



Northwest Louisiana Human Services District * 1310 North Hearne Avenue, Shreveport, LA 71107 * Phone (318) 676-5111 * Fax (318) 676-5021

2025 Stakeholder Survey Summary

✓ Please check the box or boxes that best represents you:

- | | | |
|--------------------------|-----------------------------|---------------------------------------|
| (0) Our Client | (1) Family Member of Client | (0) Advocacy Organization for Clients |
| (1) Provider of Services | (1) Elected Official | (5) Other: Not for Profit |

✓ Please check your areas of interest in regard to this survey:

- | | | |
|----------------------------|-------------------------|-------------------------|
| (2) Mental Health Services | (1) Addiction Services | (2) Disability Services |
| (1) Contracted Services | (0) Prevention Services | |
| (0) Other: | | |

✓ Please identify the parish you live and/or work in:

- | | | |
|---------------|------------------|---------------|
| (0) Bienville | (0) Claiborne | (0) Red River |
| (1) Bossier | (0) DeSoto | (0) Sabine |
| (2) Caddo | (0) Natchitoches | (0) Webster |

1. **Compliments:** Describe when we met or exceeded your expectations with regard to the staff and/or services provided by Northwest Louisiana Human Services District:

Team members providing CBT and SUD IOP are Great!! Of course many others area too!

2. **Concerns:** Describe any issues or concerns you may have with regard to the staff and/or services provided by Northwest Louisiana Human Services District:

We are not admitting new child and adolescent patients at this time and there is tremendous need in our community

3. **How did you find out about our services?**

- | | | |
|---|------------------|-----------------------------|
| (0) Physician Referral | (0) Advertising | (0) Friend or Family Member |
| (0) Internet Search | (0) Social Media | |
| (3) Other: Families Helping Families, SBHC team member, work relationship | | |

Quality of Care Clinic Parent Report
Northwest Louisiana Human Services District (NLHSD)

07/01/2024 - 06/30/2025

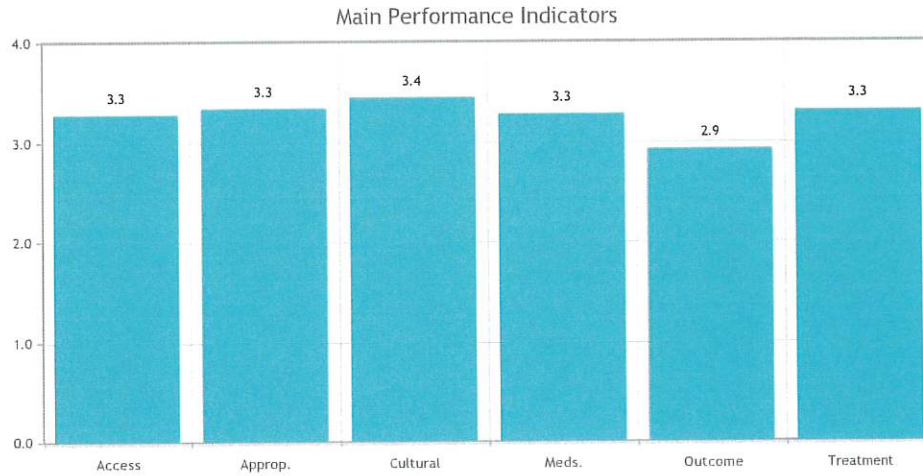


Table 1: Main Performance Indicators

Main Performance Indicators	GPA	Client Count
ACCESS TO SERVICES	3.27	125
APPROPRIATENESS OF SERVICES	3.33	126
CULTURAL SENSITIVITY	3.44	125
MEDICATION	3.27	113
OUTCOME OF SERVICES	2.92	125
PARTICIPATION IN TREATMENT	3.3	125

Table 2: General Satisfaction Questions

Question for General Satisfaction	Percent Responses for Client Responding to Question		Client Count
	Yes	No	
23. If your family could go anywhere you wanted for services, would you continue to come here? [Qpg1821]	100%	0%	126
24. Would you recommend the clinic to a friend or family member? [Qpg1822]	100%	0%	125

Quality of Care Clinic Adult Report
Northwest Louisiana Human Services District (NLHSD)
07/01/2024 - 06/30/2025

