

Imperial Calcasieu Human Services Authority  
Governance Board Meeting  
3505 5<sup>th</sup> Avenue, Suite B  
Lake Charles, Louisiana 70607  
September 13, 2016 5:30 – 7:30 PM

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MINUTES

I. CALL TO ORDER

Gordon Propst, Chair, called the meeting to order at 5:30pm noting a quorum was present.

II. ROLL CALL

- a. Gordon Propst, appointed by Calcasieu Parish
- b. Corlissa Hoffoss, appointed by Governor Jindal
- c. Betty Cunningham, appointed by Beauregard Parish
- d. Scott Morgan, appointed by Allen Parish
- e. Diana Hamilton, appointed by Governor Edwards

Absent: Christina Mehal, appointed by Jefferson Davis Parish  
Aaron LeBoeuf, appointed by Governor Jindal  
Angela Jouett, appointed by Cameron Parish

EXECUTIVE STAFF PRESENT

- a. Tanya McGee, Executive Director
- b. Paul Duguid, Chief Financial Officer
- c. Nikki James, Executive Assistant

III. INTRODUCTION OF GUESTS

Gordon Propst welcomed ImCal's newest board member Diana Hamilton. Gordon Propst welcomed guests and invited them to introduce themselves. See attached sign-in sheet.

IV. APPROVAL OF MINUTES

Board members received August minutes prior to the meeting. Gordon Propst entertained a motion to approve August minutes. Betty Cunningham motioned and Scott Morgan seconded. Minutes were unanimously approved.

V. APPROVAL OF AGENDA

Gordon Propst entertained a motion to approve the September agenda. Betty Cunningham motioned and Diana Hamilton seconded.

VI. BOARD MONITORING

#### a. Policy Review

- **Global Governance Commitment**

Tanya explained that this policy is a global statement that states the purpose of the board. Tanya recommends a change in the policy as Department of Health and Hospitals (DHH) no longer exists. It is now the Louisiana Department of Health (LDH). Tanya recommends that Nikki James make the change throughout the governance manual. Board agreed. No additional revisions to the global governance commitment were recommended.

- **Governance Style**

Tanya McGee stated this policy emphasizes the responsibilities of the Board. Tanya stated the Board's emphasis is on the outward vision of the district and not the day to day operations. No revisions to the governance style policy at this time.

- **Ends Statement**

Tanya McGee requested any revisions to the Ends Statement be deferred at this time. The Ends Statements are the goals/missions of the Board and was created by the original board members. Tanya recommends coming back to the Ends Statement in a few months to allow the Board time to review the S.W.O.T analysis information from the stakeholders then determine if any changes needs to be made.

#### b. Stakeholder Input- S.W.O.T. Analysis

Tanya McGee presented the S.W.O.T. analysis that was prepared by Aaron LeBoeuf. This information was compiled by the responses from the stakeholder surveys. Based on the data Aaron categorized ImCal's strengths, weaknesses, opportunities and threats. Board members reviewed the data and Tanya briefly discussed the areas of concern. Comments and presentation attached. Board members will take home to review and provide further feedback at the next meeting.

### VII. EXECUTIVE DIRECTOR REPORT

#### a. FY17 Business Plan

Tanya had each member of the executive management team get with their staff and present 1-2 goals for their division for FY17. Tanya met with each manager individually and then the team solidified the goals. The divisions are human resources, fiscal operations, corporate compliance, behavioral health and developmental disabilities. Tanya reviewed the goals with the Board. The Board will review the S.W.O.T analysis and the business plan for FY17 and provide feedback on any changes or suggestions to Tanya.

Paul Duguid suggested we get percentages on the responses from the S.W.O. T. that would help ImCal know what areas to target first. Corlissa Hoffos expressed concern with getting accurate data based on the questions asked on the survey. It was suggested that Aaron LeBoeuf compile this information as he has all the data.

b. LDH contract & AIP

Tanya McGee states ImCal is currently working with LDH on some changes within the contract in terms of some of the reporting requirements ImCal is responsible for.

