

5-Year Strategic Plan  
FY 2026-2027 through FY 2030-2031

LDH Agency Listing

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09-300	Jefferson Parish Human Services Authority (JPHSA)
09-301	Florida Parishes Human Services Authority (FPHSA)
09-302	Capital Area Human Services District (CAHSD)
09-303	Developmental Disabilities Council (DD Council)
09-304	Metropolitan Human Services District (MHSD)
09-305	Medical Vendor Administration (MVA)
09-306	Medical Vendor Payments (MVP)
09-307	Office of the Secretary (OS)
09-309	South Central Louisiana Human Services Authority (SCLHSD)
09-310	Northeast Delta Human Services Authority (NEDHSA)
09-320	Office of Aging & Adult Services (OAAS)
09-324	Louisiana Emergency Response Network Board (LERN)
09-325	Acadiana Area Human Services District (AAHSD)
09-326	Office of Public Health (OPH)
09-327	Office of the Surgeon General (OSG)
09-330	Office of Behavioral Health (OBH)
09-340	Office for Citizens with Developmental Disabilities (OCDD)
09-350	Office on Women's Health and Community Health (OWHCH)
09-375	Imperial Calcasieu Human Services Authority (ImCAL)
09-376	Central Louisiana Human Services District (CLHSD)
09-377	Northwest Louisiana Human Services District (NLHSD)



## 09-300 Jefferson Parish Human Services Authority

Jefferson Parish Human Services Authority has one program: Jefferson Parish Human Services Authority.

Jefferson Parish Human Services Authority (JPHSA), a Local Governing Entity serving the residents of Jefferson Parish, includes the following activities: Behavioral Health Community Services (community-based services for individuals with serious mental illness, emotional and behavioral disorders, and/or addictive disorders); Developmental Disabilities Community Services (the single point of entry for person- and family-centered services and supports for individuals with developmental disabilities); JeffCare (fully integrated behavioral health and primary care services); and, Compliance & Performance Support/Business Operations (legal and regulatory compliance, quality management, decision support, revenue cycle management, accounting, risk management, information technology management, and facility/infrastructure support and management).

Jefferson Parish Human Services Authority's Principle Service Recipients per Board of Directors' Mandated Priorities:

- Persons and families in crisis related to mental illness, addictive disorders and/or developmental disabilities shall have their crisis resolved and a safe environment restored.
- Persons with serious and disabling mental illness, addictive disorders and/or developmental disabilities shall make use of natural supports, health care, community resources, and participate in the community.
- Persons not yet identified with specific serious or moderate mental illness, addictive disorders, developmental disabilities and/or health needs but, who are at significant risk of such disorders due to the presence of empirically established risk factors or the absence of the empirically established protective factors, do not develop the problems for which they are at risk.
- Persons with mild to moderate needs related to mental illness, addictive disorders and/or developmental disabilities shall make use of natural supports, health care, community resources, and participate in the community.

### **JPHSA Goals**

Goal I: Support sustainability of resources through implementation of evidence-based, best and promising practices.

Goal II: Attract and retain a qualified workforce committed to the Mission and to achieving the Vision.

JPHSA is organized under the following provisions of the Louisiana Revised Statutes (LSA-RS): R.S. 28:771 (C), R.S. 36:254 (E), R.S. 28:910-918, and related statutes.

## **Strategic Planning Process**

Data gathering and analysis for Strategic Planning is a continuous process at JPHSA. Under the Policy Governance model, the Board of Directors is responsible for intentional and constructive dialogue with “owners,” i.e. the residents of Jefferson Parish. The Board accomplishes such “linkages” through formalized interactions with recognized community leaders, guided discussions with community members, and participation in organizational meetings, etc. Board members document and share information during each Board meeting.

The Executive Director and staff, i.e. Division Directors, are responsible for obtaining information from service recipients and stakeholders. They may gather data from community forums, surveys, comment boxes, the Behavioral Health Regional Advisory Council, the Developmental Disabilities Regional Advisory Committee, Jefferson Parish Behavioral Health Taskforce, High Intensity Drug Trafficking Area Program, Health Resources Services Administration population health data, Children and Youth Planning Board, directly from Parish Council members, directly from Parish departments (e.g. Parish President’s office), Criminal Justice Coordinating Council, adult and juvenile courts etc. Depending on the type and availability of data, analysis is completed on a quarterly or annual basis. Additionally, they utilize information from internal and external monitoring, fidelity to evidence-based practices, capacity tracking, mortality data, data released by the Health Resources Services Administration, Substance Abuse Mental Health Services Administration, Bureau of Justice Administration, and other legitimate research entities.

Based on data collection and analysis, the Board revisits JPHSA’s Mission and Board ENDS (priorities for allocation of resources) on a bi-annual basis; and the Executive Director and Division Directors update business plans tied to achievement of Strategic Plan goals and objectives, on a regular basis. Following, the Strategic Plan is adjusted as needed.

## **External/Internal Factors that May Affect the Achievement of Goals/Objectives**

### Threats

- Recruitment of qualified workforce within a fixed Civil Service system
- Critical shortage of prescribers, nurses and behavioral health providers.
- Uncertainty of funding

### Opportunities

- Improvement of payor mix by review and analysis of historical data and trends.
- Optimize utilization of integration of care.
- Optimize utilization of centralized care coordination.

Strategies to mitigate threats and/or barriers include diversification of funding streams; restructure of payor mix; expansion of integrated services; ongoing performance and quality improvement initiatives; focus on staff development and retention; maintenance of accreditation with the Council on Accreditation; and Patient-Centered Medical Home Recognition with the National Committee for Quality Assurance. Overall responsibility for implementation and monitoring of these strategies rests with the JPHSA Executive Director along with full and ad hoc members of JPHSA’s Executive Management Team.

### **Methods Used to Avoid Duplication of Effort**

Louisiana Revised Statutes define roles and responsibilities. The JPHSA Board of Directors sets Mission and Priorities. The Executive Director and under their direction, members of the Executive Management Team, are accountable for carrying out Board Priorities through integrated strategic, operational, budget, and service planning. These individuals are also accountable for ongoing collaboration with community stakeholders to ensure coordination of service delivery and conservation of resources.

### **Program Evaluations Used to Develop Goals, Objectives, and Strategies**

JPHSA's strategic planning process is guided by the Mission and Priorities as set forth by the Board of Directors and by Vision and Philosophy as set forth by its Executive Management Team.

Evaluation of goals and objectives along with the strategies and tactics adopted to achieve them is ongoing and rooted in data-driven decision-making. Further, JPHSA's Performance & Quality Improvement Plan sets both the tone and expectations for continuous self-examination involving all levels of staff.

Jefferson Parish Human Services Authority actively solicits input and feedback from community leaders, stakeholders, referral sources, individuals receiving services and their families, community members and organizations via Board linkages, the Executive Director's linkages, and staff members. Tools used to gather data include surveys, guided discussions, public forums, needs assessment via governmental and stakeholder relations, and external evaluation by grantors and the Legislative Auditor. Additionally, service delivery areas continuously monitor fidelity for evidence-based practices, and the Compliance & Performance Support Division conducts ongoing internal audits of performance, outcomes, practices and procedures using Council on Accreditation and Person-Centered Medical Home standards. Corrective and/or performance and quality improvement actions follow as warranted.

### **Maintenance of Agency Performance-Based Budgeting Records**

JPHSA maintains and preserves all documents used in the development of Strategic and Operational Plans as well as the data used for the completion of quarterly performance progress reports through the Louisiana Performance Accountability System (LaPAS) according to the state's record retention laws (R.S. 44:36) for a period of at least three years from the date on which the record was made.

### **Monitoring and Evaluation of Reported Data**

JPHSA reviews performance on a quarterly basis. This includes, but not limited to, strategic planning, operational planning, and Performance Quarterly reporting. Explanatory notes are required for positive or negative variances greater than 5% from quarterly performance indicator targets. In addition, at the close of a fiscal year, JPHSA reviews and evaluate their performance in order to determine if the information gained from this review should be used to improve strategic and operational metrics, or strengthen program management initiatives.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THESE OBJECTIVES:** Youth with an emotional disturbance and/or at risk of developing a diagnosis, and their families; individuals with a serious mental health and/or a co-occurring diagnosis; individuals

with severe, chronic disabilities attributable to an intellectual or physical impairment or combination of intellectual and physical impairments; the uninsured, underinsured, and insured individuals and families who reside in Jefferson Parish; individuals in need of connection to and engagement with internal and/or external resources; individuals in need of services and the Jefferson Parish community as a whole; those who provide resources & support services; supervisors and new employees; individuals served by JPHSA and its programs; and service recipients and JPHSA staff.

**Objective I:**

The Behavioral Health Community Services activity, provides a continuum of services to individuals of all ages, and retain or acquire resources needed to sustain such programs through the end of FY2030-2031.

**Objective II:**

The Developmental Disabilities Community Services activity, provides a continuum of services to individuals of all ages, and retain or acquire resources needed to sustain such programs through the end of FY2030-2031.

**Objective III:**

The JeffCare activity, provides a continuum of services to individuals of all ages, and retain or acquire resources needed to sustain such programs through the end of FY2030-2031.

**Objective IV:**

The Compliance & Performance Support/Business Operations activity ensures efficient utilization of resources in support of the Mission, as well as sound business practices that meet legal, regulatory, ethical, and accreditation requirements and promote continuous performance and quality improvement through FY2030-2031.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Jefferson Parish Human Services Authority

**ACTIVITY:** Behavioral Health Community Services

**OBJECTIVE:** Through the Behavioral Health Community Services activity, provide a continuum of services to individuals of all ages, and retain or acquire resources needed to sustain such programs through the end of FY2030-2031.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Youth with an emotional disturbance and/or at risk of developing a diagnosis, and their families.

**INDICATOR NAME:** Percent of payor denials for Functional Family Therapy (FFT), Multi-Systemic Therapy (MST), and Community Psychiatric & Supportive Treatment (CPST) services.

**LaPAS PI Code:** 26070

1. **Type and Level:** Outcome/Supportive
2. **Rationale:** The indicator assists with tracking consistency of available resources for support of FFT, MST, and CPST services.
3. **Use:** Data is used to educate therapists about appropriate resource management strategies.
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** The Division Director monitors data on a quarterly basis.
6. **Data Source, Collection and Reporting:** Data is obtained from JPHSA's electronic health system.
7. **Calculation Methodology:** Numerator = total number of denied claims. Denominator = total number of claims submitted to payors.
8. **Scope:** All reimbursable services are included.
9. **Caveats:** None
10. **Responsible Person:** Jennifer Zinter, Director, Behavioral Health Community Services. Telephone: 504-838-5702. Fax: 504-838-5706. E-mail: [jzinter@jphsa.org](mailto:jzinter@jphsa.org)[jzinter@jphsa.org](mailto:jzinter@jphsa.org)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Jefferson Parish Human Services Authority

**ACTIVITY:** Behavioral Health Community Services

**OBJECTIVE:** Through the Behavioral Health Community Services activity, provide a continuum of services to individuals of all ages, and retain or acquire resources needed to sustain such programs through the end of FY2030-2031.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Individuals with a serious mental health and/or a co-occurring diagnosis.

**INDICATOR NAME:** Percent of adults receiving community-based services who remain in the community without a hospitalization.

**LaPAS PI Code:** 25519

1. **Type and Level:** Outcome/Supportive
2. **Rationale:** Research shows that community-based services, such as Mobile Crisis Services, Supportive Housing and Assertive Community Treatment, reduce psychiatric hospitalizations.
3. **Use:** This indicator is used to measure the efficacy of services delivered by programs/providers.
4. **Clarity:** Community tenure is defined as the absence of psychiatric hospitalizations.
5. **Accuracy, Maintenance, Support:** The Clinical & Support Services Manager for the Behavioral Health Community Services Division monitors data on a quarterly basis.
6. **Data Source, Collection and Reporting:** Data is compiled through review of monthly and quarterly reports of programs providing adult community-based services through internal or contractual agreements.
7. **Calculation Methodology:** Numerator = total number of adults who remain in the community without a hospitalization. Denominator = the total number of adults served through Behavioral Health Community Services internal or contractual agreements.
8. **Scope:** This is an aggregated statistic extracted from the total number of adults receiving supports through programs affiliated with Behavioral Health Community Services through internal or contractual agreements.
9. **Caveats:** There are instances in which individuals are referred to start services when currently hospitalized. These individuals are excluded from the calculation.
10. **Responsible Person:** Jennifer Zinter, Director, Behavioral Health Community Services. Telephone: 504-838-5702. Fax: 504-838-5706. E-mail: [jzinter@jphsa.org](mailto:jzinter@jphsa.org)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Jefferson Parish Human Services Authority

**ACTIVITY:** Behavioral Health Community Services

**OBJECTIVE:** Through the Behavioral Health Community Services activity, provide a continuum of services to individuals of all ages, and retain or acquire resources needed to sustain such programs through the end of FY2030-2031.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Individuals with a serious mental health and/or co-occurring diagnosis.

**INDICATOR NAME:** Percent of adults receiving community-based services who remain in stable housing.

**LaPAS PI Code:** 25520

1. **Type and Level:** Outcome/Supportive
2. **Rationale:** Adults with severe behavioral health issues are more likely to experience homelessness. Community-based services, including Supportive Housing and Assertive Community Treatment, increase housing stability in this population.
3. **Use:** This indicator is used to measure the efficacy of services delivered by providers.
4. **Clarity:** Housing stability is defined as the absence of episodes of homelessness.
5. **Accuracy, Maintenance, Support:** The Clinical & Support Services Manager for the Behavioral Health Community Services Division monitors data on a quarterly basis.
6. **Data Source, Collection and Reporting:** Data is compiled through review of monthly and quarterly reports of programs providing adult community-based services through internal and contractual agreements.
7. **Calculation Methodology:** Numerator = total number of adults stably housed. Denominator = total number of adults served through Behavioral Health Community Services.
8. **Scope:** This is an aggregated statistic extracted from the total number of adults receiving supports through programs in and affiliated with Behavioral Health Community Services. .
9. **Caveats:** There are instances in which individuals are referred and Behavioral Health Community Services while either hospitalized or homeless. These individuals are excluded from the calculation.
10. **Responsible Person:** Jennifer Zinter, Director, Behavioral Health Community Services. Telephone: 504-838-5702. Fax: 504-838-5706. E-mail: jzinter@jphsa.org



## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Jefferson Parish Human Services Authority

**ACTIVITY:** Behavioral Health Community Services

**OBJECTIVE:** Through the Behavioral Health Community Services activity, provide a continuum of services to individuals of all ages, and retain or acquire resources needed to sustain such programs through the end of FY2030-2031.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Youth with an emotional disturbance and/or at risk of developing a diagnosis, and their families.

**INDICATOR NAME:** Percent of individual completing Multi-Systemic Therapy (MST) living in the home.

**LaPAS PI Code:** 26068

1. **Type and Level:** Outcome/Supportive
2. **Rationale:** The indicator measures treatment effectiveness.
3. **Use:** Data is used to determine effectiveness of services.
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** The Multi-Systemic Therapy Institute (MSTI) provides a web-based system for data collection and assessment and is responsible for the reliability and validity of the analysis.
6. **Data Source, Collection and Reporting:** A JPHSA discharge form is completed by therapists, supervisors and consultants each time an individual is discharged from the program. The data is entered into the discharge summary form in the MSTI database, which auto-calculates outcomes for all youth discharged during the prescribed reporting timeframe. The database is maintained by the MSTI data analysts and verified by JPHSA Multi-Systemic Therapy services.
7. **Calculation Methodology:** The MSTI web-based system auto-calculates the statistic.
8. **Scope:** Individuals discharged from Multi-Systemic Therapy during the reporting period are included.
9. **Caveats:** None
10. **Responsible Person:** Jennifer Zinter, Director, Behavioral Health Community Services. Telephone: 504-838-5702. Fax: 504-838-5706. E-mail: [jzinter@jphsa.org](mailto:jzinter@jphsa.org)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Jefferson Parish Human Services Authority

**ACTIVITY:** Behavioral Health Community Services

**OBJECTIVE:** Through the Behavioral Health Community Services activity, provide a continuum of services to individuals of all ages, and retain or acquire resources needed to sustain such programs through the end of FY2030-2031.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:**  
Youth with an emotional disturbance and/or at risk of developing a diagnosis, and their families

**INDICATOR NAME:** Percent of individuals completing Functional Family Therapy (FFT) living in the home.

**LaPAS PI Code:** 26069

1. **Type and Level:** Outcome/Supportive
2. **Rationale:** The indicator measures treatment effectiveness.
3. **Use:** Data is used to determine effectiveness of services.
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** The FFT Client Services System (CSS) provides a web-based system for data collection and assessment and is responsible for the reliability and validity of the analysis.
6. **Data Source, Collection and Reporting:** A JPHSA discharge form is completed by therapists each time an individual is discharged from the program. The data is entered into the termination summary form in the CSS database, which auto-calculates outcomes for all individuals discharged during the prescribed reporting timeframe. The database is maintained by FFT Inc. data analysts and verified by JPHSA Functional Family Therapy services.
7. **Calculation Methodology:** The FFT CSS web-based system auto-calculates the statistic.
8. **Scope:** Individuals discharged from Functional Family Therapy during the reporting period are included.
9. **Caveats:** None
10. **Responsible Person:** Jennifer Zinter, Director, Behavioral Health Community Services. Telephone: 504-838-5702. Fax: 504-838-5706. E-mail: [jzinter@jphsa.org](mailto:jzinter@jphsa.org)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Jefferson Parish Human Services Authority

**ACTIVITY:** Behavioral Health Community Services

**OBJECTIVE:** Through the Behavioral Health Community Services activity, provide a continuum of services to individuals of all ages, and retain or acquire resources needed to sustain such programs through the end of FY2030-2031.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Individuals with a serious mental health and/or a co-occurring diagnosis.

**INDICATOR NAME:** Percent of individuals participating in Supported Employment engaged in paid employment within 90 days.

**LaPAS PI Code:** 26496

1. **Type and Level:** Outcome/Supportive
2. **Rationale:** Adults with severe behavioral health issues are more likely to experience unemployment. Supported Employment programs increase employment rates for this population.
3. **Use:** This indicator is used to measure the efficacy of services delivered by providers.
4. **Clarity:** Employment is defined as competitive employment in an integrated work setting.
5. **Accuracy, Maintenance, Support:** The Clinical & Support Services Manager for the Behavioral Health Community Services Division monitors data on a quarterly basis.
6. **Data Source, Collection and Reporting:** Data is compiled through review of monthly and quarterly reports.
7. **Calculation Methodology:** Numerator = total number of adults employed within 90 days of starting JPHSA's program. Denominator = total number of adults served in the Supported Employment program through the Behavioral Health Community Services activity.
8. **Scope:** This is an aggregated statistic extracted from the total number of adults receiving Supported Employment services through the Behavioral Health Community Services activity.
9. **Caveats:** Individuals that leave the program prior to 90 days are excluded.
10. **Responsible Person:** Jennifer Zinter, Director, Behavioral Health Community Services. Telephone: 504-838-5702. Fax: 504-838-5706. E-mail: [jzinter@jphsa.org](mailto:jzinter@jphsa.org)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Jefferson Parish Human Services Authority

**ACTIVITY:** Developmental Disabilities Community Services

**OBJECTIVE:** Through the Developmental Disabilities Community Services activity, provide a continuum of services to individuals of all ages, and retain or acquire resources needed to sustain such programs through the end of FY2030-2031.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:**

Individuals with severe, chronic disabilities attributable to an intellectual or physical impairment or combination of intellectual and physical impairments.

**INDICATOR NAME:** Percent of new system entry applications received and completed within 45 calendar days.

**LaPAS PI Code:** 26071

1. **Type and Level:** Output/Key
2. **Rationale:** Timely identification and intervention can have a significant positive impact on an individual with a developmental disability with regard to learning new skills, remaining in the community, improving independence and productivity as well as reducing the need for more costly interventions over time.
3. **Use:** Data is used to monitor provision of timely eligibility determination.
4. **Clarity:** Individuals requesting entry into the developmental disabilities service system participate in eligibility determination based on the definition of a developmental disability contained in the Louisiana R.S. 28:451.2. JPHSA serves as the Single Point of Entry for individuals to receive developmental disabilities services in Jefferson Parish.
5. **Accuracy, Maintenance, Support:** Entry Unit staff collect and input data in the Participant Services Data System. The Participant Services Data System Coordinator is responsible for monitoring timeliness and accuracy.
6. **Data Source, Collection and Reporting:** Data is extracted monthly from the Participant Services Data System for all persons requesting developmental disabilities services. The Quality Assurance Coordinator is responsible for monthly monitoring and quarterly reporting of eligibility determinations.
7. **Calculation Methodology:** Numerator = total number of Statements of Approvals (SOA) and Statements of Denials (SOD) completed within 45 calendar days. Denominator = total number of SOAs and SODs completed.
8. **Scope:** The statistic represents the population of individuals requesting eligibility determination.
9. **Caveats:** None
10. **Responsible Person:** Nicole Sullivan-Green, M.A., LPC, Director, Developmental Disabilities Community Services. Telephone: 504-838-5321. Fax: 504-838-5400. E-mail: [ngreen@jphsa.org](mailto:ngreen@jphsa.org)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Jefferson Parish Human Services Authority

**ACTIVITY:** Developmental Disabilities Community Services

**OBJECTIVE:** Through the Developmental Disabilities Community Services activity, provide a continuum of services to individuals of all ages, and retain or acquire resources needed to sustain such programs through the end of FY2030-2031.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:**

Individuals with severe, chronic disabilities attributable to an intellectual or physical impairment or combination of intellectual and physical impairments

**INDICATOR NAME:** Total unduplicated number of individuals receiving developmental disabilities community-based services.

**LaPAS PI Code:** 26072

1. **Type and Level:** Output/Key
2. **Rationale:** Individuals with developmental disabilities need community-based services to promote a productive community life at home, school, and/or work. The data provides a measure of service utilization and an indication of need.
3. **Use:** This indicator, in conjunction with others, is used in service planning and implementation.
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** JPHSA's Developmental Disabilities Community Services Administrative Team and Personal Support Coordinators collect and track data on individuals receiving developmental disabilities community-based services.
6. **Data Source, Collection and Reporting:** Personal Support Coordinators and support staff track data using an internal spreadsheet; information is documented in the Participant Services Data System and reported quarterly throughout the fiscal year.
7. **Calculation Methodology:** Individual data is extracted from the Participant Services Data System and an internally managed spreadsheet specific to individuals receiving developmental disabilities community-based services, then is counted.
8. **Scope:** The statistic represents only individuals who receive developmental disabilities community-based services from JPHSA through the course of the fiscal year.
9. **Caveats:** None
10. **Responsible Person:** Nicole Sullivan-Green, M.A., LPC, Director, Developmental Disabilities Community Services. Telephone: 504-838-5321. Fax: 504-838-5400. E-mail: [ngreen@jphsa.org](mailto:ngreen@jphsa.org).

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Jefferson Parish Human Services Authority

**ACTIVITY:** Developmental Disabilities Community Services

**OBJECTIVE:** Through the Developmental Disabilities Community Services activity, provide a continuum of services to individuals of all ages, and retain or acquire resources needed to sustain such programs through the end of FY2030-2031.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:**

Individuals with severe, chronic disabilities attributable to an intellectual or physical impairment or combination of intellectual and physical impairments

**INDICATOR NAME:** Percent of Individual and Family Support recipients who remain living in the community vs. institution.

**LaPAS PI Code:** 22936

1. **Type and Level:** Outcome/Supportive
2. **Rationale:** Individual and Family Support services enhance the successful functioning of individuals with developmental disabilities so they can live in their own homes or with their families.
3. **Use:** Data is used to monitor program quality and effectiveness in achieving the personal outcomes of individuals with developmental disabilities for successful functioning and preservation of their lives in the community.
4. **Clarity:** Individual and Family Support services comprise (but not limited to) financial assistance for disability-related expenses, respite care, personal companion assistance, supportive living services, and psychological services.
5. **Accuracy, Maintenance, Support:** JPHSA's DDCCS program staff and Quality Assurance Coordinator maintains reliability through monthly monitoring and quarterly reporting on individuals receiving individual and family support services. Data is maintained in the Participant Services Data System and on an internally managed spreadsheet.
6. **Data Source, Collection and Reporting:** Data is extracted from the Participant Services Data System and an internally managed spreadsheet for all persons receiving Individual and Family Support services.
7. **Calculation Methodology:** The numerator is the total number of children and adults who receive Individual and Family Support and who remain in the community. The denominator is the total number of children and adults who receive Individual and Family Support.
8. **Scope:** Only children and adults who receive Individual and Family Support funds from JPHSA Developmental Disabilities Community Services are included in the calculation.
9. **Caveats:** Children who receive only Flexible Family Fund are not included in the calculation.
10. **Responsible Person:** Nicole Sullivan-Green, M.A., LPC, Director, Developmental Disabilities Community Services. Telephone: 504-838-5321. Fax: 504-838-5400. E-mail: [ngreen@jphsa.org](mailto:ngreen@jphsa.org).

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Jefferson Parish Human Services Authority

**ACTIVITY:** Developmental Disabilities Community Services

**OBJECTIVE:** Through the Developmental Disabilities Community Services activity, provide a continuum of services to individuals of all ages, and retain or acquire resources needed to sustain such programs through the end of FY2030-2031FY2030-2031.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:**

Individuals with severe, chronic disabilities attributable to an intellectual or physical impairment or combination of intellectual and physical impairments

**INDICATOR NAME:** Percent of available home and community-based waiver slots utilized.

**LaPAS PI Code:** 25513

1. **Type and Level:** Output/Supportive
2. **Rationale:** Home and community-based waiver services allow flexibility for individuals to choose where they live and to use supports that promote personal goals and productivity in community life.
3. **Use:** Data provides programmatic information and helps determine resource allocation and health/ safety factors.
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** JPHSA's Developmental Disabilities Waiver Program Supervisor and Quality Assurance Coordinator monitor and report data quarterly. Data is maintained in LaSRS, a secure modular web application.
6. **Data Source, Collection and Reporting:** Data is extracted from LaSRS for all persons receiving home and community-based waiver services. Information is gathered monthly and reported quarterly throughout the fiscal year.
7. **Calculation Methodology:** Numerator = total number of individuals who receive **and** utilize the home and community-based waiver services. Denominator = total number of individuals who receive home and community-based waiver services.
8. **Scope:** Only individuals who receive developmental disabilities home and community-based waiver services are included in the calculation.
9. **Caveats:** None
10. **Responsible Person:** Nicole Sullivan-Green, M.A., LPC, Director, Developmental Disabilities Community Services. Telephone: 504-838-5321. Fax: 504-838-5400. E-mail: [ngreen@jphsa.org](mailto:ngreen@jphsa.org).

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Jefferson Parish Human Services Authority

**ACTIVITY:** Developmental Disabilities Community Services

**OBJECTIVE:** Through the Developmental Disabilities Community Services activity, provide a continuum of services to individuals of all ages, and retain or acquire resources needed to sustain such programs through the end of FY2030-2031.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Individuals with severe, chronic disabilities attributable to an intellectual or physical impairment or combination of intellectual and physical impairments

**INDICATOR NAME:** Percent of individuals participating in home and community-based waivers utilizing self-direction.

**LaPAS PI Code:** 25514

1. **Type and Level:** Output/General
2. **Rationale:** The self-direction option of home and community-based waiver services promotes the ability to make decisions and advance responsibility as well as the achievement of personal goals, autonomy, and community participation.
3. **Use:** Data provides programmatic information and helps determine resource allocation and health/ safety factors.
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** JPHSA's Developmental Disabilities Waiver Program Supervisor and Quality Assurance Coordinator monitor and report data quarterly. Data is maintained in LaSRS, a secure modular web application.
6. **Data Source, Collection and Reporting:** Data is extracted from LaSRS for all persons receiving home and community-based waiver services. Information is gathered monthly and reported quarterly throughout the fiscal year.
7. **Calculation Methodology:** Numerator = total number of home and community-based waiver recipients utilizing the self-direction option. Denominator = total number of home and community-based waiver recipients.
8. **Scope:** Only individuals who receive developmental disabilities home and community-based waiver services are included in the calculation.
9. **Caveats:** None
10. **Responsible Person:** Nicole Sullivan-Green, M.A., LPC, Director, Developmental Disabilities Community Services. Telephone: 504-838-5321. Fax: 504-838-5400. E-mail: [ngreen@jphsa.org](mailto:ngreen@jphsa.org).



## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Jefferson Parish Human Services Authority

**ACTIVITY:** JeffCare

**OBJECTIVE:** Through the JeffCare activity, provide a continuum of services to individuals of all ages, and retain or acquire resources needed to sustain such programs through the end of FY2030-2031.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Uninsured, underinsured, and insured individuals and families who reside in Jefferson Parish.

**INDICATOR NAME:** Number of adults who receive behavioral health services.

**LaPAS PI Code:** 25522

1. **Type and Level:** Output / Supportive
2. **Rationale:** Data helps measure the demand for and utilization of behavioral health services.
3. **Use:** The data is used to determine current capacity and demand for behavioral health services as well as to assist in determining future staffing needs for increased capacity.
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** The data is validated by JPHSA's IT Programmer Analyst and the Division Director. The Division Director, JeffCare Performance & Quality Improvement Committee, and the JPHSA Compliance & Performance Support Division monitor and analyze data.
6. **Data Source, Collection and Reporting:** Data is extracted from documented encounters in the electronic health system on a monthly basis; reporting is on a quarterly fiscal year basis.
7. **Calculation Methodology:** This is a cumulative count of the number of adults who receive a face-to-face behavioral health services from a licensed behavioral health provider during the reporting period.
8. **Scope:** Only adults, who receive at least one face-to-face behavioral health encounter from a licensed behavioral health provider in JeffCare during the reporting period, are included.
9. **Caveats:** None
10. **Responsible Person:** Chandra Carr-Lamothe, Division Director, JeffCare  
Telephone: 504-838-5425. Fax: (504)324-1315. E-mail: ccarr@jphsa.org

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Jefferson Parish Human Services Authority

**ACTIVITY:** JeffCare

**OBJECTIVE:** Through the JeffCare activity, provide a continuum of services to individuals of all ages, and retain or acquire resources needed to sustain such programs through the end of FY2030-2031FY2030-2031.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Uninsured, underinsured, and insured individuals and families who reside in Jefferson Parish.

**INDICATOR NAME:** Number of children and adolescents who receive behavioral health services.

**LaPAS PI Code:** 25527

1. **Type and Level:** Output / Supportive
2. **Rationale:** Data helps measure the demand for and utilization of behavioral health services.
3. **Use:** The data is used to determine current capacity and demand for behavioral health services as well as to assist in determining future staffing needs for increased capacity.
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** The data is validated by JPHSA's IT Programmer Analyst and the Division Director. The Division Director, JeffCare Performance & Quality Improvement Committee, and the JPHSA Compliance & Performance Support Division monitor and analyze data.
6. **Data Source, Collection and Reporting:** Data is extracted from documented encounters in the electronic health system on a monthly basis; reporting is on a quarterly state fiscal year basis.
7. **Calculation Methodology:** This is a cumulative count of the number of children and adolescents who receive a face-to-face behavioral health service from a licensed behavioral health provider during the reporting period.
8. **Scope:** Only children and adolescents, who receive at least one face-to-face behavioral health encounter from a licensed behavioral health provider in JeffCare during the reporting period, are included.
9. **Caveats:** None
10. **Responsible Person:** Chandra Carr-Lamothe, Division Director, JeffCare  
Telephone: 504-838-5425. Fax: (504)324-1315. E-mail: ccarr@jphsa.org

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Jefferson Parish Human Services Authority

**ACTIVITY:** JeffCare

**OBJECTIVE:** Through the JeffCare activity, provide a continuum of services to individuals of all ages, and retain or acquire resources needed to sustain such programs through the end of FY2030-2031FY2030-2031.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Uninsured, underinsured, and insured individuals and families who reside in Jefferson Parish.

**INDICATOR NAME:** Number of adults who receive primary care services.

**LaPAS PI Code:** 25521

1. **Type and Level:** Output / General
2. **Rationale:** Data helps measure demand for and utilization of primary care services.
3. **Use:** The data is used to determine current capacity and demand for primary care services as well as to assist in determining future staffing needs for increased capacity.
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** The data is validated by JPHSA's IT Programmer Analyst and the Division Director. The Division Director, JeffCare Performance & Quality Improvement Committee, and the JPHSA Compliance & Performance Support Division monitor and analyze data.
6. **Data Source, Collection and Reporting:** Data is extracted from documented encounters in the electronic health system on a monthly basis; reporting is on a bi-annual fiscal year basis.
7. **Calculation Methodology:** This is a cumulative count of the number of adults who receive a face-to-face primary care service during the reporting period.
8. **Scope:** Only adults, who receive at least one face-to-face primary care encounter from a primary care provider in JeffCare during the reporting period, are included.
9. **Caveats:** None
10. **Responsible Person:** Chandra Carr-Lamothe, Division Director, JeffCare  
Telephone: 504-838-5425. Fax: (504)324-1315. E-mail: ccarr@jphsa.org

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Jefferson Parish Human Services Authority

**ACTIVITY:** JeffCare

**OBJECTIVE:** Through the JeffCare activity, provide a continuum of services to individuals of all ages, and retain or acquire resources needed to sustain such programs through the end of FY2030-2031FY2030-2031.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Uninsured, underinsured, and insured individuals and families who reside in Jefferson Parish.

**INDICATOR NAME:** Number of children and adolescents who receive primary care services.

**LaPAS PI Code:** 25526

1. **Type and Level:** Output / General
2. **Rationale:** The indicator supports demand for and utilization of primary care services.
3. **Use:** The data is used to determine current capacity and demand for primary care services as well as to assist in determining future staffing needs for increased capacity.
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** The data is validated by JPHSA's IT Programmer Analyst and the Division Director. The Division Director, JeffCare Performance & Quality Improvement Committee, and the JPHSA Compliance & Performance Support Division monitor and analyze data.
6. **Data Source, Collection and Reporting:** Data is extracted from documented encounters in the electronic health system on a monthly basis; reporting is on a bi-annual state fiscal year basis.
7. **Calculation Methodology:** This is a cumulative count of the number of children and adolescents who receive a face-to-face primary care service during the reporting period.
8. **Scope:** Only children and adolescents, who receive at least one face-to-face primary care encounter from a primary care provider in JeffCare during the reporting period, are included.
9. **Caveats:** None
10. **Responsible Person:** Chandra Carr-Lamothe, Division Director, JeffCare  
Telephone: 504-838-5425. Fax: (504)324-1315. E-mail: ccarr@jphsa.org

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Jefferson Parish Human Services Authority

**ACTIVITY:** JeffCare

**OBJECTIVE:** Through the JeffCare activity, provide a continuum of services to individuals of all ages, and retain or acquire resources needed to sustain such programs through the end of FY2030-2031FY2030-2031.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Uninsured, underinsured, and insured individuals and families who reside in Jefferson Parish.

**INDICATOR NAME:** Percent of individuals who report improvement in or maintenance of depressive symptoms

**LaPAS PI Code:** 25524

- 1. Type and Level:** Output / Supportive
- 2. Rationale:** Depression is one of the most common behavioral health disorder and is recognized as occurring in children and adolescents.
- 3. Use:** Data is used to gauge the effectiveness of treatment of depression, the most prevalent diagnosis of persons served by JeffCare.
- 4. Clarity:** N/A
- 5. Accuracy, Maintenance, Support:** The Patient Health Questionnaire-9 (PHQ-9) and the Patient Health Questionnaire-Adolescents incorporate DSM-V depression criteria with other leading major depressive symptoms into a brief self-reporting instrument that is backed by psychometric studies that indicate the instrument has high clinical relevance, high validity, and high reliability.
- 6. Data Source, Collection and Reporting:** Data is extracted from the depression domain of the TOMS for individuals served (adults, adolescents, and children) and reported quarterly.
- 7. Calculation Methodology:**  
Numerator = Patients with a diagnosis of major depression or dysthymia with a behavioral health visit during the fiscal year with a PHQ-9 score of 5 or less. Denominator = total number of individuals with a behavioral health visit during the fiscal year with a diagnosis of depression and a PHQ-9.
- 8. Scope:** Only adults, adolescents, and children who complete a PHQ-9 or a PHQ-A are included in the aggregate count.
- 9. Caveats:** None
- 10. Responsible Person:** Chandra Carr-Lamothe, Division Director, JeffCare  
Telephone: 504-838-5425. Fax: (504)324-1315. E-mail: ccarr@jphsa.org

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Jefferson Parish Human Services Authority

**ACTIVITY:** JeffCare

**OBJECTIVE:** Through the JeffCare activity, provide a continuum of services to individuals of all ages, and retain or acquire resources needed to sustain such programs through the end of FY2030-2031FY2030-2031.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Uninsured, underinsured, and insured individuals and families who reside in Jefferson Parish.

**INDICATOR NAME:** Percent of adults who report improvement in or maintenance of recovery behaviors of goal setting, knowledge of symptom control, and responsibility for recovery

**LaPAS PI Code:** 25525

1. **Type and Level:** Output / Supportive
2. **Rationale:** "Recovery-oriented care and recovery support systems help people with behavioral health diagnoses manage their conditions successfully. Recovery is a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential." Recovery and Recovery Support. Substance Abuse and Mental Health Services Administration (SAMHSA). April 25, 2019.
3. **Use:** Data is used to gauge the progress of adults towards achieving and maintaining Recovery as well as the effectiveness of clinical staff promoting recovery.
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** The Telesage Outcome Measurement System (TOMS) is an evidence-based instrument backed by psychometric studies that indicate the instrument has high clinical relevance, high validity, and high reliability.
6. **Data Source, Collection and Reporting:** Data is extracted from the recovery domain of the TOMS for adult individuals served and reported quarterly.
7. **Calculation Methodology:** Numerator = total number of individuals served surveyed who rate "doing well" on the TOMS recovery domain. Denominator = total number of individuals served surveyed with available data on the TOMS recovery domain.
8. **Scope:** Only adults who complete the TOMS during the reporting period are included in the aggregate count.
9. **Caveats:** None
10. **Responsible Person:** Chandra Carr-Lamothe, Division Director, JeffCare  
Telephone: 504-838-5425. Fax: (504)324-1315. E-mail: ccarr@jphsa.org

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Jefferson Parish Human Services Authority

**ACTIVITY:** JeffCare

**OBJECTIVE:** Through the JeffCare activity, provide a continuum of services to individuals of all ages, and retain or acquire resources needed to sustain such programs through the end of FY2030-2031.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:**

Uninsured, underinsured, and insured individuals and families who reside in Jefferson Parish.

**INDICATOR NAME:** Percent of children and adolescents who report improvement in or maintenance of attention deficit symptoms

**LaPAS PI Code:** 25529

1. **Type and Level:** Output / Supportive
2. **Rationale:** From the Centers for Disease Control and Prevention study: "Nearly 2 of 3 children with current ADHD had at least one other mental, emotional, or behavioral disorder. About 1 out of 2 children with ADHD had a behavior or conduct problem. About 1 out of 3 children with ADHD had anxiety. Other conditions affecting children with ADHD include depression, autism spectrum disorder, and Tourette Syndrome." April 25, 2019.
3. **Use:** The indicator is used to gauge the effectiveness of treatment of attention deficit disorder for children and adolescents served in JeffCare.
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** The Telesage Outcome Measurement System (TOMS) is an evidence-based instrument backed by psychometric studies that indicate the instrument has high clinical relevance, high validity, and high reliability. The [Conners Rating Scales](#) are a widely used assessment tool for identifying and assessing ADHD symptoms in children and adults.
6. **Data Source, Collection and Reporting:** Data is extracted from the attention deficit domain of the TOMS for children and adolescent individuals served and reported quarterly. Data is also collected from the Connors and collected throughout treatment.
7. **Calculation Methodology:** Numerator = total number of individuals served surveyed who rate "doing well" assessment on the TOMS attention deficit domain, and meet a certain threshold for the Connors. Denominator = total number of individuals served surveyed with available data on the attention deficit domain and the Connors Rating Scales for ADHD.
8. **Scope:** Only children and adolescents who complete the above assessments are included in the aggregate count.
9. **Caveats:** None
10. **Responsible Person:** Chandra Carr-Lamothe, Division Director, JeffCare  
Telephone: 504-838-5425. Fax: (504)324-1315. E-mail: ccarr@jphsa.org

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Jefferson Parish Human Services Authority

**ACTIVITY:** JeffCare

**OBJECTIVE:** Through the JeffCare activity, provide a continuum of services to individuals of all ages, and retain or acquire resources needed to sustain such programs through the end of FY2030-2031.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:**  
Uninsured, underinsured, and insured individuals and families who reside in Jefferson Parish.

**INDICATOR NAME:** Percent of service recipients receiving integrated service, behavioral health and primary care services.

**LaPAS PI Code:** New

1. **Type and Level:** Output / Supportive
2. **Rationale:** Data helps to measure the number of service recipients receiving integrated services to establish continuity of care.
3. **Use:** The indicator gauges the number of service recipients for whom the agency provides ongoing and coordinated care and the effectiveness of the staff offering integrated services.
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** Data is monitored by the Health Center(s) Site Managers. It is reported monthly to the Division Director.
6. **Data Source, Collection, and Reporting:** Data is extracted from the electronic health record to capture the number of service recipients who receive behavioral health and primary care services.
7. **Calculation Methodology:** Numerator = total number of individuals serviced receiving integrated services. Denominator = total number of individuals served.
8. **Scope:** Adults, adolescents, or children with at least one face-to-face behavioral health and primary care service.
9. **Caveats:** None
10. **Responsible Person:** Chandra Carr-Lamothe, Division Director, JeffCare, Telephone: (504)838-5425. Fax: (504)838-5425. E-mail: [ccarr@jphsa.org](mailto:ccarr@jphsa.org)



## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Jefferson Parish Human Services Authority

**ACTIVITY:** Compliance & Performance Support/Business Operations

**OBJECTIVE:** Through the Compliance & Performance Support/Business Operations activity, ensure efficient utilization of resources in support of Mission, as well as sound business practices that meet legal, regulatory, ethical, and accreditation requirements and promote continuous performance and quality improvement through FY2030-2031.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Individuals in need of connection to and engagement with internal and/or external resources.

**INDICATOR NAME:** Percent of individuals who are connected to services after two contacts with a care coordinator.

**LaPAS PI Code:** 25523

1. **Type and Level:** Output/Supportive
2. **Rationale:** Data supports demand for and utilization of care coordination services. Research supports that “many patients often see multiple physicians and care providers a year, which can lead to more harm, disease burden, and overuse of services than if care were coordinated.” National Quality Forum (NQF), Preferred Practices and Performance Measures for Measuring and Reporting Care Coordination: A Consensus Report, Washington, DC: NQF; 2010.
3. **Use:** The data is used to determine current capacity for care coordination services as well as assist in determining future staffing needs to increase capacity.
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** Data is monitored by the Centralized Care Coordinator. It is reported monthly to all service delivery area Division Directors, as well as quarterly to the JPHSA Executive Director.
6. **Data Source, Collection and Reporting:** Data is extracted from the electronic health system as well as documentation maintained by the Centralized Care Coordination program.
7. **Calculation Methodology:** This is a cumulative percentage of the unduplicated number of adults, children, and adolescents who have a face-to-face or telephone contact with a care coordinator during the reporting period.
8. **Scope:** Adults, adolescents, or children who have at least one face-to-face or phone contact with a care coordinator.
9. **Caveats:** None
10. **Responsible Person:** Jill Estes, Chief Operations Officer, Telephone: 504-838-5704. Fax: 504-838-5714. E-mail: [jestes@jphsa.org](mailto:jestes@jphsa.org)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Jefferson Parish Human Services Authority

**ACTIVITY:** Compliance & Performance Support/Business Operations

**OBJECTIVE:** Through the Compliance & Performance Support/Business Operations activity, ensure efficient utilization of resources in support of Mission, as well as sound business practices that meet legal, regulatory, ethical, and accreditation requirements and promote continuous performance and quality improvement through FY2030-2031.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:**

Individuals in need of services and the Jefferson Parish community as a whole; those who provide resources & support services

**INDICATOR NAME:** Average number of days from date of service to claim submission.

**LaPAS PI Code:** 25515

1. **Type and Level:** Outcome/Supportive
2. **Rationale:** Performance and continuous quality improvement are an integral part of JPHSA's culture and decision support via data forms infrastructure for monitoring, analysis and constructive change focused on increased efficiency and effectiveness. JPHSA continues to use a revenue-focused model to bill and proactively collect fees.
3. **Use:** Data reports are shared with the Revenue Cycle Management staff, the Chief Financial Officer, service area Division Directors, and Executive Director on a monthly basis.
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** A query with refined parameters is used to extract data from JPHSA's electronic health system for the reporting period.
6. **Data Source, Collection and Reporting:** Service delivery data is input daily into the electronic health system by clinical staff. Revenue Cycle Management staff submit claims that meet submission requirements daily. Supervisory staff monitor accuracy on an ongoing basis and identify performance improvement activities as needed. The indicator is calculated quarterly on a cumulative basis. The reporting periods match the fiscal year.
7. **Calculation Methodology:** Numerator = sum of the number of days from the service delivery date to the claim submission date for each claim submitted. Denominator = total number of claims submitted.
8. **Scope:** Only claims with a billable encounter are included in the calculation. The indicator can be broken down by insurance providers, service provider and medical record.
9. **Caveats:** None.
10. **Responsible Person:** Jill Estes, Chief Operations Officer. Telephone: 504-838-5704. Fax: 504-838-5714. E-mail: [jestes@jphsa.org](mailto:jestes@jphsa.org).

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Jefferson Parish Human Services Authority

**ACTIVITY:** Compliance & Performance Support/Business Operations

**OBJECTIVE:** Through the Compliance & Performance Support/Business Operations activity, ensure efficient utilization of resources in support of Mission, as well as sound business practices that meet legal, regulatory, ethical, and accreditation requirements and promote continuous performance and quality improvement through FY 2030-2031.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Supervisors and new employees; individuals served by JPHSA and its programs.

**INDICATOR NAME:** Percent compliance with completion of intensive first thirty-day orientation for new staff members per internal procedure guidelines.

**LaPAS PI Code:** 26763

1. **Type and Level:** Output/General
2. **Rationale:** An intensive, Mission-focused onboarding process within an employee's first thirty days of employment engages them with JPHSA's culture and supports understanding of the "Why" behind JPHSA's practices. A strong onboarding process has a positive impact on turnover.
3. **Use:** The Executive Director and Division/Department Directors use the documentation gathered through this process to ensure new employees are on-boarded appropriately and to improve engagement in the agency.
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** Human Resources tracks packet deadlines to ensure all orientations are completed per procedure, and provides the Executive Director and Division/Department Directors with a monthly compliance report.
6. **Data Source, Collection and Reporting:** All orientation activities are documented thoroughly in the First Thirty-Day Orientation packet. Instructions are detailed in the corresponding First Thirty-Day Orientation procedure. Human Resources ensures appropriate adherence to deadlines.
7. **Calculation Methodology:** Numerator = number classified employees receiving appropriate onboarding within the deadline prescribed by procedure. Denominator = number of classified employees beginning employment with JPHSA.
8. **Scope:** Only classified employees are included.
9. **Caveats:** None
10. **Responsible Person:** Jill Estes, Chief Operations Officer. Telephone: 504-838-5704. Fax: 504-838-5714. E-mail: [jestes@jphsa.org](mailto:jestes@jphsa.org)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Jefferson Parish Human Services Authority

**ACTIVITY:** Compliance & Performance Support/Business Operations

**OBJECTIVE:** Through the Compliance & Performance Support/Business Operations activity, ensure efficient utilization of resources in support of Mission, as well as sound business practices that meet legal, regulatory, ethical, and accreditation requirements and promote continuous performance and quality improvement through FY 2030-2031.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Service recipients and JPHSA staff.

**INDICATOR NAME:** Percent of JPHSA Annual Performance & Quality Improvement Initiatives achieved.

**LaPAS PI Code:** 25532

1. **Type and Level:** Outcome/General
2. **Rationale:** "Quality improvement in public health is the use of a deliberate and defined process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health." (Riley et al, "Defining Quality Improvement in Public Health," JPHMP, 2010, 16(10), 5-7.) This indicator ensures that performance and quality improvement activities remain ongoing.
3. **Use:** The Performance & Quality Improvement Committee reviews activities and to identify other areas in need of performance & quality improvement. Documentation of performance and quality improvement activities is shared with accreditation organizations and grantors as needed.
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** Progress reports on the Annual Performance & Quality Improvement Initiatives are provided on no less than a quarterly basis to the Executive Director and Executive Management Team. Various work groups meet as indicated within their charters. All data is maintained in support of Council on Accreditation standards.
6. **Data Source, Collection and Reporting:** All PQI activities and results are documented by each work group or responsible party and forwarded to the PQI Committee for review. The results are distributed to senior management.
7. **Calculation Methodology:** Numerator = number of activities achieved during reporting period.  
Denominator = number of activities implemented during reporting period.
8. **Scope:** Activities fully implemented prior to the end of the reporting fiscal year are included.
9. **Caveats:** None
10. **Responsible Person:** Jill Estes, Chief Operations Officer. Telephone: 504-838-5704. Fax: 504-838-5714.  
E-mail: [jestes@jphsa.org](mailto:jestes@jphsa.org)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Jefferson Parish Human Services Authority

**ACTIVITY:** Compliance & Performance Support/Business Operations

**OBJECTIVE:** Through the Compliance & Performance Support/Business Operations activity, ensure efficient utilization of resources in support of Mission, as well as sound business practices that meet legal, regulatory, ethical, and accreditation requirements and promote continuous performance and quality improvement through FY 2030-2031.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Service recipients and JPHSA staff.

**INDICATOR NAME:** Percent compliance with recommended frequency of documented individual supervision per Staff Development & Supervision Guidelines.

**LaPAS PI Code:** 26257

1. **Type and Level:** Outcome/General
2. **Rationale:** Supervision is a collaborative and ongoing assessment of an employee's strength and areas of growth via ongoing and meaningful communication. Supervision presents the opportunity for skills development with the expectation that professional growth and satisfaction are enhanced throughout the process.
3. **Use:** Audit results are provided to each member of the Executive Management Team and include only that member's supervisory staff. Executive Management Team members are expected to initiate corrective action as needed and to reinforce positive results with their individual supervisors. The Executive Director is provided with the full audit report.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** A standardized audit tool is utilized. Results are validated by the Executive Management Officer. Only classified employees are included.
6. **Data Source, Collection and Reporting:** Designated Compliance & Performance Support staff conduct an annual audit of identified supervision files. The Accreditation Coordinator is responsible for tallying and reporting the data to the Executive Management Team.
7. **Calculation Methodology:** Numerator = number classified employees with the required frequency of supervision meetings during reported period. Denominator = number of classified employees with audited supervision files.
8. **Scope:** Classified employees are included.
9. **Caveats:** None
10. **Responsible Person:** Jill Estes, Chief Operations Officer. Telephone: 504-838-5704. Fax: 504-838-5714. E-mail: [jestes@jphsa.org](mailto:jestes@jphsa.org)



# APPENDIX

## FY 2026-2031

### 5-YEAR STRATEGIC PLAN

## Program A: Florida Parishes Human Services Authority

*Note: This budget unit is comprised of one program; therefore, the mission and goals for the budget unit and the program are identical and not reported separately.*

### **Goal I:**

*To assure comprehensive services and supports which improve the quality of life and community participation for persons with behavioral health disorders (substance use and serious/persistent mental illness) and developmental disabilities, through accessible and effective individualized evidence-based interventions.*

### **Goal II:**

*To improve the accessibility, quality and effectiveness of services and/or treatment through the implementation of best practices and the use of data-based and outcome-based decision-making.*

### **Goal III:**

*To promote healthy and safe lifestyles for people by providing leadership in educating the community on the importance of prevention, early detection and intervention, and by facilitating coalition building to address the localized community problems.*

**Statutory Authority:** Florida Parishes Human Services Authority (FPHSA) was created by Act 594 of the 2003 Louisiana Legislative Session. FPHSA is authorized under R.S. 36:258(l); R.S. 28:911-920; R.S. 28:851-85.

### **Principal Customers/Users of Program and Benefits:**

Persons with Behavioral Health Disorders (addictions/substance use and serious/persistent mental health disorders) and/or Developmental Disabilities and their families, who live in the five-parish area served by Florida Parishes Human Services Authority (FPHSA), as well as the general communities of each parish.

### **Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in this Program:**

Potential internal factors that could significantly affect the achievement of this program include:

- (1) Potential service delivery redesign due to external factors (ex. increased caseloads, type of service delivery, and/or longer appointment wait times.)
- (2) Mass exodus of qualified staff.
- (3) Technological changes.

Potential external factors include:

- (1) Environmental crises impact FPHSA's broad geographical area.
- (2) Population shifts.
- (3) Economic conditions.

- (4) Shortage of licensed Social Workers and Professional Counselors.
- (5) Service recipients' reaction to economic conditions.
- (6) Technological changes.
- (7) Federal health care reform initiatives.
- (8) Fluctuations of federal grant funding.
- (9) Changes in Medicaid regulations.
- (10) Legislative action or gubernatorial executive orders
- (11) LDH Program initiatives, restrictions, etc.

### **Methods Used to Avoid Duplication of Effort:**

One of the most significantly beneficial aspects of the design of FPHSA is its ability to provide services in an integrated fashion, thereby enhancing efficiency while providing more comprehensive services to clients. All service areas (Behavioral Health Services, Developmental Disabilities Services, Executive Administration, and Home and Community-based Services) report to one position-the Executive Director. There is a single appropriation, which fosters an integrated service effort, while allowing for the specialty of each service area. There is also cross-training of staff, which facilitates the planning and development of programs from a unified philosophy and perspective, and provides for ease of transition when one employee's duties need to transition to another employee. FPHSA committees include representatives of each service area, facilitating the sharing of knowledge, information, and ideas, and stressing the importance of a broader perspective to client care.

Additionally, as an agency governed by representatives of parishes it serves, FPHSA is more community-focused than public agencies that are managed from a distance. Therefore, it has the advantage of greater knowledge of and integration with local resources/services, thereby minimizing community duplication of effort.

### **Maintenance of Agency Performance-Based Budgeting Records:**

Documents used in the development of strategic and operational plans, as well as the data used for the completion of quarterly performance progress reports through the LaGov Performance Quarterly system, are maintained and preserved according to the state's preservation of records law (R.S. 44:36) for a period of at least three years from the date on which the record was made.

### **Agency Retention Policy:**

Florida Parishes Human Services Authority (FPHSA) Records and Retention Procedure 593.1 covers policies and procedures for all agency records. FPHSA records retention schedule was created based on applicable state and federal laws and was approved by the Louisiana Office of State Archives-Record Management division, in accordance with applicable state and federal laws. "In accordance with the Louisiana Public Records Act ("PRA") (R.S. 44:1 et seq.), it shall be the policy of the Louisiana Department of Health (LDH) that all records are subject to disclosure under the PRA, with the exception of certain



records specified in this policy, as provided by the statutory exceptions to the PRA as set forth in R.S. 44:1 or 44:4.1 or in other applicable state or federal law.

### **How the Strategic Planning Process Was Implemented:**

Florida Parishes Human Services Authority (FPHSA) follows its Strategic Planning procedure 110.1. The Leadership Team, along with the Executive Director reviews the current strategic plan; aligns with the strategic goals of the FPHSA Board of Directors; reviews internal and external issues that the agency and its communities are facing; identifies gaps in services/community resources; reviews agency strengths, weaknesses, opportunities, and threats; reviews LDH program initiatives; reviews client, advisory boards, and community feedback; and identifies future goals throughout the strategic planning process to ensure the agencies strategic plan meets the needs of the community as well as program initiatives in line with LDH.

### **Statement of Agency Strategies for Development and Implementation of Human Resource Policies That Are Helpful and Beneficial to Women and Families:**

The following Florida Parishes Human Services Authority (FPHSA) policies/procedures currently in place that benefit women and families are: Equal Employment Opportunity, Leave, Telework, Employee Grievances, Employee Lactation, Discrimination and Harassment Complaints, Sexual Harassment in the Workplace, Cultural Diversity and Competency, and Workplace Violence Prevention (also domestic violence). FPHSA, through its Human Resources Office, continues to develop and implement policies that are helpful and beneficial to women and families. FPHSA adheres to all federal, state and/or local laws, including those applicable to women and families. Additionally, FPHSA currently utilizes several of the Louisiana Department of Health Human Resource policies, such as the Family Medical Leave Act policy, until such time as the agency can finalize policy implementation of these policies. As part of the policy implementation process, continued monitoring of all applicable resources will ensure that these policies are regularly maintained and updated to ensure accuracy.

### **Program Evaluations Used to Develop Goals, Objectives and Strategies:**

FPHSA's program area advisory boards; customer surveys; community forums; feedback from social media; provider meetings; C'est Bon Survey; employee forums; external audits (CARF, LDH Accountability Plan monitoring, health plans, etc.); review of management data; review of LDH initiatives and the Governing Board, whose membership is a result of recommendations from each parish governing body in the Authority's catchment area, were drawn upon to develop goals, objectives, and strategies.

### **Monitoring and Evaluation of Reported Data:**

The LDH Division of Planning and Budget coordinates and reviews reported performance information for all LDH agencies on a quarterly basis. This includes, but not limited to,

strategic planning, operational planning, and Performance Quarterly reporting. Explanatory notes are required for positive or negative variances greater than 5% from quarterly performance indicator targets. Recommendations are made at monthly expenditure analysis meetings directly to the agency's assistant secretary or the Department's undersecretary/deputy undersecretary, if significant variances occur, or if modifications and additions are needed. In addition, at the close of a fiscal year, agencies and programs review and evaluate their performance to determine if the information gained from this review should be used to improve strategic and operational metrics or strengthen program management initiatives.

Each FPHSA program director monitors and evaluates data relevant to performance indicators pertaining to their service area at least quarterly for those indicators for which quarterly reporting is appropriate. Each program director determines if performance related to the indicator is on track and adjusts the target for future quarters if appropriate. Program directors may also modify action steps so that the attainability of future targets is improved. Also, if actual performance related to an indicator differs +/- 5 percent from the target, the program director analyzes and provides a written explanation for the deviation (unless the variance is a positive outcome). Summary data for each performance indicator is submitted to FPHSA's fiscal department, where it is consolidated for reporting. Program directors are responsible for the maintenance of source documentation related to each performance indicator. FPHSA's fiscal department maintains summary data

**Primary Persons Who Will Benefit from or Be Significantly Affected by These Objectives:**

Persons with behavioral health disorders, and/or developmental disabilities, their families, and the communities they live in.

Objective I: Through the Behavioral Health Services (BHS) activity, FPHSA will provide cost effective evidence-based treatment services for individuals with behavioral health disorders and evidence-based/informed prevention services in the community.

Objective II: Developmental Disabilities Services (DDS) are designed to support people to remain in their communities or location of choice, support people to achieve valued outcomes, develop meaningful relationships, and attain quality of life as defined by the person. Individualized supports for each person are developed to meet the personal outcomes and goals.

Objective III: Through the Executive Administration activity, FPHSA will work to continuously improve the effectiveness and efficiency with which the previous objectives are accomplished through the management of available resources in response to the needs of the communities served.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Behavioral Health Services (BHS)

**OBJECTIVE:** Through the Behavioral Health Services (BHS) activity, FPHSA will provide cost effective evidence-based treatment services for individuals with behavioral health disorders and evidence- based/informed prevention services in the community.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Persons with behavioral health disorders, their families, and the communities they live in.

**INDICATOR NAME:** Percentage of individuals successfully completing the Level III.5 Adult residential treatment program (ADU/FTC).

**LaPAS PI Code:** 21038

- |                                                  |                                                                                                                                                                                                                                      |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Type and Level:</b>                        | Outcome – Key                                                                                                                                                                                                                        |
| <b>2. Rationale:</b>                             | The indicator was selected to provide a valid measure of treatment effectiveness for inpatient addictive disorders clients. This indicator is tied to the agency mission for the delivery of addictive disorders treatment services. |
| <b>3. Use:</b>                                   | The data will provide a measurement to help determine program effectiveness. It will be used to compare FPHSA/ADS to other statewide programs and to national averages.                                                              |
| <b>4. Clarity:</b>                               | This indicator clearly identifies what is being measured.                                                                                                                                                                            |
| <b>5. Accuracy, Maintenance, Support:</b>        | This is a percentage derived from the counts generated by our own electronic health record.                                                                                                                                          |
| <b>6. Data Source, Collection and Reporting:</b> | The data will be collected from our own electronic behavioral health record.                                                                                                                                                         |
| <b>7. Calculation Methodology:</b>               | <u>Numerator:</u> Total number of clients discharged as completing program during reporting period <u>Denominator:</u> Total number of clients discharged during period of report.                                                   |
| <b>8. Scope:</b>                                 | This indicator is aggregated as it could be broken down by parish, sex, race, etc.                                                                                                                                                   |
| <b>9. Caveats:</b>                               | Human and technological errors are always a possible factor that may impact data integrity. Additionally, the count may include patients admitted from outside of FPHSA catchment area.                                              |
| <b>10. Responsible Person:</b>                   | Debra Moran, MSN, RN Behavioral Health Director, FPHSA<br>Phone: 985-543-4333<br>Fax: 985-543-4817<br>Debra.moran@fphsa.org                                                                                                          |

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Behavioral Health Services (BHS)

**OBJECTIVE:** Through the Behavioral Health Services (BHS) activity, FPHSA will provide cost effective evidence-based treatment services for individuals with behavioral health disorders and evidence- based/informed prevention services in the community.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Persons with behavioral health disorders, their families, and the communities they live in.

**INDICATOR NAME:** Average cost per client day-Level III. 5 Adult residential treatment (ADU/FTC).

**LaPAS PI Code:** 21045

1. **Type and Level:** Efficiency – General Performance Information
2. **Rationale:** The indicator was selected to provide a valid measure of operating cost per client day to analyze facility cost-effectiveness.
3. **Use:** The data will provide a measurement to compare operating costs between fiscal years and between other facilities that provide similar services.
4. **Clarity:** This indicator clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** This is from a count that is manually recorded and tracked and verified by our electronic health record and from information generated by the LaGOV system.
6. **Data Source, Collection and Reporting:** The sources of data are an MS Excel spreadsheet containing information from a daily census recorded by FPHSA staff and expenditure reports generated from LaGOV. It will be reported annually.
7. **Calculation Methodology:** Numerator: Total residential year-end expenditures  
Denominator: Total year-end number of residential client days
8. **Scope:** This indicator is aggregated as it could be broken down by parish, sex, race, etc.
9. **Caveats:** Human and technological errors are always a possible factor that may impact data integrity. This number does not include the indirect cost of FPHSA Executive Administration. Additionally, patient days can include patients admitted from outside of FPHSA catchment area.
10. **Responsible Person:** Debra Moran, MSN, RN Behavioral Health Director, FPHSA  
Phone: 985-543-4333; Fax: 985-543-4817  
Debra.moran@fphsa.org

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Behavioral Health Services (BHS)

**OBJECTIVE:** Through the Behavioral Health Services (BHS) activity, FPHSA will provide cost effective evidence-based treatment services for individuals with behavioral health disorders and evidence- based/informed prevention services in the community.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Persons with behavioral health disorders, their families, and the communities they live in.

**INDICATOR NAME:** Average cost per individual served in Level III.5 Adult substance use disorders residential treatment services (ADU/FTC).

**LaPAS PI Code:** 23829

1. **Type and Level:** Efficiency – General Performance Information
2. **Rationale:** The indicator was selected to provide a valid measurement of operating cost per individual served in ADS residential adult treatment and assist in analysis of cost-effectiveness.
3. **Use:** The indicator provides a measure of change in costs over time. It can provide some of the data needed to compare costs with other programs providing a comparable range of services. It will assist in fiscal and programmatic planning, resource allocation, and in program development and evaluation.
4. **Clarity:** This indicator clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** Counts generated from our electronic behavioral health record and the LaGOV system.
6. **Data Source, Collection and Reporting:** The sources of data are our electronic behavioral health record and the LaGOV system. It will be reported on an annual basis.
7. **Calculation Methodology:** Numerator: Total year-end expenditures for inpatient treatment services  
Denominator: Total number of individuals receiving inpatient treatment services (Admissions)
8. **Scope:** This indicator is aggregated as it could be broken down by parish, sex, race, etc. Data specific to individuals admitted to inpatient from all regions of the state.
9. **Caveats:** Human and technological errors are always a possible factor that may impact data integrity number does not include the indirect cost of FPHSA Executive Administration. Additional count may include patients admitted from outside of FPHSA catchment area.
10. **Responsible Person:** Debra Moran, MSN, RN Behavioral Health Director, FPHSA  
Phone: 985-543-4333  
Fax: 985-543-4817  
Debra.moran@fphsa.org

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Behavioral Health Services (BHS)

**OBJECTIVE:** Through the Behavioral Health Services (BHS) activity, FPHSA will provide cost effective evidence-based treatment services for individuals with behavioral health disorders and evidence-based/informed prevention services in the community.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Persons with behavioral health disorders, their families, and the communities they live in.

**INDICATOR NAME:** Cost per registered enrollee in evidence-based educational (prevention) programs.

**LaPAS PI Code:** 23832

- 1. Type and Level:** Efficiency – General
- 2. Rationale:** The indicator was selected to provide a valid measurement of operating cost per enrollee registered in evidence-based training programs to assist in analysis of cost-effectiveness.
- 3. Use:** The indicator provides a measure of change in providing evidence-based training program costs over time. It can provide data with which to compare costs to other prevention programs providing a comparable range of services. In conjunction with other indicators, it will assist in the assessment of the efficiency of program service delivery.
- 4. Clarity:** This indicator includes only evidence-based primary prevention program enrollees.
- 5. Accuracy, Maintenance, Support:** It is an amount calculated by information generated by the OBH Prevention Management Information System (PMIS) and LaGOV system.
- 6. Data Source, Collection and Reporting:** The sources of data are the PMIS (Prevention Management Information System) Current Registrations Report and the LaGOV system. It will be reported on an annual basis.
- 7. Calculation Methodology:**  
Numerator: Total year-end evidence-based program expenditures  
Denominator: Total number of enrollees registered in the evidence-based program.
- 8. Scope:** This indicator is aggregated as it could be broken down by parish, school, etc. This indicator could be compared with similar indicators in other authorities/districts/regions providing similar programs. Data is specific to enrollees in FPHSA evidence-based educational (training) program provided by contract providers.
- 9. Caveats:** Human and technological errors are always a possible factor that may impact data integrity.
- 10. Responsible Person:** Debra Moran, MSN, RN Behavioral Health Director, FPHSA  
Phone: 985-543-4333  
Fax: 985-543-4817  
Debra.moran@fphsa.org

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Behavioral Health Services (BHS)

**OBJECTIVE:** Through the Behavioral Health Services (BHS) activity, FPHSA will provide cost effective evidence-based treatment services for individuals with behavioral health disorders and evidence-based/informed prevention services in the community.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Persons with behavioral health disorders, their families, and the communities they live in.

**INDICATOR NAME:** Percentage of Mental Health Services/ Flexible Family Funds recipients who remain in the community (vs. institution).

**LaPAS PI Code:** 25848

- 1. Type and Level:** Outcome – General
- 2. Rationale:** Measures effectiveness of Flexible Family Funds.  
The indicator will be used to determine the effectiveness of MHS's flexible family funds in maintaining persons in the least restrictive
- 3. Use:** environment/lowest level of care necessary.  
The indicator will be used for internal management purposes.
- 4. Clarity:** Community living is indicated by a residential status of living in a private house, condo, apartment, or rented room. The indicator is the number of persons served through FPHSA's MH Flexible Family Funds who have not been institutionalized at the time of assessment.
- 5. Accuracy, Maintenance, Support:** At the current time this data is only available through FPHSA's Flexible Family Funds database maintained by Mental Health Administration Staff. It could be verified through individual client records/contracts.
- 6. Data Source, Collection and Reporting:** FPHSA's Flexible Family Funds database, collected through Mental Health Administration, via quarterly reports received from individuals. Reporting will occur quarterly and will be maintained in the database. Persons who have not been admitted into an institution (hospital, residential program) over the last year will be hand counted.
- 7. Calculation Methodology:** Numerator: Number of persons served by FPHSA's MHS flexible family funds who have not been admitted to an institution during the measurement period.  
Denominator: Total number of persons served through FPHSA's MHS flexible family funds during the measurement period.  
Units Reported: percentage
- 8. Scope:** This indicator could be aggregated across authorities/districts/regions if they are collecting the data in the same manner.
- 9. Caveats:** The measurement period is a quarter (3 months) and the calculations will be based on all persons served during that time, which will exceed the average number served or the number served at a point in time.
- 10. Responsible Person:** Debra Moran, MSN, RN Behavioral Health Director, FPHSA  
Phone: 985-543-4333; Fax 985-543-4817  
Debra.moran@fphsa.org

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Behavioral Health Services (BHS)

**OBJECTIVE:** Through the Behavioral Health Services (BHS) activity, FPHSA will provide cost effective evidence-based treatment services for individuals with behavioral health disorders and evidence-based/informed prevention services in the community.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Persons with behavioral health disorders, their families, and the communities they live in.

**INDICATOR NAME:** Percentage of persons on survey who say they would continue to come to FPHSA clinic even if they could go anywhere for treatment.

**LaPAS PI Code:** 26339

- |                                                  |                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Type and Level:</b>                        | Quality-General                                                                                                                                                                                                                                                                                                                |
| <b>2. Rationale:</b>                             | Telesage Outcomes Measurement System (TOMS) surveys are conducted at least twice annually and gathers information regarding patient satisfaction to assist agency in meeting the needs of the persons served.                                                                                                                  |
| <b>3. Use:</b>                                   | To review satisfaction at each clinic level and to recognize if there is an issue with satisfaction so further exploration can occur to identify source of dissatisfaction.                                                                                                                                                    |
| <b>4. Clarity:</b>                               | Indicator is clear                                                                                                                                                                                                                                                                                                             |
| <b>5. Accuracy, Maintenance, Support:</b>        | Percentage will be based on number of persons who answer "yes" to question related to number of persons who completed the survey.                                                                                                                                                                                              |
| <b>6. Data Source, Collection and Reporting:</b> | Data comes from TOMS Quality of Care surveys, which are given to all persons receiving care who attend appointments in December and June of the fiscal year.                                                                                                                                                                   |
| <b>7. Calculation Methodology:</b>               | Number of persons who answer "yes" to question divided by number of persons who complete the survey. It is calculated by Telesage and in reports run on their website.                                                                                                                                                         |
| <b>8. Scope:</b>                                 | This indicator can be reported on for all Local Governing Entities (LGEs) who utilize Telesage. It can be broken down to the clinic level and the agency level.                                                                                                                                                                |
| <b>9. Caveats:</b>                               | Data is limited to only those who complete the survey. The survey is rather lengthy and can be frustrating for persons who cannot read. We do offer to help with the survey, as needed. Tel reports the data once it has been entered into the website. Reports can be run by administration at clinic level and agency level. |
| <b>10. Responsible Person:</b>                   | Debra Moran, MSN, RN Behavioral Health Director<br><a href="mailto:debra.moran@fphsa.org">debra.moran@fphsa.org</a><br>Phone (985) 543-4333<br>Fax (985) 543-4817                                                                                                                                                              |



## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Developmental Disabilities Services (DDS)

**OBJECTIVE:** Developmental Disabilities Services (DDS) are designed to support people to remain in their communities or location of choice, support people to achieve valued outcomes, develop meaningful relationships, and attain quality of life as defined by the person. Individualized supports for each person are developed to meet the personal outcomes and goals.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Persons with developmental disabilities, their families, and the communities they live in.

**INDICATOR NAME:** Total unduplicated number of individuals receiving community-based developmental disabilities services.

**LaPAS PI Code:** 21022

- 1. Type and Level:** Output – Key
- 2. Rationale:** The indicator was selected to monitor the total number of individuals in the community receiving developmental disabilities services. This indicator is tied to the agency mission for the delivery of developmental disabilities services.
- 3. Use:** The data will be used in the planning and implementation of delivery of services to better current demands for community based services for people with developmental disabilities. be used in the performance-based budgeting process.
- 4. Clarity:** The indicator clearly identifies what is being measured.
- 5. Accuracy, Maintenance, Support:** This is a count generated by Participant Services Application (PS App). Data is reviewed by FPHSA/DDS staff and FPHSA Administration.
- 6. Data Source, Collection and Reporting:** The source of data will be generated by PS App and reported quarterly to FPHSA Administration.  
  
The information is reported by running the “Services Received by Parish (Names List)” report in PS APP; add the names of completed psychological evaluations from the Family Support Psychological Excel spreadsheet; remove duplicates from the total count. This Information includes Individual and Family Support Services, Individual and Family Support Diversion services, Flexible Family Fund, PASRR and psychological evaluation services. Time frames to use when running the report are: Q1: 7/1-9/30; Q2: 7/1-12/31; Q3: 7/1-3/31 Q4: 7/1-6/30.
- 7. Calculation Methodology:**
- 8. Scope:** This indicator is disaggregated as it can be combined with similar indicators in other authorities/districts/regions.  
Possible weaknesses may be human error in data entry into the PS App database and the exclusion of individuals who are ineligible to receive services from FPHSA/DDS and are provided referral information. Additionally, the total number does not reflect multiple units of services received.
- 9. Caveats:**
- 10. Responsible Person:** Janise Monetta, Program Director – FPHSA-DDS  
ATTN: Andrea Albert, Quality Assurance Specialist - FPHSA-DDS  
835 Pride Drive, Ste. B, Hammond, LA 70401  
Main#: 985-543-4730 /FAX#: 985-543-4752  
Email Andrea. Albert@fphsa.org

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Developmental Disabilities Services (DDS)

**OBJECTIVE:** Developmental Disabilities Services (DDS) are designed to support people to remain in their communities or location of choice, support people to achieve valued outcomes, develop meaningful relationships, and attain quality of life as defined by the person. Individualized supports for each person are developed to meet the personal outcomes and goals.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Persons with developmental disabilities, their families, and the communities they live in.

**INDICATOR NAME:** Total unduplicated number of individuals receiving Flexible Family Fund services.

**LaPAS PI Code:** 23833

- |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Type and Level:</b>                        | Output – Key                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>2. Rationale:</b>                             | The indicator was selected to monitor the total number of children in the community receiving cash subsidy support. This indicator is tied to the agency mission for the delivery of developmental disabilities services.                                                                                                                                                                                                                                                                                             |
| <b>3. Use:</b>                                   | The data will be used in managing the allotted number of slots in the FFF program.                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>4. Clarity:</b>                               | This indicator clearly identifies what is being measured.                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>5. Accuracy, Maintenance, Support:</b>        | This is a count generated by Participant Services Application (PS App). Data is reviewed by FPHSA/DDS staff.                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>6. Data Source, Collection and Reporting:</b> | The source of data will be generated by PS App and reported quarterly to FPHSA Administration.                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>7. Calculation Methodology:</b>               | The information is reported using the “Services Received by Parish (Names List)” report in PS APP and removing duplicate names from the report. When a FFF recipient moves to another LGE, FPHSA continues to provide FFF services until the end of the FFF agreement. This FFF recipient is no longer reported on the FPHSA “Services Received by Parish (Names List)” report and must be manually entered. Time frames to use when running the report are: Q1: 7/1-9/30; Q2: 7/1-12/31; Q3: 7/1-3/31; Q4: 7/1-6/30. |
| <b>8. Scope:</b>                                 | This indicator is disaggregated as it can be combined with similar indicators in other authorities/districts/regions.                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>9. Caveats:</b>                               | A possible weakness may be human error in data entry into the PS App database.                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>10. Responsible Person:</b>                   | Janise Monetta, Program Director – FPHSA-DDS<br>ATTN: Andrea Albert, Quality Assurance Specialist - FPHSA-DDS<br>835 Pride Drive, Ste. B, Hammond, LA 70401<br>Main#: 985-543-4730 /FAX#: 985-543-4752<br>Email Andrea.Albert@fphsa.org                                                                                                                                                                                                                                                                               |

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Developmental Disabilities Services (DDS)

**OBJECTIVE:** Developmental Disabilities Services (DDS) are designed to support people to remain in their communities or location of choice, support people to achieve valued outcomes, develop meaningful relationships, and attain quality of life as defined by the person. Individualized supports for each person are developed to meet the personal outcomes and goals.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Persons with developmental disabilities, their families, and the communities they live in.

**INDICATOR NAME:** Average value of services per individual receiving Individual and Family Support services.

**LaPAS PI Code:** 23837

1. **Type and Level:** Output – General Performance Information
2. **Rationale:** The indicator was selected to monitor the average value of services per individual receiving individual and family support.
3. **Use:** This indicator is tied to the agency mission for the delivery of developmental disabilities services.
4. **Clarity:** This indicator clearly identifies what is being measured.
5. **Validity, Reliability and Accuracy:** The validity and reliability is accurate, as it is generated from the Participant Services Application (PS App) and the internal spreadsheets of services provided. Data is reviewed by FPHSA/DDS staff and FPHSA Administration.
6. **Data Source, Collection and Reporting:** The source of data will be generated by the PS App and internal Fiscal spreadsheets of the value of services provided. It is reported to OCDD state office and to FPHSA Administration on an annual basis by state fiscal year.
7. **Calculation Methodology:**  
Numerator: Total value of services received by individuals and families through the family support program  
Denominator: Total number of individuals receiving individual and family support services
8. **Scope:** This indicator is disaggregated as it can be combined with similar indicators in other authorities/districts/regions.
9. **Caveats:** Human and technological errors are always a possible factor that may impact data integrity. This number does not include the indirect cost of FPHSA Executive Administration.
10. **Responsible Person:** Janise Monetta, Program Director – FPHSA-DDS  
ATTN: Andrea Albert, Quality Assurance Specialist - FPHSA-DDS  
835 Pride Drive, Ste. B, Hammond, LA 70401  
Main#: 985-543-4730 /FAX#: 985-543-4752  
Email Andrea.Albert@fphsa.org

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Developmental Disabilities Services (DDS)

**OBJECTIVE:** Developmental Disabilities Services (DDS) are designed to support people to remain in their communities or location of choice, support people to achieve valued outcomes, develop meaningful relationships, and attain quality of life as defined by the person. Individualized supports for each person are developed to meet the personal outcomes and goals.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Persons with developmental disabilities, their families, and the communities they live in.

**INDICATOR NAME:** Average cost per individual receiving Preadmission Screening and Resident Review (PASRR) services.

**LaPAS PI Code:** 23840

- |                                                  |                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Type and Level:</b>                        | Output - General Performance Information                                                                                                                                                                                                                                                                                  |
| <b>2. Rationale:</b>                             | The indicator was selected to monitor the average cost per individual receiving PASRR. This indicator is tied to the agency mission for the delivery of developmental disabilities services.                                                                                                                              |
| <b>3. Use:</b>                                   | The data will be used in the planning and implementation of delivery of services to better meet the current demands for community based services for people with developmental disabilities.                                                                                                                              |
| <b>4. Clarity:</b>                               | This indicator clearly identifies what is being measured.                                                                                                                                                                                                                                                                 |
| <b>5. Accuracy, Maintenance, Support:</b>        | The validity and reliability is accurate as it is generated from the Participant Services Application (PS App) and the LaGOV financial system. Data is reviewed by FPHSA/DDS staff and FPHSA Administration.                                                                                                              |
| <b>6. Data Source, Collection and Reporting:</b> | The source of data will be generated by the PS App and the LaGOV financial system and reported to FPHSA Administration on an annual basis by state fiscal year.                                                                                                                                                           |
| <b>7. Calculation Methodology:</b>               | <u>Numerator:</u> Total year-end PASRR expenditures<br><u>Denominator:</u> Total number of individuals receiving completed PASRR Services.                                                                                                                                                                                |
| <b>8. Scope:</b>                                 | This indicator is disaggregated as it can be combined with similar indicators in other authorities/districts/regions.                                                                                                                                                                                                     |
| <b>9. Caveats:</b>                               | Human and technological errors are always a possible factor that may impact data integrity. This number does not include the indirect cost of FPHSA Executive Administration. Also, the total number of individuals receiving PASRR services does not include individuals with determinations for nursing home placement. |
| <b>10. Responsible Person:</b>                   | Janise Monetta, Program Director – FPHSA-DDS<br>ATTN: Andrea Albert, Quality Assurance Specialist - FPHSA-DDS<br>835 Pride Drive, Ste. B, Hammond, LA 70401<br>Main#: 985-543-4730 /FAX#: 985-543-4752<br>Email Andrea.Albert@fphsa.org                                                                                   |

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Developmental Disabilities Services (DDS)

**OBJECTIVE:** Developmental Disabilities Services (DDS) are designed to support people to remain in their communities or location of choice, support people to achieve valued outcomes, develop meaningful relationships, and attain quality of life as defined by the person. Individualized supports for each person are developed to meet the personal outcomes and goals.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Persons with developmental disabilities, their families, and the communities they live in.

**INDICATOR NAME:** Percentage of Individual and Family Support recipients that remain in the community (vs. institution).

**LaPAS PI Code:** 23843

- 1. Type and Level:** Outcome – General Performance Information
- 2. Rationale:** This indicator was selected as a measurement tool to analyze the success of FPHSA/DDS in providing needed community-based services and ties to the agency mission for the delivery of developmental disabilities services.
- 3. Use:** The data will be used in the planning and implementation of delivery of services to better meet the current demands for community based services for people with developmental disabilities.
- 4. Clarity:** The indicator clearly identifies what is being measured.
- 5. Accuracy, Maintenance, Support:** The count of individuals served will be generated by the Participant Services Application (PS App) and will indicate if an individual no longer receiving services was institutionalized. Data is reviewed by DDS staff and FPHSA Administration.
- 6. Data Source, Collection and Reporting:** The source of data will be generated by the PS App and reported to FPHSA Administration on an annual basis by state fiscal year.
- 7. Calculation Methodology:**

Numerator: Total unduplicated number of individuals receiving Individual and Family Support services (PI #21023) less the number of recipients who entered institutions.

Denominator: Total unduplicated number of individuals receiving Individual and Family Support services (PI #21023).
- 8. Scope:** This indicator is disaggregated as it can be combined with similar indicators in other authorities/districts/regions.
- 9. Caveats:** Human and technological errors are always a possible factor that may impact data integrity.
- 10. Responsible Person:** Janise Monetta, Program Director – FPHSA-DDS  
ATTN: Andrea Albert, Quality Assurance Specialist - FPHSA-DDS  
835 Pride Drive, Ste. B, Hammond, LA 70401  
Main#: 985-543-4730 /FAX#: 985-543-4752  
Email Andrea.Albert@fphsa.org

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Developmental Disabilities Services (DDS)

**OBJECTIVE:** Developmental Disabilities Services (DDS) are designed to support people to remain in their communities or location of choice, support people to achieve valued outcomes, develop meaningful relationships, and attain quality of life as defined by the person. Individualized supports for each person are developed to meet the personal outcomes and goals.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Persons with developmental disabilities, their families, and the communities they live in.

**INDICATOR NAME:** The total unduplicated number of individuals served through waiver supports and services including New Opportunities Waiver (NOW), Children's Choice Waiver (CC), Supports Waiver (SW), and Residential Options Waiver (ROW).

**LaPAS PI Code:** 25073

<b>1. Type and Level:</b>	OUTPUT, GENERAL
<b>2. Rationale:</b>	Home and Community Based Waiver services aims to serve individuals with developmental disabilities in their home and community settings rather than more restrictive and more costly institutional settings. Waiver services are provided to eligible individuals on a first-come, first-served basis through use of a single, statewide waiver registry mechanism that fills available waiver slots with eligible individuals who choose waiver services at the time of the offer. As the number of waiver recipients served has grown over the last several years, it is important to track this information via reporting mechanisms for trends within the FPHSA catchment area.
<b>3. Use:</b>	This indicator will determine the total number of unduplicated individuals who received waiver services at any time within a single fiscal year.
<b>4. Clarity:</b>	The indicator language clearly identifies what is being measured, however a glossary of terms used throughout this documentation form is included below: OCDD = Office for Citizens with Developmental Disabilities CMS = Centers for Medicare & Medicaid Services HCBS = Home & Community Based Services NOW = New Opportunities Waiver CC = Children's Choice Waiver SW = Supports Waiver ROW = Residential Options Waiver DD = Developmental Disabilities LaSRS = Louisiana Service Reporting System PA = Prior Authorization WU = Waiver Unit (of FPHSA/DDS)
<b>5. Accuracy, Maintenance, Support:</b>	It is unknown whether this indicator has been audited by Office of Legislative Auditor. The measure should be valid, reliable, and accurate as the data is collected through a single data system that is already used by OCDD and FPHSA/DDS, as well as official waiver recipient records stored in FPHSA/DDS/WU
<b>6. Data Source, Collection and Reporting:</b>	<u>Data Source:</u> Current & closed waiver clients are obtained through the Louisiana Service Reporting System (LaSRS), which is a secure web-based data system. <u>Data Collection:</u> Data will be collected on an annual basis by running reports within LaSRS. <u>Reporting:</u> Data will be reported on an annual basis

<p><b>7. Calculation Methodology:</b></p>	<p>Step 1. Sign into LaSRS</p> <p>Step 2. To obtain the Active Waiver Count from LaSRS, Select Data</p> <p>Step 3. Select Clients</p> <p>Step 4. Open blue plus sign (turns to a purple minus)</p> <p>Step 5. Status drop down – chose active</p> <p>Step 6. Close the purple dot (will change back to blue plus)</p> <p>Step 7. Region drop down, select 9</p> <p>Step 8. Waiver drop down, select CC</p> <p>Step 9. Click on the printer (upper right above LTPCS)</p> <p>Step 10. You are now in export mode. Export to Excel. Enable editing on the Excel file. Save the excel file under a new name (AP FY Q active waiver). Exit Export Mode in LaSRS.</p> <p>Step 11. Repeat the above steps for NOW, ROW and SW beginning at the Waiver drop down, select waiver type Step 8.</p> <p>Step 12. Copy and paste the results from each waiver type into one spreadsheet</p> <p>Step 13. Unduplicated. There will be individuals who are certified in one waiver and linked to another. Remove the linkages. Be mindful of waiver recipients with the same name, do not remove them as a duplicate name. You will have to look at the Social Security Number.</p> <p>Step 14. To obtain the Discharged / Inactive Waiver Count from LaSRS, Select Data</p> <p>Step 15. Select Plans of Care</p> <p>Step 16. Select Region 9</p> <p>Step 17. Select Waiver Type CC (You can leave all waivers as the choice. You will have to sort and remove all waivers that are not OCDD from your Excel spreadsheet.)</p> <p>Step 18. Under Waiver Closure Date enter your time frame. Time frames to use when running the report are: Q1: 7/1-9/30; Q2: 7/1-12/31; Q3: 7/1-3/31 Q4: 7/1-6/30.</p> <p>Step 19. Export the data to Excel by selecting the floppy disk</p> <p>Step 20. Choose the Excel Export Mode and save the data</p> <p>Step 21. Repeat the above steps for NOW, ROW and SW beginning at Select Waiver Type Step 17 until all waiver options were selected. (You do not have to repeat if you did not select a single waiver type.)</p> <p>Step 22. Combine all the Discharged / Inactive Waiver recipients. Remove those whose waiver closure reason is Changed Target Population.</p> <p>Step 23. Combine the Active Waiver recipients, Step 13, and the Discharged / Inactive Waiver recipients, Step 21.</p> <p>Step 24. Unduplicated. Be mindful of waiver recipients with the same name, do not remove them as a duplicate name. You will have to look at the Social Security Number. The result is the total number of waiver recipients in the reporting period.</p>
<p><b>8. Scope:</b></p>	<p>This is regional aggregate data for individuals receiving NOW, CC, SW, and ROW. The data can also be disaggregated by waiver type.</p>
<p><b>9. Caveats:</b></p>	<p>The number of individuals served through waiver services is not necessarily a reflection on the productivity and output of FPHSA/DDS/WU, as individuals are served when slots become available through legislative and other processes. There are no known caveats at this time.</p>

<b>10. Responsible Person:</b>	Janise Monetta, Program Director – FPHSA-DDS ATTN: Andrea Albert, Quality Assurance Specialist - FPHSA-DDS 835 Pride Drive, Ste. B, Hammond, LA 70401 Main#: 985-543-4730 /FAX#: 985-543-4752 Email <a href="mailto:Andrea.Albert@fphsa.org">Andrea.Albert@fphsa.org</a>
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## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Developmental Disabilities Services (DDS)

**OBJECTIVE:** Developmental Disabilities Services (DDS) are designed to support people to remain in their communities or location of choice, support people to achieve valued outcomes, develop meaningful relationships, and attain quality of life as defined by the person. Individualized supports for each person are developed to meet the personal outcomes and goals.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:**

Persons with developmental disabilities, their families, and the communities they live in.

**INDICATOR NAME:** Percentage of Waiver participants with a Level of Care redetermination made within 12 months of initial or last annual evaluation.

**LaPAS PI Code:** 26547

<b>1. Type and Level:</b>	INPUT, KEY
<b>2. Rationale:</b>	The Level of Care (LOC) determines whether a person needs specialized services within a Medicaid-funded facility or a home and community-based service. The LOC redetermination is made on or before the Waiver participant's anniversary date of the LOC determination from the previous year. This indicator will help determine whether waiver staff or support coordinators have reviewed the eligibility of each waiver participant prior to the time of LOC/Plan of Care (POC) expiration.
<b>3. Use:</b>	This indicator will determine the number of waiver records with a current LOC approval within the reporting quarter as well as the number of waiver records whose LOC was approved after the LOC/POC expiration, which are recorded as errors. The LOC error remediation data is recorded in the LOC POC Application in the OCDD Data System (secure website).
<b>4. Clarity:</b>	The indicator language clearly identifies what is being measured, however a glossary of terms used throughout this documentation form is included below: LOC/POC = Level of Care / Plan of Care OCDD = Office for Citizens with Developmental Disabilities CMS = Centers for Medicare & Medicaid Services HCBS = Home & Community Based Services HSAP = Human Services Accountability Plan NOW = New Opportunities Waiver CC = Children's Choice Waiver SW = Supports Waiver ROW = Residential Options Waiver DD = Developmental Disabilities SOA = Statement of Approval SOD = Statement of Denial
<b>5. Accuracy, Maintenance, Support:</b>	It is unknown whether this indicator has been audited by Office of Legislative Auditor. The data source, collection, and reporting methods should provide valid, reliable, and accurate data as the review findings and remediation activities and timelines are entered consistently in an electronic database which has reporting and query functions that yield both qualitative and quantifiable data.

<b>6. Data Source, Collection and Reporting:</b>	<p><u>Data Source:</u> Level of Care/Plan of Care (LOC/POC) Application in the OCDD Data System.</p> <p><u>Data Collection:</u> Reviews are conducted quarterly on a random sample of Waiver participant records pre-determined and disseminated by OCDD/CO on a quarterly (fiscal year) basis. Scope of review focuses on both LOC and POC with 21 review items specific to entry process, 90-L (physician form) process, assessments, planning, freedom of choice, timeliness and rights. Error findings are recorded in the LOC/POC Application at the time of review, as well as remediation completed and a closure date, which is entered on an ongoing basis. <u>Reporting:</u> Data is entered on a quarterly basis, and error remediation reports and queries may be generated at the state and local level to determine any outstanding errors with pending remediation and closure.</p>
<b>7. Calculation Methodology:</b>	<p><b>Step 1.</b> Sign in to the OCDD Data System and access the LOC POC Application.</p> <p><b>Step 2.</b> At MAIN MENU open RUN REPORT.</p> <p><b>Step 3.</b> Select the Results by Waiver report</p> <p><b>Step 4.</b> Select FPHSA as the LGE</p> <p><b>Step 5.</b> Select the Fiscal Year of Review</p> <p><b>Step 6.</b> Select the Review Quarter. Time frames to use when running the report are: Q1: 7/1-9/30; Q2: 7/1-12/31; Q3: 7/1-3/31 Q4: 7/1-6/30.</p> <p><b>Step 7.</b> Select No thanks for the filter by review type.</p> <p><b>Step 8.</b> Select Format. Either Excel or Word.</p> <p><b>Step 9.</b> Render the report. All Waivers yes and total for question #6 should give you numerator and denominator for your performance indicator. Numerator divided by denominator will result in a percentage calculation.</p>
<b>8. Scope:</b>	<p>This is regional aggregate data for all waiver types reviewed in the regional sample, including NOW, CC, SW, and ROW participants. The data can also be disaggregated by waiver type and review type for further drilling down as needed.</p>
<b>9. Caveats:</b>	<p>The LOC redetermination is monitored as part of the LOC/POC Quality Review. The LOC redetermination may be approved by FPHSA-DDS or the Support Coordination Agency. The LOC/POC remediation form will document which agency is responsible for the error, all remediation attempts (successful or not), justification of the error (if applicable), as well as the completion of remediation. This information can be submitted when figures are questioned or explanations are needed.</p>
<b>10. Responsible Person:</b>	<p>Janise Monetta, Program Director – FPHSA-DDS  ATTN: Andrea Albert, Quality Assurance Specialist - FPHSA-DDS  835 Pride Drive, Ste. B, Hammond, LA 70401  Main#: 985-543-4730 /FAX#: 985-543-4752  Email <a href="mailto:Andrea.Albert@fphsa.org">Andrea.Albert@fphsa.org</a></p>

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Executive Administration

**OBJECTIVE:** Through the Executive Administration activity, FPHSA will work to continuously improve the effectiveness and efficiency with which the previous objectives are accomplished through the management of available resources in response to the needs of the communities served.

**INDICATOR NAME:** Percentage of new employees completing mandatory online training courses within 90 days of employment.

**LaPAS PI Code:** 23847

- 1. Type and Level:** Efficiency – Key
- 2. Rationale:** This indicator was selected to help ensure that new FPHSA employees are completing mandatory training within specified time limits.
- 3. Use:** This indicator will be used for internal management purposes to assess and improve upon the level of compliance.
- 4. Clarity:** The performance indicator clearly identifies what is being measured.
- 5. Validity, Reliability and Accuracy:** The data for this indicator is audited annually by the Office of Risk Management and the Department of State Civil Service.
- 6. Data Source, Collection and Reporting:** The data source is reports generated through the Essential Learning online training website and the Louisiana Employees Online (LEO) website that offers online training and maintains training records. Data is evaluated and reported monthly to Executive Administration.
- 7. Calculation Methodology:**

Numerator: Number of new employees completing mandatory online training courses within 90 days of employment.  
Denominator: Total number of new employees that should have completed the courses in the current quarter.
- 8. Scope:** This indicator is aggregated. The information collected consists of the number of employees completing the required training during the reporting period. Data can be broken down in several ways such as by supe job title, or facility.
- 9. Caveats:** This indicator has no known weaknesses. Data is recorded as the training is completed and is stored on the online Essential Learning and LEO databases.
- 10. Responsible Person:** Connie Taylor, HR Director, FPHSA Executive Administration  
Phone: 985-543-4333  
FAX: 985-543-4817  
Connie.taylor@fphsa.org

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Executive Administration

**OBJECTIVE:** Through the Executive Administration activity, FPHSA will work to continuously improve the effectiveness and efficiency with which the previous objectives are accomplished through the management of available resources in response to the needs of the communities served.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:**  
Persons with behavioral health disorders and/or developmental disabilities, their families, and the communities they live in.

**INDICATOR NAME:** Percentage of agency's moveable property accounted for annually.

**LaPAS PI Code:** 23851

- |                                                  |                                                                                                                                                                                                     |
|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Type and Level:</b>                        | Type: Quality Level: General Performance Information                                                                                                                                                |
| <b>2. Rationale:</b>                             | This indicator will ensure that property will remain a focus of the agency.                                                                                                                         |
| <b>3. Use:</b>                                   | Will indicate any areas of weak security and job responsibilities of staff.<br>Indicator will be used for internal management purposes.                                                             |
| <b>4. Clarity:</b>                               | The indicator clearly identifies what is being measured.                                                                                                                                            |
| <b>5. Accuracy, Maintenance, Support:</b>        | Property is audited internally on a quarterly basis. Annual inventory is performed by at least two staff members.                                                                                   |
| <b>6. Data Source, Collection and Reporting:</b> | The data source is a list of assets in an external database (Protégé).<br>Data is collected and reported annually.                                                                                  |
| <b>7. Calculation Methodology:</b>               | <u>Numerator:</u> Total pieces of property located.<br><u>Denominator:</u> Total number pieces of property.                                                                                         |
| <b>8. Scope:</b>                                 | This indicator is aggregated. The indicator measurement can be broken down into property located by facility or by program area.                                                                    |
| <b>9. Caveats:</b>                               | Possible weaknesses include property existing and inadvertently not being entered into (Protégé); therefore not counted. The source of the data does not have a bias as it is an external database. |
| <b>10. Responsible Person:</b>                   | Rachelle Sibley, COO, FPHSA-Executive Administration<br>Phone: 985-543-4333<br>FAX: 985-543-4817<br>rachelle.sibley@fphsa.org                                                                       |

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Executive Administration

**OBJECTIVE:** Through the Executive Administration activity, FPHSA will work to continuously improve the effectiveness and efficiency with which the previous objectives are accomplished through the management of available resources in response to the needs of the communities served.

**INDICATOR NAME:** Percentage of information technology (IT) work orders closed within 6 business days of work request.

**LaPAS PI Code:** 25534

- 1. Type and Level:** Efficiency – Key
- 2. Rationale:** To determine the amount of time it takes for the FPHSA IT department to resolve issues submitted on work orders.
- 3. Use:** Will be used to show turnaround times for the IT department. The indicator will be used for internal management purposes.
- 4. Clarity:** The indicator clearly identifies what is being measured.
- 5. Validity, Reliability and Accuracy:** Work orders are sent through the SysAid system which records the issue, the individual submitting the work order, and the date submitted/closed.
- 6. Data Source, Collection and Reporting:** Individual staff submits work orders into the SysAid system. Reporting is cumulative and is done on a quarterly basis.
- 7. Calculation Methodology:**  
Numerator: Number of IT work orders closed within 6 business days of work request.  
Denominator: Total number of IT work order requests.
- 8. Scope:** This indicator is aggregated. The indicator could be broken down further by program area, types of work orders, etc.
- 9. Caveats:** None.
- 10. Responsible Person:** Rachelle Sibley, COO, FPHSA-Executive Administration  
Phone: 985-543-4333  
Fax: 985-543-4817  
Rachelle.sibley@fphsa.org

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority

**ACTIVITY:** Executive Administration

**OBJECTIVE:** Through the Executive Administration activity, FPHSA will work to continuously improve the effectiveness and efficiency with which the previous objectives are accomplished through the management of available resources in response to the needs of the communities served.

**INDICATOR NAME:** Percentage of agency's performance indicators with a desirable variance (within +/- 5% of target or with a higher variance that is a positive outcome).

**LaPAS PI Code:** 26341

1. **Type and Level:** Outcome/Key
2. **Rationale:** This indicator can be used to monitor and ensure accuracy of established and/or updated targets as well as positive outcomes.
3. **Use:** If targets are out of variance by (+/-) 5 percent and not a desirable variance/outcome, it can be further analyzed to determine if a corrective action is necessary. The indicator will be used for internal management purposes.
4. **Clarity:** The indicator clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The indicator and performance data have not been audited by the Office of the Legislative Auditor. Fiscal staff calculates indicator based on other indicators' variances. Files are maintained with documentation used for calculation.
6. **Data Source, Collection and Reporting:** Data for this indicator is based on outcomes of other agency performance indicators in the Louisiana Performance Accountability System (LaPAS), an external database. Reporting is based on cumulative information collected and reported on a quarterly basis.
7. **Calculation Methodology:** This is a standard calculation.  
Numerator: (Cumulative number of agency performance indicators within (+/-) 5 percent of target as reported in LaPAS + Cumulative number of agency performance indicators with a higher variance that is a positive outcome)  
Denominator: Cumulative number of agency performance indicators reported in LaPAS
8. **Scope:** The indicator is aggregated as it could be broken down by activity, program area, types of indicators, etc.
9. **Caveats:** This indicator is solid and not biased as it is based on the outcomes of the other performance indicators in LaPAS.
10. **Responsible Person:** Rachelle Sibley, COO  
FPHSA Executive Administration  
Phone: 985-543-4333  
Fax: 985-543-4817  
[Rachelle.sibley@fphsa](mailto:Rachelle.sibley@fphsa).

