



Where We Change Lives!

ALGIERS BEHAVIORAL HEALTH CENTER

3100 General DeGaulle Dr.
New Orleans, LA 70114

CENTRAL CITY BEHAVIORAL HEALTH & ACCESS CENTER

2221 Philip St.
New Orleans, LA 70113

CHARTRES-PONTCHARTRAIN BEHAVIORAL HEALTH CENTER

719 Elysian Fields Ave.
New Orleans, LA 70117

NEW ORLEANS EAST BEHAVIORAL HEALTH CENTER

5630 Read Blvd. , 2nd Floor
New Orleans, LA 70127

ST. BERNARD BEHAVIORAL HEALTH CENTER

6624 St. Claude Ave.
Arabi, LA 70032

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ANNUAL REPORT

2017/18

www.mhsdla.org



OUR MISSION

To ensure person-centered supports and services are available and provided to eligible individuals with mental illness, addictive disorders and intellectual/developmental disabilities in Orleans, Plaquemines and St. Bernard parishes.

WHO WE SERVE

- All ages
- Residents of Orleans, Plaquemines and St. Bernard Parishes
- Indigent, Uninsured or Medicaid eligible individuals
- Individuals suffering from mental illness and addictive disorders
- Individuals who have an intellectual or physical impairment that occurred before the age of 22 years old

PRIORITY POPULATION

- Pregnant women who are substance users
- Women who are substance users with dependent children
- Intravenous drug users
- Persons recently released from incarceration

CHANGING LIVES.
IT'S WHAT WE DO.

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MESSAGE FROM OUR EXECUTIVE/MEDICAL DIRECTOR AND BOARD CHAIR

The 2017 Fiscal Year brought with it a number of noteworthy challenges and changes to our agency. All of our efforts have been balanced against the backdrop of a continually evolving state and federal landscape. High sensitivity to the operational needs of the organization, the recipients of services, the providers of services, and external performance pressures have kept us mission focused. Overall, our priority of "service" has remained in the forefront of all decision making, as we have moved strategically along a pathway to excellence in the care we deliver to our tri-parish communities.

Several things had to happen to get us to this point in the history of the organization. Our process began with the development of our **Strategic Plan**. Our Strategic Plan has been our "roadmap" for achieving our agency goals for **Leadership, Quality, Community, Service and Fiscal Responsibility**.

MHSD has assembled a very diverse Executive Leadership Team with top down, bottom up communication streams available for critical exchange of information needed to deliver necessary services and care to our communities. We value the importance of credible data as a directional driver of how we prioritize service needs in our clinics for the people we serve, and in our administrative management of the needs of our staff and providers. We realize that we alone are limited in our capacity to be maximally impactful. However, in partnership with other "kindred" agencies, we can move mountains. As such, we highly value the MOUs we continue to put in place and the contractual agreements we have funded with complimentary agencies. Always fiscally responsible, we are selective in our partnering, but also provide the monitoring and TA needed to assist other agencies success with their mission of service.

Prevention, Early Intervention and Integrated services are typically not high priority areas for agencies challenged to meet the high demands for treatment services. We pride ourselves in recognizing the importance



Dr. Rochelle Head Dunham



Gary Mendoza

“Our Strategic Plan has been our “roadmap” for achieving our agency goals for Leadership, Quality, Community, Service and Fiscal Responsibility.”

of "holistic" care as the best prevention strategy. Our partnerships include primary care providers, and within our agency, the intellectual and developmental needs along with the mental and addictive needs are all evaluated as "primary" in the assessment of need for services.

As a governmental entity, we are proud of the services we render, but we acknowledge that the general audience of persons seeking the services we provide does not always know us. Given the plight of mental illness treatment availability, addiction related deaths, and the specialized service requirements for I/DD persons, MHSD believes that marketing and advertising are critical to the outreach that is necessary to get individuals into services. With the assistance of grant funding, we have engaged a diversified portfolio of advertising options to improve community awareness of MHSD as the place "Where We Change Lives!"

