

09-301 Florida Parishes Human Services Authority



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Note: This budget unit is comprised of one program; therefore, the mission and goals for the budget unit and the program are identical and not reported separately.

Vision

That all people of Florida Parishes will be empowered to lead meaningful and productive lives among friends, relatives, and neighbors regardless of behavioral health needs or developmental disabilities.

Mission

Florida Parishes Human Services Authority (FPHSA) is lighting the path forward into Recovery by providing person-centered services to those with behavioral health needs and developmental disabilities so that they may reach their fullest potential in health and wellness.

Philosophy

To ensure that services provided are responsive to client concerns, integrated in service delivery methods and representative of best practices, in the most cost-effective manner.

Florida Parishes Human Services Authority exists to support each consumer, to the full extent that resources permit, to live productively in the location and environment of their choosing, within appropriate and fiscally responsible parameters.

Executive Summary

The Florida Parishes Human Services Authority Program is a local governing entity/political subdivision of this state created by the Louisiana Legislature to directly operate and manage community-based behavioral health disorders and developmental disabilities in the parishes of Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington. Functions and funds relative to the operation of these services were transferred to FPHSA from the Department of Health and Hospitals (DHH). Some funds relative to these functions are also appropriated directly to FPHSA. To increase responsiveness to local human service needs, FPHSA is governed by a board composed of members appointed by the respective parish governing authority and ratified by a plurality of the

legislative delegation representing the five parishes which are included in the authority. The program has two major activities: Behavioral Health Services (BHS) and Developmental Disabilities Services (DDS). Also included is the activity of Executive Administration.

Authority Goals

Goal I

To assure comprehensive services and supports which improve the quality of life and community participation for persons with behavioral health disorders (substance use and serious/persistent mental illness) and developmental disabilities, while providing effective limited intervention to individuals with less severe needs.

Goal II

To improve the quality and effectiveness of services and/or treatment through the implementation of best practices and the use of data-based decision-making.

Goal III

To promote healthy and safe lifestyles for people by providing leadership in educating the community on the importance of prevention, early detection and intervention, and by facilitating coalition building to address the localized community problems.

Program A: Florida Parishes Human Services Authority

The Florida Parishes Human Services Authority has one program: Florida Parishes Human Services Authority. The two major activities are: Behavioral Health Services (addictions/substance use and serious/persistent mental health disorders) and Developmental Disabilities Services. Also included is the activity of Executive Administration.

Note: The FPHSA Board of Directors and administration assure consistency of its goals with LDH in the areas of prevention, treatment, support, and advocacy for persons with behavioral health disorders and developmental disabilities.

The Florida Parishes Human Services Authority Program includes the following activities:

- **Activity 1 – Behavioral Health Services** - Behavioral Health Services (BHS) provides an accessible system of prevention and treatment services for addictions/substance use and mental health disorders, as well as home and community-based services. These services are available for persons residing in all five parishes served by FPHSA.

Primary Prevention

Prevention is the proactive outcome-driven process of promoting healthy lifestyles and improving quality of life by empowering individuals, families, and communities through an integrated system of evidence-based policies, programs and practices. Ideally, prevention is intended to prevent or reduce the risk of developing a behavioral health problem such as underage drinking, prescription drug misuse and abuse, and illicit drug use. Early intervention is the key to preventing the onset of substance abuse usage issues. Community involvement is vital to ensure that the issue of prevention is being tackled at every level. It is our belief that

prevention works. Furthermore, it provides hope for effecting change to support healthy behaviors.

Addictions/Substance Use Disorders and Gambling Treatment

FPHSA promotes and supports healthy lifestyles for individuals, families, and communities by providing treatment for addictions/substance use disorders and compulsive problem gambling. Levels of care include:

- Outpatient clinics provide intensive and non-intensive outpatient treatment. Intensive outpatient treatment consists of a minimum of nine hours per week at a minimum of three days per week for adults 18 years and older. Non-intensive treatment includes aftercare, counseling and supportive services. The primary mode of treatment for substance use and compulsive problem gambling is group counseling.
- Residential Treatment (Alcohol Drug Unit/Fontainebleau Treatment Center) is a twenty-four hours a day, seven days a week residential treatment modality providing non-acute care. It includes a planned and professionally implemented treatment regime for persons experiencing alcohol and/or other substance use problems.
- FPHSA will maintain a commitment to supporting, providing, and/or facilitating through referral any available FDA approved MAT treatments for substance use disorders including tobacco, opioids, alcohol, and other addictive disorders for which MAT has proven effective.

