDGET	\$ 24,793,369	\$ 23,542,207

310-Northeast Delta Louisiana Human Services Authority*

SGF	\$ -	\$ 10,682,894
Federal Funds	\$ -	\$ 48,289
Self-Gen	\$ -	\$ 2,664,300
IAT	\$ 11,543,165	\$ 3,227,503
TOTAL BUDGET	\$ 11,543,465	\$ 16,622,986

325-Acadiana Area Human Services District

SGF	\$ 15,382,395	\$ 14,009,018
Federal Funds	\$ 23,601	\$ 23,601
Self-Gen	\$ 2,206,681	\$ 1,621,196
IAT	\$ 2,928,944	\$ 2,425,219
TOTAL BUDGET	\$ 20,541,621	\$ 18,079,034

375-Imperial Calcasieu Human Services Authority*

SGF	\$ -	\$ 8,300,576
Federal Funds	\$ -	\$ 19,126
Self-Gen	\$ -	\$ 2,140,563
IAT	\$ 8,613,148	\$ 1,912,841
TOTAL BUDGET	\$ 8,613,148	\$ 12,373,106

376-Central Louisiana Human Services District*

SGF	\$ -	\$ 10,733,980
Federal Funds	\$ -	\$ 48,358
Self-Gen	\$ -	\$ 2,002,783
IAT	\$ 9,271,679	\$ 3,839,265
TOTAL BUDGET	\$ 9,271,679	\$ 16,624,386

377-Northwest Louisiana Human Services District*

SGF	\$ -	\$ 9,729,758
Federal Funds	\$ -	\$ 48,289
Self-Gen	\$ -	\$ 2,941,499
IAT	\$ 11,511,824	\$ 4,224,160
TOTAL BUDGET	\$ 11,511,824	\$ 16,943,706

***Human services districts/authorities will become operational on July 1, 2014. In FY 2013-2014, the district/authority received interagency transfer funding from DHH.**

PERFORMANCE OF DISTRICTS

DHH has partnered with the districts/authorities to create a set of outcome measures based on state and federal funding requirements to be achieved across program offices. However, the scope of this report measures performance based on other innovative programs and/or other services offered by each district/authority.

JEFFERSON PARISH HUMAN SERVICES AUTHORITY (JPHSA)

Jefferson Parish Human Services Authority (JPHSA) was issued a new access point grant (NAP) by the U.S. Health Resources and Services Administration on November 1, 2013. This grant designated JeffCare, a program of JPHSA, as a federally qualified health center (FQHC). Project sites included both the East and West Jefferson health centers. In May 2014, the Health Resources and Services Administration is anticipated to approve a change in scope for JeffCare to include psychiatric assessment and medication management, expanding FQHC services beyond basic behavioral health care (e.g. counseling).

JPHSA submitted the new access point grant as the applicant with JeffCare as the co-applicant, a structure that fits with the local governing entity model. A reorganization of behavioral health service provision and oversight was developed and implemented to enhance service delivery, ease of access and continuity of care. The reorganization also strengthened JPHSA's sustainability strategy with regard to its new FQHC.

This grant, and status as an FQHC, supports JPHSA's efforts to adhere to universal design principles for all individuals seeking services. In addition to fostering the integration of primary care services with behavioral health services, it also fosters integration with those individuals with developmental disabilities, thereby providing a central location for all individuals served to address their healthcare needs.

Individuals who receive integrated services experience improved access to needed primary care services, a reduction in the incidence of serious and acute physical illness, an improvement in overall health and a reduction in early mortality. These individuals have often neglected their primary care needs due to their mental illness and/or developmental disability, which can exacerbate their primary health conditions.

The results of national research indicate individuals with a behavioral health disorder experience a significant decrease in life expectancy. This decrease has been measured to average 25 years or more compared to individuals who do not have a behavioral health disorder. Internal mortality statistics maintained by JPHSA's medical director also reflect this disparity in life expectancy. Furthermore, young adults who have intellectual or physical disabilities often continue to see their pediatricians at ages when they should be receiving care from an internist or family practitioner. Pediatricians familiar with the individual are often inexperienced with treating adult health concerns, such as high blood pressure, heart disease and thyroid disorders. JPHSA chose JeffCare, its FQHC, as the long-term solution to address these issues.

