



**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

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

**APRIL 2015**

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## **EXECUTIVE SUMMARY**

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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 10 operational human services districts/authorities, or local governing entities (LGEs), which include:

- **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*
  
- **Imperial Calcasieu Human Services Authority (operational 2014)**  
*Parishes served: Allen, Beauregard, Calcasieu, Cameron and Jefferson Davis*
  
- **Central Louisiana Human Services District (operational 2014)**  
*Parishes served: Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon and Winn*
  
- **Northwest Louisiana Human Services District (operational 2014)**  
*Parishes served: Bienville, Bossier, Caddo, Claiborne, DeSoto, Natchitoches, Red River, Sabine and Webster*
  
- **Northeast Delta Human Services Authority (operational 2014)**  
*Parishes served: Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union and West Carroll*
  
- **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/authority's 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.

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## ***REPORT TO THE LEGISLATURE***

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**Human services districts and authorities (HSDA)**, 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 to 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. These funding sources are secured by the individual districts/authorities. Listed below are the existing operating budgets of each district/authority as of 12/1/2014 and the FY15/16 Executive Budget Recommendation:

|  | <b>Existing Operating<br/>Budget<br/>12/01/2014</b> | <b>Executive Budget<br/>Recommendation<br/>FY15/16</b> |
|--|---|--|
| <b>300-Jefferson Parish Human Services Authority</b> |   |  |
| SGF  | \$ 14,857,427                                       | \$ 14,661,266  |
| Federal Funds  | \$ -  | \$ -   |
| Self-Gen   | \$ 3,000,000  | \$ 2,500,000   |
| IAT  | \$ 2,364,969  | \$ 2,359,851   |
| TOTAL BUDGET   | \$ 20,222,396                                       | \$ 19,521,117  |
| <b>301-Florida Parishes Human Services Authority</b> |   |  |
| SGF  | \$ 11,593,943                                       | \$ 10,526,518  |
| Federal Funds  | \$ 23,100   | \$ 23,100  |
| Self-Gen   | \$ 2,624,525  | \$ 2,284,525   |
| IAT  | \$ 4,581,216  | \$ 4,691,216   |
| TOTAL BUDGET   | \$ 18,822,784                                       | \$ 17,525,359  |
| <b>302-Capital Area Human Services District</b>      |   |  |
| SGF  | \$ 18,264,027                                       | \$ 16,910,595  |
| Federal Funds  | \$ -  | \$ -   |
| Self-Gen   | \$ 3,218,281  | \$ 3,405,981   |
| IAT  | \$ 6,783,901  | \$ 6,596,201   |
| TOTAL BUDGET   | \$ 28,266,209                                       | \$ 26,912,777  |
| <b>304-Metropolitan Human Services District</b>      |   |  |
| SGF  | \$ 21,414,383                                       | \$ 19,729,161  |
| Federal Funds  | \$ 105,000  | \$ 1,355,052   |
| Self-Gen   | \$ 1,249,243  | \$ 1,074,243   |
| IAT  | \$ 6,312,877  | \$ 5,026,181   |
| TOTAL BUDGET   | \$ 29,081,503                                       | \$ 27,184,637  |

**309-South Central Louisiana Human Services Authority**

|               |               |               |
|---------------|---------------|---------------|
| SGF           | \$ 16,257,521 | \$ 14,589,463 |
| Federal Funds | \$ 186,292    | \$ 186,292    |
| Self-Gen      | \$ 2,938,180  | \$ 2,921,180  |
| IAT           | \$ 4,101,208  | \$ 4,201,208  |
| TOTAL BUDGET  | \$ 23,483,201 | \$ 21,898,143 |

**310-Northeast Delta Louisiana Human Services Authority**

|               |               |               |
|---------------|---------------|---------------|
| SGF           | \$ 10,552,807 | \$ 9,559,107  |
| Federal Funds | \$ 48,289     | \$ 48,289     |
| Self-Gen      | \$ 2,664,300  | \$ 2,664,300  |
| IAT           | \$ 3,234,760  | \$ 3,313,661  |
| TOTAL BUDGET  | \$ 16,500,156 | \$ 15,585,357 |