Mental Health Services

FPHSA provides services to adults with severe and persistent mental health disorders, as well as services for children and adolescents. Clinic-based services, as well as outreach and home and community-based services, are provided in the five parish service area in order to enhance accessibility. Services provided are individualized, educational, and supportive to assist individuals in their recovery.

- Clinic-based services include crisis assessments, behavioral health assessments, psychiatric evaluations, individual, family and group therapy, medication management, case management, and provision of psychiatric medications to individuals. In addition, supportive services are provided through contract providers in the community as an extension of clinic services. Some of these services offered include a crisis phone line for after-hours access, consumer care resources, flexible family funds and peer support services.
- FPHSA clinics refer persons served to its Home and Community-based services when it is deemed appropriate and that the person may benefit from case management services. These individuals often have difficulty with daily functioning and may benefit from supports being provided in their home or community. Supportive services are also provided to individuals who are in the Permanent Supportive Housing initiative. These services are accepted on a voluntary basis and the program is based on the Housing First philosophy. FPHSA also provides in-home treatment for families through the evidence-based Functional Family Therapy – Child Welfare (FFT-CW) program. The FFT-CW program provides Low-Risk Interventions and High-Risk Treatment services to program participants based on a comprehensive assessment of client need.

Primary Care Services

FPHSA will be expanding services to integrate primary care into the existing continuum of services. Integrated primary care will result in better outcomes for individuals served with respect to traditional physical health outcomes as well as behavioral health outcomes. Statistics show that individuals with severe and persistent mental illness die, on average, 25 years earlier than the general population. Integrated primary care and behavioral health services will allow for earlier detection and management of chronic conditions which are responsible for this statistic.

All services are coordinated, and every effort is made to avoid duplication of services, both within the agency and with other community service providers and stakeholders. This philosophy and promotion of coordination and collaboration of service delivery with other area public agencies and service providers helps to maximize use of limited resources, both staff resources and funding for contracted services.

Activity 2-Developmental Disabilities Services – Developmental Disabilities Services (DDS) provides supports and services which afford people with developmental disabilities and their families a seamless system that is responsive to both the individuals’ needs and desires.

- DDS is the single point of entry into community-based services which include Support Coordination, Individual and Family Support, Flexible Family Fund, Residential Living Option, and local oversight and operation of the Home and Community Based (HCBS) waivers. A developmental disability may be a physical and/or intellectual impairment, must occur prior to the age of 22, not solely attributed to mental illness, and results in substantial functional limitations in three or more areas of major life activities. The Entry Services unit determines whether the individual meets criteria for participation in the system.
 - Support Coordination assists individuals in obtaining needed services through an assessment of their needs, and development of a Plan of Support (POS) which identifies and provides access to natural community supports and system-funded services (such as Medicaid) to meet their needs. Information and referral to other agencies is provided on an ongoing basis.
 - Individual and Family Support services are provided to support those needs of individuals with developmental disabilities which exceed those that can be met by existing resources.
 - Crisis Intervention and Diversion services include crisis funding, coordination for those involved in court and/or LDH custody, crisis admission to residential living options, transition coordination, and referral to immediate support services.
 - Flexible Family Fund is a flat monthly stipend provided to families of children from birth until age 18 with severe developmental disabilities. Funding assists these families meet the extraordinary cost of services and equipment to maintain a child with a developmental disability in the home.
 - Residential Living Options include a broad range of living options which provide 24-hour supports such as community homes.
 - The DDS Home and Community Based (HCB) waivers include the New Opportunities Waiver (NOW), the Children’s Choice Waiver (CCW), the Supports Waiver (SW), and the Residential Options Waiver (ROW).
 - Pre-admission Screening Resident Review (PASRR) is the review of all nursing home admissions within the FPHSA area of persons with developmental disabilities to

determine appropriateness of nursing home environment in meeting their needs in the least restrictive setting and to identify their need for specialized services.

DDS strives to provide supports and services in order to maintain persons with developmental disabilities in the home with family or in a home of their own.

- **Activity 3-Executive Administration** - Florida Parishes Human Services Authority (FPHSA) is a local governing entity/political subdivision of this state with the mission to direct the operation and management of public community-based programs and services relative to behavioral health disorders (including Alcohol Drug Unit and Fontainebleau Treatment Center) and developmental disabilities in the FPHSA catchment area. FPHSA was created to pool funding dollars in the areas of behavioral health and developmental disabilities services and to bring spending and operational decisions down to the local level. FPHSA's geographical service area includes the five parishes of Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington. The Authority is governed by a nine-member Board of Directors representing the five-parish area. FPHSA, through its Board, directs the operation and management of community-based programs. The Executive Administration oversees the budget, contracting, and purchasing processes, ensuring that the agency optimizes tax-payer dollars; develops, implements, and monitors agency compliance with policies and procedures modeled after state and national best-practices; assesses staff training needs and fosters workforce development by connecting employees with appropriate training opportunities; reduces or eliminates inefficiencies by analyzing and improving on agency processes; keeps pace with the rest of the state by early adoption of technological improvements; and ensures agency adherence to state and federal regulations. A goal of Executive Administration is to avoid duplication, to streamline service delivery, and to improve the quality of care and service delivery to the individuals who are served.