My sincere thanks and gratitude is expressed to all of the members of the staff of Metropolitan Human Services District, our various contractors and partners, all of whom worked diligently, advocating for the service needs of others. Thanks to a wonderful year of accomplishments!

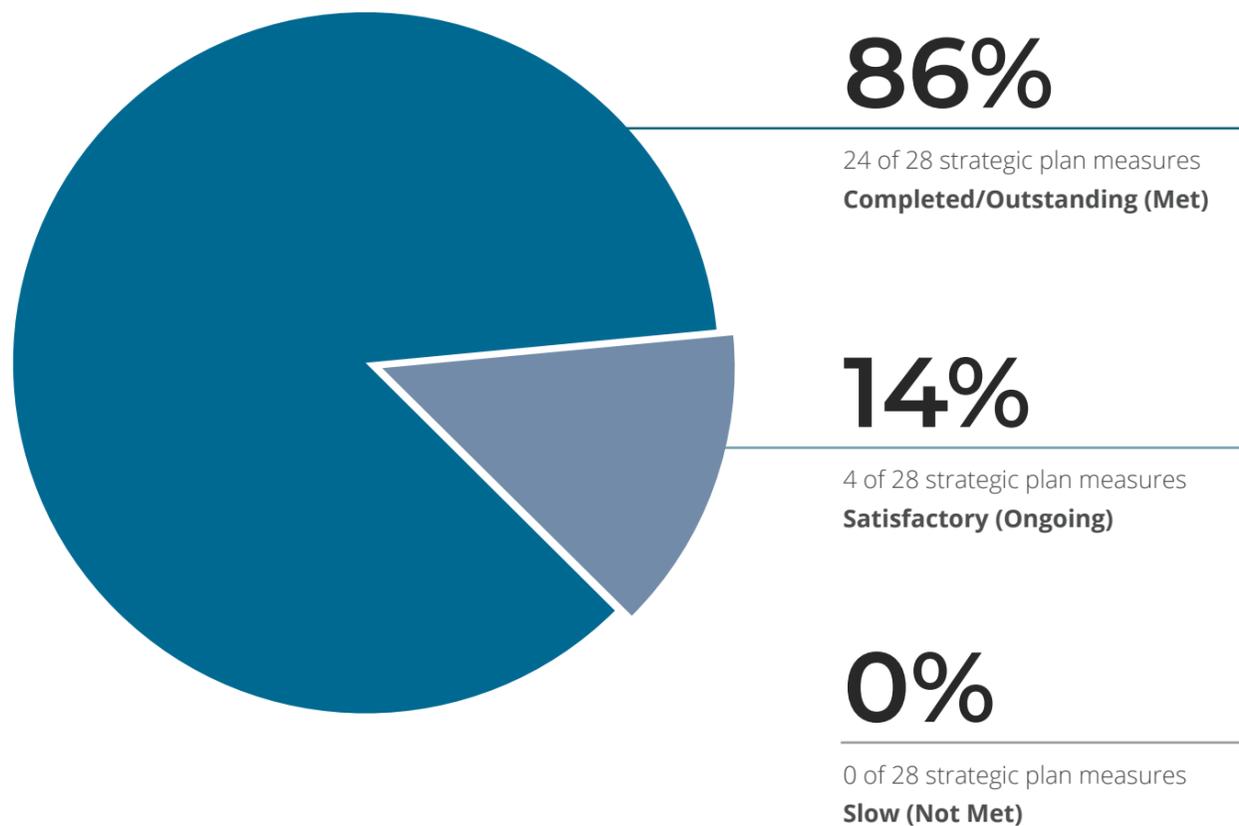
Sincerely,

Dr. Rochelle Head Dunham
Executive Director,

Gary Mendoza
Board Chair,

STRATEGIC PLAN SUMMARY

Approved May 2016, the MHSD strategic plan helps orient the agency’s leaders and staff in the direction of true greatness. As the first annual report demonstrates, progress has been remarkable. Assessing the plan’s 28 measures, organized under five agency goals, the report quantifies success to date using the following three-tiered measurement system: **“Met”** signifies completion or outstanding progress; **“Ongoing”** reflects initiatives that are in process with satisfactory progress to date; and **“Not Met”** indicates slow progress or initiatives that are delayed.