<b>PERFORMANCE INDICATOR DOCUMENTATION</b>
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**PROGRAM:** Florida Parishes Human Services Authority

**ACTIVITY:** Executive Administration

**OBJECTIVE:** Through the Executive Administration activity, FPHSA will work to continuously improve the effectiveness and efficiency with which the previous objectives are accomplished through the management of available resources in response to the needs of the communities served.

**INDICATOR NAME:** Turnover Rate

**LaPAS PI Code:** 26343

1. **Type and Level:** Output / General Performance Information.
2. **Rationale:** Provide an average of the total turnover rate to provide justification to increase hiring processes and promote retention to prevent decrease in clinical performance due to vacant positions.
3. **Use:** Internal Management Purposes.
4. **Clarity:** Turnover rate
5. **Accuracy, Maintenance, Support:** Data is audited internally and externally by other state agencies.
6. **Data Source, Collection and Reporting:** LaGov HCM Human Capital Management System is the source of data. Information will be gathered on an annual basis at the end of the fiscal year.
7. **Calculation Methodology:** Standard calculation; Divide the number of total separations entered within a specific fiscal year for authorized positions by the total number of authorized positions.
8. **Scope:** Aggregated.
9. **Caveats:** Not applicable.
10. **Responsible Person:** Connie Taylor, HR Director, work phone-(985) 543-4333, fax (985) 543-4817 and [connie.taylor@fphsa.org](mailto:connie.taylor@fphsa.org)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority

**ACTIVITY:** Behavioral Health Services (BHS)

**OBJECTIVE:** Through the Behavioral Health Services (BHS) activity, FPHSA will provide cost effective evidence-based treatment services for individuals with behavioral health disorders and evidence-based/informed prevention services in the community.

**INDICATOR NAME:** Total number of merchants educated through Synar services.

**LaPAS PI Code:** 23831

- |                                                  |                                                                                                                                                                                                          |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Type and Level:</b>                        | Output – General                                                                                                                                                                                         |
| <b>2. Rationale:</b>                             | The indicator was selected to monitor the total number of merchants educated through Synar services.                                                                                                     |
| <b>3. Use:</b>                                   | The indicator will be used to monitor if FPHSA is utilizing the maximum number of merchant education opportunities in the provision of unconsummated compliance checks on legal (18+) tobacco purchases. |
| <b>4. Clarity:</b>                               | This indicator clearly identifies what is being measured.                                                                                                                                                |
| <b>5. Validity, Reliability and Accuracy:</b>    | It is a count generated by the Office of Behavioral Health (OBH) Prevention Management Information System (PMIS).                                                                                        |
| <b>6. Data Source, Collection and Reporting:</b> | The source of data will be compiled from OBH Prevention Management Info System (PMIS) Synar report and reported on an annual basis.                                                                      |
| <b>7. Calculation Methodology:</b>               | The reported information is the actual number reported.                                                                                                                                                  |
| <b>8. Scope:</b>                                 | Data specific to merchants selling tobacco products in the 5 parishes served by FPHSA.                                                                                                                   |
| <b>9. Caveats:</b>                               | Human and technological errors are always a possible factor that may impact data integrity.                                                                                                              |
| <b>10. Responsible Person:</b>                   | Debra Moran, RN, Behavioral Health Director, FPHSA<br>Phone: 985-543-4333<br>Fax: 985-543-4817<br>Debra.moran@fphsa.org                                                                                  |



## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Behavioral Health Services (BHS)

**OBJECTIVE:** Through the Behavioral Health Services (BHS) activity, FPHSA will provide evidence-based treatment services for individuals with behavioral health disorders and prevention services while providing them in a cost-effective manner.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:**

Persons with behavioral health disorders, their families, and the communities they live in.

**INDICATOR NAME:** Number of unduplicated persons participating in evidence-based treatment groups in FPHSA's outpatient clinics.

**LaPAS PI Code:** 25516

- |                                                  |                                                                                                                                                                                                                                                                          |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Type and Level:</b>                        | Output – Key                                                                                                                                                                                                                                                             |
| <b>2. Rationale:</b>                             | To demonstrate the number of persons benefitting from the array of evidence-based programming currently being offered at FPHSA's outpatient clinics.                                                                                                                     |
| <b>3. Use:</b>                                   | This indicator will be used to identify the demand for evidence-based services and to assist with identification of need for additional groups to cover the demand.                                                                                                      |
| <b>4. Clarity:</b>                               | FPHSA's outpatient clinics include clinics in Hammond, Mandeville, Bogalusa, Slidell, and Denham Springs. This includes persons participating in Outpatient treatment, as well as Intensive Outpatient Treatment.                                                        |
| <b>5. Accuracy, Maintenance Support:</b>         | The data will be extracted directly from FPHSA's electronic health record. Reports will be accessible for review, as needed.                                                                                                                                             |
| <b>6. Data Source, Collection and Reporting:</b> | The data will be extracted from FPHSA's electronic health record on a quarterly basis.                                                                                                                                                                                   |
| <b>7. Calculation Methodology:</b>               | The data will be calculated by running a report of all group notes in the electronic health record and un-duplicating by client name and client number.                                                                                                                  |
| <b>8. Scope:</b>                                 | This indicator is a part of the client population that is served and can be compared to other programs statewide.                                                                                                                                                        |
| <b>9. Caveats:</b>                               | There does not appear to be any weaknesses or limitations to this data. It is dependent on clinicians entering their group notes consistently, but FPHSA's electronic record has ticklers in the system to help clinicians keep track of notes that need to be compiled. |
| <b>10. Responsible Person:</b>                   | Debra Moran, RN, Behavioral Health Director, FPHSA<br>Phone: 985-543-4333<br>Fax: 985-543-4817<br>Debra.moran@fphsa.org                                                                                                                                                  |

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Developmental Disabilities Services (DDS)

**OBJECTIVE:** Developmental Disabilities Services (DDS) are designed to support people to remain in their communities or location of choice, support people to achieve valued outcomes, develop meaningful relationships, and attain quality of life as defined by the person. Individualized supports for each person are developed to meet the personal outcomes and goals.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:**

Persons with developmental disabilities, their families, and the communities they live in.

**INDICATOR NAME:** Total unduplicated number of individuals receiving Preadmission Screening and Resident Review (PASRR) services.

**LaPAS PI Code:** 23835

- |                                                  |                                                                                                                                                                                                                                                                             |
|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Type and Level:</b>                        | Output- Key                                                                                                                                                                                                                                                                 |
| <b>2. Rationale:</b>                             | The indicator was selected to monitor the total number of individuals receiving a Preadmission Screening and Resident Review (PASRR) service. This indicator is tied to the agency mission for the delivery of developmental disabilities services.                         |
| <b>3. Use:</b>                                   | The data will be used in the planning and implementation of delivery of services to better meet the current demands for community based services for people with developmental disabilities. It will be used in the performance-based budgeting process.                    |
| <b>4. Clarity:</b>                               | The indicator clearly identifies what is being measured.                                                                                                                                                                                                                    |
| <b>5. Accuracy, Maintenance, Support:</b>        | This is a count generated by the Participant Services Application (PS App). Data is reviewed by the FPHSA/DDS staff and FPHSA Administration.                                                                                                                               |
| <b>6. Data Source, Collection and Reporting:</b> | The source of data will be generated internally and reported to FPHSA Administration quarterly.                                                                                                                                                                             |
| <b>7. Calculation Methodology:</b>               | The PASRR referral information is obtained from the internal PASRR Referral spreadsheet. The names referred each quarter will be combined to create one list. Duplicate names are removed. Time frames to use are: Q1: 7/1-9/30; Q2: 7/1-12/31; Q3: 7/1-3/31; Q4: 7/1-6/30. |
| <b>8. Scope:</b>                                 | This indicator is disaggregated as it can be combined with similar indicators in other authorities/districts/regions.                                                                                                                                                       |

**9. Caveats:**

Human and technological errors are always a possible factor that may impact data integrity.

**10. Responsible Person:**

Janise Monetta, Program Director – FPHSA-DDS  
ATTN: Andrea Albert, Quality Assurance Specialist FPHSA-DDS  
835 Pride Drive, Ste. B, Hammond, LA 70401  
Main#: 985-543-4730 /FAX#: 985-543-4752  
Email [Andrea.Albert@fphsa.org](mailto:Andrea.Albert@fphsa.org)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Behavioral Health Services (BHS)

**OBJECTIVE:** Through the Behavioral Health Services (BHS) activity, FPHSA will provide cost effective evidence-based treatment services for individuals with behavioral health disorders and evidence-based/informed prevention services in the community.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:**

Persons with behavioral health disorders, their families, and the communities they live in.

**INDICATOR NAME:** Average daily census-Level III.5 Adult residential treatment program (ADU/FTC).

**LaPAS PI Code:** 21039

1. **Type and Level:** Outcome – Supporting
2. **Rationale:** The indicator was selected to monitor utilization of available inpatient
3. **Use:** The data will be used to determine whether bed capacity at the inpatient facilities are being fully utilized. It will also be used for internal management purposes in determining any deficiencies with the timely admission of clients.
4. **Clarity:** This indicator clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The information is manually recorded and tracked.
6. **Data Source, Collection and Reporting:** The source of data is an Excel spreadsheet containing information from a daily census recorded by FPHSA staff. It will be reported semi-annually.
7. **Calculation Methodology:**  
Numerator: Number of occupied bed (client) days, as provided in The monthly census reports  
Denominator: Number of days in the reporting period
8. **Scope:** This indicator is aggregated as it could be broken down by parish, sex, race, etc.
9. **Caveats:** Human and technological errors are always a possible factor that may impact data integrity. Additionally, patient days can include patients admitted from outside of FPHSA catchment area.
10. **Responsible Person:** Debra Moran, MSN, RN Behavioral Health Director, FPHSA  
Phone: 985-543-4333  
Fax: 985-543-4817  
Debra.moran@fphsa.org

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Behavioral Health Services (BHS)

**OBJECTIVE:** Through the Behavioral Health Services (BHS) activity, FPHSA will provide cost effective evidence-based treatment services for individuals with behavioral health disorders and evidence-based/informed prevention services in the community.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Persons with behavioral health disorders, their families, and the communities they live in.

**INDICATOR NAME:** Total number of individuals served in prevention programs (includes social media and billboards).

**LaPAS PI Code:** 23825

- |     |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.  | <b>Type and Level:</b>                        | Output –General                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 2.  | <b>Rationale:</b>                             | The indicator was selected to monitor the total number of individuals served in prevention programs. This indicator is tied to the agency mission for the delivery of addictive disorders prevention services.                                                                                                                                                                                                                            |
| 3.  | <b>Use:</b>                                   | The indicator will be used as an analysis tool in conjunction with other performance indicators for management decision making and for reporting purposes.                                                                                                                                                                                                                                                                                |
| 4.  | <b>Clarity:</b>                               | This indicator includes evidence-based primary prevention program enrollees, provider participants served, and prevention staff participants served.                                                                                                                                                                                                                                                                                      |
| 5.  | <b>Accuracy, Maintenance, Support:</b>        | This is a count generated by the Office of Behavioral Health (OBH) Prevention Management Information System (PMIS).                                                                                                                                                                                                                                                                                                                       |
| 6.  | <b>Data Source, Collection and Reporting:</b> | The source of data will be compiled from OBH Prevention Management Information System (PMIS) Provider Staff Activities Report, Agency Staff Activities Report, and Current Registrations Report and reported on an annual basis. A report will be run in PMIS to gather data from the beginning of the fiscal year (July 1) until the last day of the fiscal year (June 30) and will include all prevention programs for the fiscal year. |
| 7.  | <b>Calculation Methodology:</b>               | The reported information is the actual number of persons receiving prevention services (includes provider and prevention staff participants served and enrollees in evidence-based educational programs).                                                                                                                                                                                                                                 |
| 8.  | <b>Scope:</b>                                 | This indicator is aggregated as it could be broken down by parish, sex, race, etc. Data specific to prevention program enrollees and participants served by FPHSA prevention providers and/or FPHSA prevention staff.                                                                                                                                                                                                                     |
| 9.  | <b>Caveats:</b>                               | Human and technological errors are always a possible factor that may impact data integrity.                                                                                                                                                                                                                                                                                                                                               |
| 10. | <b>Responsible Person:</b>                    | Debra Moran, MSN, RN Behavioral Health Director, FPHSA<br>Phone: 985-543-4333<br>Fax: 985-543-4817<br>Debra.moran@fphsa.org                                                                                                                                                                                                                                                                                                               |

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Behavioral Health Services (BHS)

**OBJECTIVE:** Through the Behavioral Health Services (BHS) activity, FPHSA will provide cost effective evidence-based treatment services for individuals with behavioral health disorders and evidence-based/informed prevention services in the community.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:**

Persons with behavioral health disorders, their families, and the communities they live in.

**INDICATOR NAME:** Average cost per individual served in prevention substance use disorders and prevention gambling programs.

**LaPAS PI Code:** 23830

- 1. Type and Level:** Efficiency – General
- 2. Rationale:** The indicator was selected to provide a valid measurement of operating cost per individual served in ADS prevention services to assist in analysis of cost-effectiveness.
- 3. Use:** The indicator provides a measure of change in providing prevention costs over time. It can provide data with which to compare costs to other prevention programs providing a comparable range of services. In conjunction with other indicators, it will assist in the assessment of the efficiency of program service delivery.
- 4. Clarity:** This indicator includes evidence-based primary prevention program enrollees and participants served by FPHSA staff and contract providers.
- 5. Validity, Reliability and Accuracy:** It is an amount calculated by information generated by the Office of Behavioral Health (OBH) Prevention Management Information System (PMIS) and the LaGov system.
- 6. Data Source, Collection and Reporting:** The sources of data are the PMIS Provider Staff Activities Report, Agency Staff Activities Report, and Current Registrations Report and the LaGov system. It will be reported annually. A report is run in the PMIS System with dates from July 1 through June 30 to determine the total number of individuals receiving prevention services.
- 7. Calculation Methodology:** Numerator: Total year-end expenditures for prevention services  
Denominator: Total number of individuals receiving prevention services
- 8. Scope:** This indicator is aggregated as it could be broken down by parish, type of prevention services, etc. Data specific to enrollees and participants served by FPHSA prevention contract providers and by FPHSA prevention staff.
- 9. Caveats:** Human and technological errors are always a possible factor that may impact data integrity. This number does not include the indirect cost of FPHSA Executive Administration.
- 10. Responsible Person:** Debra Moran, MSN, RN Behavioral Health Director, FPHSA  
Phone: 985-543-4333; Fax: 985-543-4817  
Debra.moran@fphsa.org

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Behavioral Health Services (BHS)

**OBJECTIVE:** Through the Behavioral Health Services (BHS) activity, FPHSA will provide cost effective evidence-based treatment services for individuals with behavioral health disorders and evidence-based/informed prevention services in the community.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:**

Persons with behavioral health disorders, their families, and the communities they live in.

**INDICATOR NAME:** Total number of persons registered in evidence-based educational (prevention) programming (enrollees).

**LaPAS PI Code:** 25517

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|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Type and Level:</b>                        | Output– Key                                                                                                                                                                                                     |
| <b>2. Rationale:</b>                             | The indicator was selected to monitor the number of individuals served in capture evidence-based programming.                                                                                                   |
| <b>3. Use:</b>                                   | The indicator will be used as an analysis tool in conjunction with other performance indicators for management decision making and for reporting purposes.                                                      |
| <b>4. Clarity:</b>                               | This indicator includes participants served by contract providers.                                                                                                                                              |
| <b>5. Accuracy, Maintenance, Support:</b>        | This indicator is new and has not been audited. This is a count generated by the Office of Behavioral Health (OBH) Prevention Management Information System (PMIS).                                             |
| <b>6. Data Source, Collection and Reporting:</b> | The source of data will be compiled from OBH Prevention Management Information System (PMIS) Current Registrations Report and reported on a quarterly basis. Does not include merchants educated through Synar. |
| <b>7. Calculation Methodology:</b>               | The reported information is the actual number of Enrollees served by contract providers.                                                                                                                        |
| <b>8. Scope:</b>                                 | This indicator is aggregated as it could be broken down by parish, sex, race, etc. Data specific to Enrollees served by FPHSA contract providers.                                                               |
| <b>9. Caveats:</b>                               | Human and technological errors are always a possible factor that may impact data integrity.                                                                                                                     |
| <b>10. Responsible Person:</b>                   | Debra Moran, MSN, RN Behavioral Health Director, FPHSA<br>Phone: 985-543-4333<br>Fax: 985-543-4817<br>Debra.moran@fphsa.org                                                                                     |

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Behavioral Health Services (BHS)

**OBJECTIVE:** Through the Behavioral Health Services (BHS) activity, FPHSA will provide cost effective evidence-based treatment services for individuals with behavioral health disorders and evidence-based/informed prevention services in the community.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:**

Persons with behavioral health disorders, their families, and the communities they live in.

**INDICATOR NAME:** Total unduplicated number of persons served in outpatient behavioral health clinics, includes screening, assessment, and treatment of persons seeking services for substance use, mental health, and compulsive gambling.

**LaPAS PI Code:** 26338

1. **Type and Level:** Key; output
2. **Rationale:** Indicator gives agency data on number of persons who are seeking behavioral health services in our catchment area
3. **Use:** This indicator will be used to assist in determining services/staffing needed in order to meet the demand.  
Total number of persons served includes those who are currently active and those who apply for services, whether they are opened or not. This includes anyone applying for outpatient services, including mental health, addiction services and compulsive gambling treatment. Persons will not be duplicated if receiving more than one service from Behavioral Health programs.
4. **Clarity:**
5. **Accuracy, Maintenance, Support:** Data will be gathered from electronic health record and Louisiana Addictive Disorder Data System (LADDs)
6. **Data Source, Collection and Reporting:** Data will be collected quarterly and will be obtained from running reports in electronic health record on persons who received services during the specified time period. Persons will be counted only once, regardless of number of programs in which they are enrolled. Number of individuals served in the outpatient clinics are calculated by adding together the number of persons receiving services and the number of persons who have been screened but have not been admitted for services.
7. **Calculation Methodology:** Standard calculation. Number of individuals served in the outpatient clinics are calculated by adding together the number of persons receiving services and the number of persons who have been screened, but have not been admitted for services. Persons will not be duplicated if receiving more than one service from Behavioral Health programs.
8. **Scope:** Total client population, including those screened, but not admitted for services.
9. **Caveats:** Limitations include data collection from the electronic health record.
10. **Responsible Person:** Debra Moran, MSN, RN Behavioral Health Director  
Debra.moran@fphsa.org  
Phone (985) 543-4333; Fax (985)543-4817



## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Developmental Disabilities Services (DDS)

**OBJECTIVE:** Developmental Disabilities Services (DDS) are designed to support people to remain in their communities or location of choice, support people to achieve valued outcomes, develop meaningful relationships, and attain quality of life as defined by the person. Individualized supports for each person are developed to meet the personal outcomes and goals.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:**

Persons with developmental disabilities, their families, and the communities they live in.

**INDICATOR NAME:** Average value of services per individual receiving individual and family support diversion services.

**LaPAS PI Code:** 23839

- 1. Type and Level:** Output - General Performance Information
- 2. Rationale:** The indicator was selected to monitor the average value of services per Individual receiving diversion services. This indicator is tied to the agency mission for the delivery of developmental disabilities services.
- 3. Use:** The data will be used in the planning and implementation of delivery of services to better meet the current demands for community based services for people with developmental disabilities.
- 4. Clarity:** This indicator clearly identifies what is being measured.
- 5. Accuracy, Maintenance, Support:** The number served data is pulled from the PS App. The data source, collection, and reporting methods for the value of services should provide valid, reliable, and accurate data although it is noted that it is manual data entry on the tracking sheets. Data is reviewed by FPHSA/DDS staff and Administration.
- 6. Data Source, Collection and Reporting:** The source of data will be generated by the PS App and the expenditure tracking spreadsheets and reported to FPHSA Administration on an annual basis by state fiscal year.
- 7. Calculation Methodology:** Numerator: Total value of individual and family support diversion services  
Denominator: Total number of individuals receiving individual and family support diversion services
- 8. Scope:** This indicator is disaggregated as it can be combined with similar indicators in other authorities/districts/regions.
- 9. Caveats:** Human and technological errors are always a possible factor that may impact data integrity. This number does not include the indirect cost of FPHSA Executive Administration.
- 10. Responsible Person:** Janise Monetta, Program Director – FPHSA-DDS  
ATTN: Andrea Albert, Quality Assurance Specialist - FPHSA-DDS  
835 Pride Drive, Ste. B, Hammond, LA 70401  
Main#: 985-543-4730/ Fax#: 985-543-4752; Email Andrea. Albert@fphsa.org

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Developmental Disabilities Services (DDS)

**OBJECTIVE:** Developmental Disabilities Services (DDS) are designed to support people to remain in their communities or location of choice, support people to achieve valued outcomes, develop meaningful relationships, and attain quality of life as defined by the person. Individualized supports for each person are developed to meet the personal outcomes and goals.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:**

Persons with developmental disabilities, their families, and the communities they live in.

**INDICATOR NAME:** Total unduplicated number of individuals receiving Individual and Family Support services.

**LaPAS PI Code:** 21023

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|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Type and Level:</b>                        | Output – Key                                                                                                                                                                                                                                                                                                                          |
| <b>2. Rationale:</b>                             | The indicator was selected to monitor the total number of individuals in the community receiving individual and family support services. This indicator is tied to the agency mission for the delivery of developmental disabilities services.                                                                                        |
| <b>3. Use:</b>                                   | The data will be used in the planning and implementation of delivery of services to better meet the current demands for community based services for people with developmental disabilities. It will be used in the performance-based budgeting process.                                                                              |
| <b>4. Clarity:</b>                               | This indicator clearly identifies what is being measured.                                                                                                                                                                                                                                                                             |
| <b>5. Accuracy, Maintenance, Support:</b>        | This is a count generated by the Participant Services Application (PS App). Data is reviewed by FPHSA/DDS staff.                                                                                                                                                                                                                      |
| <b>6. Data Source, Collection and Reporting:</b> | The source of data will be generated by PS App and reported quarterly to FPHSA Administration.                                                                                                                                                                                                                                        |
| <b>7. Calculation Methodology:</b>               | The information is reported using the “Services Received by Parish (Names List)” report in PS APP and removing the IFS Diversion only names and duplicate names from the report. Leave names receiving IFS and IFS Diversion. Time frames to use when running the report are: Q1: 7/1-9/30; Q2: 7/1-12/31; Q3: 7/1-3/31 Q4: 7/1-6/30. |
| <b>8. Scope:</b>                                 | This indicator is disaggregated as it can be combined with similar indicators in other authorities/districts/regions.                                                                                                                                                                                                                 |
| <b>9. Caveats:</b>                               | A possible weakness may be human error in data entry into the PS App database.                                                                                                                                                                                                                                                        |
| <b>10. Responsible Person:</b>                   | Janise Monetta, Program Director – FPHSA-DDS<br>ATTN: Andrea Albert, Quality Assurance Specialist -FPHSA-DDS<br>835 Pride Drive, Ste. B, Hammond, LA 70401<br>Main#: 985-543-4730 /FAX#: 985-543-4752<br>Email Andrea. Albert@fphsa.org                                                                                               |

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Developmental Disabilities Services (DDS)

**OBJECTIVE:** Developmental Disabilities Services (DDS) are designed to support people to remain in their communities or location of choice, support people to achieve valued outcomes, develop meaningful relationships, and attain quality of life as defined by the person. Individualized supports for each person are developed to meet the personal outcomes and goals.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:**

Persons with developmental disabilities, their families, and the communities they live in.

**INDICATOR NAME:** Total unduplicated number of individuals receiving Individual and Family Support Diversion services.

**LaPAS PI Code:** 23834

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|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Type and Level:</b>                        | Output- Key                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>2. Rationale:</b>                             | The indicator was selected to monitor the total unduplicated number of individuals in the community receiving diversion services. This indicator is tied to the agency mission for the delivery of developmental disabilities services.                                                                                                                                                                                                                                                                 |
| <b>3. Use:</b>                                   | The data will be used in the planning and implementation of delivery of services to meet the current demands for community based services for people with developmental disabilities. It will be used in the performance-based budgeting process.                                                                                                                                                                                                                                                       |
| <b>4. Clarity:</b>                               | The indicator clearly identifies what is being measured.                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>5. Accuracy, Maintenance, Support:</b>        | This is a count generated by the Participant Services Application (PS App). Data is reviewed by FPHSA/DDS staff and FPHSA Administration.                                                                                                                                                                                                                                                                                                                                                               |
| <b>6. Data Source, Collection and Reporting:</b> | The source of data will be generated by PS App and reported quarterly to FPHSA Administration.<br><br>The reported information is a total unduplicated count of all persons receiving individual and family support diversion services as reported on the "Services Received by Parish (Names List)" report in PS App (only count the Diversion names). Remove duplicate names from the report. Time frames to use when running the report are: Q1: 7/1-9/30; Q2: 7/1-12/31; Q3: 7/1-3/31 Q4: 7/1-6/30. |
| <b>7. Calculation Methodology:</b>               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>8. Scope:</b>                                 | This indicator is disaggregated as it can be combined with similar indicators in other authorities/districts/regions.                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>9. Caveats:</b>                               | Human and technological errors are always a possible factor that may impact data integrity.                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>10. Responsible Person:</b>                   | Janise Monetta, Program Director – FPHSA-DDS<br>ATTN: Andrea Albert, Quality Assurance Specialist FPHSA-DDS<br>835 Pride Drive, Ste. B, Hammond, LA 70401<br>Main#: 985-543-4730 /FAX#: 985-543-4752<br>Email Andrea. Albert@fphsa.org                                                                                                                                                                                                                                                                  |

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Developmental Disabilities Services (DDS)

**OBJECTIVE:** Developmental Disabilities Services (DDS) are designed to support people to remain in their communities or location of choice, support people to achieve valued outcomes, develop meaningful relationships, and attain quality of life as defined by the person. Individualized supports for each person are developed to meet the personal outcomes and goals.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Persons with developmental disabilities, their families, and the communities they live in.

**INDICATOR NAME:** Average value of services per individual receiving Flexible Family Funds.

**LaPAS PI Code:** 23838

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|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Type and Level:</b>                        | Output - General Performance Information                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>2. Rationale:</b>                             | The indicator was selected to monitor the average value of services per Individual receiving cash subsidy support (Flexible Family Funds).                                                                                                                                                                                                                                                                                     |
| <b>3. Use:</b>                                   | This indicator is tied to the agency mission for the delivery of developmental disabilities services.                                                                                                                                                                                                                                                                                                                          |
| <b>4. Clarity:</b>                               | This indicator clearly identifies what is being measured.                                                                                                                                                                                                                                                                                                                                                                      |
| <b>5. Accuracy, Maintenance, Support:</b>        | The validity and reliability is accurate as it is generated from the Participant Services Application (PS App) and internal Fiscal tracking spreadsheets. Data is reviewed by FPHSA/DDS staff and FPHSA Administration.                                                                                                                                                                                                        |
| <b>6. Data Source, Collection and Reporting:</b> | The source of data will be generated by the PS App and the Fiscal internal tracking spreadsheets of the value of services provided. It is reported to OCDD state office and to FPHSA Administration on an annual basis by state fiscal year.                                                                                                                                                                                   |
| <b>7. Calculation Methodology:</b>               | <u>Numerator:</u> Total year-end value of Flexible Family Fund services<br><u>Denominator:</u> Total number of individuals receiving Flexible Family Fund (PI #23833)                                                                                                                                                                                                                                                          |
| <b>8. Scope:</b>                                 | This indicator is disaggregated as it can be combined with similar indicators in other authorities/districts/regions.                                                                                                                                                                                                                                                                                                          |
| <b>9. Caveats:</b>                               | Variance in average cost is due to a lapse in time from those exiting the program and another entering the program - Monthly stipend is \$258 per qualified child. A possible weakness may be human error in data entry into the PS App and Fiscal tracking sheets. Also, the number of individuals used in the calculation may exceed the number of allotted slots due to changes in recipients during the state fiscal year. |
| <b>10. Responsible Person:</b>                   | Janise Monetta, Program Director – FPHSA-DDS<br>ATTN: Andrea Albert, Quality Assurance Specialist - FPHSA-DDS<br>835 Pride Drive, Ste. B, Hammond, LA 70401<br>Main#: 985-543-4730 /Fax#: 985-543-4752<br>Email Andrea. Albert@fphsa.org                                                                                                                                                                                       |

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Developmental Disabilities Services (DDS)

**OBJECTIVE:** Developmental Disabilities Services (DDS) are designed to support people to remain in their communities or location of choice, support people to achieve valued outcomes, develop meaningful relationships, and attain quality of life as defined by the person. Individualized supports for each person are developed to meet the personal outcomes and goals.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:**

Persons with developmental disabilities, their families, and the communities they live in.

**INDICATOR NAME:** Percentage of Flexible Family Fund recipients who remain in the community (vs. institution).

**LaPAS PI Code:** 23842

- |                                                  |                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Type and Level:</b>                        | Outcome – General Performance Information                                                                                                                                                                                                                                             |
| <b>2. Rationale:</b>                             | This indicator was selected as a measurement tool to analyze the success of FPHSA/DDS in providing needed community-based services and ties to the agency mission for the delivery of developmental disabilities services.                                                            |
| <b>3. Use:</b>                                   | The data will be used in the planning and implementation of delivery of services to better meet the current demands for community based services for people with developmental disabilities.                                                                                          |
| <b>4. Clarity:</b>                               | The indicator clearly identifies what is being measured.                                                                                                                                                                                                                              |
| <b>5. Accuracy, Maintenance, Support:</b>        | The count of individuals served will be generated by the Participant Services Application (PS App) and will indicate if an individual no longer receiving services was institutionalized. Data is reviewed by DDS staff and FPHSA Administration.                                     |
| <b>6. Data Source, Collection and Reporting:</b> | The source of data will be generated by PS App and reported to FPHSA Administration on an annual basis by state fiscal year.                                                                                                                                                          |
| <b>7. Calculation Methodology:</b>               | <u>Numerator:</u> Total unduplicated number of individuals receiving Flexible Family Fund (PI #23833) less the number of recipients who entered institutions. <u>Denominator:</u> Total unduplicated number of individuals receiving Flexible Family Fund. (PI #23833)                |
| <b>8. Scope:</b>                                 | This indicator is disaggregated as it can be combined with similar indicators in other authorities/districts/regions.                                                                                                                                                                 |
| <b>9. Caveats:</b>                               | Human and technological errors are always a possible factor that may impact data integrity.                                                                                                                                                                                           |
| <b>10. Responsible Person:</b>                   | Janise Monetta, Program Director – FPHSA-DDS<br>ATTN: Andrea Albert, Quality Assurance Specialist - FPHSA-DDS<br>835 Pride Drive, Ste. B, Hammond, LA 70401<br>Main#: 985-543-4730 /FAX#: 985-543-4752<br>Email: <a href="mailto:Andrea.Albert@fphsa.org">Andrea.Albert@fphsa.org</a> |

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Developmental Disabilities Services (DDS)

**OBJECTIVE:** Developmental Disabilities Services (DDS) are designed to support people to remain in their communities or location of choice, support people to achieve valued outcomes, develop meaningful relationships, and attain quality of life as defined by the person. Individualized supports for each person are developed to meet the personal outcomes and goals.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:**  
Persons with developmental disabilities, their families, and the communities they live in.

**INDICATOR NAME:** Percentage of Waiver participants with a current Statement of Approval.

**LaPAS PI Code:** 24950

<b>1. Type and Level:</b>	INPUT, KEY
<b>2. Rationale:</b>	Waiver participants with an approved Level of Care/Plan of Care (LOC/POC) must meet the Developmental Disability (DD) eligibility criteria as documented by a current Statement of Approval (SOA) issued by the FPHSA/DDS office. This indicator will help determine whether waiver staff or support coordinators have reviewed the eligibility of each waiver participant at the time of LOC/POC approval, whether this is an initial or annual approval.
<b>3. Use:</b>	This indicator will determine the number of waiver records with a current SOA at the time of LOC/POC approval within the reporting quarter as well as the number of waiver records with a missing/expired SOA or a Statement of Denial (SOD), which are recorded as errors. The SOA error remediation data is recorded in the LOC POC Applications in the OCDD Data System (secure website)
<b>4. Clarity:</b>	<p>The indicator language clearly identifies what is being measured, however a glossary of terms used throughout this documentation form is included below:</p> <p>LOC/POC = Level of Care / Plan of Care  OCDD = Office for Citizens with Developmental Disabilities  CMS = Centers for Medicare &amp; Medicaid Services  HCBS = Home &amp; Community Based Services  AIP = Human Services Accountability Plan  NOW = New Opportunities Waiver  CC = Children's Choice Waiver  SW = Supports Waiver  ROW = Residential Options Waiver  DD = Developmental Disabilities  SOA = Statement of Approval  SOD = Statement of Denial</p>

<b>5. Accuracy, Maintenance, Support:</b>	It is unknown whether this indicator has been audited by Office of Legislative Auditor. The data source, collection, and reporting methods should provide valid, reliable, and accurate data as the review findings and remediation activities and timelines are entered consistently in an electronic database which has reporting and query functions that yield both qualitative and quantifiable data.
<b>6. Data Source, Collection and Reporting:</b>	<u>Data Source:</u> Level of Care/Plan of Care (LOC/POC) Application in the OCDD Data System. <u>Data Collection:</u> Reviews are conducted quarterly on a random sample of Waiver participant records pre-determined and disseminated by OCDD/CO on a quarterly (fiscal year) basis. Scope of review focuses on both LOC and POC with 21 review items specific to entry process, 90-L (physician form) process, assessments, planning, freedom of choice, timeliness, and rights. Error findings are recorded in the LOC/POC Application at the time of review, as well as remediation completed and a closure date, which is entered on an ongoing basis. <u>Reporting:</u> Data is entered on a quarterly basis, and error remediation reports and queries may be generated at the state and local level to determine any outstanding errors with pending remediation and closure.
<b>7. Calculation Methodology:</b>	<b>Step 1.</b> Sign in to the OCDD Data System and access the LOC POC Application. <b>Step 2.</b> At MAIN MENU open RUN REPORT. <b>Step 3.</b> Select the Results by Waiver report <b>Step 4.</b> Select FPHSA as the LGE <b>Step 5.</b> Select the Fiscal Year of Review <b>Step 6.</b> Select the Review Quarter. Time frames to use when running the report are: Q1: 7/1-9/30; Q2: 7/1-12/31; Q3: 7/1-3/31 Q4: 7/1-6/30. <b>Step 7.</b> Select No thanks for the filter by review type. <b>Step 8.</b> Select Format. Either Excel or Word. <b>Step 9.</b> Render the report. All Waivers yes and total for question #1 should give you numerator and denominator for your performance indicator. Numerator divided by denominator will result in a percentage calculation.
<b>8. Scope:</b>	This is regional aggregate data for all waiver types reviewed in the regional sample, including NOW, CC, SW, and ROW participants. The data can also be disaggregated by waiver type and review type for further drilling down as needed.
<b>9. Caveats:</b>	SOAs are being uploaded to PS App thus ensuring waiver staff access to current SOAs. SOAs are reviewed, as part of the LOC/POC Quality Review. The LOC/POC remediation form will document any and all remediation attempts (successful or not), justification of the error (if applicable), as well as the completion of remediation. This information can be submitted when figures are questioned, or explanations are needed.
<b>10. Responsible Person:</b>	Janise Monetta, Program Director – FPHSA-DDS ATTN: Andrea Albert, Quality Assurance Specialist - FPHSA-DDS 835 Pride Drive, Ste. B, Hammond, LA 70401 Main#: 985-543-4730 /FAX#: 985-543-4752 Email <a href="mailto:Andrea.Albert@fphsa.org">Andrea.Albert@fphsa.org</a>

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Developmental Disabilities Services (DDS)

**OBJECTIVE:** Developmental Disabilities Services (DDS) are designed to support people to remain in their communities or location of choice, support people to achieve valued outcomes, develop meaningful relationships, and attain quality of life as defined by the person. Individualized supports for each person are developed to meet the personal outcomes and goals.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:**

Persons with developmental disabilities, their families, and the communities they live in.

**INDICATOR NAME:** Percentage of Waiver participants that remain in the community (vs. institution).

**LaPAS PI Code:** 26546

<b>1. Type and Level:</b>	OUTCOME, EFFICIENCY, KEY
<b>2. Rationale:</b>	Waiver participants with an approved Level of Care/Plan of Care (LOC/POC) live and work in the community with supports rather than in an institution (or another similarly more restrictive and more costly setting). This indicator will help determine whether waiver supports and services will promote participants' health, safety, and welfare in a manner that allows them to successfully maintain themselves in their home and community.
<b>3. Use:</b>	This indicator will determine the number of waiver participants who were discharged to an institution (or more restrictive setting).
<b>4. Clarity:</b>	<p>The indicator language clearly identifies what is being measured, however a glossary of terms used throughout this documentation form is included below:</p> <p>OCDD = Office for Citizens with Developmental Disabilities  CMS = Centers for Medicare &amp; Medicaid Services  HCBS = Home &amp; Community Based Services  HSAP = Human Services Accountability Plan  NOW = New Opportunities Waiver  CC = Children's Choice Waiver  SW = Supports Waiver  ROW = Residential Options Waiver  SRI = Statistical Resources, Inc.  LaSRS = Louisiana Service Reporting System</p>
<b>5. Accuracy, Maintenance, Support:</b>	It is unknown whether this indicator has been audited by Office of Legislative Auditor. The data source, collection, and reporting methods should provide valid, reliable, and accurate data although it is noted that the data entry on the LaSRS is completed by OCDD's data contractor company, Statistical Resources Inc. (SRI) as information is submitted by OCDD regional offices, districts/authorities DD offices, as well as participants and their families



<b>6. Data Source, Collection and Reporting:</b>	<p><u>Data Source:</u> Louisiana Service Reporting System (LaSRS) which is a secure, web-based database managed by SRI.</p> <p><u>Data Collection:</u> Reviews are conducted on a quarterly (fiscal year) basis on 100% of regional Waiver participants tracked through LaSRS. Scope of review focuses on the number of discharges from waiver services and the reason for discharge.</p> <p><u>Reporting:</u> While statewide and regional data can be pulled and tracked at the state level, this particular indicator will be reported quarterly on both FPHSA and OCDD LaPAS reports.</p>
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**7. Calculation Methodology:**

- Step 1. Sign into LaSRS
- Step 2. To obtain the Active Waiver Count from LaSRS, Select Data
- Step 3. Select Clients
- Step 4. Open blue plus sign (turns to a purple minus)
- Step 5. Status drop down – chose active
- Step 6. Close the purple dot (will change back to blue plus)
- Step 7. Region drop down, select 9
- Step 8. Waiver drop down, select CC
- Step 9. Click on the printer (upper right above LTPCS)
- Step 10. You are now in export mode. Export to Excel. Enable editing on the Excel file. Save the excel file under a new name (AP FY Q active waiver). Exit Export Mode in LaSRS.
- Step 11. Repeat the above steps for NOW, ROW and SW beginning at the Waiver drop down, select waiver type Step 8.
- Step 12. Copy and paste the results from each waiver type into one spreadsheet
- Step 13. Unduplicate. There will be individuals who are certified in one waiver and linked to another. Remove the linkages. Be mindful of waiver recipients with the same name, do not remove them as a duplicate name. You will have to look at the Social Security Number.
- Step 14. To obtain the Discharged / Inactive Waiver Count from LaSRS, Select Data
- Step 15. Select Plans of Care
- Step 16. Select Region 9
- Step 17. Select Waiver Type CC (You can leave all waivers as the choice. You will have to sort and remove all waivers that are not OCDD from your Excel spreadsheet.)
- Step 18. Under Waiver Closure Date enter your time frame. Time frames to use when running the report are: Q1: 7/1-9/30; Q2: 7/1-12/31; Q3: 7/1-3/31 Q4: 7/1-6/30.
- Step 19. Export the data to Excel by selecting the floppy disk
- Step 20. Choose the Excel Export Mode and save the data
- Step 21. Repeat the above steps for NOW, ROW and SW beginning at Select Waiver Type Step 17 until all waiver options were selected. (You do not have to repeat if you did not select a single waiver type.)
- Step 22. Combine all the Discharged / Inactive Waiver recipients. Remove those whose waiver closure reason is Changed Target Population.
- Step 23. Combine the Active Waiver recipients, Step 13, and the Discharged / Inactive Waiver recipients, Step 21.
- Step 24. Unduplicate. Be mindful of waiver recipients with the same name, do not remove them as a duplicate name. You will have to look at the Social Security Number. The result is the total number of waiver recipients during the reporting period. This is the denominator
- Step 25. Subtract from the total number of waiver recipients, Step 24, those who's Waiver Closure Reasons are entered ICFMR or Entered Nursing Facility in Step 21. The result is the total

	number of waiver recipients who remained in the community during the reporting period. This is the numerator.
<b>8. Scope:</b>	This is regional aggregate data for all waiver types, including NOW, CC, SW, and ROW participants. The data can also be disaggregated by waiver type.
<b>9. Caveats:</b>	Discharges from waiver due to admission to an institution may occur for reasons beyond control of the waiver unit or the scope of waiver services. However, events leading up to the discharge can be investigated when figures are questioned or explanations are needed.
<b>10. Responsible Person:</b>	Janise Monetta, Program Director – FPHSA-DDS ATTN: Andrea Albert, Quality Assurance Specialist - FPHSA-DDS 835 Pride Drive, Ste. B, Hammond, LA 70401 Main#: 985-543-4730 /Fax#: 985-543-4752 Email <a href="mailto:Andrea.Albert@fphsa.org">Andrea.Albert@fphsa.org</a>

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Executive Administration

**OBJECTIVE:** Through the Executive Administration activity, FPHSA will increase the efficiency of operation and management of public, community-based services related to behavioral health disorders and developmental disabilities in the Authority's catchment area, each year through June 30, 2022.

**INDICATOR NAME:** Percentage of Performance Evaluation System (PES) completed annually.

**LaPAS PI Code:** 23844

- 1. Type and Level:** Outcome/Efficiency - General
- 2. Rationale:** This indicator is used to evaluate FPHSA's compliance with Chapter 10 of the Civil Service Rules stipulating that classified employees will receive a timely evaluation and that the PES system is implemented and administered consistently.
- 3. Use:** This indicator will be used internally to measure compliance with state policy and to determine whether PES's are being completed by the due date and to address any issues with non-compliance of these rules.
- 4. Clarity:** The indicator name clearly identifies what is being measured.
- 5. Validity, Reliability and Accuracy:** The data for this indicator is audited by the Louisiana Department of State Civil Service.
- 6. Data Source, Collection and Reporting:** The information used for this indicator is entered into LaGov-HCM by FPHSA's HR staff. The data contains the number of employees evaluated, the total evaluations by category, the number of evaluations completed timely, and the number of un-rated evaluations for the rating period of July 1st - June 30th of the previous fiscal year. This data is compiled annually for reporting to the Louisiana State Department of Civil Service.
- 7. Calculation Methodology:** Numerator: Number of PES evaluations completed by the due date.  
Denominator: Total number of PES evaluations due.
- 8. Scope:** This indicator is aggregated. The information collected consists of agency-wide evaluations completed during a fiscal year. Data can be broken down in several ways such as by supervisor, job title, or facility.
- 9. Caveats:** This indicator has limited weaknesses. If the data is not accurately entered into LaGov-HCM, the indicator will not accurately reflect performance.
- 10. Responsible Person:** Connie Taylor, HR Director, FPHSA Executive Administration  
Phone: 985-543-4333  
Fax: 985-543-4817  
Connie.taylor@fphsa.org

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Executive Administration

**OBJECTIVE:** Through the Executive Administration activity, FPHSA will work to continuously improve the effectiveness and efficiency with which the previous objectives are accomplished through the management of available resources in response to the needs of the communities served.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:**

Persons with behavioral health disorders and/or developmental disabilities, their families, and the communities they live in.

**INDICATOR NAME:** Executive Administration expenditures as a percentage of agency's budget.

**LaPAS PI Code:** 23850

- 1. Type and Level:** Efficiency – General Performance Information
- 2. Rationale:** This indicator provides the current fiscal year executive administration expenditures as a percentage of the agency's fiscal year end budget.
- 3. Use:** This indicator can be used as an analysis tool in conjunction with other performance indicators for management decision making.
- 4. Clarity:** This indicator clearly defines what is being reported.
- 5. Accuracy, Maintenance, Support:** The indicator is stable and accurate because the percentage is based on actual year end information provided in the LaGov system.
- 6. Data Source, Collection and Reporting:** The source of data is LaGov and reporting will be annually.
- 7. Calculation Methodology:**  
Numerator: Total fiscal year-end Executive Administration expenditures  
Denominator: Total fiscal year-end agency expenditures
- 8. Scope:** This indicator is aggregated as it is a percentage of a whole.
- 9. Caveats:** Possible weaknesses include potential changes in the type/amount of expenditures coded to Executive Administration as well as human error in data entry into the LaGov database.
- 10. Responsible Person:** Rachelle Sibley, COO, FPHSA-Executive Administration  
Phone: 985-543-4333  
FAX: 985-543-4817  
rachelle.sibley@fphsa.org

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Executive Administration

**OBJECTIVE:** Through the Executive Administration activity, FPHSA will work to continuously improve the effectiveness and efficiency with which the previous objectives are accomplished through the management of available resources in response to the needs of the communities served.

**INDICATOR NAME:** Total number of individuals served by Florida Parishes Human Services Authority.

**LaPAS PI Code:** 23852

- |                                                  |                                                                                                                                                                                                                |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Type and Level:</b>                        | Output – General Performance Information                                                                                                                                                                       |
| <b>2. Rationale:</b>                             | To provide baseline data for tracking increases, decreases, and demand of services.                                                                                                                            |
| <b>3. Use:</b>                                   | This indicator will be used for internal management purposes to analyze the number served and to monitor/analyze for budget purposes.                                                                          |
| <b>4. Clarity:</b>                               | This indicator clearly defines what is being measured.                                                                                                                                                         |
| <b>5. Validity, Reliability and Accuracy:</b>    | This indicator is valid, reliable and accurate as reported by various data systems and internal data tracking.                                                                                                 |
| <b>6. Data Source, Collection and Reporting:</b> | Data is provided from agency electronic health record; Information Tracking system (ITS)-compiled by OCDD and various internal data tracking worksheets. Information is reported within the state fiscal year. |
| <b>7. Calculation Methodology:</b>               | Sum of individuals served at fiscal year-end as reported by each program activity.                                                                                                                             |
| <b>8. Scope:</b>                                 | This indicator is aggregated as it is the sum of smaller parts.                                                                                                                                                |
| <b>9. Caveats:</b>                               | A potential weakness is that the majority of information is provided by outside sources, however, source of data is not biased.                                                                                |
| <b>10. Responsible Person:</b>                   | Rachelle Sibley, COO, FPHSA-Executive Administration<br>Phone: 985-543-4333<br>FAX: 985-543-4817<br>rachelle.sibley@la.gov                                                                                     |

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Executive Administration

**OBJECTIVE:** Through the Executive Administration activity, FPHSA will work to continuously improve the effectiveness and efficiency with which the previous objectives are accomplished through the management of available resources in response to the needs of the communities served.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Persons with behavioral health disorders and/or developmental disabilities, their families, and the communities they live in.

**INDICATOR NAME:** Percentage of contract invoices for which payment is issued within 30 days of agency receipt.

**LaPAS PI Code:** 25535

- |                                                  |                                                                                                                                                                                                                                                                         |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Type and Level:</b>                        | Type: Efficiency; Level: Key                                                                                                                                                                                                                                            |
| <b>2. Rationale:</b>                             | To determine the amount of time it takes to have payment issued for contract invoices. It will show the efficiency of invoice processing.                                                                                                                               |
| <b>3. Use:</b>                                   | Will be used to show processing times in each area and where any delays may occur. The indicator will be used for internal management purposes.                                                                                                                         |
| <b>4. Clarity:</b>                               | The indicator clearly identifies what is being measured.                                                                                                                                                                                                                |
| <b>5. Validity, Reliability and Accuracy:</b>    | Staff date stamp invoices when received and compile the dates that the payments were issued. Information is entered into an internal tracking log.                                                                                                                      |
| <b>6. Data Source, Collection and Reporting:</b> | An internal log is kept of all invoices, including the date of agency receipt and payment issued date that automatically calculates the time lapse between the two. Collection is done daily as invoices are received and paid. Reporting is done on a quarterly basis. |
| <b>7. Calculation Methodology:</b>               | <u>Numerator:</u> Number of contract invoices for which payment was issued within 30 days of agency receipt.<br><u>Denominator:</u> Total number of contract invoices forwarded to LDH Payment Management for payment processing.                                       |
| <b>8. Scope:</b>                                 | This indicator is aggregated. The indicator could be broken down further by program area, types of contracts, etc.                                                                                                                                                      |
| <b>9. Caveats:</b>                               | Possible weaknesses include lack of precision, date stamp not dark enough, manual process, human error factor, etc. The internal log is not biased; however, the manual process of date stamping could be biased.                                                       |
| <b>10. Responsible Person:</b>                   | Rachelle Sibley, COO., FPHSA-Executive Administration<br>Phone: 985-543-4333<br>FAX: 985-543-4817<br>rachelle.sibley@fphsa.org                                                                                                                                          |

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority

**ACTIVITY:** Executive Administration

**OBJECTIVE:** Through the Executive Administration activity, FPHSA will work to continuously improve the effectiveness and efficiency with which the previous objectives are accomplished through the management of available resources in response to the needs of the communities served.

**INDICATOR NAME:** Percentage of contract performance evaluations completed annually

**LaPAS PI Code:** 26342

**1. Type and Level:** Output/General

**2. Rationale:** The indicator is used to ensure the agency is receiving and reviewing contract performance evaluations as required as well as to ensure contracts are being implemented and monitored as required.

**3. Use:** The indicator will be used for internal management purposes.

**4. Clarity:** The indicator name clearly identifies what is being measured.

**5. Accuracy, Maintenance, Support:** The indicator and performance data have not been audited by the Office of the Legislative Auditor. Evaluations are stamped in by staff receiving mail and provided to the Fiscal office. Fiscal office maintains an internal tracking log to measure. Fiscal staff reviews evaluations and submits to Executive Director for approval.

**6. Data Source, Collection and Reporting:** Evaluations are typically received annually based on a fiscal year end close basis unless a contract ended at a different time of the year. This reporting will be for evaluations for contracts of the previous fiscal year (July 1<sup>st</sup> - June 30th). The data is maintained on an internal log.

**7. Calculation Methodology:** This is a standard calculation.

Numerator: Number of contract performance evaluations received for FY contract being measured.

Denominator: Number of contracts for fiscal year being measured that required performance evaluations.

**8. Scope:** The indicator is aggregated as it could be broken down by program area, types of contracts, types of services, etc.

**9. Caveats:** Possible weaknesses include lack of precision, manual process, human error factor, etc. The internal log is not biased.

**10. Responsible Person:** Rachelle Sibley, COO  
FPHSA Executive Administration  
Phone: 985-543-4333  
Fax: 985-543-4817  
Rachelle.sibley@fphsa.org



**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Behavioral Health Services (BHS)

**OBJECTIVE:** Through the Behavioral Health Services (BHS) activity, FPHSA will provide cost effective evidence-based treatment services for individuals with behavioral health disorders and evidence-based/informed prevention services in the community.

**INDICATOR NAME:** Total unduplicated number of individuals served in the Level III.5 adult residential treatment program (ADU/FTC).

**LaPAS PI Code: 25954**

1. **Type and Level:** Output-Key
2. **Rationale:** Identifies the number of individuals that are serviced in the addictive disorders Level III.5 residential setting in order to assist in determining staffing needs,
3. **Use:** Provides data needed internally to determine budgetary needs, staffing needs, and to assist with program development.
4. **Clarity:** The indicator is clearly written
5. **Accuracy, Maintenance, Support:** The data will be pulled from FPHSA's electronic health record system and should be an accurate count of persons served.
6. **Data Source, Collection and Reporting:** Reports pulled from FPHSA electronic health record system.
7. **Calculation Methodology:** Number of individuals served in addictive disorders residential treatment services is calculated by adding together the unduplicated number of individuals receiving services.
8. **Scope:** This indicator can be compared across local governing entities.
9. **Caveats:** The indicator is dependent on information reported to OBH through FPHSA's own electronic health record system. As long as every service provided is documented, the indicator should be an accurate reflection of individuals served.
10. **Responsible Person:** Debra Moran, Behavioral Health Director, FPHSA  
Phone: 985-543-4333  
Fax: 985-543-4817  
Debra.moran@fphsa.org

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Behavioral Health Services (BHS)

**OBJECTIVE:** Through the Behavioral Health Services (BHS) activity, FPHSA will provide cost effective evidence-based treatment services for individuals with behavioral health disorders and evidence-based/informed prevention services in the community.

**INDICATOR NAME:** Average cost per individual served in outpatient Behavioral Health Services.

**LaPAS PI Code:** 26340

- 1. Type and Level:** Efficiency – General Performance Information
- 2. Rationale:** The indicator was selected to provide a valid measurement of operating cost per individual served in outpatient treatment and assist in analysis of cost-effectiveness.
- 3. Use:** The indicator provides a measure of change in costs over time. It will assist in fiscal and programmatic planning, resource allocation, and in program development and evaluation.
- 4. Clarity:** This indicator clearly identifies what is being measured.
- 5. Validity, Reliability and Accuracy:** Counts generated by provider input into our electronic behavioral health Record.
- 6. Data Source, Collection and Reporting:** The sources of data are our electronic behavioral health record and our electronic health record. It will be reported on an annual basis.  
Numerator: Total year-end expenditures for outpatient treatment services.  
Denominator: Total number of individuals receiving outpatient treatment services (includes admitted and screened) (unduplicated by program) per fiscal year.
- 7. Calculation Methodology:** This indicator would not be meaningful if aggregated or compared across authorities/districts/regions due to the variation in services provided, i.e. special populations and programs, etc. Counts are specific to residents within the 5 parishes served by FPHSA/BHS.
- 8. Scope:** Report dependent upon data entered into our electronic behavioral health record. Data is an average and does not take into variation in intensity and type of services provided to varying populations. Human and technological errors are always a possible factor that may impact data integrity. This number does not include the indirect cost of FPHSA Executive Administration.
- 9. Caveats:**
- 10. Responsible Person:** Debra Moran, RN, Behavioral Health Director, FPHSA  
Phone: 985-543-4333  
Fax: 985-543-4817  
[Debra.moran@lfphsa.org](mailto:Debra.moran@lfphsa.org)

**PROGRAM:** Florida Parishes Human Services Authority (FPHSA)

**ACTIVITY:** Behavioral Health Services (BHS)

**OBJECTIVE:** Through the Behavioral Health Services (BHS) activity, FPHSA will provide cost effective evidence-based treatment services for individuals with behavioral health disorders and evidence- based/informed prevention services in the community.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Persons with behavioral health disorders, their families, and the communities they live in.

**INDICATOR NAME:** Total number of persons registered in evidence-informed educational (prevention) programming (enrollees).

**LaPAS PI Code:** 26787

1. **Type and Level:** Output; Key
2. **Rationale:** The indicator was selected to monitor the number of individuals served in evidence-informed programming. Some valuable prevention programming is used to serve enrollees, however it has not yet gained the title of "evidence-based" and is categorized as "evidence-informed." This indicators helps to specifically capture and monitor these services.
3. **Use:** The indicator will be used as an analysis tool in conjunction with other performance indicators for management decision making and for reporting purposes.
4. **Clarity:** This indicator includes participants (enrollees) registered in evidence-informed prevention programming served by contract providers.
5. **Accuracy, Maintenance, Support:** This indicator is new and has not been audited. This is a count Generated by the Office of Behavioral Health (OBH) Prevention Management Information System (PMIS) and the LSU SREC database.
6. **Data Source, Collection and Reporting:** The source of data will be compiled from OBH Prevention Management Information System (PMIS) Current Registrations Report and reported on a quarterly basis. The source data is also compiled from other grant specific databases, such as LSU SREC. Does not include merchants educated through Synar.
7. **Calculation Methodology:** The reported information is the actual number of Enrollees served by contract providers.
8. **Scope:** This indicator is aggregated as it could be broken down by parish, sex, race, etc. Data specific to Enrollees served by FPHSA contract providers.
9. **Caveats:** Human and technological errors are always a possible factor that may impact data integrity.
10. **Responsible Person:** Debra Moran, RN, Behavioral Health Director, FPHSA  
 Phone: 985-543-4333  
 FAX: 985-543-4817  
 Debra.moran@fphsa.org



09-302 Capital Area Human Services District

# APPENDIX

## FY 2026-2031

### 5-YEAR STRATEGIC PLAN

**Goal I:** To provide needed mental health, addiction recovery, and developmental disabilities services for consumers, their families, and communities; in a manner that provides them quick and convenient access.

**Goal II:** To ensure that services provided are responsive to client concerns, integrated in service delivery methods, representative of best practice, and consistent with the values of the Louisiana Department of Health and its Program Offices.

**Goal III:** To promote healthy, safe lives by providing leadership in educating the community on the importance of prevention, early detection and intervention, and by facilitating coalition-building to address localized community problems.

**Goal IV:** To structurally and functionally operate clinics in a manner consistent with the needs of diverse payers that allows for quality service expansion and availability.

**Statutory Authority:** The Capital Area Human Services District is authorized under La. R.S. 28:901-906; R.S. 28-911-920; R.S. 28:771(D); R.S. 36:254(F); and R.S. 36:258(G)-(I) to directly operate and manage community-based mental health, addiction recovery and developmental disability functions in the parishes of Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge and West Feliciana.

**Principal Customers/Users of Program and Benefits:**

- **Primary Users:** Individuals and families residing in the seven-parish Region 2 service area (Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, and West Feliciana) who experience mental illness, addictive disorders, and/or developmental disabilities.
- **Secondary Beneficiaries:** Local school systems, justice system entities (courts, probation/parole), hospitals, FQHCs, public health partners, and other health and human service agencies.
- **Target Populations:** At-risk youth, individuals with co-occurring disorders, persons with limited access to primary care, and underserved communities, including uninsured and underinsured populations.

**Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in this Program:** Other external factors include community crises or disasters (natural or manmade) that impact service delivery or population needs and the evolving needs of the diverse communities served, particularly rural and marginalized populations. Internal factors include workforce recruitment and retention challenges, especially in clinical positions; technology limitations and EHR interoperability issues, and funding restrictions or delays that limit expansion and innovation.

- **Methods Used to Avoid Duplication of Effort:** Also, CAHSD's participation in coalitions, commissions, and task forces helps to prevent overlap and fosters complementary services (e.g. mental health in schools and community re-entry initiatives).

**Maintenance of Agency Performance-Based Budgeting Records:** Documents used in the development of strategic and operational plans, as well as the data used for the completion of quarterly performance progress reports through the LaGov Performance Quarterly system, are maintained and preserved according to the state's preservation of records law (R.S. 44:36) for a period of at least three years from the date on which the record was made.

**Agency Retention Policy: LDH Retention Policy 42.2:** LDH Policy on Disclosure and Retention of Public Records states, "In accordance with the Louisiana Public Records Act ("PRA") (R.S. 44:1 et seq.), it shall be the policy of the Louisiana Department of Health (LDH) that all records are subject to disclosure under the PRA, with the exception of certain records specified in this policy, as provided by the statutory exceptions to the PRA as set forth in R.S. 44:1 or 44:4.1 or in other applicable state or federal law.

As mandated by the PRA, any person of the age of majority shall have the legal right to inspect, copy, reproduce or obtain a reproduction of any public record. The PRA shall be liberally interpreted so as to extend rather than restrict access to public records by the public.

All public records shall be preserved for at least the period of time specified for such records in formal records retention schedules developed and approved by the State Archivist and Director of the Division of Archives, Records Management and History, of the Department of State. However, in all instances in which a formal retention schedule has not been executed, a public record shall be preserved and maintained for a period of at least three years from the date on which it was made.

In LDH, records shall be retained for at least the periods of time shown on the office or facility's Records Retention Schedule of this policy. Documents related to services in a time of disaster shall be retained for 3 years after the disaster is closed out. It is our policy that examination of public records shall be conducted during regular office or work hours."

**How the Strategic Planning Process Was Implemented:** The strategic planning process involved the following:

- Review of performance data, audit findings, Certified Community Behavioral Health Clinic (CCBHC) community needs assessment, client and employee satisfaction reports.
- Assessment of internal processes and environmental scanning (e.g., payer needs, service trends).
- Cross-functional workgroup input from clinical, administrative, and community-facing units.
- Alignment with LDH priorities, CARF standards, and emerging best practices in behavioral health, addiction recovery, and developmental services.

The process culminated in clear objectives and strategies by service line and performance indicators across clinical and administrative functions.

**Statement of Agency Strategies for Development and Implementation of Human Resource Policies That Are Helpful and Beneficial to Women and Families:** CAHSD promotes policies that support women and families through:

- Flexible scheduling, remote work options, and family leave aligned with state and federal laws.
- Workplace lactation accommodations
- Leadership development pathways targeting women and underrepresented groups.
- Trauma-informed HR practices and access to employee assistance to support self-care.

**Program Evaluations Used to Develop Goals, Objectives and Strategies:** Evaluations informing the strategic plan included:

- **Client satisfaction surveys** across behavioral health, developmental disability, and prevention services.
- Quarterly Performance Indicator (PI) monitoring through LDH and the LaGov Performance Quarterly system.
- External audits and accreditation reviews (e.g., CARF, Legislative Auditor).
- Community input from coalition meetings, school boards, justice system partners, and local government stakeholders.
- Internal gap analyses and consumer outcome tracking, including EBP adherence and health screening compliance.
- Data from the CAHSD annual Listening Tour which designed to qualitative and quantitative employee feedback for quality improvement and quality enhancement.

**Monitoring and Evaluation of Reported Data:**

The LDH Division of Planning and Budget coordinates and reviews reported performance information for all LDH agencies on a quarterly basis. This includes, but not limited to, strategic planning, operational planning, and Performance Quarterly reporting. Explanatory notes are required for positive or negative variances greater than 5% from quarterly performance indicator targets. Recommendations are made at monthly expenditure analysis meetings directly to the agency's assistant secretary or the Department's undersecretary/deputy undersecretary, if significant variances occur, or if modifications and additions are needed. In addition, at the close of a fiscal year, agencies and programs review and evaluate their performance in order to determine if the information gained from this review should be used to improve strategic and operational metrics, or strengthen program management initiatives.

**Primary Persons Who Will Benefit From or Be Significantly Affected by These Objectives:**

- **Direct Beneficiaries:**
  - Children and adolescents receiving early intervention and behavioral health services.

- Adults with co-occurring mental health and substance use disorders.
- Individuals with developmental disabilities and their families.
- Uninsured or underinsured adults accessing primary and integrated care.
- **Indirect Beneficiaries:**
  - The broader community through improved public health outcomes, reduced justice involvement, and better school performance among at-risk youth.
  - Employers and healthcare systems benefitting from healthier, more stable individuals reentering the workforce or avoiding emergency care utilization.

**Objective I:** Through the Administration activity, Capital Area Human Services District (CAHSD) will support and oversee programmatic operations that improve health outcomes of the citizens served by ensuring that administrative functions are carried out in a manner that safeguards state assets and protects state resources against fraud, theft and other illegal or unethical activity.

**Objective II:** Through the Developmental Disabilities activity, CAHSD will arrange for services for persons with developmental disabilities in the least restrictive setting near their home or community and will ensure that at least 95% of the persons served will have satisfaction with the services they receive.

**Objective III:** Through the Children's Behavioral Health Services activity, CAHSD will provide an integrated, comprehensive behavioral health system of care, prevention and treatment services for at-risk youth and their families, ensuring that at least 90% of clients would continue to receive services at CAHSD clinics if given the choice to go elsewhere.

**Objective IV:** Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 90% of clients would continue to receive services at CAHSD clinics if given the choice to go elsewhere.

**Objective V:** Through the Prevention and Primary Care activity, CAHSD will improve physical health and emotional well-being of the adult uninsured and underinsured population and ensure that at least 95% of new adult admissions in the three largest behavioral health clinics receive a physical health screen.



## Program A: Capital Area Human Services District

**Program Goals:**

Note: This budget unit is comprised of one program, therefore, the mission and goals for the budget unit and the program are identical and not reported separately.

**Statutory Authority:**

Note: This budget unit is comprised of one program, therefore, the Statutory Authority for the budget unit and the program are identical and not reported separately.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Capital Area Human Services District

**ACTIVITY:** Administration

**OBJECTIVE:** Through the Administration activity, CAHSD will support and oversee programmatic operations that improve health outcomes of the citizens served by ensuring administrative functions are carried out in a manner that safeguards state assets and protects state resources against fraud, theft and other illegal or unethical activity.

**INDICATOR NAME:** Percentage of state assets in the LEO Movable Property system located/accounted for annually.

**PI Code:** 23990

1. **Type and Level:** Efficiency/Key
2. **Rationale, Relevance, Reliability:** State owned assets (property) are required by State Law to be tracked in the LEO Moveable Property System (Louisiana web based Asset Tracking). Each year, this system is reconciled through physical inventory requiring actual site inspection of each item of property to ensure the proper safeguarding of the State's assets by every CAHSD employee. This report is then submitted to the Louisiana Property Assistance Agency (LPAA) within the Division of Administration (DOA) for review and approval. Agencies with a more than 5% margin of error (failure to locate) will have their annual certification denied by the LPAA and will be reported to the Louisiana Legislative Auditor (LLA) for review.
3. **Use:** This indicator will be used as one of several tools to determine if the Administration activity is meeting its performance-based budgeting measures and to assist management in making decisions on staffing assignments and resource allocations.
4. **Clarity:** This indicator clearly defines what is being measured and contains no jargon, technical terms, acronyms or initializations, or unclear language.
5. **Accuracy, Maintenance, Support:** This indicator is audited by LPAA annually in July; it is also audited by the LLA during our bi-annual audit.
6. **Data Source, Collection and Reporting:** Data is collected by the Louisiana Department of Health monthly using the State of Louisiana purchasing system to identify purchases that meet the State's description of state asset/property. This data is submitted to the agency and reconciled to the asset management system for the prior month. The physical property inventory is reconciled to the asset management system data annually in July and reported to the LPAA.
7. **Calculation Methodology:** The indicator is calculated by dividing the total number of items (property) located during the annual physical inventory into the total number of items (property) recorded in the asset management system to determine the overall percentage of items located or accounted for annually.
8. **Scope:** While this indicator is reported on this agency as a standalone to the LPAA; it is aggregated into the Department of Health and Hospitals' overall physical inventory and the state-wide data as a whole.

**9. Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

**10. Responsible Person:** Shaketha Carter, Deputy Director; 225-922-2394; [Shaketha.Carter@la.gov](mailto:Shaketha.Carter@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Capital Area Human Services District

**ACTIVITY:** Administration

**OBJECTIVE:** Through the Administration activity, CAHSD will support and oversee programmatic operations that improve health outcomes of the citizens served by ensuring administrative functions are carried out in a manner that safeguards state assets and protects state resources against fraud, theft and other illegal or unethical activity.

**INDICATOR NAME:** Number of findings in Legislative Auditor Report resulting from misappropriation of resources, fraud, theft or other illegal or unethical activity.

**PI Code:** 23993

1. **Type and Level:** Efficiency/Key
2. **Rationale, Relevance, Reliability:** "The Legislative Auditor serves as the watchdog of public spending, overseeing more than 3,500 audits of state and local governments and their related quasi-public enterprises." The LLA conducts independent financial and performance audits of the State's agencies to find ways to improve government and identify critical issues to protect public resources and tighten government control systems.
3. **Use:** This indicator will be used as one of several tools to determine if the Administration activity is meeting its LaGov performance measures and to assist management in making decisions on staffing assignments and resource allocations.
4. **Clarity:** This indicator clearly defines what is being measured and contains no jargon, technical terms, acronyms or initializations, or unclear language.
5. **Accuracy, Maintenance, Support:** The reporting data for this indicator will be taken directly from the Louisiana Legislative Auditor's Report.
6. **Data Source, Collection and Reporting:** Louisiana Legislative Auditor Report
7. **Calculation Methodology:** The total number of findings in the Louisiana Legislative Auditor Report resulting from misappropriation of resources, fraud, theft or other illegal or unethical activity.
8. **Scope:** While this indicator is reported on this agency as a standalone to the Louisiana Legislative Auditor, it is aggregated into the Louisiana Department of Health's overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Shaketha Carter, Deputy Director; 225-922-2394; Shaketha.Carter@la.gov

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Capital Area Human Services District

**ACTIVITY:** Developmental Disabilities

**OBJECTIVE:** Through the Developmental Disabilities activity, CAHSD will arrange for services for persons with developmental disabilities in the least restrictive setting near their home or community and will ensure that at least 95% of the persons served will have satisfaction with the services they receive.

**INDICATOR NAME:** Percentage of those surveyed reporting that they can choose or change agency providing services

**PI Code:** 15703

1. **Type and Level:** Quality/Key
2. **Rationale, Relevance, Reliability:** This indicator was chosen from the National Core Indicator (NCI) Survey which is utilized by consumers statewide to rate their satisfaction with the performance of the Developmental Disabilities agencies for which they are receiving services. This indicator creates uniformity in data reporting between the CAHSD and other LGEs performing the same services. This indicator ensures that the agency is meeting its overall goal of allowing consumer choice in what services they receive and from whom.
3. **Use:** This indicator will be used internally by management in determining if current processes for providing consumer services are effective and provided in a manner that consumers want and meets their needs. If/when this benchmark is not met; management will review processes and effect change that will prove beneficial and satisfactory to the consumer.
4. **Clarity:** This indicator clearly defines what is being measured and contains no jargon, technical terms, acronyms or initializations, or unclear language.
5. **Accuracy, Maintenance, Support:** The result of the National Core Indicator (NCI) Survey is administered on behalf of the Louisiana Department of Health (LDH) and data is maintained by and distributed to the Districts/Authorities by the LDH Office of Developmental Disabilities.
6. **Data Source, Collection and Reporting:** National Core Indicator (NCI) Consumer Survey administered annually.
7. **Calculation Methodology:** Percentage of the total number of individuals choosing to participate in the consumer satisfaction survey who respond to this particular indicator as Always, Usually or Sometimes as calculated by an independent evaluations firm.
8. **Scope:** This indicator is a statewide figure broken down into Districts/Authorities (formerly Regions) of the LDH

**9. Caveats:** This indicator has no known limitations or weaknesses (indicator is specific to individuals receiving Developmental Disabilities services within the State from one of the Districts/Authorities of the LDH).

**10. Responsible Person:** Shaketha Carter, Deputy Director; 225-922-2394; Shaketha.Carter@la.gov

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Capital Area Human Services District

**ACTIVITY:** Developmental Disabilities

**OBJECTIVE:** Through the Developmental Disabilities activity, CAHSD will arrange for services for persons with developmental disabilities in the least restrictive setting near their home or community and will ensure that at least 95% of the persons served will have satisfaction with the services they receive.

**INDICATOR NAME:** Number of individuals receiving Family Flexible Fund services

**PI Code:** 11189

1. **Type and Level:** Input/Output/Key
2. **Rationale, Relevance, Reliability:** This indicator was chosen because it represents consistent data collected statewide by the Louisiana Department of Health on all Districts/Authorities providing Developmental Disabilities services to consumers. This indicator creates uniformity in data reporting between the CAHSD and other LGEs performing the same services
3. **Use:** This indicator will be used internally by management and by the Louisiana Department of Health in tracking the agency's ability in filling allocated Family Flexible Funds slots and maintaining consumers in these slots on a quarterly basis. This indicator can be used for outcome-based budgeting purposes.
4. **Clarity:** This indicator clearly defines what is being measured and contains no jargon, technical terms, acronyms or initializations, or unclear language.
5. **Accuracy, Maintenance, Support:** This data is maintained by the Louisiana Department of Health (LDH), Office for Citizens with Developmental Disabilities in a statewide data base.
6. **Data Source, Collection and Reporting:** Family Flexible Funds slots (allocated/filled/vacant) are tracked in the Louisiana Department of Health statewide database.
7. **Calculation Methodology:** The total number of slots statewide is tracked and allocated by District/Authority.
8. **Scope:** This indicator tracks a statewide number of slots allocated by Districts/Authorities (formerly Regions) of the LDH
9. **Caveats:** This indicator has no known limitations or weaknesses (indicator is specific to individuals receiving Developmental Disabilities services within the State from one of the Districts/Authorities of the LDH).
10. **Responsible Person:** Shaketha Carter, Deputy Director; 225-922-2394; Shaketha.Carter@la.gov

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Capital Area Human Services District

**ACTIVITY:** Developmental Disabilities

**OBJECTIVE:** Through the Developmental Disabilities activity, CAHSD will arrange for services for persons with developmental disabilities in the least restrictive setting near their home or community and will ensure that at least 95% of the persons served will have satisfaction with the services they receive.

**INDICATOR NAME:** Percentage of available Family Flexible Fund slots utilized

**PI Code:** 26788

1. **Type and Level:** Input/Output/Key
2. **Rationale, Relevance, Reliability:** This indicator was chosen because it represents consistent data collected statewide by the Louisiana Department of Health on all Districts/Authorities providing Developmental Disabilities services to consumers. This indicator creates uniformity in data reporting between the CAHSD and other LGEs performing the same services
3. **Use:** This indicator will be used internally by management and by the Louisiana Department of Health in tracking the agency's ability in filling allocated Family Flexible Funds slots and maintaining consumers in these slots on a quarterly basis. This indicator can be used for outcome-based budgeting purposes.
4. **Clarity:** This indicator clearly defines what is being measured and contains no jargon, technical terms, acronyms or initializations, or unclear language.
5. **Accuracy, Maintenance, Support:** This data is maintained by the Louisiana Department of Health (LDH), Office for Citizens with Developmental Disabilities in a statewide data base.
6. **Data Source, Collection and Reporting:** Family Flexible Funds slots (allocated/filled/vacant) are tracked in the Louisiana Department of Health statewide database.
7. **Calculation Methodology:** The total number of filled slots divided by the total number of allocated slots at the end of each reporting quarter.
8. **Scope:** This indicator tracks the performance of the CAHSD (and other Districts/Authorities) in maintaining allocated slots filled on a quarterly basis and reports this data as a smaller part of the overall Louisiana Department of Health statewide Developmental Disabilities reporting system.
9. **Caveats:** This indicator has no known limitations or weaknesses (indicator is specific to individuals receiving Developmental Disabilities services within the State from one of the Districts/Authorities of the LDH).



**10. Responsible Person:** Shaketha Carter, Deputy Director; 225-922-2394; Shaketha.Carter@la.gov

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Capital Area Human Services District

**ACTIVITY:** Developmental Disabilities

**OBJECTIVE:** Through the Developmental Disabilities activity, CAHSD will arrange for services for persons with developmental disabilities in the least restrictive setting near their home or community and will ensure that at least 95% of the persons served will have satisfaction with the services they receive.

**INDICATOR NAME:** Percentage of those surveyed reporting they had overall satisfaction with the services received.

**PI Code:** 15704

1. **Type and Level:** Quality/Supporting
2. **Rationale, Relevance, Reliability:** This indicator is an assessment of service quality based on the reports of program participants regarding their satisfaction with their services
3. **Use:** This indicator is utilized to assess service quality and reflects the effectiveness in meeting expectations of individuals served.
4. **Clarity:** This indicator clearly defines what is being measured and contains no jargon, technical terms, acronyms or initializations, or unclear language.
5. **Accuracy, Maintenance, Support:** The indicator is based on information obtained in the National Core Indicators survey, completed annually on a statewide basis by a private corporation contracted by OCDD. Rigorous procedures are undertaken to insure the reliability, validity, and accuracy of the data including randomization of the sample, standardized survey procedures, and standardized survey questions. To reduce any potential for positive or negative bias in individual responses to the survey items, interviews are conducted face to face by trained interviewers, and standardized preparation occurs for participants.
6. **Data Source, Collection and Reporting:** Data Source is National Core Indicator (NCI) Survey responses collected in NCI interviews. Data is reported from the National Core Indicators research survey.
7. **Calculation Methodology:** This indicator is calculated by dividing the number of "yes" responses to the survey item (overall satisfaction) by the total number of survey participants
8. **Scope:** While this indicator is reported on this agency as a standalone to the Louisiana Legislative Auditor, it is aggregated into the Louisiana Department of Health's overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Shaketha Carter, Deputy Director; 225-922-2394; Shaketha.Carter@la.gov

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Capital Area Human Services District

**ACTIVITY:** Developmental Disabilities

**OBJECTIVE:** Through the Developmental Disabilities activity, CAHSD will arrange for services for persons with developmental disabilities in the least restrictive setting near their home or community and will ensure that at least 95% of the persons served will have satisfaction with the services they receive.

**INDICATOR NAME:** Percentage of those surveyed reporting that the Individual and Family Support services contributed to maintaining themselves or their family member in their own home.

**PI Code:** 15707

1. **Type and Level:** Quality/Key
2. **Rationale, Relevance, Reliability:** The ultimate outcome goal for community-based services is to support persons with disabilities to live in the least-restrictive environment to meet their service needs versus in a residential or institutional setting. This indicator assesses the Individual and Family Supports program's effectiveness in meeting this service outcome.
3. **Use:** This performance indicator is used to assess service outcome.
4. **Clarity:** This indicator clearly defines what is being measured and contains no jargon, technical terms, acronyms or initializations, or unclear language.
5. **Accuracy, Maintenance, Support:** The data is compiled as a part of annual National Core Indicators survey that is completed by a private research corporation for the Office for Citizens with Developmental Disabilities. Rigorous procedures are undertaken to ensure reliability, validity, and accuracy of the data including sample randomization, standardized interview questions, and standardized survey and interview procedures to avoid potential bias.
6. **Data Source, Collection and Reporting:** Data Source is National Core Indicator (NCI) Survey responses collected in NCI interviews. Data is reported from the National Core Indicators research survey.
7. **Calculation Methodology:** Total number of persons interviewed in NCI study/total number of persons who answered "yes" to survey item.
8. **Scope:** While this indicator is reported on this agency as a standalone to the Louisiana Legislative Auditor, it is aggregated into the Louisiana Department of Health's overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Shaketha Carter, Deputy Director; 225-922-2394; Shaketha.Carter@la.gov

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Capital Area Human Services District

**ACTIVITY:** Developmental Disabilities

**OBJECTIVE:** Through the Developmental Disabilities activity, CAHSD will arrange for services for persons with developmental disabilities in the least restrictive setting near their home or community and will ensure that at least 95% of the persons served will have satisfaction with the services they receive.

**INDICATOR NAME:** Total Persons Served

**PI Code:** 25518

1. **Type and Level:** Supporting
2. **Rationale, Relevance, Reliability:** The ultimate outcome goal for community-based services is to support persons with disabilities to live in the least-restrictive environment to meet their service needs versus in a residential or institutional setting. This indicator assesses the Individual and Family Supports program's effectiveness in meeting this service outcome.
3. **Use:** This performance indicator is used to assess service outcome.
4. **Clarity:** This indicator clearly defines what is being measured and contains no jargon, technical terms, acronyms or initializations, or unclear language.
5. **Accuracy, Maintenance, Support:** Data is inputted into the Participants Services Database (PSD) and is audited monthly by the Community Service Specialist Supervisors and quarterly by the Assistant Community Services Regional Administrator who also reconciles the information in PSD with the CASHD Family Supports Database to insure reliability.
6. **Data Source, Collection and Reporting:** Data source is the number of individual agreements and contracts and number of service requests per the PSD is collected and compared with total number of family supports service applications. It is reported monthly to OCDD and in quarterly reports to LAPAS
7. **Calculation Methodology:** Number of Individuals Receiving ID/DD Services is calculated based upon data pulled from Participants Services Database (PSD) and the CAHSD Family Supports Database.
8. **Scope:** While this indicator is reported on this agency as a standalone to the Louisiana Legislative Auditor, it is aggregated into the Louisiana Department of Health's overall compliance and state-wide compliance data as a whole.
9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.
10. **Responsible Person:** Shaketha Carter, Deputy Director; 225-922-2394; Shaketha.Carter@la.gov

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Capital Area Human Services District

**ACTIVITY:** Children's Behavioral Health Services

**OBJECTIVE:** Through the Children's Behavioral Health Services activity, CAHSD will provide an integrated, comprehensive behavioral health system of care, prevention and treatment services for at-risk youth and their families, ensuring that at least 90% of clients would continue to receive services at CAHSD clinics if given the choice to go elsewhere.

**INDICATOR NAME:** Percentage of clients who indicate they would continue to receive services from CAHSD clinics if given the choice to go elsewhere.

**PI Code:** 26789

1. **Type and Level:** Quality/Supporting
2. **Rationale, Relevance, Reliability:** This indicator is taken from the Annual Telesage Quality of Care (QoC) Survey which is based on the National Mental Health Statistics Improvement Program (MHSIP) funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) and is used to improve the quality of behavioral health service delivery with data-driven decision making at all levels of government.
3. **Use:** This is a Federal client survey tool utilized by the La Department of Health for all Districts & Authorities which provides for consistent indicators enabling the collection of same and similar data for performance evaluation.
4. **Clarity:** This indicator clearly defines what is being measured and contains no jargon, technical terms, acronyms or initializations, or unclear language.
5. **Accuracy, Maintenance, Support:** This data is maintained by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) and the Louisiana Department of Health, Office of Behavioral Health, OBH Quality Section
6. **Data Source, Collection and Reporting:** Annual/Quarterly Telesage Quality of Care (QoC) Survey which is based on the national Mental Health Statistics Improvement Program (MHSIP) funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS)
7. **Calculation Methodology:** The total number of individuals participating in the survey who respond yes to the question, divided by the overall total number of individuals responding to the question.
8. **Scope:** This indicator is part of a statewide survey administered at all Districts/Authorities (formerly Regions) of the LDH, results are compiled on a statewide level and broken down by District/Authority.

**9. Caveats:** This indicator has no known limitations or weaknesses (indicator is specific to individuals receiving Behavioral Health treatment services within the State from one of the Districts/Authorities of the LDH).

**10. Responsible Person:** Shaketha Carter, Deputy Director; 225-922-2394; Shaketha.Carter@la.gov

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Capital Area Human Services District

**ACTIVITY:** Children's Behavioral Health Services

**OBJECTIVE:** Through the Children's Behavioral Health Services activity, CAHSD will provide an integrated, comprehensive behavioral health system of care, prevention and treatment services for at-risk youth and their families, ensuring that at least 90% of clients would continue to receive services at CAHSD clinics if given the choice to go elsewhere.

**INDICATOR NAME:** Percentage of clients who indicate they would recommend CAHSD clinics to a friend or family member

**PI Code:** 26790

1. **Type and Level:** Quality/Supporting
2. **Rationale, Relevance, Reliability:** This indicator is taken from the Annual Telesage Quality of Care (QoC) Survey which is based on the National Mental Health Statistics Improvement Program (MHSIP) funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) and is used to improve the quality of behavioral health service delivery with data-driven decision making at all levels of government.
3. **Use:** This is a Federal client survey tool utilized by the La Department of Health for all Districts & Authorities which provides for consistent indicators enabling the collection of same and similar data for performance evaluation.
4. **Clarity:** This indicator clearly defines what is being measured and contains no jargon, technical terms, acronyms or initializations, or unclear language.
5. **Accuracy, Maintenance, Support:** This data is maintained by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) and the Louisiana Department of Health, Office of Behavioral Health, OBH Quality Section
6. **Data Source, Collection and Reporting:** Annual/Quarterly Telesage Quality of Care (QoC) Survey which is based on the national Mental Health Statistics Improvement Program (MHSIP) funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS)
7. **Calculation Methodology:** The total number of individuals participating in the survey who respond yes to the question, divided by the overall total number of individuals responding to the question.
8. **Scope:** This indicator is part of a statewide survey administered at all Districts/Authorities (formerly Regions) of the LDH, results are compiled on a statewide level and broken down by District/Authority.

**9. Caveats:** This indicator has no known limitations or weaknesses (indicator is specific to individuals receiving Behavioral Health treatment services within the State from one of the Districts/Authorities of the LDH).

**10. Responsible Person:** Shaketha Carter, Deputy Director; 225-922-2394; [Shaketha.Carter@la.gov](mailto:Shaketha.Carter@la.gov)



## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Capital Area Human Services District

**ACTIVITY:** Children's Behavioral Health Services

**OBJECTIVE:** Through the Children's Behavioral Health Services activity, CAHSD will provide an integrated, comprehensive behavioral health system of care, prevention and treatment services for at-risk youth and their families, ensuring that at least 90% of clients would continue to receive services at CAHSD clinics if given the choice to go elsewhere.

**INDICATOR NAME:** Number of child/adolescent substance abuse primary prevention programs offered

**PI Code:** 11321

1. **Type and Level:** Output/Efficiency/General
2. **Rationale, Relevance, Reliability:** This information is captured and reported on a statewide basis through the Louisiana Department of Health (LDH) Prevention Management Information System (PMIS) and is used to improve the quality of behavioral health service delivery with data-driven decision making at all levels of government.
3. **Use:** This is a statewide data base tool utilized by the LDH for all Districts & Authorities which provides for consistent indicators enabling the collection of same and similar data for performance evaluation.
4. **Clarity:** This indicator clearly defines what is being measured and contains no jargon, technical terms, acronyms or initializations, or unclear language.
5. **Accuracy, Maintenance, Support:** This data is maintained by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) and the Louisiana Department of Health, Office of Behavioral Health, OBH Quality Section
6. **Data Source, Collection and Reporting:** Louisiana Department of Health Prevention Management Information System (PMIS)
7. **Calculation Methodology:** The total number of individuals participating in community based child/adolescent substance use primary prevention programs.
8. **Scope:** This indicator is part of a statewide data collection administered at all Districts/Authorities (formerly Regions) of the LDH, results are compiled on a statewide level and broken down by District/Authority.
9. **Caveats:** This indicator has no known limitations or weaknesses (indicator is specific to individuals receiving Behavioral Health treatment services within the State from one of the Districts/Authorities of the LDH).
10. **Responsible Person:** Shaketha Carter, Deputy Director; 225-922-2394; Shaketha.Carter@la.gov

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Capital Area Human Services District

**ACTIVITY:** Children's Behavioral Health Services

**OBJECTIVE:** Through the Children's Behavioral Health Services activity, CAHSD will provide an integrated, comprehensive behavioral health system of care, prevention and treatment services for at-risk youth and their families, ensuring that at least 90% of clients would continue to receive services at CAHSD clinics if given the choice to go elsewhere.

**INDICATOR NAME:** Number of children/adolescents admitted per year for behavioral health services

**PI Code:** 24002

1. **Type and Level:** Output/Efficiency/General
2. **Rationale, Relevance, Reliability:** This information is taken from the agency's Electronic Health Record (EHR) Qualifacts-Carelogic, a nationally recognized fully integrated EHR and practice management solution designed specifically for behavioral health services.
3. **Use:** Utilized by the Louisiana Department of Health (LDH) for all Districts & Authorities which provides for consistent indicators enabling the collection of same and similar data for performance evaluation.
4. **Clarity:** This indicator clearly defines what is being measured and contains no jargon, technical terms, acronyms or initializations, or unclear language.
5. **Accuracy, Maintenance, Support:** This data is maintained by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) and the Louisiana Department of Health, Office of Behavioral Health, OBH Quality Section
6. **Data Source, Collection and Reporting:** Qualifacts-Carelogic Behavioral Health Electronic Health Record (EHR).
7. **Calculation Methodology:** The total number of individuals admitted to a CAHSD treatment clinic/program during the reporting period.
8. **Scope:** This indicator is part of a statewide data collection administered at all Districts/Authorities (formerly Regions) of the LDH, results are compiled on a statewide level and broken down by District/Authority.
9. **Caveats:** This indicator has no known limitations or weaknesses (indicator is specific to individuals receiving Behavioral Health treatment services within the State from one of the Districts/Authorities of the LDH).
10. **Responsible Person:** Shaketha Carter, Deputy Director; 225-922-2394; Shaketha.Carter@la.gov

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Capital Area Human Services District

**ACTIVITY:** Children's Behavioral Health Services

**OBJECTIVE:** Through the Children's Behavioral Health Services activity, CAHSD will provide an integrated, comprehensive behavioral health system of care, prevention and treatment services for at-risk youth and their families, ensuring that at least 90% of clients would continue to receive services at CAHSD clinics if given the choice to go elsewhere.

**INDICATOR NAME:** Total children/adolescents served

**PI Code:** 24004

1. **Type and Level:** Quality/Supporting
2. **Rationale, Relevance, Reliability:** This information is taken from the agency's Electronic Health Record (EHR) Qualifacts-Carelogic, a nationally recognized fully integrated EHR and practice management solution designed specifically for behavioral health services.
3. **Use:** Utilized by the Louisiana Department of Health (LDH) for all Districts & Authorities which provides for consistent indicators enabling the collection of same and similar data for performance evaluation.
4. **Clarity:** This indicator clearly defines what is being measured and contains no jargon, technical terms, acronyms or initializations, or unclear language.
5. **Accuracy, Maintenance, Support:** This data is maintained by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) and the Louisiana Department of Health, Office of Behavioral Health, OBH Quality Section
6. **Data Source, Collection and Reporting:** Qualifacts-Carelogic Behavioral Health Electronic Health Record (EHR).
7. **Calculation Methodology:** The total number of individuals, new and existing, receiving treatment services from a CAHSD treatment clinic/program during the reporting period.
8. **Scope:** This indicator is part of a statewide data collection administered at all Districts/Authorities (formerly Regions) of the LDH, results are compiled on a statewide level and broken down by District/Authority.
9. **Caveats:** This indicator has no known limitations or weaknesses (indicator is specific to individuals receiving Behavioral Health treatment services within the State from one of the Districts/Authorities of the LDH).
10. **Responsible Person:** Shaketha Carter, Deputy Director; 225-922-2394; Shaketha.Carter@la.gov

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Capital Area Human Services District

**ACTIVITY:** Adult Behavioral Health Services

**OBJECTIVE:** Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 90% of clients would continue to receive services at CAHSD clinics if given the choice to go elsewhere.

**INDICATOR NAME:** Percentage of clients who indicate they would continue to receive services from CAHSD clinics if given the choice to go elsewhere.

**PI Code:** 26791

1. **Type and Level:** Quality/Supporting
2. **Rationale, Relevance, Reliability:** This indicator is taken from the Annual Telesage Quality of Care (QoC) Survey which is based on the National Mental Health Statistics Improvement Program (MHSIP) funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) and is used to improve the quality of behavioral health service delivery with data-driven decision making at all levels of government.
3. **Use:** This is a Federal client survey tool utilized by the La Department of Health for all Districts & Authorities which provides for consistent indicators enabling the collection of same and similar data for performance evaluation.
4. **Clarity:** This indicator clearly defines what is being measured and contains no jargon, technical terms, acronyms or initializations, or unclear language.
5. **Accuracy, Maintenance, Support:** This data is maintained by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) and the Louisiana Department of Health, Office of Behavioral Health, OBH Quality Section
6. **Data Source, Collection and Reporting:** Annual/Quarterly Telesage Quality of Care (QoC) Survey which is based on the national Mental Health Statistics Improvement Program (MHSIP) funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS)
7. **Calculation Methodology:** The total number of individuals participating in the survey who respond yes to the question, divided by the overall total number of individuals responding to the question.
8. **Scope:** This indicator is part of a statewide survey administered at all Districts/Authorities (formerly Regions) of the LDH, results are compiled on a statewide level and broken down by District/Authority.

**9. Caveats:** This indicator has no known limitations or weaknesses (indicator is specific to individuals receiving Behavioral Health treatment services within the State from one of the Districts/Authorities of the LDH).

**10. Responsible Person:** Shaketha Carter, Deputy Director; 225-922-2394; Shaketha.Carter@la.gov

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Capital Area Human Services District

**ACTIVITY:** Adult Behavioral Health Services

**OBJECTIVE:** Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 90% of clients would continue to receive services at CAHSD clinics if given the choice to go elsewhere.

**INDICATOR NAME:** Percentage of clients who indicate they would recommend CAHSD clinics to a friend or family member

**PI Code:** 26792

1. **Type and Level:** Quality/Supporting
2. **Rationale, Relevance, Reliability:** This indicator is taken from the Annual Telesage Quality of Care (QoC) Survey which is based on the National Mental Health Statistics Improvement Program (MHSIP) funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) and is used to improve the quality of behavioral health service delivery with data-driven decision making at all levels of government.
3. **Use:** This is a Federal client survey tool utilized by the La Department of Health for all Districts & Authorities which provides for consistent indicators enabling the collection of same and similar data for performance evaluation.
4. **Clarity:** This indicator clearly defines what is being measured and contains no jargon, technical terms, acronyms or initializations, or unclear language.
5. **Accuracy, Maintenance, Support:** This data is maintained by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) and the Louisiana Department of Health, Office of Behavioral Health, OBH Quality Section
6. **Data Source, Collection and Reporting:** Annual/Quarterly Telesage Quality of Care (QoC) Survey which is based on the national Mental Health Statistics Improvement Program (MHSIP) funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS)
7. **Calculation Methodology:** The total number of individuals participating in the survey who respond yes to the question, divided by the overall total number of individuals responding to the question.
8. **Scope:** This indicator is part of a statewide survey administered at all Districts/Authorities (formerly Regions) of the LDH, results are compiled on a statewide level and broken down by District/Authority.

**9. Caveats:** This indicator has no known limitations or weaknesses (indicator is specific to individuals receiving Behavioral Health treatment services within the State from one of the Districts/Authorities of the LDH).

**10. Responsible Person:** Shaketha Carter, Deputy Director; 225-922-2394; Shaketha.Carter@la.gov

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Capital Area Human Services District

**ACTIVITY:** Adult Behavioral Health Services

**OBJECTIVE:** Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 90% of clients would continue to receive services at CAHSD clinics if given the choice to go elsewhere.

**INDICATOR NAME:** Percentage of clients who rate the extent to which they felt better on the client satisfaction survey as agree.

**PI Code:** 26793

1. **Type and Level:** Quality/Supporting
2. **Rationale, Relevance, Reliability:** The indicator tells us if our primary care integration program is working, i.e. clients feel better and are therefore optimizing their quality of life.
3. **Use:** For internal management decision making to monitor impact of the program
4. **Clarity:** This indicator clearly defines what is being measured and contains no jargon, technical terms, acronyms or initializations, or unclear language.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it will, however, be reported in the Division of Administration LaGov performance system for continuous monitoring and review.
6. **Data Source, Collection and Reporting:** The source of the data collected is an annual client satisfaction survey. It is collected and reported annually, thereby being consistent and following the state fiscal year.
7. **Calculation Methodology:** The indicator is calculated by the number of clients who mark 'strongly agree' and 'agree' with the statement, "Please rate the extent that you feel better," divided by the total number of surveys collected and completed
8. **Scope:** This indicator is part of a statewide survey administered at all Districts/Authorities (formerly Regions) of the LDH, results are compiled on a statewide level and broken down by District/Authority.
9. **Caveats:** This indicator has no known limitations or weaknesses (indicator is specific to individuals receiving Behavioral Health treatment services within the State from one of the Districts/Authorities of the LDH).
10. **Responsible Person:** Shaketha Carter, Deputy Director; 225-922-2394; Shaketha.Carter@la.gov



## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Capital Area Human Services District

**ACTIVITY:** Adult Behavioral Health Services

**OBJECTIVE:** Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 90% of clients would continue to receive services at CAHSD clinics if given the choice to go elsewhere.

**INDICATOR NAME:** Total adults served in CAHSD (Mental Health)

**PI Code:** 24006

1. **Type and Level:** Efficiency/General
2. **Rationale, Relevance, Reliability:** This information is taken from the agency's Electronic Health Record (EHR) Qualifacts-Carelogic, a nationally recognized fully integrated EHR and practice management solution designed specifically for behavioral health services.
3. **Use:** Utilized by the Louisiana Department of Health (LDH) for all Districts & Authorities which provides for consistent indicators enabling the collection of same and similar data for performance evaluation.
4. **Clarity:** This indicator clearly defines what is being measured and contains no jargon, technical terms, acronyms or initializations, or unclear language.
5. **Accuracy, Maintenance, Support:** This data is maintained by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) and the Louisiana Department of Health, Office of Behavioral Health, OBH Quality Section
6. **Data Source, Collection and Reporting:** Qualifacts-Carelogic Behavioral Health Electronic Health Record (EHR).
7. **Calculation Methodology:** The total number of individuals, new and existing, receiving treatment services from a CAHSD treatment clinic/program during the reporting period.
8. **Scope:** This indicator is part of a statewide data collection administered at all Districts/Authorities (formerly Regions) of the LDH, results are compiled on a statewide level and broken down by District/Authority.
9. **Caveats:** This indicator has no known limitations or weaknesses (indicator is specific to individuals receiving Behavioral Health treatment services within the State from one of the Districts/Authorities of the LDH).
10. **Responsible Person:** Shaketha Carter, Deputy Director; 225-922-2394; Shaketha.Carter@la.gov

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Capital Area Human Services District

**ACTIVITY:** Adult Behavioral Health Services

**OBJECTIVE:** Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 90% of clients would continue to receive services at CAHSD clinics if given the choice to go elsewhere.

**INDICATOR NAME:** Number of persons provided Social Detoxification Services

**PI Code:** 24008

1. **Type and Level:** Efficiency/General
2. **Rationale, Relevance, Reliability:** This information is taken from the agency's Electronic Health Record (EHR) Qualifacts-Carelogic, a nationally recognized fully integrated EHR and practice management solution designed specifically for behavioral health services.
3. **Use:** Utilized by the Louisiana Department of Health (LDH) for all Districts & Authorities which provides for consistent indicators enabling the collection of same and similar data for performance evaluation.
4. **Clarity:** This indicator clearly defines what is being measured and contains no jargon, technical terms, acronyms or initializations, or unclear language.
5. **Accuracy, Maintenance, Support:** This data is maintained by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) and the Louisiana Department of Health, Office of Behavioral Health, OBH Quality Section
6. **Data Source, Collection and Reporting:** Qualifacts-Carelogic Behavioral Health Electronic Health Record (EHR).
7. **Calculation Methodology:** The total number of individuals, new and existing, receiving treatment services from a CAHSD treatment clinic/program during the reporting period.
8. **Scope:** This indicator is part of a statewide data collection administered at all Districts/Authorities (formerly Regions) of the LDH, results are compiled on a statewide level and broken down by District/Authority.
9. **Caveats:** This indicator has no known limitations or weaknesses (indicator is specific to individuals receiving Behavioral Health treatment services within the State from one of the Districts/Authorities of the LDH).
10. **Responsible Person:** Shaketha Carter, Deputy Director; 225-922-2394; Shaketha.Carter@la.gov

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Capital Area Human Services District

**ACTIVITY:** Adult Behavioral Health Services

**OBJECTIVE:** Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 90% of clients would continue to receive services at CAHSD clinics if given the choice to go elsewhere.

