

# HHCD Annual Performance Analysis 2014-15

## Introduction

Healing Hearts for Community Development is committed to continually improving our organization and service delivery systems. Through an organized system of data collection and information management, HHCD seeks to increase the outcomes of our services, and initiate new methods and/or services that can further support our mission and core values. Information about HHCD's business function and service delivery outcomes are shared with the organization's stakeholders, who are essential partners in the process of supporting continual improvements within the organization.

## Overview of Performance Improvement System

HHCD has an ongoing performance improvement system within its operational structure. That system supports the development of data and information used for business and service delivery decision-making within the ongoing operations of the organization. An overview of HHCD's information management and performance improvement system is as follows:

- A. Business Function Improvement: HHCD has an information management structure that allows for information/data to be utilized by the Board of Directors and the Executive Team to make decisions that improve the operations of the organization. Information is utilized in making decisions that support the health of the organization. Areas of information key to decision-making are as follows: finances, accessibility, resource allocation, corporate compliance, cultural diversity and competency, risk management, human resources, technology, health and safety, field trends, and service delivery.
- B. Service Delivery Improvement: All HHCD programs maintain an organized data collection system for program improvement. Data is collected at various points in service to measure the effectiveness of services, the efficiency of the provision of services, access to services, and satisfaction with services. HHCD's service delivery performance is managed through the program staff continuing quality improvement meetings to develop quality indicators, collection of the data, utilization of the data/information to make service delivery and program improvements, and reports to the HHCD Executive Team for analysis, consultation, and needed resource allocation.

## Performance Analysis for 2014-15

The following is an analysis of information management and performance improvement activities for the fiscal year of 2014-15:

### A. Business Functions;

#### 1. Financial/Resource Allocation

##### Summary:

During the 2014-15 fiscal year, Healing Hearts for Community Development (HHCD) adjusted to the change in our addictive disorders contracts to the fee for service method with acquisition of authorization from Magellan, the Louisiana State Management Organization. At the end of 2015, the billing for Medicaid approved services will be turned over to the five (5) Bayou Health companies for payment. Also, since February, 2015, HHCD has been working on being credentialed by several third party insurance companies for both mental health and addiction services.

During the 2014-15 fiscal year, HHCD received a fee for service contract from Metropolitan Human Services District (MHSD) to provide addictive disorder services at our St. Bernard Celebration Hope Center site. HHCD did not receive another contract to work with MHSD for the 2015-16 fiscal year.

During the 2014-15 fiscal year, HHCD continued to partner with the Council on Alcohol and Drug Abuse to implement an Offender Reentry Grant. This resulted in a contract to pay for the salary and benefits for a full-time substance abuse counselor. This was the second of a three-year grant.

Under the HHCD Prevention Program, the 2014-15 contract with MHSD was successfully implemented in Orleans Parish schools. The 2015-16 contract was signed at the same level. However, the HHCD Prevention Program was awarded the \$10,000 SYNAR contract for 2015-16.

During the 2014-15 fiscal year, the mental health services were primarily funded from a sliding fee scale paid by the clients. HHCD also received funding from a contract with the Jefferson Parish Department of Community Development to serve clients with HUD approved low to moderate incomes. HHCD also contracts with the Jefferson Parish Department of Juvenile Services to treat clients within the Juvenile Justice System. These services are paid according to a fee for service payment scale. HHCD also provides a full-time counselor for the Crescent City Christian School. In addition, HHCD has a contract with the Louisiana Children's Trust Fund to implement the Darkness to Light Sexual Abuse Prevention Program on a cost reimbursement basis.

## **Financial/Resource Allocation Planning & Improvement for 2015-16**

Needed Improvement:

After receiving CARF accreditation in 2015, HHCD/CHC began the process to become credentialed by several third party insurance companies as well as Medicaid for all mental health and addiction services. The implementation of third party billing will significantly increase the funding stream for HHCD/CHC.

Plan:

It was decided to contract with Kelley Lipsey to assist HHCD/CHC in the credentialing and billing with third party insurance companies and Medicaid. Ms. Lipsey will also assist HHCD in the purchase and implementation of an electronic health records system for the agency.

## **B. Accessibility**

Summary:

Our accessibility plan examines various topics: architectural, attitudinal, environmental, employment, communication and transportation.

During this process of evaluation of current accessibility, an assessment of staff and persons served was completed to help better understand the main challenges that we face in the area of accessibility. We also evaluated as an agency as a whole and then program accessibility. To see the full accessibility plan for 2015-16, please read the HHCD Accessibility Plan Fiscal Year 2014-15.