Tanya states the Accountability and Implementation Plan (AIP) used to monitor ImCal is to ensure we are meeting all the deliverables set forth in the contract. This monitoring is scheduled for November.

Tanya reported on a conference call which was held last Friday with her fellow Executive Directors and the Office for Citizens with Developmental Disabilities. They are creating a process for going thru the 12,000 or more individuals who are on the wait list for a Medicaid Waiver. OCDD wants to have an intensive assessment on those individuals to see what their current needs are. OCDD is asking ImCal for assistance on this large task. Tanya states the legislature has earmarked funds to do this that will not come from ImCal's budget.

VIII. NEW BUSINESS

No new business to present at this time.

IX. NEXT MEETING—October 11, 2016

X. ADJOURNMENT- Gordon Propst entertained a motion to adjourn the meeting. Scott Morgan motioned and Corlissa Hoffoss seconded.

## Stakeholder Survey Questionnaire Responses:

### 1. What is most important to YOU as a community stakeholder in regards to the management and delivery of Mental Health, Addiction/Substance Abuse, and Developmental Disabilities programs in SWLA?

- Addiction and Substance abuse is most important to me because I have such young folks ruin their lives.
- School nurses
- Fairness, services rendered to those in need without prejudice
- Most Important is education, availability, usefulness, and success
- Access to care, especially in rural areas
- We have a real need for these services to be provided in our local areas, especially for addiction and substance abuse. We are seeing more and more young adults facing addiction.
- Most important to me is that everyone who needs the services should have access to quality effective services.
- Reaching the students with what is available to them to meet their needs.
- It is very important to me that these services continue in my community and I think there should be more services like these available in every community.
- Having resources available when needed
- Affordable and accessible services
- I don't know
- Public awareness and education
- It should be available to everyone
- Treatment of individuals receiving services
- Unfortunately, present circumstances dictate that all programs attempt to continue functioning despite funding deficits.
- It has enough resources to cover mental health, developmental disabilities, and substance abuse needs.
- Continuation of services and programs in the region
- People with disabilities should be able to get the support that they want
- Some basic level of publicly funded services for indigent or low income residents with mental health or addiction issues that cause them, their families or the community to be at risk if left untreated or cause them to need long term public economic support if there is no intervention to help them become stable and self-supporting community residents. Support services for families with children with severe developmental disabilities that would otherwise require out of home placement such as respite, training for family members, and home modification for access and daily care. Support services for young adults with DD who have aged out of the education setting which are geared toward self-support and employment.
- That recipients of service (patients, clients, customers, agencies, families, etc.) have access to and can benefit from appropriate programs, activities and services that will address their needs.
- The waiver services and the family support program that help keep people with disabilities in the community be continually provided to people with disabilities to enable them to live

meaningful lives. Access to services in family crisis situations. Services provided to reduce the request for services registry.

- As a community stakeholder and also a professional social worker, the most important things to me would be these: ease of access to services, well-advertised service components so that the members of the community would know where to go and how to access services without a lengthy search, case management as a compliment to professional services to guide consumers through the system, and; very important; practitioners or therapists should be credentialed. They should be licensed to practice in their field of expertise. Also visibility in the community is critical. Public relations regarding the nature of behavioral health issues and how they community is affected would be helpful. (NAMI does some of this) Any activity that would help in reducing the stigma of behavioral health issues would be helpful.
- That the DSW/PCA worker gets more for IDD waiver clients.
- That DD services are not cut to fill gaps in MH services
- Being able/have ability to provide care needed
- People needing/receiving services need adequate services that assist in ALL areas of need
- Training-services for DD
- Concerned with individuals that slip through the crack waiting for waiver services. People without waivers become homeless usually.
- That everyone is different. All services don't work for everyone: cookie-cutter
- Making sure individuals are taking care of and receiving the proper needs according to their disability.
- Safety/wellbeing/policy implemented

2. **If you are familiar with the services provided by ImCal HSA, which services do you think are most valuable to the community?**