**325-Acadiana Area Human Services District**

|               |               |               |
|---------------|---------------|---------------|
| SGF           | \$ 14,043,800 | \$ 13,009,601 |
| Federal Funds | \$ 23,601     | \$ 23,601     |
| Self-Gen      | \$ 1,621,196  | \$ 1,621,196  |
| IAT           | \$ 2,418,583  | \$ 2,520,053  |
| TOTAL BUDGET  | \$ 18,107,180 | \$ 17,174,451 |

**375-Imperial Calcasieu Human Services Authority**

|               |               |               |
|---------------|---------------|---------------|
| SGF           | \$ 8,250,159  | \$ 7,994,763  |
| Federal Funds | \$ 19,126     | \$ 19,126     |
| Self-Gen      | \$ 2,140,563  | \$ 1,591,337  |
| IAT           | \$ 1,906,384  | \$ 2,005,805  |
| TOTAL BUDGET  | \$ 12,316,232 | \$ 11,611,031 |

**376-Central Louisiana Human Services District**

|               |               |               |
|---------------|---------------|---------------|
| SGF           | \$ 10,635,813 | \$ 10,374,946 |
| Federal Funds | \$ 48,358     | \$ 48,358     |
| Self-Gen      | \$ 2,002,783  | \$ 2,002,783  |
| IAT           | \$ 3,823,951  | \$ 3,966,113  |
| TOTAL BUDGET  | \$ 16,510,905 | \$ 16,392,200 |

**377-Northwest Louisiana Human Services District**

|               |               |               |
|---------------|---------------|---------------|
| SGF           | \$ 9,619,813  | \$ 8,364,190  |
| Federal Funds | \$ 48,289     | \$ 48,289     |
| Self-Gen      | \$ 2,941,499  | \$ 2,700,000  |
| IAT           | \$ 4,212,865  | \$ 4,404,386  |
| TOTAL BUDGET  | \$ 16,822,466 | \$ 15,516,865 |

**NUMBERS OF INDIVIDUALS SERVED BY HUMAN SERVICES DISTRICTS/AUTHORITIES**

The chart below identifies the number of individuals served FY14 through addictive disorders services (ADS), developmental disabilities services (DDS) and mental health services (MHS) for each district/authority. The figures do not include the number of individuals served through contracted services, prevention programs/services, primary care or permanent supportive housing.

| District/<br>Authority | Program Areas/<br>Clients Served SFY14 |                              |                                      |                               | Total<br>Direct<br>Services |
|------------------------|--|------------------------------|--------------------------------------|-------------------------------|-----------------------------|
|                        | Adult Mental<br>Health                 | Adult Addictive<br>Disorders | Child/Adolescents<br>Behavior Health | Developmental<br>Disabilities |                             |
| <i>MHSD</i>            | 7,466                                  | 2,545                        | 823                                  | 1,250                         | <b>12,084</b>               |
| <i>CAHSD</i>           | 6,132                                  | 1,536                        | 1,819                                | 2,367                         | <b>11,854</b>               |
| <i>SCLHSA</i>          | 8,129                                  | 1,789                        | 1,738                                | 1,687                         | <b>13,343</b>               |
| <i>AAHSD</i>           | 3,185                                  | 971                          | 730                                  | 2,277                         | <b>7,163</b>                |
| <i>IMCAL</i>           | 2,233                                  | 659                          | 408                                  | 1,757                         | <b>5,057</b>                |
| <i>CENTRAL LA</i>      | 2,583                                  | 593                          | 306                                  | 1,095                         | <b>4,577</b>                |
| <i>NORTHWEST</i>       | 3,684                                  | 914                          | 701                                  | 1,541                         | <b>6,840</b>                |
| <i>NORTHEAST</i>       | 3,866                                  | 1,161                        | 215                                  | 1,932                         | <b>7,174</b>                |
| <i>FPHSA*</i>          | 3,608                                  | 1,677                        | 566                                  | 1,707                         | <b>7,558</b>                |
| <i>JPHSA</i>           | 7,869                                  | Included with<br>MH          | 2,644                                | 2,010                         | <b>12,523</b>               |

\*FPHSA served an additional 191 individuals/families in SFY14 through their permanent supportive housing program. They are currently the only LGE that provides these services with in-house staff.