BREAKDOWN BY MHSD AGENCY GOALS:

Agency Goals	Percent and Number by Category		
	Met	Ongoing	Not Met
Leadership To establish a dynamic Center of Excellence for Behavioral Health (Addiction and Mental Illness) and Intellectual/ Developmental Disabilities. There are five leadership measures.	100% (5)	0%	0%
Quality To establish a data driven environment, that includes but is not limited to system infrastructure, data management, and the service delivery monitoring, that supports continuous quality improvement across MHSD. There are seven quality measures.	100% (7)	0%	0%
Community To build community capacity through designated partnerships and facilitate further community awareness of MHSD. There are six community measures.	50% (3)	50% (3)	0%
Services To provide and facilitate a Behavioral Health and Intellectual/ Developmental Disabilities continuum of care that is person centered, effective, and innovative for adults, children/ adolescents, and their families. There are eight service measures.	100% (8)	0%	0%
Fiscal Responsibility To create, optimize, and maintain a balanced budget while responsibly managing resources and other assets equitably and sustainably. There are two fiscal measures.	100% (1)	50% (1)	0%

The results of the report highlight areas where progress is less than satisfactory, thereby requiring appropriate corrective action, to ensure eventual success.

2016-17 ACCOMPLISHMENTS



QUALITY AND DATA MANAGEMENT DIVISION

The MHSD Quality and Data Management Division (QDM) is one of the newest divisions within the MHSD infrastructure's qualitative and quantitative management. The division's mission is to create and maintain a data driven environment that encompasses data management and performance measurement, monitoring the linkage between performance and budgeting, and supporting continuous quality improvement across the entire agency.

Throughout FY17, QDM implemented a reporting system for clinical and administrative performance management and measurement. QDM made adjustments, modifications and refinements to MHSD's Electronic Health Record (EHR) which serves as the agency's primary data source. Additionally, QDM monitored performance relative to the maintenance of Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation standards and for all federal and state reporting requirements. The addition of the QDM division has been beneficial to persons served, the MHSD Board, MHSD personnel, relevant stakeholders, as well as the general public. QDM works to educate personnel and other relevant stakeholders about the District's performance, works closely with executive leadership to identify the practical implications of reported findings, and assists in corrective action planning and evidence-based decision-making. All of the aforementioned have a direct and positive impact on clinical care and outcomes.

ACCESS TO CARE

MHSD significantly increased accessibility to services for those residing in Orleans, Plaquemines and St. Bernard parishes. Using evidenced-based decision-making, MHSD put into effect several initiatives that contributed to the increase in service accessibility across all MHSD clinics. The following initiatives and programs support these achievements:

- MHSD engaged the SIX SIGMA process improvement approach, with emphasis on the point of entry and registration procedures for all MHSD clinics. The exercise adjusted the existing process to streamline entry into the agency..
- MHSD established a Resource Coordination Unit, a component of the Access Unit, which researches, coordinates and maintains an updated repository of available resource information for recovery support, disseminated both internally and externally to persons seeking assistance. The Unit works with families and persons served in Orleans, Plaquemines and St. Bernard Parishes to establish and enhance their support system outside of MHSD Mental, Addictive and Intellectual/ Developmental Disability services.



- Areas of responsibility include serving people in need of referral and linkage to internal and external resources; establishing relationships with community stakeholders and partnering providers; monitoring and maintaining resource database; and providing Supported Employment Services, Consumer Care Funding, and Housing Referrals.
- MHSD established a Peer Support Team. The team provides Peer Support Services and supports care coordination. The team has aided in the development of trust and increased communicate with MHSD persons served.
- MHSD implemented flexible clinic scheduling via the establishment of "walk-in" accessibility to services, along with expanded services hours to include evening Addictive Disorder group therapy services.
- For the clinic that supports Plaquemines Parish, MHSD increased the amount of funding for prescriber time and available appointments, an action prompted by increased need in that area.

