



**ACADIANA AREA
HUMAN SERVICES DISTRICT**
Serving Acadiana with Quality Compassionate Care

Annual Management Report

July 1, 2017 – June 30, 2018

INTRODUCTION

The Acadiana Area Human Services District (AAHSD) was created by the Louisiana State Legislature under the provisions of the Louisiana revised statutes (LSA-RS), per Act 373 of the 2008 Regular Session, and updated by Act 73 of the 2017 Regular Session, to provide administration, management, and operation of behavioral health (addictive disorders and mental health) and developmental disabilities services to the residents of Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, and Vermilion parishes. This seven-parish area encompasses approximately 5,000 square miles, approximately 12% of the state total; and has a population of approximately 608,000 (from 2014 US Census estimates), approximately 13% of the state total. Within this area, AAHSD operates sites in Crowley, Lafayette, New Iberia, Opelousas, and Ville Platte.

This Management Report is offered as partial fulfillment of the standards set forth by CARF and is designed to summarize the results of the program plans; quality assessment; goals and objectives; the data collected in the areas of effectiveness, efficiency, service access, and consumer satisfaction; and from other operating systems and to provide a synopsis of ‘significant events’. This report is ‘above and beyond’ and in addition to any State-specific required reporting formats. (Specific descriptions of clinical programs – including population served, admission criteria, and program philosophy – are located in the ‘Clinical Programs Overview & Outcomes Management System’ report.)

This Management Report will be made available to a number of readers, including the Board of Directors and employees of the organization, and other community, state, and national stakeholders.

SIGNIFICANT EVENTS DURING THE PAST YEAR

Internal efforts:

- Two clinical staff members received training in ASIST (Applied Suicide Intervention Skills Training) and are now certified to train others. This required forty hours (40) of classroom training and an additional forty hours (40) of self-study. So far, three (3) sessions have been offered to staff and community providers and sixty-three (63) persons have been trained in the ASIST program. This is a tremendous asset to our service area as all of our parishes rank higher than the national average for suicide (per the Centers for Disease Control and Prevention based upon aggregated data from 2011-2015). Additional trainings will be offered at future dates.
- AAHSD sponsored Mental Health First Aid training to First Responders within the community. Two sessions were conducted and thirty-three (33) first responders completed the training. As of this writing, another session is being scheduled with the intent of training additional first responders, particularly the Lafayette Fire Department and law enforcement from outlying jurisdictions.
- Successful completion of reviews by State Civil Service and the Office of Risk Management. Both of these reviews were completed with minimal to no findings. The ORM review included a review in seven locations (five behavioral health clinics, developmental disabilities office, and administration) and we were found to be in 100% compliance at all sites.
- The most recent Accountability Plan review was conducted by the State May 2018 and the final report has not yet been received. The site survey team had numerous positive comments for us and we are expecting a report with very few corrective actions needed. The team reviewed policies, procedures, clinical records, and contractual performance indicators for all behavioral health and developmental disabilities services.
- AAHSD has transitioned its pharmacy services to Genoa Healthcare. This transition was planned to be effective April 1, 2018 but due to financial issues with the State, this was 'fast-tracked' and became effective on November 1, 2017. Genoa is fully licensed and on the panels for all of the Medicaid managed care companies and other private insurances as well. This partnership with Genoa has several benefits: it ensures timely access to medications for persons served; it maintains the quality of care/medication services for persons served; and, this is being offered at a lower cost than the District could provide directly (a savings of public-sector funds).
- AAHSD made significant revisions to our 'clinical work flow' and corresponding documentation. The screening and intake process was completely revamped to better integrate a behavioral health approach as compared to separate systems for mental health and addiction services. The screening process was also shortened to more accurately reflect the service provided. One result of this was an immediate decrease in waiting times to access services. As part of the work flow revamp, the two items below were also included in the changes:
 - The implementation of productivity standards for clinical staff members. This project has been discussed and introduced to staff and has been implemented. At this time, leadership is still reviewing the initial efforts and some changes may be made to how this is monitored; but the system of productivity is in place.

- Specialized training was offered to clinical staff in the area of screening and assessment. Training was provided for all clinical staff in the area of screening and assessment for both substance abuse and mental health disorders. Following this, additional training in the area of mental health assessment was provided to substance abuse clinicians, and training in the area of substance abuse assessment was provided to mental health clinicians.

External efforts:

- As noted last year,
“The State of Louisiana is experiencing serious financial difficulties. In 2016 there was one regular session and three special sessions of the Legislature to address budget concerns. AAHSD is a public entity and is not allowed to participate in any lobbying efforts (nor are any of its individual employees). However, we have been actively engaged in providing requested information, reports, and impact statements to legislators and legislative committees as they meet to discuss this critical issue. The provision of behavioral health and developmental disabilities services are vital to our community and AAHSD is doing everything it can to stress this issue and to support our citizens.”

