



McNeese Autism Program (MAP)

#4 Plan cycle - 4

Plan cycle 2023/2024

7/1/23 - 6/30/24

Introduction

The McNeese State University Autism Program (MAP) is part of the Department of Psychology's nationally recognized training program in applied behavior analysis. The focus of our program is on providing high-quality care. We maintain fairly small caseloads so we can develop and deliver specialized, individual treatment plans for each client we serve. Close collaborations between MAP staff, interns, and doctoral-level faculty ensure our interventions reflect the highest standards of evidence-based practice and treatment delivery.

Performance Objective 1 The MAP will provide community activities and services that enhance educational experiences and the quality of life for the SWLA region and beyond.

1 Assessment and Benchmark

Benchmark: The MAP will provide educational presentations and have some form of community engagement each academic year for a minimum of 3 activities per average FTE. Engagement in the community may be in the form of assisting in fundraising for MAP or other organizations, volunteer activities, or representations to make MAP more visible in the community.

Prior to 2021-2022, the benchmark was a minimum of 2 activities per average FTE.

1.1 Data

Academic Year	Average FTE	Community Engagements	
		Anticipated	Actual
2020-2021	7	14	9
2021-2022*	5.42	17	20
2022-2023	6	18	19
2023-2024	5.5	15	6

*See attached file for list of community engagements.

[2021-2022 Community Engagement - MAP](#) [XLSX 17 KB 8/8/22]

[2022-2023 Community Engagement - MAP](#) [PDF 11 KB 7/25/23]

[2023-2024 Community Engagement MAP](#) [XLSX 9 KB 1/29/25]

1.1.1 Analysis of Data

2020-2021:

Community engagement activities for the 2020-2021 year were limited to 9 because of the pandemic and hurricanes, so we did not meet our goal of 14 anticipated community engagements.

2021-2022:

Community engagement activities for the 2021-2022 year were totaled at 20 exceeding our goal of 17 anticipated community engagements.

2022-2023:

Community engagement activities for the 2022-2023 year totaled 19, exceeding our goal of 18 anticipated community engagements for the fiscal year.

2023-2024:

Based on the information available, it appears that MAP did not meet its goal for fiscal year 2023-2024.

1.1.2 Plan for Continuous Improvement

2020-2021:

- Increase goal to 3 activities per average FTE.
- Continue to provide a financial planning workshop for families with children with disabilities (not able to provide in the 2020-2021 year).
- Seek out additional seminars and workshops where we can actively participate to educate the community about autism services.
- Improvement of our online presence is a key factor in making ourselves known in the community.
- Preparation of a SEO plan should take place.

2021-2022:

- A plan is in place to provide a financial planning workshop for families with children with disabilities this fiscal year.

- Participation in every community resource fair we can attend is on the agenda for this next year.
- I would like to see more people involved in activities in the coming year. We will be adding a community service component to our staff APRs in the next year to be sure everyone is participating in events.
- We continue to strive to make our presence known with our social media accounts. Consistent posts about our activities are planned.
- A formal SEO plan has not happened but will also be put in place.

2022-2023:

- For a fiscal year where we consistently met our goal for 2 years in a row, I would normally increase our goals for the next year. This upcoming fiscal year will be a bit different. We currently are pursuing Behavioral Health Center of Excellence accreditation to be an accredited training facility for ABA therapy. No other facilities in Lake Charles or the surrounding area is currently accredited. There are 5 ABA companies in Louisiana that are currently accredited (some with multiple locations), but they are concentrated in the southeastern portion of the state. This accreditation will take precedence over most other priority projects that were happening in the clinic.
- We have been consistent in posting on our social media account and have a plan in place to continue consistent postings in the coming fiscal year.

2023-2024:

The Operations Director for KDCC/MAP was promoted to the Vice President for Business Affairs. A faculty member in the Department of Psychology and Counseling, who served as the de facto KDCC Clinical Director, who also had some responsibility for MAP, was also promoted to a new position. A Clinical Director was hired during this time period. The Operations Director position has not been filled but there is a plan in place to do so. Filling that position should be a priority for this fiscal year.

The Department of Psychology and Counseling is reviewing the FTE regarding the MAP clinical staff which may positively impact engagement.

