



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

June 12, 2014

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 Courtney Phillips, DHH Deputy Secretary, at (225) 342-7092 with any questions or comments you may have.

Sincerely,

A handwritten signature in blue ink, appearing to be "Courtney Phillips", written over a horizontal line.

Courtney Phillips  
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

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

APRIL 2013

**Contact:**

Louisiana Department of Health and Hospitals

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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 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/authorities 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.

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## REPORT TO THE LEGISLATURE

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### 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 develops 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 12/1/2012 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 12/1/2012</u>	<u>Executive Budget Recommendation</u>
<b>Capital Area Human Services District</b>		
State General Funds	\$ 18,803,290	\$ 16,979,868
Federal Funds	\$ 72,000	\$ 72,000
Self-Generated	\$ 3,207,781	\$ 3,207,781
Interagency Transfer	\$ 10,139,963	\$ 10,139,963
Total Budget:	\$ 32,223,034	\$ 30,399,612
<b>Florida Parishes Human Services Authority:</b>		
State General Funds	\$ 10,255,362	\$ 9,016,276
Federal Funds	\$ 23,100	\$ 23,100
Self-Generated	\$ 3,036,181	\$ 3,036,181
Interagency Transfer	\$ 7,286,215	\$ 6,798,558
Total Budget:	\$ 20,600,858	\$ 18,874,115
<b>Jefferson Parish Human Services Authority</b>		
State General Funds	\$ 15,634,853	\$ 14,295,107
Federal Funds	\$ 0	\$ 0
Self-Generated	\$ 4,360,687	\$ 4,360,687
Interagency Transfer	\$ 6,001,315	\$ 6,001,315
Total Budget:	\$ 25,996,855	\$ 24,657,109
<b>Metropolitan Human Services District</b>		
State General Funds	\$ 22,696,482	\$ 17,634,752
Federal Funds	\$ 1,355,052	\$ 1,355,052
Self-Generated	\$ 2,241,030	\$ 1,941,030
Interagency Transfer	\$ 6,923,007	\$ 7,161,530
Total Budget:	\$ 33,215,571	\$ 28,092,364
<b>South Central Louisiana Human Services Authority</b>		
State General Funds	\$ 15,774,790	\$ 14,681,110
Federal Funds	\$ 186,292	\$ 186,292
Self-Generated	\$ 2,050,407	\$ 2,050,407
Interagency Transfer	\$ 6,924,017	\$ 6,612,403
Total Budget:	\$ 24,935,506	\$ 23,530,212

### **Acadiana Area Human Services District**

Acadiana Area Human Services District will become operational on July 1, 2013 (FY 2014) and did not have funding in FY 2013. In FY 2013 the district will receive \$20,805,218 in interagency transfer funding from DHH.

### **Central Louisiana Human Services District**

Central Louisiana Human Services District will become operational on July 1, 2013 (FY 2014) and did not have funding in FY 2013. In FY 2014 the district will receive \$ 9,271,679 in interagency transfer funding from DHH.

### **Imperial Calcasieu Human Services Authority**

Imperial Calcasieu Human Services Authority will become operational on July 1, 2013 (FY 2014) and did not have funding in FY 2013. In FY 2014 the Authority will receive \$ 8,613,148 in interagency transfer funding from DHH.

### **Northeast Delta Louisiana Human Services Authority**

Northeast Delta Human Services Authority will become operational on July 1, 2014 (FY 2015) and did not have funding in FY 2013. In FY 2014 the Authority will receive \$ 11,543,165 in interagency transfer funding from DHH.

### **Northwest Louisiana Human Services District**

Northwest Human Services District will become operational on July 1, 2014 (FY 2015) and did not have funding in FY 2013. In FY 2014 the Authority will receive \$ 11,511,824 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)**

Magellan Requirements: As part of the Department of Health and Hospitals' state-wide implementation of Magellan Managed-Medicaid and Clinical Advisor on March 01, 2012, CAHSD underwent a site visit conducted by Magellan on April 5, 2012 as a condition of becoming a provider on the Magellan Provider Network. Magellan conducts site visits on its high volume providers every three years to assess if the provider conforms to standards required by the National Committee on Quality Assurance. Magellan requires a site survey for only those high volume providers that are not accredited by CARF, COA, or JCAHO. The CAHSD site surveyed was Center for Adult Behavioral Health. CAHSD did extremely well

on the audit due to all of the preparation on policies, procedures and processes developed to meet CARF Accreditation.