- I am not familiar. Never
- Not familiar
- Not Familiar with the services provided
- I am only marginally aware; however, I feel as though addiction and abuse are huge problems in our area, affecting all ages and social standings.
- I have little knowledge
- Not aware of the services
- Behavioral health services to children, because if we can provided needed services to children then there is a higher chance of them becoming productive, well adjusted, healthy adults.
- I am not familiar with these programs
- Not familiar with ImCal HSA
- Not familiar
- Crisis intervention, addiction services
- I don't know
- I am not familiar
- N/A

- Waiver program
- All programs associated with IMCAL HSA are important to the community and all should work together to protect/promote themselves and others.
- Waiver services, wraparound services, and individuals and family supports.
- Waiver services-behavioral clinics
- Waiver
- The mental health clinic services and addiction intervention services that meet the needs addressed in question 1. Not as familiar with services for individuals
- Though I am familiar with the services I have not had an opportunity to personally benefit from its services. I do not feel I can provide an appropriate response to this question.
- Waiver services and the family support program that help keep people with disabilities in the community.
- This is a difficult question to answer as all the services are important and affect the quality of life of individuals and families in the community. But ultimately the prevention services would be the most valuable over-all and also the most difficult to provide. We will always have to intervene “after the fact”, but any prevention services being provided would help to lower the instances of negative episodes that reach the public’s attention.
- Managed Care
- Individual and family support funds
- Support
- PCA, work programs, education
- Not familiar
- Developmental disabilities
- Informative information, waiver transition

3. **If you ever engaged in ImCal services, or assisted someone in doing so, what did ImCal do well? What could we do better?**

- Never engaged
- Not Familiar
- Have not engaged or assisted anyone
- I have not engaged in their services directly.
- I have no experience with this
- Never engaged
- At one time, I worked for the Office of Behavioral Health, before the change to ImCal, and at that time, I was provided the opportunity to attend good quality training regarding working with children. One of the most important trainings was Infant Mental Health and I found this training very valuable in understanding child development and what is needed for babies and toddlers to develop as healthy, well-adjusted children which will later lead to healthy well-adjusted adults. If we provide the services at the earliest possible time, it can actually lead to less behavior problems in the future which ends up meaning less services are needed over time which provides more savings financially. My main goal is for children to have happy childhood

but politically providing these services is a way to save the State and the Country considerable money in the future.

- I have never engaged in ImCal services or assisted with them.
- Not familiar with ImCal HSA
- I don't know
- They give me services I need
- The ImCal HSA continues to do an excellent job, especially considering the great limitations due to the financial problems.
- ImCal was able to help the families I work with. I appreciate that when there is an issue they are willing to look into it.
- Give information about things that affect services. Maintain programs as they could affect individuals.
- Everything is good
- Always professional. Enormous willingness to partner and work with agencies in and out of the mental health network.
- Follow up was done in a timely manner. If I had questions about something answers or information was provided in a timely manner to my questions.
- I have never engaged in ImCal services, but have assisted others in doing so. The outcomes were mixed due to families failing to follow through or their failure to understand the process and the reasons for the process. The providers of services should always place themselves in the shoes of those seeking services and understand that in a time of crisis individuals and families may not always understand what they are being told and may need to have information provided more than once.
- Supports
- A random mailing w/o a follow up call (cash sub to be specific) is a horrible way to deal with families.
- Communicate/have always had good experiences dealing with ImCal
- Provided resources
- Do well-communicate/ do better-support providers

4. **What do you see as the greatest threat to the delivery of Mental Health, Addictive Disorders, and / or Developmental Delay services in SWLA?**

- Not sure, maybe facilities and funding
- Public perception
- Lack of funds
- Money
- Providers, reimbursement, and access
- I think we should have these services
- The greatest threat is the State's current financial situation and the fact that services to children is not seen as a priority because many of the legislature and politicians and the voters do not see the long range effects of having better services early on. These are preventative services but most of the time, we are reactive rather preventative with government finances. More

education is needed to those that serve in office and the population in general on child development and how neglect and trauma play a role in how a child develops and that it is easier to provide services to a younger child and make a difference than it is to provide services to older children and adults and make a difference. Providing a toddler with the ability to make appropriate attachments and to develop skills to deal with stress means they become older children and adults who can deal more effectively with life stresses and less of these individuals needed behavioral health, addiction services for jail time.