2 Assessment and Benchmark

Benchmark: The MAP BCBA's will provide 80 clinical hours of service per week per average FTE BCBA.

2.1 Data

Academic Year	Average FTE	Clinical Hours	
		Anticipated	Actual
2020-2021	4.25	4,519	4,227
2021-2022	2.42	9,298	9,028
2022-2023	3.0	11,472	11,121
2023-2024	3.0	—	—

2.1.1 Analysis of Data

2020-2021:

FY 2021 was difficult to make changes during the year. Because of the pandemic, we were operating at 1/2 capacity all the way up to the point that Hurricane Laura closed the facility. Because MAP had no place on campus to operate, we began looking for temporary space in the community. We found space in a local church, and operated at less than 1/2 capacity for about a month before the ice storm hit in February 2021. Because of the damage in the church, we were forced to vacate that location and work in less-than-ideal space in Hardtner Hall. In March 2021, we also made the decision to shut down for a week because of a cluster outbreak of COVID-19 within our line tech population, which are our student employees who deliver one-on-one services to patients. Finally, in May 2021, we were able to move in to our more permanent temporary space back on campus. Three weeks later, we were closed for the week due to historic flooding. Unprecedented events were at the heart of not meeting this benchmark.

2021-2022:

We were so very close to meeting our target this fiscal year (270 hours short). I believe there were time

periods in here where we were not operating at our full potential. We experienced turnover during the year, which put a lot of pressure on the 2 behavior analysts who were left. We also had several days during the year where we had to cancel services because of planned power or water outages in our temporary buildings. There were also several days where we were closed due to inclement weather. Had it not been for these issues, I feel that we would have met our goal.

2022-2023:

Anticipated Clinical Hours for the Fiscal Year 2023 are 11,472. Because of unanticipated weather-related events and closures weather related outages and clinic continuing education days, we only reached 11,121 clinical hours of service for the year. Had these unanticipated outages not happened, we would have been at 99% of our goal.

2023-2024:

The Operations Director for KDCC/MAP was promoted to the Vice President for Business Affairs. A faculty member in the Department of Psychology and Counseling, who served as the de facto KDCC Clinical Director, who also had some responsibility for MAP, was also promoted to a new position. A Clinical Director was hired during this time period. The Operations Director position has not been filled but there is a plan in place to do so. Filling that position should be a priority for this fiscal year.

2.1.2 Plan for Continuous Improvement

2020-2021:

Clinical hours per week will be monitored throughout the year to ensure that the goal of 80 clinical hours of service per week is reached for FY 2022.

2021-2022:

Our workforce is now back up to 3 BCBAs in the clinic. We are currently working on a plan for transition of job duties from one of our administrative staff transferring within the university to a faculty position. I believe the plan will keep us from experiencing any service disruption. This should allow us to reach our goal for FY 2022-2023.

2022-2023:

I believe I have a good feel for the number of service hours that can potentially be provided in MAP. I need to adjust the goal to reflect the actual days we were open during the year to remove the uncertainty around weather closures, training days, and other unanticipated closures. For 2023-2024 FY, I will need to revise our goal. For the months of July and August, our hours will be at 75% capacity because of losing clients and not immediately replacing them. Part of this is due to the use of BCBAs to work on clinical procedures to prepare for the upcoming site visit for BHCOE training site accreditation, and the other part is due to a lack of willing and trained student workers in our clinic. The summer is always difficult, but with the drop in enrollment in the ABA program, and lack of interest in non-psychology majors, we could not bring in new clients. We should be getting some students back in the program in the fall and anticipate that our numbers will be back up at that time.

2023-2024:

The Operations Director for KDCC/MAP was promoted to the Vice President for Business Affairs. A faculty member in the Department of Psychology and Counseling, who served as the de facto KDCC Clinical Director, who also had some responsibility for MAP, was also promoted to a new position. A Clinical Director was hired during this time period. The Operations Director position has not been filled but there is a plan in place to do so. Filling that position should be a priority for this fiscal year.

Performance Objective 2 The MAP will provide quality of care to patients and their families in the services rendered.

1 Assessment and Benchmark

Benchmarks:

- Response rate: 50%
- ABA staff treated my family with dignity and respect: 95%
- My child has improved their social interaction: 90%
- Overall satisfaction rate: 90%

Prior to 2022-2023, no benchmarks had been established.