JPHSA has expanded strategies for sustainability with the goal of significantly decreasing reliance on state general funds. JPHSA has maximized support of core services (including a strong array of evidence-based practices) by:

- expanding the volume and capacity for primary care services;
- expanding contracting and credentialing with private managed care organizations;
- accepting of out-of-network payments for payers not yet contracted with JPHSA;
- aggressively managing insurance billing and denial;
- re-establishing service recipient billing and monitoring for consistent collections;
- continuing efforts to improve payer mix;
- applying for grant funding;
- continuing to apply a modified practice management model for streamlined operations;
- continuing efforts for operational cost savings and
- continuing an emphasis on performance and quality improvement.

By the end of FY 2013-2014 (June 2014), it is projected that JPHSA will have served:

- over 10,000 unduplicated children, adolescents and adults with behavioral health clinic-based services;
- over 5,300 children, adolescents and adults with behavioral health community-based services;
- over 400 unduplicated adults with primary care services;
- over 3,500 unduplicated individuals with crisis services, including both telephonic and face-to-face interventions; and
- over 2,000 individuals and families with developmental disabilities services, supports and service coordination.

FLORIDA PARISHES HUMAN SERVICES AUTHORITY (FPHSA)

It is estimated that Florida Parishes Human Services Authority will have served over 46,000 individuals through addictive disorders services (ADS), developmental disabilities services (DDS), mental health services (MHS) and permanent supportive housing services (PSHS) by the end of FY 2013-2014 (June 2014). The following is a projected breakdown per program area:

Program Area	Estimated Number of Individuals Served
Addictive Disorders Services	Over 1,700
Developmental Disabilities Services	Over 1,700 (1,288 Waiver; 419 Community)
Mental Health Services	Over 4,170
Permanent Supportive Housing Services	Over 190 (households)
TOTAL INDIVIDUALS SERVED	Over 7,770
TOTAL PREVENTION SERVICES	Over 38,470

Achieved Accreditation- FPHSA attained a three-year accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF) in January 2014. Accreditation is required for participation in the Louisiana Behavioral Health Partnership (LBHP) and will help to ensure the agency's long-term viability as a provider of community-based behavioral health care. Individuals

residing in FPHSA's catchment area will benefit from the agency's accreditation, as it will help ensure a level of service that is consistent with national standards.

Expansion of Services in Addictive Disorders – FPHSA has partnered with the 22nd Judicial District Court's Drug Court Program to provide services to drug court clients in Washington Parish and, more recently, St. Tammany Parish based on a cost reimbursement agreement. This service provides an additional revenue source for the Authority by expanding services to drug court clients. FPHSA also contracted with the Department of Corrections (DOC) as it relates to Act 389. This contract affords FPHSA the opportunity to expand services to include individuals referred to the agency from the DOC and provides an additional revenue source.

Participation in LINCCA- FPHSA transitioned a portion of our developmental disabilities funding to the Low-Income and Needy Care Collaboration Agreement (LINCCA) program in order for recipients to maintain the same service and funding levels (\$410,643) at a lower cost to the agency (\$267,152).

Finalization of Colocation of Services – FPHSA completed the colocation of staff and services to combine service provision and to reduce operating expenditures. Developmental disabilities services were the first to relocate to the facility located on Pride Drive in Hammond. FPHSA has also co-located or relocated the Hammond Addictive Disorders Clinic, Rosenblum Mental Health Center for Adults and mental health administration. The relocation of FPHSA's executive administration completed the merger with the move to the Pride Drive location in December 2013. Combining these facilities is estimated to save FPHSA approximately \$150,000 annually. FPHSA clients benefit from this accomplishment as multiple services are now located in one facility, allowing for the coordination of services for multiple disorders and integrated care.

Patient Assistance Programs- FPHSA has continued to expand use of pharmaceutical samples and participation in patient assistance programs (PAP) offered by pharmaceutical companies. The expansion of these programs resulted in FPHSA receiving approximately \$1,364,864 in samples and patient assistance program services this year, leading to a reduction in pharmacy budget expenditures.

Same Day/Next Day Access- FPHSA began meeting with the National Council for Behavioral Health to plan for the Same Day/Next Day Access initiative in FY 2014-2015. FPHSA will continue to work with National Council expert consultants to help persons seeking public mental health and addiction treatment to access services more effectively and in a timely manner. FPHSA is assessing and redesigning our intake and assessment processes to reduce client wait times. Improved access to care has been proven to reduce no-shows and cancellations and better engage patients in treatment and recovery.