INTEGRATIVE SERVICE DELIVERY

MHSD has engaged relationships within the primary care community to begin developing an integrated system of care. The decision to move in this direction is a best practice in healthcare, supported by improved overall health for persons served and lower healthcare costs in general. Several actions were put in place to support this effort:



- › Executed MOUs between MHSD and Federally Qualified Health Clinics (FQHC). The MOUs allow for ease of coordination of care and information sharing for both physical and mental health services provided by the respective agency. While observing freedom of choice for its patients the MOUs allow MHSD to provide timely referral and triaging of individuals needing primary care and the same for FQHC needing Behavioral Health Care.
- › The MHSD Nursing Division implemented stricter requirements for the collection and monitoring of weight and vital signs (i.e., temperature, pulse, respiration, blood pressure). Referral and/or coordination with primary care occurs when vital results indicate a need for additional medical care.

Team works closely with the RCU in assisting persons served and their families with follow through and guidance in getting the recommended help from the referrals.

- › The MHSD Quality and Data Management Division has worked with leadership to identify standardized quality of care measures (i.e. Healthcare Effectiveness Data and Information Set (HEDIS) Measures) that focus clinical practice. Measures relative to Integrative care are monitored to ensure MHSD is meeting performance standards for successful integrated care.

INTELLECTUAL/DEVELOPMENTAL DISABILITIES

MHSD Intellectual/Developmental Disability (I/DD) program has significantly increased the network of community providers and facilitated greater community engagement. This accomplishment was achieved by coordination and collaboration with community contacts. That is, networking with persons served and community partners. MHSD I/DD persons served participated in the following events:

- › **Interact NOLA - Theater Troupe:** challenging negative stigma and perceptions of people with intellectual and developmental disabilities, including bullying and the importance of People First Language.
- › Collaboration with the **ARC of Greater New Orleans**
- › **Nutrition is for Everyone - Cooking Matters:** The program's objective was to implement nutrition education interventions, including direct training for people with disabilities and community members across four states, including Louisiana. www.cookingmatters.org
- › Collaboration with **LSU Human Development Center Health Sciences Center**
- › AMBUCS – A National organization that creates mobility and independence for people with disabilities www.ambucs.org
- › In collaboration with the local chapter to provide therapeutic bicycles to persons served to promote inclusive recreation opportunities that promote participation, integration and inclusion across the communities served by MHSD.

ADULT BEHAVIORAL HEALTH SERVICES

Expansion of Outpatient Services

MHSD expanded its service array by increasing the types of services (i.e., mental health individual therapy and addiction screening, assessment, and treatment via outpatient individual, group, and family therapy) provided at all MHSD clinics. These expanded services increase the number and type of evidenced-based services provided via MHSD clinics.

To support the expansion, MHSD provided staff education and when justified, increased the number of MHSD staff that provide outpatient individual, group and family therapy.

MEDICATION ASSISTED TREATMENT PDOA GRANT

MHSD serves as the sub-recipient of the Substance Abuse & Mental Health Services Agency (SAMHSA) Medication Assisted Treatment-Prescription Drug and Opioid Addiction (MAT-PDOA) Grant, awarded to the Louisiana Department of Health's Office of Behavioral Health. The agency has completed the first year of the three year grant. The grant addresses major challenges with opioid use disorder treatment within Louisiana by expanding/enhancing access to and increasing awareness of medication-assisted treatment (MAT) services for persons with opioid use disorder and related complexities. Expansion of medication assisted treatment, treatment of addiction and co-occurring mental illness are targeted efforts for those with a primary diagnosis of opioid use disorder. Services are provided to residents of the tri-parishes of Orleans, St. Bernard and Plaquemines Parishes.