Once more, Louisiana finds itself in a financial crisis that may greatly impact services. And again, the Legislature has already conducted one special session to address the issue and all indicators point to another special session to immediately follow this year’s regular session.

At the time of this writing, AAHSD is not facing a dramatic budget reduction; however, the population we serve may see reductions/elimination of coverage for certain programs and community providers may see drastic budget reductions and/or elimination of funding. Leadership is working closely with LDH and other stakeholders to come up with scenarios to minimize the impact on persons we serve, to the extent possible.

- AAHSD was created by Act 373 of the 2008 Regular Legislative Session. This past year, this legislation was revised so that changes were made to the board make up and other revisions; and now the current legislation for our existence is Act 73 of the 2017 Regular Legislative Session. These changes have been incorporated into Revised Statutes within the Louisiana code of law. Some of the changes include:
 - Detailed eligibility criteria for Board membership;
 - A specific listing of Board training requirements;
 - Board members’ term of service; and,
 - An annual state-wide meeting of all of the LGEs and information sharing among the governing Boards.

STRATEGIC PLAN

As part of the operation and development of AAHSD, and in keeping with the spirit and intent of the national accreditation standards, AAHSD has developed a strategic plan in which the following domains were recognized: management; fiscal; human resources; accountability/communications; and crisis response.

Goals for 2018-2019:

Theme: Management

- Goal:** Maintain contract with LDH for services in Acadiana.
- Goal:** Maintain current, relevant administrative and operational policies and procedures.
- Goal:** Maintain appropriate licensure and accreditation status.

Theme: Fiscal

- Goal:** Work with LDH and DOA to establish budgets for 2018/2019.
- Goal:** Increase collections for self-generated revenue.
- Goal:** Ensure billable contacts and contractual events are processed accurately & timely.
- Goal:** Monitor all financial transactions for accuracy and compliance.

Theme: Human Resources

- Goal:** Maintain adequate staffing patterns to support organizational goals.
- Goal:** Maintain appropriate training calendar for employees/contractors.
- Goal:** Maintain competitive compensation and recruitment efforts.

Theme: Accountability/Communications

- Goal:** Continue to participate in local and statewide initiatives to support persons served.
- Goal:** Increase the number of public events/outreach activities within the service community.
- Goal:** Meet with/report to all Parish Appointing Authorities on a regular basis.

Theme: Crisis Response

- Goal:** Assure provision/availability of comprehensive array of crisis services sufficient in variety of service type to meet the needs of consumers/community.
- Goal:** Continue to participate in the Office of Emergency Preparedness activities as required.

Results/Actions (from 2017-2018 goals):

Management:

- AAHSD developed and signed a contract with LDH for services in Acadiana.
- AAHSD clinical and administrative policies and procedures were reviewed by Civil Service, Office of Risk Management, and LDH.
- AAHSD received successful reviews from the MCOs, State licensure, and State contract performance indicators.

Fiscal:

- 2017/2018 budget submitted and approved. AAHSD maintained operations within budgetary guidelines.
- AAHSD realized an increase in collections for self-generated revenue. AAHSD has doubled its self-generated collections in the past three years.
- Professional and service contracts maintained and monitored by AAHSD. Monitoring was increased to at least quarterly for all contracts (some monitored monthly). The monitoring process has received positive comments from two separate regulatory reviews.

Human Resources:

- Employees completed Civil Service PES as required.
- AAHSD continued its employee training program/schedule and utilized two online training programs – LEO and Relias Learning. Targets and timeframes were met.
- All Senior Managers have maintained a succession plan for their respective areas.
- AAHSD did implement a new pay/performance structure as outlined by State Civil Service.

Accountability/Communications

- AAHSD maintained credentialing by all five MCOs within the State plan.
- AAHSD conducted and/or participated in numerous public events, health fairs, community forums, and other professional forums. This is reflected by the increase in number of stakeholder surveys.
- AAHSD was monitored by: ORM, LDH/OBH and OCDD, LDH/Bureau of Health Standards, State Civil Service, and the Fire Marshal. All reviews were successful.

Crisis Response

- AAHSD assumed operation of services, including the provision of crisis services within our designated area.
- Selected staff has completed training in Applied Suicide Intervention Skills Training (ASIST) and have provided training to sixty-three (63) community practitioners.
- AAHSD was trained and participated in OPH/Emergency Preparedness exercises/activities.