CAPTIAL AREA HUMAN SERVICES DISTRICT (CAHSD)

Capital Area Human Service District (CAHSD) was awarded a \$1.9 million, four-year, federal primary and behavioral health care integration grant as part of a national initiative to find the best ways to improve the health status and increase the life expectancy of persons with serious mental illness (SMI) and substance abuse conditions. CAHSD is the only Louisiana program chosen and is one of 64 nationally awarded sites for the grant project, which is funded by the U.S. Department of

Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). Through this grant, CAHSD offers coordinated care through both its larger clinics and rural satellite sites with local partners, including the LSU-Mid City and North Baton Rouge clinics in Baton Rouge, St. Elizabeth's Community Clinic in Gonzales, several local federally qualified health centers (FQHC) and private primary care clinics and offices.

The LSU Department of Social Work provides the evaluation component of the grant. Dr. Catherine Lemieux, professor of social work at LSU, has measured the effectiveness of the CAHSD Total Health Program (THP), which is funded with the integrated care grant. She stated, "We are seeing significant improvements through coordination." The chart below shows the changes in health indicator scores from a pre-program baseline through the first year of the program for those THP participants whose scores placed them at risk on each of the health indicators at the baseline.

Cardiometabolic Indicators at Baseline and One Year Out: At-Risk Subsamples

The Table below shows the health indicator data for THP participants whose Baseline scores placed them at risk on each marker (Ns=28-75). As seen in the Table, mean scores significantly improved from Baseline to one year out on all indicators except for two: The BMI score remained about the same and the Blood Glucose score slightly increased. Thus, THP participants at greatest risk upon enrollment showed improvements in key cardiometabolic markers at one year out.

Health Indicator	BASELINE MEASURES		MEASURES AT ONE YEAR OUT	
	<i>n</i>	SCORE <i>M (SD)</i>	<i>n</i>	SCORE <i>M (SD)</i>
Systolic BP ≥ 130 At Risk	75	145.4 (13.2)	42	***129.8 (15.2)
Diastolic BP ≥ 85 At Risk	39	92.1 (6.8)	22	***82.3 (13.0)
BMI ≤ 24 Normal 25-29 Overweight 30-39 Obese	58	35.3 (8.3)	52	35.7 (8.2)
Blood Glucose ≥ 100 At Risk	47	126.3 (31.8)	18	127.9 (85.9)
Lipid Total ≥ 200 At Risk	45	235.4 (30.5)	19	**211.1 (36.1)
Lipid HDL < 40 At Risk	44	31.6 (5.6)	21	**38.0 (10.7)
Lipid LDL ≥ 130 At Risk	28	168 (27.1)	16	**130.9 (36.9)
Lipid TRI ≥ 150 At Risk	44	219.1 (73.7)	20	*178.8 (93.0)

p* < .05, *p* < .01, ****p* < .001



CAHSD has adjusted for changes needed to operate routinely through the LBHP since its implementation.

The District is currently delivering services, billing Magellan claims, and billing third-party claims through an EHR called Clinical Advisor. It is experiencing some success in reconciling payments to claims, accounting records and client records. Performing these functions has come at a price of additional expenses and administrative effort. According to the District management, new administrative requirements for pre-authorizations and eligibility determinations have increased the waiting time for potential clients to receive services and have decreased the number of clients served. District management noted that it has purchased and implemented a new EHR that they will

use exclusively and discontinue using Clinical Advisor. The District received no additional funding to make this change and absorbed the cost through cuts in other operational areas.

METROPOLITAN HUMAN SERVICES DISTRICT (MHSD)

Metropolitan Human Services District (MHSD) took over managerial control of children's behavioral health services from the Office of Behavioral Health in July 2013 and has successfully integrated these services with existing adult services to provide a cohesive single point of entry for mental illness, developmental disabilities and addictive disorders services in Orleans, St. Bernard and Plaquemines parishes.

As has been the routine for several years post-Katrina, MHSD continues to host substance abuse and mental health/addiction treatment summits for regional providers, vendors and the general public. These summits update the aforementioned stakeholders of the State's activities and initiatives and inform them of both illegal substances that trend for specific demographics and the most routine kinds of diagnoses and services found among the mentally ill. Additionally, MHSD continues its housing summits each quarter as an integral aspect of their "wrap-around" service, which underscores the notion that addressing the basic needs of each individual helps treat and heal the "whole" person.

Another important milestone took place in the spring of 2014 when the MHSD Board of Directors and Judge Calvin Johnson brought aboard its first permanent executive director. Under the direction of Yolanda Webb, MHSD has successfully applied a sustainable business model and continues to identify and execute the unique and greatly needed role of the behavioral health, addictive disorder and developmental disability planner and provider for its catchment area. In May 2014, MHSD is expected to relocate its Algiers clinic into its new permanent building, which had to be rebuilt due to damages received during Hurricane Katrina. The clinic serves both children and adults for behavioral health services.