1.1 Data

2020-2021:

This is a new assessment that will begin being measured in 2021-2022.

Academic Year	Response Rate	
	#	%
2021-2022	8/26	30.8%
2022-2023	6/12	50%
2023-2024	—	—

Indicator	Academic Year Ending			
	2022	2023	2024	2025
ABA staff treated my family with dignity and respect.	92.5%	93.3%	—	
My child has improved their social interaction.	91.1%	90%	—	
Overall satisfaction rate	90%	88%	—	

1.1.1 Analysis of Data

2020-2021:

This is a new assessment that will begin being measured in 2021-2022.

2021-2022:

- For return rate on surveys, we want >50%, we did not meet this goal.
- For overall satisfaction rate, we want >90%, we did meet this goal.
- For treating family with dignity and respect, we want >95%, we did not meet this goal.
- For improving social interaction, we want >90%, we did meet this goal.

2022-2023:

- For return rate on surveys, we want >50%, we did not meet this goal.
- For overall satisfaction rate, we want >90%, we did not meet this goal.
- For treating family with dignity and respect, we want >95%, we did not meet this goal.
- For improving social interaction, we want >90%, we met this goal.

2023-2024:

The Operations Director for KDCC/MAP was promoted to the Vice President for Business Affairs. A faculty member in the Department of Psychology and Counseling, who served as the de facto KDCC Clinical Director, who also had some responsibility for MAP, was also promoted to a new position. A Clinical Director was hired during this time period. The Operations Director position has not been filled but there is a plan in place to do so. Filling that position should be a priority for this fiscal year.

1.1.2 Plan for Continuous Improvement

2020-2021:

This is a new assessment that will begin being measured in 2021-2022.

2021-2022:

We had a late start with the development with our patient satisfaction survey for last fiscal year. We only sent out surveys once within the year. We will do this on a more consistent basis for FY 2022-2023. We also did not meet our goal for treating family with dignity and respect. I feel like we did not have a good

sample size with the return rate on surveys, and these numbers will get better with a larger sample size. We will spend some time educating our patients and their families on the importance of our surveys and also make sure that all of our staff are trained in the importance of treating everyone with respect and dignity.

2022-2023:

We had one patient who had only been with us for 1 month when the parent received this survey. This skewed our data a bit, as most of the ratings on the survey were answered with an undecided response. If you pull out the data for this one patient, overall satisfaction is 93%, ABA staff treated family with dignity and respect is 96%, and My child has improved their social interaction is also at 96%. For each of these measures, I would like the benchmark to be \geq the target for the next fiscal year. We should also have some more skilled, returning interns joining us in the fall, continuing into the spring, which will help our scores.

2023-2024:

The Operations Director for KDCC/MAP was promoted to the Vice President for Business Affairs. A faculty member in the Department of Psychology and Counseling, who served as the de facto KDCC Clinical Director, who also had some responsibility for MAP, was also promoted to a new position. A Clinical Director was hired during this time period. The Operations Director position has not been filled but there is a plan in place to do so. Filling that position should be a priority for this fiscal year.

2 Assessment and Benchmark

Benchmark: The MAP will refer and follow up on patients for the services offered through the Office of Citizens with Developmental Disabilities.

2.1 Data

2020-2021:

This is a new assessment that will begin being measured in 2021-2022.

2021-2022:

We referred all patients to the Office of Citizens with Developmental Disabilities this year. We were unsuccessful in getting one patient registered with the office, and we were unsuccessful in getting one piece of electronic equipment for one patient this year.

2022-2023:

There were six new patients to the McNeese Autism Program this fiscal year. Of the six new patients, four were referred to the Office of Citizens with Developmental Disabilities, and two were not.

2023-2024:

The Operations Director for KDCC/MAP was promoted to the Vice President for Business Affairs. A faculty member in the Department of Psychology and Counseling, who served as the de facto KDCC Clinical Director, who also had some responsibility for MAP, was also promoted to a new position. A Clinical Director was hired during this time period. The Operations Director position has not been filled but there is a plan in place to do so. Filling that position should be a priority for this fiscal year.

