



ACADIANA AREA
HUMAN SERVICES DISTRICT
Serving Acadiana with Quality Compassionate Care

Annual Management Report

July 1, 2021 – June 30, 2022



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 604,000 (from 2020 US Census), 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'. 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

- The impact of COVID-19 on our services and systems cannot be overstated. AAHSD had to adapt many of its programs, policies/procedures, and protocols to ensure ongoing services in a safe manner. We are now developing/revising workplace procedures to comply with changing regulations and guidelines; i.e., telework policies; telehealth policies; health & safety procedures; budget revisions; training requirements.

Part of the statewide emergency response included the set up of three shelters across the state. The last of these, ‘Camp Chicot’, was within our catchment area. AAHSD served in a rotation providing behavioral health coverage (crisis services; triage; admission consults) to residents and we were the only entity to be involved throughout the entire duration of this project. From our first shift on March 22, 2020 to the closing date of March 31, 2022 AAHSD provided 4,692 hours of coverage. This was above and beyond our internal on-call system or any responses to our crisis intervention program.

- Per Legislative directive, the Louisiana Department of Health, in conjunction with the Human Services Interagency Council (of which AAHSD is a member), worked to develop a new ‘funding formula’ for the Human Services Districts/Authorities for new funds that may be distributed. The domains that will be utilized are: total population; number of Medicaid enrollees; Medicaid percentage; social vulnerability index; SMI/SED prevalence; substance use disorder prevalence; I/DD prevalence; and current funding level. These domains are assigned a variable weight and then applied to a funding algorithm. Based upon this new matrix there are four entities that are currently underfunded, two of them significantly. AAHSD is the second most underfunded provider out of ten. This formula is tentatively scheduled to become effective July 1, 2022; new funding (state general revenue) that is distributed after that time will be disbursed proportionately according to the new formula.

This funding disparity, when viewed with the number of persons AAHSD serves per year, highlights the level of efficiency that we have achieved within our clinical programs. We are proud of our efforts to reach this level of efficiency as we strive to be good stewards of public funds.

- As noted last year, AAHSD opened the first remote dispensing site (telepharmacy) in the state (April 2021) and as of this writing, it is still the only one. Since its opening in the Crowley clinic, there has been a monthly increase in prescriptions from 661 filled to 796 filled. (some of the prescriptions for these clients are handled from the Lafayette site due to them being either pillpacks or mailed prescriptions)

- AAHSD has been involved with several special projects; both statewide and local. These include:
 - ATLAS/Shatterproof – project to improve transparency in addiction treatment by the development of a nationwide foundation to create standardized quality indicators and rating systems
 - VIA Network – a local collaborative effort to develop and direct a formal, expandable, and sustainable Community Integrated Health Network (CIHN)
 - Suicide Prevention – to expand/increase community education regarding suicide prevention via evidence-based curricula
 - PAX – professional classroom training and an evidence-based model of service provision targeting K-3rd grade teachers, administrative staff, and support staff within the educational setting
 - Louisiana Leadership Academy for Wellness and Tobacco-Free Recovery – to develop effective strategies to reduce the prevalence of tobacco dependence among people with behavioral health disorders and to strengthen and promote tobacco-free recovery

- In March 2022 AAHSD was recognized as the Community Partner Honoree by The Extra Mile, Inc. This presentation was made during their annual Hope and Healing Gala.

- AAHSD just submitted a Certified Community Behavioral Health Clinic Planning, Development, and Implementation (CCBHC-PDI) grant proposal to SAMHSA. If awarded, this 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.

- AAHSD is preparing for its 10-year anniversary, celebrating operations from July 1, 2012 – July 1, 2022. Major accomplishments include: obtained and maintained the highest level of international accreditation for all clinical programs; all behavioral health clinics fully and independently licensed; increased service provision; decreased access time for services; increased the use of evidence-based practices; implemented an electronic health record; implemented telehealth services; implemented peer support services; initiated corporate citizenship efforts; provided professional training to over 15,000 recipients; expanded community-based collaborations; launched website and social media platform; sponsored and/or participated in numerous community events to support and raise awareness of behavioral health and intellectual/developmental disabilities issues and long-term recovery; updated the IT system; updated the vehicle fleet; updated and expanded participation in the National Health Service Corps program; and completed facility makeovers (painting, artwork, furniture, landscaping).

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 2022-2023:

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 2022/2023.
- Goal:** Meet self-generated revenue target.
- Goal:** Ensure accurately and timely billing.
- Goal:** Transition to 'LaGov' financial system.

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.
- Goal:** Conduct a 'training retreat' for supervisory staff.

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 2021-2022 goals):

Management:

- AAHSD maintained a valid contract with LDH and remains in ‘good standing’.
- 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”.

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.
- Quarterly reports of internal monitoring were presented to the Board of Directors.

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.
- AAHSD received commendation from Civil Service for a 100% audit compliance rating.

Accountability & Communications

- AAHSD maintained credentialing by all MCOs (5) 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: 5,300
- AAHSD was monitored by: ORM, LDH/OBH and OCDD, LDH/Bureau of Health Standards, LPAA, State Civil Service, Louisiana Board of Pharmacy, and the Fire Marshal. All reviews were successful.

Crisis Response

- AAHSD provided crisis services and continued its suicide prevention program (1,123 participants).
- AAHSD participated in OPH/Emergency Preparedness exercises/activities.
- AAHSD has provided behavioral health services and screenings to the emergency shelter as part of the State’s COVID-19 response. Total efforts exceed 4,600 hours.