SOUTH CENTRAL LOUISIANA HUMAN SERVICES AUTHORITY (SCLHSA)

The South Central Louisiana Human Services Authority (SCLHSA) has continued to restructure its behavioral health services spectrum to accommodate the changes being implemented by the statewide management organization (SMO), Magellan Health of Louisiana. Staffing pattern changes, the addition of centralized billing and procurement components and an electronic health records system have helped make the transition to managed care services easier. Reimbursement and billing functions continue to be issues that need to be addressed by DHH and Magellan for success in the future.

Changes to the overall program structure are ongoing and are based on local, state, and national healthcare delivery models. Communication is essential for the agency to keep all staff abreast of the almost daily changes to service and budget structure. Board and executive team meetings are held monthly, clinic manager and developmental disability team meetings are held weekly and all-staff video conferences are held quarterly to keep everyone up to date. An intranet site was established to offer employees quick reference to policies and procedures as well as the opportunity to ask questions and receive answers on all services. An agency website was also implemented and is updated as needed with vital information for the community, assisting them with navigating the health care delivery system within SCLHSA as well as the community at large.

SCLHSA operated its own LA Spirit Crisis Counseling Team for victims of Hurricane Isaac with funding obtained through DHH from HRSA and oversight from SAMHSA. Two 12-member teams focused on all 7 parishes in the SCLHSA catchment area, helping individuals who suffered loss due to this devastating storm to navigate through their recovery efforts. The program phased out in November of 2013, and SCLHSA staff participated in the closing conference with SAMHSA to share accomplishments in the communities served. The SCLHSA LA Spirit Crisis Counseling Team received several accolades from the parishes, including recognition at parish council meetings for their work in the community.

The SCLHSA is the only LGE in the state of Louisiana to have been selected to participate in the Recovery After an Initial Schizophrenia Episode (RAISE) research project funded by the National Institute for Mental Health with both navigation and a control site. Locally, the SCLHSA held its second crisis intervention training program. Under the program, eight law enforcement officers from six of its seven parishes attended a week-long class, training them as first responders on how to deal with a behavioral health client during response situation. The class and graduation ceremony were held at the offices of Troop C of the Louisiana State Police in Gray, Louisiana.

Additionally, the SCLHSA hosted its second annual community book forum with Carole Bennett, MA and author of *Reclaim Your Life: You and the Alcoholic/Addict*. The agency provided a three-hour continuing education program for professionals that was approved for credit. An additional evening program sponsored by the SCLHSA Regional Behavioral Health Advisory Council addressed family members and consumers as well.

SCLHSA staff functions received positive audit findings from the Civil Service's Full Human Resources Program Audit, the LASERS's Retirement Program Compliance Audit (100% compliance) and the Civil Service's Performance Evaluation System (0.0%, indicating that no employees were missing an evaluation as mandated by SCLHSA and CARF regulatory policy).

The developmental disabilities program for SCLHSA underwent several policy and procedural changes which have made significant changes to the services provided within our catchment area in the last year, including the transition from traditional Medicaid. Changes from physician delegation for medication administration were also implemented with no adverse effect to the Authority's DD population or its participation in the state Developmental Disabilities Council's process for reviewing individual and family support funding.

This past year has been spent on strengthening our service structure in order to offer more diverse services to meet patients' needs in the outpatient clinic setting. Service expansion has resulted in:

- the expansion of SAP testing;
- the implementation of primary care services;
- the implementation of an anger management program;
- the implementation of Social Security disability determination assessments;

- the implementation of an intensive outpatient therapy program;
- the restructuring of three of the four outpatient clinics from assessment and treatment to behavioral health centers and
- the standardization of clinic procedures and workflows at all sites

SCLHSA continues to utilize its mobile unit to provide crisis and primary care services to individuals in the seven parish catchment area. SCLHSA received grant funding from the Bayou Community Foundation to target the lower lying areas of Terrebonne and Lafourche and provide services consisting of outreach, engagement, brief intervention, counseling, resource linkage and case management. Outpatient treatment is also available to clients who do not have transportation to assist them in attending scheduled clinic appointments. This service expansion includes a full interdisciplinary team with a nurse practitioner, medical technician and caseworker to provide medication management, crisis services and assessment and treatment services at scheduled sites on a monthly basis.

Despite the organizational changes in the last year, SCLHSA has managed to maintain its patient data matrix as noted in the chart below, which shows projected totals for outpatient services for behavioral health treatment and assessment and developmental disabilities in the agency during the year.