CHILD AND YOUTH SERVICES EXPANSION

The MHSD Child and Youth Program increased partnerships and enhanced prevention programming as part of the integrated system of care and service delivery. The agency specifically expanded family support, youth support and prevention programming.

- › The Family Support program reinstated the Interagency Service Coordination (ISC) process for children and youth served in the MHSD catchment area. ISC is a planning and service coordination process that provides multi-agency planning for youth who are receiving services from two or more child-serving agencies. The goal of this service is to keep referred youth in Orleans, Plaquemines and St. Bernard parishes in the most family-like setting appropriate to their needs and to reduce the use of out-of-home placement.
- › The Youth Support program expanded its services to include an alternative high school and two therapeutic day programs in Orleans Parish while maintaining ongoing services at two alternative high schools in Orleans parish and two alternative schools in in Plaquemines and St. Bernard parishes. These services are designed to address behaviorally challenged youth with enrichment programming in the visual arts, career exploration, and soft skills development for the workforce. This accomplishment required program design for the new school and two programs, new agreements with the teams of teachers, and MOUs with three charter management organizations.
- › The MHSD Prevention program continued implementation of the Louisiana's High Needs Communities (HNC) Prevention grant in Plaquemines Parish, which led to the development of a strategic prevention framework action plan and budget for the newly formed anti-drug coalition. The coalition's objectives are to reduce underage drinking and the misuse of prescription drugs. The formation of the coalition was achieved by the grassroots efforts of individuals in the community with interest in forming a coalition around targeted quality of life issues.

LOOKING AHEAD



MHSD

RECOVERY ORIENTED SYSTEM OF CARE (ROSC)

MHSD is dedicated to developing a Recovery Oriented System of Care in Orleans, Plaquemines and St Bernard Parishes.

A ROSC is a coordinated network of community-based services and supports. Services are person-centered, building on the strengths and resiliencies of individuals, families, and communities. The goals include abstinence, improved health and wellness, and an overall higher quality of life for those with mental illness and substance use (behavioral health) challenges. A fundamental value of a ROSC is the involvement of people in recovery, their families, and the community to continually improve access to quality services.

The central focus of a ROSC is to create an infrastructure or “system of care” utilizing resources that effectively address the full range of behavioral health needs within communities. A ROSC capitalizes on a menu of individualized, person-centered, and strength-based services within a self-defined network. The substance use disorder field typically serves as the basis for the ROSC, providing the full continuum of care (prevention, early intervention, treatment, continuing care and recovery,) in partnership with other mental health and primary care professionals. By design, a ROSC provides individuals and families with more options with which to make informed decisions regarding their care. Services are designed to be accessible, welcoming, and easy to navigate.

MHSD has established the following partnerships under the ROSC:

Behavioral Health Council

- To address many of these challenges and continue progress toward a healthy community, the New Orleans Health Department and Metropolitan Human Services District co-chair the New Orleans Behavioral Health Council (NO-BHC) that is comprised of about 54 organizations across four sectors: education, housing, criminal justice, and health and hospitals. The members of the council are key stakeholders in transforming the behavioral health delivery system.

New Orleans East Behavioral Health Corridor

- Communities throughout our system of care, experience the disconnect of provider agencies operating in silos. Formalized agreements between agencies, for the purpose of sharing information and coordinating care, provide a more comprehensive and cost effective service delivery system.

The Behavioral Health Corridor is one such agreement, between providers within one community. The intent is to better meet the complexity of physical and mental health needs presented for care at a variety

of provider agencies. Shared responsibility for services is formalized through a Memorandum of Understanding, signed by all parties. The agreement outlines the terms of shared management of care through interagency referral for complimentary services. Services consist of prevention and treatment to address challenges with mental illness, substance use, and primary care illnesses. Care coordination services and resource navigation is also an essential component of services provided by the signed parties. A Business Associates Agreement formalizes the requirements for information exchange.