- The people that need the services the most are the ones that sometimes do not even know they are available.
- I don't know
- Money-availability of good workers
- As Always – Budgetary concerns
- Lack of priority in the state budget. It appears to be cut little by little. These areas do not even have a stand still budget.
- Funding
- None
- Progressive Budget reductions-lack of a stable financial base for services impedes long range planning and retention of experienced staff.
- As an outside looking in, I believe there are several threats with the most obvious being availability of sufficient funding. However, the ever present need to maintain the community awareness and support ImCal is a continuing need. Add to that the battle against patient/family fear and apathy as well as barriers of stigmas and stereotypes—all are significant challenges within the service delivery process.
- State Budget cuts to programs and services that people with disabilities and families need.
- One of the greatest threats to the delivery of services will always be inadequate funding. This is especially critical at this point in time.
- People don't totally understand what a DD is.
- Funding and prioritization of need. Sometimes smaller needs are huge to struggling families.
- Budget and availability
- Funding
- Government Funding
- Insuring that services are being delivered properly and timely.
- The lack of funding
- Resources/funding/networking
- Excessive paperwork, money, and contracts.



**SWOT ANALYSIS**  
ImCal Stakeholder Survey

**S**

**Strengths**

- Affordable
- Increasing organically generated revenue
- Services Provided
- Knowledgeable Staff

**W**

**Weaknesses**

- Community Awareness
- Public Acceptance/Acknowledgement of patients treated
- Implementation to marketing of services provided

**O**

**Opportunities**

- Increasing Public Awareness
- Properly educating the patients and/or caregiver of the realistic expectations of programs and services, along with pathways to understanding how to maximize their use.
- Understanding our full potential and limitations to maximize care.

**T**

**Threats**

- State Funding
- Political Policy (no dedication of funding)
- Providers-loss or limited
- Lack of Facilities-loss or limited