### **Accessibility Planning and Improvement for 2015-16:**

Needed Improvement:

We need more counseling and storage space at our Airline location and more counseling space at the New Orleans Mission site.

Plan:

We are transitioning to electronic health records, so storage space will not be as great of the need in the future. We are quickly growing as an agency, so we are in a crisis state with room for counseling. Celebration Church has agreed to allow the CHC to use church offices and conference areas for individual and group sessions. We will also be making internal changes in our building to increase space that can be used for counseling.

Needed Improvement:

We need to increase understanding of trauma population (diagnosis, symptoms, treatment) within collaborative organizations that we work with.

Plan:

We will provide trauma training to the collaborative organizations that we work with.

Needed Improvement:

We need to resolve the air conditioning challenges in our agency.

Plan:

We will have an air conditioning person come in to see if we can do something different to create a more comfortable environment in the center.

Needed Improvement:

We need to take better care of our staff to avoid burnout and turnover.

Plan:

We plan on developing a new staff pay scale that will encourage staff to stay beyond the entry years. We also need to plan a quarterly self-care/ team building activity.

Needed Improvement:

We need to increase our ability to communicate within our agency, as we work towards greater integration between our programs.

Plan:

We have chosen and will implement a new electronic record keeping system, as well as develop a centralized intake for both addictions and mental health clients.

Needed Improvement:

We need to improve accessibility for Hispanic clients.

Plan:

We have trained volunteer translators so that we can begin seeing Hispanic clients who are unable to speak English.

## C. Corporate Compliance

### Summary:

Our Corporate Compliance program was used during 2014-15. Our staff was fully trained in our corporate compliance program. New interns and employees are trained in corporate compliance during orientation. Continual training needs to be done so that all employees completely understand how this process works. A separate summary of corporate compliance has been written and posted in our end of the year reports.

### Corporate Compliance Planning and Improvement for 2015-16:

#### Needed Improvements:

Ongoing training needs to be done to make sure that all team members fully understand processes and procedures.

#### Plan:

In January 2016, HHCD will implement a new training system by Relias. Through Relias, we will establish the types of ongoing staff trainings that we will use. Corporate Compliance Training will be included in the annual staff training.

#### Needed Improvements:

New policies and procedures will be developed and implemented around compliance issues pertaining to the new electronic medical record systems that will be used at HHCD/ CHC.

#### Plan:

Add new policies pertaining to electronic medical record system usage for all staff to clearly understand HIPPA standards for new system to protect client confidentiality.

## D. Cultural Competency and Diversity

### Summary:

Cultural competency is an ongoing issue at HHCD. Last year, our agency really focused on this cultural competency and diversity. We are building in cultural assessments within our new electronic medical record system that will give us much more accessible data regarding cultural diversity and competency. We should have a much better grasp on cultural issues once our electronic medical record system is in place by October 2015.

Clinical staff will receive further training after we implement Relias in January 2016. For a complete look at the cultural competency plan, read the HHCD Cultural Competence and Diversity Plan 2015-16.

### Cultural Competency and Diversity Planning and Improvement for 2015-16

Needed Improvement:

Our team lacks cultural training in working with the homeless population, since our Addiction Team especially has a greater number of homeless clients.

Plan:

An addiction staff in-service will be held to train staff concerning specific cultural characteristics of homeless persons with alcohol and drug addictions.

Needed Improvement:

We lack Hispanic counselors to work with those clients who can only speak Spanish.

Plan:

We will develop Spanish paperwork for Spanish speaking mental health clients. We will also pursue interns who are bi-lingual who can work with this population. We will need to have Spanish documents within our electronic medical record system.

Needed Improvement:

We need easily accessible data concerning cultural diversity.

Plan:

We will create cultural assessments to give to clients to receive ongoing cultural information versus just doing an annual cultural survey.

## E. Risk Management

Summary:

The 2014-15 HHCD Risk Management Survey and Plan allowed HHCD to evaluate and plan for the agency's greatest risks. In the process of focusing on this issue, the Executive Director completed the Risk Management Assessment Form before writing the plan for the upcoming year. The Executive Team now has a plan for 2015-16 to develop/ implement a plan for addressing those risks. For a complete understanding of the risk management plan, read the HHCD Risk Management Plan for 2015-16.

The greatest risk management issues for HHCD in 2014-15 were our IT system and lack of program funding. The IT system is outdated. Since the organization has grown so much, the IT system cannot function with so many users. Slow internet services and a vulnerable server created great stress for the clinical staff. If the system crashed, this would have been a huge financial blow to the organization. In 2014-15, we made progress in updating our IT system. We now have greater bandwidth, a new server, and an updated Microsoft Office system. HHCD actually met all of the budget needs in 2014-15, which was a marked improvement over the last fiscal year.