## 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) has proactively entered into cooperative endeavor agreements and cultivated relationships with key stakeholder groups (e.g. the Jefferson Parish District Attorney's Adult and Juvenile Diversion Program, Jefferson Parish Juvenile Services, the Jefferson Parish Public School System, and the 24th Judicial District's Veterans Court) whereby individuals are identified by these partners as potential JPHSA clients and referred to the Authority. JPHSA's services are offered within three service area divisions: JeffCare, a federally qualified health center offering integrated primary care and behavioral health clinic-based services; community-based and specialty behavioral health services; and developmental disabilities community services. Each service area division has designated staff to receive referrals from both external and internal sources. Staff are also able to receive individuals seeking services for themselves, family members or friends. Thus, there are several points of access for services that both referrals and individuals may enter.

In order to verify ease of entry and connectivity to all services eligible individuals needed, JPHSA took a critical look at the access points for each service area division and the paths used to connect the 3. After performing this assessment, JPHSA determined that centralizing the referral system was needed in order to monitor client transitions into care and to ensure all needs were identified and appropriate services were provided. As a result, JPHSA implemented a Centralized Care Coordination program to: ensure interdivisional care coordination, ancillary referral, and rapid follow-up; preserve and strengthen existing relationships with external referral sources at the clinical, divisional and administrative levels; support and advance JPHSA's Quality Assurance and Utilization Management Programs; implement a "no wrong door" approach to program entry and service delivery; and hold division-based care coordinators more accountable for ensuring service coordination within, across and outside of JPHSA without multiple handoffs. This model also provides a centralized contact for third party stakeholders and has eliminated all remaining hints of silos within the organization, encouraging the implementation of the universal design principle for all individuals served by JPHSA.

The Bureau of Justice Assistance awarded JPHSA a three-year Justice and Mental Health Collaboration Program grant. This highly competitive award presents the opportunity to better promote recovery and increase public safety through improved access to treatment and services for the Jefferson Parish District Attorney's Adult Pre-trial Diversion Program. Grant dollars will support both integrated treatment and care management and assist with the development of a database to track the participation and progress of individuals accepted to the program.

During the first two quarters of FY 14-15, JPHSA has served:

- nearly 9,000 unduplicated children, adolescents and adults with behavioral health clinic-based services;

- over 6,000 children, adolescents and adults with behavioral health community-based services;
- over 700 unduplicated children, adolescents and adults with primary care services;
- over 2,200 unduplicated individuals with crisis services, including both telephonic and face-to-face interventions; and
- over 1,500 individuals and families with developmental disabilities services, supports and service coordination.

It should be noted that JPHSA has expanded services and capacity over the past three years although financing from the State General Fund has steadily decreased, thereby indicating progress toward sustainability.

### **FLORIDA PARISHES HUMAN SERVICES AUTHORITY (FPHSA)**

Florida Parishes Human Services Authority (FPHSA) has been actively involved in the St. Tammany Behavioral Health Task Force (Task Force) and has emerged as a leader in working to improve increased access to services. The Task Force has partnered with the Louisiana Public Health Institute (LPHI), the National Council for Behavioral Health (National Council) and the St. Tammany Parish Government over an 18-month period to increase access to quality, coordinated and appropriate behavioral health services within St. Tammany Parish. In November 2014, FPHSA made a monumental decision to implement an “open access” model at the Mandeville Clinic. While this transition was not easy, requiring a redesign of the entire clinic’s workflow with continual revisions, it has resulted in improved access to services, coordination of services and a significant decrease in waiting times from applicants and clients. In some cases wait time have been reduced from as much as six weeks to only a few hours.