The survey focused on reviewing all the areas required by CARF, mainly the following:

1. Governance
2. Human Resources- Reviewed 5 Human Resource Records, checked for criminal background checks, reference checks, transcript verification, license verification and OIG checks annually on all staff.
3. Policies and Procedures related to clinical operations
4. Member & Client Rights /Rights
5. Clinical Documentation, Treatment Record Keeping Practices and Confidentiality- Two clinical records were reviewed
6. Safety & Physical Plant
7. Critical Incidents- we were informed that critical incidents involving Magellan members must be reported to Magellan for an independent review at the time of the event.
8. Consumer Satisfaction Reports- Are we using data to identify areas of improvement?
9. Complaints/Complaint Log
10. Utilization Management Practices
11. Quality Record Reviews- Must be done at least quarterly
12. Evidence of Supervision/Supervision Plan
13. Staff Training Plan and Evidence of Participation
14. Staffing Pattern: Client- Staff to client Ratio
15. Access to Services/ Referral Process/Wait times
16. Review of Physician Credentialing File

The deficiencies we received that were reviewed at the exit interview were:

1. Absence of Staffing Pattern: Client-Staff Ratio
2. Credentialing of Independent Licensed Professionals- Must do primary source verification of licenses at the time of expiration; query the data bank, and OIG checks.
3. Client's Rights & Responsibilities must be posted (these were not posted at CABH)

4. Every page of the client record must be stamped with client's name and identifying information.

CAHSD adds Tele-Health to Adult Clinics: CAHSD entered an agreement with JSA Health to provide psychiatric coverage for 32 hours/week from a child certified psychiatrist and 40 hours/week from an adult only psychiatrist. These physicians document their service in Clinical Advisor remotely. We were providing this service in the Child/Adolescent Clinic for a year prior to implementing in our adult clinics and it has worked very well for our clients and staff. This process has increased physician capacity at our clinics and allows us to offer same or next day walk-in access for our services most of the time.

### **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:

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

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**

During the third quarter of FY 2011-2012, Jefferson Parish Human Services Authority (JPHSA) was awarded a four-year accreditation by the Council On Accreditation (COA), an international accrediting body. JPHSA became the first and only Local Governing Entity to attain full-agency accreditation, i.e. all

service delivery (behavioral health clinic- and community-based services as well as developmental disabilities community-based services) and business functions of the Authority were included. By gaining accreditation, JPHSA met the requirement set forth by the State Office of Behavioral Health, the State Management Organization, and private Managed Care Organizations. Most important, JPHSA received validation of its high quality services, supports, and business practices.

The survey process consisted of an intensive Self-Study followed by an on-site visit with a peer review team. Confidential surveys were fielded among JPHSA Board members and a wide array of stakeholders. Every area of the Authority, all levels of employees, and the Board of Directors were engaged in the Self-Study and on-site survey process.

JPHSA was awarded a four-year accreditation in February 2012 on an expedited basis due to the high quality and expansive documentation provided in the Self-Study and completion of the Site Visit with no findings.

At the start of FY 2011-2012, JPHSA assumed management and monitoring of the Medicaid Developmental Disabilities Home- and Community-Based Services (HCBS) Waiver Program from the State Office for Citizens with Developmental Disabilities. Transfer of the HCBS Waiver Program from the Louisiana Department of Health & Hospitals' Office for Citizens with Developmental Disabilities (OCDD) to JPHSA was a joint and collaborative initiative. The transfer of responsibility was accomplished through a Memorandum of Understanding. Communication and collaboration between JPHSA and OCDD have continued on an ongoing basis.

Access to a Regional Office has benefitted individuals and families with closer relationships and increased attentiveness to needs and concerns. JPHSA has fostered provider relationships and has been responsive to their concerns, particularly those relating to the prior authorization process. Providers have received training and technical support to assure continuous quality improvement and more comprehensive services to individuals and their families.

During FY 2011-2012, Jefferson Parish Human Services Authority (JPHSA) served over 1,000 individuals through its Prescription Assistance Program (PAP) and provided over \$4 million of cost-free prescriptions to these individuals.

JPHSA's PAP produced a significant contribution to the Behavioral Health Service Centers' treatment of indigent adults through the provision of these very expensive medicines. This contribution aided JPHSA's physicians in their ability to prescribe the most current medicines, and supported recovery and improvement to the quality-of-life for many more indigent individuals than would be possible without the access to cost-free medicines.

### **Metropolitan Human Services District (MHSD)**

MHSD took over managerial control of children's behavioral health services from the Office of Behavioral Health in July 2013. Since that time, MHSD has been focusing on integrating these services into a single point of entry with the adult services we have managed since 2004. The vision is that citizens in our three parishes can call one phone number to get connected to the services they need. Significant progress has been made on this vision as now our citizens can call 504 568 3130 and get

connected to services for children and adults in all three of the areas we work in – mental health and addiction services and developmental disabilities services.