**INDICATOR NAME:** Number of persons provided Residential (28 day Inpatient) services

**PI Code:** 24009

1. **Type and Level:** Efficiency/General
2. **Rationale, Relevance, Reliability:** This information is taken from the agency's Electronic Health Record (EHR) Qualifacts-Carelogic, a nationally recognized fully integrated EHR and practice management solution designed specifically for behavioral health services.
3. **Use:** Utilized by the Louisiana Department of Health (LDH) for all Districts & Authorities which provides for consistent indicators enabling the collection of same and similar data for performance evaluation.
4. **Clarity:** This indicator clearly defines what is being measured and contains no jargon, technical terms, acronyms or initializations, or unclear language.
5. **Accuracy, Maintenance, Support:** This data is maintained by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) and the Louisiana Department of Health, Office of Behavioral Health, OBH Quality Section
6. **Data Source, Collection and Reporting:** Qualifacts-Carelogic Behavioral Health Electronic Health Record (EHR).
7. **Calculation Methodology:** The total number of individuals, new and existing, receiving treatment services from a CAHSD treatment clinic/program during the reporting period.
8. **Scope:** This indicator is part of a statewide data collection administered at all Districts/Authorities (formerly Regions) of the LDH, results are compiled on a statewide level and broken down by District/Authority.
9. **Caveats:** This indicator has no known limitations or weaknesses (indicator is specific to individuals receiving Behavioral Health treatment services within the State from one of the Districts/Authorities of the LDH).
10. **Responsible Person:** Shaketha Carter, Deputy Director; 225-922-2394; Shaketha.Carter@la.gov

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Capital Area Human Services District

**ACTIVITY:** Adult Behavioral Health Services

**OBJECTIVE:** Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 90% of clients would continue to receive services at CAHSD clinics if given the choice to go elsewhere.

**INDICATOR NAME:** Number of persons provided Community-Based Residential services

**PI Code:** 24010

1. **Type and Level:** Efficiency/General
2. **Rationale, Relevance, Reliability:** This information is taken from the agency's Electronic Health Record (EHR) Qualifacts-Carelogic, a nationally recognized fully integrated EHR and practice management solution designed specifically for behavioral health services.
3. **Use:** Utilized by the Louisiana Department of Health (LDH) for all Districts & Authorities which provides for consistent indicators enabling the collection of same and similar data for performance evaluation.
4. **Clarity:** This indicator clearly defines what is being measured and contains no jargon, technical terms, acronyms or initializations, or unclear language.
5. **Accuracy, Maintenance, Support:** This data is maintained by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) and the Louisiana Department of Health, Office of Behavioral Health, OBH Quality Section
6. **Data Source, Collection and Reporting:** Qualifacts-Carelogic Behavioral Health Electronic Health Record (EHR).
7. **Calculation Methodology:** The total number of individuals, new and existing, receiving treatment services from a CAHSD treatment clinic/program during the reporting period.
8. **Scope:** This indicator is part of a statewide data collection administered at all Districts/Authorities (formerly Regions) of the LDH, results are compiled on a statewide level and broken down by District/Authority.
9. **Caveats:** This indicator has no known limitations or weaknesses (indicator is specific to individuals receiving Behavioral Health treatment services within the State from one of the Districts/Authorities of the LDH).
10. **Responsible Person:** Shaketha Carter, Deputy Director; 225-922-2394; Shaketha.Carter@la.gov

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Capital Area Human Services District

**ACTIVITY:** Adult Behavioral Health Services

**OBJECTIVE:** Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 90% of clients would continue to receive services at CAHSD clinics if given the choice to go elsewhere.

**INDICATOR NAME:** Number of persons provided Outpatient Addiction Recovery Services

**PI Code:** 24011

1. **Type and Level:** Efficiency/General
2. **Rationale, Relevance, Reliability:** This information is taken from the agency's Electronic Health Record (EHR) Qualifacts-Carelogic, a nationally recognized fully integrated EHR and practice management solution designed specifically for behavioral health services.
3. **Use:** Utilized by the Louisiana Department of Health (LDH) for all Districts & Authorities which provides for consistent indicators enabling the collection of same and similar data for performance evaluation.
4. **Clarity:** This indicator clearly defines what is being measured and contains no jargon, technical terms, acronyms or initializations, or unclear language.
5. **Accuracy, Maintenance, Support:** This data is maintained by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) and the Louisiana Department of Health, Office of Behavioral Health, OBH Quality Section
6. **Data Source, Collection and Reporting:** Qualifacts-Carelogic Behavioral Health Electronic Health Record (EHR).
7. **Calculation Methodology:** The total number of individuals, new and existing, receiving treatment services from a CAHSD treatment clinic/program during the reporting period.
8. **Scope:** This indicator is part of a statewide data collection administered at all Districts/Authorities (formerly Regions) of the LDH, results are compiled on a statewide level and broken down by District/Authority.
9. **Caveats:** This indicator has no known limitations or weaknesses (indicator is specific to individuals receiving Behavioral Health treatment services within the State from one of the Districts/Authorities of the LDH).
10. **Responsible Person:** Shaketha Carter, Deputy Director; 225-922-2394; Shaketha.Carter@la.gov

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Capital Area Human Services District

**ACTIVITY:** Adult Behavioral Health Services

**OBJECTIVE:** Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 90% of clients would continue to receive services at CAHSD clinics if given the choice to go elsewhere.

**INDICATOR NAME:** Total adults served in CAHSD (Addiction Recovery Services)

**PI Code:** 25537

1. **Type and Level:** Efficiency/General
2. **Rationale, Relevance, Reliability:** This information is taken from the agency's Electronic Health Record (EHR) Qualifacts-Carelogic, a nationally recognized fully integrated EHR and practice management solution designed specifically for behavioral health services.
3. **Use:** Utilized by the Louisiana Department of Health (LDH) for all Districts & Authorities which provides for consistent indicators enabling the collection of same and similar data for performance evaluation.
4. **Clarity:** This indicator clearly defines what is being measured and contains no jargon, technical terms, acronyms or initializations, or unclear language.
5. **Accuracy, Maintenance, Support:** This data is maintained by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) and the Louisiana Department of Health, Office of Behavioral Health, OBH Quality Section
6. **Data Source, Collection and Reporting:** Qualifacts-Carelogic Behavioral Health Electronic Health Record (EHR).
7. **Calculation Methodology:** The total number of individuals, new and existing, receiving treatment services from a CAHSD treatment clinic/program during the reporting period.
8. **Scope:** This indicator is part of a statewide data collection administered at all Districts/Authorities (formerly Regions) of the LDH, results are compiled on a statewide level and broken down by District/Authority.
9. **Caveats:** This indicator has no known limitations or weaknesses (indicator is specific to individuals receiving Behavioral Health treatment services within the State from one of the Districts/Authorities of the LDH).
10. **Responsible Person:** Shaketha Carter, Deputy Director; 225-922-2394; Shaketha.Carter@la.gov

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Capital Area Human Services District

**ACTIVITY:** Prevention and Primary Care

**OBJECTIVE:** Through the Prevention and Primary Care activity, CAHSD will improve physical health and emotional well-being of the adult uninsured and underinsured population and ensure that at least 95% of new adult admissions in the three largest behavioral health clinics receive a physical health screen.

**INDICATOR NAME:** Percentage of new adult admissions, in the three largest behavioral health clinics, receiving a physical health screen

**PI Code:** 24012

1. **Type and Level:** Outcome/Quality/Key
2. **Rationale, Relevance, Reliability:** The indicator tells us if our primary care integration program is working, i.e. clients feel better and are therefore optimizing their quality of life.
3. **Use:** For internal management decision making to monitor impact of the program
4. **Clarity:** This indicator clearly defines what is being measured and contains no jargon, technical terms, acronyms or initializations, or unclear language.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it will, however, be reported in the Division of Administration LaGov performance system for continuous monitoring and review.
6. **Data Source, Collection and Reporting:** The source of the data collected is an annual client satisfaction survey. It is collected and reported annually, thereby being consistent and following the state fiscal year.
7. **Calculation Methodology:** The indicator is calculated by the number of clients who mark 'strongly agree' and 'agree' with the statement, "Please rate the extent that you feel better," divided by the total number of surveys collected and completed
8. **Scope:** This indicator is part of a statewide survey administered at all Districts/Authorities (formerly Regions) of the LDH, results are compiled on a statewide level and broken down by District/Authority.
9. **Caveats:** This indicator has no known limitations or weaknesses (indicator is specific to individuals receiving Behavioral Health treatment services within the State from one of the Districts/Authorities of the LDH).
10. **Responsible Person:** Shaketha Carter, Deputy Director; 225-922-2394; Shaketha.Carter@la.gov

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Capital Area Human Services District

**ACTIVITY:** Prevention and Primary Care

**OBJECTIVE:** Through the Prevention and Primary Care activity, CAHSD will improve physical health and emotional well-being of the adult uninsured and underinsured population and ensure that at least 95% of new adult admissions in the three largest behavioral health clinics receive a physical health screen.

**INDICATOR NAME:** Percentage of new adult admissions, determined to be in the need of primary care during the physical health screen, who accept a referral to or agree to follow-up with a primary care-provider

**PI Code:** 26794

1. **Type and Level:** Outcome/Quality/Key
2. **Rationale, Relevance, Reliability:** The indicator tells us if our primary care integration program is working, i.e. clients feel better and are therefore optimizing their quality of life.
3. **Use:** For internal management decision making to monitor impact of the program
4. **Clarity:** This indicator clearly defines what is being measured and contains no jargon, technical terms, acronyms or initializations, or unclear language.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Legislative Auditor; it will, however, be reported in the Division of Administration LaGov performance system for continuous monitoring and review.
6. **Data Source, Collection and Reporting:** The source of the data collected is an annual client satisfaction survey. It is collected and reported annually, thereby being consistent and following the state fiscal year.
7. **Calculation Methodology:** The indicator is calculated by the number of clients who mark 'strongly agree' and 'agree' with the statement, "Please rate the extent that you feel better," divided by the total number of surveys collected and completed
8. **Scope:** This indicator is part of a statewide survey administered at all Districts/Authorities (formerly Regions) of the LDH, results are compiled on a statewide level and broken down by District/Authority.
9. **Caveats:** This indicator has no known limitations or weaknesses (indicator is specific to individuals receiving Behavioral Health treatment services within the State from one of the Districts/Authorities of the LDH).
10. **Responsible Person:** Shaketha Carter, Deputy Director; 225-922-2394; Shaketha.Carter@la.gov





09-303 Developmental Disabilities Council

# APPENDIX

## FY 2026-2031

### 5-YEAR STRATEGIC PLAN

**Goal I:** The goal of the Developmental Disabilities Council is to effectively implement the Developmental Disabilities Assistance and Bill of Rights Act of 2000 in Louisiana. The Council, through direct activity and funded projects with agencies, organizations, universities, other state agencies and individuals, shall facilitate advocacy, capacity building, and systemic change that contribute to increased community based services for individuals with developmental disabilities.

**Statutory Authority:** The Louisiana Department of Health (LDH) is authorized under R.S. 36:251-259. It was created as one of twenty executive agencies of state government as provided in the Louisiana Constitution of 1974 (Article IV, Section I) and addresses the public health needs of the state as laid out in Articles XII, Section 8 of the Constitution.

The Louisiana Developmental Disabilities Council is established under Louisiana Revised Statutes 28: 750-758 to coordinate, monitor, plan, and evaluate those services, other assistance, and opportunities necessary to enable persons with developmental disabilities to achieve their maximum potential through:

- (1) Increased self-determination, independence, productivity, and integration and inclusion into the community, and
- (2) An enhanced role of the family in assisting persons with developmental disabilities.

B. The Louisiana Developmental Disabilities Council is hereby established within the Louisiana Department of Health to serve as an advocate for persons with developmental disabilities. The council shall:

- (1) Plan effective coordination of state resources to meet the needs of persons with developmental disabilities.
- (2) Promote the dignity of persons with developmental disabilities.
- (3) Serve as an advisor to the governor, the secretary of the Louisiana Department of Health, and the legislature on programs and policies pertaining to services for persons with developmental disabilities and their families.
- (4) Promote provision of a full range of services, assistance, and opportunities for persons with developmental disabilities, including housing, education, rehabilitation, employment, recreation, family support, and other needed support services, in the least restrictive environment.

**Principal Customers/Users of Program and Benefits:** Individuals with developmental disabilities residing in Louisiana and their families, caregivers and advocates.

**Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in this Program:** Approximately 58% of revenue for the Developmental Disabilities Council comes from the Federal Developmental Disabilities Grant. 100% of operational and administrative expenses are funded through federal funds and all state general fund appropriations are passed through the Council directly to contractors providing services and supports

to individuals with disabilities and their families. We are therefore significantly dependent upon federal appropriations for the funding of the program. We are additionally dependent upon state spending authority as a budget unit within LDH and negative changes in appropriations for LDH in the future could adversely impact Council operations and the achievement of goals and objectives.

**Methods Used to Avoid Duplication of Effort:** The Developmental Disabilities Council is designed by Congress to operate as an independent and unique organization within state government. The Developmental Disabilities Assistance and Bill of Rights Act creates one Council in each state and territory with the intent of providing advocacy, capacity building and systemic change activities that no other existing organizations are able to undertake.

**Maintenance of Agency Performance-Based Budgeting Records:** Documents used in the development of strategic and operational plans, as well as the data used for the completion of quarterly performance progress reports through the LaGov Performance Quarterly system, are maintained and preserved according to the state's preservation of records law (R.S. 44:36) for a period of at least three years from the date on which the record was made.

**Agency Retention Policy: LDH Retention Policy 42.2:** LDH Policy on Disclosure and Retention of Public Records states, "In accordance with the Louisiana Public Records Act ("PRA") (R.S. 44:1 et seq.), it shall be the policy of the Louisiana Department of Health (LDH) that all records are subject to disclosure under the PRA, with the exception of certain records specified in this policy, as provided by the statutory exceptions to the PRA as set forth in R.S. 44:1 or 44:4.1 or in other applicable state or federal law.

As mandated by the PRA, any person of the age of majority shall have the legal right to inspect, copy, reproduce or obtain a reproduction of any public record. The PRA shall be liberally interpreted so as to extend rather than restrict access to public records by the public.

All public records shall be preserved for at least the period of time specified for such records in formal records retention schedules developed and approved by the State Archivist and Director of the Division of Archives, Records Management and History, of the Department of State. However, in all instances in which a formal retention schedule has not been executed, a public record shall be preserved and maintained for a period of at least three years from the date on which it was made.

In LDH, records shall be retained for at least the periods of time shown on the office or facility's Records Retention Schedule of this policy. Documents related to services in a time of disaster shall be retained for 3 years after the disaster is closed out. It is our policy that examination of public records shall be conducted during regular office or work hours."

**How the Strategic Planning Process Was Implemented:** Council staff annually reviews the Council's strategic plan to ensure it aligns with the goals and objectives determined through the annual planning process of the Council. All activities are evaluated to be performed in the most cost efficient and effective methods possible.

**Statement of Agency Strategies for Development and Implementation of Human Resource Policies That Are Helpful and Beneficial to Women and Families:** All actions and efforts undertaken by the

Developmental Disabilities Council will be directed to advocacy, capacity building and systems change activities to affect real and meaningful reform of Louisiana's system of services and supports to all individuals with disabilities and their families including women. As such, the Council will continue to function as Louisiana's premier advocacy organization for individuals with disabilities and their families. The Council will continue to advocate for the community services and supports desired by individuals with disabilities and their families, increased availability of those supports for Louisiana's citizens now waiting for those services, appropriate rebalancing of Louisiana's resources to better meet the needs of our citizens with disabilities and their families, and reasonable fiscal expenditures to support high quality community services.

**Program Evaluations Used to Develop Goals, Objectives and Strategies:** Program evaluations used in this planning process derive from the statutory requirements of the Developmental Disabilities Assistance and Bill of Rights Act of 2000, PL106-402; the Council's previous and current State Five-year Plans; the Council's policy and mission statements; public input through public forums and Council meetings; data from contract and in-house programmatic reports, and LDH financial reports.

**Monitoring and Evaluation of Reported Data:**

The LDH Division of Planning and Budget coordinates and reviews reported performance information for all LDH agencies on a quarterly basis. This includes, but not limited to, strategic planning, operational planning, and Performance Quarterly reporting. Explanatory notes are required for positive or negative variances greater than 5% from quarterly performance indicator targets. Recommendations are made at monthly expenditure analysis meetings directly to the agency's assistant secretary or the Department's undersecretary/deputy undersecretary, if significant variances occur, or if modifications and additions are needed. In addition, at the close of a fiscal year, agencies and programs review and evaluate their performance in order to determine if the information gained from this review should be used to improve strategic and operational metrics, or strengthen program management initiatives.

**Primary Persons Who Will Benefit From or Be Significantly Affected by These Objectives:**

The objectives in the Developmental Disabilities program are intended to measure the efficiency and effectiveness of the activities within this program, as well as benefit individuals with developmental disabilities residing in Louisiana, their families, care givers and advocates, and professionals in the field of human services will benefit from our objectives.

**Objective I:** To obtain the Federal Developmental Disabilities Assistance and Bill of Rights Grant Allocation and ensure that Council plan objectives are met on an annual basis each year through June 30, 2031.

**Objective II:** Undertake advocacy, capacity building, and systemic change activities that contribute to increased quantity and quality of community-based services for individuals with developmental disabilities each year through June 30, 2031.

**Objective III:** Support information and referral services, education and training for peer to peer support to individuals with developmental disabilities, parents/family members, and professionals each year through June 30, 2031.

## **Program A: Developmental Disabilities Council**

**Goal I:** The Developmental Disabilities Council's goal is to effectively implement the Developmental Disabilities Assistance and Bill of Rights Act of 2000 in Louisiana.

**Statutory Authority:** The Developmental Disabilities Council is authorized under La. R.S. 28:750-758; R.S. 36:259(L). Public Law 106-402

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Developmental Disabilities Council

**ACTIVITY:** Developmental Disabilities Council

**OBJECTIVE 1:** To obtain the Federal Developmental Disabilities Assistance and Bill of Rights Grant Allocation and ensure that Council plan objectives are met on an annual basis each year through June 30, 2031.

**INDICATOR NAME:** Percent of Council plan objectives on target

**PI Code:** 24027

1. **Type and Level:** Efficiency; Key.
2. **Rationale, Relevance, Reliability:** This indicator will provide an overall measure of the degree the Council implements objectives in its plan.
3. **Use:** Decisions regarding processes and/or future goals and objectives will consider the capacity of the Council and success/failure with specific initiatives.
4. **Clarity:** No further clarity needed.
5. **Accuracy, Maintenance, Support:** The indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor. The Council's Status of Planned Activities that monitors activity toward the Council plan objectives (based on information gathered by contractors and Council staff) provides evidence to support the accuracy of the data. This Status report is given to the Council quarterly and maintained/available on the Council's website to ensure that it is verifiable in the future.
6. **Data Source, Collection and Reporting:** Data are recorded in status report on a quarterly basis for Council meetings.
7. **Calculation Methodology:** Percent of objectives on target is equal to the number of objectives on target divided by the total number of objectives in the plan each quarter.
8. **Scope:** Data are aggregated across all areas of the plan.
9. **Caveats:** Data inferences are limited to the degree that objective targets appropriately address the Council's mandates.
10. **Responsible Person:** Ebony Haven, Executive Director, 225-342-6804; [ebony.haven@la.gov](mailto:ebony.haven@la.gov).

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Developmental Disabilities Council

**ACTIVITY:** Developmental Disabilities Council

**OBJECTIVE 2:** Undertake advocacy, capacity building, and systemic change activities that contribute to increased quantity and quality of community-based services for individuals with developmental disabilities each year through June 30, 2031.

**INDICATOR NAME:** Percentage of decisions regarding policy and program practices influenced through Council involvement.

**PI Code:** 24026

1. **Type and Level:** Outcome; Key.
2. **Rationale, Relevance, Reliability:** The Council goal is to affect real and meaningful reform of Louisiana's system of services and supports to individuals with developmental disabilities. A measure of the impact the Council has on changing policies and program practices is the most significant outcome.
3. **Use:** These data will provide guidance to increase effectiveness of advocacy efforts.
4. **Clarity:** No further clarity needed.
5. **Accuracy, Maintenance, Support:** The indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor. Data are determined through staff assessment of changes in each policy and practice the Council attempts to influence and/or educate the policy makers. The data is maintained by Council staff for future reference.
6. **Data Source, Collection and Reporting:** Data are recorded internally on a quarterly basis.
7. **Calculation Methodology:** Percent of decisions influenced through Council involvement and education is equal to the number of issues with decisions made in the direction of increasing self-determination, independence, productivity, integration, and inclusion divided by the total number of decisions made by policy bodies with Council involvement and/or targeted education each quarter.
8. **Scope:** The data are aggregated across all areas of the plan. These data could be disaggregated across various areas of emphasis for further analysis.
9. **Caveats:** The data will only reflect the decisions on issues the Council has been involved in and not all issues related to people with developmental disabilities. While this demonstrates the rate of impact on targeted issues it fails to reflect the entire array of possible policy decisions.
10. **Responsible Person:** Ebony Haven, Executive Director, 225-342-6804; [ebony.haven@la.gov](mailto:ebony.haven@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Developmental Disabilities Council

**ACTIVITY:** Developmental Disabilities Council

**OBJECTIVE 3:** Support information and referral services, education and training for peer-to-peer support to individuals with developmental disabilities, parents/family members, and professionals each year through June 30, 2031.

**INDICATOR NAME:** Number of information and referral services provided

**PI Code:** 10697

1. **Type and Level:** Input; Key.
2. **Rationale, Relevance, Reliability:** The Families Helping Families Regional Resource Centers provides direct service to people with disabilities in Louisiana.
3. **Use:** The total number of calls directs planning in resources and informs of the level of need in the community.
4. **Clarity:** No further clarity needed.
5. **Accuracy, Maintenance, Support:** The indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor. Data are recorded at each FHF Center and validated during Center monitoring visits. The data is maintained by Council staff for future reference.
6. **Data Source, Collection and Reporting:** Data are recorded at each FHF Center and received by the program monitor of the Council. These data are reported monthly.
7. **Calculation Methodology:** The total sum of all calls and contacts of FHF Centers.
8. **Scope:** Data can be divided to determine various categories of callers, issues addressed, etc.
9. **Caveats:** Data do not reflect quality of service delivered. The quality is analyzed in another indicator. There is potential bias with the FHF Centers reporting. However, potential bias in over-reporting is addressed through onsite monitoring and data verification and validation.
10. **Responsible Person:** Ebony Haven, Executive Director, 225-342-6804; [ebony.haven@la.gov](mailto:ebony.haven@la.gov)



## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Developmental Disabilities Council

**ACTIVITY:** Developmental Disabilities Council

**OBJECTIVE 3:** Support information and referral services, education and training for peer-to-peer support to individuals with developmental disabilities, parents/family members, and professionals each year through June 30, 2031.

**INDICATOR NAME:** Number of training sessions provided statewide

**PI Code:** 21284

1. **Type and Level:** Input; Key.
2. **Rationale, Relevance, Reliability:** The Families Helping Families Regional Resource Centers provides direct service to people with disabilities in Louisiana.
3. **Use:** The total number of training sessions directs planning in resources and informs of the level of need in the community.
4. **Clarity:** No further clarity needed.
5. **Accuracy, Maintenance, Support:** The indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor. Data are recorded at each FHF Center and validated during Center monitoring visits. The data is maintained by Council staff for future reference.
6. **Data Source, Collection and Reporting:** Data are recorded at each FHF Center and received by the program monitor of the Council. These data are reported monthly.
7. **Calculation Methodology:** The total sum of all training sessions of FHF Centers.
8. **Scope:** Data can be divided to determine various categories of types of training, types of people trained, etc. at each Center.
9. **Caveats:** Data do not reflect quality of service delivered. The quality is analyzed in another indicator. There is potential bias with the FHF Centers reporting. However, potential bias in over-reporting is addressed through onsite monitoring and data verification and validation.
10. **Responsible Person:** Ebony Haven, Executive Director, 225-342-6804; [ebony.haven@la.gov](mailto:ebony.haven@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Developmental Disabilities Council

**ACTIVITY:** Developmental Disabilities Council

**OBJECTIVE 3:** Support information and referral services, education and training for peer-to-peer support to individuals with developmental disabilities, parents/family members, and professionals each year through June 30, 2031.

**INDICATOR NAME:** Number of individuals provided training statewide

**PI Code:** 21285

1. **Type and Level:** Input; Key.
2. **Rationale, Relevance, Reliability:** The Families Helping Families Regional Resource Centers provides direct service to people with disabilities in Louisiana.
3. **Use:** The total number of individuals trained directs planning in resources and informs of the level of need in the community.
4. **Clarity:** No further clarity needed.
5. **Accuracy, Maintenance, Support:** The indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor. Data are recorded at each FHF Center and validated during Center monitoring visits. The data is maintained by Council staff for future reference.
6. **Data Source, Collection and Reporting:** Data are recorded at each FHF Center and received by the program monitor of the Council. These data are reported monthly.
7. **Calculation Methodology:** The total sum of all individuals participating in training sessions of FHF Centers.
8. **Scope:** Data can be divided to determine various categories of types of training, types of people trained, etc. at each Center.
9. **Caveats:** Data do not reflect quality of service delivered. The quality is analyzed in another indicator. There is potential bias with the FHF Centers reporting. However, potential bias in over-reporting is addressed through onsite monitoring and data verification and validation.
10. **Responsible Person:** Ebony Haven, Executive Director, 225-342-6804; [ebony.haven@la.gov](mailto:ebony.haven@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Developmental Disabilities Council

**ACTIVITY:** Developmental Disabilities Council

**OBJECTIVE 3:** Support information and referral services, education and training for peer-to-peer support to individuals with developmental disabilities, parents/family members, and professionals each year through June 30, 2031.

**INDICATOR NAME:** Number of individuals provided peer-to-peer support opportunities statewide.

**PI Code:** 21286

1. **Type and Level:** Input; Key.
2. **Rationale, Relevance, Reliability:** The Families Helping Families Regional Resource Centers provides direct service to people with disabilities in Louisiana.
3. **Use:** The total number of individuals provided peer-to-peer support directs planning in resources and informs of the level of need in the community.
4. **Clarity:** No further clarity needed.
5. **Accuracy, Maintenance, Support:** The indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor. Data are recorded at each FHF Center and validated during Center monitoring visits. The data is maintained by Council staff for future reference.
6. **Data Source, Collection and Reporting:** Data are recorded at each FHF Center and received by the program monitor of the Council. These data are reported monthly.
7. **Calculation Methodology:** The total sum of all individuals provided peer-to-peer support at of FHF Centers.
8. **Scope:** Data are aggregates across the state. Data are also analyzed within each Center.
9. **Caveats:** Data do not reflect quality of service delivered. The quality is analyzed in another indicator. There is potential bias with the FHF Centers reporting. However, potential bias in over-reporting is addressed through onsite monitoring and data verification and validation.
10. **Responsible Person:** Ebony Haven, Executive Director, 225-342-6804; [ebony.haven@la.gov](mailto:ebony.haven@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Developmental Disabilities Council

**ACTIVITY:** Developmental Disabilities Council

**OBJECTIVE 3:** Support information and referral services, education and training for peer-to-peer support to individuals with developmental disabilities, parents/family members, and professionals each year through June 30, 2031.

**INDICATOR NAME:** Percentage of individuals who report that they received the information or support that they needed

**PI Code:** 24025

1. **Type and Level:** Input; Key.
2. **Rationale, Relevance, Reliability:** The Families Helping Families Regional Resource Centers provides direct service to people with disabilities in Louisiana.
3. **Use:** The percentage of individuals reporting they received the information or support they needed will provide guidance toward more effective strategies with providing individuals with disabilities and their families the information and support they need in their local communities.
4. **Clarity:** No further clarity needed.
5. **Accuracy, Maintenance, Support:** The indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor. Data are recorded at each FHF Center and validated during Center monitoring visits. The data is maintained by Council staff for future reference.
6. **Data Source, Collection and Reporting:** Data are recorded at each FHF Center and received by the program monitor of the Council. At least ten individuals are sampled each month and these data are reported monthly.
7. **Calculation Methodology:** Percentage of individuals who report that they received the information or support that they needed is equal to the number of individuals sampled who indicate the information or support was valued divided by the total number of individuals sampled each month.
8. **Scope:** Data can be divided to determine various categories of callers, Center programs, issues addressed, etc.
9. **Caveats:** There is potential bias with the FHF Centers reporting for self-selection of individuals to survey. However, potential bias in over-reporting is addressed through reliability checks made directly by Council program staff.
10. **Responsible Person:** Ebony Haven, Executive Director, 225-342-6804; [ebony.haven@la.gov](mailto:ebony.haven@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Developmental Disabilities Council

**ACTIVITY:** Developmental Disabilities Council

**OBJECTIVE 3:** Support information and referral services, education and training for peer-to-peer support to individuals with developmental disabilities, parents/family members, and professionals each year through June 30, 2031.

**INDICATOR NAME:** Percent of individuals with disabilities assisted.

**PI Code:** 14077

1. **Type and Level:** Outcome; General.
2. **Rationale, Relevance, Reliability:** The Families Helping Families Regional Resource Centers provides direct service to people with disabilities in Louisiana.
3. **Use:** The percent of individuals with disabilities assisted provides information regarding the degree that support is provided across specific groups allows analysis of whether efforts are effectively addressing the needs of individuals with disabilities and their family members.
4. **Clarity:** No further clarity needed.
5. **Accuracy, Maintenance, Support:** The indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor. Data are recorded at each FHF Center and validated during Center monitoring visits. The data is maintained by Council staff for future reference.
6. **Data Source, Collection and Reporting:** Contact log data are recorded at each FHF Center and monthly summaries are received by the Council program monitor.
7. **Calculation Methodology:** The number of individuals with disabilities receiving information, training and/or support is divided by the total number of individuals assisted by FHF Centers.
8. **Scope:** Data can be reviewed to determine specific FHF Centers and/or areas with high or low percentages of individuals with disabilities served.
9. **Caveats:** Data reviewed provides a broad overview of Center activity and performance. While this provides a strategic mechanism to assess the degree of support provided to individuals with disabilities there are other factors that can impact the percentages and/or distributions of who is served by a specific Center. Further information regarding a Center operation is required to provide a comprehensive understanding of how this indicator fits into the goal and activities in that region.
10. **Responsible Person:** Ebony Haven, Executive Director, 225-342-6804; [ebony.haven@la.gov](mailto:ebony.haven@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Developmental Disabilities Council

**ACTIVITY:** Developmental Disabilities Council

**OBJECTIVE 3:** Support information and referral services, education and training for peer-to-peer support to individuals with developmental disabilities, parents/family members, and professionals each year through June 30, 2031.

**INDICATOR NAME:** Percent of parents/family members of individuals with disabilities assisted.

**PI Code:** 14078

1. **Type and Level:** Outcome; General.
2. **Rationale, Relevance, Reliability:** The Families Helping Families Regional Resource Centers provides direct service to people with disabilities in Louisiana.
3. **Use:** The percent of parent/family members of individuals with disabilities assisted provides information regarding the degree that support is provided across specific groups allows analysis of whether efforts are effectively addressing the needs of individuals with disabilities and their family members.
4. **Clarity:** No further clarity needed.
5. **Accuracy, Maintenance, Support:** The indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor. Data are recorded at each FHF Center and validated during Center monitoring visits. The data is maintained by Council staff for future reference.
6. **Data Source, Collection and Reporting:** Contact log data are recorded at each FHF Center and monthly summaries are received by the Council program monitor.
7. **Calculation Methodology:** The number of parents/family members of individuals with disabilities receiving information, training and/or support is divided by the total number of individuals assisted by FHF Centers.
8. **Scope:** Data can be reviewed to determine specific FHF Centers and/or areas with high or low percentages of parents/family members of individuals with disabilities being served.
9. **Caveats:** Data reviewed provides a broad overview of Center activity and performance. While this provides a strategic mechanism to assess the degree of support provided to individuals with disabilities there are other factors that can impact the percentages and/or distributions of who is served by a specific Center. Further information regarding a Center operation is required to provide a comprehensive understanding of how this indicator fits into the goal and activities in that region.
10. **Responsible Person:** Ebony Haven, Executive Director, 225-342-6804; [ebony.haven@la.gov](mailto:ebony.haven@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Developmental Disabilities Council

**ACTIVITY:** Developmental Disabilities Council

**OBJECTIVE 3:** Support information and referral services, education and training for peer-to-peer support to individuals with developmental disabilities, parents/family members, and professionals each year through June 30, 2031.

**INDICATOR NAME:** Percent of professionals assisted.

**PI Code:** 14079

1. **Type and Level:** Outcome; General.
2. **Rationale, Relevance, Reliability:** The Families Helping Families Regional Resource Centers provides direct service to people with disabilities in Louisiana.
3. **Use:** The percent of professionals assisted provides information regarding the degree of community integration, connections to service providers by FHF Centers.
4. **Clarity:** No further clarity needed.
5. **Accuracy, Maintenance, Support:** The indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor. Data are recorded at each FHF Center and validated during Center monitoring visits. The data is maintained by Council staff for future reference.
6. **Data Source, Collection and Reporting:** Contact log data are recorded at each FHF Center and monthly summaries are received by the Council program monitor.
7. **Calculation Methodology:** The number of professionals receiving information, training and/or support is divided by the total number of individuals assisted by FHF Centers.
8. **Scope:** Data can be divided to determine specific FHF Centers and/or areas with high or low percentages of professionals served.
9. **Caveats:** Data reviewed provides a broad overview of Center activity and performance. While this provides a strategic mechanism to assess the degree of support provided to professionals there are other factors that can impact the percentages and/or distributions of who is served by a specific Center. Further information regarding a Center operation is required to provide a comprehensive understanding of how this indicator fits into the goal and activities in that region.
10. **Responsible Person:** Ebony Haven, Executive Director, 225-342-6804; [ebony.haven@la.gov](mailto:ebony.haven@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Developmental Disabilities Council

**ACTIVITY:** Developmental Disabilities Council

**OBJECTIVE 3:** Support information and referral services, education and training for peer-to-peer support to individuals with developmental disabilities, parents/family members, and professionals each year through June 30, 2031.

**INDICATOR NAME:** Percent of Families Helping Families Regional Resource Centers maintaining 100% compliance with Developmental Disabilities Council contractual obligations and standards of operation.

**PI Code:** 21764

1. **Type and Level:** Outcome; General.
2. **Rationale, Relevance, Reliability:** The Families Helping Families Regional Resource Centers provides direct service to people with disabilities in Louisiana.
3. **Use:** The percent of Families Helping Families Regional Resource Centers in compliance with Council obligations and standards of operation provides information regarding the quality of support, information and referral available to families in each region of the state.
4. **Clarity:** No further clarity needed.
5. **Accuracy, Maintenance, Support:** The indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor. Data are recorded at each FHF Center and validated during Center monitoring visits. The data is maintained by Council staff for future reference.
6. **Data Source, Collection and Reporting:** Data are recorded at each FHF Center and received by the program monitor of the Council. These data are reported monthly.
7. **Calculation Methodology:** The number of FHF Centers meeting compliance divided by the total number of FHF Centers.
8. **Scope:** Data reviewed provides a broad overview of Center activity and performance and targeted focus on specific indicators. While this provides a strategic mechanism to assess compliance there is the potential for bias in a Center presentation of information to obscure areas of non-compliance.
9. **Caveats:** Data reviewed provides a broad overview of Center activity and performance. While this provides a strategic mechanism to assess the degree of support provided to individuals with disabilities there are other factors that can impact the percentages and/or distributions of who is served by a specific Center. Further information regarding a Center operation is required to provide a comprehensive understanding of how this indicator fits into the goal and activities in that region.
10. **Responsible Person:** Ebony Haven, Executive Director, 225-342-6804; [ebony.haven@la.gov](mailto:ebony.haven@la.gov)





09-304 Metropolitan Human Services District

# APPENDIX

## FY 2026-2031

### 5-YEAR STRATEGIC PLAN

**Agency Goal #1: Leadership** - To establish a dynamic Center of Excellence for Behavioral Health (Addiction and Mental Illness) and Intellectual/Developmental Disabilities.

**Statutory Authority for Goal #1:** LA R.S. 28:865

**Agency Goal #2: Quality** - To establish a data driven environment, that includes but is not limited to system infrastructure, data management, and the service delivery monitoring, that supports continuous quality improvement across Metropolitan Human Services District (MHSD).

**Statutory Authority for Goal #2:** LA R.S. 28:865

**Agency Goal #3: Community** - To build community capacity through designated partnerships and facilitate further community awareness of MHSD.

**Statutory Authority for Goal #3:** LA R.S. 28:865

**Agency Goal #4: Services** - To provide and facilitate a Behavioral Health and Intellectual/Developmental Disabilities continuum of care that is person-centered, effective, and innovative for adults, children/adolescents, and their families.

**Statutory Authority for Goal #4:** LA R.S. 28:865

**Agency Goal #5: Fiscal Responsibility** - To create, optimize, and maintain a balanced budget while responsibly managing resources and other assets equitably and sustainably.

**Statutory Authority for Goal #5:** LA R.S. 28:865

### **Principal Customers/Users of Program and Benefits:**

### **Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in this Program:**

Barriers and external factors that could significantly contribute to the difficulties in achieving the goals and objectives of our strategic plan are budget/funding, Medicaid expansion, managed care, attraction and retention of qualified and well-trained staff, autonomy, changes to leadership, environmental/natural disasters and stigma associated with behavioral health and intellectual/ developmental disabilities.

### **Organizational Strengths and Weaknesses:**

#### **Strengths:**

- MHSD strives to maintain a data driven environment that supports planning, monitoring, and decision making.
- MHSD actively peruses and has received grant funding.
- MHSD has increased its number of community partnerships and community awareness.
- MHSD is innovative in its use of technology.

- MHSD has high priority for Continuous Quality Improvement and strives to operate within the most cutting-edge standards of care.

Weaknesses:

- MHSD lacks a pool of subject matter experts that can be easily accessed when staff replacements are needed and to easily support the advancement of innovative programming.
- MHSD lacks the infrastructure to fully take advantage of various grant opportunities.

**Methods Used to Avoid Duplication of Effort:**

As a District, MHSD has the opportunity to minimize duplication and maximize resources by consolidating and standardizing administrative functions through organizational realignment, gap analysis of available community resources, efficient use of human and financial capital resources so that the agency can yield the most appropriate and cost effective individual and organization outcomes.

**Maintenance of Agency Performance-Based Budgeting Records:** Documents used in the development of strategic and operational plans, as well as the data used for the completion of quarterly performance progress reports through the LaGov Performance Quarterly system, are maintained and preserved according to the state's preservation of records law (R.S. 44:36) for a period of at least three years from the date on which the record was made.

**Agency Retention Policy: LDH Retention Policy 42.2:** LDH Policy on Disclosure and Retention of Public Records states, "In accordance with the Louisiana Public Records Act ("PRA") (R.S. 44:1 et seq.), it shall be the policy of the Louisiana Department of Health (LDH) that all records are subject to disclosure under the PRA, with the exception of certain records specified in this policy, as provided by the statutory exceptions to the PRA as set forth in R.S. 44:1 or 44:4.1 or in other applicable state or federal law.

As mandated by the PRA, any person of the age of majority shall have the legal right to inspect, copy, reproduce or obtain a reproduction of any public record. The PRA shall be liberally interpreted so as to extend rather than restrict access to public records by the public.

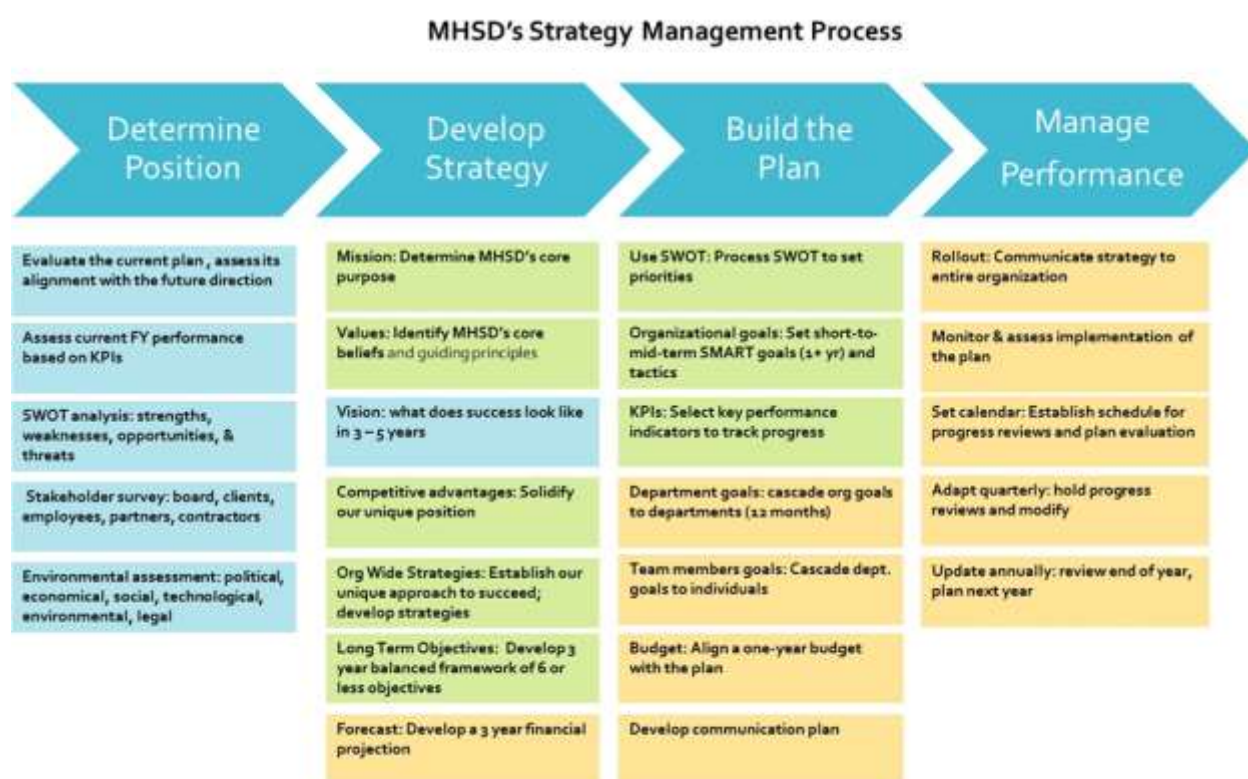
All public records shall be preserved for at least the period of time specified for such records in formal records retention schedules developed and approved by the State Archivist and Director of the Division of Archives, Records Management and History, of the Department of State. However, in all instances in which a formal retention schedule has not been executed, a public record shall be preserved and maintained for a period of at least three years from the date on which it was made.

In LDH, records shall be retained for at least the periods of time shown on the office or facility's Records Retention Schedule of this policy. Documents related to services in a time of

disaster shall be retained for 3 years after the disaster is closed out. It is our policy that examination of public records shall be conducted during regular office or work hours.”

### **How the Strategic Planning Process Was Implemented:**

MHSD has annual planning meetings at multiple staff levels and with the Board of Directors to better define the direction of MHSD in terms of implementing the desired activities. MHSD’s planning process also included a look at the current external and internal environments that the agency finds itself in, formulating organizational objectives and strategies based on the environmental assessment, and developing procedures to implement and evaluate the strategic plan. Annually the Executive Director and MHSD’s Quality and Data Management Division (QDM) host a strategic plan review with staff, members of the Board of Directors and stakeholders to review the Strategic Plan Report. Review activities include, but are not limited to assessing measures, reviewing objectives, strategies and performance are articulated in reports, reviewing the voice of person’s served in the form of Adult and Parent Satisfaction Survey results. Data dashboards are a part of MHSD’s ongoing strategy to evaluate the strategic plan by tracking key performance indicators in the plan. When needed modifications are made to the plan.



**Statement of Agency Strategies for Development and Implementation of Human Resource Policies That Are Helpful and Beneficial to Women and Families:**

MHSD supports ACT 1078 through the development of agency strategic and operational plans that are inclusive of strategies for human resource policies that are helpful to women and families.

**Program Evaluations Used to Develop Goals, Objectives and Strategies:**

MHSD utilized information gathered via: SWOT analysis; surveys from stakeholders, staff, those served, and Board of Directors; agency departments' environmental scans; analysis of current available data and performance indicators; and best practice literature

**Monitoring and Evaluation of Reported Data:**

The LDH Division of Planning and Budget coordinates and reviews reported performance information for all LDH agencies on a quarterly basis. This includes, but not limited to, strategic planning, operational planning, and Performance Quarterly reporting. Explanatory notes are required for positive or negative variances greater than 5% from quarterly performance indicator targets. Recommendations are made at monthly expenditure analysis meetings directly to the agency's assistant secretary or the Department's undersecretary/deputy undersecretary, if significant variances occur, or if modifications and additions are needed. In addition, at the close of a fiscal year, agencies and programs review and evaluate their performance in order to determine if the information gained from this review should be used to improve strategic and operational metrics or strengthen program management initiatives.

**Primary Persons Who Will Benefit from or Be Significantly Affected by These Objectives:**

Persons with Behavioral Health (mental illness and addictive disorders) and/or Intellectual/Developmental Disabilities, their families, and the communities in which they reside and MHSD Staff.

**Program A: Care Management/Administration**

**Goal I:** To establish a dynamic Center of Excellence for Behavioral Health (Addiction and Mental Illness) and Intellectual/Developmental Disabilities.

**Goal II:** Maintain data system infrastructure and data management policies and procedures.

**Goal III:** Continuously improve MHSD quality of care.

**Goal IV:** Build community capacity through designated partnerships.

**Goal V:** Extend MHSD's training opportunities to various academic levels.

**Goal VI:** Facilitate further community awareness of MHSD.

**Goal VII:** Provide and facilitate continuum of care that is person-centered, effective, and innovative for adults, children/adolescents, and their families.

**Goal VIII:** To maximize funding to adequately address community partnerships

**Statutory Authority:** Program A is authorized under LA R.S. 28:865

**Primary Persons Who Will Benefit from or Be Significantly Affected by These Objectives:**

Persons with Behavioral Health (mental illness and addictive disorders) and/or Intellectual/Developmental Disabilities, their families, and the communities in which they reside and MHSD Staff

**Objective I:** MHSD will strive to provide staff with career development.

**Objective II:** MHSD will integrate meaningful research into its practices.

**Objective III:** MHSD will increase accessibility to services for those residing in Orleans, Plaquemines, and St. Bernard Parishes.

**Objective IV:** MHSD will disseminate District information to staff, providers, community partners, and state/federal agencies and continue to develop its data systems infrastructure.

**Objective V:** MHSD will identify and further develop the network of community providers and facilitate further community engagement.

**Objective VI:** MHSD will extend the current education and training program.

**Objective VII:** MHSD will identify and fill gaps in services while enhancing the quality of current contract provided services.

**Objective VIII:** MHSD will provide an integrated system of care and service delivery.

**Objective IX:** MHSD will build shared resources with community partners.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Metropolitan Human Services District

**ACTIVITY:** CARE MANAGEMENT/ADMINISTRATION

**OBJECTIVE:** MHSD will strive to provide staff with career development.

**INDICATOR NAME:** Number of supervision training opportunity for supervisors.

**LaPAS PI Code:** New

1. <b>Type and Level:</b>	Quality/Supporting
2. <b>Rationale, Relevance, and Reliability:</b>	Used to inform/measure the quality of supervision for accountability and performance monitoring.
3. <b>Use:</b>	This indicator will be used for performance- based budgeting.
4. <b>Clarity:</b>	Indicator clearly identifies what is being measured.
5. <b>Accuracy, Maintenance, and Support:</b>	Submission of internal logs and/or sign-in sheets. Validation method will be the submission of agendas and/or training materials to confirm that activities involved co-occurring disorders. Electronic records will be maintained.
6. <b>Data Source, Collection, and Reporting:</b>	The data source will be of internal logs and/or sign-in sheets. Data will be collected monthly and reported annually.
7. <b>Calculation Methodology:</b>	Count. Total number in the time period.
8. <b>Scope:</b>	Aggregated; this indicator could be combined with similar indicators in other districts/regions.
9. <b>Caveats:</b>	None.
10. <b>Responsible Person:</b>	Traci Brown, Chief Financial Officer Steve Farber, Attorney/Compliance Jacques Vignes, IT Director Kenari Guest, MPH, Director of Quality & Data Management Dr. Angela Alexander, Director Adult Behavioral Health Programs Dr. Crystal Broussard, Director Child/Adolescent Behavioral Health Programs Carlos Amos, Director I/DD 504-568-3130

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Metropolitan Human Services District

**ACTIVITY:** CARE MANAGEMENT/ADMINISTRATION

**OBJECTIVE:** MHSD will integrate meaningful research into its practices.

**INDICATOR NAME:** Across the agency, number of new programs/operational changes that are based in research.

**LaPAS PI Code:** New

1. <b>Type and Level:</b>	Output/Key
2. <b>Rationale, Relevance, and Reliability:</b>	Used to inform/measure the District's use of informed best practices in planning and decision making.
3. <b>Use:</b>	This indicator will be used for performance- based budgeting.
4. <b>Clarity:</b>	Indicator clearly identifies what is being measured.
5. <b>Accuracy, Maintenance, and Support:</b>	Submission of internal logs. Validation method will be the submission a description of the new program or operational change. Electronic records will be maintained.
6. <b>Data Source, Collection, and Reporting:</b>	The data source will be of internal logs and/or sign-in sheets. Data will be collected monthly and reported annually.
7. <b>Calculation Methodology:</b>	Count. Total number in the time period.
8. <b>Scope:</b>	Aggregated; this indicator could be combined with similar indicators in other districts/regions.
9. <b>Caveats:</b>	None.
10. <b>Responsible Person:</b>	Traci Brown, Chief Financial Officer Steve Farber, Attorney/Compliance Dr. Kashunda Williams, Deputy Director of Behavioral Health and Data Jacques Vignes, IT Director Kenari Guest, MPH, Director of Quality and Data Management Dr. Alexander, Director Adult Behavioral Health Programs Dr. Crystal Broussard, Director Child/Adolescent Behavioral Health Programs Carlos Amos, Director I/DD 504-568-3130



## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Metropolitan Human Services District

**ACTIVITY:** CARE MANAGEMENT/ ADMINISTRATION

**OBJECTIVE:** Each year through June 30, 2031, MHSD will increase accessibility to services for those residing in Orleans, Plaquemines, and St. Bernard Parishes.

**INDICATOR NAME:** Percentage of MHSD clinics implementing at least three existing or newly implemented strategies that indicate accessibility to care (i.e., walk-ins, early morning, weekend, and evening hours).

**LaPAS PI Code:** 26076

1. <b>Type and Level:</b>	Quality/Key
2. <b>Rationale, Relevance, and Reliability:</b>	A measure of the District's impact on accessibility across all MHSD clinics.
3. <b>Use:</b>	This indicator will be used for performance- based budgeting.
4. <b>Clarity:</b>	Indicator clearly identifies what is being measured.
5. <b>Accuracy, Maintenance, and Support:</b>	Review of the published clinic schedule. The validity of the data collected will be supported by a random sampling of clinic operations logs. The reported data will be maintained using electronic records.
6. <b>Data Source, Collection, and Reporting:</b>	The data source will be the published clinic schedule. Data will be collected and reported quarterly.
7. <b>Calculation Methodology:</b>	Percentage. NUMERATOR: Number of clinics implementing modified scheduling in the time period. DENOMINATOR: Total number of MHSD clinics in the time period.
8. <b>Scope:</b>	Aggregated; this indicator could be combined with similar indicators in other districts/regions.
9. <b>Caveats:</b>	None
10. <b>Responsible Person:</b>	Dr. Kashunda Williams, Deputy Director of Behavioral Health and Data Kenari Guest, MPH, Director of Quality and Data Management 504-568-3130

<b>PERFORMANCE INDICATOR DOCUMENTATION</b>
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**PROGRAM:** Metropolitan Human Services District

**ACTIVITY:** CARE MANAGEMENT/ ADMINISTRATION

**OBJECTIVE:** MHSD will increase accessibility to services for those residing in all three Parishes.

**INDICATOR NAME:** Average number of days until the third next available appointment for psychiatric evaluation.

**LaPAS PI Code:** 26074

1. <b>Type and Level:</b>	Efficiency/Key
2. <b>Rationale, Relevance, and Reliability:</b>	A good single indicator of the successful balance between capacity and demand in the system.
3. <b>Use:</b>	This indicator will be used for performance- based budgeting.
4. <b>Clarity:</b>	Indicator clearly identifies what is being measured.
5. <b>Accuracy, Maintenance, and Support:</b>	QDM utilizes the CareLogic Electronic Health Record (EHR) scheduling system to identify the 3NAA for each appointment type at each applicable MHSD clinic. Electronic records will be maintained.
6. <b>Data Source, Collection, and Reporting:</b>	Electronic Health Record. Data will be collected and reported monthly
7. <b>Calculation Methodology:</b>	Frequency count
8. <b>Scope:</b>	Aggregated; this indicator could be combined with similar indictors in other districts/regions.
9. <b>Caveats:</b>	None
10. <b>Responsible Person:</b>	Kenari Guest, MPH, Director of Quality and Data Management Dr. Kashunda Williams, Deputy Director of Behavioral Health and Data 504-568-3130

<b>PERFORMANCE INDICATOR DOCUMENTATION</b>
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**PROGRAM:** MHSD

**ACTIVITY:** CARE MANAGEMENT/ ADMINISTRATION

**OBJECTIVE:** MHSD will integrate meaningful research into its practices.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** MHSD will disseminate District information to staff, providers, community partners, and state/federal agencies and continue to develop its data systems infrastructure.

**INDICATOR NAME:** Percentage of quarterly Board Ends reporting and bi-monthly state level data reporting submitted on by the due date.

**LaPAS PI Code:** New

1. <b>Type and Level:</b>	Output/General
2. <b>Rationale, Relevance, and Reliability:</b>	Used to inform the District's management of data efforts.
3. <b>Use:</b>	This indicator will be used for internal management purposes.
4. <b>Clarity:</b>	Indicator clearly identifies what is being measured.
5. <b>Accuracy, Maintenance, and Support:</b>	Percentage of reports submitted on time. Validation method will be to confirm that the occurrence of submissions. Electronic records will be maintained.
6. <b>Data Source, Collection, and Reporting:</b>	Data will be collected and reported quarterly.
7. <b>Calculation Methodology:</b>	Percentage. NUMERATOR: Number of timely submitted Board Ends and State level data reports. DENOMINATOR: Total number of MHSD Board Ends and state level data reports in the time period.
8. <b>Scope:</b>	Aggregated; this indicator could be combined with similar indicators in other districts/regions.
9. <b>Caveats:</b>	None.
10. <b>Responsible Person:</b>	Kenari Guest, MPH, Director of Quality and Data Management Dr. Kashunda Williams, Deputy Director of Behavioral Health and Data 504-568-3130

<b>PERFORMANCE INDICATOR DOCUMENTATION</b>
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**PROGRAM:** Metropolitan Human Services District

**ACTIVITY:** CARE MANAGEMENT/ADMINISTRATION

**OBJECTIVE:** MHSD will identify and further develop the network of community providers and facilitate further community engagement.

**INDICATOR NAME:** Number of non-MHSD staff that participate in MHSD community outreach/events.

**LaPAS PI Code:** None

1. <b>Type and Level:</b>	Outcome/General
2. <b>Rationale, Relevance, and Reliability:</b>	Correlates with the community's awareness of MHSD.
3. <b>Use:</b>	This indicator will be used for internal management purposes.
4. <b>Clarity:</b>	Indicator clearly identifies what is being measured.
5. <b>Accuracy, Maintenance, and Support:</b>	Electronic records will be maintained.
6. <b>Data Source, Collection, and Reporting:</b>	Internal logs, sign-in sheets, counts collected at events. Submitted monthly and reported quarterly.
7. <b>Calculation Methodology:</b>	Frequency count
8. <b>Scope:</b>	Aggregated; this indicator could be combined with similar indicators in other districts/regions.
9. <b>Caveats:</b>	None
10. <b>Responsible Person:</b>	Kenari Guest, MPH, Director of Quality and Data Management Dr. Kashunda Williams, Deputy Director of Behavioral Health and Data 504-568-3130

<b>PERFORMANCE INDICATOR DOCUMENTATION</b>
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**PROGRAM:** MHSD

**ACTIVITY:** CARE MANAGEMENT/ADMINISTRATION

**OBJECTIVE:** MHSD will extend the current education and training program.

**INDICATOR NAME:** Number of collaborations with local academic partners regarding the development of an education/ training program.

**LaPAS PI Code:** New

1. <b>Type and Level:</b>	Outcome/General
2. <b>Rationale, Relevance, and Reliability:</b>	Used to inform the District of staff/partner views as it relates to education/training.
3. <b>Use:</b>	This indicator will be used for internal management purposes.
4. <b>Clarity:</b>	Indicator clearly identifies what is being measured.
5. <b>Accuracy, Maintenance, and Support:</b>	The validity of the data collected will be supported by the use of an electronic surveying system. Electronic surveying is affiliated with increased reporting accuracy. The reported data will be maintained using electronic records.
6. <b>Data Source, Collection, and Reporting:</b>	The data source will be of internal logs and/or sign-in sheets. Data will be collected quarterly and reported annually.
7. <b>Calculation Methodology:</b>	Count. Total number in the time period.
8. <b>Scope:</b>	Aggregated; this indicator could be combined with similar indicators in other districts/regions.
9. <b>Caveats:</b>	None.
10. <b>Responsible Person:</b>	Steven Farber, Attorney 504-568-3130

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Metropolitan Human Services District

**ACTIVITY:** CARE MANAGEMENT/ ADMINISTRATION

**OBJECTIVE:** MHSD will identify and fill gaps in services while enhancing the quality of current contract provided services.

**INDICATOR NAME:** Percentage of clinic service contracts monitored.

**LaPAS PI Code:** 26078

1. <b>Type and Level:</b>	Quality/General
2. <b>Rationale, Relevance, and Reliability:</b>	Used to inform the District's service prevision.
3. <b>Use:</b>	This indicator will be used for internal management purposes.
4. <b>Clarity:</b>	Indicator clearly identifies what is being measured.
5. <b>Accuracy, Maintenance, and Support:</b>	Monitoring logs, reports, and/or other documents. Electronic records will be maintained.
6. <b>Data Source, Collection, and Reporting:</b>	Logs and/or reports. Data will be collected and reported quarterly.
7. <b>Calculation Methodology:</b>	Percentage. NUMERATOR: Number of clinic service contracts monitored. DENOMINATOR: Total number of MHSD clinic contracts.
8. <b>Scope:</b>	This indicator could be combined with similar indicators in other districts/ regions.
9. <b>Caveats:</b>	None
10. <b>Responsible Person:</b>	Steven Farber, JD, MHSD Attorney 504-568-3130

<b>PERFORMANCE INDICATOR DOCUMENTATION</b>
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**PROGRAM:** Metropolitan Human Services District

**ACTIVITY:** CARE MANAGEMENT/ADMINISTRATION

**OBJECTIVE:** MHSD will provide an integrated system of care and service delivery.

**INDICATOR NAME:** Percentage of MHSD clinical staff who have participated in training opportunities regarding co-occurring disorders.

**LaPAS PI Code:** 26077

1. <b>Type and Level:</b>	Outcome/General
2. <b>Rationale, Relevance, and Reliability:</b>	Used to inform the District of staff competency in services for persons with co-occurring disorders.
3. <b>Use:</b>	This indicator will be used for internal management purposes.
4. <b>Clarity:</b>	Indicator clearly identifies what is being measured.
5. <b>Accuracy, Maintenance, and Support:</b>	Submission of internal logs and/or sign-in sheets. Validation method will be the submission of agendas and/or training materials to confirm that activities involved co-occurring disorders. Electronic records will be maintained.
6. <b>Data Source, Collection, and Reporting:</b>	The data source will be of internal logs and/or sign-in sheets. Data will be collected monthly and reported annually.
7. <b>Calculation Methodology:</b>	Percentage. NUMERATOR: Number of MHSD full time staff participating in the training for the time period. DENOMINATOR: Total number of MHSD full time staff in the time period.
8. <b>Scope:</b>	Aggregated; this indicator could be combined with similar indicators in other districts/regions.
9. <b>Caveats:</b>	None.
10. <b>Responsible Person:</b>	Tonya Toney, MPA, Human Resources Director 504-568-3130

<b>PERFORMANCE INDICATOR DOCUMENTATION</b>
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**PROGRAM:** Metropolitan Human Services District

**ACTIVITY:** CARE MANAGEMENT/ ADMINISTRATION

**OBJECTIVE:** MHSD will build shared resources with community partners.

**INDICATOR NAME:** Number of audits completed of Medicaid provider billing.

**LaPAS PI Code:** None

1. <b>Type and Level:</b>	Quality/General
2. <b>Rationale, Relevance, and Reliability:</b>	MHSD is a Medicaid payer of last resort. For Medicaid billers, audits consisted of desktop and onsite activities. Used to inform the District's practices relative to shared resources.
3. <b>Use:</b>	This indicator will be used for internal management purposes.
4. <b>Clarity:</b>	Indicator clearly identifies what is being measured.
5. <b>Accuracy, Maintenance, and Support:</b>	Audit logs, reports, and/or other documents. Electronic records will be maintained.
6. <b>Data Source, Collection, and Reporting:</b>	Logs and/or reports. Data will be collected and reported semi-annually.
7. <b>Calculation Methodology:</b>	Frequency Counts
8. <b>Scope:</b>	This indicator could be combined with similar indicators in other districts/ regions.
9. <b>Caveats:</b>	None
10. <b>Responsible Person:</b>	Traci Brown, Chief Financial Officer 504-568-3130



## Program B: Intellectual/Developmental Disabilities

**Goal I:** To conduct aggressive and ongoing outreach.

**Goal II:** To provide timely access to appropriate, comprehensive community-based supports for individuals with disabilities, their families and/or support system such that they will be able to be maintained within their communities.

**Goal III:** To expand Intellectual/Developmental Disabilities services to include behavioral health services and supports to family members through MHSD integrated behavioral health system.

**Goal IV:** To increase stakeholders' involvement in MHSD planning, education and decision making.

**Goal V:** To deliver quality services to individuals with intellectual/developmental disabilities and those with co-occurring disorders and their family members with behavioral health issues.

**Statutory Authority:** Program B is authorized under LA R.S. 28:865

**Objective I:** MHSD will conduct targeted collaboration with consumers, family members and community partners to identify individuals with disabilities who may be eligible for supports offered through MHSD.

**Objective II:** MHSD will ensure quality and timely assessment and initiation of services for each person with developmental disabilities seeking services through MHSD.

**Objective III:** MHSD will effectively manage the delivery of individualized community-based supports & services through support coordination that assist individual, and family supports in achieving their personally defined outcomes.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Metropolitan Human Services District

**ACTIVITY:** INTELLECTUAL/DEVELOPMENTAL DISABILITIES

**OBJECTIVE:** MHSD will conduct targeted collaboration with consumers, family members and community partners to identify individuals with disabilities who may be eligible for supports offered through MHSD.

**INDICATOR NAME:** Total number of individuals applying for developmental disabilities services.

**LaPAS PI Code:** 22194

1. <b>Type and Level:</b>	Output/Key
2. <b>Rationale, Relevance, and Reliability:</b>	This indicator provides data on the number of people applying for state-funded intellectual/developmental disabilities community-based services from I/DD.
3. <b>Use:</b>	The data will be used in planning and implementation of service delivery to better meet the current demands for these services from people with developmental disabilities and their families. It is used in the performance-based budgeting process.
4. <b>Clarity:</b>	Indicator clearly identifies what is being measured.
5. <b>Accuracy, Maintenance, and Support:</b>	This indicator is tied to the agency mission for the delivery of intellectual/developmental disabilities services. Data is reviewed by the Program and Quality staff.
6. <b>Data Source, Collection, and Reporting:</b>	The source for this data is a report from the Participant Services Database, called System Entry Processing List, which identifies all cases where determination of system entry is made. With each case, a formal written Statement of Approval or Statement of Denial is made. Collection is monthly, and reporting is conducted quarterly for the fiscal year.
7. <b>Calculation Methodology:</b>	Electronic count of any person who makes formal application for state funded community-based service by the Participant Services Database.
8. <b>Scope:</b>	This indicator could be combined with similar indicators in other districts/regions.
9. <b>Caveats:</b>	None
10. <b>Responsible Person:</b>	Carlos Amos, I/DD Director

Dr. Kashunda Williams, Deputy Director of Behavioral Health and Data 504-568-3130
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## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Metropolitan Human Services District

**ACTIVITY:** INTELLECTUAL/DEVELOPMENTAL DISABILITIES

**OBJECTIVE:** MHSD will ensure quality and timely assessment and initiation of services for each person with intellectual/developmental disabilities seeking services through MHSD.

**INDICATOR NAME:** Total unduplicated count of people receiving state funded developmental disabilities community-based services.

**LaPAS PI Code:** 21002

1. <b>Type and Level:</b>	Output/Key
2. <b>Rationale, Relevance, and Reliability:</b>	This indicator provides data on the number of people receiving state-funded intellectual/developmental disabilities community-based services from I/DD.
3. <b>Use:</b>	The data will be used in planning and implementation of service delivery to better meet the current demands for these services from people with developmental disabilities and their families. It is used in the performance-based budgeting process.
4. <b>Clarity:</b>	Indicator clearly identifies what is being measured.
5. <b>Accuracy, Maintenance, and Support:</b>	This indicator is tied to the agency mission for the delivery of intellectual/ developmental disabilities services. Data is reviewed by the Program and Quality staff.
6. <b>Data Source, Collection, and Reporting:</b>	The data source is the individual case record and is managed in the OCDD Individual Tracking System which tracks all persons receiving state-funded community-based intellectual/ developmental disabilities services. Collection is monthly, and reporting is conducted quarterly for the fiscal year.
7. <b>Calculation Methodology:</b>	Electronic count of any person who receives a state funded community-based service by the Individual Tracking System.
8. <b>Scope:</b>	This indicator could be combined with similar indicators in other districts/regions.
9. <b>Caveats:</b>	This does not include the provision of eligibility determination or information and referral activities. It includes any person who received at least one services from DD. It does not reflect the total number of units of service provided.
10. <b>Responsible Person:</b>	Carlos Amos, I/DD Director Dr. Kashunda Williams, Deputy Director of Behavioral Health and Data

<b>PERFORMANCE INDICATOR DOCUMENTATION</b>
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**PROGRAM:** Metropolitan Human Services District

**ACTIVITY:** INTELLECTUAL/DEVELOPMENTAL DISABILITIES

**OBJECTIVE:** MHSD will ensure quality and timely assessment and initiation of services for each person with developmental disabilities seeking services through MHSD.

**INDICATOR NAME:** Number of consumers receiving Flexible Family Funds.

**LaPAS PI Code:** 22317

1. <b>Type and Level:</b>	Output/Key
2. <b>Rationale, Relevance, and Reliability:</b>	This indicator provides data on the number of people receiving I/DD supportive services.
3. <b>Use:</b>	The data will be used in planning and implementation of service delivery to better meet the current demands for these services from people with developmental disabilities and their families. It is used in the performance-based budgeting process.
4. <b>Clarity:</b>	Indicator clearly identifies what is being measured.
5. <b>Accuracy, Maintenance, and Support:</b>	This indicator is tied to the agency mission for the delivery of intellectual/developmental disabilities services. Data is reviewed by the Program and Quality staff.
6. <b>Data Source, Collection, and Reporting:</b>	The Individual Tracking System tracks all persons receiving state-funded community-based intellectual/developmental disabilities services. The source for this data is the individual case record. Collection is monthly, and reporting is conducted quarterly for the fiscal year.
7. <b>Calculation Methodology:</b>	Electronic count of any person who receives a state funded community-based service by the Individual Tracking System.
8. <b>Scope:</b>	This indicator could be combined with similar indicators in other districts/ regions.
9. <b>Caveats:</b>	This does not include the provision of eligibility determination or information and referral activities. It includes any person who received at least one services from I/DD. It does not reflect the total number of units of service provided.
10. <b>Responsible Person:</b>	Carlos Amos, I/DD Director

	Dr. Kashunda Williams, Deputy Director of Behavioral Health and Data 504-568-3130
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## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Metropolitan Human Services District

**ACTIVITY:** INTELLECTUAL/DEVELOPMENTAL DISABILITIES

**OBJECTIVE:** MHSD will ensure quality and timely assessment and initiation of services for each person with developmental disabilities seeking services through MHSD.

**INDICATOR NAME:** Number of Individual Agreements with consumers.

**LaPAS PI Code:** 22319

1. <b>Type and Level:</b>	Output, Key
2. <b>Rationale, Relevance, and Reliability:</b>	This indicator provides data on the number of people receiving I/DD supportive services.
3. <b>Use:</b>	The data will be used in planning and implementation of service delivery to better meet the current demands for these services from people with developmental disabilities and their families. It is used in the performance-based budgeting process.
4. <b>Clarity:</b>	Indicator clearly identifies what is being measured.
5. <b>Accuracy, Maintenance, and Support:</b>	This indicator is tied to the agency mission for the delivery of intellectual/developmental disabilities services. Data is reviewed by the Program and Quality staff.
6. <b>Data Source, Collection, and Reporting:</b>	The Individual Tracking System tracks all persons receiving state-funded community-based intellectual/ developmental disabilities services. The source for this data is the individual case record. Collection is monthly and reporting is conducted quarterly for the fiscal year.
7. <b>Calculation Methodology:</b>	Electronic count of any person who receives a state funded community-based service by the Individual Tracking System.
8. <b>Scope:</b>	This indicator could be combined with similar indicators in other districts/regions.
9. <b>Caveats:</b>	This does not include the provision of eligibility determination or information and referral activities. It includes any person who received at least one services from I/DD. It does not reflect the total number of units of service provided.
10. <b>Responsible Person:</b>	Carlos Amos, I/DD Director

	Dr. Kashunda Williams, Deputy Director of Behavioral Health and Data 504-568-3130
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## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Metropolitan Human Services District

**ACTIVITY:** INTELLECTUAL/DEVELOPMENTAL DISABILITIES

**OBJECTIVE:** MHSD will effectively manage the delivery of individualized community-based supports & services through support coordination that assists individuals and family supports in achieving their personally defined outcomes.

**INDICATOR NAME:** Percentage of consumers who indicate satisfaction with services received from MHSD staff, as is reflected in consumer evaluations.

**LaPAS PI Code:** 22320

1. <b>Type and Level:</b>	Output/Key
2. <b>Rationale, Relevance, and Reliability:</b>	This indicator provides data on the percentage of consumers who indicate satisfaction with the implementation of their individualized service plan.
3. <b>Use:</b>	The data will be used in planning and implementation of service delivery to better meet the current demands for these services from people with developmental disabilities and their families. It is used in the performance-based budgeting process.
4. <b>Clarity:</b>	Indicator clearly identifies what is being measured.
5. <b>Accuracy, Maintenance, and Support:</b>	This indicator is tied to the agency mission for the delivery of intellectual/developmental disabilities services. Data is reviewed by the Program and Quality staff.
6. <b>Data Source, Collection, and Reporting:</b>	The Individual Tracking System tracks all persons receiving state-funded community-based intellectual/ developmental disabilities services. The source for this data is the individual case record. Collection is monthly, and reporting is conducted quarterly for the fiscal year.
7. <b>Calculation Methodology:</b>	Number of consumers satisfied as a percent of total surveyed.
8. <b>Scope:</b>	This indicator could be combined with similar indicators in other districts/regions.
9. <b>Caveats:</b>	None
10. <b>Responsible Person:</b>	Carlos Amos, I/DD Director Dr. Kashunda Williams, Deputy Director of Behavioral Health and Data 504-568-3130

### Program C: Adult Behavioral Health

**Goal I:** Provide and facilitate continuum of care that is person-centered, effective, and innovative for adults, children/adolescents, and their families.

**Goal II:** Continuously improve MHSD quality of care.

**Statutory Authority:** Program C is authorized under LA R.S. 28:865

**Objective I:** MHSD will broaden the array of evidenced-based services provided via outpatient individual, group, and family therapy.

### PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Metropolitan Human Services District

**ACTIVITY:** ADULT BEHAVIORAL HEALTH SERVICES

**OBJECTIVE:** MHSD will broaden the array of evidenced-based services provided via outpatient individual, group, and family therapy.

**INDICATOR NAME:** Unduplicated number of adults receiving mental health services in MHSD clinics.

**LaPAS PI Code:** 21007

1. <b>Type and Level:</b>	Output; Key
2. <b>Rationale, Relevance, and Reliability:</b>	This indicator provides data on the total number served in the community mental health centers.
3. <b>Use:</b>	Provides data on progress towards improving quality of care.
4. <b>Clarity:</b>	Indicates clearly what is being measured
5. <b>Accuracy, Maintenance, and Support:</b>	This indicator ties to the agency mission of serving those with behavioral health needs and is reviewed by the Program and Quality staff.
6. <b>Data Source, Collection, and Reporting:</b>	Ad Hoc reporting system reflecting admits by CBHC from MHSD medical record
7. <b>Calculation Methodology:</b>	Unduplicated count of those receiving services within each MHSD clinic/ facility
8. <b>Scope:</b>	This indicator could be combined with similar indicators in other districts/ regions.
9. <b>Caveats:</b>	None
10. <b>Responsible Person:</b>	Kenari Guest, MPH, Director Quality and Data Management Dr. Kashunda Williams, Deputy Director of Behavioral Health and Data 504-568-3130

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Metropolitan Human Services District

**ACTIVITY:** ADULT BEHAVIORAL HEALTH SERVICES



**OBJECTIVE:** MHSD will broaden the array of evidenced-based services provided via outpatient individual, group, and family therapy.

**INDICATOR NAME:** Number of adults receiving Addiction treatment via MHSD clinics.

**LaPAS PI Code:** 26080

1. <b>Type and Level:</b>	Output/Key
2. <b>Rationale, Relevance, and Reliability:</b>	Used to inform the District's addictive disorders service provision.
3. <b>Use:</b>	This indicator will be used for internal management purposes.
4. <b>Clarity:</b>	Indicator clearly identifies what is being measured.
5. <b>Accuracy, Maintenance, and Support:</b>	Electronic records will be maintained.
6. <b>Data Source, Collection, and Reporting:</b>	Electronic Health Record. Data will be collected and reported quarterly.
7. <b>Calculation Methodology:</b>	Frequency count
8. <b>Scope:</b>	Aggregated; this indicator could be combined with similar indicators in other districts/regions.
9. <b>Caveats:</b>	None.
10. <b>Responsible Person:</b>	Dr. Kashunda Williams, Deputy Director of Behavioral Health and Data Dr. Jennifer Velandar, Director of Addiction Services 504-568-3130

#### Program D: Child and Adolescent Behavioral Health Services

**Goal I:** Provide and facilitate continuum of care that is person-centered, effective, and innovative for adults, children/adolescents, and their families.

**Goal II:** Continuously improve MHSD quality of care.

**Statutory Authority:** Program D is authorized under LA R.S. 28:865

**Objective I:** MHSD will broaden the array of evidenced-based services provided via outpatient individual, group, and family therapy.

<b>PERFORMANCE INDICATOR DOCUMENTATION</b>
--------------------------------------------

**PROGRAM:** Metropolitan Human Services District

**ACTIVITY:** CHILDRENS' BEHAVIORAL HEALTH SERVICES

**OBJECTIVE:** MHSD will broaden the array of evidenced-based services provided via outpatient individual, group, and family therapy.

**INDICATOR NAME:** Unduplicated number of children and adolescents receiving mental health services in MHSD clinics.

**LaPAS PI Code:** New

1. <b>Type and Level:</b>	Output/Key
2. <b>Rationale, Relevance, and Reliability:</b>	Used to inform the District's outpatient therapy service provision.
3. <b>Use:</b>	This indicator will be used for internal management purposes.
4. <b>Clarity:</b>	Indicator clearly identifies what is being measured.
5. <b>Accuracy, Maintenance, and Support:</b>	Electronic records will be maintained.
6. <b>Data Source, Collection, and Reporting:</b>	Electronic Health Record. Data will be collected and reported quarterly.
7. <b>Calculation Methodology:</b>	Frequency count
8. <b>Scope:</b>	Aggregated; this indicator could be combined with similar indicators in other districts/regions.
9. <b>Caveats:</b>	None.
10. <b>Responsible Person:</b>	Dr. Crystal Broussard, Child/Adolescent Behavioral Health Programs Dr. Kashunda Williams, Deputy Director of Behavioral Health and Data 504-568-3130

<b>PERFORMANCE INDICATOR DOCUMENTATION</b>
--------------------------------------------

**PROGRAM:** Metropolitan Human Services District

**ACTIVITY:** CHILDREN'S BEHAVIORAL HEALTH SERVICES

**OBJECTIVE:** MHSD will broaden the array of evidenced-based services provided via outpatient individual, group, and family therapy.

**INDICATOR NAME:** Number of children and adolescents receiving Addiction treatment via MHSD clinics.

**LaPAS PI Code: 26081**

1. <b>Type and Level:</b>	Output/Key
2. <b>Rationale, Relevance, and Reliability:</b>	Used to inform the District's addictive disorders service provision.
3. <b>Use:</b>	This indicator will be used for internal management purposes.
4. <b>Clarity:</b>	Indicator clearly identifies what is being measured.
5. <b>Accuracy, Maintenance, and Support:</b>	Electronic records will be maintained.
6. <b>Data Source, Collection, and Reporting:</b>	Electronic Health Record. Data will be collected and reported quarterly.
7. <b>Calculation Methodology:</b>	Frequency count
8. <b>Scope:</b>	Aggregated; this indicator could be combined with similar indicators in other districts/regions.
9. <b>Caveats:</b>	None.
10. <b>Responsible Person:</b>	Dr. Crystal Broussard, Child/Adolescent Behavioral Health Programs Dr. Kashunda Williams, Deputy Director of Behavioral Health and Data Dr. Jennifer Velander, Director of Addiction Services 504-568-3130

# APPENDIX

## FY 2026-2031

### 5-YEAR STRATEGIC PLAN

**Goal I:** The goal of the Office of Management and Finance is to provide overall direction and administrative support to the agencies and activities within the Department.

**Statutory Authority:** The Louisiana Department of Health (LDH) is authorized under R.S. 36:251-259. It was created as one of twenty executive agencies of state government as provided in the Louisiana Constitution of 1974 (Article IV, Section I) and addresses the public health needs of the state as laid out in Articles XII, Section 8 of the Constitution.

**Principal Customers/Users of Program and Benefits:** The Office of the Secretary offers a diverse array of services. Some areas directly address client needs, i.e. legal appeals decisions and protection of people with disabilities from abuse, while others provide administrative and technical support to the Offices within the Department. The Office of the Secretary includes LDH's Executive Management Team as well as the teams that handle centralized LDH functions, including internal and external communications, legislative and governmental relations, human resources, legal, audit, and regulatory compliance, finance and budget, and community partnerships

In addition, the Office of the Secretary and the Office of Management and Finance coordinate much of the reporting to the Legislature, other state agencies, the public and the media.

**Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in this Program:** The Department continues to work towards the establishment of efficient and cost effective ways to deliver services. Because it is not a self-sufficient agency and does not enjoy a dedicated funding source the Department is subject to the brunt of budgetary shortfalls. Prediction of outcomes is hindered by cuts to programs that have widespread and sometimes unknown ripple effects.

There is a critical shortage of: 1) funding available to adequately finance the Department's priority areas; 2) significant budgetary challenges for the public hospital system based upon significant reductions in the Disproportionate Share Hospital (DSH) Program; 3) transportation resources in rural areas; and 4) qualified staff and funds to meet the needs of individuals who are waiting for services.

Other factors which could impact achievement of goals and objectives include, but are not limited to: loss of state general fund revenues; increasing number of indigent, uninsured populations; categorical funding streams that restrict access to resources and impede flexibility in meeting customer needs; public perception/values/attitudes regarding the needs of the various programs and services offered by the Department.

**Methods Used to Avoid Duplication of Effort:** Weekly meetings of executive management are held so as to effectively coordinate the services being provided

and ensure that services are not being duplicated. The Department has embraced the Strategic Planning Process established in Act 1465 and periodic meetings are held to examine the mission, goals, objectives, and strategies of the various programs with emphasis on ensure that both funding and resources are maximized and not duplicated.

**Maintenance of Agency Performance-Based Budgeting Records:** All documents used in the development of strategic and operational plans, as well as the data used for the completion of quarterly performance progress reports through the LaGov Performance Quarterly or the Louisiana Performance Accountability System (LaPAS), are maintained and preserved according to the state's record retention laws (R.S. 44:36) for a period of at least three years from the date on which the record was made.

**Agency Retention Policy: LDH Retention Policy 42.2:** LDH Policy on Disclosure and Retention of Public Records states, "In accordance with the Louisiana Public Records Act ("PRA") (R.S. 44:1 et seq.), it shall be the policy of the Louisiana Department of Health (LDH) that all records are subject to disclosure under the PRA, with the exception of certain records specified in this policy, as provided by the statutory exceptions to the PRA as set forth in R.S. 44:1 or 44:4.1 or in other applicable state or federal law.

As mandated by the PRA, any person of the age of majority shall have the legal right to inspect, copy, reproduce or obtain a reproduction of any public record. The PRA shall be liberally interpreted so as to extend rather than restrict access to public records by the public.

All public records shall be preserved for at least the period of time specified for such records in formal records retention schedules developed and approved by the State Archivist and Director of the Division of Archives, Records Management and History, of the Department of State. However, in all instances in which a formal retention schedule has not been executed, a public record shall be preserved and maintained for a period of at least three years from the date on which it was made.

In LDH, records shall be retained for at least the periods of time shown on the office or facility's Records Retention Schedule of this policy. Documents related to services in a time of disaster shall be retained for 3 years after the disaster is closed out. It is our policy that examination of public records shall be conducted during regular office or work hours."

**How the Strategic Planning Process was Implemented:**

The Office of the Secretary has long recognized and identified the need for improved performance information. Without increased management attention to setting priorities and developing overall goals that can be used to assess its performance, the Department would be limited in its ability in achieving significant progress. As such, considerable progress has been made in hiring, assigning, and training personnel. In order to monitor and evaluate the agency's progress, the Department utilizes internal & external audits; policy, research, planning and in-house quality assurance functions; program evaluations; Performance Progress

Reports (from the Louisiana Performance Accountability System or LaGov); Benchmarking for Best Management Practices; Performance-based contracting and contract monitoring; Peer review, accreditation review, and customer/stakeholder feedback.

In addition, the LDH Division of Planning and Budget reviews all objectives, performance indicators and strategies for the entire department. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed. Also, at the close of a fiscal year, agencies and programs review and evaluate performance during that fiscal year in order to determine if the information gained from this review should be used to improve performance measures used in future strategic or operational plans.

**Statement of Agency Strategies for Development and Implementation of Human Resource Policies That Are Helpful and Beneficial to Women and Families:**

The Louisiana Department of Health (LDH) is committed to providing health and medical services for the prevention of disease for the citizens of Louisiana, particularly those individuals who are indigent and uninsured, persons with mental illness, persons with developmental disabilities and those with addictive disorders. It is our mission to protect and promote health and to ensure access to medical, preventive, and rehabilitative services for all citizens of the State of Louisiana.

The Office of the Secretary (adherence to Departmental policies) has the following policies in place that are helpful and beneficial to women and children:

POLICY #28.1 - CRISIS LEAVE POOL: It is the policy of LDH to provide an opportunity for employees to assist fellow employees who need paid leave to cover a crisis period by implementation of a crisis leave pool in accordance with Civil Service Rule 11:34 and Act 1008 of the 1992 Legislative Session. A crisis leave pool is a means of providing paid leave to an eligible employee who has experienced a catastrophic illness or injury to himself/herself. Contributions to the crisis leave pool are strictly voluntary. An employee may donate a minimum of four hours of annual leave and donations are limited to 240 hours of annual leave per employee per calendar year.

POLICY #34.1 - EQUAL EMPLOYMENT OPPORTUNITY, EEO COMPLAINTS  
This policy states the department's position on equal employment opportunity, affirmative action responsibilities and the responsibility of management to ensure compliance with federal, state and local governmental regulations concerning equal employment opportunity and nondiscrimination.

POLICY #29.2 - FAMILY MEDICAL LEAVE ACT

It is the policy of the Louisiana Department of Health (LDH) to provide up to 12 workweeks of "job-protected" paid or unpaid leave during any 12-month period to eligible employees for certain specified family and medical reasons; to maintain eligible employees' group health insurance coverage during leave; and to restore eligible employees to their same or equivalent positions at the conclusion of their leave as provided by the Family and Medical Leave Act of 1993.



#### POLICY #56.1 - SEXUAL HARASSMENT

LDH does not tolerate verbal or physical conduct by any employee who sexually harasses another employee or who creates a sexually intimidating, offensive or hostile work environment. Each supervisor has the responsibility to maintain a workplace free of sexual harassment and to discuss this policy with all employees under his/her supervision.

In addition to those policies listed above, the LDH agencies, including the Office of the Secretary, offers flexible time and attendance policies that permit the use of flexible time schedules for employees as approved by their supervisor or manager. Other examples of policies/strategies include the Employee Assistance Program and Funeral Leave.

The Employee Assistance Program (EAP) is designed to assist and support employees who are experiencing personal problems. These problems include alcohol abuse, drug abuse, family and marital, financial, and other problems that affect job performance, job security, or the health and well-being of the employee. The services provided by the EAP representatives are free of charge and participation in the program does not jeopardize the employee's current position or future job opportunities.

To assist employees through periods of bereavement following the death of a relative, employees with permanent or probational status may be granted up to two days of Funeral Leave to attend funeral services of immediate family members. Annual leave may be approved in accordance with normal policy to attend the services of other relatives and friends or to extend funeral leave beyond the allowed time.

#### **Program Evaluations Used to Develop Goals, Objectives and Strategies:**

Performance Based-Budgeting activities are coordinated by the LDH Division of Planning and Budget. This section reviews all objectives, performance indicators and strategies and recommendations are made directly to the Assistant Secretaries or Program Managers, if modifications or additions are needed. Management also embraces the philosophy that each tax dollar must work "harder" for Louisianans—fulfilling the promise of improving the efficiency of government while also improving the value of the services within the department's responsibility.

#### **Primary Persons Who Will Benefit From or Be Significantly Affected by These Objectives:**

The objectives in the Office of Management and Finance program are intended to measure the efficiency and effectiveness of the activities within this program. The primary persons who benefit by these objectives are residents of the State of Louisiana, as well as principal users of the services provided by LDH.

The Louisiana Department of Health (LDH) embraces this philosophy as we believe that state government's internal services should be equally transparent, accountable, and efficient; getting more "Bang for the Buck" in internal services is especially important because it frees resources for more direct services to citizens. Additionally, the activities within the Office of the Secretary are all geared toward adhering to the strictest government performance and accountability standards, delivering

transparent, accountable and effective government services and making the overall department more transparent by allowing citizens and customer agencies to hold us more accountable for the way in which dollars are spent.

**Objective I:** Through the Executive Administration and Program Support activity, to provide leadership, strategic and policy direction while maximizing resources and maintaining the highest level of government performance and accountability standards each year through June 30, 2031.

**Objective II:** Establish and strengthen department-wide standards and practices for balanced, transparent and sustained community partnership and engagement by developing initiatives that support bidirectional external communication, provide channels for effective cross-agency internal communication, build trust with communities, and ensure that community voices inform LDH policies, programs, and health outcomes.

**Objective III:** Through the Governor's Council on Physical Fitness & Sports, to offer competitive sporting events, workshops and conferences that will educate elementary age school children about the importance of physical fitness and work with non-profit health oriented organizations to educate all age groups in Louisiana about the value of staying physically active.

**Objective IV:** To promote efficient use of agency resources and provide support to all activities within the Office of the Secretary by ensuring fiscal responsibility and accountability, excellence in customer service, and promoting innovation in the use of technology each year through June 30, 2031.

**Objective V:** To provide professional legal services to the various LDH offices, agencies and programs through timely, efficient, and effective legal advice and counsel, litigation, and adjudication of disputes and protests each year through June 30, 2031.

**Objective VI:** Through the Internal Audit activity, programs and agencies of LDH are independently appraised. In an effort to safeguard the department against fraud, waste & abuse, Internal Audit completes at least 6 audits and 6 operational reviews each year through June 30, 2031.

**Objective VII:** Through the Health Standards activity, to perform required state licensing surveys and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid each year through June 30, 2031.

## Program A: Office of Management and Finance

**Goal I:** The goal of the Office of Management and Finance is to provide overall direction and administrative support to the agencies and activities within the Department.

**Statutory Authority:** The Louisiana Department of Health (LDH) is authorized under R.S. 36:251-259. It was created as one of twenty executive agencies of state government as provided in the Louisiana Constitution of 1974 (Article IV, Section I) and addresses the public health needs of the state as laid out in Articles XII, Section 8 of the Constitution.

The Office of Management and Finance is authorized under La. R.S. 36:256.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Office of Management & Finance

**ACTIVITY:** Executive Administration and Program Support

**OBJECTIVE:** #1: Through the Executive Administration and Program Support activity, to provide leadership, strategic and policy direction while maximizing resources and maintaining the highest level of government performance and accountability standards each year through June 30, 2025.

**INDICATOR NAME:** Percentage of Office of the Secretary indicators meeting or exceeding established standards

**LaPAS PI Code:** 10029

1. **Type and Level:** Outcome & Efficiency; Key.
2. **Rationale:** A measure of the effectiveness of the Administration Program.
3. **Use:** Can be used in management decision making and other agency processes to provide an overall view of the effectiveness of those operations within the Office of the Secretary that have direct public impact.
4. **Clarity:** None needed.
5. **Validity, Reliability and Accuracy:** Data is provided by bureaus and divisions within the Office of the Secretary for the LaPAS system. The percentage can be calculated reliably, but the reliability of the actual data is dependent on the reliability of all measures. This indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Quarterly.
7. **Calculation Methodology:** Number of performance indicators in 09-307 that meet or exceed their targeted standards divided by the total number of 09-307 indicators.
8. **Scope:** None
9. **Caveats:** While this indicator provides a measure of the effectiveness of the Office of the Secretary, it is narrow in scope. It measures some of the operations within 09-307 that more directly influence the public, but does not reflect the day-to-day programmatic decision-making and budgetary over-sight required to operate LDH.
10. **Responsible Person:** Elizabeth Davis  
LDH Budget Administrator 2  
Division of Planning and Budget  
225-342-5608  
[Liz.Davis@La.Gov](mailto:Liz.Davis@La.Gov)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Office of Management & Finance

**ACTIVITY:** Executive Administration and Program Support

**OBJECTIVE:** #1: Through the Executive Administration and Program Support activity, to provide leadership, strategic and policy direction while maximizing resources and maintaining the highest level of government performance and accountability standards each year through June 30, 2031.

**INDICATOR NAME:** Percentage of the department's employees receiving Continuous Performance Management (CPM) evaluations by the due date

**LaPAS PI Code:** 24100

1. **Type and Level:** Output & Efficiency; Supporting.
2. **Rationale:** A measure of the effectiveness of the Administration Program.
3. **Use:** Can be used in management decision making and other agency processes to provide an overall view of the effectiveness of those operations within Human Resources Training and Staff Development Office.
4. **Clarity:** None needed.
5. **Validity, Reliability and Accuracy:** This information is provided by the LaGov HCM system. This indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** LaGov HCM ZP 117 Report. This information is collected on an annual basis. Some data can be up to 11 months old. It is reported on a calendar year.
7. **Calculation Methodology:** A standard calculation: the number of employees rated divided by the total number of employees.
8. **Scope:** None
9. **Caveats:** None
10. **Responsible Person:** Frederick Skinner,  
LDH Human Resources Director  
225-342-4377  
Frederick.Skinner2@LA.GOV

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Office of Management & Finance

**ACTIVITY:** Community Partnerships

**OBJECTIVE:** #2: Establish and strengthen department-wide standards and practices for balanced, transparent and sustained community partnership and engagement by developing initiatives that support bidirectional external communication, provide channels for effective cross-agency internal communication, build trust with communities, and ensure that community voices inform LDH policies, programs, and health outcomes.

**INDICATOR NAME:** Number of RAIB (Review, Advise, and Inform Board) meetings executed annually

**LaPAS PI Code:** NEW

1. **Type and Level:** Output; Supporting
2. **Rationale, Relevance, Reliability:** This indicator measures the consistency and reliability of community engagement through the RAIB by comparing the number of planned versus completed meetings.
3. **Use:** This indicator will be used to monitor the consistency and reliability of LDH's community engagement efforts through the RAIB and to inform resource planning and accountability. Regular meetings are central to maintaining trust, fostering two-way communication, and ensuring community input informs agency programs and policies. Tracking planned versus actual meetings allows leadership to identify gaps in implementation, assess regional engagement capacity, and make informed decisions about staff support, scheduling, or adjustments to meeting frequency or format.
4. **Clarity:** None needed.
5. **Accuracy, Maintenance, Support:** Meeting records are maintained and verified by CP staff. This has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** The data for this indicator will come from an internal RAIB meeting log. The log will include scheduled meetings (expected) and completed meetings (actual), with attendance records and copies of the meeting agendas. Data will be collected and updated quarterly, and reported annually.
7. **Calculation Methodology:** A simple count.
8. **Scope:** Can be disaggregated by meeting type, when appropriate.
9. **Caveats:** None.
10. **Responsible Person:** Mia Orr White, MHA  
Director of Community Partnerships,  
225-342-5274 Baton Rouge office; 504-568-5099 New Orleans office

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Office of Management & Finance

**ACTIVITY:** Executive Administration and Program Support

**OBJECTIVE:** #1: Establish and strengthen department-wide initiatives for balanced, transparent and sustained community partnership and engagement.

**INDICATOR NAME:** Number of active RAIB members sustained throughout each fiscal year.

**PI Code:** New

1. **Type and Level:** Input/Output; General Performance Information
2. **Rationale, Relevance, Reliability:** This performance indicator was chosen because it directly reflects LDH's commitment to sustaining trust-based engagement practices with communities and partners.
3. **Use:** This indicator will be used to assess the strength and stability of LDH's community outreach and engagement infrastructure through the RAIB (Review, Advise, and Inform Board) and partnership development activities. Sustaining a consistent, active membership base is essential for building long-term trust, ensuring comprehensive community representation, and maintaining a reliable channel for feedback. Tracking active membership allows agency leadership to identify retention challenges and target recruitment efforts.
4. **Clarity:** None needed.
5. **Accuracy, Maintenance, Support:** Member activity is recorded by CP staff and based on meeting attendance logs and notes. Not audited, but verifiable through consistent tracking.
6. **Data Source, Collection and Reporting:** Internal RAIB membership roster; maintained and reviewed quarterly; reported annually on the state fiscal year.
7. **Calculation Methodology:**  $\text{Membership Retention Rate (\%)} = \frac{\text{Number of RAIB Members}}{\text{Minimum Required Members (per the RAIB charter)}} \times 100.$
8. **Scope:** Can be disaggregated by region or cohort.
9. **Caveats:** May not capture or measure depth of participation or informal contributions.
10. **Responsible Person:** Mia Orr White, MHA  
Director of Community Partnerships  
225-342-5274 Baton Rouge office; 504-568-5099 New Orleans office

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Office of Management & Finance

**ACTIVITY:** Executive Administration and Program Support

**OBJECTIVE:** #1: Establish and strengthen department-wide initiatives for balanced, transparent and sustained community partnership and engagement.

**INDICATOR NAME:** Maintain representation from all nine LDH regions throughout the year.

**PI Code:** New

1. **Type and Level:** Quality; General Performance Information
2. **Rationale, Relevance, Reliability:** This indicator reflects our reach into all corners of the state, ensuring all regions have a voice in RAIB.
3. **Use:** Used to monitor regional representation gaps and inform recruitment or outreach strategies.
4. **Clarity:** None needed.
5. **Accuracy, Maintenance, Support:** Not yet audited; representation is tracked through an internal membership roster. Regional locations will be logged based on information sourced from RAIB membership applications.
6. **Data Source, Collection and Reporting:** Internal RAIB roster, RAIB new member applications and meeting attendance log; reviewed quarterly and reported annually.
7. **Calculation Methodology:** Number of LDH regions represented  $\div$  9  $\times$  100 (percent representation).
8. **Scope:** Disaggregated by LDH region.
9. **Caveats:** Does not account for quality of participation—only presence or absence.
10. **Responsible Person:** Mia Orr White, MHA  
Director of Community Partnerships  
225-342-5274 Baton Rouge office; 504-568-5099 New Orleans office



## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Office of Management & Finance

**ACTIVITY:** Executive Administration and Program Support

**OBJECTIVE:** #1: Establish and strengthen department-wide initiatives for balanced, transparent and sustained community partnership and engagement.

**INDICATOR NAME:** Number of LDH program offices, bureaus and sections engaging with RAIB members annually.

**PI Code:** New

1. **Type and Level:** Output; Supporting.
2. **Rationale, Relevance, Reliability:** Tracks the breadth of LDH involvement with RAIB and supports agency-wide engagement goals.
3. **Use:** Used to identify gaps in internal collaboration and inform cross-agency outreach.
4. **Clarity:** None needed.
5. **Accuracy, Maintenance, Support:** Not yet audited; Data recorded by CP staff.
6. **Data Source, Collection and Reporting:** Data sources include meeting agendas reflecting program office presentations, logs of workgroup/subcommittee meetings and topics, and technical assistance requests for RAIB involvement. RAIB engagement will be reviewed quarterly and reported annually by state fiscal year.
7. **Calculation Methodology:** Simple count of unique LDH offices/bureaus/sections participating in RAIB meetings/events and count of the frequency of recurring program offices.
8. **Scope:** Aggregated at agency level, but can be broken down by program office, bureau or section.
9. **Caveats:** Does not reflect depth or quality of engagement—only counts participation.
10. **Responsible Person:** Mia Orr White, MHA  
Director of Community Partnerships  
225-342-5274 Baton Rouge office; 504-568-5099 New Orleans office

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Office of Management & Finance

**ACTIVITY:** Executive Administration and Program Support

**OBJECTIVE:** #1: Establish and strengthen department-wide initiatives for balanced, transparent and sustained community partnership and engagement.

**INDICATOR NAME:** LDH policies, programs, procedures or initiatives influenced by community input annually.

**PI Code:** New

1. **Type and Level:** Outcome; Supporting
2. **Rationale, Relevance, Reliability:** Measures whether community engagement through RAIB is leading to policy or program enhancements.
3. **Use:** Used to assess the impact of RAIB on agency decision-making and demonstrate return on engagement.
4. **Clarity:** None needed.
5. **Accuracy, Maintenance, Support:** Not yet audited; Tracked through meeting notes, policy memos, and follow-up documentation.
6. **Data Source, Collection and Reporting:** Internal documentation of decisions influenced by RAIB, which could include meeting notes reflecting program office presentations and follow up reports, funding applications and reports reflecting stakeholder input, notes from RAIB workgroup/subcommittee meetings, and documentation on the disposition of technical assistance requests for RAIB involvement; updated quarterly and reported annually.
7. **Calculation Methodology:** Simple count of policies, programs, procedures, initiatives and outreach efforts that utilize community input.
8. **Scope:** Aggregated across LDH; can be disaggregated by program or initiative.
9. **Caveats:** Attribution may be complex when multiple inputs shape outcomes.
10. **Responsible Person:** Mia Orr White, MHA  
Director of Community Partnerships  
225-342-5274 Baton Rouge office; 504-568-5099 New Orleans office

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Office of Management & Finance

**ACTIVITY:** Governor's Council on Physical Fitness and Sports

**OBJECTIVE:** #3: Through the Governor's Council on Physical Fitness & Sports, to offer competitive sporting events, workshops and conferences that will educate elementary age school children about the importance of physical fitness and work with non-profit health oriented organizations to educate all age groups in Louisiana about the value of staying physically active.

