



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

Annual Management Report

July 1, 2023 – June 30, 2024



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.

ORGANIZATIONAL HIGHLIGHTS

- Recognized by the Substance Abuse Mental Health Services Administration (SAMHSA) as a Certified Community Behavioral Health Clinic (CCBHC)
- First organization to be accredited by CARF International as a CCBHC
- Membership with mhca (formerly Mental Health Corporations of America) – a national association of innovative & entrepreneurial behavioral healthcare organizations
- Exceeded self-generated revenue goal
- Awarded a technical assistance grant from SAMHSA to implement the Same Day Access program and the Just in Time prescriber scheduling program
- Number of persons served: 44,626
- Education/training events attendance: 2,196
- Strategic Plan goals met: 100%
- LDH clinical review rating (cumulative): 99.80%
- Office of Behavioral Health client satisfaction survey: 92.06%
- Legislative Audit (no findings): 100%
- State Civil Service review: 99.53%
- Office of Risk Management review: 97.96%
- CCBHC NOMs summary (cumulative):
(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.)
 - 1,160 NOMs collected – 78% of baseline assessments and 76% of reassessments conducted via interview and both of these are above the national average
 - Goal to expand services to underserved populations met or exceeded in the following categories:
 - Black or African Americans
 - Hispanic or Latino
 - Native American or Alaska Native
 - Asian or Asian American
 - Primary language other than English
 - For adults, improvement in 8 out of 9 (88.89%) Key Health and Social Determinants of Health indicators
 - For children/adolescents, improvement in 3 out of 4 (75%) Key Health and Social Determinants of Health indicators

SIGNIFICANT EVENTS DURING THE PAST YEAR

- As noted in previous reports, AAHSD was awarded a Certified Community Behavioral Health Clinic Planning, Development, and Implementation (CCBHC-PDI) grant effective October 1, 2022. While we still have work to do within this program, our efforts and achievements have already been recognized.
 - Our program attestation has been reviewed and accepted by SAMHSA. This means that AAHSD has gained Federal recognition as a CCBHC.
 - AAHSD was surveyed by CARF International and earned a Three-Year Accreditation for the CCBHC program. *AAHSD was the first organization in the country to earn this designation.*

- AAHSD was selected as one of only thirty organizations in the country to be awarded a Technical Assistance grant from SAMHSA to implement the Same Day Access model (as developed by MTM Services).

This program was implemented January 8 and for the timeframe of January 8 - May 31, AAHSD has conducted 1,027 assessments and has admitted 943 of those cases. All of those assessments were conducted on an unscheduled (and as requested) basis so there were no failed appointments, which is a more efficient use of clinicians' time. This reflects an approximate 7% increase in the number of completed assessments from same time last year and a projected annual savings of \$193,842 due to increased efficiencies.

- As part of this same Technical Assistance grant AAHSD is working with MTM Services to implement the Just in Time (JIT) Prescriber Scheduling model. When fully implemented, the goal of this program is to move a consumer from diagnostic assessment to psychiatric evaluation within 3 days or fewer.

Once fully implemented, the Same Day Access model and the Just in Time model will greatly increase accessibility for persons seeking services and the outcomes will far exceed the CCBHC requirements regarding timely access.

- AAHSD joined mhca – formerly known as Mental Health Corporations of America, Inc. mhca is a national association of innovative, entrepreneurial behavioral healthcare organizations focused on the development of C-suite executives. Their mission is to advance innovation and entrepreneurship in behavioral healthcare by enhancing leadership and strategic connections. *Membership is “by invitation only” and they “actively seek out only the most reputable and progressive behavioral healthcare organizations and leaders in the country”.* (mhca website)

AAHSD is the only member from Louisiana and we are honored to be associated with mhca and are excited about this new professional relationship and how it will assist us in improving services to our community.

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 2024-2025:

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 2024/2025.
- 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).
- Goal:** Establish a Consumer Advisory Council for the CBHC initiative.

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 2023-2024 goals):

Management:

- AAHSD maintained a valid contract with LDH and remains in good standing. Currently working with LDH to develop new contract beginning 7/1/24.
- 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”.*
- AAHSD participated in a regional SAMHSA CCBHC Conference and was selected as a panelist for “CCBHCs in Action”.

Fiscal:

- AAHSD maintained operations within budgetary guidelines.
 - *Completed Legislative Audit with no findings.*
- 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.

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.
- *State Civil Service audit score of 99.53%.*

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: **2,196**
- AAHSD was monitored by: CARF International; LDH/Bureau of Health Standards LDH/OBH and OCDD; 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 (**370 participants**).
- Serving as Co-chair organization for local suicide prevention coalition.
- 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; Health Care Compliance Association; mhca; 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.

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 has developed and implemented fiscal policies and procedures and received ongoing internal and external reviews of fiscal systems. *AAHSD was audited by the Office of the Louisiana Legislative Auditor and there were no findings.*

For the past nine (9) years, AAHSD has met its self-generated revenue goal and this fiscal year we have exceeded 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 97.96% 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 have been developed. Also, we worked with our EHR vendor to develop tables and reports to support the collection and reporting of data per CCBHC guidelines.

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.

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) and several of these indicators are taken directly from NOMs. 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 was 99.80%. This score falls within the highest category as "Exceeded Standards".

Contracted Services

In addition to services provided directly, AAHSD has implemented fifty-two (52) contracts with community-based providers as a way to offer a more robust continuum of care to those in need. The total value of these contracts is approximately seven million dollars (\$7,000,000) per year and AAHSD served just over 25,000 persons this year via contracted services. Many of these contracts will be converted to Designated Collaborative Organization (DCO) agreements or Coordinated Care Agreements (CCA) as part of our CCBHC efforts. This core group of community providers will help us ensure a comprehensive, coordinated behavioral health care system.

Summary of Services Provided (7/1/23 – 6/30/24)

Program	Number of Persons Served
Adult Mental Health	4607
Adult Addictive Disorders	509
Child/Adolescent Behavioral Health	988
Crisis Intervention Services	95
Prevention*	8968
Developmental Disabilities	4407
AAHSD Direct Service Total	19,574
AAHSD Contract Total	25,052
<i>AAHSD GRAND TOTAL</i>	<i>44,626</i>

*prevention services provided 954,818

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 thirty-seven (37) 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 two thousand one hundred ninety-six (2,196) participants.***

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 and seventy-five (75) 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. At the time of this writing, *AAHSD operates the only Remote Dispensing Site (telepharmacy) in the state.*

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 was one (1) complaint and/or grievance.* This was addressed internally and to the satisfaction of the complainant. 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, twenty (20) employees completed the onboarding process. ***The most recent Civil Service review resulted in an overall rating of 99.53% compliance. During this timeframe there were no (0) employee grievances.***