MHSD has also focused its energy on further developing a robust crisis continuum. On July 1, we combined the two separate adult and child crisis phone numbers into one common number and added child respite beds to the crisis continuum. In the last year, MHSD has established relationships with various other local crisis providers including the Orleans Parish Emergency Medical Services to divert emergency room visits through early identification of high risk clients.

MHSD increased access to services in Plaquemines by assigning a pediatric psychiatrist to work in the local nonprofit Plaquemines Community Care Center Foundation located in Belle Chasse. We also continue to offer assessment services in the more rural parts of St. Bernard and Plaquemines using a mobile clinic unit.

In developmental disabilities, MHSD has added services needed to complete the continuum of care including negotiating an MOU with the Housing Authority of New Orleans (HANO) for housing vouchers; and expanding psychology services.

MHSD has continued its work to maintain its competitiveness in the new managed care environment. MHSD hired a practice manager to assist with the building of internal capacity around patient flow, medical coding and revenue cycle management. In addition, MHSD is preparing for its Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation visit in late spring.

### **South Central Louisiana Human Services Authority (SCLHSA)**

The South Central Louisiana Human Services Authority (SCLHSA) has been successful in implementing several new initiatives in the past fiscal year. The first initiative that SCLHSA undertook was inclusion in the Statewide Management Organization (SMO) for Behavioral Health Services. This statewide contract was awarded to Magellan Health Services and was implemented in March of 2012. The implementation included the use of a statewide electronic health record and changes in service provision. SCLHSA restructured its Behavioral Health Services in February of 2012 to accommodate these changes. Staffing pattern changes, the addition of a centralized billing component and an electronic health record technician have made the transition to managed care services easier to navigate. Reimbursement and billing functions are issues that need to be addressed by DHH and Magellan for success in the future.

Despite the organizational changes in the last year, SCLHSA has managed to maintain its patient data matrix as noted in the following graph depicting behavioral health (treatment and assessment functions) and developmental disabilities combined totals for outpatient services in our agency during the year:

### SCLHSA Individuals Served

	Behavioral Health		Developmental Disabilities	Total
	Treatment	Assessment	(Intakes, Waivers Services, etc.)	
Adults	8,166	2,512	1,022	11,700
Youth	1,106	298	418	1,812
Total	9,272	2,810	1,440	13,522

SCLHSA has also incorporated the use of its mobile unit to provide crisis services to individuals in the seven parish catchment area. The goal is to target the lower lying areas of Terrebonne and Lafourche and to establish a presence in Assumption, St. Charles and St. James parishes where is no clinic presence. The program consists of outreach, engagement, brief intervention, counseling, resource linkage and case management. Outpatient treatment is also available to clients who do not have transportation to assist them in attending scheduled clinic appointments. A full interdisciplinary team to include a nurse practitioner, registered nurse, counselor and clerk provide medication management, crisis, and assessment/treatment services at scheduled sites monthly. The unit is also available to respond to crisis events in our seven parish catchment area and in other areas of the state when an event occurs.

Additionally, now SCLHSA operates its own LA Spirit Crisis Counseling Team for victims of Hurricane Isaac with funding obtained through DHH from HRSA and oversight from SAMHSA. Two twelve member teams focus on all seven parishes in the SCLHSA catchment area helping individuals who suffered loss due to this devastating storm to navigate through their recovery efforts. Statistics from the inception of the program in September of 2012 until now reflect totals for all services from counseling to networking to include:

	Sept 1-30 (ISP)	Oct 1-Feb 24 (ISP)	Feb 25-April 12 (RSP)	TOTAL
CRISIS COUNSELING	184	3,684	364	4,232
GROUPS	4	5,483	2,750	8,237
EDUCATION	4	6,798	3,071	9,873
MATERIALS	1,001	30,925	9,242	41,168
NETWORKING/COALITION	739	1,061	484	2,284
REFERRALS	146	3,030	228	3,404

SCLHSA has received several accolades in the past year as well. The SCLHSA is the only agency in the state of Louisiana to have been selected to participate in the Recovery After an Initial Schizophrenia Episode (RAISE) Research Project funded by the NIMH with both Navigation and a Control Site. Both of our sites received awards this past year with RAISE to include the National Excellence Award for Treatment and 3<sup>rd</sup> Place Nationally in Client Recruitment. Locally, SCLHSA received the United Way for South Louisiana's coveted Pacesetter Gold Award for increased giving and community commitment in the four parish area of Assumption, Lafourche, St. Mary and Terrebonne.

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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 and provides the same required set of core services. Based on the needs of the parishes and communities within a defined catchment area, each districts/authorities 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.

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