



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

# **Annual Management Report**

**July 1, 2022 – June 30, 2023**



**Mission:**

To improve the quality of life for the citizens of Acadiana who have behavioral health and/or intellectual/developmental disabilities.

**Vision:**

To become the preeminent provider of community-based supports and human services which promote the independence, respect, and inclusion of all citizens dealing with issues of behavioral health and/or intellectual/developmental disabilities.

**Values:**

Accountability – To be good stewards of our resources and to exceed all contractual, legal, and regulatory requirements in providing services.

Transparency – To operate in such a manner as to be above reproach in all of our governance and operational processes.

Value – To achieve optimal outcomes by implementing cost-effective, evidence-based practices in a timely manner.



## **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 593,000 (from 2022 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 international accreditation 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’. Information from this report is utilized for: program planning; performance improvement; strategic planning; organizational advocacy; financial planning; resource planning; and workforce planning.

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**

- As noted in last year’s report, AAHSD submitted a Certified Community Behavioral Health Clinic Planning, Development, and Implementation (CCBHC-PDI) grant proposal to SAMHSA. **AAHSD was awarded** this grant (effective date October 1, 2022). **This is a four-year grant (grant total of approx. \$3.8 million)** that will be utilized to transition/transform current operations into a community behavioral health system which will: provide comprehensive, coordinated behavioral health care via an enhanced CCBHC program; provide a comprehensive range of outreach, screening, assessment, treatment, care coordination, and recovery support services, based on a needs assessment that aligns with the CCBHC Certification Criteria; and, support recovery from mental illness and/or substance use disorders (SUD) through access to high-quality mental health and SUD services without regard to the ability of clients to pay for services.

### ***Goals and Objectives completed so far*** include:

- development, submission, and approval of a Disparity Impact Statement
- identifying Key Personnel
- completion and submission of the Continuation Application
- development, submission, and approval of the Sampling Methodology Plan
- completion, submission, and approval of a Community Needs Assessment
- completion, submission, and approval of the Mid-Year Programmatic Progress Report
- development, submission, and completion of the Infrastructure Development, Prevention, and Mental Health Promotion; *indicators for SPARS (SAMHSA’s Performance Accountability and Reporting System)*
- access/set-up with Payment Management System as part of the US Department of Health & Human Services
- initiation of collection of National Outcomes Measures data
- planning of Designated Collaborative Organization network
- initial staff training regarding CCBHC changes

**AAHSD received a separate award** to participate in a technical assistance project to implement the Same Day Access model. This project is funded by SAMHSA and operated by the National Council for Mental Wellbeing. **Only thirty organizations were selected** and applications were “reviewed with an eye to clinics who have indicated the greatest readiness and commitment to implementing Same Day Access”. This project will work in tandem with our CCBHC efforts and will greatly increase service access.

- AAHSD was surveyed by CARF International and for the fourth consecutive survey we **achieved the highest level** of international accreditation: a **Three-Year Accreditation Award**. Programs accredited are: Behavioral Health – crisis intervention (adult & child/adolescent), outpatient treatment (adult & child/adolescent), intensive outpatient treatment (adult), and prevention (child/adolescent); Employment and Community Service – service coordination (adult & child/adolescent) {this covers all of our Developmental Disabilities programs and services}. We also voluntarily included the

Governance standards as a way to demonstrate to our communities that we have implemented best practices within all of our governance, administrative, and clinical systems. The current accreditation award will expire June 2025.

Some of the *strengths of AAHSD* noted in the report were:

- “Its mission, vision, and values are clearly articulated.”
  - “Community stakeholders indicate great pleasure working with AAHSD.”
  - “*Clients express a great deal of satisfaction with the services offered ...*”
  - “*The organization demonstrates outstanding services to children and youth ...*”
  - “*... significant evidence to demonstrate the utilization of best practices ...*”
- In accordance with Act 73 (LA R.S. 28:917, D(1)), a “Comprehensive Annual Report” was prepared by the Louisiana Department of Health (LDH) to the Legislature detailing the services provided by each human services district/authority. The report, dated November 2022, lists *AAHSD as the largest provider of both behavioral health services and developmental disabilities services*. While this measure in and of itself is noteworthy, it is only one measure. When coupled with the fact that AAHSD is not the largest provider in terms of staffing or budget, it highlights the fact that we are being very efficient with the resources we have been allocated. Results noted in other reports (*AP monitoring and C’est Bon survey*) demonstrate very high results in the areas of effectiveness and satisfaction. *All of those measures combined (high efficiency, high effectiveness, and high satisfaction) demonstrate the high value of the organization and services provided.*

We are proud to reach this level of effectiveness, efficiency, satisfaction, and value. AAHSD strives to be good stewards of public resources and to serve our communities with quality compassionate care.