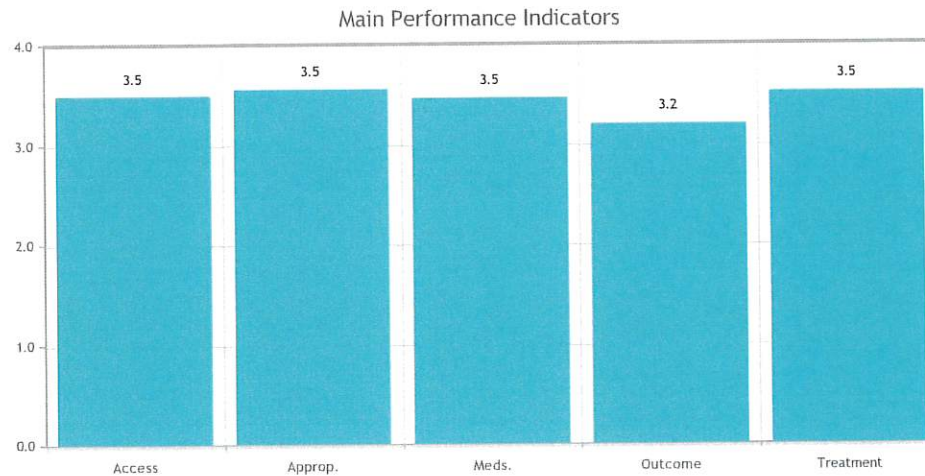


Table 1: Main Performance Indicators

Main Performance Indicators	GPA	Client Count
ACCESS TO SERVICES	3.49	417
APPROPRIATENESS OF SERVICES	3.55	417
MEDICATION	3.46	388
OUTCOME OF SERVICES	3.2	411
PARTICIPATION IN TREATMENT	3.52	414

Table 2: General Satisfaction Questions

Question for General Satisfaction	Percent Responses for Client Responding to Question		Client Count
	Yes	No	
32. If you could go anywhere you wanted for services, would you continue to come here? [Q1821]	97.35%	2.65%	415
33. Would you recommend the clinic to a friend or family member? [Q1822]	98.79%	1.21%	413

C'est Bon Survey Results

Shreveport Behavioral Health Clinic

August & September 2025

A program of the **Louisiana Office of Behavioral Health** through the Louisiana Behavioral Health Advisory Council. The purpose of the *C'est Bon* survey is continuous quality improvement of both services and facilities. Our greatest goal is to help the behavioral health system work for all by encouraging those involved to work together. These surveys are conducted by specially trained consumers who are not part of this clinic who interview consumers here to get their opinion about the services they receive from this clinic. This is how you, the consumer graded the services you have received using the following grading scale:

A – Excellent (4.0 – 3.5), **B** - Very Good (3.4 – 2.5), **C** – OK (2.4 – 1.5),
D – Poor (1.4 – 0.5), **F** – Failing (0.0 - 0.4)

<u>Areas of Clinic Performance</u>	<u>Grade</u>	<u>Score</u>
ACCESS to services:	A	3.85
The degree to which services are quickly and readily obtainable. This includes the responsiveness of the system to individual and cultural needs and the availability of a wide array of relevant services.		
APPROPRIATENESS of services:	A	3.87
Services are individualized to address a consumer's strengths and weaknesses, cultural context, service preferences and recovery goals.		
OUTCOME from receiving services:	A	3.69
The extent to which services provided have a positive or negative effect on well-being, life circumstances and capacity for self-management and recovery based grading of these issues:		
Help me deal with daily problems	A	3.74
Help me cope with crisis	A	3.56
Help me get along with family	A	3.52
Help me do better in being able to work	A	3.61
Help me do better in my leisure time	A	3.74
Help me improve my housing situation	A	3.86
Do better at being able to control my life	A	3.81
PARTICIPATION in treatment:	A	3.91
An indicator of the degree to which consumers (or, for children, family members) participate in treatment decision-making.		
GENERAL satisfaction with the services:		
Measures the overall perception of the clinic and its services.		
Would I continue to come here?	Yes	100%
Would I recommend this clinic to a friend?	Yes	100%

(COMPLETE REPORT AVAILABLE ON REQUEST)