FPHSA enhanced the agency’s administrative support staff with the addition of medical assistant positions to perform both administrative and basic medical duties. This had freed nursing staff to enhance support to psychiatrists and prescribers, increasing the availability of face-to-face doctor/client time, which is critical for client care, and billable services. The Authority has increased Medicaid application assistance to clients, recruited more licensed staff that are able to bill for the services the agency provides and ensured that staff work at the top of their license in order to receive the maximum billing rate. The agency staff increased its overall billing knowledge and expertise, and staff have been educated to raise their awareness of their role regarding and contribution to self-generated revenue. FPHSA has increased prescriber capacity, increased home and community-based services through community psychiatric supportive treatment (CPST) and psychosocial rehab (PSR), expanded partnerships with local drug courts, expanded the mental health outreach program in Slidell and enhanced working relationships with North Oaks Health System and the Department of Corrections. All of these efforts have steadily and consistently increased the agency’s self-generated funds. The Authority also increased the utilization of PAPs, drug samples and vouchers to supplement the pharmacy budget. It has also hired a practice manager to oversee clinic processes and operations in order to increase efficiency and maximize billing.

FPHSA's mental health clinics were approved through the Health Resources and Services Administration (HRSA)/National Health Service Corps (NHSC) as sites to assist in recruitment efforts through a student loan repayment program, which is a great asset to the agency.

FPHSA participated in several conferences, such as the statewide ADHD Symposium, two integrated health care summits, and the National Dialogues Conference; obtained the Secretary of State's approval on FPHSA's first record retention schedule; enhanced the new employee orientation and training program by utilizing a new computer lab; created an electronic human resources bulletin board on the FPHSA intranet; and reorganized the human resources office to function more efficiently.

The FPHSA staff have been exceptional in adapting to the ongoing changes in addition to maintaining services despite an increased workload. The agency made it a top priority to closely monitor employee morale amidst the changes and rapid pace in which they were occurring. Despite budget cuts, the agency felt it critical to grant merit-based pay increases to eligible staff, the first such increase in four years.

FPHSA is in the final stages of implementing a new electronic health records (EHR) system. This investment will enable FPHSA to implement a record-keeping system more suited to the agency's needs. The system will offer greater flexibility to clinical staff to enter and track services provided, will allow billing staff to efficiently bill all payers for services rendered and will provide the data necessary for enhanced decision making.

The agency is also in the final stages of developing its own IT domain in order to increase bandwidth and agency flexibility.

In collaboration with the Department of Health and Hospitals, FPHSA, implemented the Louisiana Partnerships for Success (LaPFS) grant in Livingston Parish. The grant is funded by the Substance Abuse & Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP). The program establishes learning collaboratives to implement the strategic prevention framework (SPF) process at the state and community levels in order to reduce underage drinking and prescription drug misuse and/or abuse in identified high-need communities.

#### **CAPTIAL AREA HUMAN SERVICES DISTRICT (CAHSD)**

Capital Area Human Service District's (CAHSD) school-based therapy program started in 1991, serving only three schools in East Baton Rouge Parish (EBR). Today, the program has grown to serve 33 schools in the seven-parish region. Based on the program's successes, the EBR school superintendent has requested that CAHSD school-based therapists be placed at 15 additional schools in 2014-15 and an additional eight schools by 2016. CAHSD services are provided at no cost to the schools, and staff members focus on reducing absenteeism, suspensions and expulsions and improving grades by providing therapeutic interventions and medication management. School-based social workers also provide mental health workshops to students about stress management,

preventing school violence, test anxiety, bullying, grief, healthy relationships, self-esteem, conflict resolution, anger management and social skills

CAHSD's early intervention applied behavior analysis (ABA) program, called ASCEND, is scheduled to open this spring and will be stationed in building 1 on Government Street. The program will provide intensive ABA services for up to six children aged 2 to 5 with autism. Research has shown that intensive ABA services provided during a child's early development can be especially effective in decreasing the often debilitating symptoms of autism. Treatment teams will consist of family members, behavior analysts, speech therapists, occupational therapists, behavior technicians and other professionals as needed. Treatment plans will be person-centered, sensitive to perspectives of families and will involve family members in the program and training sessions.

The Capital Area Human Services District (CAHSD) has demonstrated successful self-generated revenue collections above budget and has, according to the Legislative Auditor, "adjusted for changes needed to operate routinely through the LBHP."