As we look forward to 2015-16, IT and financial stability still are the agency's greatest risks. Last year, HHCD contracted with Kelley Lipsey, Healthcare Solutions, to help the agency to pursue third party billing and electronic health records system. Ms. Lipsey has projected great financial growth by adding more third party billing. The greatest impact will probably be in the addiction program once they are able to take insurance and with the mental health department when they are able to bill for Medicaid for children services.

### Risk Management Planning and Improvement for 2015-16

Needed Improvement:

We need to add computers to finish our IT system overhaul. More computers are needed due to age of equipment and transition to electronic health records.

Plan:

The Executive Director's Assistant is pursuing grant money to pay for new computers and cameras. Funding will also be pursued to add more cameras to the facility to help with supervision and safety issues.

Needed Improvement:

Long term financial stability needs to improve.

Plan:

Program budgets will be monitored through the new budget process. The HHCD Board of Directors and the HHCD Executive Team will pursue more funding sources to help with the program needs, as well as to help expand current services. HHCD is currently applying for third party billing credentials for all current clinical staff. Transitioning to electronic health records will make outcome collection easier, which will help the pursuit of grants.

## F. Human Resources

## Summary:

HHCD Employees participated in an employee survey in June 2015. The results were shared both with the employees and the HHCD Board. The results were used in ongoing strategic planning.

Employees could rate the following areas on a scale between 1 and 6: day to day job duties, supervision and co-workers, leadership management, policies and practices, working conditions and benefits. Out of the 48 questions, only 4 questions had answers below an average score of 5. 11 questions had perfect scores of 6, which mean that every employee answered 6 to the question. Employees were very positive about co-worker relationships, supervision, vacation leave, sick leave, and the medical plan.

The main area that scored low was related to salaries. Staff scored an average of 3.3, which means that they disagree slightly that their pay is appropriate for skill level and education. Our staff took this survey before they received pay increases. Our agency was able to either add on additional hours which increased salaries or give pay increases for the first time in a few years. This is an area that we will need to continue to focus improvements.

The other area that received a low score was the statement that employees' abilities and skills are fully being utilized. Right after the completion of the employee survey, the agency went through a major change in leadership. Due to the resignation of the CHC Addictions Services Coordinator, the CHC Clinical Director used this change to restructure the staff. Now, a new Senior Clinical Staff has been named that now includes 13 staff people with specific leadership titles beyond their clinical responsibilities. The Senior Staff is very excited about their new leadership roles. The CHC Clinical Director who has served also as the CHC Mental Health Services Coordinator has named a new CHC Mental Health Services Coordinator. She has also delegated out parts of her job, so that she can be more focused on the oversight of both programs and lead in the integration process with the addiction and mental health programs.

Due to the great focus on agency changes (transitioning to electronic medical records and the addition of new sites), we did a poor job in team building and self-care for our staff last year. We hope to rectify that issue this year. One of our employees has been named the CHC Team Building Coordinator, so we hope to increase our team building endeavors.

## Human Resource Planning and Improvement for 2014-15:

Needed Improvement:



Although HHCD pays an appropriate entry level salary for therapists/ staff, there has been very few pay increases throughout its history. To avoid staff turnover and to honor current staff expertise, HHCD needs to adjust salaries with raises and incentives.

Plan:

In the fall of 2015, CHC will be accepting every insurance policy for both addictions and mental health treatment. Last year, we contracted with a financial analyst who projected a large increase in revenue when third party reimbursement is in place. As revenue increases, employees will receive salary adjustments.

Needed Improvement:

We currently do not have a sufficient training system in place for HR and agency issues.

Plan:

Changes have been made to improve the orientation training that new interns receive. In January 2016, CHC will begin using Relias, which is an internationally used employee training system that will meet all of our CARF training requirements. After we implement the new electronic medical record system, we will then implement Relias and develop our internal training system for CHC.

## G. Technology

Summary:

Technology has been our greatest risk. Due to size increase as an agency and an aging technical infrastructure, we have had serious technical challenges. Funding has been a barrier for revamping the agency's IT system. During 2014-15, we made progress in our technical makeover process. We now have the appropriate band width to support our staff. No longer do we have issues, such as employees being kicked off of the system. A corporate volunteer has helped navigate the IT process. Due to a donation, we now have a brand new server. We have also updated our Microsoft Outlook program through Tech Soup, where we get discounts as a non-profit agency. Currently, we are seeking grants to cover the costs needed to replace old computers and to add more computers to meet our IT needs for using electronic medical records.