**INDICATOR NAME:** Number of participants in the Governor's Games

**LaPAS PI Code:** 24106

1. **Type and Level:** Output; Supporting.
2. **Rationale:** A measure of the effectiveness, as well as public perception and participation in the Governor's Games activities and events.
3. **Use:** Can be used in management decision making and other agency processes to provide an overall view of the effectiveness of those operations within the Governor's. Can also gauge public involvement and participation in events and activities of the Governor's Games.
4. **Clarity:** None needed.
5. **Validity, Reliability and Accuracy:** Data is provided by the Vice Chairperson of the specific event, who gathers and counts registration applications received from participants. These numbers can be calculated reliably, but the reliability of the actual data is dependent on the reliability of data received. This indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Data is collected prior to scheduled events (quarterly or annually). Data is usually provided at least two weeks prior to a scheduled event.
7. **Calculation Methodology:** A count of applicant registration forms, as each participant is required to register for events.
8. **Scope:** None
9. **Caveats:** While this indicator provides a measure of the effectiveness of the Governor's Games it is narrow in scope. It measures some of the operations within the program, but does not reflect the day-to-day programmatic decision-making, budgetary over-sight required to operate each event, or time and coordination that goes into sponsoring or hosting event.
10. **Responsible Person:** Rudy Macklin, Director  
Governor's Council on Physical Fitness & Sports  
225-342-4886  
[Rudy.Macklin@LA.GOV](mailto:Rudy.Macklin@LA.GOV)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Office of Management & Finance

**ACTIVITY:** Financial Services

**OBJECTIVE:** #4. To promote efficient use of agency resources and provide support to all activities within the Office of the Secretary by ensuring fiscal responsibility and accountability, excellence in customer service, and promoting innovation in the use of technology each year through June 30, 2031.

**INDICATOR NAME:** Percentage of invoices paid within 90 days of receipt

**LaPAS PI Code:** 24107

1. **Type and Level:** Output & Efficiency; Key.
2. **Rationale:** A measure of the effectiveness of the Division of Fiscal Management program.
3. **Use:** Can be used in management decision making to provide an overall view of the effectiveness of the management functions and operations within the Division of Fiscal Management.
4. **Clarity:** None needed.
5. **Validity, Reliability and Accuracy:** Data is from the State's LaGov and it is provided by the Division of Fiscal Management. This indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Annual or Quarterly (as needed).
7. **Calculation Methodology:** The total number of invoices paid within 90 days of receipt divided by the total number of invoices received.
8. **Scope:** None
9. **Caveats:** None
10. **Responsible Person:** Helen Harris, Director,  
Division of Fiscal Services  
225-342-9568  
[Helen.Harris@la.gov](mailto:Helen.Harris@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Office of Management & Finance

**ACTIVITY:** Financial Services

**OBJECTIVE:** #4. To promote efficient use of agency resources and provide support to all activities within the Office of the Secretary by ensuring fiscal responsibility and accountability, excellence in customer service, and promoting innovation in the use of technology each year through June 30, 2022.

**INDICATOR NAME:** Percentage of budget related documents submitted in accordance with DOA and Legislative timelines.

**LaPAS PI Code:** 24108

1. **Type and Level:** Output & Efficiency Key.
2. **Rationale:** A measure of the effectiveness of the Division of Planning & Budget.
3. **Use:** Can be used in management decision making and other agency processes to provide an overall view of the effectiveness of some of the operations within the Division of Planning & Budget.
4. **Clarity:** None needed.
5. **Validity, Reliability and Accuracy:** Data is provided by the Division of Planning & Budget for the LaGov system. The percentage can be calculated reliably, but the reliability of the actual data is dependent on the reliability of data submitted. This indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Quarterly.
7. **Calculation Methodology:** The total count of the number of budget documents (LaGov reports, Operational Plans, LDH Strategic Plans, BA-7s, and Annual Departmental Budget Requests) submitted within guidelines divided by the total number of documents submitted.
8. **Scope:** None
9. **Caveats:** While this indicator provides a measure of the effectiveness of the Division of Planning & Budget, it is narrow in scope. It measures some of the operations within the Division of Planning & Budget, but does not reflect the day-to-day programmatic decision-making, guidance provided to agency personnel, and budgetary oversight required.
10. **Responsible Person:** LDH Division of Planning and Budget  
225-342-5608  
[Liz.Davis@La.Gov](mailto:Liz.Davis@La.Gov)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Office of Management & Finance

**ACTIVITY:** Legal Services

**OBJECTIVE:** #5. To provide professional legal services to the various LDH offices, agencies and programs through timely, efficient, and effective legal advice and counsel, litigation, and adjudication of disputes and protests each year through June 30, 2031.

**INDICATOR NAME:** Percentage of cases litigated successfully

**LaPAS PI Code:** 10033

1. **Type and Level:** Outcome & Quality; Key.
2. **Rationale:** Provides a narrow measure of the success of the LDH legal department.
3. **Use:** Used in conjunction with other factors in order to gain a sense of whether the actions taken by LDH Bureau of Legal Services are having the desired impact.
4. **Clarity:** None needed.
5. **Validity, Reliability and Accuracy:** Staff attorneys/exact measurement. This indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Collected on an on-going basis and calculated and reported quarterly.
7. **Calculation Methodology:** Count of the number of cases litigated successfully divided by a count of the total number of cases litigated and decided.
8. **Scope:** None.
9. **Caveats:** Measures only one aspect of the success of the Bureau of Legal Services. Success of the bureau also includes counsel to executive management that does not result in litigation.
10. **Responsible Person:** Bureau of Legal Services  
Valerie Mitchell  
(225) 342-1112  
[Valerie.Mitchell@La.Gov](mailto:Valerie.Mitchell@La.Gov)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Office of Management & Finance

**ACTIVITY:** Legal Services

**OBJECTIVE:** #6. To provide professional legal services to the various LDH offices, agencies and programs through timely, efficient, and effective legal advice and counsel, litigation, and adjudication of disputes and protests each year through June 30, 2031.

**INDICATOR NAME:** Number of cases litigated

**LaPAS PI Code:** 12050

1. **Type and Level:** Output; General Performance Information.
2. **Rationale:** Serves as a basis for calculating the previous indicator "Percentage of cases litigated successfully" and provides one measure of the amount of activity undertaken by LDH Bureau of Legal Services.
3. **Use:** Used in conjunction with other factors to gain a sense of the number of cases involving the department which have been litigated.
4. **Clarity:** None needed.
5. **Validity, Reliability and Accuracy:** Staff attorneys/exact measurement; an exact count. This indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Collected on an on-going basis and counted and reported quarterly.
7. **Calculation Methodology:** Simple count of the total number of cases litigated in which a decision has been rendered.
8. **Scope:** None.
9. **Caveats:** LDH Bureau of Legal Services engages in a multitude of other services for the department, which are not measured by this indicator.
11. **Responsible Person:** Bureau of Legal Services  
Valerie Mitchell  
(225) 342-1112  
[Valerie.Mitchell@La.Gov](mailto:Valerie.Mitchell@La.Gov)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Office of Management & Finance

**ACTIVITY:** Legal Services

**OBJECTIVE:** #5. To provide professional legal services to the various LDH offices, agencies and programs through timely, efficient, and effective legal advice and counsel, litigation, and adjudication of disputes and protests each year through June 30, 2031.

**INDICATOR NAME:** Amount recovered

**LaPAS PI Code:** 12051

1. **Type and Level:** Outcome & Efficiency; General Performance Information
2. **Rationale:** Provides a measure of the dollar amount recovered by the Bureau of Legal Services
3. **Use:** Informs executive management of monies recovered
4. **Clarity:** None needed.
5. **Validity, Reliability and Accuracy:** Legal personnel/exact measurement. This indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Collected on an on-going basis and counted and reported quarterly.
7. **Calculation Methodology:** Record dollars collected and add for total
8. **Scope:** None.
9. **Caveats:** Recovery, especially in third party liability matters, is dependent upon numerous factors. Debtors to the department have the option to file bankruptcies or liquidate corporations to avoid repayment of debt.
10. **Responsible Person:** Bureau of Legal Services  
Valerie Mitchell  
(225) 342-1112  
[Valerie.Mitchell@La.Gov](mailto:Valerie.Mitchell@La.Gov)



## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Office of Management & Finance

**ACTIVITY:** Internal Audit

**OBJECTIVE:** #6. Through the Internal Audit activity, to independently appraise activities within LDH's programs and agency operations in an effort to safeguard the department against fraud, waste & abuse by completing at least 6 audits and 6 operational reviews each year through June 30, 2031.

**INDICATOR NAME:** Number of audit assessments & reviews

**LaPAS PI Code:** 25605

1. **Type and Level:** Output Efficiency; Key.
2. **Rationale:** A measure of the effectiveness of the Internal Audit activity.
3. **Use:** Can be used in management decision making and other agency processes to provide an overall view of the effectiveness of the operations within the LDH Internal Audit activity.
4. **Clarity:** None needed.
5. **Validity, Reliability and Accuracy:** Data will be provided by Internal Audit section. This indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Internal Audit section. Audit Manager will review quarterly reported stats.
7. **Calculation Methodology:** A simple count.
8. **Scope:** State wide for all audits conducted. This indicator is aggregated.
9. **Caveats:** None.
10. **Responsible Person:** Teresa Broussard  
LDH Compliance Officer  
(225) 219-3454  
[Teresa.Broussard@La.Gov](mailto:Teresa.Broussard@La.Gov)

## PERFORMANCE INDICATOR DOCUMENTATION

### **Program A:** Office of Management and Finance

**Activity:** Healthcare Licensure and Certification Survey Process  
(Health Standards Section)

**Goal:** To license and survey health care facilities providing services to Louisiana citizens. To provide leadership and technical support services while maximizing resources to fulfill the Department's mission.

**Statutory Authority for Goal:** The Constitution of Louisiana (2174), Article 12, Section 8, declares that the Legislature may establish a system of economic security and social welfare, unemployment compensation, and public health. Louisiana Revised Statutes 36:251 et seq., and Louisiana Revised Statute 46:976 gives the Secretary of the Louisiana Department of Health (LDH) the authority to direct and be responsible for the Medical Assistance Program, Title XIX of the Social Security Act, and the Children's Health Insurance Program (CHIP). Title XXI of the Social Security Act and the authority to act as the sole agent of the state or, in necessary cases, designate one of the offices within the department or its Director secretary to cooperate with the federal government and with other state and local agencies in the administration of federal funds granted to the state or directly to the department or an office thereof to aid in the furtherance of any function of the department or its offices, including funding for the Medical Assistance Program, Title XIX of the Social Security Act and funding for CHIP, Title XXI of the Social Security Act.

**Objective VII:** Through the Health Standards activity, to perform required state licensing surveys and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid each year through June 30, 2025.

**Primary Persons Who Will Benefit From or be Significantly Affected by Objective:** Louisiana citizens, with the vast majority of the services being provided to Medicaid eligible recipients. Additionally, there is an economic impact upon medical services provided within the State of Louisiana resulting from the reimbursements made to the medical community for the delivery of medically necessary services.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Office of Management & Finance

**ACTIVITY:** Health Standards Section (Healthcare Licensure & Certification Survey Process)

**OBJECTIVE:** #7. Through the Health Standards activity, to perform required state licensing surveys and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid each year through June 30, 2031.

**INDICATOR NAME:** Percentage of complaint investigations conducted within 30 days after completion of the complaint intake process.

**LaPAS PI Code:** 16533

1. **Type and Level:** Outcome, Quality/Key.
2. **Rationale:** To monitor the percentage of complaint investigations being completed according to the State-mandated timelines.
3. **Use:** To determine: (1) if State-mandated timelines are met, (2) if Budgetary Allocation, Personnel, and other resources are adequate, and (3) those facility/provider types that require additional visits to ensure regulatory compliance..
4. **Clarity:** Automatic Survey Processing Environment (ASPEN) is a federal database used by surveyors during the survey process to input facility, survey, and complaint data. This database is then used to repopulate the federal system.
5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. However, Health Standards assures the validity, reliability and accuracy reported by cross-checking the data compiled and entered by State Office personnel into ASPEN (federal computer database) and the POPS (state computer database) against the data compiled and entered by the Field Office Managers onto their monthly Workload Reports.
6. **Data Source, Collection and Reporting:** Field Office Workload Reports and State Office generated reports utilizing data in ASPEN (federal computer database).
7. **Calculation Methodology:** "Total number of complaints COMPLETED within 30 days" divided by the "Total number of complaints TARGETED for 30 days".
8. **Scope:** This information is a total of all provider types, but the information could be broken down by facility/provider type if there is a need to review a particular type.
9. **Caveats:** None.
10. **Responsible Person:** Data is collected by Field Office and Program Managers, analyzed by Budget Manager, and then reviewed with Director and Section Managers.  
Katenia Self, Medicaid Program Manager, 225-342-0252, [Katenia.Self@LA.GOV](mailto:Katenia.Self@LA.GOV)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Office of Management & Finance

**ACTIVITY:** Health Standards

**OBJECTIVE:** #7. Through the Health Standards activity, to perform required state licensing surveys and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid each year through June 30, 2031.

**INDICATOR NAME:** Percentage of abuse complaint investigations conducted within two days after receipt by the Health Standards section

**LaPAS PI Code:** 16534

1. **Type and Level:** Outcome, Quality/Key.
2. **Rationale:** To monitor the percentage of complaint investigations that are being completed according to the State-mandated timelines.
3. **Use:** To determine: (1) if State-mandated timelines are met, (2) if Budgetary Allocation, Personnel, and other resources are adequate, and (3) those facility/provider types that require additional visits to ensure regulatory compliance.
4. **Clarity:** Automatic Survey Processing Environment (ASPEN) is a federal database used by surveyors during the survey process to input facility, survey, and complaint data. This database is then used to repopulate the federal system.
5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. However, Health Standards assures the validity, reliability and accuracy reported by cross-checking the data compiled and entered by State Office personnel into ASPEN (federal computer database) and the POPS system (state computer database) against the data compiled and entered by the Field Office Managers onto their monthly Workload Reports.
6. **Data Source, Collection and Reporting:** Field Office Workload Reports and State Office generated reports utilizing data in ASPEN (federal computer database).
7. **Calculation Methodology:** "Total number of complaints COMPLETED within two days" divided by the "Total # of complaints TARGETED for two days."
8. **Scope:** This information is a total of all provider types, but the information could be broken down by facility/provider type if there is a need to review a particular type.
9. **Caveats:** None.
10. **Responsible Person:** Data is collected by Field Office and Program Managers, analyzed by Budget Manager, and then reviewed with Director and Section Managers.  
Katenia Self, Medicaid Program Manager, 225-342-0252, [Katenia.Self@LA.GOV](mailto:Katenia.Self@LA.GOV)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Office of Management & Finance

**ACTIVITY:** Health Standards

**OBJECTIVE:** #7. Through the Health Standards activity, to perform required state licensing surveys and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid each year through June 30, 2031.

**INDICATOR NAME:** Percentage of annual licensing surveys conducted

**LaPAS PI Code:** 16535

1. **Type and Level:** Outcome, Quality/Key.
2. **Rationale:** To monitor the number of licensing surveys completed according to the State-mandated timelines.
3. **Use:** To determine: (1) if State-mandated timelines are met and (2) if Budgetary Allocation, Personnel, and other resources are adequate.
4. **Clarity:** None.
5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. However, Health Standards assures the validity, reliability and accuracy reported by cross-checking the data compiled and entered by State Office personnel into ASPEN (federal computer database) and the POPS system (state computer database) against the data compiled and entered by the Field Office Managers onto their monthly Workload Reports.
6. **Data Source, Collection and Reporting:** Field Office Workload Reports.
7. **Calculation Methodology:** "Total Number of COMPLETED Licensing Surveys" divided by the "Total Number of TARGETED Licensing Surveys"
8. **Scope:** This information is a total of all provider types, but the information could be broken down by facility/provider type if there is a need to review a particular type.
9. **Caveats:** None.
10. **Responsible Person:** Data is collected by Field Office and Program Managers, analyzed by Budget Manager, and then reviewed with Director and Section Managers.  
Katenia Self, Medicaid Program Manager, 225-342-0252, [Katenia.Self@LA.GOV](mailto:Katenia.Self@LA.GOV)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Office of Management & Finance

**ACTIVITY:** Health Standards

**OBJECTIVE:** #7. Through the Health Standards activity, to perform required state licensing surveys and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid each year through June 30, 2031.

**INDICATOR NAME:** Total number of facilities (unduplicated)

**LaPAS PI Code:** 12031

1. **Type and Level:** Input/General.
2. **Rationale:** The number of health care facilities in Louisiana. This would include facilities which are state licensed only, federally certified only, and facilities which are both state licensed and federally certified. These facilities are subject to state and federal compliance reviews.
3. **Use:** Used to determine if adjustments are needed to the Budgetary Allocation, personnel and other resources.
4. **Clarity:** None.
5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. However, Health Standards assures the validity, reliability and accuracy reported by cross-checking the data compiled and entered by State Office personnel into ASPEN (federal computer database) and the POPS system (state computer database) against the data compiled and entered by the Field Office Managers onto their monthly Workload Reports.
6. **Data Source, Collection and Reporting:** Data collection sources are: (1) POPS and (2) federal Online Survey Certification and Reports (OSCAR) managed by the Center for Medicare and Medicaid Services (CMS) Data Center.
7. **Calculation Methodology:** Add the total number of active providers state licensed, federally certified, and state licensed and federally certified, but counting each facility type only once.
8. **Scope:** This information is a total of all provider types, but the information could be broken down by facility/provider type if there is a need to review a particular type.
9. **Caveats:** None.
10. **Responsible Person:** Data is collected by Field Office and Program Managers, analyzed by Budget Manager, and then reviewed with Director and Section Managers.  
Katenia Self, Medicaid Program Manager, 225-342-0252, [Katenia.Self@LA.GOV](mailto:Katenia.Self@LA.GOV)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Office of Management & Finance

**ACTIVITY:** Health Standards

**OBJECTIVE:** #7. Through the Health Standards activity, to perform required state licensing surveys and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid each year through June 30, 2031.

**INDICATOR NAME:** Number of licensing surveys conducted

**LaPAS PI Code:** 16536

1. **Type and Level:** Outcome, Quality/General
2. **Rationale:** To monitor the number of licensing surveys completed according to the State-mandated timelines.
3. **Use:** To determine: (1) if State-mandated timelines are met and (2) if Budgetary Allocation, Personnel, and other resources are adequate.
4. **Clarity:** None.
5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. However, Health Standards assures the validity, reliability and accuracy reported by cross-checking the data compiled and entered by State Office personnel into ASPEN (federal computer database) and the POPS system (state computer database) against the data compiled and entered by the Field Office Managers onto their monthly Workload Reports.
6. **Data Source, Collection and Reporting:** Field Office Workload Reports.
7. **Calculation Methodology:** The sum of all facilities TARGETED for "LICENSE ONLY" surveys.
8. **Scope:** This information is a total of all provider types, but the information could be broken down by facility/provider type if there is a need to review a particular type.
9. **Caveats:** None.
10. **Responsible Person:** Data is collected by Field Office and Program Managers, analyzed by Budget Manager, and then reviewed with Director and Section Managers.  
Katenia Self, Medicaid Program Manager, 225-342-0252, [Katenia.Self@LA.GOV](mailto:Katenia.Self@LA.GOV)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Office of Management & Finance

**ACTIVITY:** Health Standards

**OBJECTIVE:** #7 Through the Health Standards activity, to perform required state licensing surveys and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid each year through June 30, 2031.

**INDICATOR NAME:** Number of certified facilities

**LaPAS PI Code:** 12032

1. **Type and Level:** Input/General
2. **Rationale:** The number of federally certified health care facilities in Louisiana which participate in Title XVIII of the Social Security Act (Medicare) and Title XIX of the Social Security Act (Medicaid).
3. **Use:** To determine if adjustments are needed to the Budgetary Allocation, personnel and other resources, as well as monitor growth in facility type.
4. **Clarity:** None.
5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. However, Health Standards assures the validity, reliability and accuracy reported by cross-checking the data compiled and entered by State Office personnel into ASPEN (federal computer database) and the POPS system (state computer database) against the data compiled and entered by the Field Office Managers onto their monthly Workload Reports.
6. **Data Source, Collection and Reporting:** Data collection sources are: (1) POPS and (2) federal Online Survey Certification and Reports (OSCAR) managed by the Center for Medicare and Medicaid Services (CMS) Data Center.
7. **Calculation Methodology:** The total number of active providers that are federally certified.
8. **Scope:** This information is a total of all provider types, but the information could be broken down by facility/provider type if there is a need to review a particular type.
9. **Caveats:** None.
10. **Responsible Person:** Data is collected by Field Office and Program Managers, analyzed by Budget Manager, and then reviewed with Director and Section Managers.  
Katenia Self, Medicaid Program Manager, 225-342-0252, [Katenia.Self@LA.GOV](mailto:Katenia.Self@LA.GOV)



## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Office of Management & Finance

**ACTIVITY:** Health Standards

**OBJECTIVE:** #7 Through the Health Standards activity, to perform required state licensing surveys and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid each year through June 30, 2031.

**INDICATOR NAME:** Number of licensed facilities

**LaPAS PI Code:** 12033

1. **Type and Level:** Input/General
2. **Rationale:** The number of state licensed facilities in Louisiana which meet the state's rules and standards to operate as a state licensed health care facility.
3. **Use:** To determine if adjustments are needed to the Budgetary Allocation, personnel and other resources, as well as monitor growth in facility type.
4. **Clarity:** None.
5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. However, Health Standards assures the validity, reliability and accuracy reported by cross-checking the data compiled and entered by State Office personnel into ASPEN (federal computer database) and the POPS system (state computer database) against the data compiled and entered by the Field Office Managers onto their monthly Workload Reports.
6. **Data Source, Collection and Reporting:** Data collection source is from the licensing database (POPS).
7. **Calculation Methodology:** The total number of active providers that are state licensed.
8. **Scope:** This information is a total of all provider types, but the information could be broken down by facility/provider type if there is a need to review a particular type.
9. **Caveats:** None.
10. **Responsible Person:** Data is collected by Field Office and Program Managers, analyzed by Budget Manager, and then reviewed with Director and Section Managers.  
Katenia Self, Medicaid Program Manager, 225-342-0252, [Katenia.Self@LA.GOV](mailto:Katenia.Self@LA.GOV)

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## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Office of Management & Finance

**ACTIVITY:** Health Standards

**OBJECTIVE:** #7. Through the Health Standards activity, to perform required state licensing surveys and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid each year through June 30, 2031.

**INDICATOR NAME:** Number of provider exclusions

**LaPAS PI Code:** 10009

1. **Type and Level:** Output/General
2. **Rationale:** To monitor the number of healthcare facilities currently found to be out of compliance with state and/or federal guidelines.
3. **Use:** Used to determine those facilities which require additional visits to focus on areas of concern and to verify improvement of the quality of services provided to citizens receiving services through health care facilities.
4. **Clarity:** None.
5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. However, Health Standards assures the validity, reliability and accuracy reported by cross-checking the data compiled and entered by State Office personnel into ASPEN (federal computer database) and the POPS system (state computer database) against the data compiled and entered by the Field Office Managers onto their monthly Workload Reports.
6. **Data Source, Collection and Reporting:** Data collection sources are from Field Office Workload Reports and Program Compliance Logs.
7. **Calculation Methodology:** The total number of facilities out of compliance.
8. **Scope:** This information is a total of all provider types, but the information could be broken down by facility/provider type if there is a need to review a particular type.
9. **Caveats:** None.
10. **Responsible Person:** Data is collected by Field Office and Program Managers, analyzed by Budget Manager, and then reviewed with Director and Section Managers.  
Katenia Self, Medicaid Program Manager, 225-342-0252, [Katenia.Self@LA.GOV](mailto:Katenia.Self@LA.GOV)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Office of Management & Finance

**ACTIVITY:** Health Standards

**OBJECTIVE:** #7. Through the Health Standards activity, to perform required state licensing surveys and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid each year through June 30, 2031.

**INDICATOR NAME:** Number of facilities terminated

**LaPAS PI Code:** 10011

1. **Type and Level:** Output/General
2. **Rationale:** To monitor the number of facilities/providers who have actually had their provider agreement with Medicare/Medicaid and/or their license terminated as a result of an adverse action.
3. **Use:** Used to trend the shift in the types of facilities in operation with the State.
4. **Clarity:** None.
5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. However, Health Standards assures the validity, reliability and accuracy reported by cross-checking the data compiled and entered by State Office personnel into ASPEN (federal computer database) and the POPS system (state computer database) against the data compiled and entered by the Field Office Managers onto their monthly Workload Reports.
6. **Data Source, Collection and Reporting:** Data collection sources are from Field Office Workload Reports and Program Compliance Logs.
7. **Calculation Methodology:** The sum of all facilities terminated.
8. **Scope:** This indicator would only reflect facilities /providers that were terminated for noncompliance rather than voluntary termination (requested by provider) not determined by noncompliance.
9. **Caveats:** None.
10. **Responsible Person:** Data is collected by Field Office and Program Managers, analyzed by Budget Manager, and then reviewed with Director and Section Managers.  
Katenia Self, Medicaid Program Manager, 225-342-0252, [Katenia.Self@LA.GOV](mailto:Katenia.Self@LA.GOV)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Office of Management & Finance

**ACTIVITY:** Health Standards

**OBJECTIVE:** #7. Through the Health Standards activity, to perform required state licensing surveys and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid each year through June 30, 2031.

**INDICATOR NAME:** Percentage of facilities out of compliance

**LaPAS PI Code:** 10012

1. **Type and Level:** Outcome/General
2. **Rationale:** To monitor the percentage of healthcare facilities found to be out of compliance with state and/or federal guidelines.
3. **Use:** Used to determine those facilities which require additional visits to focus on areas of concern and to verify improvement of the quality of services provided to citizens receiving services through health care facilities.
4. **Clarity:** None.
5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. However, Health Standards assures the validity, reliability and accuracy reported by cross-checking the data compiled and entered by State Office personnel into ASPEN (federal computer database) and the POPS system (state computer database) against the data compiled and entered by the Field Office Managers onto their monthly Workload Reports.
6. **Data Source, Collection and Reporting:** Data collection sources are from Field Office Workload Reports and Program Compliance Logs.
7. **Calculation Methodology:** Total Number of Facilities Found out of Compliance" divided by the "Total Number of Facilities Surveyed."
8. **Scope:** This information is a total of all provider types, but the information could be broken down by facility/provider type if there is a need to review a particular type.
9. **Caveats:** None.
10. **Responsible Person:** Data is collected by Field Office and Program Managers, analyzed by Budget Manager, and then reviewed with Director and Section Managers.  
Katenia Self, Medicaid Program Manager, 225-342-0252, [Katenia.Self@LA.GOV](mailto:Katenia.Self@LA.GOV)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Office of Management & Finance

**ACTIVITY:** Health Standards

**OBJECTIVE:** #7. Through the Health Standards activity, to perform required state licensing surveys and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid each year through June 30, 2031.

**INDICATOR NAME:** Number of facilities sanctioned

**LaPAS PI Code:** 10010

1. **Type and Level:** Output/General
2. **Rationale:** To monitor and trend the number of facilities which received sanctions (civil money penalties) as a result of their noncompliance with state and federal regulations.
3. **Use:** Used to assess the quality of services provided to citizens receiving services through health care facilities. It would also be used to track facilities which have been sanctioned for possible future focus reviews.
4. **Clarity:** None.
5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. However, Health Standards assures the validity, reliability and accuracy reported by cross-checking the data compiled and entered by State Office personnel into ASPEN (federal computer database) and the POPS system (state computer database) against the data compiled and entered by the Field Office Managers onto their monthly Workload Reports.
6. **Data Source, Collection and Reporting:** Data collection sources are program desk compliance logs.
7. **Calculation Methodology:** The sum of all facilities sanctioned.
8. **Scope:** This information is a total of all provider types, but the information could be broken down by facility/provider type if there is a need to review a particular type.
9. **Caveats:** None.
10. **Responsible Person:** Data is collected by Field Office and Program Managers, analyzed by Budget Manager, and then reviewed with Director and Section Managers.  
Katenia Self, Medicaid Program Manager, 225-342-0252, [Katenia.Self@LA.GOV](mailto:Katenia.Self@LA.GOV)

End of Process Documentation  
09-307 LDH  
Office of the Secretary

# APPENDIX

## FY 2026-2031

### 5-YEAR STRATEGIC PLAN

**Goal I:** To provide core behavioral health services to children and adults and appropriate supports and waiver services to citizens with developmental disabilities by providing person-centered care that promotes quality of life.

**Goal II:**

Create an engaged and motivated workforce by providing programmatic leadership, direction, infrastructure and tools necessary to grow professionals in a manner that expands agency capacity, team member accountability and fiscal integrity.

**Goal III:**

Research and implement steps congruent with current and future federal and state trends in behavioral health structure, clinical best practices and billing opportunities to optimize sustainability of the agency.

**Statutory Authority:** South Central Louisiana Human Services Authority (SCLHSA) is organized and authorized under the following provisions of the Louisiana revised statutes (LSA-RS): Original creation RS 28:871-876, repealed by Acts 2017, No. 73, §2, eff. June 7, 2017 and replaced with R.S. 28:910-918; R.S.39:1533 (A); R.S.28: 771 (G); R.S.36:254(I) and 258(J).

**Principal Customers/Users of Program and Benefits:**

As a Local Governing Entity under the Louisiana Department of Health (LDH), South Central Louisiana Human Services Authority is responsible for the comprehensive oversight, strategic management, and delivery of services/core activities that support individuals with behavioral health conditions and/or developmental disabilities. We ensure that programs are person-centered, evidence-based, and responsive to the diverse needs of our community. Through coordinated planning, effective resource allocation, and collaboration with stakeholders, we promote recovery, inclusion, and quality of life for the individuals and families we serve.

As a partner of LDH, SCLHSA aligns its resources allocation with the priorities of the department.

- First Priority – Persons and families in crisis related to mental illness, addictive disorders or developmental disabilities shall have their crisis resolved and a safe environment restored.
- Second Priority – Persons with serious and disabling mental illness, addictive disorders or developmental disabilities shall make use of natural supports and community resources and shall participate in the community.
- Third Priority – Persons with mild to moderate needs related to mental illness, addictive disorders or developmental disabilities shall make use of natural supports and community resources and shall participate in the community.
- Fourth Priority – Persons not yet identified with specific serious or moderate mental illness, addictive disorders, or developmental disabilities, but who are at significant risk of such disorders due to the presence of established risk factors or the absence of the protective factors.

**Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in this Program:**

Financial Opportunities and Internal Factors



South Central Louisiana Human Services Authority (SCLHSA) is a quasi-public/private state entity and thus is dependent on the state general funds appropriated to the agency through the legislative process. SCLHSA also receives funding through the inter-agency transfer (IAT) process in the budget process that are passed through grant funds received through the Office of Behavioral Health (OBH) such as Mental Health Block Grant, Substance Use Prevention, Treatment and Recovery services block grant (SUPTRS), Temporary Assistance for Needy Families (TANF), etc. and through the Office of Developmental Disabilities (OCDD – ACT 421).

Additionally, required Self-Generated Revenue is collected through the provision of and invoicing for behavioral health and primary care services. Most of the agency self-generated funds are received from Medicaid, Medicare, Private Insurance and Self-Pay. South Central Louisiana Human Services Authority (SCLHSA) is credentialed with over 75 health plans and actively signs single case agreements with MCO's for treatment until credentialing can occur. SCLHSA also bills for other programs that bring in funding to the agency such as the Medications for Substance Use Disorders, Urine Drug Screens, Tobacco Cessation, Federal Probation and Parole, Parish Jails, Medicaid Enrollment Center (MAC), Substance Abuse Professional, Anger Management Program, etc. SCLHSA is continuously looking for grant opportunities to assist with the budget shortfall process in the state.

### External Impediments

The ability to achieve the goals and objectives outlined in this plan may be changed by a number of factors over which SCLHSA has no control. These changes may include but are not limited to:

- Funding levels – Fluctuations in Medicaid, Medicare and direct state funding for indigent care are dependent on many factors that cannot be controlled.
- Health care system changes – Changes related to managed care, skilled and professional labor shortages exacerbated by numerous disasters in our area and rapid changes in medical technology, which require greater attention to capital acquisition needs/uses/costs.
- Economy of the state – As more individuals are employed or insured, it could result in more insured patients or fewer patients for the agency, depending on the changes in the economy of the state and client's access to other health care and the perception of the behavioral health care provided by the agency clinics.
- Population Changes – Changes in social determinants of health and an aging population means an increase in the number of chronic cases or those with comorbidities.
- Public health emergency elimination – Changes in additional funding assistance for individuals and agencies, reduction in recipients receiving Medicaid and an end to some professional practice flexibilities adversely affects service delivery.

### **Methods Used to Avoid Duplication of Effort:**

South Central Louisiana Human Services Authority (SCLHSA) engages in coordinated planning, interagency collaboration, and data sharing to prevent redundant efforts. Regular communication and meetings with partner agencies, alignment with statewide strategic

goals, and participation in multi-agency workgroups/coalitions help ensure resources are used efficiently. Internal audits and an agency data management system supports this effort by identifying potential overlap, overutilization and/or underutilization of staff and services. Data points, services, outcomes and performance indicators are reviewed during the SCLHSA quarterly Quality Committee meeting to determine highlights and accomplishments and areas for improvement.

**Maintenance of Agency Performance-Based Budgeting Records:** Act 1465 of 1997 (the Louisiana Government Performance and Accountability Act) required that each agency (budget unit) receiving an appropriation in the general appropriation act or the ancillary appropriation act produce a series of performance progress reports. The purpose of these reports is to track the agency's progress toward achievement of annual performance standards.

The Office of Planning and Budget (OPB) in the Division of Administration, as the official record keeper and repository of performance data, maintains an electronic performance database, the Louisiana Performance Accountability System (LaPAS) to track performance standards and actual performance.

Documents used in the development of strategic and operational plans, as well as the data used for the completion of quarterly performance progress reports through the LaGov Performance Quarterly system.

**Agency Retention Policy:**

Policy 805 Records Retention Policy: South Central Louisiana Human Services Authority (SCLHSA) shall follow prescribed guidelines to create, maintain, and store records to comply with all state, federal, funding source, auditing, and accrediting body requirements. The permanent copies of all records belong to the office of origin except medical records that are the property of the SCLHSA.

As defined by the Records Retention Schedule, records shall be categorized, organized, and stored in the following manner for the purposes of records retention. See Attached Schedule for SCLHSA.

Authorization from Louisiana State Archives must be obtained before you dispose of any records. Authorization is required even if the records in question appear on an approved records retention schedule. The process provides documentation that the records were disposed of during the normal course of business and in compliance with an approved records retention schedule. It also allows the State Archives to request records which may have archival value to be transferred to their custody for review and possible inclusion in the State Archives' collections.

**How the Strategic Planning Process Was Implemented:**

The South Central Louisiana Human Services Authority (SCLHSA) is a political subdivision governed by a Board of Directors appointed by each parish government or police jury within its seven parish catchment area. As a Local Governing Entity (LGE), SCLHSA is contracted with the Louisiana Department of Health (LDH) to provide behavioral health (mental health and addictive disorders) and developmental disability services. The Board

of Directors for the SCLHSA establishes the Mission, Vision, and Priorities for the agency. The Executive Management Team reviews, edits, and adopts the Strategic Plan each year. The team also develops, adopts, and implements cross-divisional annual Performance Improvement Initiatives (PI) to insure SCLHSA will meet and/or exceed Strategic Plan Goals and Objectives and to support the successful sustainability of the Authority. The Executive Management Team delivers quarterly progress reports to the Board and Senior Management.

South Central Louisiana Human Services Authority (SCLHSA) informs employees about Strategic and Operational Plan Goals, Objectives, and Performance Indicators via monthly Manager Meetings. Directors involve staff in data collection, analysis, and reporting of Performance Indicator outcomes. Clinic Managers lead discussions about the Performance Improvement Plan during team meetings, reporting progress, obtaining staff input, and emphasizing accountability for reaching goals and objectives. The Executive Director schedules quarterly Team meetings each year at each of the BH Centers and Developmental Disabilities office. Performance improvement is a routine part of the agenda.

The Executive Director holds the Executive Management Team accountable on both an individual and group basis for the successful implementation of the SCLHSA Strategic Plan, Division-specific Plans, and Performance Improvement Initiatives. Each SCLHSA staff member has job-specific performance factors and expectations included in his/her annual planning document to support agency goals.

South Central Louisiana Human Services Authority (SCLHSA) uses the strategic planning process to define the goals, objectives and strategies to carry out the mission and vision of the agency over the next three to five years, taking into consideration the current and future trends, economic circumstances, projections, external factors, and the goals of Louisiana Department of Health. The Operational Plan details the areas of focus to execute the strategic plan throughout the next budget year. It also identifies the short-term strategies to achieve the objectives along with the performance indicators to measure the success of the identified strategies.

The full strategic planning process should be conducted at least once every five years. Strategic planning is also completed in preparation for a new major venture such as developing a new department, service or program, etc. These activities should also be conducted every year if the organization is experiencing tremendous change. Action plans should be updated each year during the annual performance analysis review. During implementation of the agency strategic plan or budget planning, the progress should be reviewed at least on an annual basis by the agency and Board.

Strategic planning is reviewed in conjunction with the state legislative session(s) in preparation for the forthcoming fiscal year. One purpose of reviewing the Strategic Plan is to identify the organizational strategies and indicators to be achieved through the Operational Plan over the coming fiscal year. Resources needed to achieve these strategies and funds needed to obtain resources are identified and requested and are included in the

budget planning process. However, not all phases of strategic planning needs to be fully completed each year.

**Statement of Agency Strategies for Development and Implementation of Human Resource Policies That Are Helpful and Beneficial to Women and Families:**

South Central Louisiana Human Services Authority (SCLHSA) abides by all state Civil Services guidelines and procedures regarding equal opportunity for staff and in particular women and their families. The agency also addresses specific issues in respect to female employees and their families in the Human Resources policies for the agency and in the SCLHSA Personnel Handbook such as Cultural Competency, Diversity and Inclusion, Employee Lactation Support, Family Medical Leave Policy and Leave Policy for Classified Employees, including Parental Leave.

South Central Louisiana Human Services Authority (SCLHSA) makes every effort to be mutually inclusive of all individuals and to be socially responsible for meeting legal, ethical and economic responsibilities placed on the agency by local, state and federal regulations. All policies are reviewed annually and changes/additions are made accordingly to new mandates or as issues arise. SCLHSA also allows for flexible work schedules. In addition, SCLHSA supports a TANF funded program within the region through a contractual agreement.

**Program Evaluations Used to Develop Goals, Objectives and Strategies:**

The authority's performance improvement program includes an overall assessment of the efficacy of performance improvement activities with a focus on continually improving care provided, and safety practices conducted, throughout the organization. The program consists of the following components: performance improvement (PI), safety, quality assurance (QA), satisfaction, and utilization management (UM) activities.

Collaborative and specific indicators of both key processes and outcomes of care are designed, measured and assessed by all appropriate services and disciplines of each program in an effort to improve safety and performance. Indicators are objective, measurable, based on current knowledge and experience and are structured to produce statistically valid performance measures of care provided. This mechanism also provides for evaluation of improvements and the stability of the improvement over time. Measures are related to the accessibility, efficiency, effectiveness-availability of services, and the satisfaction of clients served. Indicators reflect the quality of community-based human services and supports provided by SCLHSA to persons with behavioral health disorders and developmental disabilities in accordance with legislative mandates (ACT 378).

Additional indicators shall be those required for monitoring federally funded block grants or other federal grants received by any program. Approved outcome measurements developed by the Louisiana Department of Health (LDH), Human Services Interagency Council (HSIC), and the Offices of Behavioral Health (OBH) and Citizens with Developmental Disabilities (OCDD) will also be collected and submitted as requested and stated in the contract established with LDH.

The Annual Performance Analysis (APA), a summary of the performance and business functions indicators with outcomes, is compiled by the Quality and Compliance Manager annually and presented to the Board, as well as published on the SCLHSA website.

**Monitoring and Evaluation of Reported Data:**

The LDH Division of Planning and Budget coordinates and reviews reported performance information for SCLHSA on a quarterly basis. This includes, but not limited to, strategic planning, operational planning, and Performance Quarterly reporting. Explanatory notes are required for positive or negative variances greater than 5% from quarterly performance indicator targets. In addition, at the close of a fiscal year, agencies and programs review and evaluate their performance in order to determine if the information gained from this review should be used to improve strategic and operational metrics, or strengthen program management initiatives.

**Primary Persons Who Will Benefit From or Be Significantly Affected by These Objectives:**

The objectives in the South Central Louisiana Human Services Authority program are intended to measure the efficiency, ~~and~~ effectiveness, and satisfaction of the activities within this program, as well as provide the customers of SCLHSA who will be affected by these objectives. Included are children, adults, and families in need of behavioral health and developmental disabilities who live in the catchment area.

**Program A Goal**

Administratively provide management and oversight of services to the individuals working in our behavioral health and developmental disabilities programs, which provide the core services to the individuals in our catchment area.

**Objective I:** To provide programmatic leadership and direction to the Behavioral Health with Integrated Primary Care and Developmental Disabilities (DD) programs through fiscal year 2031.

**Objective II:** To provide administrative and support functions to SCLHSA programs in a manner that is responsive to individual needs and results in effective/efficient service delivery each year through June 30, 2031.

**Objective III:** Engage with community partners to collaborate and assist in the development of a full regional crisis response continuum.

**Objective IV:** Establish the infrastructure to develop and implement an Assistive Outpatient Treatment (AOT) Program.

**Objective V:** Market SCLHSA programs to businesses, industries, and other providers in the community.

**Long Term Goals (3-5 years)**

**Goal I:** SCLHSA will research and understand new trends and models of treatment to be competitive in the healthcare market.

**Objective I:** To achieve Certified Community Behavioral Health Center (CCBHC) designation and CARF accreditation by fiscal year 2028.

**Objective 2:** Expand services into the community to meet the unmet needs of community agencies, partners and/or individuals with barriers to attending clinic based services.

### **Program B: Behavioral Health with Integrated Care**

#### **Program B Goal**

Increase accessibility and capacity by using best practice tools for screening and evidence-based programs for treatment with special populations, ensuring team is adequately trained and model fidelity is maintained.

**Objective I:** Through the Behavioral Health Services activity, South Central Louisiana Human Services Authority (SCLHSA) will establish a recovery and consumer focused system of person centered care utilizing evidenced based practices supported by service outcomes and accountability each year through June 30, 2031.

**Objective II:** Integrated Care program to include all patients with behavioral health and medical diagnoses.

**Objective III:** Deploy the mobile unit into SCLHSA areas where there is no current brick and mortar agency site to address immediate or unplanned event.

### **Program C: Developmental Disabilities**

#### **Program C Goal**

Provide support to individuals with developmental disabilities to meet their potential and to live in the least restrictive environment by utilizing support services in the most efficient manner in order to maximize capacity.

**Objective I:** Through the Developmental Disabilities activity, SCLHSA will foster and facilitate independence for citizens with developmental disabilities through the availability of home and community based services each year through June 30, 2031.

## Performance Indicator Documentation

**Program:** 09-309 South Central Louisiana Human Services Authority

**Activity:** General Performance Indicator

**Objective:** To provide programmatic leadership and direction to the Behavioral Health with Integrated Primary Care and Developmental Disabilities (DD) programs.

**Indicator Name:** Total number of individuals served in the South Central Louisiana Human Services Authority

**PI Code:** 24128

1. **Type and Level:** Key / Output
2. **Rationale:** Monitoring the number of services rendered in the South Central Louisiana Human Services Authority catchment area is essential to the management of human and financial resources allocation.
3. **Use:** South Central Louisiana Human Services Authority Administration uses the number of individuals services are provided to as a performance indicator for productivity and service capacity to clients in our catchment area.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** Data entry is not audited at this time.
6. **Data Source, Collection and Reporting:** Each South Central Louisiana Human Services Authority agency enters data into the electronic health record. The SCLHSA Administration staff pulls reports and compiles the data. This data is reported quarterly to the SCLHSA Executive Director and the SCLHSA Board.
7. **Calculation Methodology:** Simple count of each unique individual receiving services by SCLHSA.

**Benchmark:**

8. **Scope:** Data is collected agency specific and maybe reported by agency, service or region.
9. **Caveats:** None known
10. **Responsible Person:** Kristin Bonner, Executive Director  
[kristin.bonner@la.gov](mailto:kristin.bonner@la.gov)  
Phone: (985) 876-8886  
Fax: (985) 858-2934

Charlotte Richard, Quality & Compliance Manager  
[charlotte.richard@la.gov](mailto:charlotte.richard@la.gov); Phone: (985) 857-3751 or Fax: (985) 858-2934

## Performance Indicator Documentation

**Program:** 09-309 South Central Louisiana Human Services Authority

**Activity:** Administration

**Objective:** To provide programmatic leadership and direction to the Behavioral Health with Integrated Primary Care and Developmental Disabilities (DD) programs.

**Indicator Name:** Percentage of SCLHSA clients who state they would continue to receive services at our clinics if given the choice to go elsewhere.

**PI Code:** 25061

1. **Type and Level:** Key Outcome
2. **Rationale:** SCLHSA would like to be the provider of choice for Behavioral Health services. Client feedback is important to collect and analyze.
3. **Use:** SCLHSA Administration and Board utilize the data collected to confirm staff are provided necessary direction and programmatic guidance to offer clients a level of care desirable to continue and promote service to others in the community.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** The data's accuracy is based on the immediate/existing/current disposition of the clients completing the survey tool.
6. **Data Source, Collection and Reporting:** The data element is collected quarterly from a client survey tool administered through the electronic health record's analytics campaign. The data results are reported to the administrative staff, clinic staff, and the SCLHSA Board.
7. **Calculation Methodology:** The total number of clients who answered "yes" is divided by the number of total surveys answered. Each clinic percentage is totaled and divided by the number of clients.

**Benchmark:** 90%

8. **Scope:** All SCLHSA clinics are included in this indicator.
9. **Caveats:** None known
10. **Responsible Person:** Kristin Bonner, Executive Director

[kristin.bonner@la.gov](mailto:kristin.bonner@la.gov)

Phone: (985) 876-8886

Fax: (985) 858-2934

Charlotte Richard, Quality & Compliance Manager

[charlotte.richard@la.gov](mailto:charlotte.richard@la.gov)

Phone: (985) 857-3751

Fax: (985) 858-2934



## Performance Indicator Documentation

**Program:** 09-309 South Central Louisiana Human Services Authority

**Activity:** General Performance Indicator

**Objective:** To provide programmatic leadership and direction to the Behavioral Health with Integrated Primary Care and Developmental Disabilities (DD) programs.

**Indicator Name:** Total number of individuals served by inpatient Substance Use Disorders in South Central Louisiana Human Services Authority.

**PI Code:** 24130

1. **Type and Level:** Key / Output
2. **Rationale:** Monitoring the number of services rendered in the South Central Louisiana Human Services Authority catchment area is essential to the management of human and financial resources allocation.
3. **Use:** South Central Louisiana Human Services Authority Administration uses the number of services provided as a performance indicator for productivity and service capacity to clients in our catchment area.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** Data entry is not audited at this time.
6. **Data Source, Collection and Reporting:** The contract inpatient facility enters service data in the LADDs System and submits detailed invoices to SCLHSA. Detailed reports are run to collect data from LADDs. The data is submitted to SCLHSA Administration monthly and to the SCLHSA Board annually.
7. **Calculation Methodology:** Simple count of each individual served inpatient paid addictive disorder agency.

**Benchmark:**

8. **Scope:** Data is collected agency specific and reported authority wide.
9. **Caveats:** None known
10. **Responsible Person:** Kristin Bonner, Executive Director

[kristin.bonner@la.gov](mailto:kristin.bonner@la.gov)

Phone: (985) 876-8886

Fax: (985) 858-2934

Charlotte Richard, Quality & Compliance Manager

[charlotte.richard@la.gov](mailto:charlotte.richard@la.gov)

Phone: (985) 857-3751

Fax: (985) 858-2934

## Performance Indicator Documentation

**Program:** 09-309 South Central Louisiana Human Services Authority

**Activity:** Administration

**Objective:** To provide administrative and support functions to SCLHSA programs in a manner that is responsive to individual needs and results in effective/efficient service delivery.

**Indicator Name:** Percentage of appointments kept for assessments and ongoing clinic appointments.

**PI Code:** 25060

1. **Type and Level:** Key / Outcome
2. **Rationale:** It is important for prospective clients and those already receiving services to keep scheduled appointments. Clients who maintain their scheduled appointments will receive the services that they need to continue with the treatment goals, which can lead to the improvement of their behavioral health status.
3. **Use:** The data is used to determine scheduling and productivity opportunities for the clinical staff.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** The SCLHSA Administrative staff rely on the clinic staff to accurately document in the electronic scheduling system the appointment status of all clients.
6. **Data Source, Collection and Reporting:** Data is entered into the electronic scheduling system in each SCLHSA clinic. The data is pulled from the productivity reports monthly.
7. **Calculation Methodology:** Every client who has an appointment is entered into the scheduling system. The number of "No-shows" is subtracted from the total appointments and the difference is divided into the total number for a percentage calculation.

**Benchmark:** 75%

8. **Scope:** All SCLHSA clinics are included in this indicator.
9. **Caveats:** None known
10. **Responsible Person:** Kristin Bonner, Executive Director

[kristin.bonner@la.gov](mailto:kristin.bonner@la.gov)

Phone: (985) 876-8886

Fax: (985) 858-2934

Charlotte Richard, Quality & Compliance Manager

[charlotte.richard@la.gov](mailto:charlotte.richard@la.gov); Phone: (985) 857-3751 or Fax: (985) 858-2934

<b>Performance Indicator Documentation</b>
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**Program:** 09-309 South Central Louisiana Human Services Authority

**Activity:** Administration

**Objective:** To provide administrative and support functions to SCLHSA programs in a manner that is responsive to individual needs and results in effective/efficient service delivery.

**Indicator Name:** Percentage of SCLHSA clients who state they would recommend the clinics to family and friends.

**PI Code:** 25062

1. **Type and Level:** Key / Outcome
2. **Rationale:** SCLHSA would like to be the provider of choice for Behavioral Health services. Client feedback is important to collect and analyze.
3. **Use:** SCLHSA Administration and Board utilize the data collected to ensure that the clients we serve continue to want SCLHSA to provide their services.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** The data's accuracy is based on the immediate/existing/current disposition of the clients completing the survey tool.
6. **Data Source, Collection and Reporting:** The data element is collected quarterly from a client survey tool administered through the electronic health record's analytics campaign. The data results are reported to the administrative staff, clinic staff, and the SCLHSA Board.
7. **Calculation Methodology:** The total number of clients who answered "yes" is divided by the number of total surveys answered. Each clinic percentage is totaled and divided by the number of clients.

**Benchmark:** 90%

8. **Scope:** All SCLHSA clinics are included in this indicator.
9. **Caveats:** None known
10. **Responsible Person:** Kristin Bonner, Executive Director

[kristin.bonner@la.gov](mailto:kristin.bonner@la.gov)

Phone: (985) 876-8886

Fax: (985) 858-2934

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[charlotte.richard@la.gov](mailto:charlotte.richard@la.gov)

Phone: (985) 857-3751

Fax: (985) 858-2934

## Performance Indicator Documentation

**Program:** 09-309 South Central Louisiana Human Services Authority

**Activity:** General Performance Indicator

**Objective:** Engage with community partners to collaborate and assist in the development of a full regional crisis response continuum.

**Indicator Name:** Number of crisis visits in all South Central Louisiana Human Services Authority Behavioral Health Clinics.

**PI Code:** 24123 general indicator

1. **Type and Level:** Key / Output
2. **Rationale:** In creating an effective Crisis Response System that focuses on improving access to care through community resources, a reduction in the number of clients requiring crisis services and crisis visits in mental health clinics.
3. **Use:** Indicator gives SCLHSA Administration an overall view of the Crisis Response System related to screening /access processes of mental health clinics.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** There are no audits performed on this data.
6. **Data Source, Collection and Reporting:** Data is pulled from the electronic health records by the crisis visit type for the year and submitted to South Central Louisiana Human Services Authority Administration.
7. **Calculation Methodology:** Simple calculation of the number of individuals who present to a SCLHSA Behavioral Health Clinic in crisis.

**Benchmark:**

8. **Scope:** Data is reported agency wide.
9. **Caveats:** None known
10. **Responsible Person:** Kristin Bonner, Executive Director

[kristin.bonner@la.gov](mailto:kristin.bonner@la.gov) Phone: (985) 876-8886  
Fax: (985) 858-2934

Charlotte Richard, Quality & Compliance Manager  
[charlotte.richard@la.gov](mailto:charlotte.richard@la.gov)  
Phone: (985) 857-3751  
Fax: (985) 858-2934

## Performance Indicator Documentation

**Program:** 09-309 South Central Louisiana Human Services Authority

**Activity:** Behavioral Health with Integrated Care

**Objective:** Through the Behavioral Health Services activity, South Central Louisiana Human Services Authority (SCLHSA) will establish a recovery and consumer focused system of person centered care utilizing evidenced based practices supported by service outcomes and accountability.

**Indicator Name:** Appropriate level of care, frequency of service and reasonable duration is consistent with best practice level of care tools and clinical justification and/or other acceptable level of care determination tool.

**PI Code:** 26597

1. **Type and Level:** Key Outcome
  2. **Rationale:** Offering treatment at a frequency that accounts for a patient's multidimensional needs, stage of change and treatment readiness increases success in treatment and decreases the length of counseling services necessary.
  3. **Use:** The indicator will be used for internal management purposes.
  4. **Clarity:** None
  5. **Accuracy, Maintenance, Support:** The data has not been audited. It is maintained by the agency's electronic health record.
  6. **Data Source, Collection and Reporting:** Data is collected from the electronic health record. The progress notes demonstrates if the LOCUS was addressed accurately, thoroughly and consistent with the assessment; if the clinical justification was appropriate; and if the service received matched the level of care and justification or not.
  7. **Calculation Methodology:** The total number of health record audits that meet the criteria for the Treatment Appropriateness section divided by total number of health records audited in the quarter.
- Benchmark:** 90%
8. **Scope:** The indicator includes all patients who are randomly selected for audit each quarter.
  9. **Caveats:** The audits are conducted by multiple staff members
  10. **Responsible Person:** Kristin Bonner, Executive Director

[kristin.bonner@la.gov](mailto:kristin.bonner@la.gov)

Phone: (985) 876-8886

Fax: (985) 858-2934

Charlotte Richard, Quality & Compliance Manager

[charlotte.richard@la.gov](mailto:charlotte.richard@la.gov); Phone: (985) 857-3751 or Fax: (985) 858-2934

## Performance Indicator Documentation

**Program:** 09-309 South Central Louisiana Human Services Authority

**Activity:** Behavioral Health with Integrated Care

**Objective:** Through the Behavioral Health Services activity, South Central Louisiana Human Services Authority (SCLHSA) will establish a recovery and consumer focused system of person centered care utilizing evidenced based practices supported by service outcomes and accountability.

**Indicator Name:** Percentage of existing clients (youth) with improved depression symptoms within 6 months of initiating treatment.

**PI Code:** 26947

1. **Type and Level:** Key Outcome
  2. **Rationale:** Treatment offers education, support and therapeutic interventions aimed to help patients and/or their families better equip themselves with the skills necessary to deal with the diagnosis and symptoms of their mental health disorders.
  3. **Use:** The indicator will be used to show evidence of decreased depression symptoms as determined by the patient and/or guardian/caregiver.
  4. **Clarity:** None
  5. **Accuracy, Maintenance, Support:** The data is maintained by the Office of Behavioral Health through the Telesage Outcomes Measurement System (TOMS).
  6. **Data Source, Collection and Reporting:** The data is collected by the TOMS Youth and Parent/Guardian self-reporting tool and collected at established intervals in the SCLHSA Behavioral Health Clinics.
  7. **Calculation Methodology:** The number of individuals ages 5 – 17 years old who have the complaints of depression symptoms who are receiving services.
- Benchmark:** 75%
8. **Scope:** The indicator includes all individuals ages 5 – 17 years old who have complaints of depression symptoms and submit a TOMS survey within six months of initiating services.
  9. **Caveats:** None known
  10. **Responsible Person:** Kristin Bonner, Executive Director

[kristin.bonner@la.gov](mailto:kristin.bonner@la.gov) Phone: (985) 876-8886

Fax: (985) 858-2934

Charlotte Richard, Quality & Compliance Manager

[charlotte.richard@la.gov](mailto:charlotte.richard@la.gov)

Phone: (985) 857-3751

Fax: (985) 858-2934

## Performance Indicator Documentation

**Program:** 09-309 South Central Louisiana Human Services Authority

**Activity:** General Performance Indicator

**Objective:** Through the Behavioral Health Services activity, South Central Louisiana Human Services Authority (SCLHSA) will establish a recovery and consumer focused system of person centered care utilizing evidenced based practices supported by service outcomes and accountability.

**Indicator Name:** Total number of individuals served outpatient by Substance Use Disorders in South Central Louisiana Human Services Authority.

**PI Code:** 24131

1. **Type and Level:** Key / Output
2. **Rationale:** Monitoring the number of services rendered in the South Central Louisiana Human Services Authority catchment area is essential to the management of human and financial resources allocation.
3. **Use:** South Central Louisiana Human Services Authority Administration uses the number of services provided as a performance indicator for productivity and service capacity to clients in our catchment area.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** Data entry is not audited at this time.
6. **Data Source, Collection and Reporting:** All SCLHSA BH Clinics enter service data into the electronic health record. Reports are run to pull data from the system. The data is submitted to the South Central Louisiana Human Services Authority Administration monthly and to the South Central Louisiana Human Services Authority Board quarterly.
7. **Calculation Methodology:** Simple count of each unique individual receiving addiction services by SCLHSA.

**Benchmark:**

8. **Scope:** Data is collected agency specific and reported authority wide.
9. **Caveats:** The vendor does not consistently provide this information.
10. **Responsible Person:** Kristin Bonner, Executive Director

[kristin.bonner@la.gov](mailto:kristin.bonner@la.gov)

Phone: (985) 876-8886

Fax: (985) 858-2934

Charlotte Richard, Quality & Compliance Manager

[charlotte.richard@la.gov](mailto:charlotte.richard@la.gov)

Phone: (985) 857-3751

Fax: (985) 858-2934

## Performance Indicator Documentation

**Program:** 09-309 South Central Louisiana Human Services Authority

**Activity:** Behavioral Health with Integrated Care

**Objective:** Through the Behavioral Health Services activity, South Central Louisiana Human Services Authority (SCLHSA) will establish a recovery and consumer focused system of person centered care utilizing evidenced based practices supported by service outcomes and accountability.

**Indicator Name:** Percentage of adults and adolescents with an addictive disorder who report improvement at discharge.

**PI Code:** 24511

1. **Type and Level:** Key / Outcome
2. **Rationale:** The improvement during an addictive disorder treatment program is a major step in the recovery process for the clients.
3. **Use:** This indicator will be useful in identifying trends in determination status of those not improving during treatment. Management may utilize outcomes to develop and improve outpatient programs.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** There are no audits performed on this data.
6. **Data Source, Collection and Reporting:** Each client receiving addiction services completes a survey at discharge. The surveys are collected at each SCLHSA Treatment Center and are forwarded to South Central Louisiana Human Services Authority Administration for compilation. The data is reported to the Administrative Team and the SCLHSA Board quarterly.
7. **Calculation Methodology:** Total number of clients who completed treatment divided by total number of clients who were discharged.  
**Benchmark:** 80%
8. **Scope:** Total number of clients who show improvement divided by total number of clients who were discharged from treatment.
9. **Caveats:** None known
10. **Responsible Person:** Kristin Bonner, Executive Director  
[kristin.bonner@la.gov](mailto:kristin.bonner@la.gov)  
Phone: (985) 876-8886  
Fax: (985) 858-2934

Charlotte Richard, Quality & Compliance Manager  
[charlotte.richard@la.gov](mailto:charlotte.richard@la.gov); Phone: (985) 857-3751 or Fax: (985) 858-2934



## Performance Indicator Documentation

**Program:** 09-309 South Central Louisiana Human Services Authority

**Activity:** General Performance Indicator

**Objective:** Increase accessibility and capacity by using best practice tools for screening and evidence-based programs for treatment with special populations, ensuring workforce is adequately trained and model fidelity is maintained.

**Indicator Name:** Total number of enrollees in prevention programs.

**PI Code:** 24115

1. **Type and Level:** Key / Output
2. **Rationale:** In keeping with the South Central Louisiana Human Services Authority Mission which promotes wellness, recovery and independence through education and the choice of a broad range of programmatic and community resources, enrollment in the Addictive Disorders prevention services is key to minimizing substance abuse.
3. **Use:** Monitoring the number of enrollees in prevention programs will be utilized in South Central Louisiana Human Services Authority management decisions regarding program goals as well as in the budget process for contract providers.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** Prevention Specialist performs on site record reviews monthly to ensure accuracy.
6. **Data Source, Collection and Reporting:** Data is collected each month and entered into the Prevention Data system. The data is subsequently compiled by the prevention monitor and submitted to the South Central Louisiana Human Services Authority Administration.
7. **Calculation Methodology:** The calculation is a simple count of unique individuals who are enrolled in prevention programs each month.

### Benchmark:

8. **Scope:** The data is reported region wide. May be subdivided if needed.
9. **Caveats:** Programs begin at different times during the year. Some school based programs enroll in early school year and some wait until mid-year.
10. **Responsible Person:** Kristin Bonner, Executive Director

[kristin.bonner@la.gov](mailto:kristin.bonner@la.gov)

Phone: (985) 876-8886

Fax: (985) 858-2934

Charlotte Richard, Quality & Compliance Manager

[charlotte.richard@la.gov](mailto:charlotte.richard@la.gov); Phone: (985) 857-3751 or Fax: (985) 858-2934

## Performance Indicator Documentation

**Program:** 09-309 South Central Louisiana Human Services Authority

**Activity:** General Performance Indicator

**Objective:** Through the Behavioral Health Services activity, South Central Louisiana Human Services Authority (SCLHSA) will establish a recovery and consumer focused system of person centered care utilizing evidenced based practices supported by service outcomes and accountability.

**Indicator Name:** Total number of individuals served by outpatient mental health in South Central Louisiana Human Services Authority.

**PI Code:** 24129

1. **Type and Level:** Key / Output
2. **Rationale:** Monitoring the number of services rendered in the South Central Louisiana Human Services Authority catchment area is essential to the management of human and financial resources allocation.
3. **Use:** South Central Louisiana Human Services Authority Administration uses the number of services provided as a performance indicator for productivity and service capacity to clients in our catchment area.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** Data entry is not audited at this time.
6. **Data Source, Collection and Reporting:** All SCLHSA BH clinics enter service data into the electronic health record. Reports are run to pull data from the system. The data is submitted to the South Central Louisiana Human Services Authority Administration monthly and to the South Central Louisiana Human Services Authority Board quarterly.
7. **Calculation Methodology:** Simple count of each unique individual receiving mental health services by SCLHSA.

### Benchmark:

8. **Scope:** Data is collected agency specific and maybe reported by agency, service or region.
9. **Caveats:** None known
10. **Responsible Person:** Kristin Bonner, Executive Director

[kristin.bonner@la.gov](mailto:kristin.bonner@la.gov)

Phone: (985) 876-8886

Fax: (985) 858-2934

Charlotte Richard, Quality & Compliance Manager

[charlotte.richard@la.gov](mailto:charlotte.richard@la.gov); Phone: (985) 857-3751 or Fax: (985) 858-2934

<b>Performance Indicator Documentation</b>
--------------------------------------------

**Program:** 09-309 South Central Louisiana Human Services Authority

**Activity:** Behavioral Health with Integrated Care

**Objective:** Through the Behavioral Health Services activity, South Central Louisiana Human Services Authority (SCLHSA) will establish a recovery and consumer focused system of person centered care utilizing evidenced based practices supported by service outcomes and accountability.

**Indicator Name:** Number of referrals received by SCLHSA outpatient centers from local stakeholders/community behavioral health services.

**PI Code:** 24514

1. **Type and Level:** Key / Outcome
2. **Rationale:** Appropriate referrals to community resources by Crisis Response Systems reduce the burden on local hospitals and law enforcement agencies resulting in the reduction in the number of crisis situations.
3. **Use:** Monitoring the number of community referrals from other community behavioral health services provides insight to the needs of the behavioral health client SCLSHA will utilize the data to determine and prioritize budgeting for services offered.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** There are no audits performed on this data.
6. **Data Source, Collection and Reporting:** Data is entered into the electronic health record system in each SCLHSA clinic. The data is pulled from the EHR's reports. The data is submitted quarterly to SCLHSA's Administration and Board.
7. **Calculation Methodology:** Simple calculation of the total number of referrals for service by an outside agency.  
**Benchmark:** 2,500 per year
8. **Scope:** The data is collected for the SCLHSA catchment area.
9. **Caveats:** Community resource provider cooperation and submission of data on a timely basis.
10. **Responsible Person:** Kristin Bonner, Executive Director  
[kristin.bonner@la.gov](mailto:kristin.bonner@la.gov)  
Phone: (985) 876-8886  
Fax: (985) 858-2934

Charlotte Richard, Quality & Compliance Manager  
[charlotte.richard@la.gov](mailto:charlotte.richard@la.gov)  
Phone: (985) 857-3751  
Fax: (985) 858-2934

## Performance Indicator Documentation

**Program:** 09-309 South Central Louisiana Human Services Authority

**Activity:** Behavioral Health with Integrated Care

**Objective:** Integrated Care program to include all patients with behavioral health and medical diagnoses.

**Indicator Name:** Total number of patients seen per day by the Primary Care Team

**PI Code:** 26118

1. **Type and Level:** Efficiency / Key Output
2. **Rationale:** Using provider time efficiently maximizes the amount of patients seen in a workday. The need for provider time to see patients is limited and shared over four clinic sites. By maximizing the productivity of the staff members, revenue for the agency is increased.
3. **Use:** The indicator is used for SCLHSA Administration to monitor staff productivity.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** To ensure reliability the Quality & Compliance Manager and Family Nurse Practitioners are educated on performance measure, data elements and calculations. Accuracy is determined as encounters/visits reports are pulled from documentation in the electronic health record.
6. **Data Source, Collection and Reporting:** Electronic count reports of patients seen per day per month are run in the electronic health record at the end of each month. The Quality & Compliance Manager records the data each month and quarterly compiles a report for the SCLHSA Quality Meeting and forwards it to Administration and the SCLHSA Board.
7. **Calculation Methodology:** Simple count of patients by visit type.  
**Benchmark:** 50 patients per quarter
8. **Scope:** Data includes all patients receiving services by the Family Nurse Practitioners. The numbers are included into the productivity count for the each clinic site. Productivity is captured for each provider of services at SCLHSA.
9. **Caveats:** None known
10. **Responsible Person:** Kristin Bonner, Executive Director  
[kristin.bonner@la.gov](mailto:kristin.bonner@la.gov)  
Phone: (985) 876-8886  
Fax: (985) 858-2934

Charlotte Richard, Quality & Compliance Manager  
[charlotte.richard@la.gov](mailto:charlotte.richard@la.gov); Phone: (985) 857-3751 or Fax: (985) 858-2934

## Performance Indicator Documentation

**Program:** 09-309 South Central Louisiana Human Services Authority

**Activity:** Behavioral Health with Integrated Care

**Objective:** Integrated Care program to include all patients with behavioral health and medical diagnoses.

**Indicator Name:** Average wait time from check-in to provider start time (in minutes).

**PI Code:** 26119

1. **Type and Level:** Access / Output
2. **Rationale:** Wait times for appointments decrease patient satisfaction. Monitoring these times and implementing improvements in the process can improve overall satisfaction.
3. **Use:** The indicator is used for SCLHSA Administration to monitor wait times of patients.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** To ensure reliability the Quality & Compliance Manager and Family Nurse Practitioners are educated on performance measure, data elements and calculations. Accuracy is determined as encounters/visits reports are pulled from documentation in the electronic health record.
6. **Data Source, Collection and Reporting:** The time is noted in the electronic health record once the patient arrives (check-in). At the time the Nurse Practitioner begins the visit, the time is captured in the electronic health record. The Quality & Compliance Manager records the data each month and quarterly compiles a report for the SCLHSA Quality Meeting and forwards it to Administration and the SCLHSA Board.
7. **Calculation Methodology:** The Quality & Compliance Manager pulls the data monthly from the HER. A simple calculation by reviewing the services provided by the Integrated Primary Care Team from appointment time arrival to check in with Provider.

**Benchmark:** 30 Minutes

8. **Scope:** The measure includes all SCLHSA patients receiving Integrated Primary Care appointment visits.
9. **Caveats:** None known
10. **Responsible Person:** Kristin Bonner, Executive Director

[kristin.bonner@la.gov](mailto:kristin.bonner@la.gov)

Phone: (985) 876-8886

Fax: (985) 858-2934

Charlotte Richard, Quality & Compliance Manager

[charlotte.richard@la.gov](mailto:charlotte.richard@la.gov)

Phone: (985) 857-3751

Fax: (985) 858-2934

## Performance Indicator Documentation

**Program:** 09-309 South Central Louisiana Human Services Authority

**Activity:** Behavioral Health with Integrated Care

**Objective:** Integrated Care program to include all patients with behavioral health and medical diagnoses.

**Indicator Name:** Percentage of patients who maintain blood pressures within normal limits (<140/90) in the quarter.

**PI Code:** New

1. **Type and Level:** Outcome/Effectiveness
2. **Rationale:** Percentage of patients 18 to 85 years of age with a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled determined by a measurement of systolic BP less than 140 mm Hg and the diastolic BP less than 90 mm Hg at the end of one-year treatment.
3. **Use:** To ensure effective positive changes in a person by coordinating care plan objectives with treatment.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** BP readings are captured and entered into the electronic health record by the nursing staff.
6. **Data Source, Collection and Reporting:** The electronic health record holds the data and vital signs are documented at each medical appointment. The data is reviewed by the RN Program Coordinator at the end of each quarter and reported to the Quality Committee. The SCLHSA Board reviews all data quarterly.
7. **Calculation Methodology:** The data is calculated by reviewing each patient's BP readings for the quarter, then dividing the number of patients with readings that are <140/90 by the total number of patients.

**Benchmark:** 75%

8. **Scope:** The measure includes all SCLHSA patients receiving Integrated Primary Care services and have a diagnosis of hypertension.
9. **Caveats:** None known
10. **Responsible Person:** Kristin Bonner, Executive Director  
[kristin.bonner@la.gov](mailto:kristin.bonner@la.gov)  
Phone: (985) 876-8886  
Fax: (985) 858-2934

Charlotte Richard, Quality & Compliance Manager  
[charlotte.richard@la.gov](mailto:charlotte.richard@la.gov); Phone: (985) 857-3751 or Fax: (985) 858-2934

## Performance Indicator Documentation

**Program:** 09-309 South Central Louisiana Human Services Authority

**Activity:** Developmental Disabilities

**Objective:** Through the Developmental Disabilities activity, SCLHSA will foster and facilitate independence for citizens with developmental disabilities through the availability of home and community based services.

**Indicator Name:** Percentage of home and community based waiver assessments completed timely.

**PI Code:** 24118

1. **Type and Level:** Key / Efficiency
2. **Rationale:** The indicator is important to providing timely services to citizens applying for home and community based waivers. Provider assessments are necessary to initiate the appropriate services for those that qualify for waiver services. Delays in the required waiver assessments result in delay of services.
3. **Use:** SCLHSA management will utilize the collected data to monitor service providers. All performance data will be considered in the budget process.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** OCDD QI Staff performs quarterly chart audit based on a random sample size.
6. **Data Source, Collection and Reporting:** OCDD staff in Baton Rouge utilizes Statistical Resources, Inc. (SRI). A sample size is selected and sent to regional office. Percentage reviewed is based on sample size.
7. **Calculation Methodology:** Total number of waiver initial/annual waivers determinations sent out per quarter divided by number of assessments due during the quarter completed in a timely manner.  
**Benchmark:** 80%
8. **Scope:** The data is a regional total percentage. Data may be presented by waiver type.
9. **Caveats:** There is a general statewide nonconformity with ensuring providers complete and timely and complete assessment.
10. **Responsible Person:** Kristin Bonner, Executive Director

[kristin.bonner@la.gov](mailto:kristin.bonner@la.gov)

Phone: (985) 876-8886

Fax: (985) 858-2934

Charlotte Richard, Quality & Compliance Manager

[charlotte.richard@la.gov](mailto:charlotte.richard@la.gov); Phone: (985) 857-3751 or Fax: (985) 858-2934



## Performance Indicator Documentation

**Program:** 09-309 South Central Louisiana Human Services Authority

**Activity:** Developmental Disabilities

**Objective:** Through the Developmental Disabilities activity, SCLHSA will foster and facilitate independence for citizens with developmental disabilities through the availability of home and community based services.

**Indicator Name:** Percentage of eligibility determinations determined valid according to the Flexible Family Funds criteria.

**PI Code:** 24512

1. **Type and Level:** Key
2. **Rationale:** To guide an efficient, consumer friendly single point of entry process.
3. **Use:** This indicator will be useful in identifying issues related to System entry applications not being completed timely.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** A review of the Participants entering the system and continuous monitoring of the program.
6. **Data Source, Collection and Reporting:** The Developmental Disabilities (DD) Participant Database will be utilized to determine timeliness of applications.
7. **Calculation Methodology:** Total number of valid FFF eligibility determinations divided by the Total number of FFF eligibility determinations monitored.
- Benchmark:** 95%
8. **Scope:** The data is a regional total percentage. Data may be presented by waiver type.
9. **Caveats:** None known
10. **Responsible Person:** Kristin Bonner, Executive Director

[kristin.bonner@la.gov](mailto:kristin.bonner@la.gov)

Phone: (985) 876-8886

Fax: (985) 858-2934

Charlotte Richard, Quality & Compliance Manager

[charlotte.richard@la.gov](mailto:charlotte.richard@la.gov)

Phone: (985) 857-3751

Fax: (985) 858-2934



## Performance Indicator Documentation

**Program:** 09-309 South Central Louisiana Human Services Authority

**Activity:** Developmental Disabilities

**Objective:** Through the Developmental Disabilities activity, SCLHSA will foster and facilitate independence for citizens with developmental disabilities through the availability of home and community based services.

**Indicator Name:** Percentage of people employed in community-based employment.

**PI Code:** 26599

1. **Type and Level:** K Outcome
2. **Rationale:** Individuals with developmental disabilities should have the opportunity to participate in competitive integrated employment. Competitive integrated employment allows for individuals to use their skills to make contributions within their communities, as well as allowing them the opportunity to become economically self-sufficient.
3. **Use:** The collected data is included in statewide employment data, as well as internal management purposes.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** SCLHSA completes monthly monitoring on this data to ensure accuracy.
6. **Data Source, Collection and Reporting:** The data is collected by using the Path to Employment tool, which is a form/questionnaire that support coordination agencies complete with our individuals every quarter. Support coordination agencies enter the Path to Employment data in LaSRS, which is where we pull our data. A report is generated from this data, which includes individuals working and the total individuals surveyed. Data is reported every quarter.
7. **Calculation Methodology:** The total number of respondents reporting they are employed in community divided by the total number of questionnaire respondents per quarter.  
**Benchmark:** 20%
8. **Scope:** The indicator includes all waiver individuals surveyed quarterly by support coordination agencies using the Path to Employment tool.
9. **Caveats:** None known
10. **Responsible Person:** Kristin Bonner, Executive Director  
[kristin.bonner@la.gov](mailto:kristin.bonner@la.gov)  
Phone: (985) 876-8886  
Fax: (985) 858-2934

Charlotte Richard, Quality & Compliance Manager  
[charlotte.richard@la.gov](mailto:charlotte.richard@la.gov); Phone: (985) 857-3751 or Fax: (985) 858-2934

## Performance Indicator Documentation

**Program:** 09-309 South Central Louisiana Human Services Authority

**Activity:** General Performance Indicator

**Objective:** Through the Developmental Disabilities activity, SCLHSA will foster and facilitate independence for citizens with developmental disabilities through the availability of home and community based services.

**Indicator Name:** Number of people receiving (flexible family funds) support.

**PI Code:** 24120

1. **Type and Level:** Key / Output
2. **Rationale:** Supporting individuals with developmental disabilities is a core function of the South Central Louisiana Human Services Authority. Increasing the number of individuals receiving flexible funds will contribute to clients maintaining themselves and their family members in the home.
3. **Use:** Data will be used to monitor agency performance and service to clients.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** The Regional OCDD QI specialist performs a 10% audit on cases to ensure communication regulations are followed and clients meets eligibility criteria each quarter. Audits are performed by random sample.
6. **Data Source, Collection and Reporting:** Flexible family fund slots are all filled. The number of people receiving Flexible Family Funds services is predetermined by OCDD.
7. **Calculation Methodology:** Total number of unique individuals who receive Flexible Family Funds services.

**Benchmark:**

8. **Scope:** The data is reported region wide. May be subdivided if needed.
9. **Caveats:** None known
10. **Responsible Person:** Kristin Bonner, Executive Director

[kristin.bonner@la.gov](mailto:kristin.bonner@la.gov)

Phone: (985) 876-8886

Fax: (985) 858-2934

Charlotte Richard, Quality & Compliance Manager

[charlotte.richard@la.gov](mailto:charlotte.richard@la.gov)

Phone: (985) 857-3751

Fax: (985) 858-2934

## Performance Indicator Documentation

**Program:** 09-309 South Central Louisiana Human Services Authority

**Activity:** General Performance Indicator

**Objective:** Through the Developmental Disabilities activity, SCLHSA will foster and facilitate independence for citizens with developmental disabilities through the availability of home and community based services.

**Indicator Name:** Total number of individuals receiving individual and family support services in South Central Louisiana Human Services Authority.

**PI Code:** 24119

1. **Type and Level:** Key / Output
2. **Rationale:** To measure the total number of people who receive support services.
3. **Use:** South Central Louisiana Human Services Authority administration will utilize the data to monitor how efficiently and cost effectively individuals are served.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** Data is audited quarterly. QI specialist pulls summary of all Individual and Family Support Services from ITS (OCDD Individual Tracking System) and reconciles the data against the regional office spreadsheet.
6. **Data Source, Collection and Reporting:** The Support Services Coordinators document and report the number of people to the Assistant CSRA. The Assistant CSRA compiles the data and enters it on an Excel spread sheet. Reported (Quarterly) to South Central Louisiana Human Services Authority Administration by QI staff.
7. **Calculation Methodology:** Simple count of the total number of unique individuals who receive Individual and Support Services as well as crisis funding.

**Benchmark:**

8. **Scope:** The data is reported region wide. May be subdivided if needed.
9. **Caveats:** None Known
10. **Responsible Person:** Kristin Bonner, Executive Director

[kristin.bonner@la.gov](mailto:kristin.bonner@la.gov)

Phone: (985) 876-8886

Fax: (985) 858-2934

Charlotte Richard, Quality & Compliance Manager

[charlotte.richard@la.gov](mailto:charlotte.richard@la.gov)

Phone: (985) 857-3751

Fax: (985) 858-2934

# APPENDIX

## FY 2026-2031

### 5-YEAR STRATEGIC PLAN

Northeast Delta Human Services Authority (NEDHSA) has been in operation since 2014. A governing board comprised of members of the local communities served by the LGE oversees the executive director's administration of programs and financial resources for the authority. NEDHSA has an ongoing performance improvement process within its operational structure. That system supports the use and development of data and information to make informed decisions about the needs of the citizens we serve and other stakeholders as well as the administration of these services.

NEDHSA is dedicated to transforming how we provide vital services to our citizens. We bring innovative programs to our citizens, which include integration of behavioral health with primary care services; services for children and adolescents with behavioral disorders that are at risk for experiencing a psychiatric or behavioral emergency; and collaborations with law enforcement agencies that help first responders know how to recognize a mental health issue. We also work to break down barriers that may keep citizens from obtaining treatment, like providing transportation to health clinics in rural areas; and ensuring that we keep the specific needs of the people in our communities at the forefront of our efforts.

NEDHSA's annual operating budget includes state general funds, self-generated revenue and interagency transfers for programs and services along with federal funding through grant awards. NEDHSA has maximized the use of self-generated revenue to implement innovative programs and services within the service area.

Activity 1: Integrated Care

Activity 2: Prevention and Wellness

Activity 3: Developmental Disability Services

Activity 4: Administrative Functions

**Goal I:** Improve the outcomes of citizens by expanding access to a network of appropriate, quality prevention and wellness, integrated care and developmental disability services.

**Statutory Authority:** Organized under the provisions of ACT 373 of the 2008 Legislative Session and Louisiana revised statutes (LSA-RS) R.S.28:891-901; R.S.28:912-920; R.S.28:771; R.S.28:254; R.S.28:258.

**Goal #2:** Provide integrated services that promote holistic care through best practices and strategies; ensure a person centered approach through prevention, treatment, support, education, and advocacy.

**Statutory Authority for Goal #2:** Organized under the provisions of ACT 373 of the 2008 Legislative Session and Louisiana revised statutes (LSA-RS) R.S.28:891-901; R.S.28:912-920; R.S.28:771; R.S.28:254; R.S.28:258.

**Goal #3:** Evaluate and analyze outcomes to strengthen internal operations to accommodate trending healthcare environments, payments, and electronic health records systems to produce data-driven decisions that best maximize efficiency and effectiveness.

**Statutory Authority for Goal #3:** Organized under the provisions of ACT 373 of the 2008 Legislative Session and Louisiana revised statutes (LSA-RS) R.S.28:891-901; R.S.28:912-920; R.S.28:771; R.S.28:254; R.S.28:258.

**Goal #4:** Proactively address risks that impact the behavioral health of our citizens by using collaboration and sound communication practices both internally and with key partners and providers.

**Statutory Authority for Goal #4:** Organized under the provisions of ACT 373 of the 2008 Legislative Session and Louisiana revised statutes (LSA-RS) R.S.28:891-901; R.S.28:912-920; R.S.28:771; R.S.28:254; R.S.28:258.

**Principal Customers/Users of Program and Benefits:**

Principal users of Northeast Delta Human Services Authority programs are adolescents to adult citizens of Region 8 who are or may be at risk of addiction, those with a mental health diagnoses or need mental health treatment, and/or those who need developmental disabilities assistance.

**Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in this Program:**

The ability to achieve the goals and objectives outlined in this plan may be changed by a number of factors over which Northeast Delta Human Services Authority has no control. Such external factors include but are not limited to:

- Funding levels –Fluctuations in Medicaid and state general funding for indigent care are dependent on many factors that cannot be controlled. The expansion of insurance benefits for indigent children and adults, which has meant an increase in some insurance revenues or the loss of some clients to the private sector.
- Changes in the state health care system - particularly changes related to managed care, skilled and professional labor shortages exacerbated by numerous disasters in our area and rapid changes in medical technology which require greater attention to capital acquisition needs/uses/costs.
- Potential changes in the federal health care arena as a result of Federal Health Care Reform and in the state Medicaid program involving a higher degree of care coordination.
- Changes in the economy of the state – as more individuals are employed or insured, it could result in more insured patients or fewer patients, depending on the changes in the economy of the state and client's access to other health care and the perception of the behavioral health care provided by our clinics.
- Changes in the population – demographic and other population changes, including an aging population which means an increase in the number of chronic cases.
- Competition from other private providers in the community.

Strategies in place to mitigate threats and/or barriers include: diversification of funding streams; expansion of integrated services; ongoing performance and quality improvement initiatives; collaboration with contiguous local governing entities; focus on staff development and retention; and, maintenance of accreditation with the Council on Accreditation for Rehabilitation Facilities (CARF). The overall responsibility for implementing and monitoring these strategies rests with the Executive Director along with members of the Executive Management Team.

Internal factors include but are not limited to:

- Changing workforce due to workers retiring and/or diversifying career paths.
- Changes in internal processes and procedures to address various changes in environmental factors and growing demand of the agency.

Strategies in place to mitigate internal factors includes cross training staff, succession planning, and utilizing various recruitment and retention strategies. Additionally, processes are in place to address changes through the policy and procedure review process and other quality assurance processes.

### **Methods Used to Avoid Duplication of Effort:**

Northeast Delta Human Services Authority shall promote compliance with all federal, state, and local statutes, regulations and program requirements pertinent to the accomplishment of its mission. The foundation of this function is the network of internal controls, policies and procedures in place within Northeast Delta Human Services Authority. The success of the agency is predicated on the continuous monitoring of effective managerial systems and investigation and correction of real and potential problems. All employees are required to discuss potential errors or irregularities with their chain of command and/or directly with the Northeast Delta Human Services Authority Director of Corporate Compliance. Rigorous monitoring and auditing systems have been implemented for all phases of services to include fiscal, medical records, purchasing, safety, etc. to avoid fraud and duplication of efforts at all costs.

**Maintenance of Agency Performance-Based Budgeting Records:** Documents used in the development of strategic and operational plans, as well as the data used for the completion of quarterly performance progress reports through the LaGov Performance Quarterly system, are maintained and preserved according to the state's preservation of records law (R.S. 44:36) for a period of at least three years from the date on which the record was made.

**Agency Retention Policy: LDH Retention Policy 42.2:** LDH Policy on Disclosure and Retention of Public Records states, "In accordance with the Louisiana Public Records Act ("PRA") (R.S. 44:1 et seq.), it shall be the policy of the Louisiana Department of Health (LDH) that all records are subject to disclosure under the PRA, with the exception of certain records specified in this policy, as provided by the statutory exceptions to the PRA as set forth in R.S. 44:1 or 44:4.1 or in other applicable state or federal law.

As mandated by the PRA, any person of the age of majority shall have the legal right to inspect, copy, reproduce or obtain a reproduction of any public record. The PRA shall be liberally interpreted so as to extend rather than restrict access to public records by the public.

All public records shall be preserved for at least the period of time specified for such records in formal records retention schedules developed and approved by the State Archivist and Director of the Division of Archives, Records Management and History, of the Department of State. However, in all instances in which a formal retention schedule has not been executed, a public record shall be preserved and maintained for a period of at least three years from the date on which it was made.

In LDH, records shall be retained for at least the periods of time shown on the office or facility's Records Retention Schedule of this policy. Documents related to services in a time of disaster shall be retained for 3 years after the disaster is closed out. It is our policy that examination of public records shall be conducted during regular office or work hours."

### **How the Strategic Planning Process Was Implemented:**

Northeast Delta Human Services Authority Executive Management Team utilized a collaborative approach to revise the agency strategic plan. Various aspects of quality reviews, staff meetings, and other data sources were utilized in the revision process. This included analysis of agency strengths, weaknesses, opportunities, and threats. To ensure an agency wide plan, each department leader provided input and rationales for agency goals, strategies, and indicators. Indicators developed were based on maximum agency impact and accountability measures to ensure efficiency and effectiveness.

### **Statement of Agency Strategies for Development and Implementation of Human Resource Policies That Are Helpful and Beneficial to Women and Families:**

**NEDHSA**-Office of Human Resources & Talent Management is committed to conducting yearly pay analysis to ensure all employees are compensated fairly.

**NEDHSA**-Office of Human Resources & Talent Management is committed to family-friendly policies and benefits that support breastfeeding mothers by accommodating the mother who wishes to express breast milk during her workday when separated from her newborn child.

**NEDHSA**-Office of Human Resources & Talent Management is committed to family-friendly policies and benefits that support breastfeeding mothers by providing a private place other than the bathroom to pump breast milk at which time no duties are required to be performed.

**NEDHSA**-Office of Human Resources & Talent Management is committed to providing a flexible spending account that provides a tax-free vehicle for employees to pay for certain dependent care expenses and flexible work arrangements to assist employees with time management by reducing commute time which allows more time with family.

**NEDHSA**-Office of Human Resources & Talent Management allows employees to bring their non-ill children to their worksite, provided the visits are infrequent, brief and planned in a fashion that limits disruption to the workplace. They must be directly supervised by their parent at all times.

### **Program Evaluations Used to Develop Goals, Objectives and Strategies:**

Northeast Delta Human Services Authority's strategic planning process is guided by the Mission, Vision and Priorities as set forth by the Board of Directors and by the Authority's Philosophy as set forth by its Executive Management Team. The evaluation of goals and objectives and the strategies is ongoing and rooted in data-driven decision-making. Monitoring of performance and resource utilization involves all levels of authority staff. Northeast Delta Human Services Authority actively solicits input and feedback from community leaders, stakeholders, individuals receiving services and their families, community members via Board linkages, and employees. Tools used to gather data include: employee and consumer satisfaction surveys; public forums;



needs assessment via governmental and stakeholder relations, and external evaluation by grantors and the legislative audit. Additionally, Northeast Delta Human Services Authority continuously monitors level of care and service recipient outcomes through its utilization management program and self-audits performance, outcomes, practices and procedures using CARF standards. Corrective and/or performance and quality improvement actions are undertaken as warranted.

#### **Monitoring and Evaluation of Reported Data:**

The LDH Division of Planning and Budget coordinates and reviews reported performance information for all LDH agencies on a quarterly basis. This includes, but not limited to, strategic planning, operational planning, and Performance Quarterly reporting. Explanatory notes are required for positive or negative variances greater than 5% from quarterly performance indicator targets. Recommendations are made at monthly expenditure analysis meetings directly to the agency's assistant secretary or the Department's undersecretary/deputy undersecretary, if significant variances occur, or if modifications and additions are needed. In addition, at the close of a fiscal year, agencies and programs review and evaluate their performance in order to determine if the information gained from this review should be used to improve strategic and operational metrics, or strengthen program management initiatives.

#### **Primary Persons Who Will Benefit From or Be Significantly Affected by These Objectives:**

The objectives within Northeast Delta Human Services Authority programs are intended to measure the efficiency and effectiveness of the activities within its program, as well as ensure positive outcomes for those who are being directly impacted and continuing to allow for the highest quality of life through the continued work that addresses all social determinates of health and effective ways to combat those issues through prevention, education, research, and advocacy.

**Objective I: Northeast Delta Human Services Authority will provide and offer an integrated, comprehensive care of services for adults and adolescents with Behavioral Health diagnosis.**

**Objective II: Northeast Delta Human Services Authority will ensure that behavioral health data is available to state, regional, and community partners and continue to mobilize communities based on culturally competent programs and interventions.**

**Objective III: Northeast Delta Human Services Authority will facilitate improved outcomes for citizens with intellectual developmental disabilities and promote the delivery of quality supports to live in the setting of their choice.**

**Objective IV: Provide administrative support to programmatic services to ensure efficient, effective, and quality services.**

## Activity A: Integrated Care

**Goal I:** Increase availability of integrated, holistic care for physical and behavioral health disorders.

**Goal II:** Improve access to primary care services.

**Goal II:** Improve overall health status and outcomes of clients.

**Statutory Authority:** Organized under the provisions of ACT 373 of the 2008 Legislative Session and Louisiana revised statutes (LSA-RS) R.S.28:891-901; R.S.28:912-920; R.S.28:771; R.S.28:254; R.S.28:

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Northeast Delta Human Services Authority

**ACTIVITY:** Integrated Care

**OBJECTIVE I:** Northeast Delta HSA Integrated healthcare services will provide access to integrated care services for adults and adolescents with behavioral health diagnoses.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Primary persons who will benefit from or be significantly affected by this objective are individuals with a behavioral health diagnosis.

**INDICATOR NAME:** Number of adults served through Integrated Healthcare Services

**LaPAS PI Code:** 26601

1. **Type and Level:** Output & General Performance Information
2. **Rationale:** This indicator was selected so that Northeast Delta HSA would know how many clients we are serving. This can assist the agency with any staffing concerns and will assist in making sure that the agency is growing with its population.
3. **Use:** This indicator will be used in management decision making because as our population grows, so will the agency. This indicator will be used to help Northeast Delta HSA manage time and staff to meet the needs of the population we serve.
4. **Clarity:** The indicator clearly identifies what is being measured and does not need clarification.
5. **Validity, Reliability and Accuracy:** This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include client records. As charts are opened, a numbering system is attached. The agency EHR will also be utilized to keep a running total of persons served.
6. **Data Source, Collection and Reporting:** Northeast Delta HSA will use its Electronic Health Record to keep a running total of types of services that staff are providing. This information will be collected on a quarterly/annual basis. The frequency and timing of collection and reporting is consistent.
7. **Calculation Methodology:** This indicator is a sum of the number of persons served from the staff documentation as provided by our Electronic Health Record.
8. **Scope:** This indicator is aggregated or a sum of smaller parts.
9. **Caveats:** This indicator does not have any limitations as it is tracked through our electronic health record and data analytic processes.
10. **Responsible Person:** The data analytics team will be responsible for tracking and reporting this indicator. The clinical team will be responsible for data input into the electronic health record.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Northeast Delta Human Services Authority

**ACTIVITY:** Integrated Care

**OBJECTIVE I:** Northeast Delta HSA Integrated healthcare services will provide access to integrated care services for adults and adolescents with behavioral health diagnoses.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Primary persons who will benefit from or be significantly affected by this objective are individuals with a behavioral health diagnosis.

**INDICATOR NAME:** Number of children/adolescents served through Integrated Healthcare Services

**LaPAS PI Code:** 26602

- 1 **Type and Level:** Output & General Performance Indicator
- 2 **Rationale:** This indicator was selected so that Northeast Delta HSA would know how many clients we are serving. This can assist the agency with any staffing concerns and will assist in making sure that the agency is growing with its population.
- 3 **Use:** This indicator will be used in management decision making because as our population grows, so will the agency. This indicator will be used for management purposes in order to help Northeast Delta HSA manage time and staff to meet the needs of the population we serve.
- 4 **Clarity:** The indicator clearly identifies what is being measured and does not need clarification.
- 5 **Validity, Reliability and Accuracy:** This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include client records. As charts are opened, a numbering system is attached. The agency EHR will also be utilized to keep a running total of persons served.
- 6 **Data Source, Collection and Reporting:** Northeast Delta HSA will use its Electronic Health Record to keep a running total of types of services that staff are providing. This information will be collected on a quarterly/annual basis. The frequency and timing of collection and reporting is consistent.
- 7 **Calculation Methodology:** This indicator is a sum of the number of persons served from the staff documentation as provided by our Electronic Health Record.
- 8 **Scope:** This indicator is aggregated or a sum of smaller parts.
- 9 **Caveats:** This indicator does not have any limitations as it is tracked through our electronic health record and data analytic processes.
- 10 **Responsible Person:** The data analytics team will be responsible for tracking and reporting this indicator. The clinical team will be responsible for data input into the electronic health record.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Northeast Delta Human Services Authority

**ACTIVITY:** Integrated Care

**OBJECTIVE I:** Northeast Delta HSA Integrated healthcare services will provide access to integrated care services for adults and adolescents with behavioral health diagnoses.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS**

**OBJECTIVE:** Primary persons who will benefit from or be significantly affected by this objective are individuals with a behavioral health diagnosis.

**INDICATOR NAME:** Percentage of persons served who indicate they would recommend the clinic to a friend or family member

**LaPAS PI Code:** 25212

- 1 **Type and Level:** Quality & Key
- 2 **Rationale:** This indicator was selected so Northeast Delta HSA can see how our clients view the type and quality of services that they receive. It is a valid measure of performance targeted in this objective. This will tell our performance story because if clients recommend the services we provide and choose to stay with Northeast Delta HSA, then we are doing a great job because taking care of clients is one of our main priorities
- 3 **Use:** This indicator will be used in management decision making and other agency processes because Northeast Delta HSA can utilize our clients well-being and contentment with our organization as a positive driving point in the type of services needed. This will be used for internal management purposes.
- 4 **Clarity:** The indicator clearly identifies what is being measured.
- 5 **Validity, Reliability and Accuracy:** This performance indicator has not been audited by the Office of the Legislative Auditor. The report will be maintained by collecting reports/surveys and completing an annual report of the findings.
- 6 **Data Source, Collection and Reporting:** The source will be the Quality of Care Surveys completed as per Telesage Outcomes Measurement System requirements (TOMS). These reports will be generated on a quarterly basis utilizing the TOMS system reports.
- 7 **Calculation Methodology:** Utilizing the system generated report, the indicator will be calculated by dividing the number of individuals who indicated a response of 1-3 for this item by the number of total individuals who answered the item.
- 8 **Scope:** This indicator is aggregated or a sum of smaller parts.
- 9 **Caveats:** This indicator does not have limitations or weakness. It will be collected from all of our clinics so we can see how our consumers feel about the services received.
- 10 **Responsible Person:** The responsible person for collecting these will be clinicians and counselors at each clinic.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Northeast Delta Human Services Authority

**ACTIVITY:** Integrated Care

**OBJECTIVE II:** Northeast Delta HSA will provide a continuum of quality, competent behavioral health and integrated services that meet the needs of persons served.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS**

**OBJECTIVE:** Primary persons who will benefit from or be significantly affected by this objective are individuals with a behavioral health diagnosis.

**INDICATOR NAME:** Percentage of successful completions (inpatient addiction treatment programs, level 3.5)

**LaPAS PI Code:** 25219

1. **Type and Level:** Outcome & Key
2. **Rationale:** The rationale for the indicator is to check how our clients are successfully completing programs and are advancing in their recovery. The completion of an inpatient addictive disorder treatment is a major step in the recovery process for the clients who are unable to maintain substance free life with outpatient treatment. This will help us tell our performance story in that we can see that clients are progressing and completing our programs.
3. **Use:** This indicator will be used in management decision making so that we will be able to see if programs are working the way they should. This program will be used for internal management purposes.
4. **Clarity:** This indicator name clearly identifies what is being measured.
5. **Validity, Reliability and Accuracy:** This indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** The source of this data will be Louisiana Addictive Disorders System or the provider agency's electronic health record. These reports will be viewed on a quarterly basis. The frequency and timing of collection and reporting is consistent.
7. **Calculation Methodology:** This indicator will be calculated by gaining a total successful completion rate divided by the number of individuals discharged and multiplied by 100 to get a percentage.
8. **Scope:** This indicator is aggregated or a sum of smaller parts.
9. **Caveats:** This indicator does not have limitations or bias.
10. **Responsible Person:** The persons responsible for collecting this data will be the contract monitor and data analytics team.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Northeast Delta Human Services Authority

**ACTIVITY:** Integrated Care

**OBJECTIVE II:** Northeast Delta HSA will provide a continuum of quality, competent behavioral health and integrated services that meet the needs of persons served.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS**

**OBJECTIVE:** Primary persons who will benefit from or be significantly affected by this objective are individuals with a behavioral health diagnosis.

**INDICATOR NAME:** Percentage of successful completions (residential addiction treatment programs, level 3.1 and 3.3)

**LaPAS PI Code:** 25218

1. **Type and Level:** Outcome & Key
2. **Rationale:** The rationale for the indicator is to gauge how our clients are successfully completing programs and are advancing in their recovery. This will help us tell our performance story in that we can see if clients are getting better and completing our programs.
3. **Use:** This indicator will be used in management decision making so that we will be able to see if our programs are working the way they should. The completion of an inpatient addictive disorder treatment is a major step in the recovery process for the clients who are unable to maintain substance free life with outpatient treatment. This program will be used for internal management purposes.
4. **Clarity:** This indicator name clearly identifies what is being measured.
5. **Validity, Reliability and Accuracy:** This performance indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** The source of this data will be Louisiana Addictive Disorders System or the provider agency's electronic health record. These reports will be viewed on a quarterly basis. The frequency and timing of collection and reporting is consistent.
7. **Calculation Methodology:** This indicator will be calculated by gaining a total successful completion rate divided by the number of individuals discharged and multiplied by 100 to get a percentage.
8. **Scope:** This indicator is aggregated or a sum of smaller parts.
9. **Caveats:** This indicator does not have any limitations or bias.
10. **Responsible Person:** The persons responsible for collecting the data will be the contract monitor and the data analytics team.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Northeast Delta Human Services Authority

**ACTIVITY:** Integrated Care

**OBJECTIVE II:** Northeast Delta HSA will provide a continuum of quality, competent behavioral health and integrated services that meet the needs of persons served.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Primary persons who will benefit from or be significantly affected by this objective are individuals with a behavioral health diagnosis.