SYSTEMS REVIEW

Accessibility

AAHSD has developed an accessibility plan which includes a review of accessibility issues into its ongoing internal inspection process. Areas addressed in this plan and review(s) include: architectural; attitudinal; communication; community integration; employment; environmental; financial; transportation; or technology barriers to service, both within the organization and in the community. An accessibility review was conducted at each site on a quarterly basis; at this time, there are no issues of accessibility pending.

Corporate Compliance

A corporate compliance program has been developed and implemented and the Compliance Officer completed the training/education portion of the professional certification process through the Health Care Compliance Association (HCCA). The compliance officer conducts random and 'for cause' audits and reviews of clinical and financial records for the purposes of demonstrating ethical and legal practices and to prevent, detect, and report any cases of fraud, waste, or abuse, whether intentional or unintentional. Approximately fifty (50) clinical records have been reviewed with no significant findings. An additional one hundred twenty five (125) records have been reviewed as part of the Developmental Disabilities quarterly review process and no significant findings were noted. Internal control audits and petty cash reviews were conducted at all service locations and no significant findings were noted. Additionally, the HHS/OIG excluded provider list is reviewed on a monthly basis; there have been no concerns noted.

Health and Safety

AAHSD participates in both internal and external inspections of all facilities in accordance with timeframes outlined in the national accreditation standards, and as required by the Office of Risk Management (ORM). We obtain written reports of all external monitoring and respond to these with corrective action plans. These reports, along with the corrective action plans, are submitted to the Executive Director. Likewise, internal inspections of fire, safety, and security result in a written report and a corrective action plan that is submitted to the Executive Director. Minutes and other documentation of the Health/Safety Team meetings and activities are maintained and reviewed by the ORM to ensure proper participation and outcomes in the area of health/safety. Additionally, all critical incidents are reviewed to determine any trends/patterns and the need for any corrective action. During this timeframe, two (2) critical incidents have been reviewed by the Health/Safety Team; no trends/patterns were identified. This number shows a decrease in the number of critical incidents from the previous year. There were no sentinel events during this timeframe.

Human Resources

AAHSD recognizes personnel as an invaluable resource and has established numerous policies/procedures in the area of human resources. These policies have been developed to encourage and foster mutual respect between employer and employees and to promote the involvement of personnel in the success of the organization. An employee handbook has been developed to enhance employee orientation and to provide an overview of relevant information. During the past year, eight (8) employees have been hired and have completed the new orientation process. At the time of this writing there are six (6) other positions that are expected to be filled prior to July 1, 2018. There have been two (2) employee grievances and these were resolved successfully.

Information Management

AAHSD implemented an electronic health record system on December 1, 2015. We have noted improvements as follows: real time supervisory monitoring of productivity and documentation; real time resource utilization and resource deployment; improved interaction between clinical systems and financial systems; improved accuracy of data/demographics used for reporting and monitoring; increased compliance with Federal requirements; increased collections; increased accuracy in financial reviews for reconciliation of billing/payments; and increased number of records reviewed as part of QI process.

AAHSD has implemented a written technology and system plan (policy) to proactively plan for any potential threats to ensure uninterrupted access to systems. This plan addresses: hardware; software; security, including e-mail and internet use; confidentiality; backup policies; assistive technology; disaster recovery preparedness; and virus protection. Additionally, AAHSD completes an annual technology assessment.

AAHSD developed a Facebook page as a way to provide information and education to the community at large. Services are not provided via the Internet and/or Social Media.

Outcomes Management System

AAHSD participates in quality management and monitoring and data collection and reporting as outlined in the Human Services Accountability Plan (AP). Indicators are monitored and reported on, either on a monthly or quarterly basis, depending on the specific requirements. AAHSD participates in a statewide satisfaction survey process, the “C’est Bon” surveys. Last year ninety-eight (98) clients were surveyed and results have been reported to AAHSD and posted throughout the facilities. The next administration of this survey is scheduled for May/June 2018. Additionally, eight hundred ninety three (893) satisfaction surveys were completed with overwhelming positive responses – 95.97% reported they would continue services regardless of payor source and 98.09% reported they would refer a friend/family member for services.

Input from Persons Served and Other Stakeholders

In addition to programmatic outcomes data, AAHSD actively solicits feedback from staff, persons served, and other stakeholders. AAHSD has added ‘comment boxes’ in each service site – this allows any person to offer feedback regarding satisfaction, complaints, general comments, etc.; this information is collected regularly and forwarded to the Executive Director for review. Stakeholder surveys have also been sent to all contractors, referral sources, community organizations, and other interested parties. During this timeframe, approximately fourteen (14) surveys have been collected.

