



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

April 23, 2012

The Honorable John Alario, Jr., President
Louisiana State Senate
P.O. Box 94183, 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 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 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 dark ink, appearing to read "Kathy Kliebert".

Kathy Kliebert
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

ANNUAL HUMAN SERVICES DISTRICTS/ AUTHORITIES REPORT

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

APRIL 2012

Contact:

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EXECUTIVE SUMMARY

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 human services district/authority in the state, a financial summary of the operations of each district/authority, and other information demonstrating the performance of each district/authority.

Currently, there are five (5) operational human services district/authorities, or local governing entities (LGEs) which include the following:

- **Jefferson Parish Human Services Authority** (1990) serves 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/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 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 interagency transfers for programs/services, and can also be inclusive of federal funding through grant awards. The report includes the sum totals of each district's operating budget.

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

SERVICES OFFERED BY DISTRICTS

The districts/authorities 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 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 relating to the care, diagnosis, training, treatment, case management, and education of the developmentally disabled persons and the autistic.
- 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.

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

Screening

Screening represents the first stage in determining whether an individual's needs may be appropriately addressed by the mental health (MH), addictive disorder (AD), or developmental 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 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, an on-call, 24-hour hotline, a warm line, crisis counseling, behavioral management and intervention, mobile crisis team, 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 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 LGEs develop a strategy for the provision of prevention services.

SUMMARY OF FINANCIAL OPERATIONS BY DISTRICT/AUTHORITY

Each district's annual budget includes state general funds and can also be inclusive of federal funding through grant awards, self-generating funds, and interagency transfers for programs/services purchased by DHH. The following includes the existing operating budget of each district as of 12/1/2011 and the FY13 Executive Budget Recommendation. Please note the difference in state general funding and self-generated funding as implementation of managed care through the Louisiana Behavioral Health Partnership. State general funds that were not leveraged in the past now come through the Medicaid budget and are received by the districts as self-generated funding.

<u>Existing Operating Budget 12/1/2011</u>		<u>Executive Budget Recommendation</u>
Capital Area Human Services District		
State General Funds	\$ 18,834,313	\$ 16,979,868
Federal Funds	\$ 72,000	\$ 72,000
Self-Generated	\$ 48,000	\$ 3,207,781
Interagency Transfer	\$ 11,171,573	\$ 10,139,963
Total Budget:	\$ 30,778,142	\$ 30,399,612
Florida Parishes Human Services Authority:		
State General Funds	\$ 11,997,696	\$ 9,016,276
Federal Funds	\$ 23,100	\$ 23,100
Self-Generated	\$ 95,188	\$ 3,036,181
Interagency Transfer	\$ 7,431,879	\$ 6,798,558
Total Budget:	\$ 20,025,747	\$ 18,874,115
Jefferson Parish Human Services Authority		
State General Funds	\$ 18,169,437	\$ 14,295,107
Federal Funds	\$ 0	\$ 0
Self-Generated	\$ 0	\$ 4,360,687
Interagency Transfer	\$ 6,649,126	\$ 6,001,315
Total Budget:	\$ 25,315,237	\$ 24,657,109
Metropolitan Human Services District		
State General Funds	\$ 20,526,598	\$ 17,634,752
Federal Funds	\$ 1,355,052	\$ 1,355,052
Self-Generated	\$ 548,381	\$ 1,941,030
Interagency Transfer	\$ 8,829,117	\$ 7,161,530
Total Budget:	\$ 31,657,052	\$ 28,092,364
South Central Louisiana Human Services Authority		
State General Funds	\$ 17,159,618	\$ 14,681,110
Federal Funds	\$ 115,692	\$ 186,292
Self-Generated	\$ 161,994	\$ 2,050,407
Interagency Transfer	\$ 7,431,048	\$ 6,612,403
Total Budget:	\$ 25,241,033	\$ 23,530,212

Acadiana Area Human Services District (AAHSD)

Acadiana Area Human Services District will become operational on July 1, 2012 (FY 2013) and did not have funding in FY 2012. In FY 2013 the district will receive \$ 22,140,286 in interagency transfer funding from DHH.

PERFORMANCE OF DISTRICTS

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

Capital Area Human Services District (CAHSD)

The CAHSD School-Based Therapy Program reduces absenteeism, suspension, and expulsions, and has even been shown to improve students' grades. CAHSD is proud to tout its remarkable achievements in local public school systems for the period 2008-2011. CAHSD's work in public schools within the seven parish catchment area has made a difference for students, families, teacher, and principals. In the last three years alone, CAHSD professionals have:

- Provided therapy to 4,179 students.
- Educated 42,391 students, parents, and teachers through workshops.
- Averted 46 student suicides through interventions.
- Avoided 112 student expulsions through mediation at hearings.
- Contributed to a significant decrease in discipline referrals.