We spent this last year researching and choosing Dr. Cloud EMR as our new electronic health system. We are currently in the implementation process and are scheduled to go live within 3 months. Transitioning to an electronic medical records system will decrease staff administrative time, as well as help us do a better job of evaluating services.

For more information, please see the HHCD IT Plan for 2015-16 located in HHCD Policy and Procedure manual.

### **Technology Planning and Improvement 2015-16:**

Needed Improvement:

Half of our staff is currently using outdated IT equipment. We need to update staff computers and add additional computers to utilize with electronic medical records. All the rotating offices will now need computers for interns to use.

Plan:

We have a complete list of agency IT needs. We are pursuing grant or corporate funding to cover the cost of the new IT equipment.

Needed Improvement:

We need to transition to electronic medical records.

Plan:

We will be utilizing our new electronic medical record system by fall 2015. Extensive training will be done to prepare the team for the transition. We have a contractual employee who is leading this effort and will be responsible for the implementation and updating of this system.

## **H. Health and Safety**

### **Summary:**

The HHCD Prevention Services Coordinator has been named as the HHCD Health and Safety Officer. The CHC Clinical Director, who currently held that role, has continued to train and support him in his new position. The main health and safety improvement that happened in 2015 was that the addiction clinical team received training in CPR, so we now have CPR trained staff at our sites. The rest of the Senior Clinical Staff will be trained this fall. Certainly, staff receives training in health and safety at orientation, but more extensive training is needed for annual training in health and safety. The Relias training system will be added in spring 2016 to meet the ongoing employee health and safety trainings needs.

### **Health and Safety Planning and Improvement for 2015-16**

Needed Improvements:

All of CHC Senior Staff needs CPR training

Plan:

The remaining CHC Senior Staff will receive CPR training by spring 2016.

Needed Improvements:

We need to improve internal agency training, especially in the area of health and safety.

Plan:

We will add the Relias training system by spring 2016.

## I. Field Trends

### Summary:

HHCD has a history of closely monitoring clinical field trends in order to provide the best possible evidence-based services for all three of the current programs: prevention, addiction and mental health. Since a main focus for prevention in 2014-15 was cultural relevancy, all prevention facilitators have been trained in Too Good for Drugs. Too Good for Drugs has been identified by HHCD prevention staff members as more culturally relevant and was selected as the primary training programs for HHCD prevention at the elementary through high school levels. Additionally, efforts have been made to hire staff from a diverse cultural background. For 2015-16, the prevention staff will attempt to build a more culturally diverse staff as new facilitators replace those leaving our organization

A main focus for the addiction program in 2014-15 was in their family services and extensive training in the ASI. The addiction program has developed and implemented a person centered OP program that allows clients to choose between the following services: trauma, family, parenting, anger management, and/or spirituality. More addiction clients are receiving family services. Although CHC has been providing both addiction and trauma services, the addiction program continues to work on trauma informed improvements. A main focus for the mental health program during 2014-15 was on Emotionally Focused Therapy. One of the staff counselors became a Certified EFT Therapist and is now working towards being an EFT Supervisor. Six additional mental health staff persons attended EFT training. Staff has also trained internally in EFT for all mental health team members. EFT has the best long term results for marital therapy. We have seen a marked increase in couples that we see at CHC, as well as extremely positive outcomes. Other staff trainings included EMDR, ACT, Trauma, and sexual addiction.

### Field Trends Planning and Improvement for 2012:

Needed Improvement:

All three programs need to implement the new clinical programs focused on during 2014-15.

Plan:

Prevention facilitators will receive ongoing training on the new culturally relevant life skills program. Addiction staff will receive on-going training for family issues and addictions, as well as trauma informed services. One of the mental health staff will complete the certification process for Emotionally Focused Therapy. Three other staff will begin supervision with the staff who is an EFT Supervisor. Hold Me Tight groups will be developed and implemented. HMT is the group version of EFT.

Needed Improvements:

HHCD Board's knowledge of governance policies and procedures need to improve so that they can provide better oversight to HHCD.

Plan:

The HHCD Board will read and review all of the HHCD Policy and Procedure Manual. They will use the strategic plan to expand focus beyond budget to the overall health and well being of the agency.