- AAHSD has been involved with several new projects this year:
  - Crisis response team – In conjunction with the LDH-designed statewide crisis system of care program, a community-based provider was selected to provide this service. AAHSD has partnered with them and assisted in their transition into the community and hosted an ‘open house’ event to help introduce the provider to the local community and also hosted a follow-up ‘regional crisis coalition’ meeting.
  - Meredith’s Place – A program of The Extra Mile, Region IV providing residential substance abuse treatment for pregnant and parenting women. *AAHSD secured special funding for this project (approximately \$600,000)* and also a contract for ongoing service provision.
  - Opioid epidemic response – *Implemented three new contracts* with two providers to launch a community-based outreach and harm-reduction program, and a hospital-based peer navigator response program.

## **STRATEGIC PLAN**

As part of the operation and development of AAHSD, and in keeping with the spirit and intent of the international 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 2023-2024:

**Theme: Management**

- Goal:** Maintain contract with LDH for services in Acadiana.
- Goal:** Maintain relevant administrative and operational policies and procedures.
- Goal:** Maintain appropriate licensure and accreditation status.
- Goal:** Work with Board and stakeholders in identifying gaps in services.

**Theme: Fiscal**

- Goal:** Work with LDH and DOA to establish budgets for 2023/2024.
- Goal:** Meet self-generated revenue target.
- Goal:** Ensure accurately and timely billing.

**Theme: Workforce Development**

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

**Theme: Accountability & Communications**

- Goal:** Participate in local and statewide initiatives to support persons served.
- Goal:** Maintain and increase corporate citizenship efforts.
- Goal:** Initiate internal and external newsletters (monthly or quarterly).

**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:** Work with/support statewide comprehensive crisis system of care project.
- Goal:** Participate in Office of Emergency Preparedness activities as required.

## Results/Actions (from 2022-2023 goals):

### Management:

- AAHSD maintained a valid contract with LDH and remains in ‘good standing’. Currently working with LDH to develop new contract beginning 7/1/23.
- AAHSD clinical and administrative policies and procedures were reviewed by Civil Service, Office of Risk Management, and LDH (OBH & OCDD). *All met or exceeded standards.*
- AAHSD received successful State licensure and State contract reviews. *All rated as “above standards” or “exceeded standards”.*
- As part of CCBHC program conducted a comprehensive community needs assessment.

### Fiscal:

- AAHSD maintained operations within budgetary guidelines.
- AAHSD *exceeded the budgeted self-generated revenue amount.*
- AAHSD operated within the guidelines of the Office of Debt Recovery agreement.
- Professional and service contracts maintained and monitored by AAHSD.
- Successful transition to the ‘LaGov’ financial system.

### Workforce Development:

- Employees completed State Civil Service PES as required.
- AAHSD continued its employee training program/schedule and utilized two online training programs – LEO and Relias Learning. *All targets were met.*
- All Senior Managers have maintained a succession plan for their respective areas.
- Conducted an all-day training session for all supervisory staff (topics addressed) – leadership, teamwork, workforce development, finance/budget, and accreditation.
- *AAHSD received commendation from Civil Service for a 100% audit compliance rating.*

### Accountability & Communications

- AAHSD maintained credentialing by all MCOs within the State plan.
- AAHSD conducted and/or participated in numerous public events, health fairs, community forums, and other professional forums.
  - Provided/sponsored public education/training events – attendance total: **6,147**
- AAHSD was monitored by: CARF International; HRSA/NHSC; LDH/Bureau of Health Standards LDH/OBH and OCDD; Louisiana Board of Pharmacy; LPAA; ORM; State Civil Service; and the State Fire Marshal. *All reviews were successful.*

### Crisis Response

- AAHSD provided crisis services and continued its suicide prevention program (**1,705 participants**).
- AAHSD participated in OPH/Emergency Preparedness exercises/activities.
- Worked closely with OBH and provider to support the comprehensive crisis system of care project.

## **SYSTEMS REVIEW**

### **Accessibility**

AAHSD has implemented 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*.

AAHSD reviews any specific accommodation request on an ongoing basis as those may be received. For this reporting period there were no specific requests.

