

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

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

April 6, 2011

The Honorable Joel T. Chaisson, II, President  
Louisiana State Senate  
P.O. Box 94183, Capitol Station  
Baton Rouge, LA 70804-9183

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

Dear President Chaisson and Speaker Tucker:

In response to House Bill No. 930 (HB 930) of the 2008 Regular Session, the Louisiana Department of Health and Hospitals (DHH) submits the enclosed report. The bill requires DHH to submit an annual report to the legislature detailing the services provided by each human services district operating in the state, a financial summary of the operations of each district, and other information demonstrating the performance of each district.

DHH is available to discuss the enclosed report and recommendations with you at your convenience. Please contact Kathy Kliebert, DHH deputy secretary, at (225) 342-7092 with any questions or comments you may have.

Sincerely,

A handwritten signature in black ink, appearing to read "Bruce D. Greenstein".

Bruce D. Greenstein  
Secretary

Enclosures

Cc: Senator Willie L. Mount  
Representative Kay Katz  
David R. Poynter Legislative Research Library

# ANNUAL DISTRICT REPORT

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

APRIL 6, 2011

**Contact:**

Louisiana Department of Health and Hospitals  
Courtney Phillips  
Office of the Secretary  
628 North Fourth Street  
225-342-8881  
[courtney.phillips@la.gov](mailto:courtney.phillips@la.gov)

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## EXECUTIVE SUMMARY

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In accordance with R.S. 28:916 (B), the Department of Health and Hospitals (DHH) shall submit an annual report to the Legislature detailing the services provided by each district, a financial summary of the operations of each district, and other information demonstrating the performance of each district. Currently, there are five (5) operational LGEs which include the following:

**Jefferson Parish Human Services Authority** (1990) serves only Jefferson Parish

**Capital Area Human Services District** (1996) serves East and West Baton Rouge, East and West Feliciana, Pointe Coupee, Iberville, and Ascension Parishes

**Florida Parishes Human Services Authority** (2004) serves St. Helena, St. Tammany, Washington, and Livingston Parishes

**Metropolitan Human Services District** (2004) serves Orleans, Plaquemines, and St. Bernard Parishes

**South Central Human Services Authority** (2010) serves St. Mary, St. Charles, LaFourche, Terrebonne, Assumption and St. James Parishes

DHH, in collaboration with the districts, has developed a core set of services to be provided by each district. The core services provided by each district include services for persons with developmental disorders and behavioral 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 annual operating budget includes state general funds, self-generating funds, and funds from interagency transfers for programs and services, and can also be inclusive of federal funding through grant awards. This report includes the sum totals of each district's operating budget.

Human Service Districts have been able to maximize the use of their revenue to implement innovative programs and services within their targeted populations. The overall performance of each district is depicted through highlighted program initiatives within this report.

In conclusion, each district 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 offers various types of programs and services.

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## HB 930 (R.S. 28:916 (B) REPORT TO THE LEGISLATURE

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### SERVICES BY DISTRICT

The districts serve as the entity 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 mental and emotional illness.
- Performing community-based programs and functions relating to the care, diagnosis, training, treatment, case management, and education of the developmentally disabled and the autistic.
- 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 functions which provide services and continuity of care for education, prevention, detection, treatment, rehabilitation, and follow-up care relating to personal health, as determined to be feasible by the department.

#### Screening

Screening represents the first stage in determining whether an individual's needs may be appropriately addressed by the addictive disorder, developmental disability, or mental health 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 needs for services and supports.
- The screening process may include 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

The assessment is a follow-up step to 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 diagnosis, determination of the person's level of need, eligibility to be included in the priority population, and determination of the urgency and intensity of need.
- The goal is to have statewide uniform assessment protocols within each of the program areas.
- Where possible, common data elements are included across 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, additional resources, and services available through other state agencies, faith-based organizations, and non-profit organizations. The LGEs work within their local communities to build community capacity through the establishment of community-based provider networks for services and supports.

### Support/Service Coordination

Each eligible individual receives service coordination which includes, but is not necessarily limited to, assistance with: planning and coordinating specialized and generic services and supports, and monitoring the provision of such services and supports.

### 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, on-call, 24-hour hotline, warm line, crisis counseling, behavioral management and intervention, mobile crisis team, crisis stabilization in an alternative setting, etc.
- The LGEs determine their system of crisis response.
- Community Partnership and Collaboration. 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 development 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 to help individuals, various community groups, and the community at large to make informed decisions regarding their health. The LGE develops a strategy for the provision of prevention services.

## **SUMMARY OF FINANCIAL OPERATIONS BY DISTRICT**

Each District's annual budget includes state general funds and can also be inclusive of federal funding through grant awards, self-generating funds, and funds from interagency transfers for programs and services purchased by DHH. The following includes a summary of the financial operations of each district based on FY 2010:

### **Capital Area Human Services District**

State General Funds	\$17,620,861.00
Federal Funds	\$159,135.00
Self-Generated	\$107,269.00
Interagency Transfer	\$13,615,558.00
Total Budget:	\$31,502,823.00

**Florida Parishes Human Services Authority:**

State General Funds	\$10,791,937.00
Federal Funds	\$11,100.00
Self-Generated	\$104,428.00
Interagency Transfer	\$9,953,803.00
Total Budget:	\$20,861,268.00

**Jefferson Parish Human Services Authority**

State General Funds	\$19,863,606
Federal Funds	\$1,858,098
Self-Generated	\$70,409
Interagency Transfer	\$5,729,514
Total Budget:	\$27,521,627

**Metropolitan Human Services District**

State General Funds	\$18,711,303.00
Federal Funds	\$1,326,876.00
Self-Generated	\$596,493.00
Interagency Transfer	\$11,537,581.00
Total Budget:	\$32,172,253.00

**South Central Louisiana Human Services Authority**

South Central Louisiana Human Services Authority became operational on July 1, 2010 (FY 2011) and did not have funding in FY 2010.