Faith Partners Initiative

- An informed clergy, supported by committed and trained congregational members, partnered with behavioral healthcare professionals, is a tremendous opportunity to improve the health of congregational communities. Such partnering provides a tremendous opportunity for awareness, education and early intervention for behavioral health challenges. Congregations all benefit from the availability of coordinated spiritual, professional and recovery support services.

The Faith Partners Initiative marries faith and science by equipping MHSD to provide leadership, training, educational materials, and consultation to clergy and congregational team ministries in the tri-parish area. Through a facilitated process, the faith community is equipped to address substance use disorders, other addictions and mental illness, with long-term outcomes to create fully mature congregational ministry teams. MHSD serves as the convener, technical advisor and behavioral health consultant, with the ultimate goal of collaborative care that maximizes overall health.

MHSD PARTNERS



NEW ORLEANS REGIONAL ADVISORY COUNCIL (RAC)

The New Orleans Regional Advisory Council is the advisory extension to Metropolitan Human Services District (MHSD). Their sole purpose is to advocate for improvement in the behavioral health service delivery system, educate the general public about available services, and serve MHSD and the community by performing such functions and duties as the Louisiana Behavioral Health Advisory Council (LBHAC) requires.

The council is comprised of residents served by Metropolitan Human Services District, including representatives of:

- State agencies such as those concerned with mental health, education, vocational rehabilitation, criminal justice, housing, social services, Medicaid, substance use disorders, developmental disabilities, or public health, not to exceed 50% of the RAC membership;
- Public and private entities concerned with the need, planning, operation, funding, and use of behavioral health services and related support services;
- Adults with serious mental illnesses who are receiving (or have received) behavioral health services;
- Adults in recovery from substance use disorders;
- Individuals with co-occurring disorders; and
- Families of adults or families of children with emotional disturbance or addictions