### **Corporate Citizenship**

Corporate citizenship is defined as an organization's efforts, activities, and interest in integrating, contributing, and supporting the communities where it delivers services to better address the needs of persons served. AAHSD has maintained membership in several national, state, and local professional organization:

- National – National Council for Mental Wellbeing (formerly the National Council for Behavioral Health); Health Care Compliance Association; CARF \*
- State – Human Services Interagency Council; Louisiana Association of Substance Abuse Counselors and Trainers
- Local –Acadia Parish Chamber of Commerce; Greater Iberia Chamber of Commerce; Broussard Chamber of Commerce; Youngsville Chamber of Commerce; Justice and Health Collaborative; One Acadiana; St. Landry Chamber of Commerce; Acadiana Volunteer Organizations Active in Disaster (AVOAD) – Children's Mental Health and Child Wellness Committee

*(\*Although not a 'membership' AAHSD is accredited by CARF and has maintained active participation in several events with them.)*

These memberships and activities allow AAHSD to stay on the forefront of national trends and best practices which in turn improves the overall governance and operational systems and services provided.

In addition to these 'membership' type efforts, AAHSD is actively involved in several community partnerships/projects as well: ATLAS State Advisory Committee; Beacon Community Connections; Healthy Acadiana Health & Wellness Taskforce; Justice & Health Collaborative; Lafayette Consolidated Government COVID-19 Health Equity Taskforce.



## **Corporate Compliance**

The compliance officer conducted 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 ***eight hundred twenty (820) clinical records were reviewed with no significant findings***. Internal control audits and petty cash reviews were conducted at all service locations and no findings were noted. Additionally, the HHS/OIG excluded provider list was reviewed on a monthly basis; there were ***no concerns noted***.

## **Finance**

AAHSD strives to be financially responsible and solvent, conducting fiscal management in a manner that supports the mission, vision, and values, and performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency. To this end, AAHSD developed and implemented fiscal policies and procedures and received ongoing internal and external reviews of fiscal systems. The Executive Director provided the Board with a quarterly report detailing specific fiscal/clinical information regarding our performance, i.e., number of failed claims, number of failed activities, productivity numbers, amount of ‘write-offs’, and amount of claims turned over to the Office of Debt Recovery.

***For the past eight (8) years, AAHSD has met its self-generated revenue goal and this fiscal year we are on track to exceed our self-generated budget target again.***

## **Governance**

AAHSD applied the “Governance” standards during its previous accreditation survey as a way to demonstrate Accountability, Transparency, and Value to our stakeholders. As outlined in the enacting legislation, the Board is comprised of ten individuals whose experience/expertise include the following: mental health; addictive disorders; developmental disabilities; finance/accounting; judiciary/criminal justice; law enforcement; public health; and include consumers, parents, family members, and advocates.

The Board subscribes to a “policy governance” model and does not focus on day-to-day operations. However, the Board does receive regular updates as to service deliverables, such as: number of evidence-based practices provided; number of persons served; outreach efforts; special events/projects; waiting times; and other pertinent information related to service delivery.

## **Health and Safety**

AAHSD participated in both internal and external inspections of all facilities in accordance with timeframes outlined in the international accreditation standards, and as required by the Office of

Risk Management (ORM). We obtained written reports of all external monitoring and responded to these with corrective action plans, as needed. These reports, along with the corrective action plans, were submitted to the Executive Director. Likewise, internal inspections of fire, safety, and security resulted in a written report and a corrective action plan (as needed) that was submitted to the Executive Director. Minutes and other documentation of the Health/Safety Team meetings and activities were documented and were reviewed by the ORM to ensure proper participation and outcomes in the area of health/safety. ***The most recent ORM survey resulted in an overall rating of 98.99% compliance with health & safety standards. During this timeframe there were no (0) critical incidents reported nor any (0) sentinel events.***

## **Information and Communication Technologies**

AAHSD has implemented telehealth services and relevant policies and procedures were developed. Also, we worked with our EHR vendor to develop tables and reports to support the collection and reporting of data per CCBHC guidelines. From the time of the survey to current, there have been significant changes to the applicable accreditation standards. As such, ***leadership appointed a Technology Team*** to review this area of operations and to develop/recommend appropriate training and policy development. This Team, comprised of a cross-section of staff members representing different programs/services and service sites, met monthly and worked with leadership to make improvements in our use of technology.

AAHSD implemented a written technology and system plan (policy) to 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 completed our annual technology assessment and as a result, we increased our inventory of laptop computers to support our new telework option.