Objective I:

Through the Behavioral Health Services (BHS) activity, FPHSA will provide evidence-based treatment services for individuals with behavioral health disorders and prevention services while providing them in a cost-effective manner.

Strategies:

- 1.1: Meet monthly with facility managers and service providers to review performance indicators to identify areas of success or needs for improvement. Develop action plans to facilitate improvement and/or continued success.*
- 1.2: Annually seek input from stakeholders and consumers to identify service gaps and initiate program modifications if indicated or initiate collaborations/partnerships in response to survey results.*
- 1.3: Provide evidence based and person-centered services that result in positively impact the service recipient's ability to maintain in the community.*
- 1.4: Monitor service type, frequency of services, and reimbursements in order to make cost effective adjustments.*
- 1.5: Increase the use and accessibility of medication assisted treatment (MAT).*
- 1.6: Integrate primary care services in to the current continuum of services.*

Performance Indicators:

- 21038/Outcome: Percentage of individuals successfully completing the Level III.5 Adult residential treatment program (ADU/FTC).
- 21039/Outcome: Average daily census- Level III.5 Adult residential treatment program (ADU/FTC).
- 26338/Output: Total unduplicated number of persons served in outpatient behavioral health clinics, includes screening, assessment, and treatment of persons seeking services for substance use, mental health, and compulsive gambling.
- 25954/Output: Total unduplicated number of individuals served in the Level III.5 adult residential treatment program (ADU/FTC).
- 25517/Output: Total number of persons registered in evidence-based educational (prevention) programming (enrollees).
- 21045/Efficiency: Average cost per client day (Level III.5 Adult residential treatment) (FTC/ADU).
- 23829/Efficiency: Average cost per individual served in Level III.5 Adult substance use disorders residential treatment services (ADU/FTC).
- 23830/Efficiency: Average cost per individual served in prevention substance use disorders and prevention gambling programs.
- 23825/Output: Total number of individuals served in prevention programs.
- 23831/Output: Total number of merchants educated through Synar services.
- 26339/Quality: Percentage of persons on survey who say they would continue to come to FPHSA clinic even if they could go anywhere for treatment.
- 26340/Efficiency: Average cost per individuals served in outpatient Behavioral Health Services.
- 25848/Outcome: Percentage of Mental Health Services/Flexible Family Fund Recipients who remain in the community (vs. institution)
- NEW/Output: Number of unduplicated persons participating in evidence-based treatment groups in FPHSA's outpatient clinics.
- 23832/Efficiency: Cost per registered enrollee in evidence-based educational (prevention) programs.

**Behavioral Health Services (Primary Prevention)
Cost per Registered Enrollee in evidence-based
educational (prevention) programs
PI 23832**



The sources of data are the Prevention Management Information System

Objective II:

Developmental Disabilities Services (DDS) are designed to support people to remain in their communities or location of choice, support people to achieve valued outcomes, develop meaningful relationships, and attain quality of life as defined by the person. Individualized supports for each person are developed to meet the personal outcomes and goals.