2.1.1 Analysis of Data

2020-2021:

Throughout the time of disarray in the 2020-2021 fiscal year, we have developed many partnerships within the community. One of these partnerships is with Imperial Calcasieu Human Services Authority. With the type of patients we serve within MAP, this partnership has proven the most beneficial to our patients. Many citizens are unaware of the benefits offered through this program, and adding a level of care that layers on services from another organization to benefit the patient and their family is a way to distinguish the clinic from others in the area.

2021-2022:

Our partnership with ImCal has worked out wonderfully. We have referred all of our new patients to ImCal services as a part of our intake process. One patient's family did not apply for services after being referred by us. We would like to see that all of our patients apply for services. We were unable to determine the

reasons for not applying for the services. We were also unsuccessful at receiving a requested electronic device for one of our patients. This was not due to the request that we made, but either lack of funding for that program or not a great enough financial need of the patient.

2022-2023:

It is unclear why 2 of our patients were not referred to the Office of Citizens with Disabilities this year during the intake process. One possible reason could be that one of the clients was close to aging out of service eligibility at his point of entry. The other patients has parents who are not in need, but that should not preclude anyone from applying for services.

2023-2024:

The Operations Director for KDCC/MAP was promoted to the Vice President for Business Affairs. A faculty member in the Department of Psychology and Counseling, who served as the de facto KDCC Clinical Director, who also had some responsibility for MAP, was also promoted to a new position. A Clinical Director was hired during this time period. The Operations Director position has not been filled but there is a plan in place to do so. Filling that position should be a priority for this fiscal year.

2.1.2 Plan for Continuous Improvement

2020-2021:

2021-2022:

In conjunction with ImCal, we will create some informational flyers to periodically send out to our patients on the services available through ImCal HSA. We will continue with our intake process of referring 100% of our clients to their services as well. This seems to have helped greatly with steering our families in the right direction for assistance that they did not know was available. We will also incorporate this education into training our interns to recognize when there may be a need that ImCal can assist with.

2022-2023:

Since we had 2 clients who were not referred to services with ImCal during the intake process, we will add the question to the intake packet. This will ensure that all families are being referred for services. In addition, to referring families for services, it is also important to follow up on a routine basis with those families who have not acted on applying for eligibility. While we cannot force families to apply, we can provide gentle reminders of the potential benefits they could be receiving.

2023-2024:

The Operations Director for KDCC/MAP was promoted to the Vice President for Business Affairs. A faculty member in the Department of Psychology and Counseling, who served as the de facto KDCC Clinical Director, who also had some responsibility for MAP, was also promoted to a new position. A Clinical Director was hired during this time period. The Operations Director position has not been filled but there is a plan in place to do so. Filling that position should be a priority for this fiscal year.

Performance Objective 3 The MAP will exercise economic competence in the management of state resources with regard to both financial and human resources.

1 Assessment and Benchmark

Benchmark: The MAP will generate revenue in excess of \$190,000 per BCBA for the operating year.

Prior to 2023-2024, the benchmark was to generate revenue in excess of \$200,000 per BCBA.

Prior to 2022-2023, the benchmark was to generate revenue in excess of \$160,000 per BCBA.

1.1 Data

Academic Year	Average FTE	Annual Revenue	
		Anticipated	Actual
2021-2022	2.42	\$387,200	\$495,893
2022-2023	3	\$600,000	\$641,370
2023-2024	3	—	—

1.1.1 Analysis of Data

2020-2021:

FY 2021 was difficult to make changes during the year. Because of the pandemic, we were operating at 1/2 capacity all the way up to the point that Hurricane Laura closed the facility. Because MAP had no place on campus to operate, we began looking for temporary space in the community. We found space in a local church and operated at less than 1/2 capacity for about a month before the ice storm hit in February 2021. Because of the damage in the church, we were forced to vacate that location and work in less-than-ideal space in Hardtner Hall. In March 2021, we also made the decision to shut down for a week because of a cluster outbreak of COVID-19 within our line tech population, which are our student employees who deliver one-on-one services to patients. Finally, in May 2021, we were able to move into our more permanent temporary space back on campus. Three weeks later, we were closed for the week due to historic flooding. Unprecedented events were at the heart of not meeting this benchmark.