AAHSD has also conducted a ‘Staff Development Survey’. This year twenty-six (26) surveys were completed. This information is incorporated in the overall performance improvement and staff training plans.

During this reporting timeframe, AAHSD has hosted and/or sponsored several public forums and/or training sessions and collected surveys/feedback at each of these events. For this year, AAHSD has received six hundred eight (608) surveys/questionnaires. This information has been summarized and reviewed by Senior Management and the Board and will be used to revise or develop policies/plans.

Summary of Services Provided (7/1/17 – 4/30/18)

The numbers below *do not include* the number of individuals served by AAHSD contractors.

Program	Number of Persons Served
Adult Mental Health	3850
Adult Addictive Disorders	908
Child/Adolescent Behavioral Health	496
Developmental Disabilities Total Served	2673
AAHSD Total	7927 (unduplicated individuals)
Prevention Contacts	8125
Crisis Intervention Services	210

Quality Improvement

AAHSD strives to make available and foster the highest quality of direct services in meeting the needs of the persons served and to assure continuity of care and maintenance of clients’ records. To this end, we have instituted a Quality Improvement Team to provide objective and systematic

evaluations of the quality and appropriateness of client care, identify acceptable levels of care, and recommend actions to improve care. Team members represent a cross-section of service locations and disciplines; including, the Medical Director, staff psychiatrists, and medical psychologists in the peer-review process.

This year the team reviewed two hundred forty (240) clinical records with minimal corrective action required. There were no trends/patterns regarding issues identified. In addition to those 240 records, an additional ten (10) have been reviewed by our Medical Director as part of a more intensive 'medical peer review' process. These numbers are significantly higher than reported last year; the QI Team revamped the review process to utilize the electronic record and they were able to review more records in less time and expect to review a greater number of charts during the next reporting period. Additionally, one hundred twenty five (125) records have been reviewed as part of the Developmental Disabilities quarterly review process.

Rights of Persons Served

In keeping with national accreditation standards and other licensure requirements; AAHSD has implemented policies and procedures to ensure the rights of persons served. Persons served are afforded the right to file formal complaints and/or grievances; these are handled on a case by case basis. During this timeframe there have been no complaints and/or grievances.

Also, contact information for the Bureau of Health Standards has been posted in all service sites to ensure that persons served have appropriate information to file complaints and/or grievances with an outside party. During this time frame, AAHSD has not received any information as to any reports being filed.

Risk Management*

AAHSD has developed a Risk Management plan and completes a 'risk management assessment' on an annual basis; the results are presented to the Executive Director and the Senior Management Team. This internal assessment is intended not only to demonstrate conformance with CARF standards regarding risk management, but to also address issues as outlined by the Statement of Auditing Standards (SAS) 104-111; referred to as the 'the risk management suite of standards'. The results of the risk management have been incorporated into the organization's strategic planning and budget development process.

**(As a matter of clarification, the "Office of Risk Management" as noted in the area of Health/Safety is a State office that more closely identifies with issues regarding health and safety. AAHSD uses the term 'risk management' as a broader term to include health and safety but to expand to other areas as well, more closely following the CARF interpretation of 'risk management').*

EXECUTIVE SUMMARY

We are pleased to present this report to show our dedication and service to the community:

- We have maintained or increased volume in all service areas (with fewer staff);
- We have maintained a high level of quality of care (as evidenced by licensure and accreditation);
- We have increased the number of evidence-based practices provided;
- We have greatly increased service access as measured by reduction in waiting time for services; and,
- We have doubled the amount of self-generated revenue collected in the past three years.

In addition to the core services (or basic contractual requirements), we have been involved in several specialty projects as well: the Justice and Health Collaboration program (JHC); professional training/educational opportunities provided for staff and the community; participating in events focused on the opioid epidemic; and support of community providers as they offer needed resources to Acadiana.

The Board of Directors and Executive Leadership participated in a governance training and strategic planning session in May 2017. From that planning session the Board identified three major themes:

- Accountability
- Transparency
- Value

Another Board training and strategic planning session is scheduled for May 2018 at which time the Board will review its effort during this past year and will adjust/develop their goals for the upcoming year. The over-arching themes of accountability, transparency, and value will remain in place and will be used as the foundation of the planning session.

AAHSD has all the necessary systems in place to demonstrate quality and value; we have met all standards of care and operation; we have improved facilities; we have actively pursued input from persons served and stakeholders; we have partnered with community organizations; and we have improved efficiency to serve more people and provide more services with a decreasing budget.

AAHSD is living up to its commitment to ‘serve Acadiana with quality, compassionate care’.