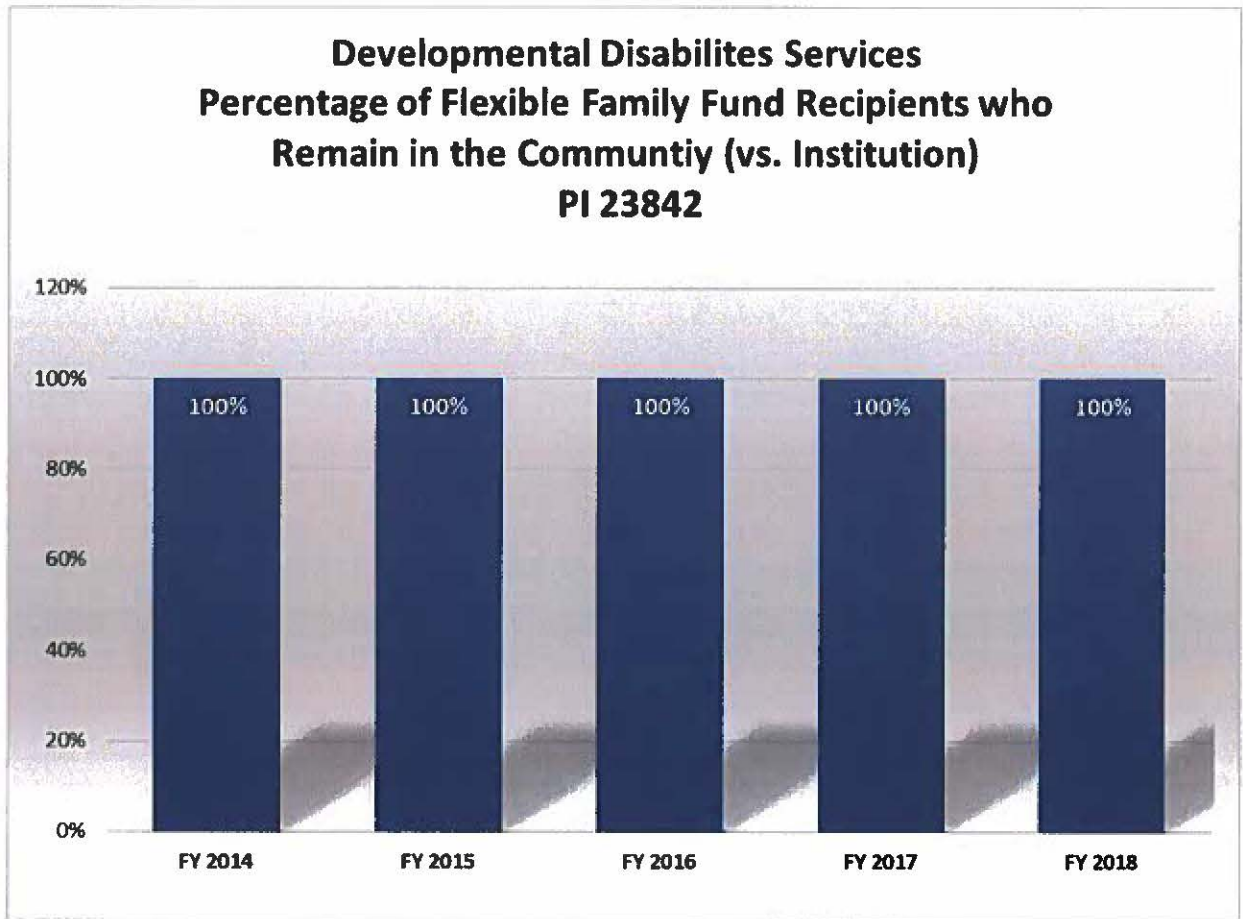
Strategies:

- 2.1: Utilize person-centered planning to assist individuals and families in identifying supports and services needed to live and work in a setting selected by the individual or their family.*
- 2.2: Provide quarterly review of supports to the individual to discuss goals and supports and to resolve barriers to achieving their personal goals.*
- 2.3: Identify methods of facilitating the opportunity for individuals to gain employment in the community.*

Performance Indicators:

- 21022/Output: Total unduplicated number of individuals receiving community-based developmental disabilities services.
- 21023/Output: Total unduplicated number of individuals receiving Individual and Family Support services.
- 23833/Output: Total unduplicated number of individuals receiving Flexible Family Fund services.
- 23834/Output: Total unduplicated number of individuals receiving Individual and Family Support Crisis services.
- 23835/Output: Total unduplicated number of individuals receiving Preadmission Screening and Resident Review (PASRR) services.
- 23837/Output: Average cost per individual receiving Individual and Family Support services.
- 23838/Output: Average cost per individual receiving Flexible Family Funds.
- 23839/Output: Average cost per individual receiving Individual and Family Support Crisis services.
- 23840/Output: Average cost per individual receiving Preadmission Screening and Resident Review (PASRR) services.
- NEW/Outcome: Percentage of Waiver participants that remain in the community (vs. institution).
- 23843/Outcome: Percentage of Individual and Family Support recipients that remain in the community (vs. institution).
- 24950/Input: Percentage of Waiver participants with a current Statement of Approval.
- 25073/Output: The total unduplicated number of individuals served through waiver supports and services including New Opportunities Waiver (NOW), Children's Choice Waiver (CC), Supports Waiver (SW), and Residential Options Waiver (ROW).
- NEW/Input: Percentage of Waiver participants with a Level of Care redetermination made within 12 months of initial or last annual evaluation.
- 23842/Outcome: Percentage of Flexible Family Fund recipients who remain in the community (vs. institution).