2021-2022:

Anticipated revenue for the fiscal year 2022 was 387,200. Actual revenue for the fiscal year 2022 was 495,893. We were able to meet our goal for this benchmark for 2022. When goals were set for the fiscal year, I assumed we would be at 4 BCBA's working in the clinic for most of the fiscal year. Shortly after the year started and we were settled in our modular buildings, the clinical director resigned. The 2 remaining BCBA's really put a lot of work into managing the patient caseloads we had with 3 BCBA's, so as not to disrupt patient care. This pushed them beyond the case load they would normally be able to attain, but this is not sustainable on a long-term basis.

2022-2023:

Anticipated Revenue for the Fiscal Year 2023 was 600,000, actual patient revenue for the year was 641,370. We picked up several patients this year with insurance coverage that pays better than Medicaid rates. Historically most of our payers have been part of the Managed Care Organizations that pay at Medicaid rates. Since we have patients that pay at higher rates, our patient revenue went up.

2023-2024:

The Operations Director for KDCC/MAP was promoted to the Vice President for Business Affairs. A faculty member in the Department of Psychology and Counseling, who served as the de facto KDCC Clinical Director, who also had some responsibility for MAP, was also promoted to a new position. A Clinical Director was hired during this time period. The Operations Director position has not been filled but there is a plan in place to do so. Filling that position should be a priority for this fiscal year.

1.1.2 Plan for Continuous Improvement

2020-2021:

2021-2022:

Considering we will not be able to hire a 4th BCBA while we are in the modular buildings, this goal should be increased to generating in excess of \$200,000 per BCBA.

2022-2023:

In anticipation of the site visit for the BHCOE accreditation, we will need to adjust our benchmark in this category. Since we are changing patient volume to be at 75 percent capacity for July and August, we should also reflect this change in patient revenue for these two months of the fiscal year. Modify benchmark, "MAP will generate revenues in excess of \$190,000 per BCBA for the operating year."

2023-2024:

The Operations Director for KDCC/MAP was promoted to the Vice President for Business Affairs. A faculty member in the Department of Psychology and Counseling, who served as the de facto KDCC Clinical Director, who also had some responsibility for MAP, was also promoted to a new position. A Clinical Director was hired during this time period. The Operations Director position has not been filled but there is a plan in place to do so. Filling that position should be a priority for this fiscal year.

2 Assessment and Benchmark

Benchmark: The MAP will generate net income of no less than 10% of revenue on an annual basis.

Prior to 2023-2024, the benchmark was to generate net income of no less than 5% of revenue.

Prior to 2022-2023, the benchmark was to generate net income of no less than 10% of revenue.

2.1 Data

Fiscal Year	Net Income	% of Revenue
2021	\$14,830	—
2022	-\$50,017	—
2023	\$68,856.38	10.7%
2024	—	—

2.1.1 Analysis of Data

2020-2021:

All efforts to mitigate losses to MAP were put forth after both the pandemic shut down and the hurricanes last year. Revenues and expenses will be monitored on a monthly basis by the operations director of MAP. Financials will be generated and distributed at monthly meetings with clinical staff and faculty. Clinical staff, administrative staff, faculty, the dean, as well as University administration were aware of the financial situation throughout this whole fiscal year.

2021-2022:

MAP generated a net loss for the fiscal year of \$50,017. Because we were not able to hire the 4th BCBA, and we operated during the year with 2 BCBAs, we did not meet our Net Income goal. Salaries and benefits expenses make up over 90% of our expenses, which do not fluctuate much, so revenue projections are imperative to meet. Without having the anticipated 4 BCBAs for the year, the total revenue number we needed was not enough to cover our salary/benefits expense.

2022-2023:

MAP generated net income this fiscal year of \$68,856 and operated a full year with 3 full caseload BCBAs. This hit the original target of generating net income of 10% of patient revenue. It is crucial for us to have a minimum of 3 BCBAs with a full caseload to exceed the revenue requirements to support our full-time employee expenses.

2023-2024:

The Operations Director for KDCC/MAP was promoted to the Vice President for Business Affairs. A faculty member in the Department of Psychology and Counseling, who served as the de facto KDCC Clinical Director, who also had some responsibility for MAP, was also promoted to a new position. A Clinical Director was hired during this time period. The Operations Director position has not been filled but there is a plan in place to do so. Filling that position should be a priority for this fiscal year.