SCLHSA Individuals Served (Unduplicated Count)

	Behavioral Health		Developmental Disabilities	Contracts	Total
	Treatment	Assessment	(Intakes, Waiver Services, etc.)		
Adults	6,031	5,645	1,087	5,729	18,492
Youth	1,102	928	312	5,516	7,858
Total	7,133	6,573	1,399	11,245	26,350

ACADIANA AREA HUMAN SERVICES DISTRICT (AAHSD)

The board of directors and the operational components of AAHSD successfully completed phases II and III of the Local Governmental Entity Readiness Assessment Criteria as developed and reviewed by the Louisiana Department of Health and Hospitals (DHH). This review encompassed the areas of clinical protocols, financial controls, human resources, legal resources, programmatic operations and purchasing and contracting. According to DHH: “Acadiana Area Human Services District is in substantial compliance with the readiness assessment requirements and has successfully completed phase III of the readiness review.” AAHSD demonstrated its ability to independently govern, manage and operate the functions of the local governmental entity (LGE) and its programs and services in a manner that meets legislative and accountability and implementation plan (AIP) requirements.

AAHSD was surveyed by CARF International in June 2013 and received a three-year accreditation, the highest level of international accreditation possible, in four clinical programs: crisis intervention, intensive outpatient, outpatient and prevention. CARF describes an organization achieving a three-year accreditation as follows: “The organization satisfies each of the CARF Accreditation Conditions and demonstrates substantial conformance to the standards. It is designed and operated to benefit the persons served. Its current method of operation appears likely to be maintained and/or improved in the foreseeable future. The organization demonstrates ongoing quality improvement.”

AAHSD received several licensure review visits, statewide management organization (SMO) reviews and Office of Risk Management (ORM) reviews while maintaining the highest level of performance with minimal corrective action in all areas. Also, AAHSD participated in an AIP site visit and review for both behavioral health and developmental disabilities service components, a new process for which AAHSD was selected as a pilot site.

The AAHSD website (www.aaahsd.org) was launched on October 1, 2013. The site is mostly informational at this time, but may become more interactive and improve service access in the future. There will be an employee section for organizational communication which will contain an electronic version of the newly developed policy and procedure manual. Board members will have access to reports and documentation to enhance their performance. Additionally, board minutes and other management plans and reports will be posted for public access.

AAHSD conducted or participated in several outreach and community education events. The organization co-sponsored a one-day prevention seminar, hosted a four-part series of community forums addressing service needs, conducted a district-wide public forum regarding substance abuse and prevention services, sponsored and coordinated a one-day training regarding national accreditation standards, participated in other community education efforts and developed and conducted a training for parish authorities regarding the roles and responsibilities of the AAHSD board and the process for nominating board members.

The developmental disabilities office was relocated within one of our behavioral health clinics. This move will assist with improved communication across programs, allow for increased cross-training for staff, and provide significant savings in overhead that can be reallocated to increasing services to the community.

The board of directors voted to affiliate with the Community Foundation of Acadiana (CFA) as a way to start fund-raising efforts for AAHSD. CFA is a well-established, locally based, tax-exempt, non-profit corporation working to enhance the quality of life in south Louisiana with a special focus on Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, and Vermilion parishes, which perfectly matches the primary service area of AAHSD. By partnering with CFA, AAHSD will be able to tap into their expertise of corporate stewardship and philanthropic efforts.

In a similar effort, the leadership of AAHSD has met with DHH and discussed the initiation of an internal escrow account. Per legislation (Act 373), AAHSD has the authority to retain certain funds generated, and this will be the mechanism by which this is accomplished. AAHSD does expect to set aside some funds from this fiscal year, but the exact figure is not available at the time of this writing.

CONCLUSION

There are six operational human service districts/authorities within Louisiana. Each operates on varying amount of funding and provides the same required set of core services. Based on the needs of the parishes and communities within a defined catchment area, each district/authority offers various types of programs and services. The performance of each can be quantified by several indicators, such as the outcome measures required by federal and state fund reporting. Examples of these include:

- abstinence from drug or alcohol use,
- employment or school attendance.
- criminal justice involvement,
- stability in housing and out-of-home placement,
- access to services,
- use of inpatient beds,
- retention in treatment,
- client perception of care,
- social connectedness among adults and children or youth and community inclusion and
- satisfaction with treatment and services.

Each of the performance outcomes has specific performance measures and indicators. Each district's/authority's performance is also measured by the type of programs and services accessible to its community. This report highlighted some of those key services.