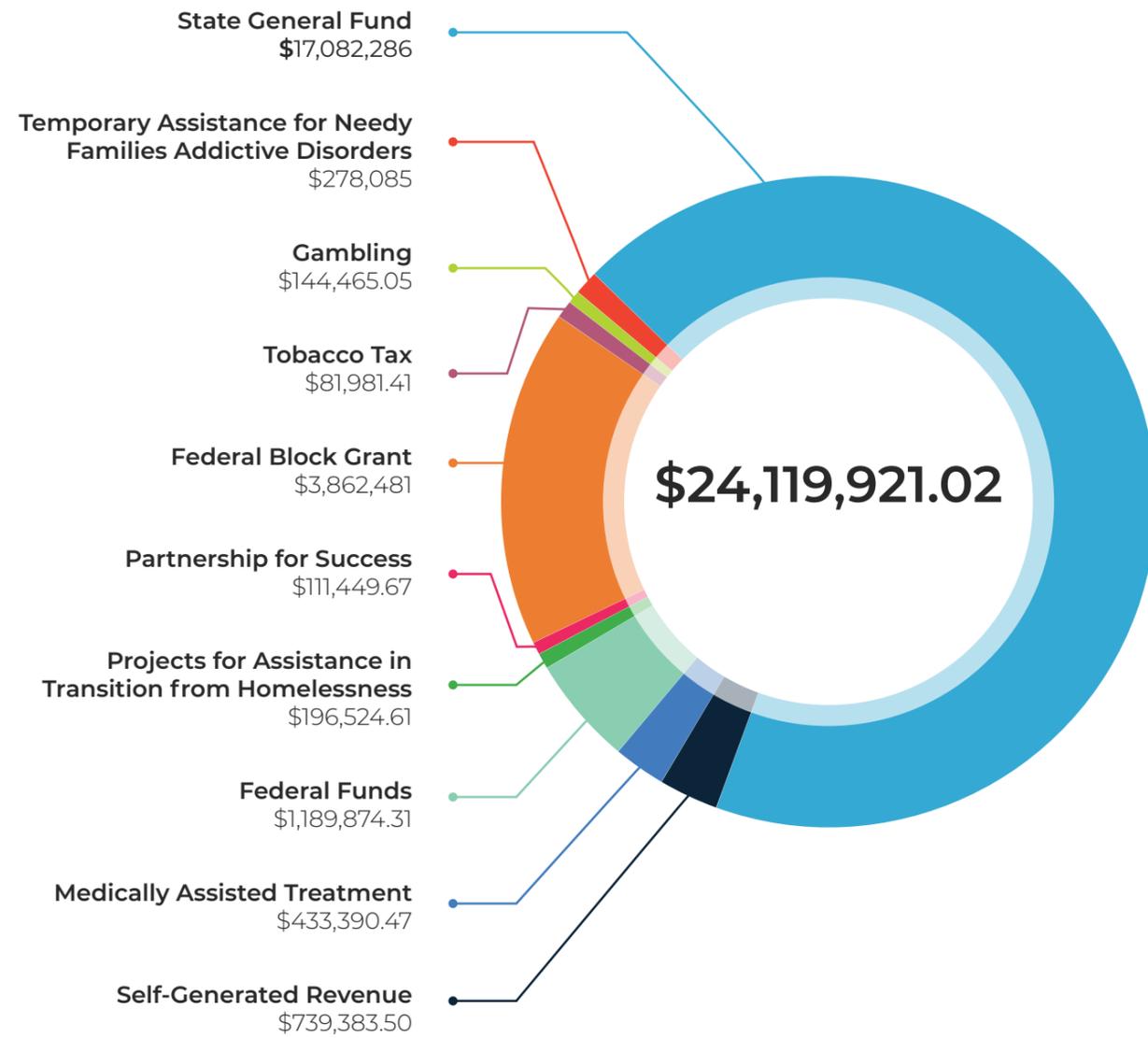
MHSD PARTNERS

- City of New Orleans Health Department
- Resources for Human Development
- National Alliance on Mental Illness (NAMI)
- Plaquemines Community Cares Center Foundation (PCCCCF)
- Daughters of Charity / St. Bernard Community Health Center
- New Orleans East Hospital
- Odyssey House of Louisiana / Bridge House/ Grace House (BHGH) / Behavioral Health Group (BHG)
- LA Office of Public Health / Office of Behavioral Health / Office for Citizens with Developmental Disabilities
- Orleans Parish School / St. Bernard School Board / Plaquemines Parish School Board / Louisiana Recovery School District (RSD)
- Children's Bureau of New Orleans
- Louisiana Public Health Institute (LPHI)
- 504 HealthNet
- Southern University Law Center / Loyola University School of Law
- Southern University of New Orleans School of Social Work
- New Orleans Sheriff's Office / New Orleans Police Department / Corrections
- ARC of Greater New Orleans
- LSU School of Medicine
- Tulane School of Medicine
- Strive Inc. (I/DD service provider)
- Quality Support Coordination
- Advocacy Center of LA