**INDICATOR NAME:** Percentage of Consumer Care Resource funds expended

**LaPAS PI Code:** 26600

1. **Type and Level:** Output & Key
2. **Rationale:** This indicator is selected so that Northeast Delta HSA can gauge the level of utilization in this service. It is a valid measure of performance targeted in this objective.
3. **Use:** The indicator will be used in the management decision making to show if this program is being utilized at its capacity and the needs of our consumers. This indicator will be used only for internal management.
4. **Clarity:** The indicator name is clearly identified of what is being measured.
5. **Validity, Reliability and Accuracy:** This indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor. The request for Consumer Care Resource funds will assist in the data to support its accuracy. This report has to be monitored closely to verify available funds.
6. **Data Source, Collection and Reporting:** This information is gathered on a quarterly basis. This is to help maintain its accuracy. The frequency of the collection is consistent with reporting.
7. **Calculation Methodology:** This indicator is calculated by taking total amount of funds utilized divided by the total amount of funds allocated/budgeted.
8. **Scope:** This indicator is aggregated or a sum of smaller parts.
9. **Caveats:** This indicator does not have any limitations or bias.
10. **Responsible Person:** The person responsible for collecting this data is the program monitor.



## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Northeast Delta Human Services Authority

**ACTIVITY:** Integrated Care

**OBJECTIVE III:** Northeast Delta HSA will support critical needs of consumers by leveraging community based services that will encourage recovery and stabilization.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Support critical needs of consumers by leveraging community based services that will encourage recovery and stabilization.

**INDICATOR NAME:** Number of persons served in an evidence-based community-based program

**LaPAS PI Code:** 26603

1. **Type and Level:** Output & General Performance Indicator
2. **Rationale:** This indicator is selected so that Northeast Delta HSA can measure the level of utilization of community-based services. It is a valid measure of performance targeted in this objective.
3. **Use:** This indicator will be used in the management decision making. This indicator will be used only for internal management.
4. **Clarity:** The indicator name is clearly identified of what is being measured.
5. **Validity, Reliability and Accuracy:** This indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** This information is gathered on a monthly and quarterly basis. This is to help maintain its accuracy. Data is available for reporting at any point in time.
7. **Calculation Methodology:** This indicator will be calculated by summing the number of individuals served by community-based programs via agency log.
8. **Scope:** This indicator is aggregated or a sum of smaller parts.
9. **Caveats:** This indicator does not have any limitations or bias.
10. **Responsible Person:** The person responsible for collecting this data is the community-based program contract monitor.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Northeast Delta Human Services Authority

**ACTIVITY:** Integrated Care

**OBJECTIVE II:** Northeast Delta HSA will provide a continuum of quality, competent behavioral health and integrated services that meet the needs of persons served.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Primary persons who will benefit from or be significantly affected by this objective are individuals with a behavioral health diagnosis.

**INDICATOR NAME:** Number of referrals made to partner agencies in the NEDHSA Integrated Care Network

**LaPAS PI Code:** NEW

1. **Type and Level:** Output/Efficiency/Quality & General Performance Information
2. **Rationale:** This indicator was selected so that Northeast Delta HSA would know how many clients the agency is providing additional and support care to. This can assist us in making sure that the agency is growing with its population and identifying the needs through proper referrals.
3. **Use:** This indicator will be used in management decision making because as our consumers reach stabilization, they will be referred to comprehensive services. This indicator will be used for management purposes in order to help Northeast Delta HSA manage care to meet the needs of the population we serve.
4. **Clarity:** The indicator clearly identifies what is being measured and does not need clarification.
5. **Validity, Reliability and Accuracy:** This indicator has not been audited by the Office of the Legislative Auditor. The source will be a quarterly report completed by clinicians and counselors. Yearly reports will be compiled of the results.
6. **Data Source, Collection and Reporting:** This information is gathered on a quarterly basis. This is to help maintain its accuracy. The frequency of the collection is consistent with reporting.
7. **Calculation Methodology:** This indicator will be calculated by summing the number of individuals referred to partner agencies via agency log.
8. **Scope:** This indicator is aggregated or a sum of smaller parts.
9. **Caveats:** This indicator does not have any limitation as the number of referrals is tracked as part of clinical processes.
10. **Responsible Person:** The responsible person for collecting these will be clinicians and clinic managers at each clinic.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Northeast Delta Human Services Authority

**ACTIVITY:** Integrated Care

**OBJECTIVE III:** Northeast Delta HSA will support critical needs of consumers by leveraging community based services that will encourage recovery and stabilization.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Support critical needs of consumers by leveraging community based services that will encourage recovery and stabilization.

**INDICATOR NAME:** Number of persons assisted with Medicaid application

**LaPAS PI Code:** New

1. **Type and Level:** Outcome & Key
2. **Rationale:** This indicator is selected so that Northeast Delta HSA can measure the level of utilization of the Medicaid Application Centers within its facilities. It is a valid measure of performance targeted in this objective.
3. **Use:** This indicator will be used for management decision processes.
4. **Clarity:** The indicator name is clearly identified of what is being measured.
5. **Validity, Reliability and Accuracy:** This indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor. This information is logged and monitored by the clinical services team.
6. **Data Source, Collection and Reporting:** This information is collected and maintained on agency logs and is available for review on a quarterly basis. This is to help maintain its accuracy. Data is available for reporting at any point in time.
7. **Calculation Methodology:** This indicator will be calculated by summing the number of individuals served by community-based programs via agency log.
8. **Scope:** This indicator is aggregated or a sum of smaller parts.
9. **Caveats:** This indicator does not have any limitations or bias.
10. **Responsible Person:** The persons responsible for collecting this data are the clinic managers.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Northeast Delta Human Services Authority

**ACTIVITY:** Integrated Care

**OBJECTIVE III:** Northeast Delta HSA will support critical needs of consumers by leveraging community based services that will encourage recovery and stabilization.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Support critical needs of consumers by leveraging community based services that will encourage recovery and stabilization.

**INDICATOR NAME:** GPA rating of Outcomes of Services

**LaPAS PI Code:** New

1. **Type and Level:** Outcome/Quality & General Performance Indicator
2. **Rationale:** This indicator will assist the agency in determining the extent to which services provided have a positive or negative effect on individual's well-being, life, circumstances and capacity for self-management and recovery based on grading of these issues.
3. **Use:** This indicator will be used for management decision processes along with quality improvement processes.
4. **Clarity:** The indicator name is clearly identified of what is being measured.
5. **Validity, Reliability and Accuracy:** This performance indicator has not been audited by the Office of the Legislative Auditor. The report will be maintained by collecting reports/surveys and completing an annual report of the findings.
6. **Data Source, Collection and Reporting:** The source will be the Quality of Care Surveys completed as per Telesage Outcomes Measurement System requirements (TOMS). These reports will be generated on a quarterly basis utilizing the TOMS system reports.
7. **Calculation Methodology:** Utilizing the system generated report, this indicator will be calculated through the system and available for the time period specified by running the QOC Agency Report in TOMS.
8. **Scope:** This indicator is aggregated or a sum of smaller parts.
9. **Caveats:** This indicator does not have any limitations or bias.
10. **Responsible Person:** The person responsible for collecting this data is the Director of Clinical Services and/or the Regional Clinical Services Manager.

## Activity B: Prevention & Wellness

**Goal I:** Northeast Delta HSA Prevention and Wellness will serve as a functioning and well-organized health data infrastructure supported by the internal Health Data Informatics department.

**Goal II:** The Northeast Delta HSA Prevention and Wellness unit will be a culturally competent prevention system that elicits, motivates, and coordinates the best efforts, ideas, and resources of all participating stakeholders and partners through coalition work and advocacy.

**Goal III:** Reduce misuse and abuse of alcohol, tobacco, illicit drugs, and prescription drugs, including misuse and abuse of opioids, and negative health behaviors that contribute to addiction across the lifespan.

**Statutory Authority:** Organized under the provisions of ACT 373 of the 2008 Legislative Session and Louisiana revised statutes (LSA-RS) R.S.28:891-901; R.S.28:912-920; R.S.28:771; R.S.28:254; R.S.28:258.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Northeast Delta Human Services Authority

**ACTIVITY:** Prevention and Wellness

**OBJECTIVE I:** Formalize processes for sustainability of integrated health data infrastructure and ensure behavioral health data is available to state, regional, and community partners.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Primary persons who will benefit from or be significantly affected by this objective are individuals within the Northeast Delta HSA region.

**INDICATOR NAME:** Number of schools participating in CCYS

**LaPAS PI Code:** 26606

1. **Type and Level:** Output/Quality & General Performance Information
2. **Rationale:** This indicator was selected so that Northeast Delta HSA may track the schools participating in CCYS and data that may be used as a result of participation.
3. **Use:** This indicator will be used in management decision processes.
4. **Clarity:** The indicator clearly identifies what is being measured and does not need clarification. The acronym CCYS refers to Communities that Care Youth Survey.
5. **Validity, Reliability and Accuracy:** This indicator has not been audited by the Office of the Legislative Auditor. Information for this indicator is provided by the State.
6. **Data Source, Collection and Reporting:** Northeast Delta HSA will use information provided by the state to collect and report this information.
7. **Calculation Methodology:** This indicator is direct report of the sum of schools participating in the survey.
8. **Scope:** This indicator is aggregated or a sum of smaller parts.
9. **Caveats:** This indicator does not have any limitations or bias.
10. **Responsible Person:** The person responsible for collecting this data is the Director of Prevention and Wellness.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Northeast Delta Human Services Authority

**ACTIVITY:** Prevention and Wellness

**OBJECTIVE I:** Formalize processes for sustainability of integrated health data infrastructure and ensure behavioral health data is available to state, regional, and community partners.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Primary persons who will benefit from or be significantly affected by this objective are individuals within the Northeast Delta HSA region.

**INDICATOR NAME:** Number of prevention related presentations with community-level data

**LaPAS PI Code:** 26604

- 1 **Type and Level:** Quality & Supporting
- 2 **Rationale:** This indicator was selected so that Northeast Delta HSA may track the number of prevention related presentations with community-level data which is a direct measure of this objective and strategies related to the objective.
- 3 **Use:** This indicator will be used in management decision making processes.
- 4 **Clarity:** The indicator clearly identifies what is being measured and does not need clarification.
- 5 **Validity, Reliability and Accuracy:** This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include sign in sheets and meeting minutes.
- 6 **Data Source, Collection and Reporting:** Northeast Delta HSA will gather sign in sheets and meeting minutes for reporting. This information will be logged and tracked internally.
- 7 **Calculation Methodology:** This indicator is a sum of the number of community events that meet the criteria of the indicator.
- 8 **Scope:** This indicator is aggregated or a sum of smaller parts
- 9 **Caveats:** This indicator does not have any limitations or bias.
- 10 **Responsible Person:** The person responsible for collecting this data is the Director of Prevention and Wellness.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Northeast Delta Human Services Authority

**ACTIVITY:** Prevention and Wellness

**OBJECTIVE II:** Utilize coalitions to mobilize communities based on culturally competent programs and interventions.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Primary persons who will benefit from or be significantly affected by this objective are individuals within the Northeast Delta HSA region.

**INDICATOR NAME:** Number of people reached through prevention campaigns

**LaPAS PI Code:** New

1. **Type and Level:** Output & Key
2. **Rationale:** The rationale for this indicator is to measure the effectiveness and outreach of marketing strategies.
3. **Use:** This indicator will be used in management decision making processes. It will be used for internal management purposes.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Validity, Reliability and Accuracy:** This indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor. Information is gathered from various marketing media outlets and maintained on file.
6. **Data Source, Collection and Reporting:** Data is provided through reporting of media outlets and collected by the communications staff. Reporting information is available as needed for reporting.
7. **Calculation Methodology:** This indicator is calculated by adding the sum of impressions for various marketing strategies.
8. **Scope:** This indicator is aggregated or a sum of smaller parts.
9. **Caveats:** This indicator does not have any limitations or bias.
10. **Responsible Person:** The person responsible for collecting this data is the Director of Prevention and Wellness.



## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Northeast Delta Human Services Authority

**ACTIVITY:** Prevention and Wellness

**OBJECTIVE III:** Northeast Delta HSA will expand the utilization of the Strategic Prevention Framework process in order to reduce misuse and abuse as well as address associated shared risk and protective factors across the lifespan.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Primary persons who will benefit from or be significantly affected by this objective are individuals within the Northeast Delta HSA region.

**INDICATOR NAME:** Number of social norming campaigns facilitated

**LaPAS PI Code:** New

1. **Type and Level:** Output & General Performance Indicator
2. **Rationale:** The rationale for this indicator is to measure the amount of information disseminated in the community as per strategies to meet this objective.
3. **Use:** This indicator will be used in management decision making processes. It will be used for internal management purposes.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Validity, Reliability and Accuracy:** This indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor. Information is gathered via meeting minutes and sign in sheets.
6. **Data Source, Collection and Reporting:** Data is provided through internal log of information gathered from meeting minutes, agendas, and sign in sheets and other related documentation.
7. **Calculation Methodology:** This indicator is calculated by adding the sum of meetings/campaigns facilitated.
8. **Scope:** This indicator is aggregated or a sum of smaller parts.
9. **Caveats:** This indicator does not have any limitations or bias.
10. **Responsible Person:** The person responsible for collecting this data is the Director of Prevention and Wellness.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Northeast Delta Human Services Authority

**ACTIVITY:** Prevention and Wellness

**OBJECTIVE III:** Northeast Delta HSA will expand the utilization of the Strategic Prevention Framework process in order to reduce misuse and abuse as well as address associated shared risk and protective factors across the lifespan.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Primary persons who will benefit from or be significantly affected by this objective are individuals within the Northeast Delta HSA region.

**INDICATOR NAME:** Percent decrease in misperceptions of the effects of ATOD's

**LaPAS PI Code:** New

1. **Type and Level:** Output/Quality & Performance Indicator
2. **Rationale:** The rationale for this indicator is to measure the effectiveness of information disseminated and presentation strategies which is in line with the objective.
3. **Use:** This indicator will be used in management decision making processes. It will be used for internal management purposes.
4. **Clarity:** The indicator name clearly identifies what is being measured. The acronym ATOD refers to Alcohol, Tobacco, and Other Drugs.
5. **Validity, Reliability and Accuracy:** This indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor. Information is gathered via pre and post assessments which are logged and calculated.
6. **Data Source, Collection and Reporting:** Data is provided through internal log of information gathered from meeting pre and posttests.
7. **Calculation Methodology:** This indicator will be calculated by subtracting the pretest raw score from the current raw score and dividing by the previous raw score then multiplying by 100 to provide a percentage.
8. **Scope:** This indicator is aggregated or a sum of smaller parts.
9. **Caveats:** This indicator does not have any limitations or bias.
10. **Responsible Person:** The person responsible for collecting this data is the Director of Prevention and Wellness.

## Program C: Developmental Disabilities

**Goal I:** Serve as the single point of entry for developmental disabilities services in the northeast region of the state of Louisiana.

**Goal II:** Advocate for people with developmental disabilities to be included and participating in their communities.

**Goal III:** Promote positive health outcomes for people with developmental disabilities.

**Goal IV:** Support the need for people with developmental disabilities to have access to competent, quality care and services to meet their individual goals.

**Goal V:** Increase access to life-saving vaccinations with events specifically for people with developmental disabilities through our partnership with Genoa Pharmacy.

**Goal VI:** Increase accesses to needed behavioral health services for people with developmental disabilities in the Phoenix Clinic.

**Goal VII:** Promote positive health outcomes for people with developmental disabilities through the inclusion of NEHDSA Prevention and Wellness initiatives.

**Statutory Authority:** Organized under the provisions of ACT 373 of the 2008 Legislative Session and Louisiana revised statutes (LSA-RS) R.S.28:891-901; R.S.28:912-920; R.S.28:771; R.S.28:254; R.S.28:258.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Northeast Delta Human Services Authority

**ACTIVITY:** Developmental Disability Services

**OBJECTIVE I:** Facilitate improved outcomes for citizens with intellectual and developmental disabilities.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Primary persons who will benefit from or be significantly affected by this objective are citizens with intellectual and developmental disabilities.

**INDICATOR NAME:** Percentage of Individual and Family Support Plans that meet the participants' goals

**LaPAS PI Code:** 26126

1. **Type and Level:** Output/Efficiency/Quality & Key
2. **Rationale:** The purpose of Individual and Family Support Plans is to improve outcomes for citizens with intellectual and developmental disabilities. Therefore, the percentage of plans that meet participants' goals is a valid measure of performance targeted in this objective.
3. **Use:** This indicator will be used for quality improvement purposes and performance-based decision purposes.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Validity, Reliability and Accuracy:** This indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor. Actual plans are available and maintained to ensure that it is verifiable in the future.
6. **Data Source, Collection and Reporting:** Individual case records will be used in gathering the information. The information is gathered quarterly. The frequency and timing of collection and the reporting is consistent.
7. **Calculation Methodology:** This indicator is calculated by dividing the number of Family Support plans that met the participants' goals by the number of Family Support plans for participants monitored, providing a percentage.
8. **Scope:** This indicator is aggregated or a sum of smaller parts.
9. **Caveats:** This indicator does not have any limitations or bias.
10. **Responsible Person:** The person responsible for collecting this data is the program monitor.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Northeast Delta Human Services Authority

**ACTIVITY:** Developmental Disability Services

**OBJECTIVE I:** Facilitate improved outcomes for citizens with intellectual and developmental disabilities.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Primary persons who will benefit from or be significantly affected by this objective are citizens with intellectual and developmental disabilities.

**INDICATOR NAME:** Percentage of Waiver participants whose Plan of Care meets their needs.

**LaPAS PI Code:** New

1. **Type and Level:** Quality/Outcome & Key
2. **Rationale:** The purpose of the Waiver participants' Plan of Care is to improve outcomes for citizens with intellectual and developmental disabilities. Therefore, the percentage of plans that meet participants' needs is a valid measure of performance targeted in this objective.
3. **Use:** This indicator will be used for quality improvement purposes and performance-based decision purposes.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Validity, Reliability and Accuracy:** This indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor. Actual plans are available and maintained to ensure that it is verifiable in the future.
6. **Data Source, Collection and Reporting:** Data is collected via an internal log or database. This information is collected and monitored at least monthly, and it is available for reporting quarterly on a consistent basis.
7. **Calculation Methodology:** This indicator is calculated by dividing the number of Waiver participants whose Plan of Care meets their needs by the total number of Level of Care Plan of Care reviews completed, providing a percentage.
8. **Scope:** This indicator is aggregated or a sum of smaller parts.
9. **Caveats:** This indicator does not have any limitations or bias.
10. **Responsible Person:** The person responsible for collecting this data is the program monitor.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Northeast Delta Human Services Authority

**ACTIVITY:** Developmental Disability Services

**OBJECTIVE I:** Facilitate improved outcomes for citizens with intellectual and developmental disabilities.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Primary persons who will benefit from or be significantly affected by this objective are citizens with intellectual and developmental disabilities.

**INDICATOR NAME:** Percentage of Waiver participants whose Plan of Care includes natural and community resources.

**LaPAS PI Code:** New

1. **Type and Level:** Quality/Outcome & Key
2. **Rationale:** The purpose of the Waiver participants' Plan of Care is to improve outcomes for citizens with intellectual and developmental disabilities. Therefore, the percentage of plans that includes natural and community resources is a valid measure of performance targeted in this objective.
3. **Use:** This indicator will be used for quality improvement purposes and performance-based decision purposes.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Validity, Reliability and Accuracy:** This indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor. Actual plans are available and maintained to ensure that it is verifiable in the future.
6. **Data Source, Collection and Reporting:** Data is collected via an internal log or database. This information is collected and monitored at least monthly, and it is available for reporting quarterly on a consistent basis.
7. **Calculation Methodology:** This indicator is calculated by dividing the number of waiver participants whose Plan of Care includes natural & community resources by the total number of Level of Care Plan of Care reviews completed, providing a percentage.
8. **Scope:** This indicator is aggregated or a sum of smaller parts.
9. **Caveats:** This indicator does not have any limitations or bias.
10. **Responsible Person:** The person responsible for collecting this data is the program monitor.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Northeast Delta Human Services Authority

**ACTIVITY:** Developmental Disability Services

**OBJECTIVE II:** Promote the delivery of quality supports to increase community capacity allowing people to live in the setting of their choice.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Primary persons who will benefit from or be significantly affected by this objective are citizens with intellectual and developmental disabilities.

**INDICATOR NAME:** Number of people receiving DD services per year

**LaPAS PI Code:** 25221

1. **Type and Level:** Output & Key
2. **Rationale:** The rationale for the indicator is for Northeast Delta Human Services Authority to measure the number of people receiving DD services per year.
3. **Use:** This indicator will be used in management decision making processes. It will be used for internal management purposes.
4. **Clarity:** The indicator name clearly identifies what is being measured. The acronym DD refers to Developmental Disabilities.
5. **Validity, Reliability and Accuracy:** This indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor. The Participant Services Database will be utilized to gather information.
6. **Data Source, Collection and Reporting:** Data is collected via a Participant Services Database. This information is collected and monitored at least quarterly, and it is available for reporting quarterly on a consistent basis.
7. **Calculation Methodology:** This indicator is calculated by adding the sum of individuals served via the Participant Services Database.
8. **Scope:** This indicator is aggregated or a sum of smaller parts.
9. **Caveats:** This indicator does not have any limitations or bias.
10. **Responsible Person:** The person responsible for collecting this data is the program monitor.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Northeast Delta Human Services Authority

**ACTIVITY:** Developmental Disability Services

**OBJECTIVE II:** Promote the delivery of quality supports to increase community capacity allowing people to live in the setting of their choice.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Primary persons who will benefit from or be significantly affected by this objective are citizens with intellectual and developmental disabilities.

**INDICATOR NAME:** Percentage of Individual & Family Support (FS) plans for which fund guidelines were followed

**LaPAS PI Code:** 25965

1. **Type and Level:** Outcome/Efficiency/Quality & Key
2. **Rationale:** The rationale for the indicator is for Northeast Delta Human Services Authority to ensure compliance for proper use of funds.
3. **Use:** This indicator will be used in management decision making processes. It will be used to determine effectiveness and efficiency of our services. The indicator will be used for internal management purposes.
4. **Clarity:** The indicator name clearly identifies what is being measured. The acronym OCDD refers to the Office for Citizens with Developmental Disabilities.
5. **Validity, Reliability and Accuracy:** This indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** The Individual & Family Support case records will be used in gathering the information. The information is gathered quarterly. The frequency and timing of collection and the reporting is consistent.
7. **Calculation Methodology:** This indicator will be calculated by gathering the information in the Individual & Family Support cases. The calculation is the percentage determined by dividing the number of Family Support plans monitored for which guidelines were followed by the total number of Family Support plans for participants monitored.
8. **Scope:** This indicator is aggregated or a sum of smaller parts.
9. **Caveats:** This indicator does not have any limitations or bias.
10. **Responsible Person:** The person responsible for collecting this data is the program monitor.



## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Northeast Delta Human Services Authority

**ACTIVITY:** Developmental Disability Services

**OBJECTIVE II:** Promote the delivery of quality supports to increase community capacity allowing people to live in the setting of their choice.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Primary persons who will benefit from or be significantly affected by this objective are citizens with intellectual and developmental disabilities.

**INDICATOR NAME:** Percentage of valid Flexible Family Fund (FFF) eligibility determinations (in accordance with FFF promulgation)

**LaPAS PI Code:** 25223

1. **Type and Level:** Outcome/Efficiency & Key
2. **Rationale:** The rationale for the indicator is for Northeast Delta Human Services Authority to ensure compliance promulgated in Act 378.
3. **Use:** This indicator will be used in management decision making processes. It will be used to determine effectiveness and efficiency of our services. The indicator will be used for internal management purposes.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Validity, Reliability and Accuracy:** This indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** The Family Flexible Fund case records will be used in gathering the information. The information is gathered quarterly. The frequency and timing of collection and the reporting is consistent.
7. **Calculation Methodology:** This indicator will be calculated by gathering the information in the Family Flexible Fund cases. The calculation is the percentage determined by the number of cases where promulgation standard is met divided by the total number of cases reviewed. That number is then multiplied by 100 to achieve the percentage.
8. **Scope:** This indicator is aggregated or a sum of smaller parts.
9. **Caveats:** This indicator does not have any limitations or bias.
10. **Responsible Person:** The person responsible for collecting this data is the program monitor.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Northeast Delta Human Services Authority

**ACTIVITY:** Developmental Disability Services

**OBJECTIVE II:** Promote the delivery of quality supports to increase community capacity allowing people to live in the setting of their choice.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Primary persons who will benefit from or be significantly affected by this objective are citizens with intellectual and developmental disabilities.

**INDICATOR NAME:** Percentage of new systems entry applications received and completed per policy

**LaPAS PI Code:** New

1. **Type and Level:** Output/Efficiency & Key
2. **Rationale:** The rationale for the indicator is for Northeast Delta Human Services Authority to ensure compliance with policy.
3. **Use:** This indicator will be used in management decision making processes. It will be used to determine effectiveness and efficiency of our services along with compliance. The indicator will be used for internal management purposes.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Validity, Reliability and Accuracy:** This indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Data is collected via an internal log or database. This information is collected and monitored at least monthly, and it is available for reporting quarterly on a consistent basis.
7. **Calculation Methodology:** This indicator will be calculated by gathering the information in the individual cases. The calculation is the percentage determined by the number of Statement of Approvals & Statement of Denials completed as per policy is divided by the total number of Statement of Approvals & Statement of Denials completed. That number is then multiplied by 100 to achieve the percentage.
8. **Scope:** This indicator is aggregated or a sum of smaller parts.
9. **Caveats:** This indicator does not have any limitations or bias.
10. **Responsible Person:** The person responsible for collecting this data is the program monitor.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Northeast Delta Human Services Authority

**ACTIVITY:** Developmental Disability Services

**OBJECTIVE II:** Promote the delivery of quality supports to increase community capacity allowing people to live in the setting of their choice.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Primary persons who will benefit from or be significantly affected by this objective are citizens with intellectual and developmental disabilities.

**INDICATOR NAME:** Percentage of referrals for children receiving Early Steps who request developmental disability services that are processed by age 3

**LaPAS PI Code:** New

1. **Type and Level:** Quality/Efficiency & Key
2. **Rationale:** The rationale for the indicator is for Northeast Delta Human Services Authority to ensure compliance promulgated in Act 378.
3. **Use:** This indicator will be used in management decision making processes. It will be used to determine effectiveness and efficiency of our services. The indicator will be used for internal management purposes.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Validity, Reliability and Accuracy:** This indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Data is collected via an internal log or database. This information is collected and monitored at least monthly, and it is available for reporting quarterly on a consistent basis.
7. **Calculation Methodology:** This indicator will be calculated by gathering the information in the systems database. The calculation is the percentage determined by the number of caregivers that indicated desire to complete system entry, the number of children that turn 3 during the quarter, and completed system entry divided by the total number of children that turn 3 during the quarter. That number is then multiplied by 100 to achieve the percentage.
8. **Scope:** This indicator is aggregated or a sum of smaller parts.
9. **Caveats:** This indicator does not have any limitations or bias.
10. **Responsible Person:** The person responsible for collecting this data is the program monitor.

## **Program D: Administrative Functions**

**Goal I:** The agency's analytics, business and fiscal operations, compliance, communications and external affairs and human resources operations provide ongoing support for core opportunities, resources and services offered to the residents of the 12 parishes across northeastern Louisiana.

**Statutory Authority:** Organized under the provisions of ACT 373 of the 2008 Legislative Session and Louisiana revised statutes (LSA-RS) R.S.28:891-901; R.S.28:912-920; R.S.28:771; R.S.28:254; R.S.28:258.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Northeast Delta Human Services Authority

**ACTIVITY:** Administrative Functions

**OBJECTIVE I:** Provide administrative support to programmatic services to ensure efficient, effective, and quality services.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:**  
Internal and external stakeholders will benefit from or be significantly affected by this objective.

**INDICATOR NAME:** Percentage of contract invoices for which payment is issued within 30 days of agency receipt

**LaPAS PI Code:** 26609

1. **Type and Level:** Efficiency & Key
2. **Rationale:** The purpose of this indicator is to ensure timely processing of invoices to ensure quality services provided to persons served. This measure is valid and necessary to ensure efficient, effective, and quality services.
3. **Use:** This indicator will be used in internal management decisions and processes.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Validity, Reliability and Accuracy:** This indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor. Data is available and maintained to ensure that it is verifiable in the future.
6. **Data Source, Collection and Reporting:** Data is collected via an internal log and/or database along with actual invoicing documentation. This information is collected and monitored at least monthly, and it is available for reporting quarterly on a consistent basis.
7. **Calculation Methodology:** This indicator is calculated by dividing the number of invoices paid within 30 days of receipt divided by the total number of invoices received and multiplied by 100 to get a percentage.
8. **Scope:** This indicator is aggregated or a sum of smaller parts.
9. **Caveats:** This indicator does not have any limitations or bias.
10. **Responsible Person:** The person responsible for collecting this data is the Chief Fiscal and Operations Officer and or the Fiscal Operations Manager.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Northeast Delta Human Services Authority

**ACTIVITY:** Administrative Functions

**OBJECTIVE I:** Provide administrative support to programmatic services to ensure efficient, effective, and quality services.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:**  
Internal and external stakeholders will benefit from or be significantly affected by this objective.

**INDICATOR NAME:** Percentage of state assets in the Asset Management system located/accounted for annually

**LaPAS PI Code:** 26610

1. **Type and Level:** Output/Efficiency & Key
2. **Rationale:** The purpose of this indicator is to ensure accountability in asset management along with processes.
3. **Use:** This indicator will be used for quality improvement purposes and performance-based decision purposes.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Validity, Reliability and Accuracy:** This indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor. Data is available and maintained to ensure that it is verifiable in the future.
6. **Data Source, Collection and Reporting:** Data is maintained in an asset management system/database. The information is reviewed annually. The frequency and timing of collection and the reporting is consistent.
7. **Calculation Methodology:** This indicator is calculated by dividing the number of assets accounted for by the total number of assets and multiplied by 100 to provide a percentage.
8. **Scope:** This indicator is aggregated or a sum of smaller parts.
9. **Caveats:** This indicator does not have any limitations or bias.
10. **Responsible Person:** The person responsible for collecting this data is the Chief Fiscal and Operations Officer and or the Fiscal Operations Manager.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Northeast Delta Human Services Authority

**ACTIVITY:** Administrative Functions

**OBJECTIVE I:** Provide administrative support to programmatic services to ensure efficient, effective, and quality services.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Internal and external stakeholders will benefit from or be significantly affected by this objective.

**INDICATOR NAME:** Number of findings in Legislative Auditor Report resulting from misappropriation of resources, fraud, theft, or other illegal or unethical activity.

**LaPAS PI Code:** 26611

1. **Type and Level:** Quality & Key
2. **Rationale:** The purpose of this indicator is to ensure accountability and reduce agency risk and vulnerability along with assuring agency internal controls.
3. **Use:** This indicator will be used for quality improvement purposes and performance-based decision purposes.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Validity, Reliability and Accuracy:** This indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor. The frequency and timing of collection and the reporting is consistent.
6. **Data Source, Collection and Reporting:** Data is provided by the Legislative Auditor and is used for subsequent audits. Data is available for review and reporting on a biannual basis.
7. **Calculation Methodology:** This indicator is calculated by reporting the number of Legislative Auditor Report findings resulting from misappropriation of resources, fraud, theft, or other illegal or unethical activity...
8. **Scope:** This indicator is aggregated or a sum of smaller parts.
9. **Caveats:** This indicator does not have any limitations or bias.
10. **Responsible Person:** The person responsible for collecting this data is the Chief Fiscal and Operations Officer and or the Fiscal Operations Manager.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Northeast Delta Human Services Authority

**ACTIVITY:** Administrative Functions

**OBJECTIVE I:** Provide administrative support to programmatic services to ensure efficient, effective, and quality services.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:**  
Internal and external stakeholders will benefit from or be significantly affected by this objective.

**INDICATOR NAME:** Administrative expenditures as a percentage of agency's budget.

**LaPAS PI Code:** 26612

1. **Type and Level:** Efficiency & Key
2. **Rationale:** The purpose of this indicator is to ensure funds are appropriated to directly support persons served and services that will benefit persons served. This is a valid measure of efficiency.
3. **Use:** This indicator will be used for internal management decision processes.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Validity, Reliability and Accuracy:** This indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor. Financial reports are created and maintained to ensure accuracy of data.
6. **Data Source, Collection and Reporting:** Data is collected using ISIS (Integrated State Information System). It is collected monthly and is available for quarterly reporting and review.
7. **Calculation Methodology:** This indicator is calculated by dividing the total indirect expenditures by the agency total expenditures and multiplying by 100 to get a percentage.
8. **Scope:** This indicator is aggregated or a sum of smaller parts.
9. **Caveats:** This indicator does not have any limitations or bias.
10. **Responsible Person:** The person responsible for collecting this data is the Chief Fiscal and Operations Officer and or the Fiscal Operations Manager.



## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Northeast Delta Human Services Authority

**ACTIVITY:** Administrative Functions

**OBJECTIVE I:** Provide administrative support to programmatic services to ensure efficient, effective, and quality services.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:**  
Internal and external stakeholders will benefit from or be significantly affected by this objective.

**INDICATOR NAME:** Number of impressions with completion of marketing strategies

**LaPAS PI Code:** New

1. **Type and Level:** Output & Supporting
2. **Rationale:** The rationale for this indicator is to measure the effectiveness and outreach of marketing strategies.
3. **Use:** This indicator will be used in management decision making processes. It will be used for internal management purposes.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Validity, Reliability and Accuracy:** This indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor. Information is gathered from various marketing media outlets and maintained on file.
6. **Data Source, Collection and Reporting:** Data is provided through reporting of media outlets and collected by the communications staff. Reporting information is available as needed for reporting.
7. **Calculation Methodology:** This indicator is calculated by adding the sum of impressions for various marketing strategies.
8. **Scope:** This indicator is aggregated or a sum of smaller parts.
9. **Caveats:** This indicator does not have any limitations or bias.
10. **Responsible Person:** The person responsible for collecting this data is the Director of Public Information.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Northeast Delta Human Services Authority

**ACTIVITY:** Administrative Functions

**OBJECTIVE I:** Provide administrative support to programmatic services to ensure efficient, effective, and quality services.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:**  
Internal and external stakeholders will benefit from or be significantly affected by this objective.

**INDICATOR NAME:** Number of social media followers, likes and related engagement

**LaPAS PI Code:** New

1. **Type and Level:** Output & Supporting
2. **Rationale:** The rationale for this indicator is to measure the effectiveness and outreach of marketing strategies. The incorporate media relations and public relations approaches to engage media outlets is a part of bringing more awareness to the agency generally and to specific agency activities, events, initiatives and programs.
3. **Use:** This indicator will be used in management decision making processes. The indicator will be used for internal management purposes.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Validity, Reliability and Accuracy:** This indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor. Data is available via third party through the social media outlets.
6. **Data Source, Collection and Reporting:** Data is gathered through the Northeast Delta Human Services authority social media sites and is available for reporting as necessary.
7. **Calculation Methodology:** This indicator will be calculated by summing the social media engagements.
8. **Scope:** This indicator is aggregated or a sum of smaller parts.
9. **Caveats:** This indicator does not have any limitations or bias.
10. **Responsible Person:** The person responsible for collecting this data is the Director of Public Information.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Northeast Delta Human Services Authority

**ACTIVITY:** Administrative Functions

**OBJECTIVE I:** Provide administrative support to programmatic services to ensure efficient, effective, and quality services.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:**  
Internal and external stakeholders will benefit from or be significantly affected by this objective.

**INDICATOR NAME:** Number of radio, television and related media interviews

**LaPAS PI Code:** New

1. **Type and Level:** Output & Supporting
2. **Rationale:** The rationale for this indicator is to measure the effectiveness and outreach of marketing strategies. The incorporate media relations and public relations approaches to engage media outlets is a part of bringing more awareness to the agency generally and to specific agency activities, events, initiatives and programs.
3. **Use:** This indicator will be used in internal management decision making processes.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Validity, Reliability and Accuracy:** This indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor. Data is available via third party through the social media outlets.
6. **Data Source, Collection and Reporting:** Data is recorded and tracked via an internal log and collected by the communications team. Information is available for reporting as necessary.
7. **Calculation Methodology:** This indicator will be calculated by gathering the information in the internal log and summing the number of radio, television, and related media interviews.
8. **Scope:** This indicator is aggregated or a sum of smaller parts.
9. **Caveats:** This indicator does not have any limitations or bias.
10. **Responsible Person:** The person responsible for collecting this data is the Director of Public Information.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Northeast Delta Human Services Authority

**ACTIVITY:** Administrative Functions

**OBJECTIVE I:** Provide administrative support to programmatic services to ensure efficient, effective, and quality services.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Internal and external stakeholders will benefit from or be significantly affected by this objective.

**INDICATOR NAME:** Increase in compliance rating for Office of Risk Management annual review

**LaPAS PI Code:** New

1. **Type and Level:** Quality & Support
2. **Rationale:** The rationale for the indicator is to mitigate risks and ensure safe work environments.
3. **Use:** This indicator will be used in management decision making processes. It will be utilized in quality improvement processes.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Validity, Reliability and Accuracy:** This indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor. Data is available for reporting on an annual basis and reported through the Office of Risk Management.
6. **Data Source, Collection and Reporting:** Data is collected and reported by the Office of Risk Management on an annual basis and is available for reporting.
7. **Calculation Methodology:** This indicator will be calculated reporting the compliance rating provided by the Office of Risk Management.
8. **Scope:** This indicator is aggregated or a sum of smaller parts.
9. **Caveats:** This indicator does not have any limitations or bias.
10. **Responsible Person:** The person responsible for collecting this data is the Director of Corporate Compliance.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Northeast Delta Human Services Authority

**ACTIVITY:** Administrative Functions

**OBJECTIVE I:** Provide administrative support to programmatic services to ensure efficient, effective, and quality services.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Internal and external stakeholders will benefit from or be significantly affected by this objective.

**INDICATOR NAME:** Percent increase in raw score for quarterly reviews

**LaPAS PI Code:** New

1. **Type and Level:** Quality/Efficiency & Key
2. **Rationale:** The rationale for the indicator is for Northeast Delta Human Services Authority to ensure compliance with various licensing, accreditation, and legal requirements.
3. **Use:** This indicator will be used in management decision making processes. It will be used to determine effectiveness and efficiency of our services. The indicator will be used for internal management purposes.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Validity, Reliability and Accuracy:** This indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Data is collected via internal peer review processes and available for reporting on a quarterly basis.
7. **Calculation Methodology:** This indicator will be calculated by subtracting the previous review raw score from the current raw score and dividing by the previous raw score then multiplying by 100 to provide a percentage.
8. **Scope:** This indicator is aggregated or a sum of smaller parts.
9. **Caveats:** This indicator does not have any limitations or bias.
10. **Responsible Person:** The person responsible for collecting this data is the Director of Corporate Compliance.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Northeast Delta Human Services Authority

**ACTIVITY:** Administrative Functions

**OBJECTIVE I:** Provide administrative support to programmatic services to ensure efficient, effective, and quality services.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** Internal and external stakeholders will benefit from or be significantly affected by this objective.

**INDICATOR NAME:** Percent decrease in time period from job requisition approval to the new hire start date

**LaPAS PI Code:** New

1. **Type and Level:** Efficiency & Key
2. **Rationale:** The rationale for the indicator is measure efficiency in the Northeast Delta Human Services Authority's hiring and onboarding processes.
3. **Use:** This indicator will be used in management decision making processes.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Validity, Reliability and Accuracy:** This indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Data is collected via an internal log or database. This information is collected and monitored at least monthly, and it is available for reporting quarterly on a consistent basis.
7. **Calculation Methodology:** This indicator will be calculated by subtracting the previous review raw score from the current raw score and dividing by the previous raw score then multiplying by 100 to provide a percentage.
8. **Scope:** This indicator is aggregated or a sum of smaller parts.
9. **Caveats:** This indicator does not have any limitations or bias.
10. **Responsible Person:** The person responsible for collecting this data is the Director of Human Resources.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Northeast Delta Human Services Authority

**ACTIVITY:** Administrative Functions

**OBJECTIVE I:** Provide administrative support to programmatic services to ensure efficient, effective, and quality services.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:**  
Internal and external stakeholders will benefit from or be significantly affected by this objective.

**INDICATOR NAME:** Percentage of employee training requirements met

**LaPAS PI Code:** New

1. **Type and Level:** Quality & Key
2. **Rationale:** The rationale for the indicator is to ensure a quality competent workforce to deliver quality competent care and other support services.
3. **Use:** This indicator will be used in management decision making processes.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Validity, Reliability and Accuracy:** This indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor. Data is available via a data management system and monitored regularly.
6. **Data Source, Collection and Reporting:** Data is collected using the agency training system and internal log. Data is available for reporting on a quarterly basis.
7. **Calculation Methodology:** This indicator will be calculated by dividing the number of required trainings completed by the total number required and multiplying by 100 to provide a percentage.
8. **Scope:** This indicator is aggregated or a sum of smaller parts.
9. **Caveats:** This indicator does not have any limitations or bias.
10. **Responsible Person:** The person responsible for collecting this data is the Director of Human Resources.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Northeast Delta Human Services Authority

**ACTIVITY:** Administrative Functions

**OBJECTIVE I:** Provide administrative support to programmatic services to ensure efficient, effective, and quality services.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:**  
Internal and external stakeholders will benefit from or be significantly affected by this objective.

**INDICATOR NAME:** Number of errors identified by Division of Administration

**LaPAS PI Code:** New

1. **Type and Level:** Quality/Efficiency & Key
2. **Rationale:** The purpose of this indicator is to ensure that staff policies and procedures are followed as required along with ensuring that checks and balances are in place to correct errors.
3. **Use:** This indicator will be used in management decision making processes.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Validity, Reliability and Accuracy:** This indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor. Data is audited by State Civil Service and internal compliance.
6. **Data Source, Collection and Reporting:** Data is collected via database. This information is collected and monitored at least monthly, and it is available for reporting quarterly on a consistent basis.
7. **Calculation Methodology:** This indicator will be calculated by gathering the information provided by the Department of Administration on a monthly basis and compiling into a report.
8. **Scope:** This indicator is aggregated or a sum of smaller parts.
9. **Caveats:** This indicator does not have any limitations or bias.
10. **Responsible Person:** The person responsible for collecting this data is the Director of Human Resources.





09-320 Office of Aging and Adult Services

# APPENDIX

## FY 2026-2031

### 5-YEAR STRATEGIC PLAN

**Goal I:**

*To promote, develop, and streamline health and Long Term Supports and Services (LTSS) delivery systems that improve care and outcomes for the high risk, high cost population served by OAAS and achieve LTSS rebalancing consistent with the Americans with Disabilities Act (ADA) and the U.S. Supreme Court's decision in Olmstead v. L.C.*

**Goal II:** *To timely complete investigations of abuse, neglect, exploitation, and extortion of vulnerable adults in the community and across all Louisiana Department of Health 24-hour facilities*

**Goal III:** *To administer and manage resident care programs at Villa Feliciana Medical Complex in a manner that ensures compliance with applicable standards of care and to promote policies and practices that improve the quality and cost-effectiveness of privately owned nursing facilities.*

**Goal IV:**

*To administer and operate OAAS programs in a collaborative, cost-effective manner while achieving high quality outcomes.*

**Statutory Authority:** The Louisiana Department of Health (LDH) is authorized under R.S. 36:251-259. It was created as one of twenty executive agencies of state government as provided in the Louisiana Constitution of 1974 (Article IV, Section I) and addresses the public health needs of the state as laid out in Articles XII, Section 8 of the Constitution.

**Principal Customers/Users of Program and Benefits:** OAAS programs serve older adults and individuals with adult onset disabilities, provide protective services to adults with disabilities, and provide specialized care and rehabilitative services to medically complex residents at Villa Feliciana Medical Complex (VFMC), a Medicare and Medicaid certified 24/7 long-term care facility. The principal clients and users are Louisiana residents in need of and seeking options for long-term care services. Principal customers of the long-term care services available through OAAS programs are Medicaid recipients who are age 65 years or older, or individuals 22 years of age or older who are disabled as defined by the Social Security Administration. Principal customers of protective services are individuals with disabilities aged 18 to 59 who experience, or who are at risk of, abuse, neglect, or financial exploitation. Principal customers of VFMC are Louisiana residents in need of nursing facility care who are 65 years of age or older, or individuals 22 years of age or older who are disabled as defined by the Social Security Administration.

**Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in this Program:** Internal factors that could affect the achievement of goals and objectives include the level and qualifications of staff, agency priorities, and coordination/cooperation between agencies of the Department. Additional factors that could

affect VFMC include location of facility, staff pay, staff turnover, and coordination/cooperation between agencies of LDH and across the state. External factors have significant influence on our ability to achieve the goals and objectives as stated. Primary factors are the appropriation of funding, changes in federal rules and regulations, and changes in legislative priorities. Additional external factors for OAAS programs include utilization of services by recipients, growth or expansion of the eligible population, shifts in state demographics, state economy and unemployment rate, medical inflation rate, and participation rates of medical providers. It should be noted that the majority of customers who are eligible for and receive services through this program are older adults; a population that is expected to grow dramatically over the next several decades. It is certain that need and demand for services provided through this program will continue to grow.

**Methods Used to Avoid Duplication of Effort:** Regular meetings of executive management are held to effectively coordinate the services being provided and ensure that services are not being duplicated. Periodic meetings are held to examine the mission, goals, objectives and strategies of the various services/waivers with emphasis on ensuring that both funding and resources are maximized and not duplicated. Executive management meets regularly with internal and external partners including, the Bureau of Health Services Financing/Medicaid and the Office of Citizens with Developmental Disabilities.

**Maintenance of Agency Performance-Based Budgeting Records:** Documents used in the development of strategic and operational plans, as well as the data used for the completion of quarterly performance progress reports through the LaGov Performance Quarterly system, are maintained and preserved according to the state's preservation of records law (R.S. 44:36) for a period of at least three years from the date on which the record was made.

**Agency Retention Policy: LDH Retention Policy 42.2:** LDH Policy on Disclosure and Retention of Public Records states, "In accordance with the Louisiana Public Records Act ("PRA") (R.S. 44:1 et seq.), it shall be the policy of the Louisiana Department of Health (LDH) that all records are subject to disclosure under the PRA, with the exception of certain records specified in this policy, as provided by the statutory exceptions to the PRA as set forth in R.S. 44:1 or 44:4.1 or in other applicable state or federal law.

As mandated by the PRA, any person of the age of majority shall have the legal right to inspect, copy, reproduce or obtain a reproduction of any public record. The PRA shall be liberally interpreted so as to extend rather than restrict access to public records by the public.

All public records shall be preserved for at least the period of time specified for such records in formal records retention schedules developed and approved by the State Archivist and Director of the Division of Archives, Records Management and History, of the Department of State. However, in all instances in which a formal retention schedule

has not been executed, a public record shall be preserved and maintained for a period of at least three years from the date on which it was made.

In LDH, records shall be retained for at least the periods of time shown on the office or facility's Records Retention Schedule of this policy. Documents related to services in a time of disaster shall be retained for 3 years after the disaster is closed out. It is our policy that examination of public records shall be conducted during regular office or work hours."

**How the Strategic Planning Process Was Implemented:** Used the strategic planning checklist to help guide and document the strategic planning process: As the initial step in preparing the FY 2023 through FY 2028 Strategic Plan, OAAS reviewed its current Strategic Plan to determine continued relevance of issues being addressed that affect individuals served by OAAS and the effectiveness of current services and program strategies. OAAS Executive Management Team members and their staff reviewed their current goals, objectives, strategies, and performance indicators to determine if they needed to continue/delete/add goals, objectives, strategies, and performance indicators.

The OAAS Management Team utilized a collaborative approach to review/revise the agency strategic plan. Quality reviews, staff meetings, and other data sources were utilized in the revision process. This included analysis of agency strengths, weaknesses, opportunities, and threats. Each department leader provided input and rationales for agency goals, strategies, and indicators. Indicators are based on agency impact and accountability measures to ensure efficiency and effectiveness.

**Statement of Agency Strategies for Development and Implementation of Human Resource Policies That Are Helpful and Beneficial to Women and Families:**

The majority of older adults and adults with disabilities who receive long term supports and services through OAAS programs are women, and women are the primary providers of elder care. Provision of home and community-based waiver services are of benefit in allowing family caregivers, the majority of whom are female, to support and maintain elderly family members, who are also majority female, in their own homes and in the community. Twelve hour/varied shifts at agency facilities provides flexible hours that are helpful and beneficial to women and families. Agency supports Act 1078 to include EEO, FMLA and awareness of domestic violence and sexual harassment.

**Program Evaluations Used to Develop Goals, Objectives and Strategies:**

Program evaluations include the review and evaluations of management reports, conferences with recipient and provider associations, planning and policy development sessions, customer satisfaction/experience surveys, and ongoing assessments to review progress in meeting performance standards.

### **Monitoring and Evaluation of Reported Data:**

The LDH Division of Planning and Budget coordinates and reviews reported performance information for all LDH agencies on a quarterly basis. This includes, but not limited to, strategic planning, operational planning, and Performance Quarterly reporting. Explanatory notes are required for positive or negative variances greater than 5% from quarterly performance indicator targets. Recommendations are made at monthly expenditure analysis meetings directly to the agency's assistant secretary or the Department's undersecretary/deputy undersecretary, if significant variances occur, or if modifications and additions are needed. In addition, at the close of a fiscal year, agencies and programs review and evaluate their performance in order to determine if the information gained from this review should be used to improve strategic and operational metrics, or strengthen program management initiatives.

### **Primary Persons Who Will Benefit From or Be Significantly Affected by These Objectives:**

The objectives in the 320 program are intended to measure the efficiency and effectiveness of the activities within this program, as well as ensure the effective delivery of long-term care services to older adults and individuals with adult onset disabilities, protection of adults with disabilities, and delivery of specialized care and rehabilitative services to those who reside at VFMC.

### **PROGRAM A OBJECTIVES (OAAS Programs):**

- **Objective I:** Ensure that OAAS operates in compliance with all legal requirements, and that the Office accomplishes its goals and objectives to improve the quality of life and care of persons needing LTSS in a sustainable way, reaching or exceeding appropriate national benchmarks by 2031.
- **Objective II:** Optimize the use of community-based care while decreasing reliance on more expensive nursing facility care to meet or exceed national averages for nursing facility versus community-based spending by 2031.
- **Objective III:** Through the Elderly and Adults with Disabilities Long-Term Care Activity, expedite access to a flexible array of home and community-based services by 2031.
- **Objective IV:** To facilitate timely access to nursing facilities for eligible applicants through 2031.
- **Objective V:** Through statewide expansion of the Permanent Supportive Housing Activity, stabilize and reduce acute and institutional care for 3,500 households of older adults and individuals with adult onset disabilities through 2031.
- **Objective VI:** Through the Traumatic Brain and Spinal Cord Injury Trust Fund Activity, to enable survivors of traumatic head and/or spinal cord injuries to improve their level of functioning and independence in their community while maximizing

the use of their funds; and to serve as many as possible at the current level of funding by aligning policy and procedures with the mission of the program.

- **Objective VII:** The Adult Protective Services Activity, through the application of best practice standards and the policies established by LDH, will promote safety, independence, and quality of life for vulnerable adults with disabilities who are at risk of abuse, neglect, exploitation or extortion.

**PROGRAM B OBJECTIVES (VFMC):**

- **Objective I:** To provide high quality medical services and achieve excellent resident outcomes in a cost effective manner through 2031.
- **Objective II:** To provide management leadership and administrative support necessary for the delivery of patient care services and to provide for the efficient and effective use of resources in meeting all mandated regulatory requirements each year through 2031.

## **Program A: Administration, Protection, and Support**

**Goal I:** Achieve and maintain a legally compliant and appropriately balanced LTSS system, which assures choice within a sustainable, cost-effective continuum of community-based services and facility-based services.

**Goal II:** Improve access, quality and outcomes for populations receiving and at risk of needing long-term supports and services.

**Goal III:** Ensure vulnerable adults are protected from abuse and neglect while living in community settings.

**Goal IV:** Provide specialized facility-based care to persons whose needs are difficult to meet in private facilities.

**Goal V:** Administer and operate OAAS programs in a cost-effective manner while achieving high quality outcomes.

**Statutory Authority:** Program A is authorized Senate Bill No. 562/House Bill No. 638 of the Regular Session, 2006, amended and reenacted Section 2, R.S. 36:251(C)(1) and 258(F) of The Constitution of Louisiana (1974) to establish the Office of Aging and Adult Services within the Louisiana Department of Health. This program is responsible for the protection and long-term care of the elderly and persons with adult onset disabilities.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Administration, Protection and Support

**ACTIVITY 1:** Executive Administration

**OBJECTIVE I:** Ensure that OAAS operates in compliance with all legal requirements, and that the Office accomplishes its goals and objectives to improve the quality of life and quality of care of persons needing LTSS in a sustainable way, reaching or exceeding appropriate national benchmarks by 2031.

**INDICATOR NAME:** Percentage of OAAS Performance Indicators that meet or exceed quarterly performance targets.

**PI Code:** 24134

1. **Type and Level:** Outcome – Key
2. **Rationale, Relevance, Reliability:** This indicator measures the overall impact that the Executive Administration Activity has on the total Agency, in its role of providing programmatic expertise on aging and disability issues to LDH executive management, carrying out legislative directives, and directing implementation of long-term reforms and program improvements.
3. **Use:** This indicator allows Executive Management to view the overall success of the Agency's various programs/activities and to aid in the determination of strengths and weaknesses within those programs/activities.
4. **Clarity:** Indicator clearly identifies what is being measured; no definitions required.
5. **Accuracy, Maintenance, Support:** Indicator was audited in 2011 and uses data from LaPAS as reported by the Agency for its programs as required by statute.
6. **Data Source, Collection and Reporting:** Indicator utilizes data from program managers that is entered into the LaPAS system quarterly as required by statute.
7. **Calculation Methodology:** Indicator is calculated by dividing the number of Agency PIs that meet or exceed quarterly performance targets by the total number of PIs for the Agency.
8. **Scope:** Indicator is aggregated; it includes PIs from all Programs within the Agency.
9. **Caveats:** Budgetary reductions/limitations can adversely impact this indicator should measure activities not be adequately funded/lose funding during the year.
10. **Responsible Person:** Gearry Williams, Assistant Secretary at Gearry.Williams3@la.gov or Natalie Istre, Deputy Assistant Secretary at Natalie.Istre@la.gov or 225-219-0223.



## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Administration Protection, and Support

**ACTIVITY 1:** Executive Administration

**OBJECTIVE I:** Ensure that OAAS operates in compliance with all legal requirements, and that the Office accomplishes its goals and objectives to improve the quality of life and quality of care of persons needing LTSS in a sustainable way, reaching or exceeding appropriate national benchmarks by 2031.

**INDICATOR NAME:** Ensure that OAAS operates in compliance with all legal requirements, and that the Office accomplishes its goals and objectives to improve the quality of life and quality of care of persons needing LTSS in a sustainable way, reaching or exceeding appropriate national benchmarks by 2031.

**PI Code:** 24135

1. **Type and Level:** Efficiency - Key
2. **Rationale, Relevance, Reliability:** Executive Administration seeks to carry out its function at a modest and reasonable administrative cost. Comparable national statistics for administration of Medicaid programs indicate a range of 5-10%.
3. **Use:** This indicator allows Executive Management to see how cost-efficiently it can plan, manage, and direct all other Activities of the Agency and still achieve good outcomes.
4. **Clarity:** Indicator clearly identifies what is being measured; no definitions required.
5. **Accuracy, Maintenance, Support:** Indicator was audited in 2011 and uses data from the state ISIS financial accountability system, the Medicaid (MMIS) financial system, and other required financial systems. These systems are routinely audited at both the state and federal level.
6. **Data Source, Collection and Reporting:** Cost data is obtained from the state ISIS financial accountability system, the Medicaid (MMIS) financial system, and other required financial systems.
7. **Calculation Methodology:** Indicator is calculated by dividing the total dollar amount of costs related to Administration by the total dollar amount of service costs for programs operated by the agency.
8. **Scope:** Indicator is aggregated; it includes costs from all programs operated by the Agency.
9. **Caveats:** Indicator uses service expenditures that are not all directly within the OAAS budget as OAAS authorizes nursing home admissions and operates community-based programs funded via Medicaid.
10. **Responsible Person:** Gearry Williams, Assistant Secretary at Gearry.Williams3@la.gov or Natalie Istre, Deputy Assistant Secretary at Natalie.Istre@la.gov or 225-219-0223.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Administration, Protection and Support

**ACTIVITY 2:** Elderly and Adults with Disabilities Long Term Care

**OBJECTIVE II:** Optimize the use of community-based care while decreasing reliance on more expensive nursing home care to meet or exceed national averages for nursing home versus community-based spending by 2031.

**INDICATOR NAME:** Percentage of Medicaid spending for elderly and disabled adult long-term care that goes towards community-based services as compared to nursing homes.

**PI Code:** 24137

1. **Type and Level:** Outcome – Key
2. **Rationale, Relevance, Reliability:** The goal of the OAAS long-term care activity is to provide more community-based services to enhance the quality of life for clients, with a decreasing dependence on “institutional-based” nursing home care. This indicator demonstrates the success of that effort through the comparison of total Medicaid expenditures for the two types of LTC services. It can also be used as a benchmark against state-by-state federal data and national averages
3. **Use:** Comparisons may be made using data from this indicator by Executive Management, the Legislature, and other stakeholders to assess the distribution of funds for LTC services for the elderly and to make appropriate adjustments. This indicator may also be used to assess program performance and eligibility for enhanced federal match under the provisions of federal health care reform.
4. **Clarity:** Indicator clearly identifies what is being measured; no definitions required.
5. **Accuracy, Maintenance, Support:** Indicator was audited in 2011 and determined to be reliable. Indicator utilizes data from the state ISIS financial accountability systems and Medicaid MMIS financial system, which is routinely audited at both the state and federal level.
6. **Data Source, Collection and Reporting:** Cost data is obtained from the Medicaid (MMIS) financial system.
7. **Calculation Methodology:** Indicator is calculated by dividing the total dollar amount of Medicaid LTC expenditures related to community-based care for aging and adults with disabilities, by the total amount of Medicaid LTC expenditures related to both community-based care and institutional care for aging and adults with disabilities.
8. **Scope:** Indicator is aggregated; it includes Medicaid expenditures for all LTC services for the OAAS target population.
9. **Caveats:** None
10. **Responsible Person:** Gearry Williams, Assistant Secretary at [Gearry.Williams3@la.gov](mailto:Gearry.Williams3@la.gov) or Natalie Istre, Deputy Assistant Secretary at [Natalie.Istre@la.gov](mailto:Natalie.Istre@la.gov) or 225-219-0223.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Administration, Protection and Support

**ACTIVITY 2:** Elderly and Adults with Disabilities Long Term Care

**OBJECTIVE II:** Optimize the use of community-based care while decreasing reliance on more expensive nursing home care to meet or exceed national averages for nursing home versus community-based spending by 2031.

**INDICATOR NAME:** Average expenditure per person for community-based long-term care as a percentage of the average expenditure per person for nursing home care.

**PI Code:** 24138

1. **Type and Level:** Efficiency – Key
2. **Rationale, Relevance, Reliability:** The goal of the OAAS long-term care activity is to provide more community-based services to enhance the quality of life for clients, with a decreasing dependence on “institutional-based” nursing home care. This indicator demonstrates the success of that effort through the comparison of the average expenditure per person of Medicaid dollars for the two types of LTC services.
3. **Use:** Comparisons may be made using data from this indicator by Executive Management, the Legislature, and other stakeholders to assess the distribution of funds for services for the elderly and to make appropriate adjustments.
4. **Clarity:** Indicator clearly identifies what is being measured; no definitions required.
5. **Accuracy, Maintenance, Support:** Indicator was audited in 2011 and determined to be reliable. Indicator utilizes data from the state ISIS financial accountability system and Medicaid MMIS financial system, which is routinely audited at both the state and federal level.
6. **Data Source, Collection and Reporting:** Cost data is obtained from the Medicaid (MMIS) financial system.
7. **Calculation Methodology:** Indicator is calculated by: 1) dividing the total dollar amount of Medicaid expenditures related to community-based care for the aging and adults with disabilities, by the total number of clients served in community-based care; 2) dividing the total dollar amount of Medicaid expenditures related to nursing home care, by the total number of clients served in nursing homes; 3) dividing the result of #1 by the result of #2.
8. **Scope:** Indicator is aggregated; it includes Medicaid expenditures for all LTC services for the OAAS target population.
9. **Caveats:** None
10. **Responsible Person:** Gearry Williams, Assistant Secretary at Gearry.Williams3@la.gov or Natalie Istre, Deputy Assistant Secretary at Natalie.Istre@la.gov or 225-219-0223.

<b>PERFORMANCE INDICATOR DOCUMENTATION</b>
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**PROGRAM A:** Administration, Protection and Support

**ACTIVITY 2:** Elderly and Adults with Disabilities Long Term Care

**OBJECTIVE II:** Optimize the use of community-based care while decreasing reliance on more expensive nursing home care to meet or exceed national averages for nursing home versus community-based spending by 2031.

**INDICATOR NAME:** Program operation cost as a percentage of Medicaid service cost.

**PI Code:** 24139

1. **Type and Level:** Efficiency – Supporting
2. **Rationale, Relevance, Reliability:** This indicator demonstrates the cost of operating programs under OAAS purview as a percentage of the cost of the services provided.
3. **Use:** The indicator allows OAAS to see how cost-effective/efficiently it is able to deliver services to its clients.
4. **Clarity:** Indicator clearly identifies what is being measured; no definitions required.
5. **Accuracy, Maintenance, Support:** Indicator was audited in 2011 and found reliable. Indicator utilizes data from the state ISIS financial accountability system, the Medicaid (MMIS) financial system, and other required financial systems. Each of the systems is routinely audited at both the state and federal level.
6. **Data Source, Collection and Reporting:** Cost data is obtained from the state ISIS financial accountability system, the Medicaid (MMIS) financial system, and other required financial systems.
7. **Calculation Methodology:** Indicator is calculated by dividing the program administration cost by the combined costs for administration and services
8. **Scope:** Indicator is aggregated; it includes all OAAS program and administrative costs under Activity 2, which includes 3 divisions of OAAS responsible for planning, operating, and monitoring OAAS community-based programs and nursing facility admissions.
9. **Caveats:** None
10. **Responsible Person:** Gearry Williams, Assistant Secretary at [Gearry.Williams3@la.gov](mailto:Gearry.Williams3@la.gov) or Natalie Istre, Deputy Assistant Secretary at [Natalie.Istre@la.gov](mailto:Natalie.Istre@la.gov) or 225-219-0223.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Administration, Protection and Support

**ACTIVITY 2:** Elderly and Adults with Disabilities Long Term Care

**OBJECTIVE II:** Optimize the use of community-based care while decreasing reliance on more expensive nursing home care to meet or exceed national averages for nursing home versus community-based spending by 2031.

**INDICATOR NAME:** Percentage of participants receiving Medicaid long term care in the community rather than nursing homes.

**PI Code:** 25059

1. **Type and Level:** Outcome – Key
2. **Rationale, Relevance, Reliability:** The goal of the OAAS long-term care activity is to provide more community-based services to enhance the quality of life for clients, with a decreasing dependence on “institutional-based” nursing home care. This indicator demonstrates the success of that effort through the comparison of the percentage of participants receiving the two types of LTC services
3. **Use:** Comparisons may be made using data from this indicator by Executive Management, the Legislature, and other stakeholders to assess the distribution of where participants are receiving their LTC services and to make appropriate adjustments if needed.
4. **Clarity:** Indicator clearly identifies what is being measured; no definitions required.
5. **Accuracy, Maintenance, Support:** Indicator utilizes data from the Medicaid MMIS financial system that is routinely audited at both the state and federal level.
6. **Data Source, Collection and Reporting:** Cost data is obtained from the Medicaid (MMIS) financial system.
7. **Calculation Methodology:** Indicator is calculated by: 1) number of participants receiving LTC services through a Medicaid funded HCBS program 2) the number of participants receiving LTC services in a nursing home 3) divide the result of #1 by the sum of #1 and #2.
8. **Scope:** Indicator is aggregated; it includes all participants receiving Medicaid funded LTC services for the OAAS target population.
9. **Caveats:** People can move between HCBS and nursing home services. Participants receiving both HCBS and nursing home services within the measured time period will be counted twice in the denominator.
10. **Responsible Person:** Gearry Williams, Assistant Secretary at [Gearry.Williams3@la.gov](mailto:Gearry.Williams3@la.gov) or Natalie Istre, Deputy Assistant Secretary at [Natalie.Istre@la.gov](mailto:Natalie.Istre@la.gov) or 225-219-0223.

<b>PERFORMANCE INDICATOR DOCUMENTATION</b>
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**PROGRAM A:** Administration, Protection and Support

**ACTIVITY 2:** Elderly and Adults with Disabilities Long Term Care

**OBJECTIVE III:** Through the Elderly and Adults with Disabilities Long-Term Care Activity, expedite access to a flexible array of home and community-based services by 2031.

**INDICATOR NAME:** Number on registries for OAAS HCBS waivers.

**PI Code:** 24144

1. **Type and Level:** Outcome – Key
2. **Rationale, Relevance, Reliability:** This indicator reflects the need for waiver services by clients that have not begun receiving services.
3. **Use:** This indicator will allow OAAS to provide data to demonstrate the need for additional waiver slots/funding.
4. **Clarity:** HBCS – Home and Community Based Services.
5. **Accuracy, Maintenance, Support:** This indicator was audited in 2011 and determined to be reliable.
6. **Data Source, Collection and Reporting:** Waiver registry data is maintained by the Medicaid contractor; Statistical Resources, Inc. (SRI) for all OAAS HCBS waivers.
7. **Calculation Methodology:** Simple count of persons on OAAS HCBS waiver registries.
8. **Scope:** Indicator is aggregated; includes all OAAS HCBS waiver registries statewide.
9. **Caveats:** None.
10. **Responsible Person:** Gearry Williams, Assistant Secretary at Gearry.Williams3@la.gov or Natalie Istre, Deputy Assistant Secretary at Natalie.Istre@la.gov or 225-219-0223.

<b>PERFORMANCE INDICATOR DOCUMENTATION</b>
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**PROGRAM A:** Administration, Protection and Support

**ACTIVITY 2:** Elderly and Adults with Disabilities Long Term Care

**OBJECTIVE III:** Through the Elderly and Adults with Disabilities Long-Term Care Activity, expedite access to a flexible array of home and community-based services by 2031.

**INDICATOR NAME:** Percentage on registries for OAAS HCBS waivers who are receiving other Medicaid LTC.

**PI Code:** 24145

1. **Type and Level:** Efficiency – Key
2. **Rationale, Relevance, Reliability:** This indicator demonstrates the effectiveness of providing alternative services while the client is on the waiver registry.
3. **Use:** This indicator allows OAAS to see how effective other Medicaid resources are being utilized while clients are awaiting waiver services and to help differentiate between clients waiting for waiver services who are not receiving any other services and those that are receiving some form of Medicaid-funded long-term care.
4. **Clarity:** HBCS – Home and Community Based Services.
5. **Accuracy, Maintenance, Support:** This indicator was audited in 2011 and determined to be reliable.
6. **Data Source, Collection and Reporting:** Waiver registry data and prior authorization data is maintained by the Medicaid contractor; Statistical Resources, Inc., and through the Medicaid (MMIS) financial system. Waiver registrant data is compared to prior authorization and/or eligibility data for individuals authorized to receive other forms of Medicaid-funded HCBS.
7. **Calculation Methodology:** Indicator is calculated by dividing the number of clients on the OAAS HCBS waiver registry that are approved to receive other Medicaid HCBS services, by the total number of clients on the OAAS HCBS waiver registry.
8. **Scope:** Indicator is aggregated; includes all OAAS HCBS waiver registries statewide.
9. **Caveats:** None.
10. **Responsible Person:** Gearry Williams, Assistant Secretary at Gearry.Williams3@la.gov or Natalie Istre, Deputy Assistant Secretary at Natalie.Istre@la.gov or 225-219-0223.

<b>PERFORMANCE INDICATOR DOCUMENTATION</b>
--------------------------------------------

**PROGRAM A:** Administration, Protection and Support

**ACTIVITY 2:** Elderly and Adults with Disabilities Long Term Care

**OBJECTIVE III:** Through the Elderly and Adults with Disabilities Long-Term Care Activity, expedite access to a flexible array of home and community-based services by 2031.

**INDICATOR NAME:** Number served in all OAAS HCBS programs

**PI Code:** 24146

1. **Type and Level:** Output - Supporting
2. **Rationale, Relevance, Reliability:** This indicator measures the total number of clients served by HCBS in the Long-Term Care activity.
3. **Use:** This indicator allows OAAS to assess the effectiveness of the Long-Term Care activity in reaching its objective of providing HCBS to clients.
4. **Clarity:** HBCS – Home and Community Based Services.
5. **Accuracy, Maintenance, Support:** Indicator was audited in 2011 and found reliable. Indicator utilizes data from the state ISIS financial accountability system, the Medicaid (MMIS) financial system, and other required financial systems.
6. **Data Source, Collection and Reporting:** the Medicaid contractor; Statistical Resources, Inc., and the Medicaid (MMIS) financial system maintain Prior Authorization data.
7. **Calculation Methodology:** Information is reported semi-annually and includes the unduplicated count of clients served.
8. **Scope:** Indicator is aggregated; includes all HCBS waiver registries statewide.
9. **Caveats:** None.
10. **Responsible Person:** Gearry Williams, Assistant Secretary at Gearry.Williams3@la.gov or Natalie Istre, Deputy Assistant Secretary at Natalie.Istre@la.gov or 225-219-0223.



<b>PERFORMANCE INDICATOR DOCUMENTATION</b>
--------------------------------------------

**PROGRAM A:** Administration, Protection and Support

**ACTIVITY 2:** Elderly and Adults with Disabilities Long Term Care

**OBJECTIVE IV:** To facilitate timely access to nursing facilities for eligible applicants through 2031.

**INDICATOR NAME:** Percentage of nursing facilities admissions applications determined within established timeframes for OAAS access systems.

**PI Code:** 24143

1. **Type and Level:** Efficiency – Key
2. **Rationale, Relevance, Reliability:** This indicator measures the ability of OAAS to meet established timelines for client entry into the service system.
3. **Use:** This indicator measures the agency's response to initial requests for services
4. **Clarity:** Indicator clearly identifies what is being measured; no definitions required.
5. **Accuracy, Maintenance, Support:** Only those entry requests that meet established timelines are included. Indicator was audited in 2011 and issues found in audit have been addressed.
6. **Data Source, Collection and Reporting:** Data on application start and completion dates is captured in the OAAS Participant Tracking System (OPTS).
7. **Calculation Methodology:** Divides the number of admissions requests processed (approved or denied) within the established timeframes by the total number of applications received.
8. **Scope:** Indicator is aggregated; includes all applications received statewide
9. **Caveats:** None.
10. **Responsible Person:** Gearry Williams, Assistant Secretary at Gearry.Williams3@la.gov or Natalie Istre, Deputy Assistant Secretary at Natalie.Istre@la.gov or 225-219-0223.

<b>PERFORMANCE INDICATOR DOCUMENTATION</b>
--------------------------------------------

**PROGRAM A:** Administration, Protection and Support

**ACTIVITY 3:** Permanent Supportive Housing (PSH)

**OBJECTIVE V:** Through statewide expansion of the Permanent Supportive Housing Activity, stabilize and reduce acute and institutional care for 3,500 households of elders and persons with disabilities through 2031.

**INDICATOR NAME:** Percentage of participants who remain stabilized in the community.

**PI Code:** 24148

1. **Type and Level:** Outcome – Key
2. **Rationale, Relevance, Reliability:** The ability of clients to remain stable once they have moved from or avoided an institutional or acute setting or homelessness is an essential part of this programs success.
3. **Use:** This indicator measures the effectiveness of the Permanent Supportive Housing activity to reduce acute/institutional care and homelessness among disabled individuals in the state. It is also used to report program performance to the federal funder; HUD.
4. **Clarity:** Participants are counted as remaining stabilized in the community if they retain their PSH housing or transition to other community housing. Participants are not counted as stabilized if they are evicted, incarcerated, or re-institutionalized.
5. **Accuracy, Maintenance, Support:** Indicator was audited in 2011 and found to be reliable.
6. **Data Source, Collection and Reporting:** Data is collected and maintained by Permanent Supportive Housing (PSH) and Louisiana Housing Corporation staff through the YARDI data management system.
7. **Calculation Methodology:** Indicator is calculated by dividing the number of clients in the program that remain stabilized in the community, by the total number of clients in the program.
8. **Scope:** Indicator is aggregated for LDH PSH Program.
9. **Caveats:** None
10. **Responsible Person:** Gearry Williams, Assistant Secretary at Gearry.Williams3@la.gov or Natalie Istre, Deputy Assistant Secretary at Natalie.Istre@la.gov or 225-219-0223.

<b>PERFORMANCE INDICATOR DOCUMENTATION</b>
--------------------------------------------

**PROGRAM A:** Administration, Protection and Support

**ACTIVITY 3:** Permanent Supportive Housing (PSH)

**OBJECTIVE V:** Through statewide expansion of the Permanent Supportive Housing Activity, stabilize and reduce acute and institutional care for 3,500 households of elders and persons with disabilities through 2031.

**INDICATOR NAME:** Percentage of participants who obtain a source of, or increase in, income.

**PI Code:** 24149

1. **Type and Level:** Outcome – Key
2. **Rationale, Relevance, Reliability:** The ability of clients to be gainfully employed, increase their wages, or obtain a source of stable income including SSI disability benefits once they have moved from an institutional or homeless setting into community-integrated housing is an essential part of this programs success.
3. **Use:** This indicator measures the effectiveness of the Permanent Supportive Housing activity to improve the quality of life of participants. It is also used to report program performance to the federal funder; HUD.
4. **Clarity:** Indicator clearly identifies what is being measured; no definition is required.
5. **Accuracy, Maintenance, Support:** Indicator was audited in 2011 and found to be reliable.
6. **Data Source, Collection and Reporting:** Data is collected and maintained by Permanent Supportive Housing (PSH) and Louisiana Housing Corporation staff through the YARDI data management system.
7. **Calculation Methodology:** Indicator is calculated by dividing the number of clients who obtain or increase income during program participation by the total number of clients in the program.
8. **Scope:** Indicator is aggregated for the LDH PSH Program.
9. **Caveats:** None.
10. **Responsible Person:** Gearry Williams, Assistant Secretary at Gearry.Williams3@la.gov or Natalie Istre, Deputy Assistant Secretary at Natlatie.Istre@la.gov or 225-219-0223.

<b>PERFORMANCE INDICATOR DOCUMENTATION</b>
--------------------------------------------

**PROGRAM A:** Administration, Protection and Support

**ACTIVITY 4:** Traumatic Brain and Spinal Cord Injury (TBSCI) Trust Fund

**OBJECTIVE VI:** Through the Traumatic Brain and Spinal Cord Injury Trust Fund Activity, to assist survivors of traumatic brain and/or spinal cord injuries to improve their level of functioning and independence in their community while maximizing the use of their funds; and to serve as many as possible at the current level of funding by aligning policy and procedures with the mission of the program.

**INDICATOR NAME:** Percentage of TBSCI Trust Fund expenditures going to direct services.

**PI Code:** 3367

1. **Type and Level:** Output – Supporting
2. **Rationale, Relevance, Reliability:** This indicator measures the number of persons currently being served by the Traumatic Brain and Spinal Cord Injury Trust Fund.
3. **Use:** This indicator is used to determine the number of persons being served under the current funding level. It is used by management in conjunction with other data to determine service needs.
4. **Clarity:** Indicator clearly identifies what is being measured; no definition is required.
5. **Accuracy, Maintenance, Support:** The number of people served is a known number.
6. **Data Source, Collection and Reporting:** Data is maintained in the AWARE case management tracking system and obtained as needed for quarterly and annual reporting.
7. **Calculation Methodology:** [This number is a simple count of the number of person approved for services whose cases are open in the Traumatic Head and Spinal Cord Injury Trust Fund Program.
8. **Scope:** This is a statewide number and includes all individuals who are receiving Trust Fund services.
9. **Caveats:** None.
10. **Responsible Person:** Natalie Istre, Deputy Assistant Secretary at [Natlatie.Istre@la.gov](mailto:Natlatie.Istre@la.gov) or 225-219-0223.

<b>PERFORMANCE INDICATOR DOCUMENTATION</b>
--------------------------------------------

**PROGRAM A:** Administration, Protection and Support

**ACTIVITY 4:** Traumatic Head and Spinal Cord Injury (TBSCI) Trust Fund

**OBJECTIVE VI:** Through the Traumatic Brain and Spinal Cord Injury Trust Fund Activity, to assist survivors of traumatic brain and/or spinal cord injuries to improve their level of functioning and independence in their community while maximizing the use of their funds; and to serve as many as possible at the current level of funding by aligning policy and procedures with the mission of the program.

**INDICATOR NAME:** Percentage of TBSCI Trust Fund expenditures going to direct services.

**PI Code:** 25158

1. **Type and Level:** Output – Key
2. **Rationale, Relevance, Reliability:** The majority of funds collected from fees imposed on DWI, reckless operation and speeding ticket violations in the State of Louisiana are to be used to directly assist persons with Traumatic Brain and/or Spinal Cord Injuries.
3. **Use:** This indicator is used to determine the effectiveness of program administration to ensure funds are being spent as they were intended or if there is room for improvement.
4. **Clarity:** Indicator clearly identifies what is being measured; no definition is required.
5. **Accuracy, Maintenance, Support:** Cost data is obtained from the state ISIS financial accountability system. ISIS tracks all program expenditures which are reviewed monthly, quarterly and annually by program staff.
6. **Data Source, Collection and Reporting:** Cost data is obtained from the state ISIS financial accountability system.
7. **Calculation Methodology:** Total direct services expenditures are divided by the total program expenditures.
8. **Scope:** This is a statewide number based on all funds going towards direct care services versus all funds spent for the program.
9. **Caveats:** None.
10. **Responsible Person:** Natalie Istre, Deputy Assistant Secretary at [Natlatie.Istre@la.gov](mailto:Natlatie.Istre@la.gov) or 225-219-0223.

<b>PERFORMANCE INDICATOR DOCUMENTATION</b>
--------------------------------------------

**PROGRAM A:** Administration, Protection and Support

**ACTIVITY 4:** Traumatic Brain and Spinal Cord Injury (TBSCI) Trust Fund

**OBJECTIVE VI:** Through the Traumatic Brain and Spinal Cord Injury Trust Fund Activity, to assist survivors of traumatic brain and/or spinal cord injuries to improve their level of functioning and independence in their community while maximizing the use of their funds; and to serve as many as possible at the current level of funding by aligning policy and procedures with the mission of the program.

**INDICATOR NAME:** Number of people on the waiting list for TBSCI Trust Fund assistance.

**PI Code:** 8294

1. **Type and Level:** Input – General
2. **Rationale, Relevance, Reliability:** This indicator measures the number of individuals who have requested and are eligible for services, but who have not yet entered the program because their cases have not been opened due to budget constraints. It assists in planning and helps to define unmet needs.
3. **Use:** This indicator is used to track the number of individuals requesting Trust Fund assistance/services and to assist in long-term planning.
4. **Clarity:** Indicator clearly identifies what is being measured; no definition is required.
5. **Accuracy, Maintenance, Support:** The number of people on the waiting list for services is a known number based on the records maintained by program staff.
6. **Data Source, Collection and Reporting:** Program records are maintained by TBSCI program staff and are updated as new applications are approved or staff are notified that clients who are waiting for services no longer qualify.
7. **Calculation Methodology:** This number is a simple count of persons who have applied and are waiting for Trust Fund assistance/services.
8. **Scope:** This is a statewide number and includes all individuals on the waiting list for Trust Fund services.
9. **Caveats:** None.
10. **Responsible Person:** Natalie Istre, Deputy Assistant Secretary at [Natlatie.Istre@la.gov](mailto:Natlatie.Istre@la.gov) or 225-219-0223.

<b>PERFORMANCE INDICATOR DOCUMENTATION</b>
--------------------------------------------

**PROGRAM A:** Administration, Protection and Support

**ACTIVITY 5:** Adult Protective Service

**OBJECTIVE VII:** The Adult Protective Services Activity, through the application of best practice standards and the policies established by LDH, will promote safety, independence, and quality of life for vulnerable adults with disabilities who are at risk of abuse, neglect, exploitation or extortion.

**INDICATOR NAME:** Percentage of investigations completed within established timelines

**PI Code:** 7995

1. **Type and Level:** Efficiency – Key
2. **Rationale, Relevance, Reliability:** Prompt investigations is critical to determining the validity of reports and initiating effective interventions.
3. **Use:** This indicator is used to ensure timely response to reports, and in conjunction with other indicators, to monitor staff caseloads.
4. **Clarity:** Indicator clearly identifies what is being measured; no definitions required.
5. **Accuracy, Maintenance, Support:** Indicator was audited in 2011. Issues with calculation have been addressed. Records are verified through quarterly Quality Assurance reviews by the QA and Data Management Team.
6. **Data Source, Collection and Reporting:** Investigators enter data into the LDH Online Tracking System and their supervisors review and approve for closure. Data is collected on an on-going basis and reported monthly or ad hoc; as needed.
7. **Calculation Methodology:** The number of investigations completed quarterly within the timelines established by policy divided by the total number of investigations completed each quarter.
8. **Scope:** Indicator is aggregated; it includes all investigations.
9. **Caveats:** None.
10. **Responsible Person:** Sharon Jackson, APS Program Manager, 225-342-9063, Sharon.Jackson@LA.GOV.

<b>PERFORMANCE INDICATOR DOCUMENTATION</b>
--------------------------------------------

**PROGRAM A:** Administration, Protection and Support

**ACTIVITY 5:** Adult Protective Service

**OBJECTIVE VII:** The Adult Protective Services Activity, through the application of best practice standards and the policies established by LDH, will promote safety, independence, and quality of life for vulnerable adults with disabilities who are at risk of abuse, neglect, exploitation or extortion.

**INDICATOR NAME:** Percentage of cases requiring a service plan that were closed

**PI Code:** 25607

1. **Type and Level:** Output – Key
2. **Rationale, Relevance, Reliability:** The development and implementation of service plans for those investigations wherein service plans are required provides the needed referrals and implementation of services to reduce the level of risk of harm to individuals.
3. **Use:** This indicator is used to determine the total number of investigations that required a service plan in correlation with the total number of investigations wherein service plans were implemented.
4. **Clarity:** This indicator captures unsubstantiated cases with concerns and substantiated cases.
5. **Accuracy, Maintenance, Support:** Records are verified through quarterly Quality Assurance reviews by the QA and Data Management Team.
6. **Data Source, Collection and Reporting:** Investigators enter data into the LDH Online Tracking System and their supervisors review and approve for closure. Data is collected on an on-going basis and reported monthly or ad hoc; as needed.
7. **Calculation Methodology:** The actual number of cases where service plans were implemented is divided by the total number of cases requiring a service plan.
8. **Scope:** Indicator is aggregated; it includes all cases requiring a service plan.
9. **Caveats:** This indicator includes clients requiring a service plan but refusing services.
10. **Responsible Person:** Sharon Jackson, APS Program Manager, 225-342-9036, Sharon.Jackson@LA.GOV.



<b>PERFORMANCE INDICATOR DOCUMENTATION</b>
--------------------------------------------

**PROGRAM A:** Administration, Protection and Support

**ACTIVITY 5:** Adult Protective Service

**OBJECTIVE VII:** The Adult Protective Services Activity, through the application of best practice standards and the policies established by LDH, will promote safety, independence, and quality of life for vulnerable adults with disabilities who are at risk of abuse, neglect, exploitation or extortion.

**INDICATOR NAME:** Number of clients served

**PI Code:** 7994

1. **Type and Level:** Output – Key
2. **Rationale, Relevance, Reliability:** Provides a direct indicator of the number of persons with disabilities reached by agency services each quarter.
3. **Use:** Used in conjunction with the number of cases assigned to help determine the number of repeat clients.
4. **Clarity:** Indicator clearly identifies what is being measured; no definitions required.
5. **Accuracy, Maintenance, Support:** Indicator was audited in 2011 and found to be reliable.
6. **Data Source, Collection and Reporting:** The LDH Online Incident Tracking System collects the data on an on-going basis and is reported monthly, and ad hoc; as needed.
7. **Calculation Methodology:** This is the unduplicated count of the number of persons for whom investigations have been completed and plans developed as collected through the LDH Online Incident Tracking System.
8. **Scope:** Indicator is aggregated; it includes all clients served.
9. **Caveats:** This indicator does not reflect agency performance. It is not something that is within our control.
10. **Responsible Person:** Sharon Jackson, APS Program Manager, 225-342-9036, Sharon.Jackson@LA.GOV.

## **Program B: Villa Feliciana Medical Complex**

**Goal I:** Provide management leadership and administrative support necessary for the delivery of resident care services.

**Goal II:** Administer and manage resident care in a manner that ensures compliance with applicable standards of care.

**Goal III:** Provide quality health care services to residents through the identification of need and efficient and effective delivery of services.

**Statutory Authority:** Program B is authorized under Senate Bill No. 562/House Bill No. 638 of the Regular Session, 2006, amended and reenacted Section 2; R.S. 36:251(C) (1) and 258(F) of The Constitution of Louisiana (1974) established the Office of Aging and Adult Services within the Louisiana Department of Health. RS 28:22.7 transferred Villa Feliciana Medical Complex to OAAS to administer this residential state-operated nursing home.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM B:** Villa Feliciana Medical Complex

**ACTIVITY 1:** Villa Feliciana Medical Complex

**OBJECTIVE I:** To provide high quality medical services and achieve excellent resident outcomes in a cost effective manner through 2028.

**INDICATOR NAME:** Staff/client ratio

**PI Code:** 2287

1. **Type and Level:** Input – Supporting
2. **Rationale, Relevance, Reliability:** To measure the number of staff employed by the program in relation to the number of persons receiving services.
3. **Use:** Provides a ready indicator of the ratio of employees to patients at the end of each reporting period.
4. **Clarity:** Staff = the paid FTE (full-time equivalent staff) count as reported to LDH Budget from Human Resources, which is the FTE paid from salaries and other compensation at the end of the last pay period of each reporting period. Clients = the midnight patient census on the last day of each reporting period.
5. **Accuracy, Maintenance, Support:** Reliability is high. Data is monitored by CMS, Myers and Stauffer and Postlethwaite and Netterville.
6. **Data Source, Collection and Reporting:** Staff numbers come from the online Human Resources data system and is obtained quarterly and annually. Client numbers are obtained from Medical Records staff monthly.
7. **Calculation Methodology:** Paid FTE count at the end of the reporting period divided by the patient census on the last day of the reporting period.
8. **Scope:** Disaggregated; this is a point in time measure of the staff to patient ratio.
9. **Caveats:** This is a snapshot of the staff to patient ratio at a given point in time, not an average for the reporting period.
10. **Responsible Person:** J. Patrick Eckler, LTC Hospital Administrator, 225-634-4017, J.Patrick.Eckler@LA.GOV.

<b>PERFORMANCE INDICATOR DOCUMENTATION</b>
--------------------------------------------

**PROGRAM B:** Villa Feliciano Medical Complex

**ACTIVITY 1:** Villa Feliciano Medical Complex

**OBJECTIVE I:** To provide high quality medical services and achieve excellent resident outcomes in a cost effective manner through 2028.

**INDICATOR NAME:** Percent compliance with CMS license and certification standards

**PI Code:** 8010

1. **Type and Level:** Outcome – Key
2. **Rationale, Relevance, Reliability:** To measure the degree of compliance of the program with CMS long-term care requirements.
3. **Use:** Provides a measure of the degree of compliance of programs operations with CMS standards at annual inspection.
4. **Clarity:** CMS is the federal Centers for Medicare and Medicaid Services, which sets standards for nursing facilities that receive Medicare and Medicaid reimbursement.
5. **Accuracy, Maintenance, Support:** The indicator is based on the LDH Health Standards annual on-site inspection and review.
6. **Data Source, Collection and Reporting:** The data source is the official annual inspection report.
7. **Calculation Methodology:** The number of CMS standards the program is in compliance with at the annual inspection is divided by the number of standards (tag numbers) in the CMS Long Term Care Survey Book. There are presently 533 standards.
8. **Scope:** Indicator is aggregated; it includes all CMS Long Term Care standards.
9. **Caveats:** This is the percentage of standards that the program is in compliance with, and does not include a weighting of significance of individual standards.
10. **Responsible Person:** J. Patrick Eckler, LTC Hospital Administrator, 225-634-4017, J.Patrick.Eckler@LA.GOV.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM B:** Villa Feliciano Medical Complex

**ACTIVITY 1:** Villa Feliciano Medical Complex

**OBJECTIVE II:** To provide management leadership and administrative support necessary for the delivery of patient care services and to provide for the efficient and effective use of resources in meeting all mandated regulatory requirements each year through 2028.

**INDICATOR NAME:** Cost per client day

**PI Code:** 2289

1. **Type and Level:** Efficiency – Supporting
2. **Rationale, Relevance, Reliability:** Provides an ongoing and cumulative measure of the operating costs per patient day of care.
3. **Use:** Provides a measure of changes in program costs over time. Can also be used to compare program costs with other programs that provide a comparable range of services.
4. **Clarity:** Costs include operating expenses as reported by the state ISIS financial accountability system.
5. **Accuracy, Maintenance, Support:** Reliability is high. Data is monitored by CMS, Myers and Stauffer and Postlethwaite and Netterville.
6. **Data Source, Collection and Reporting:** Census is obtained from Medical Records data and costs are obtained from the state ISIS financial accountability system. Both of these numbers are reported daily in real time; the indicator is calculated quarterly and annually based on that data.
7. **Calculation Methodology:** Total year-to-date operating costs are divided by the total number of days of care provided in the same period.
8. **Scope:** Disaggregated
9. **Caveats:** Comparisons to other programs should ensure that similar programs are uniform; including the acuity of patients, and the range, quality, and comprehensiveness of services reflected in the operating cost. Short-term variations can occur when measured quarterly.
10. **Responsible Person:** J. Patrick Eckler, LTC Hospital Administrator, 225-634-4017, J.Patrick.Eckler@LA.GOV.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM B:** Villa Feliciana Medical Complex

**ACTIVITY 1:** Villa Feliciana Medical Complex

**OBJECTIVE II:** To provide management leadership and administrative support necessary for the delivery of patient care services and to provide for the efficient and effective use of resources in meeting all mandated regulatory requirements each year through 2028.

**INDICATOR NAME:** Average daily census

**PI Code:** 2292

1. **Type and Level:** Output – Key
2. **Rationale, Relevance, Reliability:** Measures the average number of persons receiving inpatient service on a daily basis during the reporting period.
3. **Use:** Provides a measure of recent trends in number of persons receiving services on a daily basis.
4. **Clarity:** The number of residents receiving services at a midnight count; including residents temporarily on transfer to a general hospital.
5. **Accuracy, Maintenance, Support:** Reliability is high. Data is monitored by CMS, Myers and Stauffer and Postlethwaite and Netterville.
6. **Data Source, Collection and Reporting:** Census data is collected by Medical Records staff on a daily basis and is reported on a monthly, quarterly and annual basis.
7. **Calculation Methodology:** The number of patient days per census in a given period divided by the number of days in the same period.
8. **Scope:** This number is aggregated; it includes all clients served during the reporting period.
9. **Caveats:** None.
10. **Responsible Person:** J. Patrick Eckler, LTC Hospital Administrator, 225-634-4017, J.Patrick.Eckler@LA.GOV.

<b>PERFORMANCE INDICATOR DOCUMENTATION</b>
--------------------------------------------

**PROGRAM B:** Villa Feliciana Medical Complex

**ACTIVITY 1:** Villa Feliciana Medical Complex

**OBJECTIVE II:** To provide management leadership and administrative support necessary for the delivery of patient care services and to provide for the efficient and effective use of resources in meeting all mandated regulatory requirements each year through 2028.

**INDICATOR NAME:** Total clients served

**PI Code:** 10052

1. **Type and Level:** Output – Key
2. **Rationale, Relevance, Reliability:** Measures the total number of persons who receive services through the program.
3. **Use:** Provides the total number of residents served. Coupled with the number of admissions, it provides a relative indicator of resident movement through the program.
4. **Clarity:** Residents who are briefly hospitalized outside of the program, and who are not discharged, are counted as served.
5. **Accuracy, Maintenance, Support:** Data is monitored by CMS, Myers and Stauffer and Postlethwaite and Netterville.
6. **Data Source, Collection and Reporting:** Census data is collected by Medical Records staff on a daily basis and is reported on a monthly, quarterly and annual basis.
7. **Calculation Methodology:** Number of clients at the beginning of the reporting period plus new admissions during the period.
8. **Scope:** This number is aggregated; it includes all clients served.
9. **Caveats:** None.
10. **Responsible Person:** J. Patrick Eckler, LTC Hospital Administrator, 225-634-4017, J.Patrick.Eckler@LA.GOV.

<b>PERFORMANCE INDICATOR DOCUMENTATION</b>
--------------------------------------------

**PROGRAM B:** Villa Feliciana Medical Complex

**ACTIVITY 1:** Villa Feliciana Medical Complex

**OBJECTIVE II:** To provide management leadership and administrative support necessary for the delivery of patient care services and to provide for the efficient and effective use of resources in meeting all mandated regulatory requirements each year through 2028.

**INDICATOR NAME:** Occupancy rate

**PI Code:** 2288

1. **Type and Level:** Efficiency – Key
2. **Rationale, Relevance, Reliability:** Measures utilization of staffed bed capacity during a reporting period and reflects on the need for long term care services.
3. **Use:** Provides information on the overall utilization of facility services measured by the number of days of care provided.
4. **Clarity:** Staffed beds are the number of beds funded for operation in the reporting period. The indicator is defined in relation to staffed, not licensed, beds.
5. **Accuracy, Maintenance, Support:** Data is monitored by CMS, Myers and Stauffer and Postlethwaite and Netterville.
6. **Data Source, Collection and Reporting:** Based on census information and the number of staffed beds. Census data is reported daily by Medical Records; indicator is calculated quarterly and annually.
7. **Calculation Methodology:** Patient days divided by (staffed beds x days in reporting period)
8. **Scope:** This number is aggregated; it includes all clients served.
9. **Caveats:** None.
10. **Responsible Person:** J. Patrick Eckler, LTC Hospital Administrator, 225-634-4017, J.Patrick.Eckler@LA.GOV.





09-324 Louisiana Emergency Response Network

# APPENDIX

## FY 2026-2031

### 5-YEAR STRATEGIC PLAN

## 09-324 Louisiana Emergency Response Network Board

**Goal I:** Decrease risk adjusted trauma-related deaths and incidents of morbidity and mortality due to trauma in Louisiana.

**Goal II:** Maximize the return on investment (ROI) of state dollars and supplement of general fund dollars with alternative funding sources.

**Goal III:** Ensure that all citizens gain access to the statewide networks for trauma and time sensitive related illnesses.

**Goal IV:** Establish and codify protocols that specify the role of LERN in ESF-8 activities.

Statutory Authority for Goals R.S. 40:2841-2846#3

**A brief description of how the strategic planning process was implemented in your organization. Use the strategic planning checklist (attached) to help guide and document the strategic planning process:** The LERN Management Team utilized a collaborative approach to review/revise the agency strategic plan. Board member, board stakeholders, LERN Regional Commission Chairs, and LERN staff were interviewed to provide input on LERN's strategic plan revision. This included analysis of agency strengths, weaknesses, opportunities, and threats. Each person interviewed provided input and rationales for agency goals, strategies, and indicators. Indicators are based on agency impact and accountability measures to ensure efficiency and effectiveness. Additionally, the recommendations from the 2024 American College of Surgeons Committee on Trauma State Consultation report was considered.

**Statement of Agency Strategies for Development and Implementation of Human Resource Policies That Are Helpful and Beneficial to Women and Families:**

LERN follows the Louisiana Department of Health (LDH) Human Resources policies as they relate to:

- The LDH Family and Medical Leave Policy provides up to 12 work weeks of "job-protected" paid or unpaid leave during any 12-month period to eligible employees (regardless of gender and other non-merit factors) for certain specified family and medical reasons.
- The Sexual Harassment Policy and the Equal Employment Opportunity Policy. In addition, flexibility in work schedules assists both women and their families.
- LDH Policy EEO/EEO Complaints Policy provides for equal opportunities for the recruitment, employment, training and promotion of all employees based solely on merit factors and prohibits the use of gender and other non-merit factors.
- The LDH Accrual and Use of Leave for Classified Employees Policy credits and grants leave in accordance with Civil Service Rules and provisions of the LDH leave policy.

Leave is administered as uniformly and equitably as possible without regard to gender and non-merit factors.

- Time and Attendance Policy permits the use of flexible time schedules for employees as approved by the supervisor and management.
- Affirmative Action Plan requires equal opportunities for the recruitment, employment, training and promotion of all employees based solely on merit factors and prohibits the use of gender and other non-merit factors.

**Principle Customers/Users of the Program and Benefits:** Persons who are the victims of traumatic injury, stroke or STEMI, burn of mass casualty incidents (MCI) in all parts of the state are the primary users of the Louisiana Emergency Response Network. With Louisiana being primarily a rural state, the availability of definitive care within an hour of injury, burn, stroke, MCI or STEMI is reduced without the resource management offered by LERN.

**Potential Internal/External Factors that Could Significantly Affect the Achievement of Goals or Objectives in this Program:** The development of a statewide trauma system and systems for stroke and STEMI requires collaboration between internal and external partners, including a wide range of private and public entities. An integral part of the development of these systems is the education needed to increase the resource base in the hospital and pre-hospital provider base. Funding is an important aspect of LERN's ability to offer education to physicians, hospitals, EMS agencies, etc. and therefore an important aspect that could significantly affect the goal of LERN to coordinate, develop and implement a statewide system of trauma care.

**Method Used to Avoid Duplication of Effort:** LERN is developing an integrated system of trauma, burn, stroke and STEMI care and therefore, is the method used to avoid duplication of effort. The victims of traumatic injury, stroke or STEMI, through the communication between the healthcare provider and the LERN Call Center, are able to obtain definitive care at the closest appropriate facility without the need to attempt care in multiple facilities prior to arriving at the correct hospital. Our secondary transfer rate is an indicator of our success on this front. Additionally, LERN's integration with the ESF-8 designated regional coordinator network ensures streamlining of efforts for each aspect of the response network.

**Program Evaluations Used to Develop Goals, Objectives and Strategies:** LERN engaged consultants to present best practice research formulated using the experiences of others states who developed successful trauma networks. Additionally, LERN engaged the American College of Surgeons Committee on Trauma to do an assessment of the trauma resources in Louisiana. With these studies as well as the expertise of the LERN Board, which is comprised of subject matter experts in all areas of trauma care, stroke care, STEMI care and systems development, the LERN staff has been able to develop a strategic plan with realistic goals and objectives. The three year strategic plan is approved by the LERN Board and the goals and objectives of the strategic plan are re-evaluated annually. The addition of stroke and STEMI Medical Directors have helped LERN develop goals and objectives for those time-sensitive illnesses.

**Maintenance of Agency Performance-Based Budgeting Records:**

All documents used in the development of strategic and operational plans, as well as the data used for the completion of quarterly performance progress reports through the Louisiana Performance Accountability System (LaPAS), are maintained and preserved according to the state's record retention laws (R.S. 44:36) for a period of at least three years from the date on which the record was created.

**Monitoring & Evaluation Process:**

In order to monitor and evaluate LERN's progress, the agency utilizes internal & external audits; policy, research, planning and in-house quality assurance functions; program evaluations; Performance Progress Reports (from the Louisiana Performance Accountability System); Benchmarking for Best Management Practices; Performance-based contracting and contract monitoring; Peer review, accreditation review, and customer/stakeholder feedback. At the close of the fiscal year, the agency reviews and evaluates performance during that fiscal year to determine if the information gained from the review should be used to improve performance measures and/or used in future strategic or operational planning processes.