## J. Service Delivery Systems/ Improvements

### Summary:

HHCD has three different programs that will be evaluated for effectiveness, efficiency and access. Prevention, Addiction and Mental Health Teams have all established ongoing quality improvement systems. During 2014-15, each team worked to increase the effectiveness of quality improvement by establishing strong policies and procedures, as well as adding new ways that consumers could provide input concerning services. We still have gaps in our programs, mostly due to not transitioning to electronic medical record systems. Without this system, evaluation is much more difficult. Each program strives for consumer excellence, because all staff members greatest desire is for consumer well being.

### 1. Effectiveness of Services

#### **Program Description: Prevention**

The Prevention Department of HHCD implements evidence-based programs in public, private, and charter schools in the Greater New Orleans Region. HHCD utilized the Too Good for Drugs and Life Skills Training programs in both Orleans and Jefferson Parish, as well as the 21<sup>st</sup> Century after school program. This program is 8-16 weeks in length, depending upon grade level and is taught by facilitators who are certified in the curriculum.

The 2014-2015 fiscal year saw many challenges and successes. HHCD was able to serve over 1000 students in area schools with substance abuse prevention programming. This year also saw the addition of service to the Recovery School District, with LifeSkills Training and Substance Abuse Support Groups and afterschool programming through the 21<sup>st</sup> Century program in Jefferson Parish Public Schools. A new part-time staff member was added to support the Prevention Coordinator with data entry tasks. Also the Prevention Department provided Substance Abuse education to parents and teens who had been identified as using substances.

### **Prevention Planning and Improvement for 2015-2016**

This year also found the prevention department was able to transition from exclusively using Life Skills Training to using both LST and To Good for Drugs. In the coming fiscal year the prevention department will transition to the use of TGFD and only offer LST in special cases or by request. These programs are both culturally relevant and excellent substance abuse prevention materials that will allow HHCD to reach a broader range of students beginning in kindergarten through high school. Also the prevention department noted that a better system for tracking post tests and pre-tests must be developed. This system has been created and is currently in use to help maintain test integrity and accountability. Since the Prevention Department has no trained person to train facilitators this has been identified as an area of need for the coming year. In order to better serve our customers, we must be able to train our own facilitators.

HHCD moved all facilitators to staff and implemented employee evaluations. In the coming fiscal year all current employees will receive an annual evaluation and new employees will receive an initial evaluation where job descriptions and duties will be discussed and performance standards and goals will be set. HHCD continues a policy of biannual in-classroom evaluations and yearly overall evaluations of its facilitators to ensure success and growth of staff.

### **Program Description: Addictions**

The CHC Addictions Treatment program enjoys a respected reputation in the community. Our clients frequently express their appreciation for the care and respect they receive in our program and enthusiastically recommend HHCD to their family and friends in need of addiction services.

The CHC Addiction program continues to expand our relationships with other agencies in the community and provide substance abuse and trauma treatment for their clients. Our greatest progress during 2014-15 was re-opening addiction/ trauma services at the New Orleans Mission. We currently have an IOP group for NO Mission male and female residents. We also are providing addiction/ trauma services for Eden House. We stopped working with CABHI, due to the challenges of that grant. We continued to work with CADA clients who are transitioning out of Orleans Parish Prison, but our lack of transportation greatly hindered our ability to work with that population. We did purchase a van at the end of the fiscal year, and we will begin providing transportation for addiction clients in 2015.

To handle the increase of addiction clients, we added addiction staff in 2015. We also restructured the internal addiction team's leadership roles. One of the addiction counselors is now serving as the compliance officer, so that we stay in compliance with DHH and our contractors. We also restructured the OP curriculum, which has helped the addiction team provide more client-centered services. Clients are able to choose between various treatment options, such as anger management, trauma, parenting, couples, and/or coping strategies.

One major highlight of 2014-15 in addiction services was the development and implementation of the addiction family services. Many clients have participated and positive couple/ family healing have occurred. Our staff continues to receive quality training. All of the addiction staff was extensively trained in ASI administration.

Although progress was made in our IT overhaul in 2015 through purchasing a new server, the addiction program continues to be negatively impacted by the aging internal technical system at CHC. In 2015, we did research and chose an electronic health record system. Adding that new system will greatly help the addiction program grow and function more effectively.

A great gap for our agency has been the lack of third party billing for addiction clients. In 2015, all addiction staff members participated in agency credentialing with various third party billing companies. Certainly, having third party billing for addiction clients will increase our numbers of people requesting addiction services.

Having an appropriate number of addiction staff members has always been challenging for CHC. Additional staff needs to be hired especially to help with intakes. Adding a staff person to help Carissa with the initial screenings was definitely a good addition for the team, but we still need more staff to help with intakes.

The following statistics are based on the data from Contract #1 (JP) unless otherwise specified.