2.1.2 Plan for Continuous Improvement

2020-2021:

2021-2022:

Until we have more stable operations and can increase patient loads (we are restricted because of space issues while we are in the modular buildings), we should adjust the goal for MAP to generate net income of 5% of revenue.

2022-2023:

With operations stabilized, we will adjust the benchmark back to generating net income of no less than 10% of revenue. We have had staffing issues with our part time student employees very recently and have implemented a market adjustment to their pay rates as well as a pay scale that will coincide with the level of treatment they are able to provide to our patients. Their progression towards higher levels of patient care will be assessed each fall/spring semester, and the pay increases will take effect the next semester. This will impact our net income at the end of the year, which is the reasoning that I am not increasing the percentage to more than 10%. We are also currently advertising for an additional BCBA to add to our provider staff, although it is unclear at what point we will have that person hired and ready to begin seeing

patients.

2023-2024:

The Operations Director for KDCC/MAP was promoted to the Vice President for Business Affairs. A faculty member in the Department of Psychology and Counseling, who served as the de facto KDCC Clinical Director, who also had some responsibility for MAP, was also promoted to a new position. A Clinical Director was hired during this time period. The Operations Director position has not been filled but there is a plan in place to do so. Filling that position should be a priority for this fiscal year.

3 Assessment and Benchmark

Benchmark: The MAP will experience a turnover rate of no more than 22.5% of FTEs on an annual basis.

Prior to 2022-2023, the benchmark was a turnover rate of no more than 15%.

3.1 Data

Academic Year	FTE			Employees Terminated	Turnover Rate
	Start	End	Average		
2020-2021	9	6	7.5	4	53%
2021-2022	6	6	6	1	17%
2022-2023	6	6	6	1	17%
2023-2024	6	5	5.5	0	0

3.1.1 Analysis of Data

2020-2021:

The closure of the clinic due to the pandemic and the hurricanes necessitated a reduction in expenses. After careful consideration of options to move the clinic forward, the operations director met with the department heads, the dean, the VP of Academic Affairs and Enrollment Management, and the VP of Business Affairs to present a plan to provide some financial stability and an opportunity to grow the clinic back to a sustainable capacity. This plan required two BCBA positions to be removed. In addition to this turnover, a poor performing employee resigned after an unsatisfactory job performance review, and a higher performing employee resigned due to an offer of employment at a rate of almost 40% more than salary at McNeese.

2021-2022:

We did not meet this goal. In August of 2021, the Clinical Director of MAP resigned due to personal reasons. One of the remaining 2 BCBAs was promoted to Clinical Director in February of 2022, and in April 2022 we re-hired a BCBA who resigned in December of 2020.

2022-2023:

Our turnover rate for the fiscal year was 17%. We did meet the goal of 22.5% or less. Laura Oliver was previously our Clinics Coordinator, and was offered a faculty position at a substantial increase in pay in the HSM department.

2023-2024:

The Operations Director for KDCC/MAP was promoted to the VP of Business Affairs. The position has not yet been filled.

3.1.2 Plan for Continuous Improvement

2020-2021:

2021-2022:

After review of industry turnover rates in autism clinics, I believe we need to adjust this goal. For a university, 15% is a fair rate, but when you consider rates for ABA services as a whole, that average annual turnover rate is closer to 30%. I believe we should be somewhere in between these two industry rates since we are a small autism clinic that operates on a university campus. I recommend adjusting the goal to 22.5% annual turnover.

2022-2023:

The employee who transferred to another department chose to take the position to make a better financial situation for her family. While this was not the best outcome for the department, it is what was right for her family, and we have since filled her position with another employee that is performing equally as well. No adjustments to the benchmark are required, and no changes to current employee retention efforts are being made.

2023-2024:

The Operations Director for KDCC/MAP was promoted to the Vice President for Business Affairs. A faculty member in the Department of Psychology and Counseling, who served as the de facto KDCC Clinical Director, who also had some responsibility for MAP, was also promoted to a new position. A Clinical Director was hired during this time period. The Operations Director position has not been filled but there is a plan in place to do so. Filling that position should be a priority for this fiscal year.