C'est Bon Survey Results

Natchitoches Behavioral Health Clinic

September/October 2023

A program of the **Louisiana Office of Behavioral Health** through the State Behavioral Health Advisory Council. The purpose of the *C'est Bon* survey is continuous quality improvement of both services and facilities. Our greatest goal is to help the behavioral health system work for all by encouraging those involved to work together. These surveys are conducted by specially trained consumers who are not part of this clinic who interview consumers here to get their opinion about the services they receive from this clinic. This is how you, the consumer graded the services you have received using the following grading scale:

A – Excellent (4.0 – 3.5), B – Very Good (3.4 – 2.5), C – OK (2.4 – 1.5),
D – Poor (1.4 – 0.5), F – Failing (0.0 – 0.4)

Areas of Clinic Performance	Grade	Score
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ACCESS to services:

A

3.59

The degree to which services are quickly and readily obtainable. This includes the responsiveness of the system to individual and cultural needs and the availability of a wide array of relevant services.

APPROPRIATENESS of services:

A

3.61

Services are individualized to address a consumer's strengths and weaknesses, cultural context, service preferences and recovery goals.

OUTCOME from receiving services:

B

3.48

The extent to which services provided have a positive or negative effect on well-being, life circumstances and capacity for self-management and recovery based grading of these issues:

Help me deal with daily problems

B

3.48

Help me cope with crisis

B

3.33

Help me get along with family

A

3.50

Help me do better in being able to work

A

3.50

Help me do better in my leisure time

A

3.50

Help me improve my housing situation

A

3.58

Do better at being able to control my life

A

3.50

PARTICIPATION in treatment:

A

3.71

An indicator of the degree to which consumers (or, for children, family members) participate in treatment decision-making.

GENERAL satisfaction with the services:

Measures the overall perception of the clinic and its services.

Would I continue to come here?

Yes

100%

Would I recommend this clinic to a friend?

Yes

100%

(COMPLETE REPORT AVAILABLE ON REQUEST)

IPAT

INTEGRATED PRACTICE ASSESSMENT TOOL

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Bern Heath, Ph.D.

INTEGRATED PRACTICE ASSESSMENT TOOL (IPAT)® VERSION 2.0

1. Do you have behavioral health and medical providers physically or virtually located at your facility?	<input checked="" type="checkbox"/> "No" - Go to question 4 <input type="checkbox"/> "Yes" - Go to question 2	"Virtual" refers to the provision of telehealth services; and the "virtual" provider must direct care services to the patient, not just a consult, meaning that the provider visits the patient via televideo and vice versa.
2. Are medical and behavioral health providers equally involved in the approach to individual patient care and practice design?	<input type="checkbox"/> "No" - Go to question 7 <input type="checkbox"/> "Yes" - Go to question 3	EXAMPLE: Is there a team approach for patient care that involves both behavioral medical health providers?
3. Are behavioral health and medical providers involved in care in a standard way across ALL providers and ALL patients?	<input type="checkbox"/> "No" - Go to question 7 <input type="checkbox"/> "Yes" - Go to question 8	EXAMPLE: Does the practice use the PHQ-9 to systematically screen for depression then assure that every patient with a PHQ-9 > or = 15 receives behavioral health treatment and medical care? All get the tools and resources (including staff) needed to practice.
4. Do you routinely exchange patient information with other provider types (primary care, behavioral health, other)?	<input type="checkbox"/> "No", then pre-coordination - STOP <input checked="" type="checkbox"/> "Yes" - Go to question 5	EXAMPLE: Behavioral health provider and medical provider engage in a "two way" exchange or a phone call conversation to coordinate care.
5. Do providers engage in discussions with other treatment providers about individual patient information?	<input checked="" type="checkbox"/> "No", then pre-coordination - STOP <input type="checkbox"/> "Yes" - Go to question 6	In other words, is the exchange interactive?
6. Do providers personally communicate on a regular basis to address specific patient treatment issues?	<input type="checkbox"/> "No", then Level 1 coordinated - STOP <input type="checkbox"/> "Yes", then Level 2 coordinated - STOP	EXAMPLE: Some form of ongoing communication via weekly/monthly calls or conference review treatment issues regarding shared patients: use of a registry tool to communicate which patients are not responding to treatment, so that behavioral health providers treatment accordingly based on evidenced based guidelines.
7. Do provider relationships go beyond increasing successful referrals with an intent to achieve shared patient care?	<input type="checkbox"/> "No", then Level 3 co-located - STOP <input type="checkbox"/> "Yes", then Level 4 co-located - STOP	EXAMPLES can include: coordinated service planning, shared training, team meetings, shared patient registries to monitor treatment progress.
8. Has integration been sufficiently adopted at the provider and practice level as a principal/ fundamental model of care so that the following are in place?		
a. Are resources balanced, truly shared, and allocated across the whole practice?		NOTE: In other words, all providers (behavioral health AND medical) receive the resources they need in order to practice.
b. Is all patient information equally accessible and used by all providers to inform care?		EXAMPLE: All providers can access the behavioral health record and medical record.
c. Have all providers changed their practice to a new model of care?		EXAMPLES: Primary Care Providers (PCPs) are prescribing antidepressants and following evidenced based depression care guidelines; PCPs are trained in motivational interviewing; behavioral health providers are included in the PCP visit.