Services were not provided via social media; however, AAHSD maintained a Facebook page and provided information and education to the community at large.

## **Performance Measurement, Management, and Improvement**

AAHSD participated in quality management and monitoring, and data collection and reporting as outlined in both the international accreditation standards and the Louisiana Department of Health's Accountability Plan (which includes fifty-eight (58) specific performance indicators). Several of these indicators are taken directly from NOMs. *(SAMHSA's National Outcome Measures (NOMs) are an effort to develop a reporting system that creates an accurate and current national picture of substance misuse and mental health services. The NOMs serve as performance targets for states and federally funded programs for substance misuse prevention and mental health promotion, early intervention, and treatment services.)*

These indicators were monitored and reported on, either on a monthly or quarterly basis, depending on the specific requirements and are independently reviewed by LDH. *During this reporting timeframe, each service site received two reviews for administrative and clinical indicators as outlined in the Accountability Plan. The average cumulative score across all locations/service sites is 98% out of 408 ratable items. This score falls within the highest category as “Exceeded Standards”.*

### Contracted Services

In addition to the services provided directly by AAHSD, we contract with community-based providers as a way to offer a more robust continuum of care to those in need. The total value of the contracts listed below is approximately \$3 million per year and AAHSD served just over 14,000 persons this year via contracted services. The following is a summary of contracted services (not including professional services contracts):

- Activity/Resource Center – community-based centers where individuals with behavioral health conditions are able to go during the day (without appointment) for socialization and the building of social skills; opportunities are available on an ongoing basis for linkages to employment, education and advocacy activities;
- Assertive Community Treatment – contracts with two community providers for approximately 42 individuals at a time (based upon clinical need);
- Case Management – adult case management services is comprised of community-based services to individuals with behavioral health conditions; with low staff-to-client ratios, it provides intense, individualized services for those individuals for whom clinic services alone are not sufficient, allowing the person to maintain community tenure;
- Child and Adolescent Case Management – case management and consumer care resources is comprised of community-based services to individuals with behavioral health conditions; with low staff-to-client ratios, it provides intense, individualized services for those individuals for whom clinic services alone are not sufficient, allowing the person to maintain community tenure;
- Child and Adolescent Response Team (CART) – provides an array of crisis intervention, family preservation, respite and community services for children and youth under 18 and their families; prevent or reduce the need for hospitalization; and maintain children and youth in schools in the least restrictive environment;
- Clubhouse – *an evidenced-based model* of rehabilitation;
- Detoxification – this contract provides ASAM level 3.7 services for adults with substance abuse disorders;
- Harm Reduction – community-based outreach to intravenous drug users and other high-risk users *utilizing an evidence-based approach* (in tandem with the HIV program);
- HIV Services – provides rapid testing, referrals, outreach and education regarding HIV, Hepatitis C, Syphilis to the high-risk priority population;
- Housing – Supported Independent Living services, including transportation and housing and adult intensive case management services;
- Interpretive Services – language and hearing impaired interpretive services to those in need to increase service accessibility;

- Peer Navigator – for individuals with non-lethal opioid overdose within local hospital emergency departments;
- Prevention – areas of focus:
  - Fairs & Festivals – ***evidence-based program/strategy*** to prevent the selling and providing of alcohol to underage youth at fairs/festivals
  - Kids Don't Gamble, Wanna Bet? – ***evidence-based gambling prevention*** curriculum provided to elementary and middle school (Grades 3-8) settings
  - Life Skills – a ***research-validated substance abuse prevention program*** proven to reduce the risks of alcohol, tobacco, drug abuse, and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors
  - Sticker Shock – ***evidence-based program/strategy*** to prevent selling and providing alcohol to underage youth at stores/retail outlets
  - Suicide Prevention – outreach and ***evidence-based education*** to all public high schools to provide students with the tools necessary to help themselves or others who may be showing signs of potential at-risk behavior
  - Tobacco use prevention – ***research-based educational materials*** via community coalitions to businesses that sell tobacco products
- Residential Treatment – ASAM level 3.5 services for adults;
- Transitional Assistance with Homeless – provides services for the Projects for Assistance in Transition from Homelessness (PATH) SAMHSA grant and provides services for individuals who have severe mental illness, substance use disorders, or co-occurring disorders;
- Transportation – provides transportation to and from clinical treatment services for those individuals who live in rural areas and/or do not have access to public transportation
  - for those with access to public transportation, bus passes/vouchers are provided as funding is available;
- Zero Suicide – ***evidence-based suicide prevention model*** that includes Applied Suicide Intervention Skills (ASIST) and Question, Persuade, Refer (QPR) training.