### **METROPOLITAN HUMAN SERVICES DISTRICT (MHSD)**

During the summer of 2014, MHSD realized a two-year planning and implementation goal that better coordinates each clinic's electronic access to resources. This restructure also better aids the public's navigation of local care systems in their quest for mental health, addictive disorder or developmental disability services.

In August 2015, MHSD streamlined its oversight of district clinics and managers with the hire of a new Chief of Staff, Christy Ross. She oversees the single-point of entry system, which includes care center, eligibility, assessment and two mobile crisis teams.

MHSD continues to function as an information resource to government, non-profits, community organizations, and vendors and providers who offer service delivery to those with mental illness, addictive disorders or developmental disabilities. As part of this effort, MHSD initiated a campaign to foster a holistic approach to behavioral treatment services in the fall of 2014 with a behavioral health and primary care integration networking session and summit for providers statewide.

In addition to its established wrap-around service of housing assistance, MHSD added a supported employment division in the fall of 2014, hiring David Timoll as the programs director. The development of this unit underscores the MHSD's belief that everyone has the right and need to work. The purpose of this initiative is to inform and prepare both developmentally disabled workers and those who would employ them with the supported employment tools and best practices needed for success. The Department of Supported Employment is slated to bring on an employment specialist before the end of the current fiscal year to assist with these efforts.

During this time period, MHSD also executed a memorandum of understanding (MOU) with Orleans Parish Criminal District Court to support its auxiliary services for offenders. At the beginning of 2015, MHSD partnered with the City of New Orleans' Health Department to revamp the essentially defunct Behavioral Health Council. The revived Council is now positioned with a core group to strategize over goals, objectives and expected outcomes for itself and for eventual community participation. In February 2015, MHSD initiated an additional MOU regarding a new re-

entry program with Hunt Correctional System. The new program provides offenders transitioning back into society access to MHSD services. The agency also conducted a half-day board of director's retreat and hired a public information officer, Dr. Brenda Edgerton-Webster, to craft, oversee and manage media messaging for the agency.

March 2015 proved to be the busiest and productive month to-date, during which MHSD hosted its inaugural all-staff in-service day. The purpose of the day-long institute was to update all staff on state directives and agency compliance issues, deliver cross-training on various goals and objectives and hear and answer administrative questions. Also in March, MHSD initiated an MOU with Orleans Parish Prisons to assess and treat offenders as a way to provide a productive resolution other than jail time for those with mental illness, addictive disorders and/or developmental disabilities. During this period, MHSD also received recognition at both the state and federal levels. The human resources office the Office of Risk Management (ORM) both received compliance review scores of 100% with no negative findings, and the mobile crisis team received a national Whatever It Takes Award of Excellence for its multi-sensory therapy team from Trio Solutions.

MHSD continues to host bi-annual mental health and addiction treatment and quarterly housing summits for regional providers, vendors and the general public. This year, it increased outreach efforts for its substance abuse forum and had a more than a 50-percent increase in both attendance (81 registered/89 attended) and participant satisfaction. Attendees noted the pre-event publicity, larger number of participants and high caliber of guest speakers in their positive feedback. Speakers included Dr. Peter M.C. DeBlieux, Director of Resident & Faculty Development at LSU Health's Section of Emergency Medicine; Dr. Rochelle Head-Dunham, State of Louisiana Medical Director & Assistant Secretary of OBH; and representatives from several addiction recovery agencies. Once again, these summits proved invaluable for helping stakeholders understand the State's position in the changing landscape of managed care and the popular trends of abuse with substances not originally intended for consumption.

As MHSD continues to invest its efforts in serving and removing the stigma of mental illness, addictive disorders and developmental disabilities, it proudly announces the co-location of its New Orleans East Clinic at a Daughters of Charity (DOC) facility with the grand opening slated for May 8, 2015. Next steps for MHSD include developing an MOU with DOC for a working relationship that will fully actualize the integration of their behavioral health services with DOC's primary care for the benefit of both agencies' clientele.

### **SOUTH CENTRAL LOUISIANA HUMAN SERVICES AUTHORITY (SCLHSA)**

The South Central Louisiana Human Services Authority (SCLHSA) continues 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 record have made the transition to managed care services transition easier. Changes to the overall program structure are ongoing and are based on local, state, and national healthcare delivery models

SCLHSA is proud to have received another three-year national reaccreditation from CARF after participating in a three-day survey process.