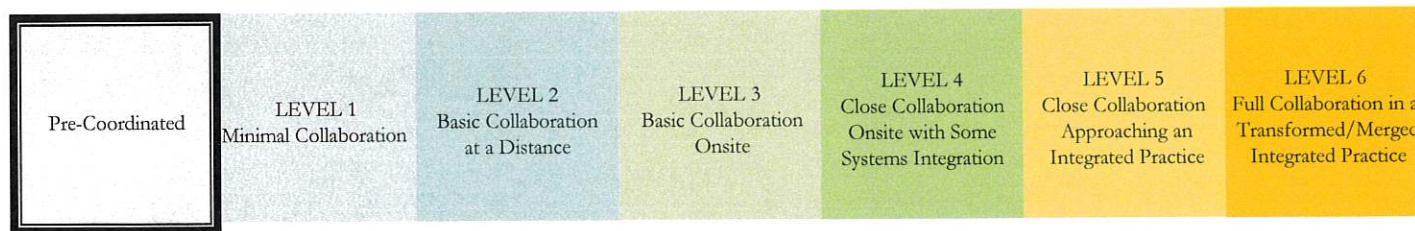
d. Has leadership adopted and committed to integration as the model of care for the whole system?	EXAMPLES: Leadership ensures that system changes are made to document all F scores in the electronic health record (EHR); leadership decides to hire a behavior provider for a primary care clinic after grant funding ends.
e. Is there only 1 treatment plan for all patients and does the care team have access to the treatment plan?	NOTE: Treatment plan includes behavioral AND medical health information. EXAMPLE: Even though there may be a medical record and a behavioral health re (separate EHRs), the treatment plan is included in both and is accessible in real time providers.
f. Are all patients treated by a team?	A care team requires membership from all disciplines.
g. Is population-based screening standard practice, and is screening used to develop interventions for both populations and individuals?	EXAMPLE: All patients are screened for tobacco use, and then offered tobacco ce: the facility. All patients are screened for body mass index (BMI) and then offered w interventions by their primary care provider, or referred to a health coach or wellne: program. EXAMPLE: Facility reviews cardio-metabolic monitoring for all patients on atypical antipsychotics and determines which patients need screening and additional supp reduce cardio-metabolic risk factors; primary care clinic screens all diabetics for de and refers to behavioral health provider, then primary care provider.
h. Does the practice systematically track and analyze outcomes related for accountability and quality improvement?	Population-based measures and outcomes are used in improving population health
<input type="checkbox"/> "No" to any, then Level 5 integrated - STOP	
<input type="checkbox"/> "Yes" to all, then Level 6 integrated - STOP	

Assessment Summary >>

Practice/Location: Northwest Louisiana Human Services District

Date: November 25, 2025

Current Level of Integration: (Circle one)



Assessment Team Completing IPAT: (Names/Position at Practice)

Name: Wendy McDowell, LCSW

Position : Behavioral Health Director

Notes/Comments:

Primary Care Providers (PCPs) are mailed letters notifying them that their patients are being treated at one of our behavioral health clinics. The letters include our diagnosis and any medications we have prescribed. Follow-up letters are sent when the diagnosis or medications that we have prescribed change. Clients without an assigned PCP are assisted with locating a PCP as well as assisted in getting referrals to specialty providers as needed. While PCPs may periodically call us and ask for clarification or additional information, we do not initiate verbal discussions with the PCPs.