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 (0) 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 Nonprofit Organizations; 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. AAHSD has sponsored 'CARF 202' trainings on an annual basis and makes this available to all interested parties across the state.)*

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; Junior League Community Advisory Committee; 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 six hundred five (605) 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 receives ongoing internal and external reviews of fiscal systems. AAHSD is a public entity and is subject to review by the Louisiana Legislative Auditor (LLA). AAHSD receives a formal fiscal review every two years from the LLA and this review includes two fiscal years so that each fiscal year of financial operations is reviewed. The fiscal review report is presented to the Board by the audit team from the LLA and Board members are allowed direct access to the report and have the opportunity to ask any questions to the audit team. Additionally, 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 seven 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. We also expect to exceed (slightly) our collections from last year.

AAHSD is in the process of transitioning to a new fiscal system – LaGov. This system is being implemented statewide for all governmental entities as a way to provide accountability and transparency regarding financial operations. Fiscal staff has worked diligently to ‘map’ all current transactions and coding systems into this new format. This system will become operational (for AAHSD) effective July 1, 2022.

Governance

AAHSD did apply the “Governance” standards during its previous accreditation survey, and will continue to do so on subsequent surveys; this is one way AAHSD and the Board have demonstrated their commitment to 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: waiting times; number of persons served; number of evidence-based practices provided; outreach efforts; and special events/projects. Additionally, information was provided in the form of written reports and presentations by Senior Managers, community stakeholders and providers, and other pertinent sources. Beginning in July 2021 the Board initiated a methodical, strategic review of its governing policies leading to a revision in ENDS statement. The Board retained an outside consultant for this effort and has participated in monthly training sessions.

Health and Safety

AAHSD participated 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 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 that was 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 were reviewed to determine any trends/patterns and the need for any corrective action. During this timeframe there were no (0) critical incidents reported; however, there were two (2) sentinel events. These events were addressed appropriately and in a timely manner. Notifications (including legal counsel) were also made in a timely manner.

Human Resources (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, ten (10) employees have completed the onboarding process. There have been no (0) employee grievances.

AAHSD was 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.

Information Management and Technology

AAHSD continued to note the following: 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 completed its annual technology assessment.

Services were not provided via social media; however, AAHSD maintains a Facebook page as a way to provide information and education to the community at large. As noted, AAHSD has recently implemented telehealth services. This system was initiated via emergency administrative directive in order to ensure ongoing services during the COVID-19 crisis. Policies and procedures have been developed and the continued use of this system will be reviewed and merged into the ongoing strategic planning process, written technology plans, and quality improvement systems.

Performance Measurement and Management

AAHSD participated in quality management and monitoring, and data collection and reporting as outlined in both the CARF standards and the Louisiana Department of Health's Accountability Plan (which includes fifty-eight (58) specific performance indicators). 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.

Input from Persons Served and Other Stakeholders

In addition to programmatic outcomes data, AAHSD actively solicited feedback from staff, persons served, and other stakeholders. AAHSD participates in a statewide satisfaction survey process, the "C'est Bon" survey and the results are posted throughout the facilities. Due to the pandemic, this survey has not been conducted during the majority of this reporting timeframe so there are no results to report this year. The State has just re-implemented this project and AAHSD will be the first organization surveyed.

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 are sent to all contractors, referral sources, community organizations, and other interested parties. For this reporting period, AAHSD received fifty-seven (57) stakeholder surveys. Additionally, AAHSD conducted a ‘Staff Development Survey’ in April 2021. The results of these surveys are reviewed by administration and are integrated into the strategic planning process.

During this reporting timeframe, AAHSD has hosted and/or sponsored numerous public forums and/or training sessions (via Zoom platform) with a cumulative attendance of five thousand three hundred (5,300) participants. Surveys/questionnaires were collected at each event and this information has been summarized and reviewed by Senior Management and will be used to revise or develop policies/plans as appropriate.

Summary of Services Provided (7/1/21 – 6/30/22)

Program	Number of Persons Served
Adult Mental Health	5296
Adult Addictive Disorders	668
Child/Adolescent Behavioral Health	900
Crisis Intervention Services	146
Prevention*	7799
Developmental Disabilities	3612
AAHSD Direct Service Total	18,421
AAHSD Contract Total	13,901
AAHSD GRAND TOTAL	32,322

- Prevention – AAHSD captures the number of persons served in this program and the number of services provided. Efforts include media/outreach campaigns and traditional prevention services.
 - Social media and digital campaigns addressing the opioid crisis and underage alcohol use:
 - Digital media impressions – 1,633,872
 - Social media:
 - Impressions – 236,277
 - Reach – 62,092
 - Traditional face-to-face contact
 - Number of persons – 7,799
 - Number of services – 60,031

Contracted Services

Above and beyond the services provided directly by AAHSD, we offer services to our community by contracting with community-based providers; this ensures that a full continuum of care is available to those in need. The total value of the contracts listed below is approximately \$3 million per year and AAHSD served approximately 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 psychiatric rehabilitation;
- Detoxification – this contract provides ASAM level 3.7 services for adults with substance abuse disorders;
- HIV Services – provides HIV rapid testing, referrals, outreach and education;
- 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;
- Pax – professional classroom training and an evidence-based model of service provision; utilized the PAX Good Behavior Game targeting K-3rd grade teachers and administrative and support staff within the educational setting;
- Prevention – four areas of focus
 - educational materials through community coalitions to businesses that sell tobacco products
 - Kids Don't Gamble Wanna Bet? – 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

- Suicide Prevention – outreach and 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
- 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.

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. An additional fifty (50) records have been reviewed by our Medical Director (and team) as part of a more intensive 'medical peer 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 (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 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').*