**Agency Retention Policy:** **LDH Retention Policy 42.2:** LDH Policy on Disclosure and Retention of Public Records states, "In accordance with the Louisiana Public Records Act ("PRA") (R.S. 44:1 et seq.), it shall be the policy of the Louisiana Department of Health (LDH) that all records are subject to disclosure under the PRA, with the exception of certain records specified in this policy, as provided by the statutory exceptions to the PRA as set forth in R.S. 44:1 or 44:4.1 or in other applicable state or federal law.

**Primary Persons Who Will Benefit From or Be Significantly Affected by These Objectives:**

Persons who are the victims of traumatic injury, stroke or STEMI, burn or mass casualty incidents (MCI) in all parts of the state are the primary users of the Louisiana Emergency Response Network.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Louisiana Emergency Response Network Board

**ACTIVITY:** Louisiana Emergency Response Network Board

**OBJECTIVE:** Decrease the age adjusted death rate due to trauma in Louisiana by 5% by 2031.

**INDICATOR NAME:** Number of State Designated Trauma Centers

**PI Code:** 26128

1. **Type and Level:** Output, GPI
2. **Rationale, Relevance, Reliability:** This indicator will allow LERN to show the outcome of its efforts to establish a statewide trauma system.
3. **Use:** This indicator show progress towards the Board's vision of achieving a designated trauma center in every region of the state.
4. **Clarity:** The indicator will clearly identify the outcome achieved by the development of a statewide trauma system.
5. **Accuracy, Maintenance, Support:** I am not aware of an audit by the state legislative auditor. LDH Health Standards section certifies trauma centers in accordance with LA R.S. 40:2173. The auditor could check with Health Standards or the Louisiana Emergency Response Network for evidence to support the accuracy of the data.
6. **Data Source, Collection and Reporting:** American College of Surgeons Committee on Trauma and LDH Department of Health standards.
7. **Calculation Methodology:** This is just a raw number based on the number of verified trauma centers in the state.
8. **Scope:** The indicator can be able to be broken down into the number of trauma centers per LDH region.
9. **Caveats:** None
10. **Responsible Person:** Paige Hargrove, Executive Director  
Phone: 225-756-3444  
[Paige.hargrove@la.gov](mailto:Paige.hargrove@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Louisiana Emergency Response Network Board

**ACTIVITY:** Louisiana Emergency Response Network Board

**OBJECTIVE I:** Decrease the age adjusted trauma-related deaths by 5% by 2031.

**INDICATOR NAME:** Percentage of Louisiana citizens with access to a Level I, II, or III trauma center within a 60 minute drive time.

**PI Code:** 26127

1. **Type and Level:** Output, GPI
2. **Rationale, Relevance, Reliability:** This indicator will allow LERN to show the outcome of its efforts to establish a statewide trauma system.
3. **Use:** This indicator shows progress towards the Board's vision of achieving a designated trauma center in every region of the state.
4. **Clarity:** Yes, the indicator clearly identifies what is being measured. There is not jargon, etc.
5. **Accuracy, Maintenance, Support:** I am not aware of an audit by the state legislative auditor. The evidence to support the accuracy of the data is in the GIS mapping of trauma centers provided by the Center for Analytics and Research in Transportation Safety at Louisiana State University.
6. **Data Source, Collection and Reporting:** Louisiana Emergency Response Network obtains the population and mapping distances from the Center for Analytics and Research in Transportation Safety at Louisiana State University.
7. **Calculation Methodology:** Calculated with GIS Mapping software by the Center for Analytics and Research in Transportation Safety at Louisiana State University.
8. **Scope:** The indicator will show drive time distance to trauma centers statewide.
9. **Caveats:** If air ambulance is used, a greater percentage has access to a trauma center within 60 minute drive time. Because air resources vary across the state and are not always available due to weather we base our goal on drive time.
10. **Responsible Person:** Paige Hargrove, Executive Director  
Phone: 225-756-3444  
Paige.hargrove@la.gov

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Louisiana Emergency Response Network Board

**ACTIVITY:** Louisiana Emergency Response Network Board

**OBJECTIVE I:** Decrease the age adjusted trauma-related deaths by 5% by 2031.

**INDICATOR NAME:** Number of LERN directed/facilitated TNCC and ENPC classes in all 9 LDH regions annually.

**PI Code:** 26765

1. **Type and Level:** Output, GPI
2. **Rationale, Relevance, Reliability:** This indicator will allow LERN to show the outcome of its efforts to provide statewide trauma education.
3. **Use:** The indicator be used to determine where TNCC and ENPC should be targeted regionally in order to achieve the goal of providing this education statewide. The indicator be used for internal management purposes.
4. **Clarity:** The indicator will clearly identify the education provided statewide. TNCC = Trauma Nurse Core Curriculum and ENPC = Emergency Nurse Pediatric Course.
5. **Accuracy, Maintenance, Support:** I am not aware if the indicator and subsequent performance data have been audited by the Office of the Legislative Auditor. LERN maintains a master tracker of all education provide in the state. Every tracking sheet is maintained on the LERN shared drive.
6. **Data Source, Collection and Reporting:** Louisiana Emergency Response Network keeps an education tracker to keep records of all LERN directed classes. This is located on LERN's shared drive. It is reported on the calendar year.
7. **Calculation Methodology:** Simple number per region. Tracked by region, date, and number of students/class.
8. **Scope:** The indicator will indicate the number of LERN directed/facilitated TNCC and ENPC classes statewide.
9. **Caveats:** None.
10. **Responsible Person:** Paige Hargrove, Executive Director  
Phone: 225-756-3444  
Paige.hargrove@la.gov

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Louisiana Emergency Response Network Board

**ACTIVITY:** Louisiana Emergency Response Network Board

**OBJECTIVE I:** Decrease the age adjusted trauma-related deaths by 5% by 2031.

**INDICATOR NAME:** Percentage of time where traumatically injured patients that were directed to an Emergency Department for definitive care did not require transfer to another facility for higher level resources – goal is 95% annually.

**PI Code:** 22329

1. **Type and Level:** Outcome, Key
2. **Rationale, Relevance, Reliability:** This indicator was chosen because it reflects the reliability and accuracy of the LERN Pre-hospital destination protocol. It is relevant and meaningful measure of performance because if the LERN Communication Center directs patients based on the approved protocol, we should have a low transfer rate because patients are transported to the definitive care hospital.
3. **Use:** The indicator will be used to measure performance of the LERN Communication Center. It will be used for internal purposes only.
4. **Clarity:** Yes, the indicator name clearly identifies what is being measured. The indicator name does not contain jargon, technical terms, acronyms or initializations, or unclear language.
5. **Accuracy, Maintenance, Support:** I am not aware of the indicator and subsequent performance data being audited by the Office of the Legislative Auditor. The evidence to support the data is maintained by the LERN Communication Center and is reported quarterly to LaPAS and annually in the LERN Annual Report.
6. **Data Source, Collection and Reporting:** The source of data for the indicator is the Image Trend data base. Data is collected daily by the LERN Communication Center and is maintained in the Image Trend software system. The data is reported quarterly in LaPAS. Frequency and timing of reporting is consistent.
7. **Calculation Methodology:** Divide total patients directed by LERN by the total number of patients transferred to a higher level of care.
8. **Scope:** The indicator is a statewide figure, but it can be broken down by region.
9. **Caveats:** None.
10. **Responsible Person:** Paige Hargrove, Executive Director  
Phone: 225-756-3444  
Paige.hargrove@la.gov



## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Louisiana Emergency Response Network Board

**ACTIVITY:** Louisiana Emergency Response Network Board

**OBJECTIVE:** Decrease the age adjusted trauma-related deaths by 5% by 2031.

**INDICATOR NAME:** Percentage of trauma patients directed from the pre-hospital setting by the LERN Communication Center (LCC) meeting Injury Pattern or Vital Signs/Mental Status criteria in the LERN Destination Protocol: Trauma protocol who are transported to a trauma center/trauma program. (Key indicator)

**PI Code:** New

1. **Type and Level:** Outcome, Key
2. **Rationale, Relevance, Reliability:** The big picture goal of the trauma pre-hospital guideline very simply is: "Getting the Right patient to the Right place at the Right time" and "When you have a choice, did you make the right choice?" This indicator answers that question and tells the story of how often LERN/the state trauma system is getting the most severely injured patients to a trauma center. It is a reliable measure.
3. **Use:** The indicator will be used internally to measure the reliability of the trauma pre-hospital destination protocol and the LERN Communication Centers application of the protocol.
4. **Clarity:** Yes, the indicator is clear. EMS = Emergency Medical Services. Injury Patterns and Vital Signs/Mental Status criteria are defined in the protocol.
5. **Accuracy, Maintenance, Support:** No, this is a new indicator and data has not been audited by the Office of the Legislative Auditor. Evidence to support the data is stored in the Image Trend software registry and can be accessed via the LERN office.
6. **Data Source, Collection and Reporting:** Data captured in the LERN Communication Center when routing patients to hospitals across the state. Data is collected daily and will be reported quarterly.
7. **Calculation Methodology:** Divide the number of patients directed to a trauma center by the LERN Communication Center by the total number meeting injury pattern or vital signs/mental status criteria per the LERN Destination Protocol: Trauma.
8. **Scope:** The number will be reported statewide, but can be broken down by region.
9. **Caveats:** When broken down by region, the % going to a trauma center may be lower in Region 3, the only LDH region without a trauma center.
10. **Responsible Person:** Chris Hector, LERN Administrative Director  
(225)756-3499  
[Chris.Hector@la.gov](mailto:Chris.Hector@la.gov)

PERFORMANCE INDICATOR DOCUMENTATION
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**PROGRAM:** Louisiana Emergency Response Network Board

**ACTIVITY:** Louisiana Emergency Response Network Board

**OBJECTIVE II:** Maximize the return on investment (ROI) of state dollars and supplement of general fund dollars with alternative funding sources.

**INDICATOR NAME:** Non-state dollars generated to support LERN activities

**PI Code:** New

1. **Type and Level:** Outcome, GPI
2. **Rationale, Relevance, Reliability:** This indicator show efforts/results to reduce reliance on SGF.
3. **Use:** This indicator show efforts/results to reduce reliance on SGF.
4. **Clarity:** This indicator show LERN reliance on SGF vs. other means of financing. SGF = State General Fund.
5. **Accuracy, Maintenance, Support:** This is a new indicator and data has not been audited by the Office of the Legislative Auditor. LERN Financial and budgeting reports will provide evidence of this indicator.
6. **Data Source, Collection and Reporting:** LDH Budget Documents
7. **Calculation Methodology:** SGF dollars divided by total dollars.
8. **Scope:** Cannot be broken down further.
9. **Caveats:** None
10. **Responsible Person:** Cassandra Woods, Finance manager  
Phone: 225-756-3421  
[Cassandara.Woods@La.gov](mailto:Cassandara.Woods@La.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Louisiana Emergency Response Network Board

**ACTIVITY:** Louisiana Emergency Response Network Board

**OBJECTIVE III:** Ensure that all citizens gain access to the statewide networks for trauma and time sensitive related illnesses.

**INDICATOR NAME:** Door-to-Needle time for Acute Stroke Ready Hospitals.

**PI Code:** New

1. **Type and Level:** Efficiency, Key
2. **Rationale, Relevance, Reliability:** This indicator was chosen because it provides overall performance of Acute Stroke Ready Hospitals door to needle time. It is a relevant and meaningful measure of performance and it is reliable. The door to needle time indicates how fast an acute stroke ready hospital can identify an acute ischemic stroke patient and administer the clot busting fibrinolytic medication – the treatment for ischemic stroke in eligible patients. Time is key because two million brain cells die every minute during a stroke.
3. **Use:** The indicator will be used internally by LERN to target education and consultation to individual hospitals struggling to meet the 60 minute door to needle target.
4. **Clarity:** To clarify, door to needle is the term utilized to measure the time an acute ischemic stroke patient arrives to an acute stroke ready hospital to the time they are administered the clot busting medication intravenously.
5. **Accuracy, Maintenance, Support:** No, this is a new indicator and it has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Source is internal database located at LERN. Data is reported to LERN quarterly and reported quarterly to the LERN Regional Commissions. It is also reported annually in the LERN annual report.
7. **Calculation Methodology:** The indicator calculated by dividing the number of eligible acute ischemic stroke patients by the total door to needle minutes for the state.
8. **Scope:** The indicator is aggregated and is reported by statewide figure. It can be broken down into region and is reported at the regional level at LERN regional commission meetings.
9. **Caveats:** Eligible patients = # of patient presenting  $\leq$  3.5 hours after last seen normal. . Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.
10. **Responsible Person:** Justin Schleis, LERN Data Manager  
(225)756-3424  
[Justin.Schleis@la.gov](mailto:Justin.Schleis@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Louisiana Emergency Response Network Board

**ACTIVITY:** Louisiana Emergency Response Network Board

**OBJECTIVE:** Develop a statewide system of stroke and STEMI care to improve outcomes for Louisiana citizens regardless of where they live in the state.

**INDICATOR NAME:** Number of Comprehensive, Primary Stroke and Thrombectomy Certified Stroke Centers in Louisiana.

**PI Code:** 26130

1. **Type and Level:** Output, General Performance Information
2. **Rationale, Relevance, Reliability:** Certification provides a level of confidence in quality and capabilities of a program. The optimal care settings to address incidents of stroke are certified Advanced Comprehensive, Primary and Thrombectomy Stroke Centers. These centers are the hubs of Louisiana's stroke system of care.
3. **Use:** The indicator will be used to validate access to advanced stroke care in Louisiana.
4. **Clarity:** The indicator clearly identifies the number of Primary Stroke Centers, Thrombectomy and Comprehensive Certified Stroke Centers in Louisiana.
5. **Accuracy, Maintenance, Support:** I am not aware of the indicator being audited by the Office of the Legislative Auditor. Evidence is available at LERN to support the accuracy of the data and it is also available on The Joint Commission website. <https://cvquality.acc.org/accreditation/map>
6. **Data Source, Collection and Reporting:** Hospital CEOs attest every two years regarding their stroke certification. Additionally, the certification status is available on The Joint Commission website.
7. **Calculation Methodology:** The calculation is based the number of Primary, Thrombectomy and Comprehensive Certified Stroke Centers in Louisiana. Simple addition.
8. **Scope:** The indicator aggregated will be reported at the state level, but can be broken down regionally.
9. **Caveats:** No caveats.
10. **Responsible Person:** Paige Hargrove, LERN Executive Director  
(225)756-3440  
[Paige.Hargrove@la.gov](mailto:Paige.Hargrove@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Louisiana Emergency Response Network Board

**ACTIVITY:** Louisiana Emergency Response Network Board

**OBJECTIVE:** Develop a statewide system of stroke and STEMI care to improve outcomes for Louisiana citizens regardless of where they live in the state.

**INDICATOR NAME:** Percentage of patients with Acute Ischemic Stroke who are treated with fibrinolytic.

**PI Code:** 26768

1. **Type and Level:** Quality, General Performance Indicator
2. **Rationale, Relevance, Reliability:** Stroke is the fourth highest killer of Louisiana residents, and stroke affects an estimated 700,000 people each year in across the nation. Whenever a stroke occurs, the time between the onset of symptoms and access to definitive care is critical. The term “window of opportunity” is often used to describe the first three and a half hours after the onset of symptoms. Stroke patients receiving definitive care within this three- and a half hour “window” have an increased chance of independence, with every minute that passes, two million of brain cells die and the effectiveness of the clot busting medication treatment is reduced.
3. **Use:** This indicator is used measure fibrinolytic use. It will help LERN evaluate regional and statewide performance.
4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, technical terms, acronyms or initializations, or unclear language? If so, clarify or define them.
5. **Accuracy, Maintenance, Support:** I am not aware of the indicator and subsequent performance data being audited by the Office of the Legislative Auditor. Accuracy of the data can be verified by the LERN state stroke medical director, who obtains the data from the Louisiana Hospital Inpatient Data set (LaHIDD) and she calculates it annually. The data is maintained at LERN.
6. **Data Source, Collection and Reporting:** Louisiana Hospital Inpatient Data set (LaHIDD) obtained from the Louisiana Bureau of Health Informatics. Data is reported annually on a calendar year. There is a lag in the data set of approximately one year.
7. **Calculation Methodology:** The calculation is based the number of patients admitted with acute ischemic stroke divided by the # receiving fibrinolytic.
8. **Scope:** The indicator is reported at the state level, but can further be broken down into a regional analysis.
9. **Caveats:** The data is obtained from the LaHIDD data set and is dependent upon accurate coding at the hospital level.
10. **Responsible Person:** Paige Hargrove, LERN Executive Director  
(225)756-3440  
[Paige.Hargrove@la.gov](mailto:Paige.Hargrove@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Louisiana Emergency Response Network Board

**ACTIVITY:** Louisiana Emergency Response Network Board

**OBJECTIVE:** Develop a statewide system of stroke and STEMI care to improve outcomes for Louisiana citizens regardless of where they live in the state.

**INDICATOR NAME:** Door to primary percutaneous coronary intervention (PCI) for ST Elevated Myocardial Infarction (STEMI).

**PI Code:** New

1. **Type and Level:** Efficiency, Key
2. **Rationale, Relevance, Reliability:** This indicator was chosen because it provides overall performance of STEMI Receiving Centers door to PCI time. It is a relevant and meaningful measure of performance and it is reliable. The door to PCI time indicates how fast STEMI Receiving Center can identify STEMI patient and perform PCI in eligible patients. Time is key because STEMI is the most deadly form of a heart attack where there is almost 100% occlusion of the artery. Opening the artery timely is life-saving. More heart muscle dies the longer it takes to open the artery.
3. **Use:** The indicator will be used internally by LERN to target education and consultation to individual hospitals struggling to meet the 60 minute state median target.
4. **Clarity:** Yes, it is clear the indicator is a measurement of the time the patient enters the emergency department to the time of primary PCI device activation. Device activation can be: time of the first balloon inflation or time of stent deployment.
5. **Accuracy, Maintenance, Support:** No, the indicator has not been audited by the Office of the Legislative Auditor. It is a new indicator. Data is collected by LERN from individual STEMI Receiving Centers. Data is stored at LERN.
6. **Data Source, Collection and Reporting:** The source of data for the indicator is the individual STEMI Receiving Center hospitals. The hospitals submit quarterly data to LERN and the data is stored in an internal data base at LERN. Data is due 30 days after the close of the previous quarter. The data may be two quarters old when reported, but not longer than two quarters. It is reported on a calendar year.
7. **Calculation Methodology:** The indicator calculated by dividing the number of STEM patients submitted to LERN by the total door to PCI minutes for the state.
8. **Scope:** The indicator is aggregated and is reported by statewide figure. It can be broken down into region and is reported at the regional level at LERN regional commission meetings.
9. **Caveats:** There are patient exclusions which are listed in the LERN STEMI Data Dictionary, located on the LERN Website at [https://lern.la.gov/wp-content/uploads/LERN-STEMI-DataCollection-Requirements-Phase-Amendment 11 07 2024.pdf](https://lern.la.gov/wp-content/uploads/LERN-STEMI-DataCollection-Requirements-Phase-Amendment%2011%2007%202024.pdf)
10. **Responsible Person:** Justin Schleis, LERN Data Manager  
(225)756-3424  
[Justin.Schleis@la.gov](mailto:Justin.Schleis@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Louisiana Emergency Response Network Board

**ACTIVITY:** Louisiana Emergency Response Network Board

**OBJECTIVE:** Adoption of LERN MCI procedures by each LDH region as indicated by inclusion in their regional disaster plans.

**INDICATOR NAME:** Percentage of LDH regions participating with LERN in regional MCI drills.

**PI Code:** 26231

1. **Type and Level:** Output – General Performance Indicator
2. **Rationale, Relevance, Reliability:** Regional participation in mass casualty drills is imperative in order to strengthen Louisiana's disaster response infrastructure. It indicates participation in LERN directed statewide MCI planning.
3. **Use:** Measures regional engagement in disaster response planning and preparation. Helps LERN internally to determine where to focus engagement in MCI drills.
4. **Clarity:** Yes, the indicator name clearly identify what is being measured. MCI = Mass Casualty Incident.
5. **Accuracy, Maintenance, Support:** I am not aware of the indicator and subsequent performance data being audited by the Office of the Legislative Auditor. Evidence of the measure is maintained at the LERN Central Office on the annual education tracker.
6. **Data Source, Collection and Reporting:** Source = Internal log. List maintained by LERN administration.
7. **Calculation Methodology:** Number of LDH regions that participate with LERN in a MCI Drill/Total number of LDH regions in the state.
8. **Scope:** The indicator is disaggregated. It is reported by each of the 9 LDH regions.
9. **Caveats:** None. There are no limitations or weaknesses. There is no bias with the source of the data.
10. **Responsible Person:** Chris Hector, LERN Administrative Director  
(225)756-3499  
[Chris.Hector@la.gov](mailto:Chris.Hector@la.gov)

# APPENDIX

## FY 2026-2031

### 5-YEAR STRATEGIC PLAN



## 09-325 Acadiana Area Human Services District

Acadiana Area Human Services District has only one program: Acadiana Area Human Services District. This agency provides services for behavioral health (addictive disorders and mental health) and developmental disabilities.

The Louisiana State Legislature established the Acadiana Human Services District to provide administration, management and operation of mental health, addictive disorders, and developmental disabilities services to the residents of Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, and Vermilion parishes. Direct oversight of these services was previously provided through the Louisiana Department of Health (LDH). The AAHSD was created to be responsive to the local needs of the citizens in its seven parish catchment area. It strives to identify and address local needs through partnerships with local governments, clients, advocates and providers. At the heart of this multi-parish agency is greater accountability to consumers, the community and the taxpayers. Governance of AAHSD is conducted by a ten (10) member Board of Directors. The Board includes residents from each parish in the seven parish catchment area and three (3) Governor Appointees. All members serve without compensation.

The Acadiana Area Human Services District (AAHSD) was created by the Louisiana State Legislature under the provisions of the Louisiana revised statutes (LSA-RS): R.S. 373 to provide administration, management, and operation of behavioral health (addictive disorders and mental health) and developmental disabilities services to the residents of Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, and Vermilion parishes. This seven-parish area encompasses approximately 5,000 square miles (approximately 12% of the state total) and has a population of approximately 6000,000 (from 2012 US Census estimates) (approximately 13% of the state total). Within this area, AAHSD operates sites in Crowley, Lafayette (2), New Iberia, Opelousas, and Ville Platte.

### **Agency Goals**

1. To provide comprehensive services and supports which improve the quality of life and community participation for persons in crisis and/or with serious and persistent mental illness, emotional and behavioral disorders, addictive disorders, co-occurring disorders, and/or developmental disabilities.
2. To improve individual outcomes through effective implementation of evidenced-based and best practices and data-driven decision-making.
3. To promote healthy, safe lives for people by providing leadership in educating the community on the importance of prevention, early detection and intervention, and by facilitating coalition building to address localized community problems.

**Statutory Authority for Goals:** The Acadiana Area Human Services District is organized under the following provisions of the Louisiana revised statutes (LSA-RS): R.S. 373

### **A brief description of how the strategic planning process was implemented in your organization.**

As the initial step of preparing the FY 2020-2021 through FY 2024-2025 Strategic Plan, Acadiana Area Human Services District reviewed its current Strategic Plan to determine continued relevance of issues being addressed that affect individuals (adults, children, and toddlers) with developmental disabilities and the effectiveness of current developmental disabilities services and program strategies. The issues, along with information from previous customer satisfaction surveys and stakeholder feedback, were prioritized. AAHSD Senior Management Team members and their staff then addressed their respective areas reviewing current goals, objectives, strategies, and performance indicators and determining the need to continue/delete/add goals, objectives, strategies, and performance indicators.

### **Statement of Agency Strategies for Development and Implementation of Human Resource Policies That Are Helpful and Beneficial to Women and Families:**

The Acadiana Area Human Services District abides by all state Civil Services guidelines and procedures regarding equal opportunity for staff and in particular women and their families. The Acadiana Area Human Services District also addresses specific issues in respect to female employees and their families in the Human Resources policies for the agency and in the Acadiana Area Human Services District Personnel Handbook. All policies are reviewed annually and changes/additions are made accordingly to new mandates or as issues arise.

The Acadiana Area Human Services District focuses its treatment approach on the person and family in the provision of services and supports. The family is paramount to the treatment model and serves as the basis for individual and family treatment, recovery and wellness adaptation.

### **Principle Service Recipients**

AAHSD serves a large diverse population in seven parishes including Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, and Vermilion. This seven-parish area encompasses approximately 5,000 square miles (approximately 12% of the state total) and has a population of approximately 6000,000 (from 2012 US Census estimates) (approximately 13% of the state total). Of this population, AAHSD has an inherent responsibility to the medically indigent (e.g. – the uninsured and under-insured and those with Medicaid) as all individuals who present at our program sites in crisis or in need of other services. AAHSD population of patients consists of children (ages 6-12), adolescents (ages 13-17), adults and geriatrics.

### **External factors with potential negative impact on achieving goals and objectives include:**

The ability to achieve the goals and objectives outlined in this plan may be changed by a number of factors over which AAHSD has no control. These changes may include but are not limited to:

- Funding levels –Fluctuations in Medicaid and state general funding for indigent care are dependent on many factors that cannot be controlled. The expansion of insurance benefits for indigent children and adults, which has meant an increase in some insurance revenues or the loss of some clients to the private sector.

- Changes in the state health care system - particularly changes related to managed care, skilled and professional labor shortages exacerbated by numerous disasters in our area and rapid changes in medical technology which require greater attention to capital acquisition needs/uses/costs.
- Potential changes in the federal health care arena as a result of federal Health Care Reform and in the state Medicaid program involving a higher degree of care coordination.
- Changes in the economy of the state – as more individuals are employed or insured, it could result in more insured patients or fewer patients, depending on the changes in the economy of the state and client's access to other health care and the perception of the behavioral health care provided by our clinics.
- Changes in the population – demographic and other population changes, including an aging population which means an increase in the number of chronic cases.
- Competition from other private providers in the community.

Strategies in place to mitigate threats and/or barriers include: diversification of funding streams; expansion of integrated services; ongoing performance and quality improvement initiatives; collaboration with contiguous local governing entities; focus on staff development and retention; and, maintenance of accreditation with the Council on Accreditation for Rehabilitation Facilities (CARF). The overall responsibility for implementing and monitoring these strategies rests with the Executive Director along with members of the Sr. Management Team.

### **Internal Factors that May Affect the Achievement of Goals and Objectives**

The ability for AAHSD to achieve the goals and objectives outlined in this plan may be hampered by external factors by which the agency has no control. These factors may include but are not limited to:

- Funding levels –Fluctuations in Medicaid and state general funding for indigent care are dependent on many factors that cannot be controlled. The expansion of insurance benefits for indigent children and adults, which has meant an increase in some insurance revenues or the loss of some clients to the private sector.
- Changes in the state health care system - particularly changes related to managed care, skilled and professional labor shortages exacerbated by numerous disasters in our area and rapid changes in medical technology which require greater attention to capital acquisition needs/uses/costs.
- Potential changes in the federal health care arena as a result of federal Health Care Reform and in the state Medicaid program involving a higher degree of care coordination.

### **Program Evaluations Used to Develop Goals, Objectives, and Strategies**

AAHSD strategic planning process is guided by the Mission, Vision and Priorities as set forth by the Board of Directors and by the Authority's Philosophy as set forth by its Sr. Management Team. The evaluation of goals and objectives and the strategies is ongoing

and rooted in data-driven decision-making. Monitoring of performance and resource utilization involves all levels of authority staff. AAHSD actively solicits input and feedback from community leaders, stakeholders, individuals receiving services and their families, community members via Board linkages, and employees. Tools used to gather data include: employee and consumer satisfaction surveys; public forums; needs assessment via governmental and stakeholder relations, and external evaluation by grantors and the legislative audit. Additionally, AAHSD continuously monitors level of care and service recipient outcomes through its utilization management program and self-audits performance, outcomes, practices and procedures using CARF standards. Corrective and/or performance and quality improvement actions are undertaken as warranted.

#### **Methods Used to Avoid Duplication of Effort**

(AAHSD) shall promote compliance with all federal, state, and local statutes, regulations and program requirements pertinent to the accomplishment of its mission. The foundation of this function is the network of internal controls, policies and procedures in place within AAHSD. The success of the agency is predicated on the continuous monitoring of effective managerial systems and investigation and correction of real and potential problems. All employees are required to discuss potential errors or irregularities with their chain of command and/or directly with the AAHSD Compliance Officer. Rigorous monitoring and auditing systems have been implemented for all phases of services to include fiscal, medical records, purchasing, safety, etc. to avoid fraud and duplication of efforts at all costs.

#### **Maintenance of Agency Performance-Based Budgeting Records:**

All documents used in the development of strategic and operational plans, as well as the data used for the completion of quarterly performance progress reports through the Louisiana Performance Accountability System (LaPAS), are maintained and preserved according to the state's record retention laws (R.S. 44:36) for a period of at least three years from the date on which the record was created.

#### **Monitoring & Evaluation Process:**

In order to monitor and evaluate AAHSD's progress, the agency utilizes internal & external audits; policy, research, planning and in-house quality assurance functions; program evaluations; Performance Progress Reports (from the Louisiana Performance Accountability System); Benchmarking for Best Management Practices; Performance-based contracting and contract monitoring; Peer review, accreditation review, and customer/stakeholder feedback. In addition, recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed. Also, at the close of the fiscal year, the agency reviews and evaluates performance during that fiscal year to determine if the information gained from the review should be used to improve performance measures and/or used in future strategic or operational planning processes.

**OBJECTIVE #1:** To provide programmatic leadership and direction to the programs of behavioral health (addictive disorders and mental health) and developmental disabilities services under AAHSD; to continue the operational activity of the AAHSD administrative office in relation to the Readiness Assessment Criteria and other regulatory/licensure

processes and according to the terms of the Memorandum of Understanding (MOU) each year through June 30, 2025.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED**

**BY EACH OBJECTIVE:** Persons with Behavioral Health (mental illness and addictive disorders) and/or Intellectual/ Developmental Disabilities, their families, and the communities in which they reside.

**OBJECTIVE #2:** Each year through June 30, 2025, AAHSD will work as part of the State's continuum of care that centers on behavioral disorders, addictive disorders, and co-occurring disorders.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED**

**BY EACH OBJECTIVE:** Persons with Behavioral Health (mental illness and addictive disorders) and/or Intellectual/ Developmental Disabilities, their families, and the communities in which they reside.

**OBJECTIVE #3:** Each year through June 30, 2025, AAHSD will provide best practices and evidence-based practices to individuals, families, and groups.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED**

**BY EACH OBJECTIVE:** Persons with Behavioral Health (mental illness and addictive disorders) and/or Intellectual/ Developmental Disabilities, their families, and the communities in which they reside.

**OBJECTIVE #4:** Foster and facilitate independence for persons with disabilities through the availability of home and community based services each year through June 30, 2025.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED**

**BY EACH OBJECTIVE:** Persons with Behavioral Health (mental illness and addictive disorders) and/or Intellectual/ Developmental Disabilities, their families, and the communities in which they reside.

**OBJECTIVE #5:** Each year through June 30, 2025, AAHSD will conduct targeted collaboration with consumers, family members and community partners to identify individuals with disabilities who may be eligible for supports offered through AAHSD.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED**

**BY EACH OBJECTIVE:** Persons with Behavioral Health (mental illness and addictive disorders) and/or Intellectual/ Developmental Disabilities, their families, and the communities in which they reside.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Acadiana Area Human Services District

**ACTIVITY:** Administration

**OBJECTIVE: #1** To provide programmatic leadership and direction to the programs of behavioral health (addictive disorders and mental health) and developmental disabilities services under AAHSD; to continue the operational activity of the AAHSD administrative office in relation to the Readiness Assessment Criteria and other regulatory/licensure processes and according to the terms of the Memorandum of Understanding (MOU) each year through June 30, 2031.

**INDICATOR NAME:** Percentage of Acadiana Area Human Services District clients who state they would continue to receive services at our clinics if given the choice to go elsewhere.

**LaPAS PI Code:** 25057

**1. Type and Level:** The type of indicator is Quality. The level is General Performance Information.

**2. Rationale:** This indicator was selected so AAHSD can see how our clients view the type and quality of services that they receive. It is a valid measure of performance targeted in this objective. This will tell our performance story because if clients like the services that we provide and choice to stay with AAHSD even when offered to go elsewhere, then we are doing a great job because taking care of clients is our main priority.

**3. Use:** This indicator will be used in management decision making and other agency processes because AAHSD can utilize our clients well-being and contentment with our organization as a positive driving point in the services needed. This will be used for internal management purposes.

**4. Clarity:** The indicator clearly identifies what is being measured.

**5. Accuracy, Maintenance, Support:** No, it has not been audited by the Office of the Legislative Auditor. This will be in the client's own words and reports. The report will be maintained by collecting these reports and completing an annual report of the findings.

**6. Data Source, Collection and Reporting:** The source will be the Client Satisfaction Surveys completed at the end of treatment and the Client Comment Surveys that will be placed in the lobbies at the clinics. These reports will be collected monthly. A monthly and yearly report will be compiled of the result. On the comment card will be if client needs immediate assistance, please contact a staff member. All we will do is collect the comments and compile them in a monthly/annual report. We will have an overall summary at the end of each collection period. We will divide the number of clients who felt this way by 100 to gain a percentage value.

**8. Scope:** This indicator will be the sum of smaller parts with hopes that it will give AAHSD a larger picture of what type of services that will be needed or continued.

**9. Caveats:** This indicator does not have limitations or weakness. It will be collected from all of our clinics so we can see how our clients are feeling about our clinic.

**10. Responsible Person:** The responsible person for collecting these will be the clinic manager at each clinic. All will submit them to Administration for further processing.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Acadiana Area Human Services District

**ACTIVITY:** Administration

**OBJECTIVE: #1** To provide programmatic leadership and direction to the programs of behavioral health (addictive disorders and mental health) and developmental disabilities services under AAHSD; to continue the operational activity of the AAHSD administrative office in relation to the Readiness Assessment Criteria and other regulatory/licensure processes and according to the terms of the Memorandum of Understanding (MOU) each year through June 30, 2031.

**INDICATOR NAME:** Percentage of Acadiana Area Human Services District clients who state they would recommend the clinics to family and friends.

**LaPAS PI Code:** 25058

**1. Type and Level:** The type of indicator is Quality. The level is General Performance Information.

**2. Rationale:** This indicator was selected so AAHSD can see how our clients view the type and quality of services that they receive. It is a valid measure of performance targeted in this objective. This will tell our performance story because if clients like the services that we provide and choose to stay with AAHSD even when offered to go elsewhere, then we are doing a great job because taking care of clients is our main priority.

**3. Use:** This indicator will be used in management decision making and other agency processes because AAHSD can utilize our clients well-being and contentment with our organization as a positive driving point in the services needed. This will be used for internal management purposes.

**4. Clarity:** The indicator clearly identifies what is being measured.

**5. Accuracy, Maintenance, Support:** No it has not been audited by the Office of the Legislative Auditor. This will be in the client's own words and reports. The report will be maintained by collecting these reports and completing an annual report of the findings.

**6. Data Source, Collection and Reporting:** The source will be the Client Satisfaction Surveys completed at the end of treatment and the Client Comment Surveys that will be placed in the lobbies at the clinics. These reports will be collected monthly. A monthly and yearly report will be compiled of the result. On the comment card will be if client needs immediate assistance, please contact a staff member.

**7. Calculation Methodology:** we collect comments and compile them in a monthly/annual report. We will have an overall summary at the end of each collection period. We will divide the number of clients who felt this way by 100 to gain a percentage value.

**8. Scope:** This indicator will be the sum of smaller parts with hopes that it will give AAHSD a larger picture of what type of services that will be needed or continued.

**9. Caveats:** This indicator does not have limitations or weakness. It will be collected from all of our clinics so we can see how our clients are feeling about our clinic.

**10. Responsible Person:** The responsible person for collecting these will be the clinic manager at each clinic. All will submit them to Administration for further processing.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Acadiana Area Human Services District

**ACTIVITY:** Administration

**OBJECTIVE: #1** To provide programmatic leadership and direction to the programs of behavioral health (addictive disorders and mental health) and developmental disabilities services under AAHSD; to continue the operational activity of the AAHSD administrative office in relation to the Readiness Assessment Criteria and other regulatory/licensure processes and according to the terms of the Memorandum of Understanding (MOU) each year through June 30, 2031.

**INDICATOR NAME:** Total number of individuals served in the Acadiana Area Human Services District.

**LaPAS PI Code:** 25043

**1. Type and Level:** This type of indicator will be output and the level will be Key.

**2. Rationale:** This indicator has been selected because AAHSD needs to know how many clients we are serving. This can assist AAHSD with any staffing concerns and will assist in making sure that AAHSD is growing with their population.

**3. Use:** This indicator will be used in management decision making because as our population grows so will we. This indicator will be used for management purposes because AAHSD will need to manage time and staff better to meet the needs of our population.

**4. Clarity:** The indicator clearly identifies what is being measured and does not need clarification.

**5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include client records. As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing.

**6. Data Source, Collection and Reporting:** As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing. This information will be collected on annual basis. The frequency and timing of collection and reporting is consistent.

**7. Calculation Methodology:** This indicator will be accurate because we will just get a total of the number of clients that are seen from the number of charts and staff client totals in Clinical Advisor.

**8. Scope:** This indicator is the sum of smaller parts because we will add the total number of client charts from all clinics.

**9. Caveats:** This indicator does not have any limitations because we will track all clients who come in and seek services.

**10. Responsible Person:** The responsible person for this indicator will be the clinic managers at each of our clinics. They will submit their total to administration for a total.



**PROGRAM:** Acadiana Area Human Services District

**ACTIVITY:** Administration

**OBJECTIVE: #1** To provide programmatic leadership and direction to the programs of behavioral health (addictive disorders and mental health) and developmental disabilities services under AAHSD; to continue the operational activity of the AAHSD administrative office in relation to the Readiness Assessment Criteria and other regulatory/licensure processes and according to the terms of the Memorandum of Understanding (MOU) each year through June 30, 2031.

**INDICATOR NAME:** Total number of enrollees in prevention programs.

**LaPAS PI Code:** 25047

**1. Type and Level:** This is an output indicator.

**2. Rationale:** This will allow AAHSD to view how many adolescents are participating in the prevention programs. This is a valid measure of performance because the number of enrollees are down, then it can be a clear indication of how effective is the program.

**3. Use:** This indicator will be used in management decision making because we can look at the effectiveness of the program. This indicator will be used for performance-based budgeting purposes.

**4. Clarity:** This indicator clearly identifies what is being measured and does not need any clarification.

**5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The evidence that is available to support the accuracy of the data is that each prevention program has to submit information on a monthly basis of how many enrollees that each has and the prevention monitor also meets with the prevention programs on a monthly basis as well.

**6. Data Source, Collection and Reporting:** Each prevention program has to submit information on a monthly basis of how many enrollees that each has and the prevention monitor also meets with the prevention programs on a monthly basis as well. Their reports are compiled on a monthly and quarterly basis. The frequency and timing of the collection and reporting is consistent and able to be tracked easily.

**7. Calculation Methodology:** The total number of enrollees are added up so they are easy to be tracked.

**8. Scope:** This indicator is the sum of smaller parts because we collect information on a monthly basis we can easily see how well each program is doing.

**9. Caveats:** This indicator does not have limitations or weaknesses. Each of our programs are located in all of our areas so that adolescents can get to them.

**10. Responsible Person:** Each prevention program located in our outlying areas has a supervisor who collects the information and submits it to the prevention staff member and the contract monitor. The responsible person for collecting this information is our prevention staff member and the contract monitor located in Joseph Henry Tyler Behavioral Health.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Acadiana Area Human Services District

**ACTIVITY:** Behavioral Health

**OBJECTIVE: #1** Each year through June 30, 2031, AAHSD will work as part of the State's continuum of care that centers on behavioral disorders, addictive disorders, and co-occurring disorders.

**INDICATOR NAME:** Number of adults served with MH services in all Acadiana Area Human Services District Behavioral Health clinics.

**LaPAS PI Code:** 25052

- 1. Type and Level:** This type of indicator will be output and the level will be Key.
- 2. Rationale:** This can assist AAHSD with any staffing concerns and will assist in making sure that AAHSD is growing with their population.
- 3. Use:** This indicator will be used in management decision making because as our population grows so will we. This indicator will be used for management purposes because AAHSD will need to manage time and staff better to meet the needs of our population.
- 4. Clarity:** The indicator clearly identifies what is being measured and does not need clarification.
- 5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include client records. As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing.
- 6. Data Source, Collection and Reporting:** As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing. This information will be collected on annual basis. The frequency and timing of collection and reporting is consistent.
- 7. Calculation Methodology:** This indicator will be accurate because we will just get a total of the number of clients that are seen from the number of charts and staff client totals in Clinical Advisor.
- 8. Scope:** Is the indicator aggregated or disaggregated? This indicator is the sum of smaller parts because we will add the total number of client charts from all clinics.
- 9. Caveats:** This indicator does not have any limitations because we will track all clients who come in and seek services.
- 10. Responsible Person:** The responsible person for this indicator will be the clinic managers at each of our clinics. They will submit their total to administration for a total.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Acadiana Area Human Services District

**ACTIVITY:** Behavioral Health

**OBJECTIVE: #1** Each year through June 30, 2031, AAHSD will work as part of the State's continuum of care that centers on behavioral disorders, addictive disorders, and co-occurring disorders.

**INDICATOR NAME:** Number of children/adolescents served with MH services in all Acadiana Area Human Services District Behavioral Health clinics.

**LaPAS PI Code:** 25053

**1. Type and Level:** This type of indicator will be output and the level will be Key.

**2. Rationale:** This can assist AAHSD with any staffing concerns and will assist in making sure that AAHSD is growing with their population.

**3. Use:** This indicator will be used in management decision making because as our population grows so will we. This indicator will be used for management purposes because AAHSD will need to manage time and staff better to meet the needs of our population.

**4. Clarity:** The indicator clearly identifies what is being measured and does not need clarification.

**5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include client records. As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing.

**6. Data Source, Collection and Reporting:** As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing. This information will be collected on annual basis. The frequency and timing of collection and reporting is consistent.

**7. Calculation Methodology:** This indicator will be accurate because we will just get a total of the number of clients that are seen from the number of charts and staff client totals in Clinical Advisor.

**8. Scope:** This indicator is the sum of smaller parts because we will add the total number of client charts from all clinics.

**9. Caveats:** This indicator does not have any limitations because we will track all clients who come in and seek services.

**10. Responsible Person:** The responsible person for this indicator will be the clinic managers at each of our clinics. They will submit their total to administration for a total.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Acadiana Area Human Services District

**ACTIVITY:** Behavioral Health

**OBJECTIVE: #1** Each year through June 30, 2031, AAHSD will work as part of the State's continuum of care that centers on behavioral disorders, addictive disorders, and co-occurring disorders.

**INDICATOR NAME:** Percentage of adults receiving MH services who report that they would choose services in this agency if given a choice to receive services elsewhere.

**LaPAS PI Code:** 25054

**1. Type and Level:** The type of indicator is Quality. The level is General Performance Information.

**2. Rationale:** This indicator was selected so AAHSD can see how our clients view the type and quality of services that they receive. It is a valid measure of performance targeted in this objective. This will tell our performance story because if clients like the services that we provide and choice to stay with AAHSD even when offered to go elsewhere, then we are doing a great job because taking care of clients is our main priority.

**3. Use:** This indicator will be used in management decision making and other agency processes because AAHSD can utilize our clients well-being and contentment with our organization as a positive driving point in the services needed. This will be used for internal management purposes.

**4. Clarity:** The indicator clearly identifies what is being measured.

**5. Accuracy, Maintenance, Support:** No it has not been audited by the Office of the Legislative Auditor. This will be in the client's own words and reports. The report will be maintained by collecting these reports and completing an annual report of the findings.

**6. Data Source, Collection and Reporting:** The source will be the Client Satisfaction Surveys completed at the end of treatment and the Client Comment Surveys that will be placed in the lobbies at the clinics. These reports will be collected monthly. A monthly and yearly report will be compiled of the result. On the comment card will be if client needs immediate assistance, please contact a staff member.

**7. Calculation Methodology:** We collect the comments and compile them in a monthly/annual report. We will have an overall summary at the end of each collection period. We will divide the number of clients who felt this way by 100 to gain a percentage value.

**8. Scope:** This indicator will be the sum of smaller parts with hopes that it will give AAHSD a larger picture of what type of services that will be needed or continued.

**9. Caveats:** This indicator does not have limitations or weakness. It will be collected from all of our clinics so we can see how our clients are feeling about our clinic.

**10. Responsible Person:** The responsible person for collecting these will be the clinic manager at each clinic. All will submit them to Administration for further processing.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Acadiana Area Human Services District

**ACTIVITY:** Behavioral Health

**OBJECTIVE: #1** Each year through June 30, 2031, AAHSD will work as part of the State's continuum of care that centers on behavioral disorders, addictive disorders, and co-occurring disorders.

**INDICATOR NAME:** Percentage of MH clients who would recommend services in this agency to others.

**LaPAS PI Code:** 25055

**1. Type and Level:** The type of indicator is Quality. The level is General Performance Information.

**2. Rationale:** This indicator was selected so AAHSD can see how our clients view the type and quality of services that they receive. It is a valid measure of performance targeted in this objective. This will tell our performance story because if clients like the services that we provide and choice to stay with AAHSD even when offered to go elsewhere, then we are doing a great job because taking care of clients is our main priority.

**3. Use:** This indicator will be used in management decision making and other agency processes because AAHSD can utilize our clients well-being and contentment with our organization as a positive driving point in the services needed. This will be used for internal management purposes.

**4. Clarity:** The indicator clearly identifies what is being measured.

**5. Accuracy, Maintenance, Support:** No it has not been audited by the Office of the Legislative Auditor. This will be in the client's own words and reports. The report will be maintained by collecting these reports and completing an annual report of the findings.

**6. Data Source, Collection and Reporting:** The source will be the Client Satisfaction Surveys completed at the end of treatment and the Client Comment Surveys that will be placed in the lobbies at the clinics. These reports will be collected monthly. A monthly and yearly report will be compiled of the result. On the comment card will be if client needs immediate assistance, please contact a staff member.

**7. Calculation Methodology:** All we will do is collect the comments and compile them in a monthly/annual report. We will have an overall summary at the end of each collection period. We will divide the number of clients who felt this way by 100 to gain a percentage value.

**8. Scope:** This indicator will be the sum of smaller parts with hopes that it will give AAHSD a larger picture of what type of services that will be needed or continued.

**9. Caveats:** This indicator does not have limitations or weakness. It will be collected from all of our clinics so we can see how our clients are feeling about our clinic.

**10. Responsible Person:** The responsible person for collecting these will be the clinic manager at each clinic. All will submit them to Administration for further processing.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Acadiana Area Human Services District

**ACTIVITY:** Behavioral Health

**OBJECTIVE: #1** Each year through June 30, 2031, AAHSD will work as part of the State's continuum of care that centers on behavioral disorders, addictive disorders, and co-occurring disorders.

**INDICATOR NAME:** Percentage of MH cash subsidy slots utilized.

**LaPAS PI Code:** 25056

**1. Type and Level:** The type of indicator will be Efficiency. The level at which the indicator will be reported will be Key.

**2. Rationale:** This indicator is selected so that AAHSD knows if this service is utilized. It is a valid measure of performance targeted in this objective. It helps tell our performance story because we can tell if this service is being used.

**3. Use:** The indicator will be used in the management decision making to show if this program is being utilized at its capacity. This indicator will be used only for internal management.

**4. Clarity:** The indicator name is clearly identified of what is being measured.

**5. Accuracy, Maintenance, Support:** This indicator and subsequent performance data has been audited by the Office of the Legislative Auditor. The MH cash subsidy slots utilized will assist in the data to support its accuracy. This report has to be maintained closely to verify what slots are available.

**6. Data Source, Collection and Reporting:** This information is gathered on a monthly/annual basis. This is to help maintain its accuracy. The frequency of the collection is consistent with reporting.

**7. Calculation Methodology:** We will add all slots that are being utilized and divide that by 100 to gain a percent. This will be helpful so that we know how much in percent terms is this service being utilized.

**8. Scope:** This indicator is the sum of smaller parts. This indicator will represent only one portion of our clients. So it will be helpful to see how this population receives services.

**9. Caveats:** This indicator does not have any weakness or bias.

**10. Responsible Person:** This responsible person who collects the data is our children's contract personnel. She is located in the Henry Joseph Tyler Behavioral Health Clinic.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Acadiana Area Human Services District

**ACTIVITY:** Behavioral Health

**OBJECTIVE: #1** Each year through June 30, 2031, AAHSD will work as part of the State's continuum of care that centers on behavioral disorders, addictive disorders, and co-occurring disorders.

**INDICATOR NAME:** Total number of individuals served by outpatient mental health in Acadiana Area Human Services District.

**LaPAS PI Code: 25044**

**1. Type and Level:** This type of indicator will be output and the level will be Key.

**2. Rationale:** This indicator has been selected because AAHSD needs to know how many clients we are serving. This can assist AAHSD with any staffing concerns and will assist in making sure that AAHSD is growing with their population.

**3. Use:** This indicator will be used in management decision making because as our population grows so will we. This indicator will be used for management purposes because AAHSD will need to manage time and staff better to meet the needs of our population.

**4. Clarity:** The indicator clearly identifies what is being measured and does not need clarification.

**5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include client records. As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing.

**6. Data Source, Collection and Reporting:** As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing. This information will be collected on annual basis. The frequency and timing of collection and reporting is consistent.

**7. Calculation Methodology:** This indicator will be accurate because we will just get a total of the number of clients that are seen from the number of charts and staff client totals in Clinical Advisor.

**8. Scope:** This indicator is the sum of smaller parts because we will add the total number of client charts from all clinics.

**9. Caveats:** This indicator does not have any limitations because we will track all clients who come in and seek services.

**10. Responsible Person:** The responsible person for this indicator will be the clinic managers at each of our clinics. They will submit their total to administration for a total.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Acadiana Area Human Services District

**ACTIVITY:** Behavioral Health

**OBJECTIVE: #1** Each year through June 30, 2031, AAHSD will work as part of the State's continuum of care that centers on behavioral disorders, addictive disorders, and co-occurring disorders.

**INDICATOR NAME:** Total number of individuals served by inpatient Addictive Disorders in Acadiana Area Human Services District

**LaPAS PI Code: 25045**

**1. Type and Level:** This type of indicator will be output and the level will be Key.

**2. Rationale:** This can assist AAHSD with any staffing concerns and will assist in making sure that AAHSD is growing with their population.

**3. Use:** This indicator will be used in management decision making because as our population grows so will we. This indicator will be used for management purposes because AAHSD will need to manage time and staff better to meet the needs of our population.

**4. Clarity:** The indicator clearly identifies what is being measured and does not need clarification.

**5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include client records. As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing.

**6. Data Source, Collection and Reporting:** As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing. This information will be collected on annual basis. The frequency and timing of collection and reporting is consistent.

**7. Calculation Methodology:** This indicator will be accurate because we will just get a total of the number of clients that are seen from the number of charts and staff client totals in Clinical Advisor.

**8. Scope:** This indicator is the sum of smaller parts because we will add the total number of client charts from all clinics.

**9. Caveats:** This indicator does not have any limitations because we will track all clients who come in and seek services.

**10. Responsible Person:** The responsible person for this indicator will be the clinic managers at each of our clinics. They will submit their total to administration for a total.



## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Acadiana Area Human Services District

**ACTIVITY:** Behavioral Health

**OBJECTIVE: #1** Each year through June 30, 2031, AAHSD will work as part of the State's continuum of care that centers on behavioral disorders, addictive disorders, and co-occurring disorders.

**INDICATOR NAME:** Total numbers of individuals served by outpatient Addictive Disorders in Acadiana Area Human Services District.

**LaPAS PI Code:** 25046

**1. Type and Level:** This type of indicator will be output and the level will be Key.

**2. Rationale:** This indicator has been selected because AAHSD needs to know how many clients we are serving. This can assist AAHSD with any staffing concerns and will assist in making sure that AAHSD is growing with their population.

**3. Use:** This indicator will be used in management decision making because as our population grows so will we. This indicator will be used for management purposes because AAHSD will need to manage time and staff better to meet the needs of our population.

**4. Clarity:** The indicator clearly identifies what is being measured and does not need clarification.

**5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include client records. As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing.

**6. Data Source, Collection and Reporting:** As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing. This information will be collected on annual basis. The frequency and timing of collection and reporting is consistent.

**7. Calculation Methodology:** This indicator will be accurate because we will just get a total of the number of clients that are seen from the number of charts and staff client totals in Clinical Advisor.

**8. Scope:** This indicator is the sum of smaller parts because we will add the total number of client charts from all clinics.

**9. Caveats:** This indicator does not have any limitations because we will track all clients who come in and seek services.

**10. Responsible Person:** The responsible person for this indicator will be the clinic managers at each of our clinics. They will submit their total to administration for a total.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Acadiana Area Human Services District

**ACTIVITY:** Behavioral Health

**OBJECTIVE: #2** Each year through June 30, 2031, AAHSD will provide best practices and evidence-based practices to individuals, families, and groups.

**INDICATOR NAME:** Percentage of successful completions (24-hour residential programs) - AD Program

**LaPAS PI Code:** 25040

**1. Type and Level:** The type of indicator is Outcome. The level at which the indicator will be reported is General Performance Information.

**2. Rationale:** The rationale for the indicator is to check how our clients are successfully completing programs and are advancing in their recovery. This will help us tell our performance story in that we can see that clients are getting better and completing programs.

**3. Use:** This indicator will be used in management decision making so that we will be able to see if programs are working the way they should. This program will be used for internal management purposes.

**4. Clarity:** This indicator name clearly identifies what is being measured. The Acronym AD refers to Addictive Disorders.

**5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor.

**6. Data Source, Collection and Reporting:** The source of this data will be client records. These reports will be viewed on a quarterly basis. The frequency and timing of collection and reporting is consistent.

**7. Calculation Methodology:** This indicator will be calculated by gaining a total successful completions.

**8. Scope:** This indicator will be the sum of smaller parts. All information will be gathered from all programs.

**9. Caveats:** This indicator does not have limitations or bias.

**10. Responsible Person:** The responsible person for collecting the data will be the contract monitor and she is located in the Joseph Henry Tyler Behavioral Health Center.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Acadiana Area Human Services District

**ACTIVITY:** Behavioral Health

**OBJECTIVE: #2** Each year through June 30, 2031, AAHSD will provide best practices and evidence-based practices to individuals, families, and groups.

**INDICATOR NAME:** Primary Inpatient Adult: Percentage of individuals successfully completing the program -AD program

**LaPAS PI Code: 25041**

**1. Type and Level:** The type of indicator is Outcome. The level at which the indicator will be reported is General Performance Information.

**2. Rationale:** The rationale for the indicator is to check how our clients are successfully completing programs and are advancing in their recovery. This will help us tell our performance story in that we can see that clients are getting better and completing programs.

**3. Use:** This indicator will be used in management decision making so that we will be able to see if programs are working the way they should. This program will be used for internal management purposes.

**4. Clarity:** This indicator name clearly identifies what is being measured. The Acronym AD refers to Addictive Disorders.

**5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor.

**6. Data Source, Collection and Reporting:** The source of this data will be client records. These reports will be viewed on a quarterly basis. The frequency and timing of collection and reporting is consistent.

**7. Calculation Methodology:** This indicator will be calculated by gaining a total successful completions.

**8. Scope:** This indicator will be the sum of smaller parts. All information will be gathered from all programs.

**9. Caveats:** This indicator does not have limitations or bias.

**10. Responsible Person:** The responsible person for collecting the data will be the contract monitor and she is located in the Joseph Henry Tyler Behavioral Health Center.

**PROGRAM:** Acadiana Area Human Services District

**ACTIVITY:** Developmental Disabilities

**OBJECTIVE: #1** Foster and facilitate independence for persons with disabilities through the availability of home and community based services each year through June 30, 2031.

**INDICATOR NAME:** Number of people receiving individual and family support services.

**LaPAS PI Code:** 25048

**1. Type and Level:** The type of indicator is Output. The level at which the indicator will be reported is General Performance Information.

**2. Rationale:** The rationale for the indicator so that AAHSD can measure the number of people receiving individual and family support services.

**3. Use:** This indicator will be used in the management decision making so see how effective our services are. The indicator will be used for internal management purposes.

**4. Clarity:** The indicator name does clearly identify what is being measured.

**5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The Participant Services Database will help to assist in gathering the information.

**6. Data Source, Collection and Reporting:** The Participant Services Database will help to assist in gathering the information. The information is gathered monthly and quarterly. The frequency and timing of collection and the reporting is consistent.

**7. Calculation Methodology:** The indicator will be calculated by gather the information in the Participant Services Database.

**8. Scope:** This indicator is a sum of smaller parts. This information will help assist AAHSD to see what type of services our clients are receiving.

**9. Caveats:** This indicator does not have any limitations and does not have a bias.

**10. Responsible Person:** The person responsible for data collection is the clinic manager and program manager and they are located at Tyler Behavioral Health Clinic.

**PROGRAM:** Acadiana Area Human Services District

**ACTIVITY:** Developmental Disabilities

**OBJECTIVE: #1** Foster and facilitate independence for persons with disabilities through the availability of home and community based services each year through June 30, 2031.

**INDICATOR NAME:** Number of people receiving flexible family fund services.

**LaPAS PI Code: 25049**

**1. Type and Level:** The type of indicator is Output. The level at which the indicator will be reported is General Performance Information.

**2. Rationale:** The rationale for the indicator so that AAHSD can measure the number of people receiving flexible family funds.

**3. Use:** This indicator will be used in the management decision making so see how effective our services are. The indicator will be used for internal management purposes.

**4. Clarity:** The indicator name does clearly identify what is being measured.

**5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The Participant Services Database will help to assist in gathering the information.

**6. Data Source, Collection and Reporting:** The Participant Services Database will help to assist in gathering the information. The information is gathered monthly and quarterly. The frequency and timing of collection and the reporting is consistent.

**7. Calculation Methodology:** The indicator will be calculated by gather the information in the Participant Services Database.

**8. Scope:** This indicator is a sum of smaller parts. This information will help assist AAHSD to see what type of services our clients are receiving.

**9. Caveats:** This indicator does not have any limitations and does not have a bias.

**10. Responsible Person:** The person responsible for data collection is the clinic manager and program manager and they are located at Tyler Behavioral Health Clinic.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Acadiana Area Human Services District

**ACTIVITY:** Developmental Disabilities

**OBJECTIVE: #1** Foster and facilitate independence for persons with disabilities through the availability of home and community based services each year through June 30, 2031.

**INDICATOR NAME:** Percentage of eligibility determinations determined valid according to the Flexible Family Fund promulgation.

**LaPAS PI Code:** 25050

**1. Type and Level:** The type of indicator is Output. The level at which the indicator will be reported is General Performance Information.

**2. Rationale:** The rationale for the indicator so that AAHSD can measure the number of people receiving individual and family support services.

**3. Use:** This indicator will be used in the management decision making so see how effective our services are. The indicator will be used for internal management purposes.

**4. Clarity:** The indicator name does clearly identify what is being measured.

**5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The Participant Services Database will help to assist in gathering the information.

**6. Data Source, Collection and Reporting:** The Participant Services Database will help to assist in gathering the information. The information is gathered monthly and quarterly. The frequency and timing of collection and the reporting is consistent.

**7. Calculation Methodology:** The indicator will be calculated by gather the information in the Participant Services Database. The total will be divided by 100 to obtain a percentage.

**8. Scope:** This indicator is a sum of smaller parts. This information will help assist AAHSD to see what type of services our clients are receiving.

**9. Caveats:** This indicator does not have any limitations and does not have a bias.

**10. Responsible Person:** The person responsible for data collection is the clinic manager and program manager and they are located at Tyler Behavioral Health Clinic.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Acadiana Area Human Services District

**ACTIVITY:** Developmental Disabilities

**OBJECTIVE: #2** Each year through June 30, 2031, AAHSD will conduct targeted collaboration with consumers, family members and community partners to identify individuals with disabilities who may be eligible for supports offered through AAHSD.

**INDICATOR NAME:** Number of persons receiving DD services per year.

**LaPAS PI Code:** 25051

**1. Type and Level:** The type of indicator is Output. The level at which the indicator will be reported is General Performance Information.

**2. Rationale:** The rationale for the indicator so that AAHSD can measure the number of people receiving DD services per year.

**3. Use:** This indicator will be used in the management decision making so see how effective our services are. The indicator will be used for internal management purposes.

**4. Clarity:** The indicator name does clearly identify what is being measured. The acronym DD refers to Developmental Disabilities.

**5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The Participant Services Database will help to assist in gathering the information.

**6. Data Source, Collection and Reporting:** The Participant Services Database will help to assist in gathering the information. The information is gathered monthly and quarterly. The frequency and timing of collection and the reporting is consistent.

**7. Calculation Methodology:** The indicator will be calculated by gather the information in the Participant Services Database.

**8. Scope:** This indicator is a sum of smaller parts. This information will help assist AAHSD to see how many clients are receiving services from DD.

**9. Caveats:** This indicator does not have any limitations and does not have a bias.

**10. Responsible Person:** The person responsible for data collection is the clinic manager and program manager and they are located at Tyler Behavioral Health Clinic.



09-326 Office of Public Health

# APPENDIX

## FY 2026-2031

### 5-YEAR STRATEGIC PLAN



## 09-326 OFFICE OF PUBLIC HEALTH

### Program A: Public Health Services

The Office of Public Health has one appropriated program titled Public Health Services. This program focuses on five specific operating areas including vital records and statistics, public health services, engineering, sanitarian services, and emergency preparedness.

**Principal Customers/Users of the Program and Benefits:** Public Health Services is an appropriated program within the Louisiana's Department of Health, Office of Public Health. The program represents a combination of five operating areas including vital records and statistics, public health services, engineering, sanitarian services, and emergency preparedness.

These operating areas are responsible for activities that affect the lives of all Louisiana residents by providing health information, education, and assurance of essential health care services for the under-served and public health emergency preparedness operations. Services are provided to infants, children, adolescents, women of childbearing age, pregnant women, newborns suspected of having genetic diseases, children with special health care needs, tuberculosis, HIV and AIDS, sexually transmitted diseases, persons at risk for injury and violence, parish health unit operations, public health nursing services, state epidemiology and laboratory testing, preparation, detection, detect, and response for chemical and biological terrorism and other communicable disease threats, the implementation, promulgation and enforcement of the Louisiana State Sanitary Code; and required to initiate and complete a large number of social and legal activities for individuals who are establishing citizenship, obtaining a Social Security Number, getting married, obtaining a passport or a driver's license, filing for federal entitlements, filing for retirement, and filing for death benefits. The availability of vital event records benefits all persons who are born, married, no longer reside in Louisiana, or serves the families and legal executors for deceased individuals in the state. The timely availability of population data as it relates to fatality, mortality, marriage, and divorce facilitates health status assessment and health resource utilization at a point in time when the information is most valuable and the impact of intervention strategies is most effective.

The work performed by staff within the centers are important for early detection of emerging threats and protection of residents and visitors from the threats of communicable and infectious diseases and agents through surveillance and disease identification and notification tracking systems.

**Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in this Program:** There are many factors that could significantly affect the achievement of goals and objectives in this program including those that, 1) determine and implement the most efficient and effective delivery of Public Health Services; 2) enhance the management information infrastructure to complement efficiencies in information technology; 3) create the necessary infrastructure within public health that enhances our current epidemiology capacity and ability to better understand determinants and distribution of health and disease; 4) lack of community awareness about the importance of public health activities to their health; 5) limited access to health care by many individuals, including rural residents and the uninsured; 6) an increase in health problems due to lifestyle choices; 7) an increasing number of uninsured individuals; 8) a lack of growth in state revenue to fund Public Health

Services; 9) changes in block grant funding which could directly impact the provision of services within the centers for Preventive Health and Community Health; 10) continuing low levels of educational achievement for Louisiana's residents; and 11) increasing levels of poverty.

External factors which could significantly affect the achievement of environmental health goals and objectives include dwindling resources for sanitation services, changes in the regulatory forces of industry, lack of community and individual awareness on the environmental health risks associated with certain behaviors and practices, publicity of negative health outcomes, increasing attention to environmental factors, natural disasters or man-made disasters, court rulings/legal determinations impacting the agency's ability to function, loss/reduction in state funding, acts of sabotage/terrorism, unexpected shift in staff duties away from routine duties to respond to major recalls or disasters, and changes in or rescinding of local/parish ordinances in conflict with requirements.

The successful performance of the Vital Records and Statistics program is contingent upon internal variables that are currently being addressed through service delivery improvements. These include, but are not limited to: development of an agency wide OPH database directory for use in report development, grant writing, planning and decision making, and the migration of all vital events, and other statewide data collection to a fully electronic, Web-enabled environment.

Other internal factors that could affect the achievement of goals or objectives include, reexamining and revising as necessary the regulatory standards with which we operate to ensure consistency and "user friendliness;" revitalizing environmental health with an emphasis on creation of a "constituency base" who would have input into future direction setting and planning, and ensuring the development of an administrative/organizational structure; and promoting new information sharing and information products to communities.

**Methods Used to Avoid Duplication of Effort:** These program areas work together, through planning sessions, and strategic direction setting activities to minimize or eliminate duplication of effort and to further ensure that objectives and strategies established complement each other in the fulfillment of the overall program goals. Areas of responsibility and staff roles are clearly delineated and coordinated among operational areas promoting a reduction in infectious and chronic disease morbidity and mortality and reducing the impact of communicable/infectious disease through the promulgation and implementation of the State Sanitary Code. Although areas of responsibility amongst the environmental health staff may appear to overlap in actual function only (i.e., inspection, certification, etc.), the operational lines of responsibility (i.e., retail food, milk and dairy, sewerage), are clearly delineated and configured to avoid duplication.

Also, Vital Records and Statistics is the only state program that provides services related to the collection, transcription, compilation, analysis, reporting, amending, and preserving of vital record documents, including birth, fetal death, death, marriage, abortion, and divorce certificates. The program provides for data collection for LDH offices, government entities and for use by the general public. Duplication amongst the operations of program is avoided through the organization and structural makeup of these entities. Staff responsibilities are clearly

delineated within the framework of the specific objectives and complement, rather than duplicate any effort provided.

**Program Evaluations used to Develop Goals, Objectives, and Strategies:** Scientific data, literature, technology enhancements for data gathering, and enhancement to program operations helped to develop goals, objectives, strategies, and performance information. Quantitative methods of evaluating the timeliness of disease reporting were used and are standard methods utilized across state health departments and the Centers for Disease Control and Prevention (CDC). CDC standards are used to measure outcomes and preparedness levels for emergencies and to assess the delivery of services for certain populations. In some cases, comparisons were used to assess the number of individuals trained and those required to be trained by individual certification commissions.

Historically, public health agencies, health care providers, health care payers, states/local regulatory bodies and others have found that accurate, detailed and timely information is fundamental to competent decision-making about health issues and the investment of scarce public health and health care dollars. The ability to assess the health status of a population and to set policy and plan intervention strategies based on that information is essential. This health information need is the impetus for the collection and maintenance of important population-based data sets that represent the demographic and health characteristics of our population. Similarly, it is the impetus for the analysis and publication of a wide range of population-based health related documents that illustrate and explain the important health and demographic information and relationships gleaned from the data

**Monitoring and Evaluation of Information and Records Retention:** Monitoring and evaluation are essential to advance OPH strategies for sound management and agency learning. These tools are important for decision-making, including decisions to improve, discontinue or adjust an evaluated intervention or policy; decisions about management structure, funding agencies, and policy makers.

Responsible persons must generally retain programmatic records, supporting documents, statistical records, and other relevant material such as process documentation, operational plans, or other records reasonably considered relevant to this strategic plan for a period of three years. The retention period will be calculated from the date the department's strategic plan is submitted to the Louisiana Division of Administration. In the event of litigation, claim, financial or program management reviews, or an audit is started before the expiration of the three year period, records must be retained until all litigation, claims, reviews, or audit findings involving the records have been resolved and final action taken.

## **Agency Goals**

The Office of Public Health (OPH) is dedicated to the development, implementation and management of public health services for the citizens of Louisiana. The agency will continue to deliver Maternal Child Health Services, Nutrition Services, Family Planning Services, Children Special Health Services, Early Steps Program Services, Immunization Services, Tuberculosis Services and Genetic Disease Monitoring Services. The Office of Public Health (OPH) promotes the physical, mental, and social health of infants, children, adolescents,

women, families and communities through these services via health information/statistics, environmental health, chronic disease/health promotion, preventive health, epidemiology/surveillance, and access to essential health care services.

**Statutory Authority for Personal Health Services:** Statutory Authority is inclusive of programs within the five operating areas: Vital Records and Statistics R.S. 40:32 et. seq, R.S. 40:37, Data Release R.S. 40:41, Registration of Vital Events R.S. 40:34 et. seq., Marriage Licenses R.S. 9:201 et. seq. Putative Father Registry R.S. 9:400 et. seq.; Maternal and Child Health Services Chapter 8, Part I L.R.S. 46:971-972; R.S. 17:2111-2112, R.S. 33:1563, Hearing Impairment R.S. 46:2261-2267, Adolescent Pregnancy R.S. 46:973-974 (Maternal and Child Health Services Block Grant, Title V of the Social Security Act); Omnibus Budget Reconciliation Acts of 1981 and 1989; P.L. 101-239; Social Security Act – Maternal and child health block Grant 42 U.S.C. 701§501, Personal Responsibility and Work Opportunity Reconciliation act of 1996 – Temporary Assistance to Needy Families Block Grant Federal Pub.L. 104-193, Patient Protection and Affordable Care Act of 2010 42 U.S.C. 701 § Section 511(b), Medicaid Targeted Case Management 42 U.S.C. 701 § 1905(a)(19), § 1915(g), LAC Title 50 Part XV Subpart 7, Violent Crime Control and Law Enforcement Act of 1994 Federal H.R. 3355, Pub.L. 103-322, Child Death Investigation L.S.A. RS 40:2019; Family Planning Title X of the Public Health Service Act, 42 U.S.C. 300 et. seq., 42 CFR part 59, subpart A, Subpart B, 42 CFR part 50 subpart B; 42 CFR 59.1; OPA 99-1: Compliance with State reporting laws: FY 1999 Omnibus Appropriations bill P.L. 105-277 § 219; Louisiana Children Code Art. 609A; Abortion Alternatives R.S.40:1299.35' Title XIX of the Social Security Act, as amended (42 CFR), R.S. 40:1299 thru 1299.5, Child Nutrition Act of 1966 As Amended Through P.L. 110– 246, Effective October 1, 2008, R.S. 46:447.1; Title V Maternal and Child Health; § 502; Social Security Act Title XIX (P.L. 95-613); (P.L. 95-91); (P.L. 95-83); Title X, 42 U.S.C. 701:42 U.S.C. 3000. R.S. 40:5; Act 16; 42 U.S.C. 241(a), 243(b), 247(c); Health Omnibus Programs Extension (HOPE) Act; Title XXV; Public Law 100-607; Comprehensive AIDS Resources Emergency Act of 1990 (Title XXVI), R.S. 40:4,5; RS 17:170; 42 U.S.C. 2476 (Section 317 of the Public Health Act), R.S. 40:5; RS 40:1061-1068; RS 40:3.1; Sexually Transmitted Disease, RS 40:1061 thru 1068 and 1091 thru 1093, LRS 40:4(A)(2) and RS 40:5(10); Vaccines for Children, Section 1928 of the Social Security Act, Vaccine Adverse Event Reporting System 42 §300aa-25; Women Infants and Children §17 of the Child Nutrition Act of 1966, WIC Breastfeeding Peer Counseling, Child Nutrition and Reauthorization Act of 2004; Health, Hunger Free Kids Act of 2010; Commodity Supplemental Food Program Section 4(a) of the Agriculture and Consumer Protection Act of 1973; State Sanitary Code, Chapter II, 42 U.S.C., 247c (Public Health Service Act 318); Public Law 95-626, R.S. 40:4,5. 40:28-29; RS 40:17, R.S. 40: 5,7, 18; RS 40:1275 thru 1278; 42 U.S.C. 246; State Sanitary Code, Chapter II, 42 U.S.C., 247c (Public Health Service Act 318); Public Law 95-626, R.S. 40:4,5. 40:28-29; RS 40:17, R.S. 40: 5,7, 18; RS 40:1275 thru 1278; 42 U.S.C. 246, Louisiana State Sanitary Code, Chapters I, II, XII, XIV, XXIII, XXIV. Children's Special Health Services R.S.40:1299.111-120 (Children's Special Health Services). Title 48; Public Health General; Part V; subpart 17; §§4901-5903 /LAC:48:V.4901-5903; Title V of the Social Security Act sections 701-710, subchapter V chapter VII, title 42; Birth Defects LAC Title 48:V.Chapters 161 and 163; Newborn Screening: RS 40:1299 – 1299.4, 1299:6, Hemophilia: RS 40:1299.5; LAC 48.V.7101, Childhood Lead Poisoning Prevention: RS 40:1299.21-29; LAC 51:IV.101-111), LAC Title 48:V.§ 7005; Newborn Heel Stick RS 40:1299-1299.4, 1299.6, LAC title 48.V.6303; Hearing, Speech and Vision R.S. 46:2261 et. seq. LAC Title 48, Public Health General, Part V, subpart 7, Chapter 22;

Section 399M of the Public Health Service Act 42 USC section 280g-1; Early Hearing Detection and Intervention Act of 2010; Individuals with Disabilities Education Act (IDEA), Part C, Early Intervention Program for Infants and Toddlers with Disabilities, final regulations 2011, 34 CFR Part 303 RIN 1820-AB 59; Infectious Disease Epidemiology LAC Title 51, Part II. The Control of Diseases 105, LAC Title 51 Part III. The Control of Rabies and other Zoonotic Diseases 101-111; Tuberculosis, LA R.S. 40:3, 40:4, 40:5 Public Health Sanitary Code, (LAC TITLE 51): Chapter II, '115, '117, '119, '121, '125, '503, '505; Adolescent School Health Initiative, LA, R.S. 40:31.3; R.S. 40:1, et seq., R.S. 4- 6, R.S. 8- 9 et seq., 1141-51, 1152-1156, 2701-19, 2817 et. Seq; Commercial Body Art Regulation Act (Act 393 of 1999) R.S. 40:2831 - 40:2834, LAC 51 (Public Health – Sanitary Code - Parts 1-28); Chapter 32 of Title 40 of the Louisiana Revised Statutes of 1950, as amended (La. R.S. 40:2821 - 2826); Safe Drinking Water Program, L.R.S. 40:4.A(7),(8)&(11)); 40:4.B; 40:4.11, 40:4.12; 40:5(5),(6)&(20); 40:5.6-9; 40:6; 40:8; Safe Drinking Water Administration Fee R.S. 40:31.33.LAC 51: Part I and Parts XII (Water Supplies), XIV (Plumbing), XXIV (Swimming Pools); and LA R.S. 40:32 et seq., LA R.S. 40:1299.80 et seq; Building and Premises RS36:258; Commercial Seafood LAC Title 51: Part IX; LRS 40:5.3, National Shellfish Sanitation Program, USFDA Interstate Certified Shellfish Shippers List; Infectious Waste RS 40:4 (b)(i); Milk and Dairy LAC Title 51, Part 7, U.S. Food and Drug Administration Pasteurized Milk Ordinance, 2011 Revision; Retail Food LAC Title 51Part XXIII Chapter 307, Chapter 501; Food and Drug R.S. 40:601 et. sep., 2701-2719, and 2831 et seq, RS 40:717; Operator Certification RS 40:1141-1151, Title 48, Part V, Chapter 73, 42 U.S.C. 300f, et seq. 40 CFR Parts 141-143; Emergency Medical Services, R.S. 40:1231- 1236., R.S. 40:1300.102-105; Emergency Preparedness sections 319C-1 and 319C-2 of the Public Health Service (PHS) Act as amended by the Pandemic and All-Hazards Preparedness Act (PAHPA) of 2006, Presidential Policy Directive 8: National Preparedness; Medicare Rural Hospital Flexibility Balanced Budget Act of 1997, Section 4201, P.L. 105-33, LA Act 162 of 2002; Primary Care Office and Health Professional Workforce Public Health Act, Title III, § 333D, Section 220§ of the Immigration and Nationality Technical Corrections Act of 1994, Public Health Services Act, Title III, § 339 (O), 338I, and 338 and 338B(g)(1); Health Professional Shortage Area 42 CFR, Chapter 1, Part 5, §215 of the Public Health Service Act, 58 Stat. 690, 42 U.S.C. 216, § 332 of the Public Health Service Act, 90 Stat. 2270-2272, 42 U.S.C. 245e.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** A - Public Health Services

**ACTIVITY:** Vital Records and Statistics

**OBJECTIVE I:** Public Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2031.

**Primary Persons Who Will Benefit from or Be Significantly Affected by Objective:** Vital Records and Statistics program staff are required to initiate and complete a large number of social and legal activities for individuals who are establishing citizenship, obtaining a Social Security Number, getting married, obtaining a passport or a driver's license, filing for federal entitlements, filing for retirement, and filing for death benefits. The availability of vital event records benefits all persons who are born, married, no longer reside in Louisiana, or serves the families and legal executors for deceased individuals in the state. The timely availability of population data as it relates to fatality, mortality, marriage, and divorce facilitates health status assessment and health resource utilization at a point in time when the information is most valuable and the impact of intervention strategies is most effective.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Vital Records and Statistics

**OBJECTIVE I:** Public Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2031.

**INDICATOR NAME:** Percentage of emergency document service requests filled within 24 hours.

**LaPAS PI Code:** 2549

1. **Type and Level:** Efficiency and Supporting
2. **Rationale:** This indicator measures the timeliness of customer services in the emergency service setting.
3. **Use:** The indicator is used to adjust and reallocate customer service resources, to evaluate the timeliness of services, and to evaluate the performance of staff members involved in direct customer services.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the State Auditor. A service "start time" and "service completion time" are collected manually or electronically for each mail based document issuance activity.
6. **Data Source, Collection and Reporting:**
  - Collection: Data is collected with the delivery of each customer service.
  - Reporting: Data is manually analyzed and reported on demand.
7. **Calculation Methodology:** A sample of customer transactions is drawn in workday increments and the percentage of customers served within 24 hours is calculated from a tally that groups services into those that required less than 24 hours and those that required more than twenty four hours to complete.
8. **Scope:** None
9. **Caveats:** There are no significant limitations with respect to the collection of indicator data. An electronic customer service tracking system currently being installed will automate this type of management information collection.
10. **Responsible Person:** Data collection is the responsibility of the customer service representative at the service level. Analysis of the data is the responsibility of the Registrar of Vital Records. (504) 593-5180

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Vital Records and Statistics

**OBJECTIVE I:** Public Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2031.

**INDICATOR NAME:** Percentage of mail requests issued within two weeks

**LaPAS PI Code:** 2548

1. **Type and Level:** Efficiency and Supporting
2. **Rationale:** This indicator measures the timeliness of customer services in the regular mail service setting.
3. **Use:** The indicator is used to adjust and reallocate customer service resources, to evaluate the timeliness of services, and to evaluate the performance of staff members involved in direct customer services.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. A service "start time" and "service completion time" are collected manually or electronically for each mail based document issuance activity.
6. **Data Source, Collection and Reporting:**
  - Collection: data are collected with the delivery of each customer service
  - Reporting: data are manually analyzed and reported on demand
7. **Calculation Methodology:** A sample of customer transactions is drawn in workday increments and the percentage of customers served within two weeks is calculated from a tally that groups services into those that required two weeks or less and those that required more than two weeks to complete.
8. **Scope:** None
9. **Caveats:** There are no significant limitations with respect to the collection of indicator data.
10. **Responsible Person:** Data collection is the responsibility of the customer service representative at the service level. Analysis of the data is the responsibility of the Registrar of Vital Records; (504) 593-5180



## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Vital Records and Statistics

**OBJECTIVE I:** Public Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2031.

**INDICATOR NAME:** Percentage of walk-in customers served within 30 minutes

**LaPAS PI Code:** 2547

1. **Type and Level:** Efficiency and Supporting
2. **Rationale:** This indicator measures the timeliness of customer services in the direct service setting.
3. **Use:** The indicator is used to adjust and reallocate direct customer service resources, to evaluate the timeliness of services, and to evaluate the performance of staff members involved in direct customer services.
4. **Clarity:** These are walk-in customers.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. A service "start time" and "service completion time" are collected manually or electronically for each direct document issuance activity.
6. **Data Source, Collection and Reporting:**
  - Collection: data are collected with the delivery of each customer service
  - Reporting: Data are manually analyzed and reported on demand
7. **Calculation Methodology:** A sample of customer transactions is drawn in workday increments and the percentage of customers served within 30 minutes is calculated from a tally that groups services into those that required 30 minutes or less and those that required more than 30 minutes to complete.
8. **Scope:** A complete overview of program services requires the aggregation of Central Vital Records Registry service data with data from local document issuance sites.
9. **Caveats:** There are no significant limitations with respect to the collection of indicator data.
10. **Responsible Person:** Data collection is the responsibility of the customer service representative at the service level. Aggregation and data quality are the responsibility of the Registrar of Vital Records. (504) 593-5180

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Vital Records and Statistics

**OBJECTIVE I:** Public Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2031.

**INDICATOR NAME:** Birth record intake

**LaPAS PI Code:** 11227

1. **Type and Level:** Input and General
2. **Rationale:** This indicator measures the number of birth records submitted to Vital Records Registry for registration.
3. **Use:** This indicator is used to determine the number of birth records submitted to the Vital Records Office for registration at any point in time. Given the historical information available to the program, the “number” of events presented for registration is a strong indicator of file completeness and it assists management in targeting program resources at delinquent vital event record generators.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** This information is available in manual logs maintained in the Registry’s Document Acceptance Unit.
6. **Data Source, Collection and Reporting:**
  - Collection: ongoing
  - Reporting: reported on demand
7. **Calculation Methodology:** No calculations are involved in obtaining this input information.
8. **Scope:** No aggregation is required. The vital event records are subdivided into record categories including birth, death, fetal death, abortion, marriage and divorce; however, the input log for each record is maintained separately.
9. **Caveats:** Pressures exerted by customer service demands and federal data contracts force the program to prioritize record intake (input) such that birth, death, and fetal death records are handled as “priority one” and abortion, marriage, and divorce records are handled as “priority two.”
10. **Responsible Person:** State Registrar of Vital Records is responsible for data collection and quality. (504) 593-5180

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Vital Records and Statistics

**OBJECTIVE I:** Public Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2031.

**INDICATOR NAME:** Death record intake

**LaPAS PI Code:** 11229

1. **Type and Level:** Input and General
2. **Rationale:** This indicator measures the number of death records submitted to Vital Records Registry for registration.
3. **Use:** This indicator is used to determine the number of death records submitted to the Vital Records Office for registration at any point in time. Given the historical information available to the program, the “number” of events presented for registration is a strong indicator of file completeness and it assists management in targeting program resources at delinquent vital event record generators.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor. This information is available in manual logs maintained in the Registry’s Document Acceptance Unit.
6. **Data Source, Collection and Reporting:**
  - Collection: ongoing
  - Reporting: reported on demand
7. **Calculation Methodology:** No calculations are involved in obtaining this input information.
8. **Scope:** No aggregation is required. The vital event records are subdivided into record categories including birth, death, fetal death, abortion, marriage and divorce; however, the input log for each record is maintained separately.
9. **Caveats:** Pressures exerted by customer service demands and federal data contracts force the program to prioritize record intake (input) such that birth, death, and fetal death records are handled as “priority one” and abortion, marriage, and divorce records are handled as “priority two.”
10. **Responsible Person:** State Registrar of Vital Records is responsible for data collection and quality; (504) 593-5180

<b>PERFORMANCE INDICATOR DOCUMENTATION</b>
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**PROGRAM:** Public Health Services

**ACTIVITY:** Vital Records and Statistics

**OBJECTIVE I:** Public Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2031.

**INDICATOR NAME:** Marriage record intake

**LaPAS PI Code:** 11231

1. **Type and Level:** Input and General
2. **Rationale:** This indicator measures the number of marriage records submitted to Vital Records Registry for registration.
3. **Use:** This indicator is used to determine the number of marriage records submitted to the Vital Records Office for registration at any point in time. Given the historical information available to the program, the “number” of events presented for registration is a strong indicator of file completeness and it assists management in targeting program resources at delinquent vital event record generators.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor. This information is available in manual logs maintained in the Registry’s Document Acceptance Unit.
6. **Data Source, Collection and Reporting:** Collection: ongoing; reported on demand.
7. **Calculation Methodology:** No calculations are involved in obtaining this input information.
8. **Scope:** No aggregation is required. The vital event records are subdivided into record categories including birth, death, fetal death, abortion, marriage and divorce; however, the input log for each record is maintained separately.
9. **Caveats:** Pressures exerted by customer service demands and federal data contracts force the program to prioritize record intake (input) such that birth, death, and fetal death records are handled as “priority one” and abortion, marriage, and divorce records are handled as “priority two.”
10. **Responsible Person:** State Registrar of Vital Records is responsible for data collection and quality. (504) 593-5180

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Vital Records and Statistics

**OBJECTIVE I:** Public Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2031.

**INDICATOR NAME:** Divorce record intake

**LaPAS PI Code:** 11232

1. **Type and Level:** Input and General
2. **Rationale:** This indicator measures the number of divorce records submitted to Vital Records Registry for registration.
3. **Use:** This indicator is used to determine the number of divorce records submitted to the Vital Records Office for registration at any point in time. Given the historical information available to the program, the “number” of events presented for registration is a strong indicator of file completeness and it assists management in targeting program resources at delinquent vital event record generators.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor. This information is available in manual logs maintained in the Registry’s Document Acceptance Unit.
6. **Data Source, Collection and Reporting:** Collection: ongoing; reported on demand.
7. **Calculation Methodology:** No calculations are involved in obtaining this input information.
8. **Scope:** No aggregation is required. The vital event records are subdivided into record categories including birth, death, fetal death, abortion, marriage and divorce; however, the input log for each record is maintained separately.
9. **Caveats:** Pressures exerted by customer service demands and federal data contracts force the program to prioritize record intake (input) such that birth, death, and fetal death records are handled as “priority one” and abortion, marriage, and divorce records are handled as “priority two.”
10. **Responsible Person:** State Registrar of Vital Records is responsible for data collection and quality. (504) 593-5180

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Vital Records and Statistics

**OBJECTIVE I:** Public Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2031.

**INDICATOR NAME:** Abortion record intake

**LaPAS PI Code:** 11234

1. **Type and Level:** Input and General
2. **Rationale:** This indicator measures the number of abortion records submitted to Vital Records Registry for registration.
3. **Use:** This indicator is used to determine the number of abortion records submitted to the Vital Records Office for registration at any point in time. Given the historical information available to the program, the “number” of events presented for registration is a strong indicator of file completeness and it assists management in targeting program resources at delinquent vital event record generators.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor. This information is available in manual logs maintained in the Registry’s Document Acceptance Unit.
6. **Data Source, Collection and Reporting:**
  - Collection: ongoing
  - Reporting: reported on demand
7. **Calculation Methodology:** No calculations are involved in obtaining this input information.
8. **Scope:** No aggregation is required. The vital event records are subdivided into record categories including birth, death, fetal death, abortion, marriage and divorce; however, the input log for each record is maintained separately.
9. **Caveats:** Pressures exerted by customer service demands and federal data contracts force the program to prioritize record intake (input) such that birth, death, and fetal death records are handled as “priority one” and abortion, marriage, and divorce records are handled as “priority two.”
10. **Responsible Person:** State Registrar of Vital Records is responsible for data collection and quality. (504) 593-5180

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Vital Records and Statistics

**OBJECTIVE I:** Public Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2031.

**INDICATOR NAME:** Fetal death record intake

**LaPAS PI Code:** 11235

1. **Type and Level:** Input and General
2. **Rationale:** This indicator measures the number of fetal death records submitted to Vital Records Registry for registration.
3. **Use:** This indicator is used to determine the number of fetal death records submitted to the Vital Records Office for registration at any point in time. Given the historical information available to the program, the “number” of events presented for registration is a strong indicator of file completeness and it assists management in targeting program resources at delinquent vital event record generators.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** This information has not been audited by the Legislative Auditor. This information is available in manual logs maintained in the Registry’s Document Acceptance Unit.
6. **Data Source, Collection and Reporting:** Collection: ongoing & Reporting: reported on demand
7. **Calculation Methodology:** No calculations are involved in obtaining this input information.
8. **Scope:** No aggregation is required. The vital event records are subdivided into record categories including birth, death, fetal death, abortion, marriage and divorce; however, the input log for each record is maintained separately.
9. **Caveats:** Pressures exerted by customer service demands and federal data contracts force the program to prioritize record intake (input) such that birth, death, and fetal death records are handled as “priority one” and abortion, marriage, and divorce records are handled as “priority two.”
10. **Responsible Person:** State Registrar of Vital Records is responsible for data collection and quality. (504) 593-5180

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Vital Records and Statistics

**OBJECTIVE I:** Public Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2031.

**INDICATOR NAME:** Total number of birth, death, fetal death, marriage, divorce, abortion and still birth certificates accepted

**LaPAS PI Code:** 11236

1. **Type and Level:** Input and General
2. **Rationale:** This indicator measures the number of vital event records (birth, death, fetal death, abortion, marriage, and divorce certificates) submitted to Vital Records Registry for registration.
3. **Use:** This indicator is used to determine the number of vital events records by type submitted to the Vital Records Office for registration at any point in time. Given the historical information available to the program, the “number” of events presented for registration is a strong indicator of file completeness and it assists management in targeting program resources at delinquent vital event record generators.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor. This information is available in manual logs maintained in the Registry’s Document Acceptance Unit.
6. **Data Source, Collection and Reporting:**
  - Collection: ongoing
  - Reporting: reported on demand
7. **Calculation Methodology:** No calculations are involved in obtaining this input information.
8. **Scope:** No aggregation is required. The vital event records are subdivided into record categories including birth, death, fetal death, abortion, marriage and divorce; however, the input log for each record is maintained separately.
9. **Caveats:** Pressures exerted by customer service demands and federal data contracts force the program to prioritize record intake (input) such that birth, death, and fetal death records are handled as “priority one” and abortion, marriage, and divorce records are handled as “priority two.”
10. **Responsible Person:** State Registrar of Vital Records is responsible for data collection and quality; Office (504) 593-5180.



## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Vital Records and Statistics

**OBJECTIVE I:** Public Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2031.

**INDICATOR NAME** Total number of birth, death, fetal death, marriage, divorce, abortion and still birth certificates sold

**LaPAS PI Code:** 20430

1. **Type and Level:** Input and General
2. **Rationale:** This indicator measures the number of vital event records (birth, death, fetal death, abortion, marriage and divorce certificates) sold by all Vital Records retail locations statewide.
3. **Use:** This indicator is used to determine the sales volume by record so that staffing, equipment and administrative support can be supplied to maximize customer service.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor. This information is available in manual monthly reconciliation reports and on computerized accounts receivable system print-outs
6. **Data Source, Collection and Reporting:**
  - Collection: ongoing
  - Reporting: monthly and on demand
7. **Calculation Methodology:** Reports from all locations must be added to get a monthly and annual total for each record type.
8. **Scope:** No aggregation may be required as the vital event records are subdivided into record categories and the sales reports are itemized by category
9. **Caveats:** The reports depend on the accuracy of the reconciliation reports prepared by each location until the annual report is compiled.
10. **Responsible Person:** State Registrar of Vital Records is responsible for data collection from the retail locations and consolidation of these reports. Office (504) 593-5180.

**PROGRAM NAME:** Public Health Services

**ACTIVITY:** Emergency Medical Services

**OBJECTIVE II:** Public Health Services, through its emergency medical services activity, will develop an adequate medical workforce by mobilizing partnerships, developing policies and plans, enforcing laws, regulations, and assuring a competent workforce each year through June 30, 2031.

**Primary Persons Who Will Benefit from or Be Significantly Affected by Objective:** Emergency medical services (EMS) respond to all requests for pre-hospital medical care including cardiac, medical and trauma emergencies. These illnesses affect persons of all demographics. EMS provides standards for education, examination, and certification for over 22,000 emergency response personnel, including paramedics, first responders, firemen, and emergency medical technicians.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM NAME:** Public Health Services

**ACTIVITY:** Emergency Medical Services

**OBJECTIVE II:** Public Health Services, through its emergency medical services activity, will develop an adequate medical workforce by mobilizing partnerships, developing policies and plans, enforcing laws, regulations, and assuring a competent workforce each year through June 30, 2031.

**INDICATOR NAME:** Percent increase of EMS workforce in Louisiana

**LaPAS PI Code:** 24154

1. **Type and Level:** Outcome and Supporting
2. **Rationale:** This measures the increase in the percentage of the EMS workforce number.
3. **Use:** This indicator is used to measure the volume of candidates entering into the workforce.
4. **Clarity:** This indicator includes the number of candidates entering into the workforce; EMS – Emergency Medical Service
5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor. Data collection is provided through the EMS portal and verified monthly by audits.
6. **Data Source, Collection and Reporting:** Data Source Internal database
  - a) Collection: Daily
  - b) Reporting: Annually
7. **Calculations Methodology:** The actual number of candidates entering into the workforce.
8. **Scope:** The indicator is a statewide figure.
9. **Caveats:** The accuracy of the report relies on a Legacy data based that is internally maintained by our office.
10. **Responsible Person:**

The Bureau of EMS Director  
7273 Florida Blvd., Baton Rouge, LA 70806  
Phone: (225) 925-4022

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM NAME:** Public Health Services

**ACTIVITY:** Emergency Medical Services

**OBJECTIVE II:** Public Health Services, through its emergency medical services activity, will develop an adequate medical workforce by mobilizing partnerships, developing policies and plans, enforcing laws, regulations, and assuring a competent workforce each year through June 30, 2031.

**INDICATOR NAME:** Number of EMS personnel newly certified

**LaPAS PI Code:** 24155

1. **Type and Level:** Outcome and Supporting
2. **Rationale:** This measures the increase in the percentage of new EMS personnel.
3. **Use:** This indicator is used to measure the volume of new candidates entering into the workforce.
4. **Clarity:** The number of new candidates entering into the workforce.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. Data collection is provided through the EMS portal and verified monthly by audits.
6. **Data Source, Collection and Reporting:** Data Source Internal database
  - a) Collection: Daily
  - b) Reporting: Annually
7. **Calculations Methodology:** The actual number of candidates entering into the workforce.
8. **Scope:** The indicator is a statewide figure.
9. **Caveats:** The accuracy of the report relies on a Legacy data based that is internally maintained by our office.

**10. Responsible Person:**

The Bureau of EMS Director  
7273 Florida Blvd., Baton Rouge, LA 70806  
Phone: (225) 925-4022

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM NAME:** Public Health Services

**ACTIVITY:** Emergency Medical Services

**OBJECTIVE II:** Public Health Services, through its emergency medical services activity, will develop an adequate medical workforce by mobilizing partnerships, developing policies and plans, enforcing laws, regulations, and assuring a competent workforce each year through June 30, 2031.

**INDICATOR NAME:** Number of EMS personnel re-certified

**LaPAS PI Code:** 24156

1. **Type and Level:** Outcome and Supporting
2. **Rationale:** This measures the increase in the percentage of re-certified EMS personnel.
3. **Use:** This indicator is used to measure the volume of re-certifying candidates in the workforce.
4. **Clarity:** The number of re-certified candidates returning to the workforce.
5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor. Data collection is provided through the EMS portal and verified monthly by audits.
6. **Data Source, Collection and Reporting:** Data Source Internal database
  - a) Collection: Daily
  - b) Reporting: Annually
7. **Calculations Methodology:** The actual number of candidates entering into the workforce.
8. **Scope:** The indicator is a statewide figure.
9. **Caveats:** The accuracy of the report relies on a Legacy data based that is internally maintained by our office.
10. **Responsible Person:**

The Bureau of EMS Director  
7273 Florida Blvd., Baton Rouge, LA 70806  
Phone: (225) 925-4022

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM NAME:** Public Health Services

**ACTIVITY:** Emergency Medical Services

**OBJECTIVE II:** Public Health Services, through its emergency medical services activity, will develop an adequate medical workforce by mobilizing partnerships, developing policies and plans, enforcing laws, regulations, and assuring a competent workforce each year through June 30, 2031.

**INDICATOR NAME:** Total number of EMS workforce

**LaPAS PI Code:** 24157

1. **Type and Level:** Outcome and Supporting:
2. **Rationale:** This measures the total number of EMS personnel.
3. **Use:** This indicator is used to measure the total number of EMS personnel that creates the workforce.
4. **Clarity:** The total number of EMS personnel in the workforce.
5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor. Data collection is provided through the EMS portal and verified monthly by audits.
6. **Data Source, Collection and Reporting:** Data Source Internal database
  - a) Collection: Daily
  - b) Reporting: Annually
7. **Calculations Methodology:** The actual number of candidates entering into the workforce.
8. **Scope:** The indicator is a statewide figure.
9. **Caveats:** The accuracy of the report relies on a Legacy data based that is internally maintained by our office.
10. **Responsible Person:**

The Bureau of EMS Director  
7273 Florida Blvd., Baton Rouge, LA 70806  
Phone: (225) 925-4022

**PROGRAM NAME:** Public Health Services

**ACTIVITY:** Community Preparedness

**OBJECTIVE III:** Public Health Services, through its community preparedness activity, will build healthy, resilient communities and enhance Louisiana's state and local public health agencies capacities to prepare for, detect, and respond to chemical and biological terrorism and other communicable disease threats each year through June 30, 2031.

**Primary Persons Who Will Benefit from or Be Significantly Affected by Objective:** All residents, visitors, and preparedness partners and the federal, state and local levels benefit from the work of staff within community preparedness. The OPH Bureau for Community Preparedness (BCP) provides public health expertise and resources to its partners and the community during emergency response efforts through the use of the Centers for Disease Control and Prevention's Cooperative Agreement for Public Health Emergency Preparedness grant funding. The BCP manages the funds received through the CDC PHEP cooperative agreement to implement several emergency preparedness programs that increase response capabilities and service the entire population of Louisiana such as Louisiana Volunteers in Action, Strategic National Stockpile/Cities Readiness, CHEMPACK, and Public Health Information Network. The BCP provides its services in accordance with the national response framework for local, state and national partners using National Incident Command System compliance standards for emergency response operations.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM NAME:** Public Health Services

**ACTIVITY:** Community Preparedness

**OBJECTIVE III:** Public Health Services, through its community preparedness activity, will build healthy, resilient communities and enhance Louisiana's state and local public health agencies capacities to prepare for, detect, and respond to chemical and biological terrorism and other communicable disease threats each year through June 30, 2031.

**INDICATOR NAME:** Obtain a 43% Metropolitan Composite Dispensing and Distribution Score

**LaPAS PI Code:** 24158

1. **Type and Level:** Outcome and Supporting
2. **Rationale:** Annual composite score based on the record performance and results from the Technical Assistance Review, Performance of DSNS Operation Drills, Documentation of compliance with Programmatic Standards and Full-Scale Exercise.
3. **Use:** This performance indicator is used to ensure that Louisiana meets the Centers for Disease Control guidance to support advancements in public health capabilities to receive, stage, store, distribute and dispense medical countermeasures in response to an emergency.
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor. This information is based on reports/assessments conducted by the Centers for Disease Control and Prevention.
6. **Data Source, Collection and Reporting:** Centers for Disease Control and Prevention Composite Scoring on Elements (Technical Assistance Review, Performance of DSNS Operation Drills, Documentation of compliance with Programmatic Standards and Full- Scale Exercise) (Data Source); Collection: Yearly; Reporting: Yearly
7. **Calculation Methodology:** Each of the above elements is scored and a composite score is given based on each element.
8. **Scope:** Summation of date includes a statewide total.
9. **Caveats:** None noted. All states are measured on the same data components.
10. **Responsible Person:** The Centers for Disease Control and Prevention performs the assessment. The Center for Community Preparedness Executive Director is responsible for the overall management of the Strategic National Stockpile Program. Bureau of Community Preparedness (225) 354-3520.



## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM NAME:** Public Health Services

**ACTIVITY:** Bureau of Family Health

**OBJECTIVE IV:** Public Health Services, through its Bureau of Family Health will promote optimal health for all Louisiana women, children, teens and families each year through June 30, 2031.

**INDICATOR NAME:** Number of home visits provided by the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program that implements two evidence-based home visiting models, Nurse-Family Partnership (NFP) and Parents as Teachers (PAT).

**LaPAS PI Code:** 20139

1. **Type and Level:** Output and Key
2. **Rationale:** The indicator measures the total number of completed home visits performed by the Nurse Family Partnership (NFP) and Parents as Teachers staff in the MIECHV. It is the quantifiable unit of service used to measure program and staff level efficiency and productivity.
3. **Use:** This indicator will be one of several tools used to measure staff and program productivity, to determine reimbursement and for performance based budgeting purposes.
4. **Clarity:** The indicator name clearly identifies what is being measured. No further clarity is needed.
5. **Accuracy, Maintenance, Support:** Number of home visits is collected and reported through the model-specific national databases. Quality assurance measures include review of model-specific database reports, Louisiana MIECHV internal monthly reports, and staff itineraries, and client record documentation.
6. **Data Source, Collection and Reporting:** Home visit encounter data is entered into the NFP CIS database at the site after each encounter. Data is entered daily into the CIS database. Itineraries are updated daily to reflect completed home visits. Activity profile reports are generated from the CIS database to report number of home visits. The Louisiana NFP internal report is submitted monthly. An annual report based upon the state fiscal year is generated by the national NFP program based upon data collected from the CIS system.
7. **Calculation Methodology:** Sum of all home visit encounters with clients served through NFP and PAT statewide.
8. **Scope:** The number of home visits provided through the MIECHV Program can be reported statewide and on a regional level.
9. **Caveats:** This indicator contains no caveats, is not proxy or surrogate, and the data source has no bias.

**10. Responsible Person:** The Louisiana MIECHV sites are responsible for data collection.

MIECHV Program Manager/Bureau of Family Health, *Louisiana Department of Health*, MIECHV

Program Manager | Bureau of Family Health, *Louisiana Department of Health*, 628 North 4<sup>th</sup> St. Suite 569, PO Box 3214, Bin 4, Baton Rouge La 70802, Phone: 225-278-1877.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Adolescent School Health Program (ASHP)

**OBJECTIVE XII:** Public Health Services, through its Bureau of Family Health's Adolescent School Health Program activity, will provide technical assistance to school-based health centers; establish and monitor compliance with standards, policies, and guidelines for school health center operation; provide financial assistance; and encourage collaboration with other agencies and other potential funding sources each year through June 30, 2031.

**INDICATOR NAME:** Number of students registered (have a signed consent) to receive services at an OPH-affiliated school-based health center

**LaPAS PI Code:** 24162

1. **Type and Level:** Output and Key
2. **Rationale:** Adolescents lack access to care. Schools provide a unique opportunity to reach most kids. Preventive care, health education and behavioral health services promote wellness and address risky behaviors that lead to school failure. Because students spend a significant part of each day on school grounds, a SBHC:
  - Is accessible
  - Is convenient
  - Encourages family and community involvement
  - Reduces student absenteeism
  - Reduces parental leave from work for doctor visits
  - Has staff who work with school personnel to meet the needs of the students and their families
3. **Use:** This indicator will assist informing management and outside agencies on the level of utilization of SBHCs. This indicator can also be used to advocate for more funding for SBHCs.
4. **Clarity:** This is the total number of students registered (have a signed consent) to receive services at an OPH-affiliated School-Based Health Center.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. Data will be collected by the Bureau of Family Health - Adolescent School Health Program (ASHP). . Reports are generated quarterly.
6. **Data Source, Collection and Reporting:** Data for this indicator are collected on a quarterly and annual basis from the OPH-affiliated sponsoring agency reports.
7. **Calculation Methodology:** Total number of students registered (have a signed consent) to receive services at an OPH-affiliated SBHC. Sponsoring agencies report the total number of students registered and ASHP aggregates the data.

**8. Scope:** Aggregated quarterly but can be disaggregated if needed.

**9. Caveats:** The total number is students with access and not necessarily users of SBHC services.

**10. Responsible Person:** Quarterly reports are provided to ASHP by SBHCs. ASHP.

Program Manager

504-568-8164

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGAM:** Public Health Services

**ACTIVITY:** Activity: Bureau of Family Health

**Objective:** Public Health Services, through its Bureau of Family Health, will provide support to communities, and School-based Health Services to help develop and sustain access to primary and preventive health services on campuses.

**INDICATOR NAME:** Percentage of students who receive an annual risk assessment

**LaPAS PI Code:** New

**1. Type and Level:** Output/ - General

**2. Rationale:** The National School-Based Health Alliance encourages states to report the number of students who receive an annual risk assessment at least once during the school year. The Adolescent School Health Program began reporting the percentage of students who receive an annual risk assessment in FY2018 and has been capturing this measure quarterly for every year since. School-Based Health Centers report the percentage of unduplicated School-Based Health Center clients with at least one age-appropriate annual risk assessment during the school year. Adolescent School Health Program utilize this information to compare programs on both a local and national level. This measure allows School-Based Health Centers to identify students who display behaviors that could potentially impact their health outcomes. This data demonstrates the importance of behavioral health screenings for adolescents.

**3. Use:** Adolescent School Health Program Monitors review the number of risk assessments conducted at each of the School-Based Health Centers quarterly to monitor progress toward a stated goal. A Quality Improvement Initiative is developed in conjunction with those school-based health centers who do not meet quarterly targets and ASHP provides technical assistance as needed. It is unknown at this time if the indicator will be used for performance-based budgeting; however, this will be considered.

**4. Clarity:** This indicator clearly identifies what is being measured.

**5. Accuracy, Maintenance, and Support:** This indicator and subsequent performance data have not been audited by the Office of the Legislative Auditor. The Adolescent School Health Program (ASHP) conducts on-site reviews of SCHOOL-BASED HEALTH Centers every three years. In addition, each School-Based Health Center has a behavioral health specialist employed. The behavioral health specialist will conduct quarterly audits of charts to ensure compliance. The information will be reported to the Adolescent School Health Program and maintained in an excel spreadsheet.

**6. Data Source, Collection and Reporting:** The data will be collected from each of the School-Based Health Centers through their Electronic Medical Record, on a quarterly basis during the school year and then reported to ASHP via the reporting platform.

**7. Calculation Methodology:** The indicator will be calculated in accordance with the guidance provided by the National School-Based Health Alliance. The data to be reported will include a numerator: number of unduplicated School-Based Health Center clients with documentation of at least one age-appropriate annual risk assessment during the school year. The denominator: number of unduplicated School-Based Health Center clients who had at least one visit of any type to the School-Based Health Centers during the school year.

**8. Scope:** The indicator will be an aggregated number compiled from each of the 57 School-Based Health Centers located throughout the state of Louisiana that contract with Louisiana Clinical Services. The Adolescent School Health Program manages these contracts.

**9. Caveats:** No limitations or weaknesses are known.

**10. Responsible Person:** The School-Based Health Centers will collect the data and submit it to the Adolescent School Health Program. Program Monitor for the Adolescent School Health Program will analyze the data and report to the Program Manager. Program Manager, Adolescent School Health Program  
1450 Poydras Street, New Orleans, LA 70112; (504)568-8164.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGAM:** Public Health Services

**ACTIVITY:** Bureau of Family Health

**OBJECTIVE:** Public Health Services, through its Bureau of Family Health, will provide support to communities, and School-based Health Services to help develop and sustain access to medical and behavioral health services on campuses

**INDICATOR NAME:** Percentage of School-Based Health Centers participating in a continuous quality improvement initiative that demonstrate an improvement in their targeted quality improvement measure.

**LAPAS PI CODE:** New (Replaces key indicator: percentage of students who receive an annual risk assessment)

1. **Type and Level:** Outcome Key

2. **Rationale:** All OPH-affiliated SBHCs are required to participate in an annual CQI initiative. The Adolescent School Health Program's Adolescent Health Coordinator provides technical assistance to support SBHC staff through the PDSA process. This allows the Adolescent School Health Program to monitor the impact of the quality improvement process on a quarterly basis, which will highlight the importance of the CQI process for SBHC staff, resulting in more attention to detail. In addition, the Program Monitor conducts site visits of each OPH-affiliated SBHC every three years. During site visits the Program Monitor may identify the need for technical assistance and report these findings to the Adolescent Health Coordinator.

3. **Use:** This indicator will be used to track the number of SBHCs with demonstrated improvement to evaluate the effectiveness of the technical assistance provided by the Adolescent School Health Program. The Adolescent School Health Program will utilize this information to refine the technical assistance process.

4. **Clarity:** This indicator clearly identifies what is being measured.

5. **Accuracy, Maintenance, and Support:** This indicator and subsequent performance data have not been audited by the Office of the Legislative Auditor. The Adolescent Health Coordinator will be responsible for reporting this data based on a review of Quality Improvement Initiatives submitted by each OPH-affiliated SBHC.

6. **Data Source:** Collection and Reporting: Data for this indicator are collected on a quarterly and annual basis. The Adolescent Health Coordinator reviews Quality Improvement initiatives submitted by OPH-affiliated SBHCs on a quarterly basis and provides technical assistance.

7. **Calculation Methodology:** The Adolescent Health Coordinator will track the measurement goals for each SBHC quality improvement initiative and note the progress for each program on an excel spreadsheet and will aggregate the total number of programs demonstrating improvement.

8. **Scope:** The indicator will be an aggregated number compiled from each of the 57 School-Based Health Centers located throughout the state of Louisiana that contract with Louisiana Clinical Services. The Adolescent School Health Program manages these contracts.

9. **Caveats:** No limitations or weaknesses are known.

10. **Responsible Person:** The Adolescent Health Coordinator will report the total to the Adolescent School Health Program Manager. Program Manager, Adolescent School Health Program; 1450 Poydras Street, New Orleans, LA 70112; (504)568-8164.



## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM NAME:** Public Health Services

**ACTIVITY:** Bureau of Family Health

**OBJECTIVE IV:** Public Health Services: the Bureau of Family Health will promote optimal health for all Louisiana women, children, teens, and families each year through June 30, 2031.

**INDICATOR NAME:** Percentage of patients receiving a preventive health visit at least once in the last measurement year.

**LaPAS PI Code:** 26132

1. **Type and Level:** Outcome and General
2. **Rationale:** The indicator measures programmatic effectiveness. It is a valid measure of performance. It helps to demonstrate performance and continuity of care.
3. **Use:** This performance indicator is a measure of quality service delivery that assists individuals in achieving optimal reproductive health, which includes determining the number and spacing of their children, through the provision of education, counseling, and medical services. The indicator will be used for internal management purposes as well as performance-based budgeting purposes.
4. **Clarity:** The performance indicator clearly identifies what is being measured. Preventive visits are defined using the Current Procedural Terminology (CPT) code set.
5. **Accuracy, Maintenance, Support:** The indicator has not been audited. Client service data will be accurately reported through the statewide EHR system and Comprehensive Online Medical Patient Accountability Software System (COMPASS), when necessary.
6. **Data Source, Collection, and Reporting:** The EHR and COMPASS are the data sources. Data are gathered quarterly and annually, and are reported on a state fiscal year. Frequency and timing of collection and reporting are consistent.
7. **Calculation Methodology:** The denominator consists of the unduplicated count of patients who received at least one Reproductive Health visit in the last year. The year-long timeframe should be set for each patient based upon their most recent visit in the measurement quarter. A medical visit is defined using the Current Procedural Terminology (CPT) code set. The numerator consists of the unduplicated count of patients who received a Reproductive Health Preventive visit in the last year. The following table lists codes for acceptable medical visits (denominator) as well as preventive visits (numerator).

Description	CPT	Numerator	Denominator
Preventive Visit	99381,99382,99383,99384,99385,99386,99387,99391,99392,99393,99394,99395,99396,99397	Included	Included
E/M Problem Focused Visit	99201,99202,99203,99204,99205,99211,99212,99213,99214,99215	Excluded	Included
Nursing Assessment/Evaluation Visit	T1001*	Excluded	Included

\*T1001 is not a CPT recognized code; however, it is an accepted problem focused visit code with Louisiana LDH Medicaid and should be included in this measure.

In the event that a patient attends a preventive visit that, due to clinician findings, becomes a problem focused visit the visit will be classified as preventive for the purpose of this measure.

**8. Scope:** The indicator is aggregated. It can be stratified by region or parish.

**9. Caveats:** Data entry by clinical staff is a limitation. The indicator is a proxy and the source of data are not biased. There are no caveats that data users should be aware of.

**10. Responsible Person:**

Quality Improvement Program Manager | Bureau of Family Health  
Louisiana Department of Health  
1450 Poydras Street, New Orleans, LA 70112  
Phone: 504-321-3029

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM NAME:** Public Health Services

**ACTIVITY:** Bureau of Family Health

**OBJECTIVE IV:** Public Health Services, through its Bureau of Family Health will promote optimal health for all Louisiana women, children, teens and families each year through June 30, 2031.

**INDICATOR NAME:** Percentage of infants born to mothers beginning prenatal care in the first trimester

**LaPAS PI Code:** 13749

**Type and Level:** Outcome and General

1. **Rationale:** First Trimester Prenatal Care Entry has been a long standing benchmark measure by which to estimate access to care and health-seeking behaviors of pregnant women. As a result, it is a standard measure for many Maternal and Child Health Programs in the US.
2. **Use:** This indicator will be used in management decision making and internal management purposes.
3. **Clarity:** First Trimester Prenatal Care Entry clearly identifies what is being measured. The first trimester is uniformly defined as the first three months of pregnancy. This measure is reported as the percent of women who enter prenatal care during the first trimester of pregnancy and is calculated by dividing the number of women who enter prenatal care in the first trimester in a calendar year by the number of women who deliver a live birth during the same period. Results are presented as a percent and can be interpreted as number of women per 100 who enter prenatal care in the first trimester. This definition is consistent with that reported by the National Vital Statistics Reports.
4. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor; however, other checks of validity and reliability are routinely performed. The Louisiana LDH Office of Public Health Bureau for Records and Statistics works to maintain a strong relationship with the National Center for Health Statistics (NCHS). NCHS is the federally recognized organization with responsibility for archiving all vital records events in the United States. Agreements containing specific instructions on the collection and management of events are in place with each US state and territory. States are required to send vital records data to NCHS as part of these agreements. In addition to the numerous internal audits and checks performed by the Louisiana office, NCHS performs independent data checks on Louisiana (and all other state) data. When questions arise, NCHS contacts Louisiana to investigate and resolve the question. Data are then edited as appropriate and resubmitted to NCHS. This ongoing partnership assures the maintenance of high quality vital records data deemed valid and reliable at the state and federal levels. Further underscoring the appropriateness of the calculation, NCHS uses the formula referenced in item #7 below to report the percent of women entering prenatal care in the first trimester for the US and each state and territory.

- 5. Data Source, Collection and Reporting:** The Louisiana State Registrar and LDH Office of Public Health Bureau of Vital Records and Statistics is responsible for the collection of all birth events in the State of Louisiana. Information captured at or near the time of delivery is also recorded on the birth record. The prenatal care received, date of first prenatal care visit, and total number of prenatal care visits are collected as part of the Louisiana standard birth record. Statistical “close-out” files of vital records events are produced for each calendar year after the successful completion of all quality checks. These files are then shared with the Bureau of Family Health for analyses. Currently, it is reasonable to anticipate about nine months between the end of a given calendar year and the release of the final statistical file for that year. During this time, finalization of collection, cleaning, and audits of the vital records files are conducted. There is some variability in the availability of data, but a range of six to 12 months is expected.
- 6. Calculation Methodology:** The March of Dimes Peristats website reports that timing of prenatal care calculations stratifies the timing of the mother's entry into prenatal care into three categories. These categories include: "Early prenatal care," which is care started in the 1st trimester (1-3 months); "Second trimester care" (4-6 months); and "Late/no prenatal care," which is care started in the 3rd trimester (7-9 months) or no care received. This calculation is based on the number of live births to mothers in the early prenatal care category divided by all live births, excluding those missing data on prenatal care, multiplied by 100. Calculation: (Number of resident births where maternal prenatal care began in months 1 to 3 of pregnancy/Total number of resident live births) x 100
- 7. Scope:** The indicator as proposed is aggregated at the state level and made available on an individual calendar year basis. This indicator can be broken down by both smaller geographic locations (e.g. – Public Health Region, Parish, Zip Code) as well as various maternal demographic characteristics (e.g. – race, education). If this indicator is disaggregated by multiple factors simultaneously (e.g. - by parish and race at the same time), the number of births in each group may become too small for statistical analysis. In 2017, NCHS published Data Presentation Standards for Proportion that can be used to identify unreliable data for small numbers [https://www.cdc.gov/nchs/data/series/sr\\_02/sr02\\_175.pdf](https://www.cdc.gov/nchs/data/series/sr_02/sr02_175.pdf).
- 8. Caveats:** This indicator does not have significant limitations and is fairly straightforward in both measurement and reporting. However, unlike vital records events themselves, data captured as ancillary information may at times be missing from the record. Certain factors, such as geographic and provider transience in between receipt of care and the actual delivery event may result in women with certain characteristics being more likely to be missing information than women who remain in one geographic location with only one provider. In addition, failure of field facilities to report 100% of vital records events may introduce some bias in this estimate, although bias due to unreported events is reasonably expected to be quite small.
- 9.** While this indicator is expected to be available long-term, there is a caveat that must be mentioned. Data for first trimester prenatal care entry are not considered comparable between the 1989 Revision of the U.S. Standard Certificate of Live Birth (unrevised) and the 2003 U.S. Standard Certificate of Live Birth (revised), despite being collected on both forms. Substantive changes in both question wording and the sources for this information have resulted in data that are not comparable between revisions. The wording of the prenatal care item was modified to “Date of first prenatal visit” from “Month prenatal care began.” In addition, the 2003 revision process resulted in recommendations that the prenatal care information be gathered from the prenatal care or medical records, whereas the 1989 revision did not recommend a source for these data. Prenatal care data based on the 2003 revised certificate show a markedly less favorable picture of prenatal care utilization in the U.S. than data from the 1989 certificate. Most of the difference can

be attributed to changes in reporting and *not* to changes in prenatal care utilization. Performing a trend analysis of these data before and after the implementation of the revised certificate is not valid.

- 10. Responsible Person:** While the Louisiana Bureau Vital Records and Statistics is responsible for the collection of vital records data, the Bureau of Family Health's Data to Action Team epidemiologists maintains responsibility for analysis.

Bureau of Family Health  
MCH Epidemiologist  
1450 Poydras Ave., Suite 2013, New Orleans, LA 70112  
(504) 568-3504

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM NAME:** Public Health Services

**ACTIVITY:** Bureau of Family Health

**OBJECTIVE IV:** Public Health Services, through its Bureau of Family Health will promote optimal health for all Louisiana women, children, teens and families each year through June 30, 2031.

**INDICATOR NAME:** Percentage of children with special health care needs receiving care in a Medical Home

**LaPAS PI Code:** 24164

- 1. Type and Level:** Outcome and General
- 2. Rationale:** The indicator is collected by the U.S. DHH Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau as part of the National Survey of Children's Health and is therefore a population based measure with high sensitivity and specificity. This survey is done annually.
- 3. Use:** The indicator reflects progress of our whole healthcare system in meeting the needs of children with special healthcare needs in Louisiana and permits comparison with other states and the national average. It is not useful for performance-based budgeting purposes since it reflects Medicaid policies and population changes in addition to CSHS activities.
- 4. Clarity:** The definition of Children with Special Healthcare Needs is the broad Maternal Child Health Bureau definition: Children who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally. The most common diagnoses in this group are asthma and attention deficit disorder.
- 5. Accuracy, Maintenance, Support:** The indicator data is collected by ~~CDC~~ HRSA. The data offers highly precise and reliable population estimates for individual and family characteristics. The information can be compared with the national average and with other states with great Accuracy, Maintenance, and Support.
- 6. Data Source, Collection and Reporting:** The indicator data is collected by HRSA by telephone survey (the National Children's Health Survey and is therefore independent of the CSHS program. The survey is yearly and data is available up to 2022.
- 7. Calculation Methodology:** Survey questions are adjusted each year the survey is conducted in order to improve data quality. Comparisons can be made in any one year with the national average. For questions that are not changed, comparisons can be made from one survey year to the next. In order to meet the criteria for having a medical home, several criteria must be met, including that the family says their care in a medical home is ongoing, comprehensive and coordinated.

8. **Scope:** The data cannot be broken down by region or parish but is provided for the whole state.
9. **Caveats:** The data is state level and not available for regional or community level. The outcome is a reliable indicator for Louisiana but reflects our entire healthcare system and not just CSHS activities.
10. **Responsible Person:**  
Epidemiologist/Quality Improvement Program Manager | Bureau of Family Health  
Louisiana Department of Health  
1450 Poydras Street, New Orleans, LA 70112  
(504) 321-3029

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Adolescent School Health Program (ASHP)

**OBJECTIVE XII:** Public Health Services, through its Bureau of Family Health's Adolescent School Health Program activity, will provide technical assistance to school-based health centers; establish and monitor compliance with standards, policies, and guidelines for school health center operation; provide financial assistance; and encourage collaboration with other agencies and other potential funding sources each year through June 30, 2031.

**INDICATOR NAME:** Number of OPH-affiliated school-based health centers (SBHCs)

**LaPAS PI Code:** 2368

1. **Type and Level:** Output and General
2. **Rationale:** The number of SBHCs is directly related to potential access to preventive and acute care of school age children/adolescents. Increasing the number of SBHCs increases access.
3. **Use:** The number of OPH-affiliated SBHCs will be used both for internal management and to determine access to medical and behavioral health services for children and adolescents.
4. **Clarity:** The indicator name clearly indicates what is being measured.
5. **Accuracy, Maintenance, Support:** The indicator is valid, reliable, and accurate because there are contractual/fiscal records and scheduled data reports that prove the existence of a specific number of SBHCs.
6. **Data Source, Collection and Reporting:** There is a standard reporting platform used by all OPH-affiliated SBHCs to report information. Data collection is ongoing, with mandatory reporting on a quarterly basis with consistent deadline reporting dates starting and ending with the state fiscal year cycle. The reported data represents services rendered for the three months prior to the report.
7. **Calculation Methodology:** Total of all ASHP affiliated SBHCs
8. **Scope:** The total is a statewide total that can be broken down into regions and parishes.
9. **Caveats:** None
10. **Responsible Person:** ASHP Manager, 504-568-8164



## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Adolescent School Health Program (ASHP)

**OBJECTIVE XII:** Public Health Services, through its Bureau of Family Health's Adolescent School Health Program activity, will provide technical assistance to school- based health centers; establish and monitor compliance with standards, policies, and guidelines for school health center operation; and encourage collaboration with other agencies and other potential funding sources each year through June 30, 2031.

**INDICATOR NAME:** Number of Continuous Quality Improvement (CQI) visits to school- based health centers

**LaPAS PI Code:** 25628

1. **Type and Level:** Output and General
2. **Rationale:** Every SBHC is required to participate in the efforts to maintain and improve quality of care by participating in the CQI process. The purpose of CQI shall be to foster a culture of continuous quality improvement and a climate of trust between ASHP staff, SBHC staff and among SBHC practitioners/peers. The ASHP Program Monitor and Program Manager, conducts a site visit of each SBHC at least once every 3 years.
3. **Use:** This indicator will provide SBHC staff, sponsors and the Adolescent School Health Program information regarding the need for technical assistance for the delivery of effective and efficient services to the maximum number of children and adolescents registered with the SBHC. This indicator can also be used to highlight performance outcomes that demonstrate the impact of SBHCs.
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. Data are maintained by the ASHP program.
6. **Data Source, Collection and Reporting:** The ASHP program collects data annually.
7. **Calculation Methodology:** Total CQI visits per school year.
8. **Scope:** Information is not aggregated; it is the actual number of CQI reviews.
9. **Caveats:** None
10. **Responsible Person:** ASHP Manager, 504-568-8164

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Adolescent School Health Program (ASHP)

**OBJECTIVE XII:** Public Health Services, through its Bureau of Family Health's Adolescent School Health Program activity, will provide technical assistance to school-based health centers; establish and monitor compliance with standards, policies, and guidelines for school health center operation; and encourage collaboration with other agencies and other potential funding sources each year through June 30, 2031.

**INDICATOR NAME:** Number of patient visits to adolescent school-based health centers (SBHCs)

**LaPAS PI Code:** 13744

1. **Type and Level:** Output and General
2. **Rationale:** The number of patient visits to OPH-affiliated SBHCs indicates utilization of primary and acute medical and behavioral health services available through OPH-affiliated SBHCs.
3. **Use:** The number of patient visits to SBHCs will be used to demonstrate the need to continue the provision of SBHC services.
4. **Clarity:** The indicator name clearly indicates what is being measured
5. **Accuracy, Maintenance, Support:** The indicator is valid, reliable, and accurate because OPH-affiliated SBHCs are required to utilize an electronic medical record system to record the number of patient visits. Sponsoring agencies are required to report this total to the adolescent school health program on an annual basis.
6. **Collection and Reporting:** There is a standard reporting platform used by all OPH-affiliated SBHCs to report data. Data is reported quarterly and reviewed by the adolescent school health program monitor. The reported data represents services rendered for the three months prior to the report.
7. **Calculation Methodology:** The number of patient visits is the sum of all patient encounters at OPH-affiliated SBHCs statewide.
8. **Scope:** The total is a statewide total that can be broken down into regions and parishes. Additionally, patient visits are broken down by site, race/ethnicity, gender, age.
9. **Caveats:** None
10. **Responsible Person:**  
Program Manager, Adolescent School Health Program  
1450 Poydras Street, New Orleans, LA 70112  
504.568.8164

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Adolescent School Health Program (ASHP)

**OBJECTIVE XII:** Public Health Services, through its Bureau of Family Health's Adolescent School Health Program activity, will provide technical assistance to school-based health centers; establish and monitor compliance with standards, policies, and guidelines for school health center operation; provide financial assistance; and encourage collaboration with other agencies and other potential funding sources each year through June 30, 2031.

**INDICATOR NAME:** Number of students who received a comprehensive well visit at an OPH-affiliated SBHC

**LaPAS PI Code:** 13744

1. **Type and Level:** Output and General
2. **Rationale:** The National School-Based Health Alliance identified 5 key performance measures for School-Based Health Centers. One measure identified by the national alliance is the number of students who receive a comprehensive well visit at an OPH-affiliated SBHC. This data will demonstrate the role that SBHCs play in ensuring students have preventive well visits.
3. **Use:** The Adolescent School Health Program will utilize the data to compare program data annually. The data will also be utilized to compare programs regionally and across the state. Programs reporting lower than average numbers will receive technical assistance **and may include this measure as part of a quality improvement initiative.**
4. **Clarity:** The indicator name clearly indicates what is being measured
5. **Accuracy, Maintenance, Support:** The indicator is valid, reliable, and accurate because OPH-affiliated SBHCs are required to utilize an electronic medical record system to record the number of child well visits. Sponsoring agencies are required to report this total to the adolescent school health program on an annual basis.
6. **Collection and Reporting:** There is a standard reporting platform database used by all OPH-affiliated SBHCs to report data. Data collection is reported quarterly and reviewed by the adolescent school health program monitor. Encounter form information is entered daily, with mandatory reporting on a quarterly basis with consistent deadline reporting dates starting and ending with the state fiscal year cycle. The reported data represents services rendered for the three months prior to the report.
7. **Calculation Methodology:** The indicator will be calculated in accordance with the guidance provided by the National School Health Alliance. The data to be reported will include a numerator: number of unduplicated School-Based Health Center clients with an annual well visit. The denominator: number of unduplicated School-Based Health Center clients who had at least one visit of any type to the School-Based Health Center during the school year.

**8. Scope:** The indicator will be an aggregated number compiled from each of the OPH-affiliated School-Based Health Centers located throughout the state of Louisiana that have a contract with Louisiana Clinical Services.

**9. Caveats:** None

**10. Responsible Person:**

Program Manager, Adolescent School Health Program  
1450 Poydras Street, New Orleans, LA 70112  
504.568.8164

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Adolescent School Health Program (ASHP)

**OBJECTIVE XII:** Public Health Services, through its Bureau of Family Health's Adolescent School Health Program activity, will provide technical assistance to school-based health centers; establish and monitor compliance with standards, policies, and guidelines for school health center operation; provide financial assistance; and encourage collaboration with other agencies and other potential funding sources each year through June 30, 2031.

**INDICATOR NAME:** Percentage of students at age 12 years with a screening for clinical depression

**LaPAS PI Code:** 26618

1. **Type and Level:** Output and General
2. **Rationale:** The National School-Based Health Alliance identified 5 key performance measures for School-Based Health Centers. One measure identified by the national alliance is the percentage of unduplicated students seen at the SBHC > 12 years of age who receive a screening for clinical depression. This data will demonstrate the importance of behavioral health screenings for adolescents.
3. **Use:** OPH-affiliated School-Based Health Centers will report the percentage of unduplicated students ≥ 12 years of age seen at a SBHC who receive a screening for clinical depression. The Adolescent School Health Program will utilize the data to compare program data annual. The data will also be utilized to compare programs regionally and across the state. Programs reporting lower than average numbers will receive technical assistance and may include this measures as part of a quality improvement initiative.
4. **Clarity:** The indicator name clearly indicates what is being measured.
5. **Accuracy, Maintenance, Support:** The indicator is valid, reliable, and accurate because OPH-affiliated SBHCs are required to utilize an electronic medical record system to record the number of students ages 12 and older screened for depression. This data is reported by sponsoring agencies on a quarterly basis.
6. **Collection and Reporting:** There is a standard reporting platform database used by all OPH-affiliated SBHCs to report data. Data collection is reported quarterly and reviewed by the adolescent school health program monitor. Encounter form information is entered daily, with mandatory reporting on a quarterly basis with consistent deadline reporting dates starting and ending with the state fiscal year cycle. The reported data represents services rendered for the three months prior to the report.
7. **Calculation Methodology:** The indicator will be calculated in accordance with the guidance provided by the National School Health Alliance. The data to be reported will include a numerator: number of unduplicated School-Based Health Center clients ≥ 12 years of age with documentation of at least one screening for clinical depression during the school year. The denominator: number of unduplicated

School-Based Health Center clients who had at least one visit of any type to the School-Based Health Center during the school year.

**8. Scope:** The total is a statewide total that can be broken down into regions and parishes. The indicator will be an aggregated number compiled from each of the OPH-affiliated School-Based Health Centers located throughout the State of Louisiana that have a contract with Louisiana Clinical Services.

**9. Caveats:** None

**10. Responsible Person:**

Program Manager, Adolescent School Health Program  
1450 Poydras Street, New Orleans, LA 70112  
504.568.8164

<b>PERFORMANCE INDICATOR DOCUMENTATION</b>
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**PROGRAM:** Public Health Services

**ACTIVITY:** Adolescent School Health Program (ASHP)

**OBJECTIVE XII:** Public Health Services, through its Bureau of Family Health's Adolescent School Health Program activity, will provide technical assistance to school-based health centers; establish and monitor compliance with standards, policies, and guidelines for school health center operation; provide financial assistance; and encourage collaboration with other agencies and other potential funding sources each year through June 30, 2031.

**INDICATOR NAME:** Percentage of students with a BMI greater than 85% receiving nutrition and physical activity counseling

**LaPAS PI Code:** 26619

1. **Type and Level:** Output and General
2. **Rationale:** The National School-Based Health Alliance identified 5 key performance measures for School-Based Health Centers. One of these measures is the percentage of unduplicated students seen at the school-based health center with a BMI greater than or equal to 85% and receive nutrition and physical activity counseling. This indicator will measure the percentage of students who have a BMI greater than or equal to 85% and receive nutrition and physical activity counseling. This data will demonstrate the importance of nutrition and physical activity counseling for adolescents with a BMI greater than or equal to 85%.
3. **Use:** The Adolescent School Health Program will utilize this information to compare programs on both a local and national level. Technical assistance and a quality improvement plan will be developed in conjunction with those school-based health centers who demonstrate a percentage less than the average percentage for the OPH-affiliated SBHC network.
4. **Clarity:** The indicator name clearly indicates what is being measured.
5. **Accuracy, Maintenance, Support:** The indicator is valid, reliable, and accurate because OPH-affiliated SBHCs are required to utilize an electronic medical record system to record student BMI and the number of students screened. Sponsoring agencies are required to report this total to the adolescent school health program on an annual basis.
6. **Collection and Reporting:** There is a standard reporting platform database used by all OPH-affiliated SBHCs to report data. Data collection is reported quarterly and reviewed by the adolescent school health program monitor. Encounter form information is entered daily, with mandatory reporting on a quarterly basis with consistent deadline reporting dates starting and ending with the state fiscal year cycle. The reported data represents services rendered for the three months prior to the report.

- 7. Calculation Methodology:** The indicator will be calculated in accordance with the guidance provided by the National School Health Alliance. The data to be reported will include a numerator: number of unduplicated School-Based Health Center clients with documentation of a BMI screening greater than or equal to 85% and receive nutrition and physical activity counseling. The denominator: number of unduplicated School-Based Health Center clients who had at least one visit of any type to the School-Based Health Center during the school year.
- 8. Scope:** The total is a statewide total that can be broken down into regions and parishes. The indicator will be an aggregated number compiled from each of the OPH-affiliated School-Based Health Centers located throughout the state of Louisiana that have a contract with Louisiana Clinical Services.
- 9. Caveats:** None.
- 10. Responsible Person:**  
Program Manager, Adolescent School Health Program  
1450 Poydras Street, New Orleans, LA 70112  
504.568.8164



**PROGRAM:** Public Health Services

**ACTIVITY:** Immunization

**OBJECTIVE VI:** Public Health Services, through its immunization activity, will control or eliminate preventable diseases by providing vaccine to susceptible persons each year through June 30, 2031.

**Primary Persons Who Will Benefit from or Be Significantly Affected by Objective:** The children of Louisiana will be those who will benefit. The State and its communities will also benefit from the prevention, diminished occurrence and transmission of diseases through immunizations.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Immunization

**OBJECTIVE V:** Public Health Services, through its Immunization Program activity, will control or eliminate preventable diseases by providing vaccine to susceptible persons each year through June 30, 2031.

**INDICATOR NAME:** Percentage of children 19 to 35 months of age up to date for 4-Diphtheria-Tetanus-Pertussis; 3-Polio; 1-Measles-Mumps-Rubella; 3-Haemophilus influenza type b; 3- Hepatitis B; 1-Varicella; and 4-Pneumococcal Conjugate type B vaccines

**LaPAS:** 24165

1. **Type and Level:** Output and Key
2. **Rationale:** Indicator is used to measure the outcome of how well children in the 19 to 35 months age group population are up to date by 24 months of age according to the ACIP schedule.
3. **Use:** Performance indicator serves as a measure of the effectiveness of the immunization program and is critical to the goal of preventing the occurrence and transmission of vaccine preventable diseases and to revise and target interventions and allocate resources.
4. **Clarity:** In this analysis, complete immunization is defined as 4 Diphtheria-Tetanus- Pertussis Vaccine (DTP), 3 Poliovirus Vaccine (IPV), 3 Hepatitis B Vaccine (HBV), 1 Measles, Mumps, and Rubella Vaccine (MMR), and 1 Varicella Vaccine (VAR) by 24 months of age.
5. **Validity, Reliability, and Accuracy:** This indicator is captured at the National level by the Centers for Disease Control and Prevention (CDC) through its National Immunization Survey.
6. **Data Source, Collection and Reporting:** Annual
7. **Calculation Methodology:** The LDH OPH Immunization program does not compute this figure, but provides data as reported by the CDC.
8. **Scope:** Indicator available in state format and generally is compared to previous years' data.
9. **Caveats:** Represents immunization status of children 19 – 35 months of age by 24 months of age; Information is compiled at the national level
10. **Responsible Person:** Immunization Program Director, (504) 568-2600

<b>PERFORMANCE INDICATOR DOCUMENTATION</b>
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**PROGRAM:** Public Health Services

**ACTIVITY:** Immunization

**OBJECTIVE VI:** Public Health Services, through its Immunization Program activity, will control or eliminate preventable diseases by providing vaccine to susceptible persons each year through June 30, 2031.

**INDICATOR NAME:** Percentage of kindergartners up to date with 4-Diphtheria-Tetanus- Pertussis; 3-Polio; 2-Measles-Mumps-Rubella; 3- Hepatitis B; 2-Varicella

**LaPAS:** 24166

1. **Type and Level:** Outcome and Key
2. **Rationale:** Indicator is used to measure the outcome of how well immunized children are at school entry.
3. **Use:** Performance indicator is used to monitor need for OPH to be a direct provider of immunization services and to guide management in the distribution of limited resources.
4. **Clarity:** An appropriately immunized child must meet the minimum requirement of 4 DTP, 3 Polio, 2 MMR and 2 VAR with at least one DTP and one Polio after the 4th birthday.
5. **Accuracy, Maintenance, Support:** This information has not been audited. Immunization Consultants submit statistical reports and documentation.
6. **Data Source, Collection and Reporting:**
  - a) Collection: September through March
  - b) Reporting: April 15<sup>th</sup> of each year due in our office.
7. **Calculation Methodology:** Percentage of children fully immunized at kindergarten entry, in both public and non-public schools divided by total number of children enrolled in kindergarten.
8. **Scope:** Indicator is available in parish and state format. Generally, data is compared to previous years' data.
9. **Caveats:** Information is obtained from Louisiana accredited schools.
10. **Responsible Person:** Immunization Program Director, (504) 568-2600

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Immunization

**OBJECTIVE VI:** Public Health Services, through its Immunization Program activity, will control or eliminate preventable diseases by providing vaccine to susceptible persons each year through June 30, 2031.

**LaPAS:** 24167

**INDICATOR NAME:** Percent of 6th graders, 11-12 years of age, up to date with 1 Meningitis, 1 Tetanus diphtheria a cellular pertussis, 2-Varicella; 3- Hepatitis B; 1-Measles-Mumps-Rubella

1. **Type and Level:** Outcome and Supporting
2. **Rationale:** This indicator demonstrates the outcome of how well adolescents aged 11 – 12 years that are immunized by the 6<sup>th</sup> grade milestone
3. **Use:** Performance indicator is used to monitor areas of need and guide management in the distribution of limited resources.
4. **Clarity:** In this analysis, complete immunization is defined as 1 Tetanus- Diphtheria- Pertussis Booster Dose (Tdap), 1 Meningitis Vaccine (MCV4), 2 Measles, Mumps, and Rubella Vaccine (MMR), 2 Varicella Vaccine (VAR) and 3 Hepatitis B Vaccine (HBV) by 11-12 years of age.
5. **Accuracy, Maintenance, Support:** This indicator is captured by Immunization Consultants who submit statistical reports and documentation to the OPH Immunization Program. It has not been audited.
6. **Data Source, Collection and Reporting:**
  - a. Collection: September through March
  - b. Reporting: April 15<sup>th</sup> of each year due in our office.
7. **Calculation Methodology:** Percentage of adolescents age 11- 12 years or in 6<sup>th</sup> grade fully immunized, in both public and non-public schools divided by total number of 6<sup>th</sup> grade children enrolled in schools.
8. **Scope:** Indicator available in parish and state format.
9. **Caveats:** Information is obtained from Louisiana accredited schools.
10. **Responsible Person:** Immunization Program Director, (504) 568-2600

**PROGRAM:** Public Health Services

**ACTIVITY:** Nutrition Services

**OBJECTIVE VI:** Public health services, through its Nutrition Services activity, will provide nutrition education, breastfeeding support, and supplemental foods to eligible women, infants and children until the age of five while serving as an adjunct to health care during critical times of growth and development and to seniors 60 years and older to improve health status and prevent health problems in all population groups served through Nutrition Services Programs each year through June 30, June 30, 2031.

**Primary Persons Who Will Benefit from or Be Significantly Affected by Objective:** Persons who will benefit most from the objective will be eligible children from zero to five years old eligible pregnant and postpartum women, and eligible seniors 60 years and older..

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Nutrition Services

**OBJECTIVE VI:** Public health services, through its Nutrition Services activity, will provide nutrition education, breastfeeding support, and supplemental foods to eligible women, infants and children until the age of five while serving as an adjunct to health care during critical times of growth and development and to seniors 60 years and older to improve health status and prevent health problems in all population groups served through Nutrition Services Programs each year through June 30, June 30, 2031.

**INDICATOR NAME:** Percentage of postpartum women enrolled in WIC who breastfeed.

**LaPAS PI Code:** 25608

1. **Type and Level:** Output and Supporting
2. **Rationale:** The United States Department of Agriculture (USDA), the sole funding source of the WIC Program in Louisiana, mandates all State WIC Programs to track the number of individuals served by the WIC Program which is defined as WIC participation. This number is a direct reflection of knowing how many people are provided nutrition education and supplemental food benefits by month. In FY 2004, Congress appropriated funds to expand WIC breastfeeding support services through peer counseling for a more effective and comprehensive breastfeeding program.
3. **Use:** This participation performance indicator is utilized to determine federal funding and State budget appropriation for the Louisiana WIC Program. It also is used to monitor individual WIC clinic performance, staffing, equipment and other WIC infrastructure. The higher the number of WIC participants the more citizens are impacted by nutrition education, breastfeeding support, and healthy food benefits, resulting in better pregnancy outcomes and children who are healthy and ready for school. Breastfeeding Peer Counselor Program grant funds are also awarded in accordance with WIC participation.
4. **Clarity:** This is the number of low income participants who have been found to be eligible to receive WIC services, have been certified in a breastfeeding category for a specific month (fully, partially, or some breastfeeding women, fully, partially, or some breastfed infants), and have been prescribed food benefits based on assessed nutrition risk for a specific month. Certification is defined by the USDA as the implementation of criteria and procedures to assess and document each applicant's eligibility for the Program. Participation is defined by USDA as: 1) the number of persons who received supplemental food benefits during the reporting period (valid month); 2) the number of infants who did not receive supplemental food benefits but whose breastfeeding mother received supplemental food benefits during the report period; 3) the number of breastfeeding women who did not receive supplemental foods or food instruments but whose infant received supplemental foods or food instruments during the report period.

- 5. Accuracy, Maintenance, Support:** The number of breastfeeding WIC participants is a tabulation of the number of breastfeeding individuals being served by each WIC clinic and having active benefits each month. This information is collected and aggregated by the automated WIC management information system (LAWIN).
- 6. Data Source, Collection and Reporting:** The source of the data is the WIC electronic management information system, LAWIN, which generates monthly participation reports by category. Data is available as needed with an annual average to date reported. The data is available by state, federal and rolling twelve months
- 7. Calculation Methodology:** The data is calculated by the WIC electronic management information system, LAWIN, and is based on the number of breastfeeding participants (women and infants) who receive supplemental food benefits per valid month.
- 8. Scope:** Specific data is available for each WIC breastfeeding participant category: fully, partially, or some breastfeeding women, fully and partially or some breastfed infants. The data is aggregated and available by WIC clinic site as well as OPH Region and statewide.
- 9. Caveats:** None
- 10. Responsible Person:** A team is responsible for the collection, analysis and quality of data. The team consists of the Director of Nutrition Services, the Nutrition Operations Manager, the Bureau of Nutrition Services Business Analytic Specialists, and the LAWIN Project Developer, Microsoft/Vexcel.

Nutrition Services Director  
628 N. 4<sup>th</sup> Street  
Baton Rouge, LA 70802  
Telephone: 225-342-7988  
Fax: 225-342-8312

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Nutrition Services

**OBJECTIVE VI:** Public health services, through its Nutrition Services activity, will provide nutrition education, breastfeeding support, and supplemental foods to eligible women, infants and children until the age of five while serving as an adjunct to health care during critical times of growth and development and to seniors 60 years and older to improve health status and prevent health problems in all population groups served through Nutrition Services Programs each year through June 30, June 30, 2031.

**INDICATOR NAME:** Number of Monthly WIC Participants

**LaPAS PI Code:** 2384

1. **Type and Level:** Output and Key
2. **Rationale:** The United States Department of Agriculture, (USDA) the sole funding source of the WIC Program mandates all State WIC Programs to track the number of individuals served by the WIC Program which is defined as WIC participation. This number is a direct reflection of knowing how many people are provided nutrition education and benefits by month.
3. **Use:** This performance indicator is utilized to determine federal funding and State budget appropriation for the Louisiana WIC Program. It also is used to monitor individual WIC clinic performance, staffing, equipment and other WIC infrastructure. The higher the number of WIC participants the more citizens are impacted by nutrition education, breastfeeding support, and healthy food benefits resulting in better pregnancy outcomes and children who are healthy and ready for school.
4. **Clarity:** This is the number of low income participants who have been found to be eligible to receive WIC services, have been certified for a specific month, and have been prescribed food benefits based on assessed nutrition risk for a specific month. Certification is defined by the USDA as the implementation of criteria and procedures to assess and document each applicant's eligibility for the Program. Participation is defined by USDA as: 1) the number of persons who received supplemental food benefits during the reporting period (valid month); 2) the number of infants who did not receive supplemental food benefits whose breastfeeding mother received supplemental food benefits during the report period; 3) the number of breastfeeding women who did not receive supplemental food benefits but whose infant received supplemental food benefits during the report period.
5. **Accuracy, Maintenance, Support:** The number of monthly WIC participants is a tabulation of the number of individuals being served by each WIC clinic and having active WIC food benefits each month. This information is collected and aggregated by the automated WIC management information system (LAWIN).



- 6. Data Source, Collection and Reporting:** The source of the data is the WIC electronic management information system, LAWIN, which generates monthly reports by category. Data is available as needed with an annual average to date reported. The data is available by state, federal and rolling twelve months.
- 7. Calculation Methodology:** The data is calculated by the WIC electronic management information system (LAWIN) and is based on the number of individual participants who receive supplemental food benefits per valid month.
- 8. Scope:** Specific data is available for each WIC participant category: pregnant women, fully, partially, and some breastfeeding women, postpartum non-breastfeeding women, fully, partially, and some breastfed infants, fully formula fed infants, and children ages 1 to 5 years of age. The data is aggregated and available by WIC clinic site as well as OPH Region and statewide.
- 9. Caveats:** None
- 10. Responsible Person:** The team consists of the Director of Nutrition Services, the Nutrition Operations Manager, the Bureau of Nutrition Services Business Analytic Specialists, and the LAWIN Project Developer, Microsoft/Vexcel.

Nutrition Services Director  
628 N. 4<sup>th</sup> Street  
Baton Rouge, LA 70802  
Telephone: 225-342-7988  
Fax: 225-342-8312

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Nutrition Services

**OBJECTIVE VI:** Public Health Services, through its Nutrition Services activity, will provide nutrition education, breastfeeding support, and supplemental foods to eligible women, infants and children until the age of five while serving as an adjunct to health care during critical times of growth and development and to eligible seniors 60 years and older to improve health status and prevent health problems in all population groups served through Nutrition Services Programs each year through June 30, 2031.

**Indicator Name:** Number of Monthly Commodity Supplemental Food Program (CSFP) participants served

**LaPAS PI Code:** 24168

- 1. Type and Level:** Output and Supporting
- 2. Rationale:** The United States Department of Agriculture (USDA), the main funding source of CSFP, assigns each year a caseload limit to each state. The CSFP Program must monitor the number of participants served to reach the caseload limit without exceeding it over a caseload cycle from January 1 through December 31 each year. This number is a direct reflection of how many people may receive nutrition education and supplemental foods.
- 3. Use:** This performance indicator is based on Congressional appropriated funds which are then utilized by USDA to establish caseloads for each state. It also is used to monitor the sub recipient/local agency productivity in serving Louisiana seniors 60 years and older in need of food and nutrition assistance. The higher the number of CSFP participants, the more citizens are impacted by nutrition education and healthy food benefits resulting in better nutritional status of seniors. The ultimate result is a savings to health care dollars spent in the state.
- 4. Clarity:** The number of monthly CSFP participants is the number of seniors 60 years and older who are found to be eligible for the program.
- 5. Accuracy, Maintenance, Support:** The number of monthly CSFP participants is a tabulation of the number of individuals or designated alternates who received a food benefit box served by each sub recipient/local agency distribution site. **This information is collected and aggregated by State CSFP staff.**
- 6. Data Source, Collection and Reporting:** The source of the data is documents provided to the State CSFP staff by the sub recipient/local agency. The data is reported on a monthly basis reflecting the participants served from the previous month. The data is provided to USDA each month and is based on the federal fiscal year beginning October 1 and ending September 30. USDA compares monthly reports to the caseload assigned.

7. **Calculation Methodology:** The data is based solely on a numeric count of the number of participants or designated alternates who received a food benefit box for a specific month.
8. **Scope:** Specific data is available for each CSFP participant.
9. **Caveats:** None.
10. **Responsible Person:** The Nutrition Services CSFP Program Manager is responsible for data collection from the sub recipient/local agency. For information please contact:

CSFP Program Manager  
Telephone: 225-342-8254  
Fax: 225-342-8312

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Nutrition Services

**OBJECTIVE VI:** Public Health Services, through its Nutrition Services activity, will provide nutrition education, breastfeeding support, and supplemental foods to eligible women, infants and children until the age of five while serving as an adjunct to health care during critical times of growth and development and to eligible seniors 60 years and older to improve health status and prevent health problems in all population groups served through Nutrition Services Programs each year through June 30, 2031.

**Indicator Name:** Percentage of WIC eligible clients served

**LaPAS PI Code:** 10857

1. **Type and Level:** Output and General
2. **Rationale:** The WIC coverage rate is calculated by comparing the number of potentially eligible individuals to the number of active WIC participants in the state.
3. **Use:** This performance indicator is used to monitor in a broad sense the underserved areas of the State.
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** The percentage of WIC eligible clients served is a tabulation of the number of WIC participants being serving by each WIC clinic and having active WIC food benefits each month divided by the estimated number of individuals that are potentially eligible (based on Census, Medicaid, and/or SNAP data). The data received from the USDA can be outdated because of a two-year lag in reporting. The data used by the State Agency to calculate the coverage rate may not capture all of the potentially eligible individuals in the state.  
.
6. **Data Source, Collection and Reporting:** The source of the data is the WIC electronic management information system, LAWIN, and Census, Medicaid, and/or SNAP data.
7. **Calculation Methodology:** The annual average monthly participation is divided by the total number of potentially eligible individuals.
8. **Scope:** The number of participants in each WIC category is aggregated to provide a statewide average monthly total.

- 9. Caveats:** The data received from the USDA can be outdated because of a two-year lag in reporting. The data used by the State Agency to calculate the coverage rate may not capture all of the potentially eligible individuals in the state.
- 10. Responsible Person:** A team is responsible for the collection, analysis, and quality of data. The team consists of the Director of Nutrition Services, the Nutrition Operations Manager, the Bureau of Nutrition Services Business Analytic Specialists, and the LAWIN Project Developer, Microsoft/Vexcel.

Nutrition Services Director  
628 N. 4th Street  
Baton Rouge, LA 70802  
Telephone: 225-342-7988  
Fax: 225-342-8312

**PROGRAM:** Public Health Services

**ACTIVITY:** Communicable Diseases

**OBJECTIVE VII:** Public Health Services, through its Communicable Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2031.

**Primary Persons Who Will Benefit from or Be Significantly Affected by Objective:** Those who will most benefit are persons at risk for HIV infection (e.g. sexually active persons), their family members, and those who care for them.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Communicable Diseases

**OBJECTIVE VII:** Public Health Services, through its Communicable Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2031.

**INDICATOR NAME:** Percentage of TB infected contacts who complete treatment

**LaPAS PI Code:** 24170

1. **Type and Level:** Outcome and Key
2. **Rationale:** Preventive treatment for tuberculosis reduces the number of cases developing in the future. The increase in prevention will reduce case rates and reduce the number of contacts exposed. This indicator was selected to evaluate direct outcomes which will reduce disease.
3. **Use:** This indicator is used to focus program resources on this priority group. TB Prevention Completion is used for internal decision making and will be used for performance-based budgeting.
4. **Clarity:** The indicator does not specify High Risk Contacts but it is used specifically for contacts.
5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor. The performance indicator will be calculated directly from the contacts medical record. It allows for accurate, valid and reliable information.
6. **Data Source, Collection and Reporting:** The data source is the LATB database and Health Unit medical record. Data collection is daily and reported quarterly. Data is reported on cases started one year before the reporting quarter. Frequency and timing of collection and reporting are consistent.
7. **Calculation Methodology:** The calculation is a standard percentage (total cases completing treatment in 12 months/total cases started on treatment 12 months prior). This rate is a standard calculation used by the Centers for Disease Control and Prevention.
8. **Scope:** The indicator is the sum of the individual regional indicators. It is contacts only.
9. **Caveats:** This indicator has no caveats.
10. **Responsible Person:** Michael J. Lacassagne, State Program Manager, TB Control Program (504) 568-5015.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Communicable Diseases

**OBJECTIVE VII:** Public Health Services, through its Communicable Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2031.

**INDICATOR NAME:** Percentage of culture confirmed cases completing treatment within 12 months

LaPAS PI Code: 25609

1. **Type and Level:** Quality and Supporting
2. **Rationale:** This indicator is primary to measure the performance of the TB Control Program. This indicator measures all aspects of the TB Control Program (Pharmacy, Laboratory, clinical and outreach).
3. **Use:** The indicator is used by each region to measure the efficiency of operations related to other regions and the state. This indicator is used only for internal management purposes.
4. **Clarity:** It does clearly identify the objective
5. **Accuracy, Maintenance, and Support:** This indicator and subsequent performance data have not been audited by the Office of the Legislative Auditor. The evidence is supported by the medical records of cases treated for tuberculosis.
6. **Data Source, Collection and Reporting:** The data source is the LATB database and Health Unit medical record. Data collection is daily and reported quarterly. Data is reported on cases started one year before the reporting quarter. Frequency and timing of collection and reporting are consistent.
7. **Calculation Methodology:** The calculation is a standard percentage (total cases completing treatment in 12 months/total cases started on treatment 12 months prior). This rate is a standard calculation used by the Centers for Disease Control and Prevention.
8. **Scope:** It is a part of a larger whole. It cannot be broken down or combined.
9. **Caveats:** Not Applicable.
10. **Responsible Person:** Michael J. Lacassagne, State Program Manager, TB Control Program (504) 568-5015.



<b>PERFORMANCE INDICATOR DOCUMENTATION</b>
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**PROGRAM:** Public Health Services

**ACTIVITY:** Communicable Diseases

**OBJECTIVE VII:** Public Health Services, through its Communicable Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2031.

**INDICATOR NAME:** Percentage of pulmonary culture confirmed cases converting sputum culture within two months

**LaPAS PI Code:** 25610

1. **Type and Level:** Quality and Supporting
2. **Rationale:** This indicator is primary to measure the performance of the TB Control Program. This indicator measures all aspects of the TB Control Program (Pharmacy, Laboratory, clinical and outreach).
3. **Use:** The indicator is used by each region to measure the efficiency of operations related to other regions and the state. This indicator is used only for internal management purposes.
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** This indicator and subsequent performance data have not been audited by the Office of the Legislative Auditor. The evidence is supported by the medical records of cases treated for tuberculosis.
6. **Data Source, Collection and Reporting:** The data source is the LATB database and Health Unit medical record. Data collection is daily and reported quarterly. Data is reported on cases started one year before the reporting quarter. Frequency and timing of collection and reporting are consistent.
7. **Calculation Methodology:** The calculation is a standard percentage (total pulmonary cases converting sputum in 2 months/total cases started on treatment 12 months prior). This rate is a standard calculation used by the Centers for Disease Control and Prevention.
8. **Scope:** It is a part of a larger whole. It cannot be broken down or combined.
9. **Caveats:** Not Applicable.
10. **Responsible Person:**  
Michael J. Lacassagne, State Program Manager, TB Control Program, (504) 568-5015.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Communicable Diseases

**OBJECTIVE VII:** Public Health Services, through its Communicable Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2031.

**INDICATOR NAME:** Percentage of newly diagnosed HIV clients linked to HIV-related medical care within 3 months of diagnosis

**LaPAS PI Code:** 25039

- 1. Type and Level:** Outcome and Supporting
- 2. Rationale:** One of the goals of the National HIV/AIDS Strategy is “increasing access to care and improving health outcomes for people living with HIV.” The national objective is to “increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 85 percent.” (<https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update.pdf>)
- 3. Use:** The indicator will be used to determine progress towards meeting the National HIV/AIDS Strategy goal of increasing the proportion of newly diagnosed patients linked to clinical care within one month of their HIV diagnosis.
- 4. Clarity:** The indicator name clearly identifies what is being measured.
- 5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. All HIV data reported to the LDH OPH STD/HIV Program are maintained in eHARS, as mandated by the Centers for Disease Control and Prevention. Routine data quality checks and annual performance evaluation programs are run to ensure that Louisiana HIV data meet the national standards for timeliness, completeness, and accuracy. The Louisiana Sanitary Code mandates the reporting of all CD4 and viral load results.
- 6. Data Source, Collection and Reporting:** The data source for this indicator is eHARS, the HIV/AIDS reporting system used in all states to collect HIV surveillance case reports and laboratory data. Data are collected, reported and entered into eHARS on a daily basis. Since data are collected on an ongoing basis and are readily available for analysis, this indicator can be reported for any time period needed (e.g., fiscal year, calendar year, quarter, etc.).
- 7. Calculation Methodology:** Numerator: Number of persons newly diagnosed with HIV in Louisiana who are linked to HIV-related medical care (i.e., have a CD4 and/or VL test result) within 30 days.  
Denominator: Number of persons newly diagnosed with HIV in Louisiana. This indicator is identical to

the linkage to care indicator in the National HIV/AIDS Strategy and is calculated using the same methodology. This measure is also one of the US Department of Health and Human Services (HHS) seven core indicators for monitoring HHS-funded HIV services.

- 8. Scope:** The indicator is a statewide figure but can be broken down to a regional or parish level, as well as by specific subpopulations, as appropriate.
- 9. Caveats:** The date of the first CD4 or viral load result after diagnosis is used as a proxy for the date a person is linked to HIV-related medical care. Because most persons who are newly diagnosed with HIV receive a CD4 and viral load test at their initial care visit and because the Louisiana Sanitary Code mandates the reporting of all CD4 and viral load results, this is the best proxy available.

**10. Responsible Person:**

Debbie Wendell, PhD, MPH  
Data Management/Analysis Unit Manager  
Louisiana Department of Health, Office of Public Health, STD/HIV Program 1450 Poydras St,  
Suite 2136  
New Orleans, LA 70112  
debbie.wendell@la.gov Phone:  
(504) 568-7474  
Fax: (504) 568-7044

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Communicable Diseases

**OBJECTIVE VII:** Public Health Services, through its Communicable Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2031.

**INDICATOR NAME:** Percentage of persons living with HIV whose most recent viral load in the past 12 months was  $< = 200$  copies/mL

**LaPAS PI Code:** 25611

- 1. Type and Level:** Outcome and Supporting
- 2. Rationale:** The ultimate goal of diagnosing and linking HIV-infected persons to medical care and retaining them in care is to ensure they receive appropriate antiretroviral therapy and achieve viral suppression. Individuals who are virally suppressed have significantly better health outcomes and are less likely to transmit HIV to others.
- 3. Use:** The indicator will be used by management to determine whether statewide linkage, retention in care, and treatment adherence strategies are increasing the proportion of persons living with HIV in Louisiana who are virally suppressed.
- 4. Clarity:** Viral suppression is defined as having a viral load result  $< 200$  copies/mL at the most recent test within the past 12 months.
- 5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. All HIV data reported to the LDH OPH STD/HIV Program are maintained in eHARS, as mandated by the Centers for Disease Control and Prevention. Routine data quality checks and annual performance evaluation programs are run to ensure that Louisiana HIV data meet the national standards for timeliness, completeness, and accuracy. The Louisiana Sanitary Code mandates the reporting of all viral load results.
- 6. Data Source, Collection and Reporting:** The data source for this indicator is eHARS, the HIV/AIDS reporting system used in all states to collect HIV surveillance case reports and laboratory data. Data are collected, reported and entered into eHARS on a daily basis. Since data are collected on an ongoing basis and are readily available for analysis, this indicator can be reported for any time period needed (e.g., fiscal year, calendar year, quarter, etc.).
- 7. Calculation Methodology:** Numerator: Number of persons living with HIV in Louisiana whose most recent viral load in the past 12 months is  $< 200$  copies/mL. Denominator: Number of persons living with HIV in Louisiana. This measure is consistent with the HHS indicator for monitoring HHS-funded HIV services but is calculated with a slightly different denominator. Use of the above denominator better reflects a population-level outcome and overall progress toward controlling and reducing HIV,

where the HHS indicator is focused on the quality of HIV-related medical care.

**8. Scope:** The indicator is a statewide figure but can be broken down to a regional or parish level, as well as by specific subpopulations, as appropriate.

**9. Caveats:** None known.

**10. Responsible Person:**

Debbie Wendell, PhD, MPH

Data Management/Analysis Unit Manager

Louisiana Department of Health, Office of Public Health, STD/HIV Program 1450 Poydras St,  
Suite 2136

New Orleans, LA 70112

debbie.wendell@la.gov Phone:

(504) 568-7474

Fax: (504) 568-7044

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Communicable Diseases

**OBJECTIVE VII:** Public Health Services, through its Communicable Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2031.

**INDICATOR NAME:** Percentage of primary and secondary syphilis cases treated within 14 days of specimen collection

**LaPAS PI Code:** 25612

1. **Type and Level:** Outcome and Supporting
2. **Rationale:** Louisiana has had the highest rates of primary and secondary syphilis in the US for the past 6 years. Therefore, it is critical that persons diagnosed with syphilis are identified and treated as soon as possible in order to prevent transmission to others. Prompt treatment of syphilis is a national STD prevention priority.
3. **Use:** The indicator is used by management to evaluate and improve the effectiveness of statewide testing, treatment and partner services programs.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. All STD data are reported to and maintained by the LDH OPH STD/HIV Program. Routine data quality checks and annual performance evaluation programs are run to ensure that Louisiana syphilis data meet the national standards for timeliness, completeness, and accuracy.
6. **Data Source, Collection and Reporting:** The data source for this indicator is PRISM, the reporting system used to collect STD case reports and laboratory data. Data are collected, reported and entered into PRISM on a daily basis. Since data are collected on an ongoing basis and are readily available for analysis, this indicator can be reported for any time period needed (e.g., fiscal year, calendar year, quarter, etc.).
7. **Calculation Methodology:** Numerator: Number of reported primary and secondary syphilis cases in Louisiana that are treated within 14 days from the date of specimen collection. Denominator: Number of reported primary and secondary syphilis cases in Louisiana. This measure is identical to the Centers for Disease Control and Prevention's STD Prevention Program Performance Measures.

**8. Scope:** The indicator is a statewide figure but can be broken down to a regional or parish level, as well as by specific subpopulations, as appropriate.

**9. Caveats:** Some private providers who diagnose primary or secondary syphilis do not provide on-site treatment and instead send their patients to local parish health units for treatment, which may result in treatment delays.

**10. Responsible Person:**

Epidemiologist  
Louisiana Department of Health, Office of Public Health, STD/HIV Program 1450 Poydras St,  
Suite 2136  
New Orleans, LA 70112 Phone: (504)  
568-7474

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Communicable Diseases

**OBJECTIVE VII:** Public Health Services, through its Communicable Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2031.

**INDICATOR NAME:** Number of people living with HIV in Louisiana

**LaPAS PI Code:** 25614

1. **Type and Level:** Input and General
2. **Rationale:** The Louisiana Sanitary Code mandates the reporting of all persons living with HIV in Louisiana. Monitoring and reporting on the number and characteristics of persons living with HIV are core program functions and necessary for planning and public health intervention.
3. **Use:** This indicator is the denominator for the “viral suppression among persons living with HIV” performance indicator. In addition, the indicator is used by management to help determine the number of people in Louisiana who are in need of HIV care and treatment services. This indicator is also used for prevention and services planning and state and federal resource allocation.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. All HIV data reported to the LDH OPH STD/HIV Program are maintained in eHARS, as mandated by the Centers for Disease Control and Prevention. Routine data quality checks and annual performance evaluation programs are run to ensure that Louisiana HIV data meet the national standards for timeliness, completeness, and accuracy.
6. **Data Source, Collection and Reporting:** The data source for this indicator is eHARS, the HIV/AIDS reporting system used in all states to collect HIV surveillance case reports and laboratory data. Data are collected, reported and entered into eHARS on a daily basis. Since data are collected on an ongoing basis and are readily available for analysis, this indicator can be reported for any time period needed (e.g., fiscal year, calendar year, quarter, etc.).
7. **Calculation Methodology:** The indicator is calculated as the number of people reported to be living with HIV in Louisiana as of a given date.



8. **Scope:** The indicator is a statewide figure but can be broken down to a regional or parish level, as well as by specific subpopulations, as appropriate.
9. **Caveats:** The indicator does not include people living with HIV who are undiagnosed or people who have moved to Louisiana from out of state and have not yet entered medical care. The indicator may include people who may be living out of state whose current address has not yet been updated in the Louisiana eHARS database.
10. **Responsible Person:** Jessica Fridge, MSPH Surveillance Unit Manager  
Louisiana Department of Health, Office of Public Health, STD/HIV Program 1450 Poydras St,  
Suite 2136  
New Orleans, LA 70112  
jessica.fridge@la.gov Phone: (504)  
568-7474

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Communicable Diseases

**OBJECTIVE VII:** Public Health Services, through its Communicable Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2031.

**INDICATOR NAME:** Number of new HIV diagnoses in Louisiana

**LaPAS PI Code:** 25615

1. **Type and Level:** Input and General
2. **Rationale:** The Louisiana Sanitary Code mandates the reporting of all new HIV diagnoses in Louisiana. Monitoring and reporting on the number and characteristics of new HIV diagnoses are core program functions and necessary for planning and public health intervention.
3. **Use:** This indicator is the denominator for the “linkage to HIV-related medical care within 3 months of diagnosis” performance indicator. In addition, the indicator is used by management to determine how effectively statewide HIV testing programs are identifying undiagnosed HIV-infected persons. This indicator is also used for prevention and services planning.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. All HIV data reported to the LDH OPH STD/HIV Program are maintained in eHARS, as mandated by the Centers for Disease Control and Prevention. Routine data quality checks and annual performance evaluation programs are run to ensure that Louisiana HIV data meet the national standards for timeliness, completeness, and accuracy.
6. **Data Source, Collection and Reporting:** The data source for this indicator is eHARS, the HIV/AIDS reporting system used in all states to collect HIV surveillance case reports and laboratory data. Data are collected, reported and entered into eHARS on a daily basis. Since data are collected on an ongoing basis and are readily available for analysis, this indicator can be reported for any time period needed (e.g., fiscal year, calendar year, quarter, etc.).
7. **Calculation Methodology:** The indicator is calculated as the number of people newly diagnosed with HIV in a given time period who were living in Louisiana at the time of diagnosis.

8. **Scope:** The indicator is a statewide figure but can be broken down to a regional or parish level, as well as by specific subpopulations, as appropriate.
9. **Caveats:** The indicator does not include people who are tested anonymously; however, the proportion of persons testing anonymously has significantly decreased in recent years. In 2012, only 0.5% of all positive tests were anonymous.
10. **Responsible Person:** Jessica Fridge, MSPH Surveillance Unit Manager  
Louisiana Department of Health, Office of Public Health, STD/HIV Program 1450 Poydras St,  
Suite 2136  
New Orleans, LA 70112  
jessica.fridge@la.gov Phone: (504)  
568-7474  
Fax: (504) 568-7044

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Communicable Diseases

**OBJECTIVE VII:** Public Health Services, through its Communicable Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2031.

**INDICATOR NAME:** Number of HIV tests conducted at publicly-funded sites

**LaPAS PI Code:** 2325

1. **Type and Level:** Output and General
2. **Rationale:** Reducing undiagnosed infection leads to better individual and population health outcomes, extending lives and reducing the likelihood of HIV transmission, and is a core strategy in the national and state effort to control and reduce HIV.
3. **Use:** The indicator is used by management to determine the effectiveness of efforts to expand access and uptake of HIV testing in community and clinical settings, including emergency rooms, parish health units, correctional facilities, community health centers, community-based organizations and outreach and field settings.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. All HIV testing data are maintained by the LDH OPH STD/HIV Program in a local database (HIV Testing Manager). Routine data quality checks and annual performance evaluation programs are run to ensure that Louisiana's HIV testing data meet CDC standards for timeliness, completeness, and accuracy.
6. **Data Source, Collection and Reporting:** The data source for this indicator is the HIV Testing Manager, the data collection system used to store HIV test results. Data are collected, reported and entered on a daily basis. Since data are collected on an ongoing basis and are readily available for analysis, this indicator can be reported for any time period needed (e.g., fiscal year, calendar year, quarter, etc.).
7. **Calculation Methodology:** The indicator is a sum of tests performed at various SHP- supported testing organizations and sites.
8. **Scope:** The indicator is a statewide figure but can be broken down to a regional or parish level, as well as by specific subpopulations, as appropriate.

**9. Caveats:** This measure does not encompass all HIV tests performed in Louisiana, only those supported with public funds.

**10. Responsible Person:**

Samuel Burgess, MA, MSHCM  
Prevention Unit Manager  
Louisiana Department of Health, Office of Public Health, STD/HIV Program 1450 Poydras  
St, Suite 2136  
New Orleans, LA 70112  
samuel.burgess@la.gov Phone:  
(504) 568-7474  
Fax: (504) 568-7044

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Communicable Diseases

**OBJECTIVE VII:** Public Health Services, through its Communicable Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2031.

**INDICATOR NAME:** Number of primary and secondary syphilis cases

**LaPAS PI Code:** 25613

- 1. Type and Level:** Input and General
- 2. Rationale:** The Louisiana Sanitary Code mandates the reporting of all syphilis diagnoses in Louisiana. Louisiana has had the highest rates of primary and secondary syphilis in the US for the past 6 years. Therefore, it is critical that the number of new syphilis cases be monitored, in order to evaluate the effectiveness of syphilis elimination strategies. Monitoring and reporting on the number and characteristics of syphilis diagnoses are core program functions and necessary for planning and public health intervention.
- 3. Use:** This indicator is the denominator for the “treatment of primary and secondary syphilis within 14 days of diagnosis” performance indicator. This indicator is also used for STD prevention and services planning.
- 4. Clarity:** The indicator name clearly identifies what is being measured.
- 5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. All STD data reported to and maintained by the LDH OPH STD/HIV Program. Routine data quality checks and annual performance evaluation programs are run to ensure that Louisiana syphilis data meet the national standards for timeliness, completeness, and accuracy.
- 6. Data Source, Collection and Reporting:** The data source for this indicator is PRISM, the reporting system used to collect syphilis, gonorrhea and Chlamydia case reports and laboratory data. Data are collected, reported and entered into PRISM on a daily basis. Since data are collected on an ongoing basis and are readily available for analysis, this indicator can be reported for any time period needed (e.g., fiscal year, calendar year, quarter, etc.).
- 7. Calculation Methodology:** The indicator is calculated as the number of people diagnosed with primary or secondary syphilis in a given time period who were living in Louisiana at the time of diagnosis.

**8. Scope:** The indicator is a statewide figure but can be broken down to a regional or parish level, as well as by specific subpopulations, as appropriate.

**9. Caveats:** None known.

**10. Responsible Person:**

Epidemiologist, Louisiana Department of Health, Office of Public Health, STD/HIV Program 1450  
Poydras St, Suite 2136  
New Orleans, LA 70112  
Phone: (504) 568-7474

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Infectious Disease Epidemiology

**OBJECTIVE VIII:** Public Health Services, through the Infectious Disease Epidemiology (IDEpi) activity, will conduct surveillance of infectious diseases to decrease the burden of infectious diseases (besides TB, STD and HIV), carry out outbreak investigations and maintain public health preparedness against infectious diseases each year through June 30, 2031.

**INDICATOR NAME:** Completed case investigation within 10 working days of starting investigation

**LaPAS PI Code:** 25616

1. **Type and Level:** Output and Supporting
2. **Rationale:** Assess the level of reporting
3. **Use:** Internal management purposes
4. **Clarity:** Clear
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Infectious Disease Reporting Information System (IDRIS)
7. **Calculation Methodology:** Query IDRIS
8. **Scope:** The indicator is statewide but can be broken down by region, parish and demographic variables
9. **Caveats:** None
10. **Responsible Party:**

Theresa Sokol, MPH  
1450 Poydras Avenue, #2159 New  
Orleans, LA 70112 Telephone: (504)  
568-8313 [Theresa.Sokol@la.gov](mailto:Theresa.Sokol@la.gov)



## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Infectious Disease Epidemiology

**OBJECTIVE VII:** Public Health Services, through the Infectious Disease Epidemiology (IDEpi) activity, will conduct surveillance of infectious diseases to decrease the burden of infectious diseases (besides TB, STD and HIV), carry out outbreak investigations and maintain public health preparedness against infectious diseases each year through June 30, 2031.

**INDICATOR NAME:** Issue recommendations within five working days on selected conditions.

**LaPAS PI Code:** 25617

1. **Type and Level:** Output and Supporting
2. **Rationale:** Assess the level of timeliness of response
3. **Use:** Internal management purposes
4. **Clarity:** Clear
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Infectious Disease Reporting Information System (IDRIS)
7. **Calculation Methodology:** Query IDRIS
8. **Scope:** The indicator is statewide but can be broken down by region, parish and demographic variables
9. **Caveats:** None
10. **Responsible Party:**  
Theresa Sokol  
1450 Poydras Avenue, #2159 New  
Orleans, LA 70112 Telephone: (504)  
568-8313 [Theresa.Sokol@la.gov](mailto:Theresa.Sokol@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Infectious Disease Epidemiology

**OBJECTIVE VII:** Public Health Services, through the Infectious Disease Epidemiology (IDEpi) activity, will conduct surveillance of infectious diseases to decrease the burden of infectious diseases (besides TB, STD and HIV), carry out outbreak investigations and maintain public health preparedness against infectious diseases each year through June 30, 2031.

**INDICATOR NAME:** Percent of outbreaks with determined etiology

**LaPAS PI Code:** 25618

1. **Type and Level:** Output and Supporting
2. **Rationale:** Assess the level of timeliness of response
3. **Use:** Internal management purposes
4. **Clarity:** Clear
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Infectious Disease Reporting Information System (IDRIS)
7. **Calculation Methodology:** number of outbreaks with identified pathogen causing outbreak illness  
number of outbreak illnesses
8. **Scope:** The indicator is statewide but can be broken down by region, parish and demographic variables
9. **Caveats:** None

**10. Responsible Party:**

Theresa Sokol, MPH  
1450 Poydras Avenue, #2159 New  
Orleans, LA 70112 Telephone: (504)  
568-8313 Theresa.Sokol@la.gov

**PROGRAM:** Public Health Services

**ACTIVITY:** Laboratory

**OBJECTIVE VIII:** Public Health Services, through its Laboratory Services activity, will assure timely testing and reporting of laboratory results of specimens to monitor for pathogens, pollutants and/or contaminants in water, food, drugs, and environmental materials and provide emergency response testing for environmental, biological and chemical threats each year. In addition, newborns will be screened for metabolic defects soon after birth. The laboratory will also conduct testing in support of surveillance activities including whole genome sequencing and wastewater testing.

**Primary Persons Who Will Benefit from or Be Significantly Affected by Objective:**

The Louisiana Office of Public Health Laboratory consists of a central laboratory in Baton Rouge and regional laboratories in Amite, Alexandria, Lake Charles, and Shreveport. The state's public health laboratory accredits chemistry laboratories (National Environmental Laboratory Accrediting Authority), shellfish water and meat laboratories, milk and dairy laboratories (FDA Authority) and can approve microbiology laboratories testing drinking water. OPH has the oldest and most comprehensive lab certification program in the state. The Public Health Laboratory will also support Infectious Disease Epidemiology and other OPH Sections in testing clinical specimens for the detection of emerging infectious diseases, outbreaks and STD.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Office of Public Health Laboratory

**ACTIVITY:** Track number of individual tests performed and reported by OPH Laboratory

**OBJECTIVE:** To monitor the total test volume in relation to number of total samples received and laboratory staffing by June 30, 2031.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:** OPH Laboratory customers/submitters include but are not limited to Public Health Units, other OPH Programs (e.g. Engineering, Sanitarian Services, ID Epidemiology, Genetics, STD/HIV, Reproductive Health, etc.), sentinel laboratories, school-based health facilities, and birthing facilities.

**INDICATOR NAME:** Number of tests performed and reported

**LaPAS PI Code:** New

**1. Type and Level:** Output; General Performance Information.

**2. Rationale:** By reporting and tracking the number of tests performed and reported, the OPH Laboratory will be able to better monitor and track increases in number of tests performed and reported to customers/submitters to ensure appropriate balance of staffing with fluctuations in test volume. Because multiple tests can be performed and reported on a single sample, this indicator will reflect increases in laboratory testing that may not be seen in regards to sample volume, and may cause delays in time required for testing and reporting results to submitters throughout the state.

**3. Use:** This indicator will be used by management to balance staffing with fluctuations in test volume, particularly increases in routine testing, to ensure sufficient laboratory staffing available and in place to receive, test, and report results for all tests requested by submitters in a timely manner. This indicator will be used for internal management purposes and justification of workload adjustments in operating budget requests.

**4. Clarity:** Number of tests performed and reported will include all primary analytics tested, but will not include calculated analytics, ratios, or reference laboratory results that are reported.

**5. Accuracy, Maintenance, and Support:** Reports may be requested in Laboratory Information Management Systems (LIMS) and other databases, as to the number of tests performed and reported. Reports are verified prior to use to ensure accuracy of data and any calculations. Data will be tracked by Department Managers and reported to the OPH Laboratories Quality Assurance Program (QA) for compiling. Managers will retain reports (hard copy or electronic) supporting the reported data.

**6. Data Source, Collection and Reporting:** Data will come from the LIMS or internal database(s) used to track and report test results. The data will be gathered on a quarterly basis. For quarterly data collection, the data is due by the last day of the month following the close of the quarter. This quarterly data will be compiled and reported as an annual GPI by fiscal year.

**7. Calculation Methodology:** This indicator will only be used by the OPH Laboratory and will be calculated as the sum of all tests performed and reported by the OPH Laboratory.

**8. Scope:** This indicator is aggregated as an indicator reflecting tests performed and reported by the OPH laboratories statewide. It will not be broken down into region or Parish; however, it can be broken down by location and/or laboratory department.

**9. Caveats:** This indicator will only track samples submitted to the laboratory for testing. It will not reflect any tests that are not performed and reported by the OPH Laboratory (e.g. rejected for not meeting acceptance criteria, referred to another laboratory for testing and reporting, etc.) or specimens that do not arrive at the laboratory. The source(s) of the data are unbiased, as this data will be obtained in the LIMS and database(s).

**10. Responsible Person:**

This information will be collected by the OPH Laboratories Department Managers and compiled by the QA Program Manager: Jessica Guillory, Phone: 225-219-5243, Email: [jessica.guillory@la.gov](mailto:jessica.guillory@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Office of Public Health Laboratory

**ACTIVITY:** Track number of test methods offered by OPH Laboratory

**OBJECTIVE:** To monitor the total test volume in relation to number of total samples received and laboratory staffing by June 30, 2031.

**PRIMARY PERSONS WHO WILL BENEFIT FROM OR BE SIGNIFICANTLY AFFECTED BY THIS OBJECTIVE:**

OPH Laboratory customers/submitters include but are not limited to Public Health Units, other OPH Programs (e.g. Engineering, Sanitarian Services, ID Epidemiology, Genetics, STD/HIV, Reproductive Health, etc.), and sentinel laboratories.

**INDICATOR NAME:** Number of test methods offered by OPH Laboratory

**LaPAS PI Code:** New

**1. Type and Level:** Input; General Performance Information

**2. Rationale:** By reporting and tracking the number of test methods offered, the OPH Laboratory will be able to better monitor, track, plan for, and allocate staff resources to correspond with increases in number of tests. This will ensure the laboratory is able to continue provide timely and accurate testing and reporting of results as it continues to add tests to its menu.

**3. Use:** This indicator will be used by management to plan for and allocate staff resources to ensure sufficient laboratory staffing is available and in place to receive, test, and report results for all tests requested by submitters in a timely manner. This indicator will be used for internal management purposes and justification of workload adjustments in operating budget requests.

**4. Clarity:** Number of tests offered will include all tests that can be requested from the OPH Laboratory by any submitter. These include clinical, environmental, and surveillance test methods, as well as any reflex test methods. This indicator will not include reference laboratory test methods.

**5. Accuracy, Maintenance, and Support:** This data has not been audited by the Office of the Legislative Auditor. Test menus must be maintained by the OPH Laboratory for certification and accreditation requirements, which are reviewed by the appropriate certification/accreditation bodies on a biennial or triennial basis. All reports associated with this indicator will be maintained in a shared file by OPH Laboratory management.

**6. Data Source, Collection and Reporting:** An internal log will be used as the data source for this indicator. The data will be gathered on a quarterly basis. For quarterly data collection, the data is due by the last day of the month following the close of the quarter. This quarterly data will be compiled and reported as an annual GPI by fiscal year.

**7. Calculation Methodology:** This indicator will only be used by the OPH Laboratory and will be calculated as the sum of all test methods offered by the OPH Laboratory.

**8. Scope:** This indicator is aggregated as an indicator reflecting the number of test methods offered by the OPH laboratories statewide. It will not be broken down into region or Parish; however, it can be broken down by location and/or laboratory department.

**9. Caveats:** This indicator will only test methods offered by the OPH Laboratory. It will not reflect the number of reportable results per test method. For example, a single test method such as the BioFire Respiratory Panel (RP) 2.1 is a single test method that includes 21 reportable results on a single sample. The source(s) of the data are unbiased.

**10. Responsible Person:** This information will be collected by the OPH Laboratories Department Managers and compiled by the QA Program Manager.

Jessica Guillory, Phone: 225-219-5243, Email: [jessica.guillory@la.gov](mailto:jessica.guillory@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Laboratory

**OBJECTIVE VIII:** Public Health Services, through its Laboratory Services activity, will assure timely testing and reporting of laboratory results of specimens to monitor for pollutants, contaminants in water, food, drugs, and environmental materials each year through June 30, 2026.

**INDICATOR NAME:** Number of Lab Specimens Tested

**LaPAS PI Code:** 17387

1. **Type and Level:** Output and Key
2. **Rationale:** To identify and collect biological and chemical agents
3. **Use:** This indicator is used to measure all preliminary testing.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** All specimens are collected and tested (delete) by Law Enforcement Officials (LSP and Local Law Enforcement) or OPH Programs and State Agencies and delivered to the State Public Health Lab for testing.
6. **Data Source, Collection and Reporting:** Actual number of specimens collected and tested by Law Enforcement Officials (LSP and Local Law Enforcement) or OPH Programs and State Agencies and delivered to the State Public Health Lab for testing. This includes all preliminary testing. (Rapid Test Methods) completed within 72 hours of receipt.
7. **Calculation Methodology:** Verification of the turnaround time for all test results (preliminary and confirmatory) is part of the laboratory quality control and quality assurance procedures mandated by Federal regulations (CLIA). Laboratory data is reviewed to determine total turn around for specimens during the analytical phase of testing (in laboratory performance of assay).
8. **Scope:** Confirmatory testing will take longer depending upon organisms/toxins for which testing is requested. Testing is done statewide.
9. **Caveats:** Completion within established or regulatory or OPH Program
10. **Responsible Person:**

Jessica Guillory, CLS

Quality Assurance Program Manager, LDH/OPH – Public Health Laboratory

1209 Leesville Ave., Baton Rouge, LA 70802, Office: 225-219-5243, Fax: 225-219-4903

[Jessica.Guillory@la.gov](mailto:Jessica.Guillory@la.gov)



## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Office of Public Health Laboratory

**ACTIVITY:**

**OBJECTIVE VIII:** Public Health Services, through its Laboratory Services activity, will assure timely testing and reporting of laboratory results of specimens to monitor for pollutants, contaminants in water, food, drugs, and environmental materials each year through June 30, 2026.

**INDICATOR NAME:** At least 95% of specimens submitted to the OPH Laboratory meet acceptance criteria for testing.

**LAPAS PI Code:** New

**1) Type and Level:** Quality and Input; Supporting

**2) Rationale:**

What is the rationale for the indicator? This indicator was selected to evaluate submitter compliance for collecting and packaging samples sent to OPH Laboratories for testing. It will also allow the laboratory to evaluate courier transport quality. This indicator will tell the OPH Laboratories performance story in summarizing the overall quality of samples by describing the percentage of samples submitted to the laboratory were good quality samples and therefore progressed to the analytical (testing) phase. In the laboratory community, it has been a long-time philosophy that the quality of results are only as good as the quality of the sample.

**3) Use:** This indicator will be used for internal management purposes within the OPH Laboratories and its submitters, including but not limited to, OPH public health units, clinics, sentinel laboratories, Safe Drinking Water program, and municipal water systems. If this performance indicator would drift outside of the expected performance level criteria, the laboratory would need to perform a root cause analysis and implement corrective actions to correct the problems and prevent reoccurrence in the future. Depending on the root cause, corrective actions may lead to management decisions to change processes.

**4) Clarity:**

Acceptance criteria – sample requirements and characteristics that are established to maintain the integrity and recoverability of the analyte in a sample. These requirements and characteristics may include but are not limited collection techniques, sample volume, and storage and transport temperature.

**5) Accuracy, Maintenance, Support:**

This indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor. Reports may be requested in Laboratory Information Management Systems (LIMS) and databases, as to number of samples submitted and number of samples with rejection codes. How will the reported data be maintained to ensure that it is verifiable in the future? Rejection rates will be tracked by Department Managers and reported to the OPH Laboratories Quality Assurance Program (QA) for compiling. Managers will retain reports (hard copy or electronically) supporting the reported data.

**6) Data Source, Collection and Reporting:**

Data will come from the LIMS or internal database(s) used to track and report sample results.

Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? The data will be gathered on a monthly or quarterly basis depending upon the sample type (Clinical or Environmental). For monthly reporting, the data is due on the 10<sup>th</sup> of the following month. For quarterly reporting, the data is due by the last day of the month following the close of the quarter.

**7) Calculation Methodology:** This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. This indicator is only used by the OPH Laboratories and is calculated as follows:

$$\begin{aligned} &(\# \text{ of samples rejected} / \text{total} \# \text{ of samples submitted}) \times 100 = \text{percentage of samples rejected} \\ &100 - \text{percentage of samples rejected} = \text{percentage of samples meeting acceptance criteria.} \end{aligned}$$

**8) Scope:** This indicator is aggregated as an indicator reflecting samples submitted to the laboratories statewide. It will not be broken down into region or parish; however it can be broken down by laboratory department and/or section.

**9) Caveats:** This indicator will only track samples submitted to the laboratory for testing. It will not reflect any samples that do not arrive at the laboratory. The source(s) of the data are unbiased, as acceptance criteria is established by the test method and only tracked in the LIMS and database(s).

**10) Responsible Person:** This information will be collected by the OPH Laboratories Department Managers and compiled by the QA Program Manager.

Jessica Guillory

Phone: 225-219-5243

Email: [jessica.guillory@la.gov](mailto:jessica.guillory@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Laboratory

**OBJECTIVE VIII:** Public Health Services, through its Laboratory Services activity, will assure timely testing and reporting of laboratory results of specimens to monitor for pollutants, contaminants in water, food, drugs, and environmental materials each year through June 30, 2026.

**INDICATOR NAME:** Process at least 95% of all specimens accepted by the OPH laboratory for testing within their respective holding times

**LaPAS Code** 25038

1. **Type and Level:** General
2. **Rationale:** Failure to test a specimen within time limits requires that the specimen be recollected (which increases costs) or cause a specimen to be unacceptable for testing in situations where a specimen cannot be recollected (the opportunity to collect information is lost; sometimes a patient is jeopardized).
3. **Use:** Determining the root cause or the failure allows eliminations of error. If the problem was staffing, IT support, or obsolete equipment there could be budget consequences.
4. **Clarity:** Yes
5. **Accuracy, Maintenance, Support:** This is a direct count of the occurrence of this error; it will be maintained as general laboratory documentation. This has not been audited by the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Date is collected monthly.
7. **Calculation Methodology:** No calculations involved. Only used by OPH.
8. **Scope:** This indicator is aggregate but is collected for each laboratory section and then combined.
9. **Caveats:** There is no caveat. This is a straight forward percentage.
10. **Responsible Person:**  
Jessica Guillory  
Phone: 225-219-5243  
Email: jessica.guillory@la.gov

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Environmental Epidemiology and Toxicology

**OBJECTIVE IX:** Public Health Services, through its Environmental Epidemiology and Toxicology activity (SEET), will identify toxic chemicals in the environment; evaluate the extent of human exposure and the adverse health effects caused by them; make recommendations to prevent and reduce exposure to hazardous chemicals; promote public understanding of the health effects of chemicals in the environment each year through June 30, 2031.

**INDICATOR NAME:** Number of emergency reports screened from the Louisiana State Police and National Response and Poison Center

**LaPAS PI Code:** 24199

1. **Type and Level:** Outcome and Supporting
2. **Rationale:** Included in goals and objectives of the Governor's Vision 20/20 plan
3. **Use:** Demonstrates agency efficiency and effectiveness in reviewing and forwarding Louisiana State Police reports and forwarding to appropriate entity for follow up.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** This activity is conducted on an on-going basis
7. **Calculation Methodology:** Incremental
8. **Scope:** Summation
9. **Caveats:** None
10. **Responsible Person:**

LDH OPH Section of Environmental Epidemiology and Toxicology staff  
(225) 342-8716

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Environmental Epidemiology and Toxicology

**OBJECTIVE IX:** Public Health Services, through its Environmental Epidemiology and Toxicology activity (SEET), will identify toxic chemicals in the environment; evaluate the extent of human exposure and the adverse health effects caused by them; make recommendations to prevent and reduce exposure to hazardous chemicals; promote public understanding of the health effects of chemicals in the environment each year through June 30, 2031.

**INDICATOR NAME:** Number of Indoor Air Quality phone consults

**LaPAS PI Code:** 24196

1. **Type and Level:** Outcome and General
2. **Rationale:** Included in goals and objectives of the Governor's Vision 20/20 plan
3. **Use:** Demonstrates agency efficiency and effectiveness in tracking and answering IAQ questions.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** This activity is conducted on an on-going basis
7. **Calculation Methodology:** Incremental
8. **Scope:** Summation
9. **Caveats:** None
10. **Responsible Person:**  
LDH OPH Section of Environmental Epidemiology and Toxicology staff  
(225) 342-8716

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Chronic Disease Prevention and Healthcare Access

**OBJECTIVE X:** Public Health Services, through its Chronic Disease Prevention and Healthcare Access activity, will improve the health of Louisiana by preventing chronic diseases and their risk factors through: promoting healthy behaviors; utilizing evidence-based interventions and leveraging resources through collaborative private and public partnerships to maximize health outcomes among our residents; and expand and sustain access to primary and preventive health services in rural and underserved communities of Louisiana each year through June 30, 2031.

**INDICATOR NAME:** Number of healthcare providers that have received education through conferences or State Office of Rural Health (SORH) trainings

**LaPAS Code:** 25619

1. **Type and Level:** Output and Supporting
2. **Rationale:** This indicator was chosen due to the State Office of Rural Health (SORH) goal of serving as a conduit of information between the federal government to local, rural, health care providers across the state. It allows the State Office of Rural Health (SORH) to keep providers aware of federal regulation changes, grant opportunities, trainings, etc.
3. **Use:** It will be used internally as an indicator or performance for management and for the federal government in relation to the state office of rural health grant.
4. **Clarity:** Health Matters List Serve is an update email list that is kept of rural providers that would like to be notified of rural health related activities. BCDPHA– Bureau of Chronic Disease Prevention and Healthcare Access.
5. **Accuracy, Maintenance, and Support:** This indicator has not been audited by the Office of the Legislative Auditor. The list serve reports are loaded into TruServ, the Bureau's reporting tool.
6. **Data Source, Collection and Reporting:** Center for Medicare and Medicaid Services, federal government, partner agencies. The information is gathered at least monthly and can be accessed daily through TruServ.
7. **Calculation Methodology:** Simple count of events and participants.
8. **Scope:** Aggregated data.
9. **Caveats:** None.
10. **Responsible Person:** Kandi Smith, Healthcare Access Division Manager, 225.342.1233, fax 225.342.5839, Kandi.Smith@la.gov with the Bureau of Chronic Disease Prevention and Healthcare Access.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Chronic Disease Prevention and Healthcare Access

**OBJECTIVE X:** Public Health Services, through its Chronic Disease Prevention and Healthcare Access activity, will improve the health of Louisiana by preventing chronic diseases and their risk factors through: promoting healthy behaviors; utilizing evidence-based interventions and leveraging resources through collaborative private and public partnerships to maximize health outcomes among our residents; and expand and sustain access to primary and preventive health services in rural and underserved communities of Louisiana each year through June 30, 2031.

**INDICATOR NAME:** Number of National Health Service Corp providers practicing in Louisiana.

**LaPAS PI Code:** 12219

1. **Type and Level:** Outcome and Key
2. **Rationale:** The National Health Service Corp program is a federal health professional educational loan repayment and scholarship program. The number of the primary health service providers serving reflects the outreach provided by the Bureau of Chronic Disease Prevention and Healthcare Access (BCDPHA) to qualifying providers and service sites. Each service site must serve Medicaid, Medicare and uninsured patient populations.
3. **Use:** Internal management and budgeting purposes. The program requires current health professional shortage areas and successful applications by primary health care providers and sites to qualify for the program.
4. **Clarity:** Application awards are funded once a year for a two year service period. The indicator will verify according to when the award was made and service completion date of the awardee.
5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor. Data is extracted from the federal National Health Service Corp field strength service reports.
6. **Data Source, Collection and Reporting:** Data is updated daily by the federal program office and available to participating states through the National Health Service Corp State Primary Care Office Portal.
7. **Calculation Methodology:** Actual outcome number.
8. **Scope:** Aggregated state performance number.
9. **Caveats:** Data reflects once a year new awards and retained awardees. Funding of awards is based on the approved federal program budget.
10. **Responsible Person:** Bureau of Chronic Disease Prevention and Healthcare Access  
Darmyra Perry, Primary Care Manager, (225) 342-7872, Darmyra.Perry@la.gov

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Chronic Disease Prevention and Healthcare Access

**OBJECTIVE X:** Public Health Services, through its Bureau of Chronic Disease Prevention and Healthcare Access activity, will improve the health of Louisiana by preventing chronic diseases and their risk factors through: promoting healthy behaviors; utilizing evidence-based interventions and leveraging resources through collaborative private and public partnerships to maximize health outcomes among our residents; and expand and sustain access to primary and preventive health services in rural and underserved communities of Louisiana each year through June 30, 2031.

**INDICATOR NAME:** Percentage of State Loan Repayment Program funds awarded to new and existing primary health care providers recruited and retained to work in Louisiana health professional shortage areas.

**LaPAS PI Code:** 25620

1. **Type and Level:** Outcome and Supporting
2. **Rationale:** The indicator reflects the awarding of up to 100% of designated state and federal funds. The percentage of the total budgeted funds reflects compliance with the state and federal initiative. Each provider site must serve Medicaid, Medicare and uninsured patient populations.
3. **Use:** Internal management and budgeting purposes. The program requires current health professional shortage areas and funding of program staff.
4. **Clarity:** Funding is dependent of on a one-to-one state to federal funding match. Application awards are funded once per year for a two-three year service period. The indicator will verify according to when the award was made and the service completion date of the awardee.
5. **Accuracy, Maintenance, Support: (updated PI) This information has not been audited by the Office of the Legislative Auditor.** Data is recorded through grant funding and state match. Awards are tracked through state contracts with primary health care providers serving two to three year service commitments.
6. **Data Source, Collection and Reporting:** Data is tracked through use of state contracts with health professionals serving two to three year service commitments.
7. **Calculation Methodology:** Actual outcome number.
8. **Scope:** Aggregated state performance number.
9. **Caveats:** Data reflects once a year new awards and retained awardees. Funds for awards are based on an approved federal and state budget.



**10. Responsible Person:** Bureau of Chronic Disease Prevention and Healthcare Access, Darmyra Perry, Primary Care and Rural Health Program Manager, (225) 342-78721583, Darmyra.Perry@la.gov

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Bureau of Chronic Disease Prevention and Healthcare Access

**OBJECTIVE X:** Public Health Services, through its Bureau of Chronic Disease Prevention and Healthcare Access activity, will improve the health of Louisiana by preventing chronic diseases and their risk factors through: promoting healthy behaviors; utilizing evidence-based interventions and leveraging resources through collaborative private and public partnerships to maximize health outcomes among our residents; and expand and sustain access to primary and preventive health services in rural and underserved communities of Louisiana each year through June 30, 2031.

**INDICATOR NAME:** Percentage of Health Professional Shortage Areas (HPSA) analyzed and submitted to the Health Resources and Services Administration for the National Shortage Designation Update.

**LaPAS PI Code:** 25621

1. **Type and Level:** Outcome and Supporting
2. **Rationale:** The indicator reflects compliance with the Bureau of Chronic Disease Prevention and Healthcare Access (BCDPHA) mandatory three-year renewal of health professional shortage areas. Qualification of over 36 federal programs and grants area are dependent on a current health professional shortage area designation.
3. **Use:** Internal management and budgeting purposes. The program requires annual update of 30-50 health professional shortage areas by program staff.
4. **Clarity:** Measurement of health professional shortage areas by deadline.
5. **Accuracy, Maintenance, Support: (updated PI) This information has not been audited by the Office of the Legislative Auditor.** Data is recorded through tracking of submissions through the Shortage Designation Management System (SDMS).
6. **Data Source, Collection and Reporting:** Data is tracked through the deadlines found at the federal HPSA Find website and the Shortage Designation Management System (SDMS).
7. **Calculation Methodology:** Percentage of 100% of the reviews submitted by deadline.
8. **Scope:** Aggregated state performance number.
9. **Caveats:** Weakness – The availability of practice data by individual provider.
10. **Responsible Person:**  
Bureau of Chronic Disease Prevention and Healthcare Access  
Darmyra Perry, Primary Care and Rural Health Program Manager, (225) 342-78721583,  
Darmyra.Perry@la.gov

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Bureau of Chronic Disease Prevention and Healthcare Access

**OBJECTIVE X:** Public Health Services, through its Bureau of Chronic Disease Prevention and Healthcare Access activity, will improve the health of Louisiana by preventing chronic diseases and their risk factors through: promoting healthy behaviors; utilizing evidence-based interventions and leveraging resources through collaborative private and public partnerships to maximize health outcomes among our residents; and expand and sustain access to primary and preventive health services in rural and underserved communities of Louisiana each year through June 30, 2031.

**INDICATOR NAME:** Number of parishes and/or areas designated as Health Professional Shortage Areas by the Federal government

**LaPAS PI Code:** 12218

1. **Type and Level:** Output; General
2. **Rationale:** Describes Louisiana's shortage of primary care physicians, psychiatrists and dentists by parish which helps the state focus on areas with problems of healthcare access. The Bureau of Chronic Disease Prevention and Healthcare Access is responsible for demonstrating that these shortage areas exist to the federal government.
3. **Use:** Used to evaluate healthcare access/compare to other states/assist in determining primary elements in access (or lack thereof), chart state's access conditions over time.
4. **Clarity:** None needed.
5. **Accuracy, Maintenance, Support:** Data is taken from National Provider Identifier (NPI) via the Centers for Medicare and Medicaid Services (CMS) through the Shortage Designation Management System. This is cross-referenced with data from the Louisiana Board of Medical Examiners. This indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Data is tracked through the deadlines found at the federal HPSA Find website and the Shortage Designation Management System (SDMS)
7. **Calculation Methodology:** Total number of shortage areas decreed by the federal government.
8. **Scope:** This indicator is an aggregated statewide figure. This can be broken down by parish.
9. **Caveats:** Shortage areas describe only a portion of the problem Louisiana citizens face in attempting to access health care. There are also transportation problems and a number of physicians who do not accept Medicaid payments and uninsured patients. Thus this indicator is not fully representative of the problem.
10. **Responsible Person:** Primary Care Manager, (225) 342-7872

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Bureau of Chronic Disease Prevention and Healthcare Access

**OBJECTIVE X:** Public Health Services, through its Bureau of Chronic Disease Prevention and Healthcare Access activity, will improve the health of Louisiana by preventing chronic diseases and their risk factors through: promoting healthy behaviors; utilizing evidence-based interventions and leveraging resources through collaborative private and public partnerships to maximize health outcomes among our residents; and expand and sustain access to primary and preventive health services in rural and underserved communities of Louisiana each year through June 30, 2031.