**Capital Area Human Services District**

CAHSD's performance is based on a multitude of initiatives implemented throughout their service region. Two programs are highlighted: 1) the Infant, Child, and Family Center or ICFC) and 2) the Mental health Emergency Room Extension or MHERE. The ICFC is a multidisciplinary team with expertise in infant mental health (IMH) and developmental psychopathology has been working collaboratively at the Infant, Child, and Family Center (ICFC) since 2007 to address the specialized needs of children under age 6 who are in foster care or have been exposed prenatally to alcohol, tobacco or other drugs. Since August 2007, ICFC has:

- Received 379 referrals, 332 (87.6%) of which were from Department of Children & Family Services (DCFS)
- Provided assessments and treatment to 222 children and their caregivers
- Partnered with Our Lady of the Lake Regional Medical Center, DCFS, the Pennington Family Foundation, The Arc Baton Rouge, and Louisiana State University to offer a variety of services.

The MHERE is a safe observation/holding area with adequate security and a centralized/specialized staff and resources to manage BH crises in the prevention of: the likelihood of death; harm to self or others; and/or serious injury or deterioration of physical condition or a major setback in their condition or illness. It is a 'portal' to ongoing care for people with behavioral health needs to prevent ongoing crisis cycles. The MHERE is a 20-bed unit which serves as a resource for people who are in behavioral health crises (mental health and/or addictive disorders). Staff have special training to provide a high level of screening

and assessment to accurately determine the appropriate level of care needed to connect patients to either acute or ongoing community-based treatment. They are able to provide stabilization and institute treatment within the unit.

As a result of the MHERE's specialized assessment, stabilization, treatment and referral process in concert with clinic based/intensive services, the percentage of patients hospitalized has decreased from 100% to 47%.

#### **Florida Parishes Human Service Authority**

One of FPHSA's most significant endeavors has been to reorganize our inpatient addictive disorders treatment programs in an effort to be more efficient and cost-effective. Fontainebleau Treatment Center (FTC), which has 40 beds for males, and the Alcohol Drug Unit (ADU), which has 24 beds for females, is co-housed in the same building, but on separate wings. This allows for improved coordination and sharing of staff, rather than having two separate entities. Staff can now work on either unit, reducing the number of staff required.

#### **Jefferson Parish Human Services Authority**

During FY 2010, Jefferson Parish Human Services Authority (JPHSA) initiated the accreditation process with the Council on Accreditation, a worldwide accrediting body for human services organizations. Currently is in the self-study phase, JPHSA's leadership considers accreditation an important strategy for long-term sustainability.

The Authority delivered services to over 12,000 individuals in clinic- and/or community-based settings (including 18 Behavioral Health Evidence-based Practices and 5 Developmental Disabilities Best Practices). Implementation of a Performance & Quality Improvement Plan assures effective and efficient use of available resources to best meet the needs of these individuals; and, continued expansion of the JPHSA Electronic Health Record assures a real-time, holistic view of these individuals while encouraging engagement and facilitating ongoing quality and outcomes monitoring.

#### **Metropolitan Human Services District**

MHSD continues to progress. Areas of successful performance are highlighted below:

- 1) One telephone number to call in order to access all behavioral services- (504)-568-3130
- 2) Phone lines are answered during business hours, afterhours, weekends and holidays
- 3) MHSD implemented the Metro Crisis Response Team. The service is 24 hours/day and 7 days/week. The afterhours and crisis service is both telephonic and face to face. The team includes two mental health professionals and a psychiatrist.

#### **South Central Louisiana Human Services Authority**

SCLHSA is Louisiana's newest operational district with full operational status and funding being granted during the 2010 Regular Legislative Session. Effective on July 1, 2010, SCLHSA began providing a range of both core and targeted services and is making significant progress. In 2010, SCLHSA was instrumental in providing services to the community after the BP oil spill. In partnership with DHH-Office of Behavioral Health and BP funding, SCLHSA implemented the LA Spirit Outreach Program which provided crisis counseling services to persons and communities impacted by the Mississippi Canyon 252 oil rig explosion through engagement, brief intervention, counseling and referral consistent with the evidence based OBH Louisiana Spirit Program model.

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## CONCLUSION

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There are five (5) operational human service districts/authorities within Louisiana. Each operates on varying amounts of funding from different sources while providing the same required set of core services. Based on the needs of the parishes and communities within a defined catchment area, each district offers various additional types of programs and services, ensuring a level of services most appropriate to each region of the state.

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## BIBLIOGRAPHY

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R.S. 28:916

§916. Functions; transferred

A. The boards and the secretary of the department are hereby authorized to enter into all contracts necessary for the provision of the functions and funds relative to the operation of community-based behavioral health and developmental disability services as well as public health or any other services contracted to the districts. As part of the contract, the board shall agree to make a good faith effort to use providers within the district who have traditionally provided community-based behavioral health, developmental disabilities, public health, and any other contracted services for the state.

B. The department shall submit an annual report to the legislature detailing the services provided by each district, a financial summary of the operations of each district, and other information demonstrating the performance of each district.

C. The secretary shall be responsible for monitoring the contract and promptly reporting failure to comply with any contract to the governor, the Senate and House committees on health and welfare, and the Joint Legislative Committee on the Budget.

Acts 2008, No. 373, §2, eff. June 21, 2008.