Summary of Services Provided (7/1/22 – 6/30/23)

<b>Program</b>	<b>Number of Persons Served</b>
Adult Mental Health	4993
Adult Addictive Disorders	617
Child/Adolescent Behavioral Health	938
Crisis Intervention Services	83
Prevention	7947
Developmental Disabilities	3871
<b>AAHSD Direct Service Total</b>	<b>18,449</b>
<b>AAHSD Contract Total</b>	<b>14,656</b>
<b><i>AAHSD GRAND TOTAL</i></b>	<b><i>33,105</i></b>

Input from Persons Served and Other Stakeholders

AAHSD actively solicited feedback from staff, persons served, and other stakeholders, in addition to programmatic outcomes data. AAHSD participated in a statewide satisfaction survey process, the “C’est Bon”, survey and the results are posted throughout the facilities. AAHSD has a ‘comment box’ 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 were sent to all contractors, referral sources, community organizations, other interested parties, and staff. For this reporting period, AAHSD received a total of eighty-five (85) surveys. The results of these surveys were reviewed by administration and integrated into the strategic planning process.

Professional Training and Continuing Education

Beyond the provision of clinical services, ***AAHSD provided and/or sponsored educational events for the community*** both in-person and via Zoom platform with ***a cumulative attendance of six thousand one hundred forty-seven (6,147) participants***. Topics included: Community Opioid Symposium (three sessions); Pharmacy Based Buprenorphine Induction; “Nah” To Naloxone: The Roles of Risk Compensation Beliefs and Stigmas; High in Plain Sight: Current Drug Culture, Trends, and Identifiers; Promoting Justice, Equity and Inclusion of Immigrants; The Power of Human Connection: Strategies to (Re) Connect; Getting to Know the local Latino Community: Expanding Meaningful Equity in Behavioral Health Services Delivery for Diverse

Communities; Question, Persuade, Refer (QPR) - Suicide Prevention Trainings; Ethics; Depression in Children; Treating Stress and Trauma; and, Essential Diagnostic Strategies.

## **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 three hundred eighty-five (385) clinical records with minimal corrective action required and sixty-five (65) records were reviewed by our Medical Director (and team) as part of a more intensive 'medical peer review' process.* There were no trends/patterns regarding issues identified. In addition, *our pharmacy provider (Genoa Healthcare) filled just over 18,000 prescriptions written by AAHSD staff. Of that number, 100% were reviewed* to ensure appropriate dosage, use, and for potential drug interactions. There were no trends or patterns noted.

## **Rights of Persons Served**

In keeping with international accreditation standards and other licensure requirements; AAHSD 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 (0) 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.

Above and beyond these minimal legal/regulatory requirements AAHSD strives to not only ensure basic rights but to demonstrate dignity and respect to each person served. Some of the efforts in this area include: annual staff training in customer service; maintaining the physical plants and sites to ensure safety and to provide a pleasant environment; review by legal counsel of all records requests and subpoenas to ensure appropriate release of information and to maintain privacy of persons served.

## **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 international accreditation 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’).*

## **Workforce Development and Management**

AAHSD recognizes personnel as an invaluable resource and has established numerous policies/procedures in the area of human resources/workforce development and management. 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, seventeen (17) employees completed the onboarding process. ***There were no (0) employee grievances.***

***All AAHSD service sites were approved to participate with the U.S. Department of Health and Human Services, Health Resources and Services Administration, National Health Service Corps (NHSC).*** NHSC provides scholarships and student loan repayment to healthcare professionals in exchange for a service commitment to practice in designated areas across the country with a shortage of healthcare professionals. AAHSD is able to use this designation as a recruitment tool as a way to fill clinical vacancies as needed. ***This designation reflects that AAHSD utilizes best practices in the areas of clinical services and workforce development.***

As part of our CCBHC development, AAHSD utilized a consulting firm to conduct a ‘comprehensive community needs assessment’ in March 2023. It was noted in this document:

“AAHSD is not exempt from the nationwide behavioral health workforce shortage. Although AAHSD does not struggle with staff retention, hiring is challenging. AAHSD has responded by increasing other benefits, such as telework options, for some positions.”

***“Staff reported a positive organizational culture, characterized by AAHSD leadership modeling a community-mindedness which trickles down through the organization.”***

“Review of staff turnover indicates it is generally low and not a large-scale organizational issue. Rather, the challenge lies in recruiting and hiring.”