CAHSD received very high praise during a recent regional satisfaction survey of school staff, parents and students from the approximately 30 schools in which CAHSD provides services. In the survey, school staff, parents, and students indicated the following:

School staff:

- 100% of principles indicated that the School Based Therapy Programs provide quality services to students and their families.
- 91.3% stated that behavior had improved.
- 84.5% indicated that the overall progress made by students served by the School Based Therapy Program had improved.
- 77.8% indicated that school attendance had improved.

Parents:

- 95.1% indicated that they were satisfied with the progress made by their child or family since seeing the school based therapist.
- 98.5% indicated that they were very satisfied with the amount of time the school based therapist spent with them and/or their child.
- 99.5% indicated that they would be willing to return for services.

Students:

- 97.4% indicated that they were very satisfied with the services they received through the School Based Therapy Program. The majority of the students indicated that they had not been sent to the principal's office for misbehavior this school year.

The privatization of CAHSD pharmacy services was implemented to increase overall efficiency and minimize the overall impact of funding reductions on critical services and existing staff. During this transition, two permanent staff pharmacists, both of whom were already retired and actively participating in DROP and two permanent pharmacy technicians were removed from state employment. Both pharmacy technicians were employed by the private pharmacy company who took over the program. This transition reduced salary and benefits costs for the agency by approximately \$400,000 and will produce a cost savings of approximately \$215,000 annually. Not only will this transition produce a cost savings to the state, it also provides an opportunity for improved health outcomes for clients. Since the state run pharmacy only dispensed psychotropic medications, clients were required to obtain other health related drugs at other pharmacies in the area. Since outside pharmacists may not have been aware of the patient's medication history with CAHSD, there was always a higher possibility of serious side effects from medication interaction. The privatization of pharmacy services will afford clients the opportunity to receive all prescribed medications from one source which will result in improved continuity of care.

Florida Parishes Human Service Authority (FPHSA)

During FY 2011, Florida Parishes Human Services Authority (FPHSA) continually enhanced programs and services in order to provide a better service-delivery system. FPHSA served over 47,500 individuals through Addictive Disorders Services (ADS), Developmental Disabilities Services (DDS), Mental Health Services (MHS), and Permanent Supportive Housing Services (PSHS). The following is a breakdown per program area:

Program Area	Number of individuals served
ADS	2,784
DDS	891
MHS	7,836
PSHS	190 (households)
TOTAL DIRECT SERVICES	11,701
TOTAL PREVENTATIVE SERVICES	35,843

The agency initiated accreditation through the Commission on Accreditation of Rehabilitation Facilities (CARF) in preparation of participation in the state's Coordinated System of Care (CSOC) and Louisiana Behavioral Health Partnership (LBHP), which will help to ensure the agency's long-term viability as a provider of community behavioral health. FPHSA began the transition to an Electronic Behavioral Health Record (EBHR), which will enable staff to increase efficiency and effectiveness of services provided and greatly contribute to data-based decision making.

The agency made strides in the treatment of co-occurring disorders by co-housing two facilities that provide Addictive Disorders Services and Mental Health Services. FPHSA also increased services related to Permanent Supportive Housing Services (PSHS) by increasing the number of families residing in PSHS

units. PSHS provides affordable rental housing with flexible supportive services tailored to meet the needs of individuals and families to maintain tenancy. The agency also implemented contractual services for the provision Intensive Case Management and Critical Time Intervention for individuals with serious mental illness.

Jefferson Parish Human Services Authority (JPHSA)

During the first quarter of FY 2010-2011, Jefferson Parish Human Services Authority (JPHSA) developed and implemented an organization-wide Performance & Quality Improvement (PQI) Plan. The plan established infrastructure, outlined outcome measurement, monitoring, decision support, and accountability for corrective and/or improvement actions. PQI Work Groups focused on a variety of initiatives such as the following.

- Increasing the number of individuals accessing service in the behavioral health clinics: access to services increased by nearly 18% by the end of the year.
- Completing 80% of intake and ongoing behavioral health clinic appointments: at the end of FY 2010-2011, 81.18% of appointments were completed.

Also, in support of the PQI initiatives, JPHSA piloted, then adopted, an open access mode within its adult behavioral health clinics and moved to telephonic screening to support more rapid entry into treatment and reduction of “no shows.”

To better and to more fully meet the needs of individuals served, JPHSA began its exploration of successful models to integrate primary care with behavioral health care. A qualified, national-level consultant was retained to assist the in-house work group in data collection and analysis. By the end of the fourth quarter, JPHSA narrowed its focus to in-depth study of Federally Qualified Health Center “Look-Alike” and contractual service delivery models.

During FY 2010-2011, the state Office for Citizens with Developmental Disabilities (OCDD) and JPHSA began discussion of transferring management of the Developmental Disabilities Home and Community-Based Waiver Services Program for Jefferson Parish to JPHSA. This federally-funded Medicaid program provides services to over 1,700 individuals and their families with the goal of supporting them to remain in their homes and community. OCDD and JPHSA anticipated transfer of both funding and personnel (nine employees) to the Authority in FY 2011-2012.

