



## McNeese Autism Program (MAP)

#2 Plan cycle - 2  
Plan cycle 2021/2022  
7/1/21 - 6/30/22

## 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     |

\*See attached file for list of community engagements.

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

**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.

**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.

**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  |

**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.

**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 BCBA's 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.

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

**1 Assessment and Benchmark**

Benchmark: The MAP will identify key survey results and goals to meet based on data collected from the patient satisfaction survey administered on a semi-annual basis to all families involved in the program.

**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% |

| Indicator | Academic Year Ending |      |      |      |
|-----------|----------------------|------|------|------|
|           | 2022                 | 2023 | 2024 | 2025 |
|           |                      |      |      |      |

|   |       |  |  |  |
|---|-------|--|--|--|
| ABA Staff treated my family with dignity and respect. | 92.5% |  |  |  |
| My child has improved their social interaction.       | 91.1% |  |  |  |
| Overall satisfaction rate                             | 90%   |  |  |  |

### 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.

### 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.

## 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.

#### 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.

#### 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.

**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 \$160,000 per BCBA for the operating year.

**1.1 Data**

| Academic Year | Average FTE | Annual Revenue |           |
|---------------|-------------|----------------|-----------|
|               |             | Anticipated    | Actual    |
| 2021-2022     | 2.42        | \$387,200      | \$495,893 |

**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 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:

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 case loads 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.

**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.

**2 Assessment and Benchmark**

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

**2.1 Data**

| Fiscal Year | Net Income | % of Revenue |
|-------------|------------|--------------|
| 2021        | \$14,830   | —            |
| 2022        | -\$50,017  | —            |

**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 BCBA's, 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 BCBA's for the year, the total revenue number we needed was not enough to cover our salary/benefits expense.

**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.

**3 Assessment and Benchmark**

Benchmark: The MAP will experience a turnover rate of no more than 15% of FTEs on an annual basis.

**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%           |

**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 BCBA's was promoted to Clinical Director in February of 2022, and in April 2022 we re-hired a BCBA who resigned in December of 2020.

**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.