Total Number of Clients in on 6/30/14 (All Contracts) = 59

Total Number of Admits (All Contracts) = 164

Total Number of Clients served (All Contracts) = 223

Number of Approved Discharges (All Contracts) = 57

Number of Unapproved Discharges (All Contracts) = 54  
Clients on Waiting List = 0  
Average Length of Stay (Contract #1) = 20.63 weeks  
Clients with Positive UDS (excluding baseline at Admit, Contract #1) = 25  
Clients employed during treatment = 73  
Clients employed at discharge = 29  
Clients attending outside self help = 92  
Total Number of Screenings (Contract #1) = 123  
Total Number of Assessments (Contract #1) = 44  
Billable Hours of Case Management (Contract #1) = 43.5  
Hours of Individual Sessions (Contract #1) = 91  
Total Number of Hours Leading Group (all contracts) = 1336.5  
Hours of Family Sessions (Group & Individual) (all contracts) = 79  
Number of Clients attending Family Sessions (all contracts) = 63

**Program Strengths:**

- Highly individualized treatment planning
- Respect for clients' cultural, spiritual & religious beliefs
- High client satisfaction with services received
- Clients apply for readmission following relapse because they believe our program works
- High percentage of clients completing IOP with over 30 days clean and sober
- Positive reputation in the community and with the Department of Corrections
- Majority of clients surveyed stated they would choose CHC even if they had other options – including clients mandated to attend
- All clients surveyed state they would recommend our program to others
- High word-of-mouth referrals for admission

**During the fiscal year CHC instituted the following new policies and procedures:**

- Developed Family Education group for addiction clients and their support teams
- Provided individual family sessions for addiction clients and their support teams.
- Continued to improve and expand integrated procedures for Addictions and Mental Health to report to each other and work together to better serve these clients.
- Acquired CARF certification
- Developed a client-centered OP program, so that clients can have greater choice.
- We implemented CARF-required procedures, e.g., the interpretive summary following assessment and intake.
- Established a system for scheduling individual family sessions when clients are admitted and a reservation system for family group each month.
- CHC trained certain staff members to become trainers for CARF and DHH required certifications so that those trainings can be done on site.
- We expanded our partnership with the New Orleans Mission to provide outpatient services to male and female clients in their residential discipleship program.

## **Addiction Program Planning for Improvement for 2015-16:**

In 2015-16, the addiction team will work on ways to increase the capacity to serve more clients by restructuring the team and services, as well adding electronic medical records. We will increase client access by adding transportation, which will increase the number of CADA clients that we can treat, as well as help with transporting NO Mission clients.. Once we have transitioned to electronic health records, we will develop a system that enables us to analyze data collected for the evaluation of treatment outcomes on a quarterly basis, so that we can respond to the data in a more effective manner.

We will identify options available to further streamline intake and orientation procedures to save time and money in order to meet the demands of expansion without increasing staff and other expenditures. We will identify the priority for hiring new employees and pursue funding for those positions through corporate funding or other grants. We will transition to electronic medical records to help with the multiple contracts and the measurement of success.

### **Program Description: Mental Health**

The CHC Mental Health program works with over 550 clients a year, plus another 300 group members. The program works with a wide array of ages and clinical issues. At the heart of the program is intensive trauma recovery. We have become the trauma recovery center of our community working with the most abused and hurt children, teens, and adults in our community. We passionately focus on both learning and teaching at the center. Our staff constantly pursues expertise in evidence-based treatment models that work with the population that we serve. We are a training site for master level and state interns, training over 120 interns in the last 10 years.

2014-15 was a foundational year for our mental health program, because we worked diligently on our internal policies and procedures. Since we were born out of the trauma of Katrina, we were unable to establish strong policies and procedures since we began. Preparing for CARF “forced” us to work on this much needed area of improvement. The mental health staff worked a year on writing policies and procedures. In 2014-15, the whole CHC Mental Health team worked on reviewing and implementing the policy and procedures. As a part of the process, the mental health staff began weekly staffing meetings, which has greatly improved the team work and overall efficiency of the program. Doing on-going chart audits and CQI meetings has helped the program better understand and correct gaps and problems within the program. Using a different consumer satisfaction survey has also helped the team improve services. In August 2014, the CHC Mental Health program achieved CARF accreditation.

Another major focus in 2014-15 centered on Emotionally Focused Therapy. One of our therapists completed the process to become an EFT Certified Therapist and began working towards becoming an EFT Supervisor. Six staff attended the EFT externship and the first EFT Advanced Core Skill training. Our staff is very excited about EFT and have seen a drastic improvement with couple therapy outcome by using this best



evidence-based therapy model. EFT has been the perfect model to use with our couples who are also trauma survivors.