The SCLHSA has participated in the Recovery after an Initial Schizophrenia Episode (RAISE) research project funded by the National Institute for Mental Health for the last five years with both a navigation and a control site. Both sites have been granted extensions for funding for the 2015 calendar year. Locally, the SCLHSA held its third annual crisis intervention training program. Under the program, 16 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 Louisiana State Troop C Office in Gray, LA.

Additionally, the SCLHSA hosted its third annual community book forum titled *Beautiful Boy: Understanding Meth Addiction*. A continuing education session by SCLHSA and other local, licensed staff and a family workshop panel discussion were provided in the community to assist with recognizing abuse, dependence and general effects of stimulant use. Topics included physical, social and genetic factors promoting addition.

The developmental disabilities program for SCLHSA underwent several new policy and procedural changes this past year, which resulted in significant changes to the services provided within SCLHSA's catchment area. Additionally, SCLHSA hosted *ART of Respect* events in Terrebonne, Lafourche, St. Charles, Assumption and St. Mary parishes to create art projects that helped celebrate individuals living with disabilities. Participants had the opportunity to reflect on what the words "acceptance," "inclusion," "unity," "friendship" and "respect" meant to them. Following the events, a local community artist assessed all artwork, selected pieces for individual display and used the other artwork to create a large composite piece of art that travelled to communities in all seven parishes for additional Art of Respect shows and receptions.

SCLHSA continues to strengthen its behavioral health service structure for patients in the outpatient clinic setting to offer more diverse services to meet patient's needs. Service expansions or new certifications are listed below.

- SCLHSA assumed operation of the 24-hour CALL Line Service with SCLHSA staff providing crisis telephone intervention and follow-up daily.
- Child-parent psychotherapy (CPP) certification. CPP is an evidenced-based model for children aged 0-6 and their caregivers. CPP can be used with some children over age 6 who have autism or are developmentally delayed and with pregnant women who are experiencing a life stressor.
- Parent management training (PMT) certification. PMT is an evidence-based intervention for children less than 8 years old aimed at reducing symptoms of disruptive behavioral disorders (DBDs).
- SCLHSA initiated a coping skills program, providing a series of audio-enhanced story books for children aged 4 through adolescence concerning preventions and helping children learn valuable coping cognition or effective "self-talk."
- National Core Health Services (NCHS) certification. NCHS offers financial and other support to primary care providers and sites in underserved communities. Used as a tool to

recruit and retain qualified health care providers who care about patients living in communities with limited access to care and choose to work where they are needed most.

- SCLHSA's CIT Program was certified as an Official Provider of the Memphis Model of Crisis Intervention Training and listed on the <http://www.cit.memphis.edu> website.
- SCLHSA partnered with Lafourche Parish School Board in an AWARE grant, which will allow two licensed clinicians to become trainers for youth mental health first aid.

Our information technology services underwent a major restructure to comply with the statewide mandate for agencies to migrate off of the DHH network. Some of the tasks that were included in this massive project were:

- the migration of data during transition to SCLHSA.org domain from DHH with new servers and data switches,
- complete email migration and
- upgrades of workstations from Windows XP to Windows 7.

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.

Despite continued organizational and programmatic changes in the last year, SCLHSA has managed to maintain its patient data matrix.

#### **NORTHEAST DELTA HUMAN SERVICES AUTHORITY (NEDHSA)**

Northeast Delta Human Services Authority (NEDHSA) is building and implementing many additional successful strategic initiatives. NEDHSA celebrated the opening of another peer support center in Lake Providence. Peer support is an important facet of NEDHSA's integrated health model because it provides another entry point for people to obtain the care they may need. It also provides supplemental resources and improves sustained, coordinated care for those already seeking mental health or addictive disorder treatment.

NEDHSA is working diligently to implement a coalition for the Louisiana Partnerships for Success program in Union Parish. This work specifically targets underage drinking and prescription pill use among youths aged 12 to 25. By implementing sustainable intervention methods, the goal is to prevent the onset and reduce the progression of this high-risk behavior. These efforts will strengthen the prevention infrastructure at both the community and state levels.