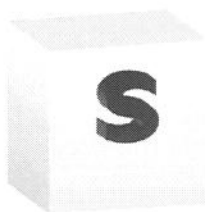
**SWOT ANALYSIS**  
Strengths

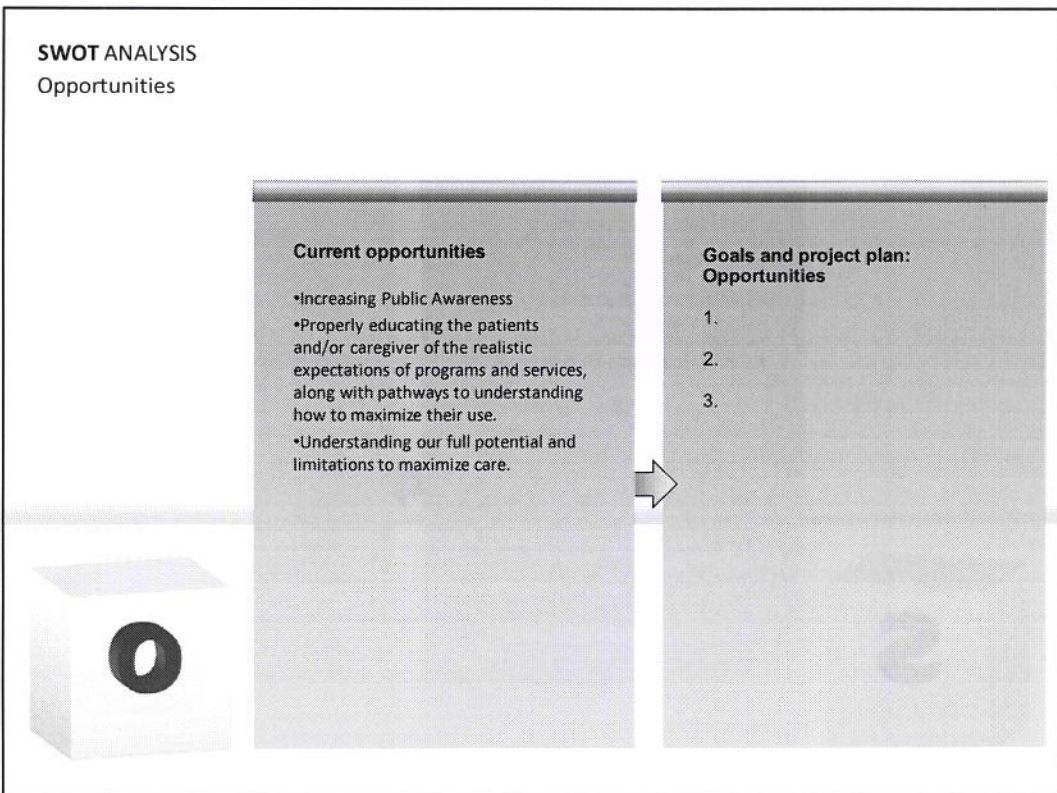
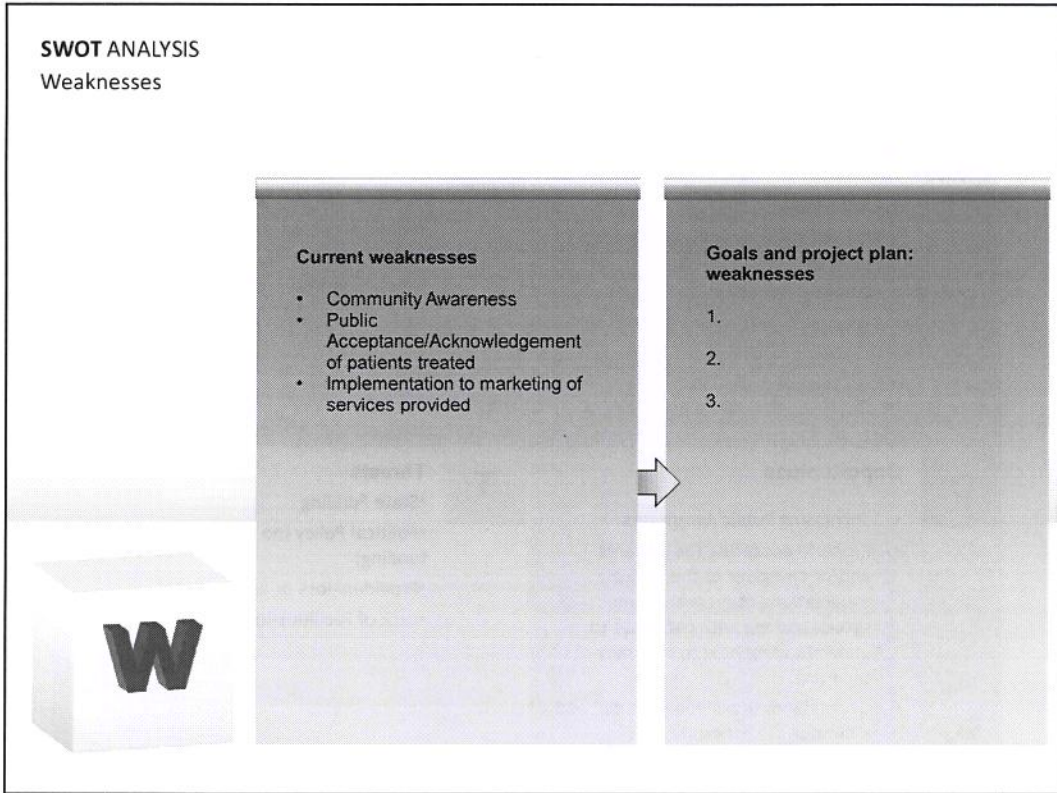
**Current strengths**

- Affordable
- Increasing organically generated revenue
- Services provided
- Knowledgeable Staff

**Goals and project plan: strengths**

- 1.
- 2.
- 3.





**SWOT ANALYSIS**  
Threats

**Current threats**

- State Funding
- Political Policy (no dedication of funding)
- Providers
- Lack of facilities

**Goals and project plan: threats**

- 1.
- 2.
- 3.

**T**

**SWOT ANALYSIS**  
Summary

**SWOT summary**

TBD

**S W O T**