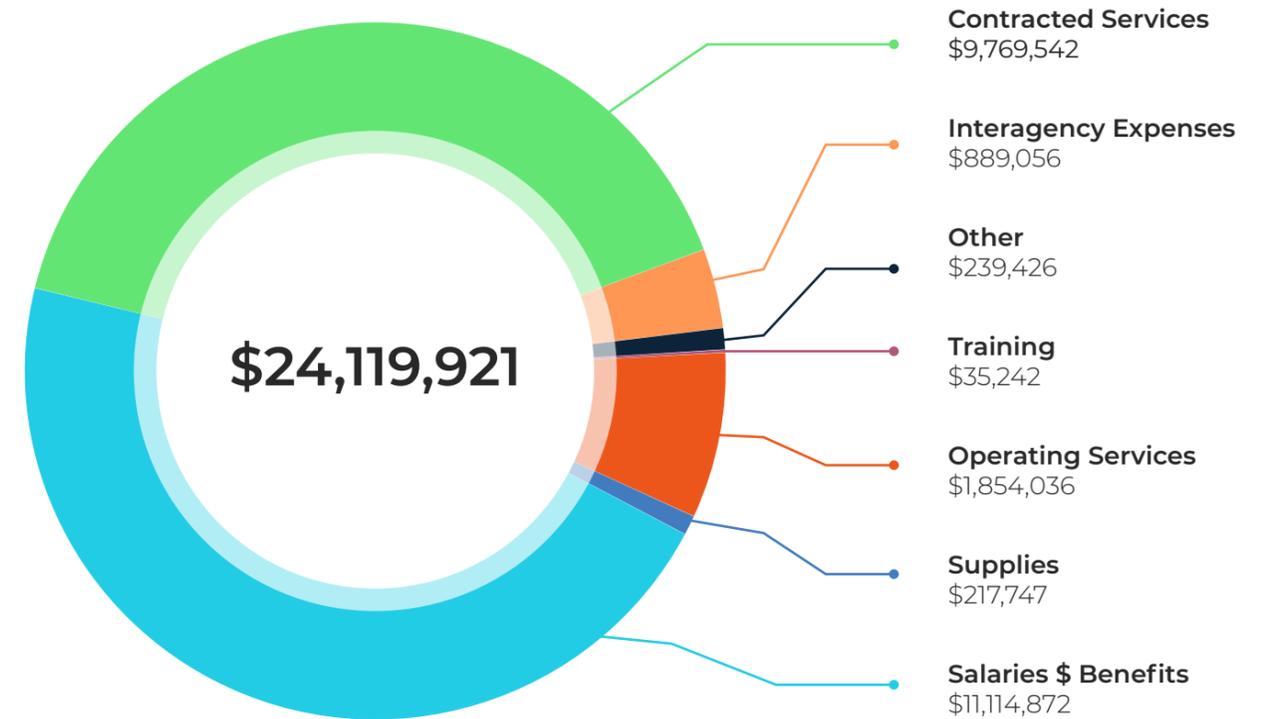
FINANCIAL OVERVIEW



REVENUE



EXPENSES



GRANTS/ CONTRACTS





SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT (SABG)

The SABG program’s objective is to help plan, implement, and evaluate activities that prevent and treat substance abuse. The SABG is authorized by section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service (PHS) Act. The PHS Act required the secretary of the U.S. Department of Health and Human Services to create regulations as a precondition to making funds available to the states and other grantees under the SABG. Title 45 Code of Federal Regulations Part 96 was published on March 31, 1993, and The Tobacco Regulations for Substance Abuse Prevention and Treatment Block Grant; Final Rule, 61 Federal Register 1492 was published on January 19, 1996.

\$3.8 MILLION
 for a
2017 FINANCIAL YEAR

TARGETED POPULATIONS AND SERVICE AREAS

- Pregnant women and women with dependent children
- Intravenous drug users
- Tuberculosis services
- Early intervention services for HIV/AIDS
- Primary prevention services

MEDICATED ASSISTED TREATMENT PRESCRIPTION DRUG & OPIOID ADDICTION (MAT-PDOA)

MAT-PDOA is a three-year SAMHSA grant program to address the opioid misuse and addiction problem in Orleans, Plaquemines and St. Bernard Parishes.

\$3 MILLION
 for a
THREE-YEAR PERIOD

TARGETED POPULATIONS

- People with opioid use disorders who are seeking or receiving MAT-PDOA, with a particular focus on racial, ethnic, sexual, and gender-identity minority groups
- Pregnant and parenting women
- People in the criminal justice system
- Veterans
- Rural communities

\$385,000
 for a
2017 FINANCIAL YEAR

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT (MHBG)

SAMHSA’s Center for Mental Health Services’ (CMHS) Division of State and Community Systems Development (DSCSD) administers MHBG funds. The MHBG program is authorized by section 1911 of Title XIX, Part B, Subpart I and III of the Public Health Service (PHS) Act.

TARGETED POPULATIONS

- Adults with serious mental illnesses.
- Children with serious emotional disturbances.