During 2014-15, the CHC Mental Health program successfully planned and implemented integrative behavioral health services at the Baptist Community Health Services medical clinic in the 9<sup>th</sup> Ward. We also had a number of mental health staff that completed evidence based training, such as EMDR and ACTS. We began a new series for men pursuing sexual integrity called Conquer, which then lead to an intensive long term group for men with sexual addiction issues.

We improved our orientation and training system for our interns. Interns now have a comprehensive training requirement before they begin providing services at CHC. Interns receive training in trauma, sand tray therapy, and intake training. Interns are now covering the mental health intakes, so we are able to do as many as 15 intakes a week.

In 2014-15, we served a total of 544 clients in our mental health program. This number is not reflective of the additional people attending mental health groups. Next year, we will be able to measure that number.

65% of clients were females (decrease of 2%) - 354  
35% of clients were males (increase of 2%) - 190

22% of clients were under 17 (increase of 2%) - 121  
31% of clients were between 18 and 34 (decrease of 2%) - 168  
45% of clients were between 35 and 64 – (increase of 1%) - 247  
1% of clients were over 65 –(same) - 8

75% of clients were Caucasian – (10% decrease) – 407  
13% of clients were African American – (5% increase) - 68  
7% of clients were Hispanic – (3% increase) - 39

73% of clients lived in Jefferson Parish (decrease of 1%) - 395  
17% of clients lived in Orleans (increase of 7%) - 94  
2% of clients lived in St. Bernard (decrease of 2%) - 11  
2% of clients lived in St. Tammany (no change) - 11  
6% of clients lived in other parishes (decrease 2%) - 33

44% of clients lived in home with couple with children  
11% of clients were from couple with no children (increase 1%)  
12% of clients were from female household (7% decrease)  
2% of clients were from male household (same)  
18% of clients were from single household (3% decrease)

12% of clients were unemployed (increase of 1%)  
1% of clients were disabled (decrease 3%)

51% of clients lived in households making less than \$50,000 (17% decrease)  
39% lived in households making less than \$35,000 (decrease of 10%)  
27% lived in households making less than \$25,000 (decrease of 9%)

### **Program Strengths:**

- We trained 3 more mental health counselors in Triple P Positive Parenting
- We trained 3 more Darkness to Light (Sexual Abuse Prevention) facilitators
- One mental health counselor completed all of the training for Emotional Focus Therapy and became a Certified EFT therapist. Another one worked towards certification. Six others began EFT training.
- We had 3 therapists trained in EMDR.
- We became CARF accredited.
- We started weekly mental health staff meetings on Monday
- Tulane University researched our trauma model and had positive outcomes related to our trauma work.
- We developed and implemented behavioral health services at the Baptist Community Health Services medical clinic in the 9<sup>th</sup> Ward.
- We started providing the Conquer series for men pursuing sexual integrity.
- We provided outside trainings for various agencies, such as Trinity Counseling and Training Center and Celebration Church. We did Emotional Intelligence training for Celebration pastors.
- We chose an electronic health system and began the development process.

### **Mental Health Planning and Improvement for 2014-2015**

In 2015-16, a great deal of emphasis will be focused on transitioning our entire clinical staff to using electronic health records. An on-going CQI process is in place to focus on specific programs within the mental health program to make the necessary improvements. Persons served will be encouraged to provide ongoing feedback to help with service improvement through satisfaction surveys and consumer council involvement. Focus will also continue on improving clinical and supervisory skills.

A great emphasis will be on improving clinical skills through Emotionally Focused Therapy. Our long term goal is to become an official EFT training site. We want more staff to be trained in EFT. We will continue to provide peer and individual EFT supervision at the center. We also will be adding Hold Me Tight workshops this next year. HMT is the EFT group model for working with couples. We will spiritually integrate the HMT material, so that this model will be very effective in the faith community. We also will be training lay leaders at various Celebration Church campuses to do the premarital group *Prepare to Last*. As a part of the training process, the leader couples will attend HMT workshops.

We also will be increasing the third party billing companies that we currently work with.

### **2. Efficiency of Services**

HHCD has historically provided outpatient services from early morning until late evenings Monday through Thursday and day appointments on Friday. Most clients are happy with our hours of service, but they do struggle with transportation to our center since we serve a large population of over 10 parishes. We have provided limited transportation for addiction clients, but struggle to do that with no van of our own. Last year, thanks to the donations received on Give NOLA day, we were able to purchase our own van. We are no longer dependent upon the irregular availability of using the church's vans.