JPHSA entered the managed care environment with the successful completion of credentialing and contracting processes to become a provider for Comprehensive Behavioral Care (CompCare). Individuals covered under CompCare’s commercial and Medicare insurance plans use JPHSA for their behavioral health services. Implementation of these contracts supported development of infrastructure and business processes in preparation for the Louisiana Behavioral Health Partnership and the generation of additional revenue to support sustainability.

Upon acceptance of JPHSA’s application, the Council on Accreditation (COA) assigned 16 standards (spanning administration and management, service delivery administration, and service delivery) to the Authority. Using the model set forth in the PQI Plan, the Authority formed three accreditation teams to

prepare documentation for the required self-study as well as to initiate any improvement actions needed. Teams involved employees throughout JPHSA with mock surveys, presentations, and contests. The Authority anticipated achieving full accreditation early in the third quarter of FY 2011-2012.

Metropolitan Human Services District (MHSD)

MHSD continued its work to expand the continuum of care for adults with severe and persistent mental illness by adding a 24/7 mobile crisis response team and crisis respite beds; an additional 100 Assertive Community Treatment slots; and expanding intensive case management slots from 125 to 175. MHSD also re-designed its clinic services to re-focus on medical aspects of care (in anticipation of billing for services through Medicaid under LBHP); and added an access center to the clinic configuration to allow for more immediate clinical response to emergent situations. Access to services was increased in the more rural parts of St. Bernard and Plaquemines after the purchase of a mobile clinic unit.

In the arena of addiction services, MHSD expanded its contracted services to include two new intensive outpatient programs as well as starting a new program for substance users with HIV.

In developmental disabilities, MHSD added services needed to complete the continuum of care including negotiating an MOU with the Housing Authority of New Orleans (HANO) for housing vouchers; adding SibShop workshops (The Sibling Support Project) and psychology services.

MHSD has been preparing for the transition to the Statewide Management Organization (SMO), Magellan Health Services, for managed care of the state's behavioral health care services, starting with the restructuring of their clinics in June 2011 as previously mentioned. The redesign has allowed MHSD to quickly adapt to the new environment and provide the required assessment and treatment settings to conform to the new provider regulations under the SMO.

Most recently, MHSD has been working closely with LSU to re-align outpatient resources to attempt to mitigate the recent mental bed closures. These efforts include working with OBH to open additional outpatient medically assisted detox beds to provide treatment alternatives given the closure of the inpatient medical detox unit at LSU. In addition, MHSD is working with its crisis continuum contractor to divert emergency room admissions through its crisis beds.

South Central Louisiana Human Services Authority (SCLHSA)

The South Central Louisiana Human Services Authority (SCLHSA) has been successful in implementing several new initiatives in this past fiscal year. Staff has worked hard to ensure that the services provided result in high quality care and make an impact on both the client and the community. A reflection of this care was noted in our Pharmacy receiving the Preceptor of the Year Award from Xavier University. SCLHSA partners with Xavier to provide field experience for their pharmacy interns. The interns assist the SCLHSA pharmacy staff with daily tasks and provide educational opportunities for our clinic staff and patients.

The second initiative SCLHSA was successful in pursuing was accreditation for its behavioral health services. SCLHSA was accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) for three years for our outpatient behavioral health services. The SCLHSA is proud to boast the first set of outpatient clinics associated with DHH to obtain this noteworthy distinction.

As a recipient of funding through DHH from BP, the SCLHSA was able to incorporate the purchase of a mobile unit to provide crisis services to individuals in its catchment area. The goal is to target the lower lying areas of Terrebonne and Lafourche parishes and to establish a presence in Assumption, St. Charles and St. James parishes to help individuals and their loved ones as they strive to work through the devastation of the oil spill to our communities and its impact psychologically to those still recovering financially and personally. Outpatient treatment will be a service as well to clients who do not have transportation to assist them in attending scheduled clinic appointments. The unit will also be available to respond to crisis events in our seven parish catchment area and in other areas of the state when an event occurs. And finally, we will also use the unit for health fairs, festivals and educational events in SCLHSA's seven parish catchment area.

Additionally, the SCLHSA staff have almost doubled their patient encounters in every aspect of care to include mental health, addictions and developmental disabilities. SCLHSA has also seen the number of crisis events drop by 30 % in the past year with the utilization of the LA Spirit intervention teams funded through BP and the restructuring of intake processes through its outpatient clinics.

CONCLUSION

There are five (5) operational human service districts/authorities within Louisiana. Each operates on varying amounts 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 can be quantified by several indicators such as the outcome measures required by federal and state fund reporting. Examples of these are:

- Abstinence from Drug/Alcohol Use
- Increased/Retained Employment or return to/Stay in School
- Decreased Criminal Justice Involvement
- Increased Stability in Housing; Reduced out of home placement
- Increased Access to Services
- Retention; reduce use of inpatient beds
- Increased Retention in Treatment
- Client Perception of Care
- Increase social connectedness among adults and children/youth; increase community inclusion
- Increase satisfaction with treatment and services

Each of the performance outcomes has specific performance measures and indicators. District performance is also measured by the type of programs and services accessible to its community. The report highlights some of those key services.