Work to strengthen coordinated care continues in FY 14-15 as NEDHSA and University Health Conway are using a three-phase approach among law enforcement leaders, rural hospital administrators and others throughout northeast Louisiana to improve the treatment of people who experience a mental health crisis. Meetings have been well-attended so far, with more than 25 chiefs

of police participating from the northeast Louisiana region. Two more meetings are planned for this fiscal year.

NEDHSA continues to engage faith-based communities. The contribution that faith-based leaders can make is significant and can provide hope that further stabilizes the benefits of traditional mental health services. Along with reaching out to citizens through faith-based approaches, NEDHSA wants clergy leaders to better understand their own challenges along with the challenges of their congregations. NEDHSA has already served as a keynote speaker at a recent faith-based business meeting, and more outreach is in the works.

A continued focus on streamlining and measuring service outcomes is in place.

### **ACADIANA AREA HUMAN SERVICES DISTRICT (AAHSD)**

Acadiana Area Human Services District (AAHSD) is preparing to be surveyed by CARF International in June 2016 a part of the renewal of the organization's three-year accreditation (the highest level of international accreditation possible) in four clinical programs: crisis intervention, intensive outpatient, outpatient and prevention.

AAHSD demonstrated the highest level of performance (with minimal corrective action) in all areas during a licensure review visit from Office of Risk Management (ORM).

AAHSD's corporate compliance officer has joined the Health Care Compliance Association (HCCA) and is in the process of gaining a certification in healthcare compliance (CHC).

With the changing business environment (managed care), legal structure and methods of financing for AAHSD, it is required to self-generate a certain percentage of the budget. As such, AAHSD has hired a marketing representative in order to better compete with other providers, including both private providers and non-profit organizations. The marketing representative will coordinate AAHSD's marketing, outreach and public education efforts to both referral sources and the community at large. The marketing representative will also call on referral sources; meet with providers; and attend community events, health fairs and special meetings as a way to ensure that AAHSD is connected to the community.

Clinical staff delivering services to children or adolescents have been trained and have incorporated two evidence-based therapies: child parent psychotherapy, which is an intervention to address preschool-aged children who have experienced trauma, and parent management training, an intervention for the parents of preschool-to school-aged children who have difficulty addressing problematic behaviors.

### **IMPERIAL CALCASIEU HUMAN SERVICES AUTHORITY (ICHSA)**

With the implementation of the statewide management organization to manage behavioral healthcare services in Louisiana and declining funding from the state and federal block grants available, it was imperative that ICHSA reorganize its business operations in a manner that ensured its future viability and ability to provide, at minimum, core services for mental health and addictive disorders services. This year, ICHSA has worked diligently on a number of enhancements to ensure services are maintained and costs are reduced. One of the most significant changes was the

implementation of a practice management model in the delivery of mental health and addictive disorder services within its behavioral health clinics.

The move to a practice management model included the following main tasks:

- 1) the reorganization of clinic staff and the revision of job duties and performance expectations, which included the establishment of productivity standards within staff performance evaluations for direct care service staff based on billable services through Magellan and other third-party payers;
- 2) the enhancement of service access, which included both the implementation of walk-in clinics to expedite access and decrease no-show rates as well as the reduction of the number of steps and paperwork required to access treatment;
- 3) the creation of a billing unit and the enhancement of billing processes, which included the hiring of a certified billing specialist and implementing new policy and procedures for claims management, revenue tracking, client scheduling according to payer source, client eligibility and authorizations, working denials, provider credentialing with third party payers, etc.;
- 4) the implementation of a viable electronic health records system; and
- 5) the creation of a partnership with Quality of Life Meds for on-site pharmacy services in the main behavioral health clinic, which created significant cost savings with regard to personnel expenses while allowing clients to get their medications filled on the same day as their appointment.

These changes within the behavioral health division resulted in a 65-percent increase in direct billable services provided, a decrease from 13 days to four between initial contact and first clinical appointment, a 53-percent decrease in the client's average waiting time from initial contact to first doctor appointment and a third-party billing rate increase of 100 percent.