**Developmental Disabilities Services
Percentage of Flexible Family Fund Recipients who
Remain in the Community (vs. Institution)
PI 23842**



The Source of data is generated by the Participant Services Application

Objective III:

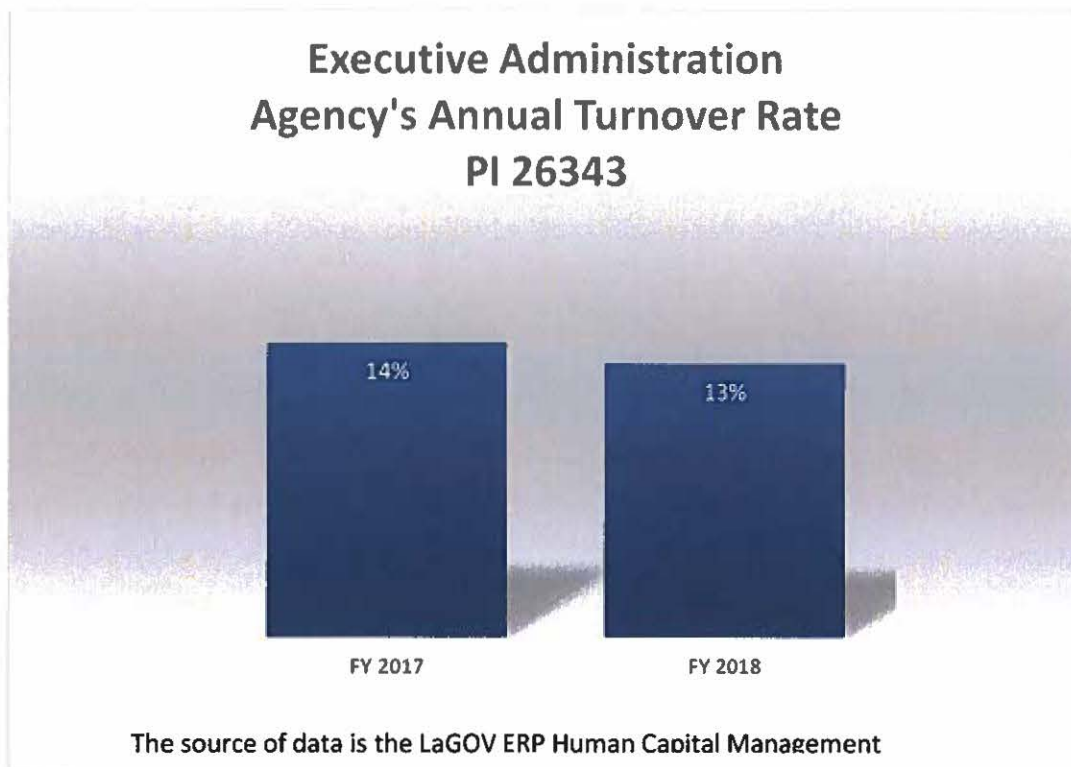
Through the Executive Administration activity, FPHSA will work to continuously improve the effectiveness and efficiency with which the previous objectives are accomplished through the management of available resources in response to the needs to the communities served.

Strategies:

- 3.1: Monitor performance indicators reported in the Louisiana Performance Accountability System (LaPAS) and address any deviations from the assigned target.*
- 3.2: Audit agency processes related to activities that affect efficient use of available resources*
- 3.3: Strengthen and improve current workflow processes by internal analyses of established agency policies and procedures to maximize the production and efficiency of FPHSA activities.*

Performance Indicators:

- 25534/Efficiency: Percentage of information technology (IT) work orders closed within 6 business days of work request.
- 25535/Efficiency: Percentage of contract invoices for which payment is issued within 30 days of agency receipt.
- 23847/Efficiency: Percentage of new employees completing mandatory online training courses within 90 days of employment.
- 26341/Outcome: Percentage of agency's Performance Indicators within the + / - 5 percent of target.
- 26342/Output: Percentage of contract performance evaluations completed annually.
- 26343/Output: Agency's annual turnover rate.



- 23850/Efficiency: Executive Administration expenditures as a percentage of agency's budget.
- 23851/Quality: Percentage of agency's moveable property accounted for annually.

- 23852/Output: Total number of individuals served by Florida Parishes Human Services Authority.
- 23844/Outcome-Efficiency: Percentage of Performance Evaluation System (PES) completed annually.
- NEW/Efficiency: Safety Compliance Score issued annually by the Louisiana Office of Risk Management.