Since we have a large percentage of Orleans' parish clients, we really needed to increase our presence in Orleans parish providing greater options for those residents. In 2014-15, we added a site at the New Orleans Mission. Now, we are able to provide addiction and trauma services to this residential program for the homeless in Orleans parish. We also began providing behavioral health services in the 9<sup>th</sup> Ward Baptist Community Health Services medical clinic. Even with these additions, we need other sites in Orleans' parish to help with accessibility and grant writing.

The major focus of 2015 is transitioning to electronic health records. We have chosen our new system and begun the planning/ implementation process. By having electronic health records, we will greatly increase our effectiveness. Counselors will have an easier system of note taking. We will be able to measure outcomes with this new system, which will help us with internal improvements as well as funding. Our billing and insurance collection process will also be much more effective. Supervisors will be able to monitor supervisee treatment much more effectively. Plus, by going electronic, we do not have to worry about losing our records to natural disasters.

To fulfill our CARF requirements and to increase efficiency in our staff, we needed to change our internal training system. We did add a new expanded orientation process for new employees and student interns. We need to increase staff training in 2015-16.

### **Planning and Improvement for 2015-16 Efficiency**

Plan:

We will implement and develop a transportation system first for addiction clients by October 2015. We will be able to bill for transportation services, which will sustain the cost for transportation.

We will pursue other growth opportunities in Orleans parish to expand services. Celebration Church will be opening a life transformation center in the Hollygrove-Dixon neighborhood. We also are exploring other partnership opportunities.

We will fully transition to electronic health records by November 2015. We will participate in on-going continual quality improvement through this fiscal year to make this system excellent for our team.

We will add a new training system called Relias by January 2016. This system will provide ongoing training for our entire team. This system will also fulfill our CARF requirements.

### 3. Access to Services

One of the greatest challenges that we have faced in access to services has been our lack of intake counselors, which has led to, at times, a waiting period for intakes. We continue to focus on this issue. Our mental health program did a better job with managing the waiting list. Only rarely did clients have to wait longer than 2 weeks to receive services. We have reached a good place with mental health intakes due to an intensive training process for interested mental health interns. Now, by using interns, we can offer many more times for intakes. We currently have 15 slots a week for intakes, which is an appropriate amount for current numbers of calls. To address no show intake appointments in mental health, the front desk staff started giving reminder calls the day before the appointment.

In our addiction program, we had two main challenges to access to services. One was the lack of transportation that even resulted in the loss of one of the addiction contracts. Last year, we were able to buy a van, so now clients can be transported to our sites for clinical services. The other issue that impacted access to services for addiction clients was the lack of third party reimbursement. We started the credentialing process for our addiction staff to be third party billing providers, beyond Magellan which they had already been using. By being credentialed, now addiction clients with third party billing can enter our IOP program.

#### Planning and Improvement for 2015-16 Access to Services

Plan:

The mental health program will continue to monitor access to services as well. We are always seeking ways to streamline the intake process so that clients can receive services sooner. By adding the electronic health record system, clients will have patient portals, which we can use to begin the intake process immediately following the first phone call seeking services. Mental health is also training interpreters for Spanish speaking clients. Translation services will begin in October 2015.

The addiction program will continue to monitor access to services. Transportation services will begin in October 2015 to help provide greater access to services for clients who do not have transportation. Additional staff may also be needed to help with the entire intake process in order to keep up with the growth. Third party billing will be available for addiction clients beginning in October 2015.

## 4. Feedback From Persons Served and Other Stakeholders

Feedback from persons served has been addressed through many methods of eliciting information. Persons served have been provided with surveys. We did not hold a focus group this last year, nor did we send out the stakeholders' surveys. We will complete those items in 2015-16. Employees have participated in the employee satisfaction survey, in which the results have been communicated and discussed. Multiple improvements have been made through these methods and are reflected throughout this report/performance analysis.

### **Planning and Improvement for 2015-16: Feedback**

Plan:

Continued surveys and focus groups will be conducted and the results will be analyzed and used by the program staffs and HHCD Executive Team for program improvement. By adding electronic health records and patient portals, we will be able to send out notices to our clients so that they can do their satisfaction surveys. This should greatly increase our current participation, plus provide immediate data for CQI usage. The HHCD Executive Team will determine a better process to encourage consumer councils. Although we had one successful council in 2014, we did not have anyone show up for the last one of that fiscal year. Focusing on gathering more input from our clients and stakeholders will be a focus in 2015-16.