### **CENTRAL LOUISIANA HUMAN SERVICES DISTRICT (CLHSD)**

The Central Louisiana Human Services District will transition to an electronic health records system to assist with continuous documentation efforts, scheduling of clients to maximize provider time, invoicing and billing procedures to improve collection efforts and the standardization of forms and procedures.

In July 2014, Central Louisiana Human Services District received three-year national accreditation through the Commission on Accreditation of Rehabilitation Facilities (CARF). The agency seeks to maintain the standards of care that are set forth by CARF for the programs that have been approved for accreditation.

Service delivery includes full participation in the Louisiana Behavioral Health Partnership and the Coordinated System of Care. CLHSD is also a participant in the Coordinated Care Network. All behavioral health clinics in the CLHSD participate as Medicaid application centers for persons requesting services.

The need to provide education on prevention at an early age is key to deterring abuse and the subsequent need for treatment of addictive disorder (AD). AD and prevention service providers focus their attention on comprehensive, fully integrated prevention and treatment services. CLHSD actively seeks the assistance of partnerships and collaborations to fully meet the needs of individuals, families and communities. The goal remains to seamlessly integrate these practices into the comprehensive health care system without losing attention to the special needs of those requiring substance abuse intervention.

Contracted addiction services include rural outpatient services for adults and adolescents, residential treatment for adults and adolescents, halfway houses for adults, residential treatment for women with dependent children and outpatient gambling treatment services.

Developmental disability core services consist of serving as the single point of entry (SPOE) into the developmental disabilities (DD) services system and providing support coordination services to individuals and their families through CLHSD and other available community resources. Staff members assess the needs for support and services, develop individual plans of support, make applicable referrals and provide ongoing coordination for the client's support plans. Targeted services provided through federal waiver programs in a home- or community-based setting for the recipient, who would otherwise require institutional care.

The Family Support Program is designed to assist individuals whose needs exceed the capacity of normally used resources in the community. Individual and family supports include, but are not limited to, respite care; personal assistance services; specialized clothing, such as adult briefs; dental and medical services not covered by other sources; equipment and supplies; communication services; crisis intervention; specialized utility costs; specialized nutrition; and family education.

The Flexible Family Fund Program is intended to assist families with children with severe or profound disabilities with the extraordinary costs of maintaining their child in their own home. The program provides a monthly stipend to families of children who have qualifying exceptionalities identified through their local educational authority.

## **NORTHWEST LOUISIANA HUMAN SERVICES DISTRICT (NLHSD)**

Northwest Louisiana Human Services District (NLHSD) became operational on July 1, 2014 (FY 2015).

NLHSD implemented its own information technology (IT) domain in October 2014 and migrated off of the Department of Health and Hospital (DHH) servers. This move allowed the District to operate an independent IT domain structure while maintaining key connections with DHH and DOA software platforms, such as Sharepoint and ISIS.

NLHSD implemented credit and debit card capability at all six behavioral health clinics. This enhanced service was added to meet the current payment expectations of clients and to facilitate the collection of co-pays, deductibles and other balances for which clients are responsible. This service is an integral part of ICANotes, the electronic medical records system being used by the District.

NLHSD initiated two new grant-based programs. The first is a first episode psychosis initiative funded by SAMHSA. It uses peer support services for early intervention. The second is a Louisiana

Partnerships for Success (LaPFS) initiative and focuses its efforts in a single, high-needs parish. The five-year project's goals are to reduce underage drinking among persons aged 12 to 20 and prescription drug misuse and abuse among persons aged 12 to 25. Bienville Parish was identified as the high-needs parish for NLHSD by the Office of Behavioral Health based on data from student surveys and the State Epidemiology Workgroup.

NLHSD continues to provide a full array of behavioral health and developmental disability services to the nine parishes of the district at similar levels to the previous fiscal year. The district worked closely with contracted providers to maintain services despite a mid-year budget cut and offset the reduction in approved positions by improving district processes, monitoring staff productivity and consolidating staff duties when some individuals retired or resigned.

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## *CONCLUSION*

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There are 10 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 district/authority 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. The report highlights some of those key services.