**INDICATOR NAME:** Number of Critical Access Hospitals (CAHs) reporting HCAHPS data

**LaPAS PI Code:** 25860

1. **Type and Level:** Output and General
2. **Rationale:** The indicator is to measure the effectiveness of our efforts to educate Critical Access Hospitals (CAHs) on implementing quality enhancing protocols and the value of public reporting data from their patient satisfaction surveys (HCAHPS).
3. **Use:** The indicator will help us determine whether current supports to Critical Access Hospitals (CAHs) are successful or if changes need to be made, which could lead to changes in sub-contracts that are funded through federal FLEX grant.
4. **Clarity:** HCAHPS stands for Hospital Consumer Assessment of Healthcare Providers and Systems and is the standard patient satisfaction survey used nationally by critical access hospitals.
5. **Accuracy, Maintenance, Support:** **This information has not been audited by the Office of the Legislative Auditor.** Data for this indicator comes from the online Hospital Compare data system administered by the Centers for Medicare and Medicaid Services (CMS) and reports from the U.S. Health and Resources and Services Administration (HRSA).
6. **Data Source, Collection and Reporting:** **Critical Access Hospitals (CAHs)** CAHs report quarterly data into Hospital Compare on the previous quarter's data. The most current data available through Hospital Compare and corresponding Health and Resources and Services Administration (HRSA) reports is typically 6 months old.
7. **Calculation Methodology:** Data for the indicator is taken from a nationally standardized calculation source.
8. **Scope:** The indicator is an aggregated number than can be broken down to the individual hospitals.
9. **Caveats:** There are no known limitations or biases for the source of the data (Centers for Medicare

and Medicaid Services (CMS), Health and Resources and Services Administration (HRSA)). The information reported to Centers for Medicare and Medicaid Services (CMS) comes from the hospitals through a third party consultant company that administers the surveys, analyzes and reports the results to the hospitals.

- 10. Responsible Person:** The person responsible for reporting on this indicator is Kandi Smith, Division Manager, 225.342.1233, fax 225.342.5839, Kandi.Smith@la.gov with the Bureau of Chronic Disease Prevention and Healthcare Access.

## PERFORMANCE INDICATOR DOCUMENTATION

### **PROGRAM: Personal Health Services**

### **ACTIVITY: Chronic Disease Prevention and Healthcare Access**

**OBJECTIVE: X:** Public Health Services, through its Chronic Disease Prevention and Healthcare Access activity, will improve the health of Louisiana by preventing chronic diseases and their risk factors through: promoting healthy behaviors; utilizing evidence-based interventions and leveraging resources through collaborative private and public partnerships to maximize health outcomes among our residents; and expand and sustain access to primary and preventive health services in rural and underserved communities of Louisiana each year through June 30, 2031.

**INDICATOR NAME:** Percentage of Rural Health Clinics (RHCs) receiving technical assistance (TA) in developing rural health clinics

**LAPAS PI Code:** 26134

**1) Type and Level:** Outcome and General

**2) Rationale:** This indicator was selected as another step to monitor for positive and negative market changes that affect the delivery of primary care services in rural health clinics.

**3) Use:** This indicator will be used by management to monitor, evaluate, assess, and implement needed policy on key primary health care issues facing rural residents in Louisiana. The healthcare marketplace has evolved considerably in the last 10 years. Rural health care delivery has intensified and requires new approaches to address key issues facing its residents. These issues include: 1) access to care (potential closure of small rural hospitals, limited resources, transportation problems, financial straits); 2) decreasing supply of primary care, dental, and mental health; 3) technology (telemedicine); 4) consumer healthcare choice; 5) services for vulnerable rural populations (elderly, homeless, refugees, communicable diseases, elderly, racial disparities, etc.); 5) health promotion; and 6) disease prevention

**4) Clarity:** N/A

**5) Accuracy, Maintenance, and Support:** This information has not been audited by the Office of the Legislative Auditor.

**6) Data Source, Collection and Reporting:** Information will be gathered from the offices database of healthcare facilities in rural areas. A computerized, random selection will be used to identify rural health clinics that will participate in a practice management review each calendar year. Staff will use an automated, standardized survey to access for eight core areas including 1) access to care, 2) primary care, mental, and dental shortages, 3) health promotion, 4) disease prevention, 5) health technology, 6) services for vulnerable rural populations, 7) consumer choice, and 8) other market place changes. Community Site visits will also be conducted, where needed. The data reported will be at least three months old when reported throughout the year. Historical data will be reported and tracked and reported on a calendar year basis.

**7) Calculation Methodology:** The number of Rural Health Clinics (RHCs) requesting technical assistance is captured in TruServe. Information is gathered at least monthly and can be accessed daily.

**8) Scope:** The information will be available on a parish, regional, and statewide basis.

**9) Caveats:** None.

**10) Responsible Person:** Kandi Smith, Division Manager, 225.342.1233, fax 225.342.5839, Kandi.Smith@la.gov with the Bureau of Chronic Disease Prevention and Healthcare Access.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Personal Health Services

**ACTIVITY:** Chronic Disease Prevention and Healthcare Access

**OBJECTIVE: X:** Public Health Services, through its Chronic Disease Prevention and Healthcare Access activity, will improve the health of Louisiana by preventing chronic diseases and their risk factors through: promoting healthy behaviors; utilizing evidence-based interventions and leveraging resources through collaborative private and public partnerships to maximize health outcomes among our residents; and expand and sustain access to primary and preventive health services in rural and underserved communities of Louisiana each year through June 30, 2031.

**INDICATOR NAME:** Percentage of Federally Qualified Health Centers (FQHCs) receiving technical assistance (TA) in developing federally qualified health centers

**LAPAS PI Code:** 26135

**1) Type and Level:** Outcome and General

**2) Rationale:** This indicator was selected as another step to monitor for positive and negative market changes that affect the delivery of primary care services in federally qualified health centers.

**3) Use:** This indicator will be used by management to monitor, evaluate, assess, and implement needed policy on key primary health care issues facing rural residents in Louisiana. The healthcare marketplace has evolved considerably in the last 10 years. Rural health care delivery has intensified and requires new approaches to address key issues facing its residents. These issues include: 1) access to care (potential closure of small rural hospitals, limited resources, transportation problems, financial straits); 2) decreasing supply of primary care, dental, and mental health; 3) technology (telemedicine); 4) consumer healthcare choice; 5) services for vulnerable rural populations (elderly, homeless, refugees, communicable diseases, elderly, racial disparities, etc.); 5) health promotion; and 6) disease prevention

**4) Clarity:** N/A

**5) Accuracy, Maintenance, and Support:** This indicator has not been audited by the Office of Legislative Auditors Office.

**6) Data Source, Collection and Reporting:** Information will be gathered from the offices database of healthcare facilities in rural areas. A computerized, random selection will be used to identify federally qualified health centers that will participate in a practice management review each calendar year. Staff will use an automated, standardized survey to access for eight core areas including 1) access to care, 2) primary care, mental, and dental shortages, 3) health promotion, 4) disease prevention, 5) health technology, 6) services for vulnerable rural populations, 7) consumer choice, and 8) other market place changes. Community Site visits will also be conducted, where needed. The data reported will be at least three months old when reported throughout the year. Historical data will be reported and tracked and reported on a calendar year basis.



**7) Calculation Methodology:** The number of communities requesting technical assistance is captured in TruServe. Information is gathered at least monthly and can be accessed daily.

**8) Scope:** The information will be available on a parish, regional, and statewide basis.

**9) Caveats:** None.

**10) Responsible Person:**

Primary Care Manager, (225) 342-7872

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Chronic Disease Prevention and Healthcare Access

**OBJECTIVE X:** Public Health Services, through its Chronic Disease Prevention and Healthcare Access activity, will improve the health of Louisiana by preventing chronic diseases and their risk factors through: promoting healthy behaviors; utilizing evidence-based interventions and leveraging resources through collaborative private and public partnerships to maximize health outcomes among our residents; and expand and sustain access to primary and preventive health services in rural and underserved communities of Louisiana each year through June 30, 2031.

**INDICATOR NAME:** Number of monthly callers to the Louisiana Tobacco Quitline

LaPAS PI Code: 25624

1. **Type and Level:** Output and Supporting
2. **Rationale:** Evidence shows that telephone quitlines are an effective method of increasing tobacco cessation. Our rates among users of the quitline were twice as high as among those who used self-help methods alone. Quitlines can reach large numbers of smokers and services can be provided in various languages. This indicator provides insight in the amount of people who want to quit using tobacco. This is helpful in determining how best to assist them in their quit attempt via the tobacco quitline.
3. **Use:** This indicator will assist informing management and outside agencies on the level of utilization of the quitline. This will illustrate the picture of the need for the quitline to assist callers in their quit attempts. This indicator can be used to advocate for more funding for the quitline due to its utilization. Tobacco impacts many health indicators so individuals with co-morbidities will call the quitline which will increase the funding needed to assist these callers. This indicator can also be used to display the need for this evidence-based best practice through the use of quit rates.
4. **Clarity:** Overall call volume to the quitline. No, this is the total number of unique callers to the LA tobacco quitline each month.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The monthly reports are generated by our quitline vendor Alere. Data can be verified by the data extracts which are obtained monthly.
6. **Data Source, Collection and Reporting:** Monthly quitline reports from quitline vendor. Monthly, quarterly, and annual.
7. **Calculation Methodology:** Counted total monthly callers to the quitline, this information is provided to us by the quitline vendor.

- 8. Scope:** Aggregated monthly but can be disaggregated if needed.
- 9. Caveats:** Total call volume each month accounts for ALL calling the quitline. Not all of those callers will qualify for services.

**10. Responsible Person: Porsha Vallo**

**Taylor Reine**

Division Manager, Tobacco Control and Chronic Disease Prevention

Well-Ahead Louisiana

Louisiana Department of Health | Office of Public Health

O: 225.342.2645

Taylor.Reine@la.gov

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Chronic Disease Prevention and Healthcare Access

**OBJECTIVE XI:** Public Health Services, through its Chronic Disease Prevention and Healthcare Access activity, will improve the health of Louisiana by preventing chronic diseases and their risk factors through: promoting healthy behaviors; utilizing evidence-based interventions and leveraging resources through collaborative private and public partnerships to maximize health outcomes among our residents; and expand and sustain access to primary and preventive health services in rural and underserved communities of Louisiana each year through June 30, 2031.

**INDICATOR NAME:** Number of worksites implementing worksite wellness programs

**LaPAS PI Code:** 25626

1. **Type and Level:** Output and General
2. **Rationale:** The overall goal of a worksite wellness program is to provide cost efficient and quality wellness activities that empower employees to make informed health- conscious decisions and become knowledgeable healthcare consumers. Indicator is from CDC grant and Chronic Disease Unit's Health Improvement Plan.
3. **Use:** Internally for management purposes; this indicator is also included in the Louisiana Health Improvement Plan and recent chronic disease grant application.
4. **Clarity:** Worksite wellness programs include a wellness committee, environmental (healthy food in cafeteria) and policy (tobacco-free campus) changes, educational seminars, and health screenings.
5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor. Worksites that work collaboratively with LDH on worksite wellness will be counted and annual reports to CDC
6. **Data Source, Collection and Reporting:** The source data for this indication is an internal log or database. Information is gathered annually on a state fiscal year basis.
7. **Calculation Methodology:** How is the indicator calculated? Counted. Number of worksites the unit has provided technical assistance to in order to implement worksite wellness programs.
8. **Scope:** Aggregated
9. **Caveats:** Indicator only counts number of worksites LDH is partnering with.
10. **Responsible Person:** Bureau of Chronic Disease Prevention and Health Access, Kimberly Brent, Division Manager, Research for Emerging Development & Innovation; Phone: (225) 342-0057, Email: Kimberly.Brent@la.gov

**PROGRAM:** Public Health Services

**ACTIVITY:** Sanitarian Services

**OBJECTIVE XIII:** Public Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2031.

**Primary Persons Who Will Benefit from or Be Significantly Affected by Objective:**

All Louisiana residents, tourists, and visitors as well as citizens of other states and other foreign countries into which Louisiana produced food, drug and cosmetic products are distributed will benefit from assurance that such products are not adulterated or misbranded and are safe for consumption. The commercial shellfish industry and consumers of Louisiana seafood products benefit from sanitarian services as well as consumers of Louisiana dairy products across state lines and dairy farmers will benefit. Safe disposal of human waste will assure long-term public health protection for all the residents of the State, since raw and partially treated sewage is a major source of groundwater contamination. Insects may also spread diseases by carrying to food supplies the pathogenic organisms contained in excreta. Sewage discharged to surface streams is also a menace to water supplies, bathing beaches, shellfish growing areas and fish life. Louisiana citizens and tourist will benefit by a reduction of the occurrence of food borne disease and food borne disease outbreaks. Persons who use any institutional facility and places of public accommodation and private premises will also benefit from Sanitarian Services.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Sanitarian Services

**OBJECTIVE XIII:** Public Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2031.

**INDICATOR NAME:** Yearly mortality count attributed to unsafe water, food and sewage

**LaPAS PI Code:** 24201

1. **Type and Level:** Output/Outcome: Key
2. **Rationale:** This indicator was selected to help determine that preventive measures set forth by Sanitarian Services are adequate to protect the public health of Louisiana citizens and visitors. It is a valid measure of performance and measures the total number of yearly deaths related to food and water consumption in Louisiana. It also measures the effectiveness of onsite wastewater and beach safety programs regulated under this activity.
3. **Use:** The indicator will be used to determine if the inspections and sampling by this activity are sufficient in protecting the public from illnesses associated with food, water and sewage. The indicator can be used for performance based budgeting and internal management. Indicator may also be used for comparative analysis and/or historical reference.
4. **Clarity:** No clarification necessary.
5. **Accuracy, Maintenance, Support:** Indicator is subjected to audits by the Louisiana Legislative Auditor. All data and reports relating to mortality counts are managed by OPH/Infectious Epidemiology.
6. **Data Source, Collection and Reporting:** OPH/ Infectious Epidemiology records and maintains the database for mortality counts which is updated by death related event.
7. **Calculation Methodology:** Refer to OPH/ Infectious Epidemiology.
8. **Scope:** Indicator is a statewide figure and can be broken down by region/parish or programs within this activity.
9. **Caveats:** Indicator is somewhat weakened by lack of communication between OPH/ Infectious Epidemiology and this activity. This can result in slower recording and response relative to a death related event.
10. **Responsible Person:** Theresa Sokol, MPH  
1450 Poydras Avenue, #2159 New Orleans, LA 70112 Telephone: (504) 568-8313  
[Theresa.Sokol@la.gov](mailto:Theresa.Sokol@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Sanitarian Services

**OBJECTIVE XIII:** Public Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2031.

**INDICATOR NAME:** Percentage of permitted facilities in compliance quarterly due to inspections

**LaPAS PI Code:** 24202

1. **Type and Level:** Output/Outcome: Key
2. **Rational:** This indicator was selected to help determine that facility inspections and site monitoring regulated by this activity are adequate to protect the public health of Louisiana citizens and visitors. It is a valid measure of performance and measures the percentage of permitted facilities in compliance on a quarterly basis.
3. **Use:** The indicator will be used to determine if inspections and monitoring by this activity are in compliance with program requirements within this activity. The indicator can be used for performance based budgeting and internal management including staffing levels. Indicator may also be used for comparative analysis and/or historical reference.
4. **Clarity:** No clarification necessary.
5. **Accuracy, Maintenance, Support:** Indicator is subjected to audits by the Louisiana Legislative Auditor and/or individual program audits within this activity.
6. **Data Source, Collection and Reporting:** Inspection data is entered daily into the Sanitarian Event Tracking System (SETS) where reports are compiled on a quarterly basis. Additionally, inspection reports conducted with mobile auditors are stored in Automated Inspection Reporting System (AIRS).
7. **Calculation Methodology:** Total number of inspections made divided by the total number required. Individual programs within this activity may use different calculation methods.
8. **Scope:** Indicator is a statewide figure and can be broken down by region/parish or programs within this activity.
9. **Caveats:** Indicator is somewhat weakened by problems associated with an outdated Sanitarian Event Tracking System and the difficulty in finding knowledgeable IT staff for needed repairs. Consistent funding for mobile auditors is essential for continued compliance with this indicator.

**10. Responsible Person:** Tiffany Meche, Chief of Sanitarian Services, (225) 342- 7542



## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Sanitarian Services

**OBJECTIVE XIII:** Public Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2031.

**INDICATOR NAME:** Percentage of required samples in compliance

**LaPAS PI Code:** 24207

1. **Type and Level:** Output, Outcome/Quality: Supporting
2. **Rational:** This indicator is a valid measure of performance and measures the percentage of mandated samples collected by specific programs within this activity. This sampling is required by federal partners of this activity for the interstate shipment of milk and oysters. Also, beaches are mandated to meet quality standards set forth by USEPA.
3. **Use:** This indicator will be used to determine that mandated quality samples are collected at required intervals and meet criteria set forth by federal partners of this activity. Additionally, it helps in determining specific oyster harvesting area closings, re-openings and beach area advisories.
4. **Clarity:** No clarification necessary.
5. **Accuracy, Maintenance, Support:** Indicator is subjected to audits by the Louisiana Legislative Auditor. At this time, no audits have been performed by Louisiana Legislative Auditor. However, these sampling requirements are audited by USFDA, USEPA and individual program audits.
6. **Data Source, Collection and Reporting:** Internal and external databases are maintained by individual programs within this activity. Collection entries are daily and reports are compiled as results are provided by laboratory.
7. **Calculation Methodology:** All calculation methodology is determined by mandated criteria set for the by federal partners of this activity.
8. **Scope:** This indicator is a statewide number and can be broken down by region/parish or individual oyster growing and beach recreational areas.
9. **Caveats:** Criteria set forth by federal partners of this activity may be adjusted to specific geographical areas.
10. **Responsible Person:** Tiffany Meche, Director of Sanitarian Services, (225) 342- 7542

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Sanitarian Services

**OBJECTIVE XIII:** Public Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2031.

**INDICATOR NAME:** Percentage of sewerage systems properly installed

**LaPAS PI Code:** 24204

1. **Type and Level:** Outcome: Supporting.
2. **Rationale:** This indicator is a valid measure of performance and measures the percentage of newly permitted onsite wastewater treatment systems properly installed. The indicator was selected to help determine that inspections and monitoring of new installations by this activity are an effective measure and evaluation of onsite wastewater treatment quality.
3. **Use:** This indicator is used to target problem installations and help resolve issues with improper installations. This indicator will help to evaluate the need for code revisions and continuing education needs for licensed installers. The indicator can be used for performance based budgeting and internal management including staffing levels. Indicator may also be used for comparative analysis and/or historical reference.
4. **Clarity:** No additional clarification necessary.
5. **Accuracy, Maintenance, Support:** Information is code specific and available on the Sanitarian Event Tracking System (SETS). All data entries are entered daily into SETS and reviewed by supervision.
6. **Data Source, Collection and Reporting:** Data is code specific and entered into Sanitarian Event Tracking System (SETS). Reports are compiled monthly or quarterly.
7. **Calculation Methodology:** Calculation method used is  $A$  (total number of systems inspected) minus  $B$  (number of problem installations) divided by  $C$  (Total number of installations)  $\times 100$ . Calculation equals  $A-B/C \times 100$ .
8. **Scope:** Indicator is disaggregated and part of a statewide number that can be broken down by region/parish.
9. **Caveats:** This indicator is weakened because of the lack of inspections by this activity and/or program staff due to budget constraints.
10. **Responsible Person:** Tiffany Meche, Director of Sanitarian Services, (225) 342- 7542

<b>PERFORMANCE INDICATOR DOCUMENTATION</b>
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**PROGRAM:** Public Health Services

**ACTIVITY:** Sanitarian Services

**OBJECTIVE XIII:** Public Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2031.

**INDICATOR NAME:** Number of plans reviewed

**LaPAS PI Code:** 24205

1. **Type and Level:** Output and General
2. **Rational:** This indicator is a valid measure of performance and provides for the number of new plans reviewed by sanitarians on a yearly basis. The number of plans reviewed can indicate trending curves as to expected client expansion or reduction. It also aids in time management decisions of program staff.
3. **Use:** Indicator is used to determine the number of new facilities applying for permits along with supporting management/budgeting decisions relative to time allocation and staffing. It also provides for comparative analysis and/or historical reference.
4. **Clarity:** No clarification necessary.
5. **Accuracy, Maintenance, Support:** Information is code specific and available on the Sanitarian Event Tracking System (SETS). All data entries are entered daily into SETS and are available for review by supervision.
6. **Data Source, Collection and Reporting:** Data is entered into Sanitarian Event Tracking System (SETS) and reports can be compiled.
7. **Calculation Methodology:** Total number of plans reviewed is entered as a unit so no calculation mechanisms are needed.
8. **Scope:** This indicator is a statewide number and can be broken down by region, parish or individual programs within this activity.
9. **Caveats:** Indicator is somewhat weakened by problems associated with an outdated Sanitarian Event Tracking System and the difficulty in finding knowledgeable IT staff for needed repairs.
10. **Responsible Person:** Tiffany Meche, Director of Sanitarian Services, (225) 342- 7542

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Sanitarian Services

**OBJECTIVE XIII:** Public Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2031.

**Indicator Name:** Food related complaints received from the public

**LaPAS Code:** 11215

1. **Type and Level:** Input: General Performance Information
2. **Rationale:** This indicator measures the incidence of food related complaints and indicates if any adjustments are needed in the retail food program.
3. **Use:** Used to monitor violations that may indicate the need for additional enforcement to achieve compliance.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** Data are captured from the Sanitarian Event Tracking System (SETS)
6. **Data Source, Collection and Reporting:** Collection: monthly
  - a) Reporting: quarterly
7. **Calculation Methodology:** Summation
8. **Scope:** None
9. **Caveats:** None
10. **Responsible Party:**

Tiffany Meche, Director of Sanitarian Services (225) 342- 7542 and Theresa Sokol, MPH  
1450 Poydras Avenue, #2159 New  
Orleans, LA 70112 Telephone: (504)  
568-8313 [Theresa.Sokol@la.gov](mailto:Theresa.Sokol@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Sanitarian Services

**OBJECTIVE XIII:** Public Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2031.

**INDICATOR NAME:** Number of food, water, and sewage-borne illnesses reported

**LaPAS PI Code:** 24211

1. **Type and Level:** Output/Outcome: General
2. **Rational:** The indicator is selected to help determine that preventive measures set forth by Sanitarian Services are adequate to protect Louisiana citizens and visitors. It is a valid measure of performance and measures the total number of illnesses in Louisiana directly related to food, water or sewage.
3. **Use:** The indicator will be used to determine if the inspections and sampling by this activity are sufficient in protecting the public from illnesses associated with food, water and sewage. The indicator shall be used for performance based budgeting and internal management. The indicator may also be used for comparative analysis and/or historical reference.
4. **Clarity:** This indicator considers confirmed cases that have been reported
5. **Accuracy, Maintenance, Support:** The indicator is subjected to audits by the Louisiana Legislative Auditor. All data relating to illnesses from food, water or sewage is managed by OPH/Environmental Epidemiology and Toxicology.
6. **Data Source, Collection and Reporting:** OPH/Infectious Epidemiology records and maintains the database for illnesses associated with food, water or sewage, which are updated by event.
7. **Calculation Methodology:** Refer to OPH/ Infectious Epidemiology.
8. **Scope:** Indicator is a statewide figure and can be broken down by region/parish or programs within this activity.
9. **Caveats:** Indicator is somewhat weakened by the lack of communication between OPH/ Infectious Epidemiology and this activity. This can result in slower recording and response relative to an event.
10. **Responsible Person:** Tiffany Meche, Director of Sanitarian Services (225) 342- 7542; and Theresa Sokol, MPH, Telephone: (504) 568-8313, [Theresa.Sokol@la.gov](mailto:Theresa.Sokol@la.gov), 1450 Poydras Avenue, #2159 New Orleans, LA 70112 .

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Sanitarian Services

**OBJECTIVE XIII:** Public Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2031.

**Indicator Name:** Number of inspections of permitted establishments/ facilities

**LaPAS Code:** 2485

1. **Type and Level:** Output and General
2. **Rationale:** Measures number of inspections of all facilities to assure that all establishments are inspected for compliance and used in calculations of other indicators
3. **Use:** Performance indicator is used to determine that all retail food establishments are inspected for compliance.
4. **Clarity:** This indicator considers routine inspections only.
5. **Accuracy, Maintenance, Support:** February 2012, Office of Public Health leadership requested a Legislative Auditors review of its Retail Food program after recognizing that there was an issue with sanitarian inspection services. The Louisiana Legislative Auditor's review of the program revealed overall findings related to permitting, inspection, and enforcement processes that need improvement to ensure the safety of food served in retail food establishments. The Office of Public Health has implemented a new *Scheduler Tool* that prioritizes list of inspections by due date, risk and geographical zoning for sanitarian assignment. In April 2013, sanitarians throughout the state began using the Scheduler Tool. Since its implementation, initial performance outcomes show promising results toward improving the efficiency of sanitarian health inspections. For example, past due retail food inspections have improved by 65 percent (May) up from 38 percent in March. Between March and May, the Office has also seen a 50 percent improvement in the inspection of high-risk establishments that require a health inspection at least four times per year. Data are captured from the Sanitarian Event Tracking System.
6. **Data Source, Collection and Reporting:** Collection: Monthly; Reporting: Quarterly.
7. **Calculation Methodology:** Summation
8. **Scope:** None
9. **Caveats:** None
10. **Responsible Person:** Tiffany Meche, Director of Sanitarian Services, (225) 342-7542

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Sanitarian Services

**OBJECTIVE XIII:** Public Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2031.

**INDICATOR NAME:** Number of samples taken

**LaPAS PI Code:** 24206

1. **Type and Level:** Outcome and General
2. **Rational:** This indicator is a valid measure of performance and measures the number of mandated samples collected by specific programs within this activity. This sampling is required by state/federal partners of this activity for the intra/interstate shipment of milk and oysters. Also, beaches are mandated to meet quality standards set forth by USEPA. Additionally, private water samples are mandated upon public request.
3. **Use:** This indicator will be used to determine that mandated quality sample numbers are collected at required intervals and meet criteria set forth by federal partners of this activity. Additionally, it helps in classifying specific oyster harvesting waters and beach area advisories. Private water samples satisfy the public request for sampling to determine potable water.
4. **Clarity:** No clarification necessary.
5. **Accuracy, Maintenance, Support:** Indicator is subjected to audits by the Louisiana Legislative Auditor. These sampling requirements are audited by USFDA, USEPA and individual program audits.
6. **Data Source, Collection and Reporting:** Internal and external databases are maintained by individual programs. Collection entries are daily and reports are compiled as results are provided by laboratory.
7. **Calculation Methodology:** All calculation methodology is determined by mandated criteria set for the by federal partners of this activity. Private water samples are calculated and maintained by the individual program using a summation of the total number of samples collected.
8. **Scope:** This indicator is a statewide number and can be broken down by region/parish or individual oyster growing and/or beach recreational areas.
9. **Caveats:** Criteria set forth by federal partners of this activity may be adjusted to specific geographical areas.
10. **Responsible Person:** Tiffany Meche , Director of Sanitarian Services, (225) 342-7542

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Sanitarian Services

**OBJECTIVE XIII:** Public Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2031.

**INDICATOR NAME:** Number of sewerage system applications taken

**LaPAS PI Code:** 24210

1. **Type and Level:** Input/Output: Supporting
2. **Rationale:** This indicator is a valid measure of performance and measures the number of sewage system applications taken for the installation of onsite wastewater treatment systems.
3. **Use:** The indicator can be used for performance based budgeting and internal management including staffing levels. Indicator may also be used for comparative analysis and/or historical reference.
4. **Clarity:** Needs no additional clarification.
5. **Accuracy, Maintenance, Support:** Information is available on the Sanitarian Event Tracking System (SETS). All data entries are entered daily into SETS and can be reviewed by supervision.
6. **Data Source, Collection and Reporting:** Data is entered into Sanitarian Event Tracking System (SETS) and reports are compiled monthly or quarterly.
7. **Calculation Methodology:** Indicator uses a standard calculation of the summation of the total number of applications taken.
8. **Scope:** This indicator is an aggregated statewide number and can be broken down by region/parish.
9. **Caveats:** None
10. **Responsible Person:** Tiffany Meche, Director of Sanitarian Services , (225) 342-7542



<b>PERFORMANCE INDICATOR DOCUMENTATION</b>
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**PROGRAM:** Public Health Services

**ACTIVITY:** Sanitarian Services

**OBJECTIVE XIII:** Public Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2031.

**INDICATOR NAME:** Number of new sewage systems installed

**LaPAS PI Code:** 24208

1. **Type and Level:** Output: General
2. **Rationale:** This indicator is a valid measure of performance and measures the number of new individual sewage systems installed. It was selected to monitor the number of new individual sewage systems installed on an annual basis. This indicator represents the finalization of the sewage permitting process.
3. **Use:** This indicator is mandated and represents the number of requests for service to the public. The indicator can be used for performance based budgeting and internal management including staffing levels. Indicator may also be used for comparative analysis and/or historical reference.
4. **Clarity:** No additional clarification necessary.
5. **Accuracy, Maintenance, Support:** Data is code specific and entered into Sanitarian Event Tracking System (SETS). All data entries are entered daily into SETS and reviewed by supervision. Reports are compiled monthly or quarterly.
6. **Data Source, Collection and Reporting:** Data is entered into Sanitarian Event Tracking System (SETS) and reports are compiled monthly or quarterly.
7. **Calculation Methodology:** Indicator uses a standard calculation of the summation of the total number of existing individual sewage systems inspected.
8. **Scope:** This indicator is an aggregated statewide number and can be broken down by region/parish.
9. **Caveats:** None
10. **Responsible Person:** Tiffany Meche, Director of Sanitarian Services, (225) 342-7542

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Sanitarian Services

**OBJECTIVE XIII:** Public Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2031.

**INDICATOR NAME:** Number of existing sewage system inspections

**LaPAS PI Code:** 24209

1. **Type and Level:** Output: General
2. **Rationale:** This indicator is a valid measure of performance and measures the number of existing individual sewage systems inspected. The indicator was selected to help determine that inspections and monitoring of existing systems by this activity are an effective measure and evaluation of onsite wastewater treatment quality
3. **Use:** This indicator is a part of public demand for a service and resources must be allocated for it due to legislative mandate. It will be used for internal management and/or performance-based budgeting purposes.
4. **Clarity:** No additional clarification necessary.
5. **Accuracy, Maintenance, Support:** Information is code specific and available on the Sanitarian Event Tracking System (SETS). All data entries are entered daily into SETS and can be reviewed by supervision.
6. **Data Source, Collection and Reporting:** Data is code specific and entered into Sanitarian Event Tracking System (SETS). Reports can be compiled as needed.
7. **Calculation Methodology:** Indicator uses a standard calculation of the summation of the total number of existing individual sewage systems inspected.
8. **Scope:** This indicator is an aggregated statewide number and can be broken down by region/parish.
9. **Caveats:** This indicator is weakened because of the lack of inspections by this activity and/or program staff due to budget/time constraints.
10. **Responsible Person:** Tiffany Meche Director of Sanitarian Services, (225) 342-7542

**PROGRAM:** Environmental Health Services

**ACTIVITY:** Public Health Engineering

**Objective XIV:** Public Health Services, through its engineering and loan activities, will provide a regulatory framework to assure that the public is not exposed to contaminated drinking water or to raw sewage by contact or inhalation, which can cause mass illness or deaths each year through June 30, 2031.

**Primary Persons Who Will Benefit from or Be Significantly Affected by Objective:** Engineering Services engineers, sanitarians and scientists work to make sure that no citizen or visitor to Louisiana is made ill or dies from poor quality drinking water, or poor sanitation. The Safe Drinking Water Program is a federal program delegated to LDH by U. S. Environmental Protection Agency. Through the self-generated funds for drinking water, support is leveraged to other mandated unfunded programs such as swimming pools, and sewage collection and treatment. Public health engineering also supports Laboratory Services, who analyzes bacteriological samples, for the majority of the state. Each Engineering Services employee performs multiple jobs and tasks for a variety of mandated programs. Required EPA Safe Drinking Water Program elements include: database maintenance and reporting, rule compliance and enforcement, facility inspections, bacteriological, chlorine, and chemical monitoring, cross connection control, water security and emergency response, public notice and communication, complaint response, operator certification, and operator and management training.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Public Health Engineering

**Objective XIV:** Public Health Services, through its engineering and loan activities, will provide a regulatory framework to assure that the public is not exposed to contaminated drinking water or to raw sewage by contact or inhalation, which can cause mass illness or deaths each year through June 30, 2031.

**INDICATOR NAME:** Percent of the population served by community water systems that receive drinking water that meets all applicable health-based drinking water standards

**LaPAS PI Code:** 2497

1. **Type and Level:** Outcome and Key
2. **Rationale:** This is a National Water Program Measure used by EPA to determine the performance of state water programs.
3. **Use:** Indicator is used to measure and evaluate the success and coordination of each component of the Safe Drinking Water Program; sample collection, transport, laboratory analysis, reporting, data manipulation, compliance determination, technical assistance, operator training, reporting to EPA, and follow-up.
4. **Clarity:** Community Public Water System – water system serving at least 15 service connections used by year-round residents or regularly serves 25 year-round residents. This indicator combines two existing performance indicators including 1) Percentage of public water systems meeting bacteriological maximum contaminant level (MCL) compliance (LaPAS Code: 2497) and 2) Percentage of public water systems meeting chemical (MCL) compliance (LaPAS Code 24518).
5. **Accuracy, Maintenance, Support:** No legislative audit has been performed. Samples are analyzed by the State Lab and LDH-certified Labs. Sample data and compliance determinations (violation) are maintained in a statewide database.
6. **Data Source, Collection and Reporting:** State Laboratory and Safe Drinking Water Information System (SDWIS) database, a) Collection: monthly, quarterly, yearly b) Reporting: quarterly
7. **Calculation Methodology:** Population served by community water systems in compliance divided by the total population of community systems on record.
8. **Scope:** Disaggregated – part of a larger whole.
9. **Caveats:** There is reporting delay due to when compliance is determined. Compliance is determined after the 10<sup>th</sup> of month following each month or quarter and is reported by the end of that month, thus there is a 30 day delay when the data can be calculated and reported.

**10. Responsible Person:** Name/Title: Amanda Ames, Chief Engineer, Phone: 225-342-7499  
Fax: 225-342-7303, Email: [Amanda.Ames@la.gov](mailto:Amanda.Ames@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Public Health Engineering

**Objective XIV:** Public Health Services, through its engineering and loan activities, will provide a regulatory framework to assure that the public is not exposed to contaminated drinking water or to raw sewage by contact or inhalation, which can cause mass illness or deaths each year through June 30, 2031.

**INDICATOR NAME:** Percentage of community water systems that have undergone a Class 1 sanitary survey within the past three years as required by state and federal regulations.

**LaPAS PI Code:** 24521

1. **Type and Level:** Efficiency and Key
2. **Rationale:** Percentage of Public Water Systems in compliance with mandated EPA criteria
3. **Use:** Indicator is used to evaluate effectiveness of resource commitment in achieving EPA mandated output levels and relative impact on desired outcomes.
4. **Clarity:** Public Water System – water system serving 15 service connections or 25 persons. This indicator is the same as an existing PI titled “Percentage of required onsite evaluations (sanitary surveys) conducted for public water systems (LaPAS Code: 24521). This name change is necessary to provide plain language to clearly describe what is being tracked and provides the specific standard that is being attempted to attain.
5. **Accuracy, Maintenance, Support:** Annual onsite evaluation (survey) of Public Water Systems
6. **Data Source, Collection and Reporting:** Safe Drinking Water Information System (SDWIS) database, a) Collection: annual b) Reporting: annual
7. **Calculation Methodology:** Number of public water systems evaluated (surveyed)/total number of required evaluations (surveys) on record
8. **Scope:** Disaggregated – part of a larger whole
9. **Caveats:** None
10. **Responsible Person:**

Name/Title: Amanda Ames, Chief Engineer  
Phone: 225-342-7499, Fax: 225-342-7303  
Email: [Amanda.Ames@la.gov](mailto:Amanda.Ames@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Public Health Engineering

**Objective XIV:** Public Health Services, through its engineering and loan activities, will provide a regulatory framework to assure that the public is not exposed to contaminated drinking water or to raw sewage by contact or inhalation, which can cause mass illness or deaths each year through June 30, 2031.

**INDICATOR NAME:** Percentage of water and sewer plans reviewed within 60 days of receipt of submittal

**LaPAS PI Code:** 25629

1. **Type and Level:** Efficiency and Supporting
2. **Rationale:** Percentage of plans reviewed within the mandated 60-day deadline
3. **Use:** Indicator is used to evaluate effectiveness of resource commitment in achieving State mandated output levels and relative impact on desired outcomes.
4. **Clarity:** Engineering Plans and Specifications for Public Water Systems, Community Sewage Systems, Schools, Institutions, State-owned Facilities, and Public Pools. This is an existing indicator that has been edited to clearly identify what is being reviewed. The original wording is "Percentage of plans reviewed within 60 days of receipt of submittal."
5. **Accuracy, Maintenance, Support:** Daily reviews conducted by regional engineers
6. **Data Source, Collection and Reporting:** Plans Review Tracking Database, a) Collection: monthly b) Reporting: quarterly
7. **Calculation Methodology:** Number of plans reviewed within 60-days/total number of plans received on record
8. **Scope:** Disaggregated – part of a larger whole
9. **Caveats:** None
10. **Responsible Person:**

Name/Title: Amanda Ames, Chief Engineer  
Phone: 225-342-7499, Fax: 225-342-7303  
Email: [Amanda.Ames@la.gov](mailto:Amanda.Ames@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Public Health Engineering

**Objective XIV:** Public Health Services, through its engineering and loan activities, will provide a regulatory framework to assure that the public is not exposed to contaminated drinking water or to raw sewage by contact or inhalation, which can cause mass illness or deaths each year through June 30, 2031.

**INDICATOR NAME:** Number of Louisiana public water systems provided financial and technical assistance

**LaPAS PI Code:** 24523

1. **Type and Level:** Output and Supporting
2. **Rationale:** The primary purpose of the DWRLF is to make loans; however, federal law requires that a portion of grant funds be set-aside to provide technical assistance to water systems and to provide assistance with Capacity Development in the form of technical assistance and training. This indicator is an aggregate of the other three indicators.
3. **Use:** This indicator is used to measure the overall performance of the DWRLF program and its subsidiary programs.
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** This data is not audited but is considered valid, reliable and accurate because each DWRLF staff member maintains a spreadsheet listing of the date, name of water system, and type of assistance provided each time a request for assistance is received.
6. **Data Source, Collection and Reporting:** The data for this indicator is taken directly from the other three indicators.
7. **Calculation Methodology:** Count of all loan closings and cases where technical assistance is provided for capacity development or other purposes.
8. **Scope:** This service is available to all public water systems in Louisiana
9. **Caveats:** None, however see caveats for the other three indicators.
10. **Responsible Person:** Name/Title: Amanda Ames, Chief Engineer  
Phone: 225-342-7499, Fax: 225-342-7303, Email: [Amanda.Ames@la.gov](mailto:Amanda.Ames@la.gov)



<b>PERFORMANCE INDICATOR DOCUMENTATION</b>
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**PROGRAM:** Public Health Services

**ACTIVITY:** Public Health Engineering

**Objective XIV:** Public Health Services, through its engineering and loan activities, will provide a regulatory framework to assure that the public is not exposed to contaminated drinking water or to raw sewage by contact or inhalation, which can cause mass illness or deaths each year through June 30, 2031.

**INDICATOR NAME:** Percentage of surface water public water systems monitored annually for chemical compliance.

**LaPAS PI Code:** 24520

1. **Type and Level:** Efficiency and General
2. **Rationale:** Percentage of Public Surface Water Systems in compliance with mandated EPA criteria
3. **Use:** Indicator is used to measure and evaluate the success and coordination of each component of the chemical monitoring program; sample collection, transport, laboratory analysis, reporting, data manipulation, compliance determination, reporting to EPA, and follow-up
4. **Clarity:** MCL – Maximum Contaminant Level: Public Water System – water system serving 15 service connections or 25 persons.
5. **Accuracy, Maintenance, Support:** Annual chemical monitoring of Public Water Systems utilizing surface water as a source
6. **Data Source, Collection and Reporting:** Safe Drinking Water Information System (SDWIS) database, a) Collection: annual b) Reporting: annual
7. **Calculation Methodology:** Number of surface water systems monitored/total number of surface systems on record
8. **Scope:** Disaggregated – part of a larger whole
9. **Caveats:** None
10. **Responsible Person:** Name/Title: Amanda Ames, Chief Engineer, Phone: 225-342-7499, Fax: 225-342-7303, Email: [Amanda.Ames@la.gov](mailto:Amanda.Ames@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Public Health Engineering

**Objective XIV:** Public Health Services, through its engineering and loan activities, will provide a regulatory framework to assure that the public is not exposed to contaminated drinking water or to raw sewage by contact or inhalation, which can cause mass illness or deaths each year through June 30, 2031.

**INDICATOR NAME:** Total number of CEU hours received by certified public water and community sewage operators from LDH approved training courses.

**LaPAS PI Code:** 24522

1. **Type and Level:** Output: General
2. **Rationale:** Number of LDH approved training hours received by water and wastewater operators
3. **Use:** Indicator is used in determination of required program-wide resource commitments to achieve EPA compliance mandates
4. **Clarity:** Number of LDH approved hours of training received by water and wastewater operators and reported to Operator Certification Program and entered in Operator Certification Software (OCS) database by Op Cert staff
5. **Accuracy, Maintenance, Support:** Daily updates to Operator Certification Software (OCS) database by Op Cert staff
6. **Data Source, Collection and Reporting:** Operator Certification Software (OCS) database, a) Collection: daily b) Reporting: quarterly
7. **Calculation Methodology:** Summation of number of classes and training hours received and input into OCS database at time report is due
8. **Scope:** Aggregated – Statewide summation of LDH approved water and wastewater operator training
9. **Caveats:** None
10. **Responsible Person:** Name/Title: Amanda Ames, Chief Engineer, Phone: 225-342-7499, Fax: 225-342-7303, Email: [Amanda.Ames@la.gov](mailto:Amanda.Ames@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Public Health Engineering

**Objective XIV:** Public Health Services, through its engineering and loan activities, will provide a regulatory framework to assure that the public is not exposed to contaminated drinking water or to raw sewage by contact or inhalation, which can cause mass illness or deaths each year through June 30, 2031.

**INDICATOR NAME:** Number of low-interest loans made

**LaPAS PI Code:** 24524

1. **Type and Level:** Output and General
2. **Rationale:** The primary purpose of the DWRLF is to make loans. This indicator measures the number of loans made by the program.
3. **Use:** This indicator is used for many reports including performance based budgeting.
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** This data is valid, reliable and accurate. Information on loan closings made during each year is part of the annual audit of the DWRLF program made by the Legislative Auditor's Office.
6. **Data Source, Collection and Reporting:** The data source is actual loans closed during the year; this data is reported to EPA in the Annual Report for the DWRLF Program. The data is collected as loans are closed throughout the year.
7. **Calculation Methodology:** Count of loans closed during the fiscal year
8. **Scope:** This service is available to all public water systems in Louisiana
9. **Caveats:** In some cases two loans are closed for the same project at the same time because of different sources of repayment. These are counted separately due to the additional effort required to close two loans instead of one.
10. **Responsible Person:**
  - Name/Title: Amanda Ames, Chief Engineer
  - Phone: 225-342-7499
  - Fax: 225-342-7303
  - Email: [Amanda.Ames@la.gov](mailto:Amanda.Ames@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Public Health Engineering

**Objective XIV:** Public Health Services, through its engineering and loan activities, will provide a regulatory framework to assure that the public is not exposed to contaminated drinking water or to raw sewage by contact or inhalation, which can cause mass illness or deaths each year through June 30, 2031.

**INDICATOR NAME:** Number of public water systems provided technical assistance

**LaPAS PI Code:** 24525

1. **Type and Level:** Output; General
2. **Rationale:** Public water systems require technical assistance on a routine basis.
3. **Use:** This indicator is used for many reports including performance based budgeting. Management also uses it to assess employee/contractor performance.
4. **Clarity:** This can be as simple as a question in a phone call as complex as an on-site visit to discuss issues.
5. **Accuracy, Maintenance, Support:** This data is not audited but is considered valid, reliable and accurate because each DWRLF staff member maintains a spreadsheet listing of the date, name of water system, and type of assistance provided each time a request for assistance is provided.
6. **Data Source, Collection and Reporting:** Data is collected by each DWRLF staff member by keeping records of the number of requests for technical assistance received and responses made by personal visits, telephone, regular mail and email. Data is collected continuously and reported quarterly.
7. **Calculation Methodology:** Count of the number of cases of technical assistance provided to water systems during the year
8. **Scope:** This service is available to all public water systems in Louisiana
9. **Caveats:** A single water system may request Technical assistance multiple times during the year. Each request where assistance is provided is counted separately.
10. **Responsible Person:** Name/Title: Amanda Ames, Chief Engineer  
Phone: 225-342-7499, Fax: 225-342-7303  
Email: [Amanda.Ames@la.gov](mailto:Amanda.Ames@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Public Health Services

**ACTIVITY:** Public Health Engineering

**Objective XIV:** Public Health Services, through its engineering and loan activities, will provide a regulatory framework to assure that the public is not exposed to contaminated drinking water or to raw sewage by contact or inhalation, which can cause mass illness or deaths each year through June 30, 2031.

**INDICATOR NAME:** Number of water systems provided capacity development technical assistance

**LaPAS PI Code:** 24526

1. **Type and Level:** Output and General
2. **Rationale:** Capacity Development purpose is to assess public water systems in the area of financial, managerial and technical; then assist with any issues they have in these areas.
3. **Use:** This indicator is used for many reports including performance based budgeting. Management also uses it to assess employee/contractor performance.
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** This data is not audited but is considered valid, reliable and accurate because each DWRLF staff member maintains a spreadsheet listing of the date, name of water system, and type of assistance provided each time a request for assistance is provided.
6. **Data Source, Collection and Reporting:** Data is collected by each DWRLF staff member by keeping records of enquiries related to capacity development received and responses made by personal visits, telephone, regular mail and email. Data is collected continuously and reported quarterly. Additionally, the DWRLF has approved other organizations' management classes delivered to anyone involved in the management of water systems including managers, supervisors, board members, and elected officials. Each system attending one of these classes is counted as a separate provision of capacity development technical assistance.
7. **Calculation Methodology:** Count of the number of cases of technical assistance related to capacity development provided to water systems during the year
8. **Scope:** This service is available to all public water systems in Louisiana
9. **Caveats:** A single water system may request assistance with Capacity Development multiple times during the year. Each request where assistance is provided is counted separately.
10. **Responsible Person:** Drinking Water Revolving Loan Fund Program Manager  
Phone: 225-342-7499



09-327 Office of the Surgeon General

# APPENDIX

## FY 2026-2031

# 5-YEAR STRATEGIC PLAN

**Goal I:** To serve as the State's leading advocate for wellness and disease prevention for all residents and visitors in the State of Louisiana.

**Statutory Authority:** The Office of the Surgeon General is authorized under RS 36:251C. (1), 252(A) and (B), and 257 (A), R.S. 36254.4 and 258 (M), §251.C.(1) and is charged with:

- Crafting health policy, including healthcare workforce development;
- Advocating for wellness and disease prevention; and
- Coordinating with other state agencies and institutions to improve health outcomes in Louisiana.

**Overview:** The **Office of the Surgeon General** is charged with crafting health policy, including healthcare workforce development; advocating for wellness and disease prevention; and coordinating with other state agencies and institutions to improve health outcomes in Louisiana.

### **Program Structure**

The Office of the Surgeon General comprises a single program. Therefore, the mission and goals of the budget unit and the program are identical.

### **Principal Customers/Users of Program and Benefits:**

All residents of Louisiana will benefit from the objectives of this agency, with special emphasis on families, children, and underserved populations.

**Primary Users:** Individuals and families seeking improved health information and access to preventive care.

### **Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in this Program:**

- Legislative changes
- Public health emergencies
- Budgetary constraints
- Workforce shortages
- Public trust and community engagement levels

**Methods Used to Avoid Duplication of Effort:** To prevent redundancy and overlap, OSG actively participates in:

- Commissions and task forces
- Inter-agency collaborations

This ensures coordinated service delivery and policy alignment. OSG is a unique agency within Louisiana's health infrastructure.

**Maintenance of Agency Performance-Based Budgeting Records:** Documents used in the development of strategic and operational plans, as well as the data used for the completion of quarterly performance progress reports through the LaGov Performance Quarterly system, will be maintained and preserved according to the state's preservation of records law (R.S. 44:36) for a period of at least three years from the date on which the record was made.

**Agency Retention Policy: LDH Retention Policy 42.2:** Louisiana Department of Health (LDH) Policy on Disclosure and Retention of Public Records states, "In accordance with the Louisiana Public Records Act ("PRA") (R.S. 44:1 et seq.), it shall be the policy of the Louisiana Department of Health (LDH) that all records are subject to disclosure under the PRA, with the exception of certain records specified in this policy, as provided by the statutory exceptions to the PRA as set forth in R.S. 44:1 or 44:4.1 or in other applicable state or federal law.

All public records shall be preserved for at least the period of time specified for such records in formal records retention schedules developed and approved by the State Archivist and Director of the Division of Archives, Records Management and History, of the Department of State. However, in all instances in which a formal retention schedule has not been executed, a public record shall be preserved and maintained for a period of at least three years from the date on which it was made.

In LDH, records shall be retained for at least the periods of time shown on the office or facility's Records Retention Schedule of this policy. Documents related to services in a time of disaster shall be retained for 3 years after the disaster is closed out. It is our policy that examination of public records shall be conducted during regular office or work hours."

Where no schedule exists, records will be retained for at least three years.

Disaster-related records are retained for three years post-closure of the incident.

### **How the Strategic Planning Process Was Implemented:**

The Office of the Surgeon General (OSG), in partnership with the Office of the Secretary, implemented the strategic planning process through:

- Setting measurable goals
- Hiring and training qualified personnel
- Utilizing internal and external audits



- Conducting program evaluations
- Engaging in benchmarking and contract monitoring
- Gathering stakeholder and customer feedback

All objectives and indicators undergo review by the LDH Division of Planning and Budget, with direct feedback provided to executive leadership.

**Statement of Agency Strategies for Development and Implementation of Human Resource Policies That Are Helpful and Beneficial to Women and Families:** The Office of the Surgeon General (OSG), promotes policies that support women and families through flexible scheduling and family leave aligned with state and federal laws.

The Office of the Surgeon General (OSG), in adherence to departmental policies, has the following policies in place that are helpful and beneficial to women and children:

OSG promotes supportive HR policies including:

- Flexible Scheduling: Supervisor-approved flexible time and attendance options.
- Crisis Leave (Policy 26.2): Voluntary leave donation for employees facing catastrophic illness.
- Equal Employment Opportunity (Policy 34.2): Ensures compliance with all EEO regulations.
- Family Medical Leave (Policy 29.2): Provides up to 12 weeks of job-protected leave per FMLA guidelines.
- Sexual Harassment Prevention (Policy 56.4): Zero tolerance for harassment with accountability mechanisms.

### **Program Evaluations Used to Develop Goals, Objectives and Strategies:**

Evaluations are conducted through:

- LDH Planning and Budget performance reviews
- Data-driven benchmarking and audits
- Stakeholder consultations
- Legislative and executive reviews

These inform continuous improvement in metrics, strategies, and service delivery.

### **Monitoring and Evaluation of Reported Data:**

- Performance indicators are reviewed **quarterly**.
- Variances greater than 5% require explanatory notes.
- Performance reviews are conducted annually to guide adjustments for future planning cycles.

**Primary Persons Who Will Benefit From or Be Significantly Affected by These Objectives:**

All residents of Louisiana will benefit from the objectives of this agency, especially by OSG advocating for wellness and disease prevention and coordinating with other state agencies and institutions to improve health outcomes in Louisiana.

**Objective I:** The Office of the Surgeon General will work to increase public understanding of health issues and available services.

**Objective II:** The Office of the Surgeon General will work to improve the legislative process on healthcare issues.

**Objective III:** The Office of the Surgeon General will work to strengthen Louisiana's healthcare workforce.

**Objective IV:** The Office of the Surgeon General, through its Emergency Preparedness and Response activity, will strengthen emergency preparedness and response.

**PROGRAM:** Office of the Surgeon General

**ACTIVITY:** Office of the Surgeon General

**OBJECTIVE:** #1: The Office of the Surgeon General will work to increase public understanding of health issues and available services.

**INDICATOR NAME:** Number of public health campaigns launched annually

**PI Code:** 3271003

1. **Type and Level:** Output; Key indicator.
2. **Rationale:** This indicator measures the number of public health campaigns initiated each year by the Office of the Surgeon General. It reflects the state's efforts to raise awareness, inform citizens, and promote public health priorities across Louisiana.
3. **Use:** Used by the Louisiana Department of Health (LDH) for internal performance monitoring, policy planning, and strategic alignment. Supports management in evaluating outreach effectiveness and identifying areas for targeted communication efforts. Also supports transparency and accountability to the public and stakeholders.
4. **Clarity:** None needed. The metric clearly tracks the number of distinct public health campaigns launched annually.
5. **Accuracy, Maintenance, Support:** Data is maintained and updated by the LDH Office of Public Health's Bureau of Community Preparedness in coordination with the Office of the Surgeon General. Campaign data is reviewed quarterly to ensure accuracy and completeness.
6. **Data Source, Collection and Reporting:** Campaign activity is tracked through the Louisiana Department of Health's internal reporting systems, including campaign briefs, media plans, digital media dashboards, and press release logs. Data is compiled annually for the department's performance reports and may be shared with the Governor's Office or Legislature upon request.
7. **Calculation Methodology:** The indicator is calculated by counting each unique public health campaign initiated within the fiscal year. A campaign is defined as a coordinated, multi-platform communication effort aimed at informing or educating the public on a specific health issue, risk, or service—regardless of duration or platform (e.g., digital, TV, radio, print, events).
8. **Scope:** Includes all campaigns launched by the Louisiana Office of the Surgeon General or those coordinated in partnership with other LDH bureaus (e.g., Chronic Disease Prevention, Behavioral Health) but led under the Surgeon General's direction.
9. **Caveats:** This indicator does not assess campaign effectiveness or public reach. Some campaigns may span multiple fiscal years but will be counted only in the year of launch. Delays in documentation or cross-bureau collaboration may affect data completeness.
10. **Responsible Person:** Name: Emma Herrock, Press Secretary | Bureau of Media and Communications, Louisiana Department of Health, [Emma.Herrock@la.gov](mailto:Emma.Herrock@la.gov); Phone: 318-366-4698.

**PROGRAM:** Office of the Surgeon General

**ACTIVITY:** Office of the Surgeon General

**OBJECTIVE:** #1: The Office of the Surgeon General will work to increase public understanding of health issues and available services.

**INDICATOR NAME:** Engagement rates on social media platforms (likes, shares, comments)

**PI Code:** NEW

1. **Type and Level:** Output; General.
2. **Rationale:** Engagement metrics such as likes, shares, and comments indicate the level of public interaction and interest in health-related content disseminated by the Office of the Surgeon General. This indicator reflects how well messages are resonating with the intended audience.
3. **Use:** Used to assess the relevance and effectiveness of social media messaging. Informs content strategy, audience targeting, and platform prioritization. Supports broader communication performance reviews and transparency in digital outreach.
4. **Clarity:** None needed. Engagement rate is a widely understood metric in public communication and digital marketing.
5. **Accuracy, Maintenance, Support:** Data is provided by the LDH Office of Communications and Public Affairs (OCPA). It is collected using platform analytics tools (e.g., Facebook Insights, X Analytics, and Instagram Insights) and validated through monthly content performance reports. Data is maintained and reviewed by the digital media coordinator.
6. **Data Source, Collection and Reporting:** Data is pulled directly from native analytics dashboards of the platforms used (e.g., Facebook, Instagram, X, YouTube). Engagement data is compiled monthly and aggregated quarterly and annually for inclusion in LDH communications performance reports.
7. **Calculation Methodology:** Engagement Rate is calculated as:  

$$\text{Engagement Rate (\%)} = (\text{Total Interactions (likes + shares + comments)} / \text{Total Followers or Reach}) \times 100$$
 The denominator may vary depending on platform standards (reach vs. followers), but methodology will remain consistent within each reporting cycle.
8. **Scope:** Applies to all social media channels managed by the Office of the Surgeon General and its communications staff. Includes campaign-specific posts as well as ongoing health education content.
9. **Caveats:** Engagement does not guarantee comprehension or behavior change.  
 Algorithms and platform changes can impact engagement independently of content quality.  
 Differences in platform metrics (e.g., views vs. impressions) may limit cross-platform comparisons.  
 Bot/spam activity can sometimes inflate engagement metrics.
10. **Responsible Person:** Name: Emma Herrock, Press Secretary | Bureau of Media and Communications, Louisiana Department of Health, Emma.Herrock@la.gov; Phone: 318-366-4698.

**PROGRAM:** Office of the Surgeon General

**ACTIVITY:** Office of the Surgeon General

**OBJECTIVE:** #1: The Office of the Surgeon General will work to increase public understanding of health issues and available services.

**INDICATOR NAME:** Pre- and post-campaign surveys measuring changes in health knowledge

**PI Code:** NEW

1. **Type and Level:** Output; General.
2. **Rationale:** This indicator tracks measurable changes in public knowledge resulting from specific health communication campaigns. It is a critical tool for evaluating the impact of public messaging and refining campaign strategies based on evidence of what works.
3. **Use:** Supports management decision-making by providing direct feedback on the effectiveness of messaging and campaign delivery. It can inform content development, targeting strategies, and resource allocation for future campaigns.
4. **Clarity:** None needed. The indicator clearly reflects a before-and-after measurement of public health knowledge using structured survey tools.
5. **Accuracy, Maintenance, Support:** Data is provided and maintained by the LDH Bureau of Community Preparedness in coordination with the Office of the Surgeon General and contracted third-party survey research firms, when applicable. The survey instruments are pre-tested for validity and reliability.
6. **Data Source, Collection and Reporting:** Survey data is collected from representative samples of campaign target populations before and after campaign deployment. Data may be collected via phone, online surveys, or in-person interviews depending on campaign scope and audience. Results are compiled in campaign evaluation reports and submitted annually to the LDH Executive Office.
7. **Calculation Methodology:** The indicator is measured by calculating the percentage change in respondents' correct responses to targeted knowledge questions from pre-campaign to post-campaign.  
Formula: Knowledge Gain (%) = ((Post-Campaign Score - Pre-Campaign Score) / Pre-Campaign Score) × 100
8. **Scope:** Applies to all major public health campaigns initiated by the Office of the Surgeon General that include a survey-based evaluation component.
9. **Caveats:** Survey results depend on sample size, participant honesty, and accessibility to the target population. External factors (e.g., media coverage, unrelated interventions) may influence knowledge levels independent of the campaign. Not all campaigns will have sufficient resources or timelines to include survey components.
10. **Responsible Person: Name:** Dr. Wyche Coleman, Deputy Surgeon General, Office of the Surgeon General, Louisiana Department of Health; [Wyche.Coleman@la.gov](mailto:Wyche.Coleman@la.gov).

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Office of the Surgeon General

**ACTIVITY:** Office of the Surgeon General

**OBJECTIVE:** #2: The Office of the Surgeon General will work to improve the legislative process on healthcare issues.

**INDICATOR NAME:** Engagement with boards on legislative initiatives with process creation for conflict resolution outside legislative sessions

**PI Code:** NEW

1. **Type and Level:** Output; Supporting.
2. **Rationale:** This indicator reflects proactive coordination with healthcare-related boards and stakeholders on legislative matters. Establishing structured conflict resolution mechanisms outside of legislative sessions promotes effective governance, reduces friction during session, and supports long-term policy alignment.
3. **Use:** Used by LDH and the Office of the Surgeon General to evaluate strategic engagement with professional boards and the development of mechanisms that streamline legislative collaboration. Informs interagency planning and can be used in post-session legislative reviews.
4. **Clarity:** None needed. The indicator directly references engagement activities and procedural development linked to legislative interaction and conflict mitigation.
5. **Accuracy, Maintenance, Support:** Data is provided by the Office of Policy and Regulatory Affairs in collaboration with the Office of the Surgeon General. Documentation includes meeting records, conflict resolution framework drafts, and participant feedback logs.
6. **Data Source, Collection and Reporting:** Engagements are tracked through internal scheduling tools, board meeting minutes, and correspondence logs. Conflict resolution processes are documented as memoranda, policy drafts, or interagency agreements. Data is compiled semi-annually and reviewed internally.
7. **Calculation Methodology:** This is a binary and qualitative indicator. It tracks:  
The number of boards actively engaged in legislative initiative discussions (quantitative)  
The establishment or documentation of at least one formal conflict resolution process outside of legislative session (qualitative). Annual reports will note:  
a) # of engaged boards  
b) Existence and scope of conflict resolution process
8. **Scope:** Applies to engagements with healthcare-related professional licensing boards, commissions, or stakeholder groups within the jurisdiction of the Louisiana Department of Health and the Office of the Surgeon General.
9. **Caveats:** The number of engagements may vary based on legislative cycle and external factors.  
Some processes may remain informal or undocumented due to political sensitivities.  
The quality or success of conflict resolution is not measured in this indicator.
10. **Responsible Person: Name:** Dr. Wyche Coleman, Deputy Surgeon General, Office of the Surgeon General, Louisiana Department of Health; Wyche.Coleman@la.gov.

**PROGRAM:** Office of the Surgeon General

**ACTIVITY:** Office of the Surgeon General

**OBJECTIVE:** #2: The Office of the Surgeon General will work to improve the legislative process on healthcare issues.

**INDICATOR NAME:** Frequency and impact of Surgeon General's commentary on healthcare related bills to serve as grounding point for debate in legislative sessions

**PI Code:** NEW

1. **Type and Level:** Output; Supporting.
2. **Rationale:** This indicator ensures that the Surgeon General provides evidence-based, nonpartisan commentary on proposed healthcare legislation. These comments serve as an authoritative grounding point for legislative deliberations and help frame healthcare issues from a public health perspective.
3. **Use:** Supports legislative decision-making by offering expert health insight into proposed bills. Also used by the Office of the Surgeon General to track and improve engagement with the legislative process and to build consistency in LDH's health policy stance across sessions.
4. **Clarity:** None needed. The indicator is clearly tied to documented commentary and public communication from the Surgeon General related to active legislation.
5. **Accuracy, Maintenance, Support:** Data is provided by the Office of the Surgeon General and maintained in collaboration with the LDH Office of Policy and Regulatory Affairs. Records include formal memos, letters, testimony, press statements, or policy briefs issued in relation to specific healthcare bills.
6. **Data Source, Collection and Reporting:** Sources include internal correspondence tracking systems, legislative tracking tools, and public records (e.g., committee meeting minutes, official testimony). Reporting occurs at the close of each legislative session and is included in the annual Surgeon General's policy report.
7. **Calculation Methodology:** The indicator is a count of the number of formal Surgeon General comments issued on healthcare-related bills during a legislative session. Comments may include:
  - Written memos
  - Oral testimony
  - Official statements or briefs
 Each unique bill commented on is counted once per session.
8. **Scope:** Applies to legislation introduced during Louisiana state legislative sessions that addresses healthcare access, quality, delivery, workforce, funding, or public health and Emergency Preparedness infrastructure.
9. **Caveats:** The number of comments may vary based on bill volume and political sensitivity. Not all bills may warrant Surgeon General comment. This indicator measures frequency, not influence or outcome of comments.
10. **Responsible Person: Name:** Dr. Wyche Coleman, Deputy Surgeon General, Office of the Surgeon General, Louisiana Department of Health; Wyche.Coleman@la.gov.

**PROGRAM:** Office of the Surgeon General

**ACTIVITY:** Office of the Surgeon General

**OBJECTIVE:** #2: The Office of the Surgeon General will work to improve the legislative process on healthcare issues.

**INDICATOR NAME:** Number of arbitration efforts between conflicting boards

**PI Code:** NEW

1. **Type and Level:** Output; Supporting.
2. **Rationale:** This indicator reflects the Surgeon General's role as a neutral and authoritative party in resolving inter-board disputes. Arbitration by a central health authority ensures consistency, reduces legislative burden, and promotes collaborative policy development among professional and regulatory boards.
3. **Use:** Used by LDH leadership to evaluate the extent to which the Surgeon General facilitates productive resolutions to regulatory or policy disagreements. Helps support smoother legislative cycles, inter-board cooperation, and policy alignment.
4. **Clarity:** None needed. The indicator directly refers to mediated or arbitrated conflict resolutions initiated or led by the Office of the Surgeon General.
5. **Accuracy, Maintenance, Support:** Data is provided by the Office of the Surgeon General in consultation with the LDH Office of Policy and Regulatory Affairs. Each arbitration process is documented in summary reports, meeting minutes, or formal resolutions, which are reviewed and archived annually.
6. **Data Source, Collection and Reporting:** Sources include arbitration meeting records, board correspondence, summary statements, and signed agreements or outcomes. Data is collected on a rolling basis and compiled into an annual report for internal policy evaluation.
7. **Calculation Methodology:** The indicator is a count of the number of board-level conflicts arbitrated by the Office of the Surgeon General in a given fiscal year. Total Arbitrated Conflicts = Number of unique board conflicts formally addressed and resolved through Surgeon General-led mediation.
8. **Scope:** Applies to conflicts between state-sanctioned health-related professional licensing boards, regulatory boards, or advisory bodies where the Surgeon General has been formally requested or designated to arbitrate.
9. **Caveats:** Not all conflicts may be eligible or appropriate for arbitration. Resolution may not always lead to agreement; this indicator only tracks the arbitration event, not the success or implementation of outcomes. Some arbitrations may be informal and not documented in official records.
10. **Responsible Person:** Dr. Wyche Coleman, Deputy Surgeon General, Office of the Surgeon General, Louisiana Department of Health; Wyche.Coleman@la.gov.



**PROGRAM:** Office of the Surgeon General

**ACTIVITY:** Office of the Surgeon General

**OBJECTIVE:** #2: The Office of the Surgeon General will work to improve the legislative process on healthcare issues.

**INDICATOR NAME:** Identification of potential unintended consequences of proposed healthcare legislation

**PI Code:** NEW

1. **Type and Level:** Output; Supporting.
2. **Rationale:** This indicator captures the Surgeon General's role in reviewing proposed healthcare legislation and identifying unintended public health, regulatory, or economic impacts. Proactively surfacing these consequences supports better-informed policymaking and reduces the risk of adverse outcomes.
3. **Use:** Used to evaluate the Office's contribution to improving the legislative process through critical health analysis. It helps ensure legislation aligns with public health priorities and minimizes unintentional harm to the healthcare system or population health.
4. **Clarity:** None needed. The indicator clearly refers to the identification and documentation of unintentional legislative impacts.
5. **Accuracy, Maintenance, Support:** Data is provided by the Office of the Surgeon General with support from the Office of Policy and Regulatory Affairs. Documentation may include legislative reviews, health impact statements, correspondence with legislators, or policy memos.
6. **Data Source, Collection and Reporting:** Sources include legislative review files, internal memos, written testimony, and policy briefs. Data is collected throughout the legislative session and compiled post-session for reporting in the annual Surgeon General legislative summary.
7. **Calculation Methodology:** The indicator is calculated as the number of unique instances where the Surgeon General identified and documented a potential unintended consequence in relation to a specific bill. Total Legislative Warnings = Number of bills flagged for unintended consequences.
8. **Scope:** Applies to all healthcare-related bills introduced during Louisiana state legislative sessions reviewed by the Office of the Surgeon General.
9. **Caveats:** Not all unintended consequences can be predicted or agreed upon. Legislative interpretation and political context may influence the receptiveness to feedback. This indicator reflects identification, not necessarily action taken by lawmakers.
10. **Responsible Person:** Emma Herrock, Press Secretary | Bureau of Media and Communications, Louisiana Department of Health, Emma.Herrock@la.gov; Phone: 318-366-4698.

**PROGRAM:** Office of the Surgeon General

**ACTIVITY:** Office of the Surgeon General

**OBJECTIVE:** #3: The Office of the Surgeon General will work to strengthen Louisiana's healthcare workforce.

**INDICATOR NAME:** Number of partnerships with medical schools to establish pathways into public health and clinical careers.

**PI Code:** NEW

1. **Type and Level:** Output; Supporting.
2. **Rationale:** This indicator reflects efforts to build a sustainable and skilled public health workforce through formal partnerships with medical education institutions. Creating academic-to-career pipelines ensures future healthcare professionals are exposed to public health roles and encouraged to serve in Louisiana communities.
3. **Use:** Supports workforce development planning and evaluation. Helps identify successful academic collaborations, measure outreach to medical trainees, and guide policy or funding recommendations related to clinical workforce shortages.
4. **Clarity:** None needed. The indicator directly tracks the number of formal institutional collaborations aimed at career pipeline development.
5. **Accuracy, Maintenance, Support:** Data is provided by the Office of the Surgeon General in collaboration with LDH's Bureau of Primary Care and Rural Health and medical school liaison staff. Partnership records are maintained through memoranda of understanding (MOUs), program outlines, and meeting documentation.
6. **Data Source, Collection and Reporting:** Data is collected from signed partnership agreements, institutional commitment letters, and program implementation documents. Reports are compiled annually to track progress and guide strategic engagement with new academic partners.
7. **Calculation Methodology:** The indicator is calculated as the number of distinct formal partnerships established between the Office of the Surgeon General (or LDH) and accredited medical schools during the reporting period. Each partnership must include:  
A signed agreement or formal collaboration document  
A stated intent or structure for public health or clinical career exposure (e.g., rotations, internships, seminars, mentorship)
8. **Scope:** Applies to Louisiana-based and national medical schools with students who may enter Louisiana's workforce, including allopathic, osteopathic, and public health dual-degree programs.
9. **Caveats:** Partnerships may vary in depth or duration. New partnerships may not immediately translate into increased workforce participation. Informal relationships are not included unless formally documented.
10. **Responsible Person:** Responsible Person: Name: Dr. Wyche Coleman, Deputy Surgeon General, Office of the Surgeon General, Louisiana Department of Health; Wyche.Coleman@la.gov.

**PROGRAM:** Office of the Surgeon General

**ACTIVITY:** Office of the Surgeon General/Emergency Preparedness and Response

**OBJECTIVE:** #4: The Office of the Surgeon General, through its Emergency Preparedness and Response activity, will maintain a core state-level management team that interfaces directly with all LDH Regions for disaster planning and response during times of emergencies.

**INDICATOR NAME:** Number of exercises conducted within the Louisiana Hospital Preparedness Program (HPP) Budget Period

**PI Code:** 3271001

- 1. Type and Level:** Output; Supporting.
- 2. Rationale:** This indicator reflects the ability of Louisiana’s healthcare system to prepare for, respond to, and recover from emergencies. Regularly conducted preparedness trainings and exercises ensure coordination between hospitals, regional partners, and emergency response agencies across the state.
- 3. Use:** Used by LDH, the Office of the Surgeon General, and the Louisiana Hospital Association (LHA) to monitor preparedness activities required under the federal HPP grant. Supports strategic decision-making, federal compliance, and improvement of regional emergency coordination.
- 4. Clarity:** None needed. This indicator clearly tracks the number of preparedness exercises conducted within the specified HPP budget period.
- 5. Accuracy, Maintenance, Support:** Data is provided by the Louisiana Hospital Association (LHA), which administers the HPP grant for Louisiana. Exercise data is submitted by the Administrative Designated Regional Coordinators (ADRCs) in collaboration with the Louisiana Health Care Coalitions and verified through after-action reports and exercise documentation.
- 6. Data Source, Collection and Reporting:** Data is collected from exercise planning records, sign-in sheets, after-action reports, and improvement plans. All documentation is submitted to LHA by ADRCs. Reports are compiled quarterly and annually and shared with LDH’s Office of the Surgeon General, the U.S. Department of Health and Human Services (HHS), and other stakeholders as required under the HPP cooperative agreement.
- 7. Calculation Methodology:** The indicator is calculated by counting the number of distinct emergency preparedness exercises conducted during the HPP Budget Period (July 1 – June 30). Qualifying exercises include:  
 Tabletop Exercises (TTX)  
 Functional Exercises (FE)  
 Full-Scale Exercises (FSE)  
 All exercises must meet HSEEP (Homeland Security Exercise and Evaluation Program) standards.
- 8. Scope:** Applies to all exercises conducted under the HPP grant involving healthcare coalitions, hospitals, and regional response partners across all LDH Regions in Louisiana.
- 9. Caveats:** Real-world emergency responses may delay or replace scheduled exercises. Quality or effectiveness of exercises is not measured in this indicator. Participation levels may vary by region.

**10. Responsible Person:** Title: LDH EP - HPP Grant PI and/or Louisiana Hospital Association (LHA) Office:  
Louisiana Hospital Association (in collaboration with LDH Office of the Surgeon General);  
Frances A. Braud, MPA  
Emergency Preparedness Program Manager  
HHS Hospital Preparedness Program Grant  
Louisiana Hospital Association Foundation  
9521 Brookline Avenue | Baton Rouge, LA 70809  
Office: (225) 927-1228 ext. 303 | Fax: (225) 927-1230 | Mobile: (336) 509-4033  
[fbraud@lhaonline.org](mailto:fbraud@lhaonline.org)

**PROGRAM:** Office of the Surgeon General

**ACTIVITY:** Office of the Surgeon General/Emergency Preparedness and Response

**OBJECTIVE:** #4: The Office of the Surgeon General, through its Emergency Preparedness and Response activity, will maintain a core state level management team that interfaces directly with all Louisiana Department of Health (LDH) Regions for disaster planning and response during times of emergencies.

**INDICATOR NAME:** Percentage of regions representing core members from hospitals, Emergency Medical Services (EMS), Public Health and Emergency Management

**PI Code:** 3271002

1. **Type and Level:** Output; Supporting.
2. **Rationale:** This indicator ensures that all LDH regions include critical emergency response partners in planning and preparedness activities. Full participation from the four core sectors strengthens regional readiness and aligns with federal expectations for healthcare coalition development under the HPP program.
3. **Use:** Used by LDH leadership, the Office of the Surgeon General, and the Louisiana Hospital Association (LHA) to evaluate coalition inclusiveness, identify regional gaps, and prioritize technical assistance. Supports strategic preparedness goals and ensures consistent statewide engagement of all emergency response disciplines.
4. **Clarity:** None needed. The metric straightforwardly assesses representation across essential sectors within each region.
5. **Accuracy, Maintenance, Support:** Data is provided by the Louisiana Hospital Association (LHA) in coordination with the Louisiana Health Care Coalitions (LHCCs) and through Administrative Designated Regional Coordinators (ADRCs) and EMS Designated Regional Coordinator (EMS DRCs). Regional coordinators maintain updated coalition rosters and meeting logs to verify sector representation.
6. **Data Source, Collection and Reporting:** Data sources include coalition rosters, sign-in sheets, and participation records from HPP-funded activities. ADRCs compile and submit regional data to LHA, which aggregates and reports to LDH's Office of the Surgeon General, the U.S. Department of Health and Human Services (HHS), and other stakeholders as required under the HPP cooperative agreement.
7. **Calculation Methodology:** The percentage is calculated using the following formula:  

$$\text{Percentage of Regions with Full Core Representation} = (\text{Number of LDH Regions with at least one active representative from each of the four core sectors} / 9 [\text{Number of Active LHA Regions/Coalitions}]) \times 100.$$
  - The four core sectors are:
    - Hospitals
    - Emergency Medical Services (EMS)
    - Public Health
    - Emergency Management
8. **Scope:** Applies to all nine (9) LDH administrative regions supported by the Hospital Preparedness Program (HPP) and coordinated through the Louisiana Health Care Coalitions.

9. **Caveats:** Sector representation may vary due to staff turnover, competing priorities, or event-specific engagement. A single individual may represent multiple sectors in smaller or rural regions. The indicator measures presence, not the quality or depth of participation.
10. **Responsible Person** Responsible Person: Title: LDH EP - HPP Grant PI and/or Louisiana Hospital Association (LHA) Office: Louisiana Hospital Association (in collaboration with LDH Office of the Surgeon General);  
Frances A. Braud, MPA  
Emergency Preparedness Program Manager  
HHS Hospital Preparedness Program Grant  
Louisiana Hospital Association Foundation  
9521 Brookline Avenue | Baton Rouge, LA 70809  
Office: (225) 927-1228 ext. 303 | Fax: (225) 927-1230 | Mobile: (336) 509-4033  
fbraud@lhaonline.org



09-330 Office of Behavioral Health

# APPENDIX

## FY 2026-2031

### 5-YEAR STRATEGIC PLAN

## **PROGRAM A: BEHAVIORAL HEALTH ADMINISTRATION AND COMMUNITY OVERSIGHT**

**Principal Customers/Users of the Program and Benefits:** The Office of Behavioral Health (OBH) Administration and Community Oversight Program consists of results-oriented managerial, fiscal and supportive functions, including business intelligence and quality management, which are necessary to advance state behavioral health care goals, adhere to state and federal funding requirements, monitor the operations of Medicaid-related specialized behavioral health services (SBHS) and support the provision of behavioral health services for uninsured adults and children.

**Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in This Program:** Through the Executive Management Team, and review of quality/performance data, both internally and obtained through the managed care organizations, OBH regularly assesses the factors that could affect the achievement of the strategic goals and objectives. Among the major factors of concern: provider network sufficiency; client/member satisfaction; number of behavioral health professionals; and the persistent and strong stigma about mental and addictive disorders on the part of the general public.

**Methods Used to Avoid Duplication of Effort:** OBH, working in close partnership with Medicaid, managed care organizations, Local Governing Entities/Human Service Districts, contractors and other stakeholders, conduct regular meetings and conferences to ensure that duplication of effort is minimized and to further ensure that objectives and strategies established complement each other in the fulfillment of overall program goals.

**Program Evaluations Used to Develop Goals, Objectives, and Strategies:** OBH regularly reviews performance and survey data collected from managed care organizations, Local Governing Entities (LGEs), and providers to determine if specialized behavioral health services are being performed within expected standards.

According to the active OBH record retention schedule, budget records including strategic and operational planning documents are to be kept for three years.

OBH annually conducts an in-depth review of its strategic plan to ensure that it reflects current environmental, programmatic and fiscal configurations. As a result of this review, the strategic plan is revised to reflect a new mission, vision and goals, as warranted. To ensure that the OBH strategic plan is coordinated throughout the organizational and management levels of the department, regularly reviewed and updated, and utilized for management decision-making and resource allocation, the formulation of the OBH strategic plan adheres to management strategies implemented by the Executive Team (Health Plan Management, Administration, Adult, Child and Family Operations). These strategies, at a minimum, will include:

**Training:** Ongoing training is provided to ensure staff develop the necessary skills to understand and apply the concepts of the OBH strategic plan.

**Input:** Gathering input from all levels of the agency's functional areas; the strategic planning team represents all functional areas of the agency.

**Communication:** Receiving and sending information at the central office and the facilities.



**Coordination:** Using technology to enhance communication and participation, e.g., teleconferences, videos, electronic media, etc.

**Performance measurement:** Formulation of objectives that are Specific, Measurable, Attainable, Results-oriented and Time-bound. Performance indicators are formulated to ensure monitoring of progress in goal/objective attainment.

**Evaluation:** The strategic plan will be revised, as warranted, to reflect fiscal, managerial and programmatic changes. These revisions will be conducted using the same strategies as the original plan, as necessary. Plan revisions will utilize strategies that are pertinent to the task at hand.

**Maintenance of Agency Performance-Based Budgeting Records:** All documents used in the development of strategic and operational plans, as well as the data used for the completion of quarterly performance progress reports through the LaGov Performance Quarterly or the Louisiana Performance Accountability System (LaPAS), are maintained and preserved according to the state's record retention laws (R.S. 44:36) for a period of at least three years from the date on which the record was made.

**Agency Retention Policy: LDH Retention Policy 42.2:** LDH Policy on Disclosure and Retention of Public Records states, "In accordance with the Louisiana Public Records Act ("PRA") (R.S. 44:1 et seq.), it shall be the policy of the Louisiana Department of Health (LDH) that all records are subject to disclosure under the PRA, with the exception of certain records specified in this policy, as provided by the statutory exceptions to the PRA as set forth in R.S. 44:1 or 44:4.1 or in other applicable state or federal law.

As mandated by the PRA, any person of the age of majority shall have the legal right to inspect, copy, reproduce or obtain a reproduction of any public record. The PRA shall be liberally interpreted so as to extend rather than restrict access to public records by the public.

All public records shall be preserved for at least the period of time specified for such records in formal records retention schedules developed and approved by the State Archivist and Director of the Division of Archives, Records Management and History, of the Department of State. However, in all instances in which a formal retention schedule has not been executed, a public record shall be preserved and maintained for a period of at least three years from the date on which it was made.

In LDH, records shall be retained for at least the periods of time shown on the office or facility's Records Retention Schedule of this policy. Documents related to services in a time of disaster shall be retained for 3 years after the disaster is closed out. It is our policy that examination of public records shall be conducted during regular office or work hours.

**Statement of Agency Strategies for Development and Implementation of Human Resource Policies that are Helpful and Beneficial to Women and Families:** The LDH Internet site includes the following human resources policies that are helpful and beneficial to women and children: the Family Medical Leave Policy (8108-93), the Sexual Harassment Policy (8143-02) and the Equal Employment Opportunity Policy (8116-77). In addition, flexibility in work schedules assists both women and their families.

LDH Policy 8116-77 EEO/EEO Complaints Policy provides for equal opportunities for the recruitment, employment, training and promotion of all employees based solely on merit factors and prohibits the use of gender and other on-merit factors.

OBH follows the LDH Family and Medical Leave Policy (#8108-93) to provide up to 12 workweeks of "job-protected" paid or unpaid leave during any 12-month period to eligible employees (regardless of gender and other non-merit factors) for certain specified family and medical reasons.

OBH follows the LDH Leave for Classified Employees Policy (#8107-76) to credit and grant leave in accordance with Civil Service Rules and provisions of the LDH leave policy. Leave is administered as uniformly and equitable as possible without regard to gender and other non-merit factors.

Time and Attendance Policy permits the use of flexible time schedules for employees as approved by the supervisor and management.

**Goal 1:** The Behavioral Health Administration and Community Oversight Program will ensure that Louisiana citizens receive appropriate public behavioral health services through fiscal and programmatic oversight and monitoring activities, including the assurance that critical functions of specialized behavioral health services administered in a Medicaid managed care environment are being performed within expected standards. Specifically, the agency will continue to manage, monitor and enhance the Louisiana 988 Helpline, and the Louisiana Crisis Response System (LA-CRS).

**Statutory Authority for Goal:** LA R.S. 36:258(E), LA R.S. 28:1-723

**Objective I:** By FY 2031, increase the number of Louisiana callers using the three-digit 988 helpline number by 10%, from a baseline of 36,774 annually.

**Objective II:** By FY 2031, increase by 30% the number of individuals served through Medicaid Louisiana Crisis Response Services (LA-CRS) program.).

**Primary Persons Who Will Benefit from or Be Significantly Affected by Objectives:** The targeted persons who will benefit from these objectives will be Louisiana residents with behavioral health challenges seeking public behavioral health services.

**Goal 2:** OBH will ensure accessibility by increasing access to behavioral health services for Louisiana residents to support the specialized behavioral health needs of people throughout the state at differing stages of life.

**Statutory Authority for Goals:** R.S. 36:258(C) and R.S. 28.1-723

**Objective I:** By FY 2031, implement the Early Childhood Supports and Services (ECSS) program with statewide access.

**Objective II:** Workforce Development – Workforce Development – Through FY 2031, OBH will expand the Medicaid behavioral health workforce through adding 300 provisionally licensed clinicians and licensed master’s level social workers from a baseline of 409 to the workforce.

**Objective III:** By FY 2031, increase the number of licensed pregnant and parenting women (PPW) specialty residential substance use treatment providers from six (6) to eight (8) programs.

**Objective IV:** By FY 2031, OBH will increase the number of Peers Trained per year by a 10% per year, from a baseline of 144 annually.

**Primary Persons Who Will Benefit from or Be Significantly Affected by Objectives:** The targeted persons who will benefit from these objectives will be Louisiana residents with behavioral health challenges seeking public behavioral health services.

## PROGRAM B: HOSPITAL-BASED TREATMENT

**Principal Customers/Users of the Program and Benefits:** The Office of Behavioral Health (OBH) and the Hospital Based Treatment Services refer to the State Psychiatric Hospital Program, which provides an array of services to persons in need of acute, intermediate or long-term psychiatric inpatient care, including special treatment populations, such as those persons who are forensically involved. The state psychiatric hospitals are coordinated with community emergency services, treatments, and supports, and provide inpatient evaluation, diagnosis, treatment, and rehabilitation. Treatment services include individual, family, and group psychotherapy, recreational and occupational therapy, art and music therapy, work therapy, speech and hearing therapy, nutritional counseling, dental services, pastoral care services, and limited diagnostic medical services. The Hospital Based Treatment Program operates two hospitals: Central Louisiana State Hospital (CLSH) and Eastern Louisiana Mental Health System (ELMHS).

**Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in This Program:** Through the Executive Management Team, and review of quality/performance data, both internally and obtained through the managed care organizations, OBH regularly assesses the factors that could affect the achievement of the strategic goals and objectives. Among the major factors of concern: provider network sufficiency; client/member satisfaction; number of behavioral health professionals; and the persistent and strong stigma about mental and addictive disorders on the part of the general public.

**Methods Used to Avoid Duplication of Effort:** OBH, working in close partnership with the two hospitals conduct regular meetings and conferences to ensure that duplication of effort is minimized and to further ensure that objectives and strategies established complement each other in the fulfillment of overall program goals.

**Program Evaluations Used to Develop Goals, Objectives, and Strategies:** OBH regularly reviews all data collected from the hospitals to determine if specialized behavioral health services are being performed within expected standards.

According to the active OBH record retention schedule, budget records including strategic and operational planning documents are to be kept for three years.

**Goal 1:** The Hospital-Based Treatment Program will promote recovery through the efficient use of evidence-informed care and successful transition to community-based services.

**Statutory Authority for Goal:** LA R.S. 36:258(E), LA R.S. 28:1-723

**Objective 1:** Through FY 2031, OBH will improve behavioral health outcomes of inpatient care by maintaining an annual 30 days readmission rate within the national norm.

**Objective II:** During FY 2026-2031, the rate of the use of physical restraints will be below national norm, as reported by The Joint Commission ORYX report.

**Primary Persons Who Will Benefit from or Be Significantly Affected by Objectives:** The targeted persons who will benefit from these objectives will be Louisiana residents with behavioral health challenges seeking public behavioral health services.

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: BEHAVIORAL HEALTH ADMINISTRATION AND COMMUNITY OVERSIGHT

#### ACTIVITY: BEHAVIORAL HEALTH ADMINISTRATION AND COMMUNITY OVERSIGHT – GOAL 1

**OBJECTIVE I:** By FY 2031, increase the number of Louisiana callers using the three digit 988 helpline number by 10%, from a baseline of 36,774 annually.

**INDICATOR NAME:** Based on an established call volume to be determined in FY2026, increase by 20% the number of calls received by the Crisis Hub in FY2031.

**Indicator LAPAS PI Code:** NEW

1. **Type and Level:** Output, Supporting
2. **Rationale, Relevance, Reliability:** This measure ties to the overall objective in that by increasing member awareness of the Crisis Hub, through member outreach/engagement activities and measured through increase in call volume, we will see a corresponding increase in overall utilization. This indicator is both reliable and valid.
3. **Use:** The measure will be used for internal management purposes to evaluate the reach of member engagement activities and to inform future activities.
4. **Clarity:** Yes, the indicator is clear.
5. **Accuracy, Maintenance, Support:** The indicator has not been audited by the Legislative Auditor. The Crisis Hub will provide data and reporting on this particular indicator, which will be analyzed by OBH.
6. **Data Source, Collection and Reporting:** It is expected that data will be available via the Crisis Hub systems at a minimum of monthly.
7. **Calculation Methodology:** Determine the baseline (FY26 call volume), then calculate 20% increase (multiply baseline by 20%), then add 20% increase to baseline to determine target.
8. **Scope:** Statewide, aggregated number.
9. **Caveats:** This indicator relies on data/information provided by the Crisis Hub.
10. **Responsible Person:** Candace Grace, Director of Quality Management, 225-342-8670, Candace.Grace@LA.GOV.

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: BEHAVIORAL HEALTH ADMINISTRATION AND COMMUNITY OVERSIGHT

#### ACTIVITY: BEHAVIORAL HEALTH ADMINISTRATION AND COMMUNITY OVERSIGHT – GOAL 1

**OBJECTIVE II:** By FY 2031, increase by 30% the number of individuals served through Medicaid Louisiana Crisis Response Services (LA-CRS) program).

**INDICATOR NAME:** By 2031, develop creative materials related to the Louisiana Crisis Response System (LA-CRS) Awareness Campaign including an LA-CRS logo, specialized website landing page directing individuals on accessing crisis services, 3 digital/social media advertisements, 2 radio spots, 1 print advertisement, 1 transit advertisement, 3 outdoor advertisements, 3 brochures and 5 videos with testimonials.

**Indicator LAPAS PI Code:** NEW

- 1. Type and Level:** Input, Supporting
- 2. Rationale, Relevance, Reliability:** This indicator is tied directly to the scope of work for creative materials to be developed as part of the Louisiana Crisis Awareness Campaign (LCAC). The LCAC will utilize culturally appropriate messaging to inform individuals of the crisis hub as an access point for crisis services in Louisiana to achieve the objective of increasing the number of individuals served by the LA-CRS.
- 3. Use:** The measure will be used primarily for internal management purposes. Advertising placement of these creatives will be evaluated against increase in utilization in those regions to inform any future advertising/marketing initiatives.
- 4. Clarity:** Yes, the indicator is clear.
- 5. Accuracy, Maintenance, Support:** The indicator has not been audited by the Legislative Auditor. The Program Monitor for the Marketing and Crisis Hub contracts will track and report on these efforts.
- 6. Data Source, Collection and Reporting:** The information will be gathered monthly as creative materials are finalized and approved for distribution/placement.
- 7. Calculation Methodology:** The above-mentioned scope of work provides the minimum baseline of creatives for this indicator. Standard measurement will be utilized.
- 8. Scope:** Statewide.
- 9. Caveats:** This indicator relies on the continuation of funding for LCAC creative development and placement resources.
- 10. Responsible Person:** Beth Morgan, Program Manager, 225-342-3422, Beth.morgan@LA.GOV.

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: BEHAVIORAL HEALTH ADMINISTRATION AND COMMUNITY OVERSIGHT

#### ACTIVITY: BEHAVIORAL HEALTH ADMINISTRATION AND COMMUNITY OVERSIGHT – GOAL 2

**OBJECTIVE 1:** By FY 2031, implement the Early Childhood Supports and Services (ECSS) program with statewide access.

**INDICATOR NAME:** Establishment of at least one ECSS site delivering services to children 0-5 and their families in each LDH-OBH region, along with the number of persons served in ECSS programs across the state.

**Indicator LAPAS PI Code:** New

- 1. Type and Level:** Output, general performance information.
- 2. Rationale, Relevance, Reliability:** This indicator is a relevant and meaningful metric as it represents statewide implementation of the program, by establishing and increasing access developmentally appropriate supportive services to a greater number of children and their families, in at least one site within each LDH-OBH region.
- 3. Use:** This metric will be used in internal management decision making about the progress of statewide implementation of the ECSS program, and is also a performance metric in OBH's contract with a Statewide Management Entity for ECSS. This indicator also supports LDH compliance with Act 167 of the 2022 Legislative Session.
- 4. Clarity:** Yes, the metric is clear.
- 5. Accuracy, Maintenance, Support:** No, this has not been audited. The number of ECSS sites will be verifiable by OBH. In addition, accuracy of data is obtained through the contracted Statewide Management Entity (SME) monitoring of regional ECSS providers.
- 6. Data Source, Collection and Reporting:** Number of ECSS sites will be reported to OBH by the contracted ECSS Statewide Management Entity. ECSS sites report to the SME their number of persons served, via the SME's web-based portal. The SME aggregates and reports to OBH via the monthly ECSS Dashboard, and also annually in the ECSS Outcome Evaluation.
- 7. Calculation Methodology:** Indicator is a count of the number of provider sites in the state, contracted with the ECSS Statewide Management Entity for delivery of ECSS services, along with the count of children 0-5, plus pregnant persons who are engaged in care prior to the birth of their child, who are receiving services in a regional ECSS program.
- 8. Scope:** The number of ECSS sites will be provided statewide and per region.



**9. Caveats:** Performance should be interpreted in conjunction with the additional ECSS PI, number of persons served, and number of ECSS regional sites, along with data on size of target population and need in each region to better assess the statewide reach of the program.

**10. Responsible Person:** Kristin Savicki, Psychologist 5, 225 342-1070, [Kristin.Savicki@la.gov](mailto:Kristin.Savicki@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: BEHAVIORAL HEALTH ADMINISTRATION AND COMMUNITY OVERSIGHT

#### ACTIVITY: BEHAVIORAL HEALTH ADMINISTRATION AND COMMUNITY OVERSIGHT – GOAL 2

**OBJECTIVE II:** Workforce Development – Through FY 2031, OBH will expand the Medicaid behavioral health workforce through adding 300 provisionally licensed clinicians and licensed master's level social workers from a baseline of 409 to the workforce.

**INDICATOR NAME:** Distribute five (5) public service announcements about the implementation of the provisionally licensed workforce development initiative, by FY 2031.

**LaPAS PI Code:** New

1. **Type and Level:** Output
2. **Rationale, Relevance, Reliability:** This indicator is a valid measure capturing the number of public service announcements distributed notifying the public and behavioral health professionals about the new Medicaid approval allowing licensed master's social workers, provisionally licensed professional counselors and provisionally licensed marriage and family therapists to provide Medicaid psychotherapy services.
3. **Use:** The indicator in combination with other indicators under this objective will be used for monitoring expansion efforts of the Medicaid professional behavioral health workforce and for internal management purposes.
4. **Clarity:** The indicator clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** Occurrences of public service announcements are tracked annually and maintained to support outreach to the public associated with the approval of certain licensed and provisionally licensed clinicians in the Medicaid behavioral health workforce.
6. **Data Source, Collection and Reporting:** Data is collected and reported based on publication and distribution of public services announcements by OBH staff.
7. **Calculation Methodology:** Count of public service announcements distributed about the implementation of the licensed/provisionally licensed workforce development initiative.
8. **Scope:** The indicator is aggregated statewide.
9. **Caveats:** The data collected for this indicator is inclusive of public service announcements distributed by OBH directly and does not include public service announcements made by external stakeholders such as professional licensing boards.

**10. Responsible Person:** Cordelia Clay, OBH Health Plan Management, Managed Care Operations  
Director, 225-342-2624, Cordelia.Clay@la.gov

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: BEHAVIORAL HEALTH ADMINISTRATION AND COMMUNITY OVERSIGHT

#### ACTIVITY: BEHAVIORAL HEALTH ADMINISTRATION AND COMMUNITY OVERSIGHT – GOAL 2

**OBJECTIVE III:** By FY 2031, increase the number of licensed pregnant and parenting women (PPW) specialty residential substance use treatment providers from six (6) to eight (8) programs.

**INDICATOR NAME:** Number of licensed PPW residential substance use treatment providers in Louisiana (baseline of 6)

**PI Code:** New

- 1. Type and Level:** Output, Outcome and General Performance Information.
- 2. Rationale, Relevance, Reliability:** This indicator provides a valid measure of the increase in the number of PPW residential substance use treatment providers in the state.
- 3. Use:** This indicator will be used to monitor the number of new PPW residential substance use treatment providers in the state.
- 4. Clarity:** PPW residential treatment providers provide specialized residential substance use treatment services specifically for pregnant women and their dependent children. These specialized programs allow minor children up to age 12 to accompany their mother/guardian to treatment, thus preserving the family unity. Children up to 17 who reside offsite will also be eligible to receive therapeutic services on-site as well.
- 5. Accuracy, Maintenance, Support:** PPW providers must be licensed by the Health Standards Section (HSS) in LDH to assure that they meet guidelines established for these levels of care before providing or billing for these services.
- 6. Data Source, Collection and Reporting:** The data collection source will be licensing reports from HHS, which would provide a list of all the licensed PPW residential substance use treatment providers in the state.
- 7. Calculation Methodology:** Progress monitoring and reporting for timeliness will be done through Monday.com.
- 8. Scope:** The number of licensed PPW residential substance use treatment providers will be calculated statewide.
- 9. Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with the number of PPW residential substance use treatment providers maintaining their licensing and/or accreditation.
- 10. Responsible Person:** Ivory Wilson, OBH Program Manager, (225) 342-3846, [ivory.wilson@la.gov](mailto:ivory.wilson@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: Peer Programs and Services Expansion

**ACTIVITY:** OBH will Expand Available Recovery Support Services—GOAL 2

**OBJECTIVE IV:** Workforce Development - Through FY 2031, OBH will sustain a 10% increase the number of Peers who successfully complete the OBH recognized Peer Trainings in comparison to the baseline.

**INDICATOR NAME:** Number of new Peer Support Specialists successfully completing the Peer Training Each Year

**LaPAS PI Code:** NEW

1. **Type and Level:** Output, General Performance Information
2. **Rationale:** This indicator provides a valid measure of workforce development output and the training of additional individuals as Peer Support Specialists.
3. **Use:** This indicator will be used to monitor the number of Peer Support Specialists in the state who have successfully completed the Peer Training in accordance with OBH standards to become recognized. This indicator also supports the DOJ Agreement to expand the use of Peer Support Services to the target population, the youth crisis system, and development of the Certified Community Behavioral Health Clinic (CCBHC) model in Louisiana.
4. **Clarity:** Peer Support Specialists are behavioral health staff members who possess personal lived experience with behavioral health conditions and with navigating the behavioral health services network who seek employment with a behavioral healthcare facility or program serving people with behavioral health conditions.
5. **Accuracy, Maintenance, Support:** Peer Support Specialists have criteria, which includes successfully completing extensive initial training and annual continuing education.
6. **Data Source, Collection and Reporting:** Monitor the number of Peers who successfully complete the extensive training that is required and maintain annual requirement of continuing education units through a contract with the designated entity.
7. **Calculation Methodology:** Contract monitoring and reporting for timeliness and number of Peers successfully completing the training to become Peer Support Specialists.
8. **Scope:** The number of individuals who successfully complete the Peer Support Trainings will be calculated statewide annually.
9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with Peer Support Specialists employed with behavioral health providers, utilization of Peer Services, and Peer Support Specialists who maintain "good standing" by submitting the mandatory annual continuing education units and documentation.

**10. Responsible Person:** Charlene Gradney, OBH Program Manager, 225-342-9239,  
Charlene.Gradney@la.gov

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: HOSPITAL-BASED TREATMENT

#### ACTIVITY: HOSPITAL-BASED TREATMENT– GOAL 1

**OBJECTIVE I:** Through FY 2031, OBH will improve behavioral health outcomes of inpatient care by maintaining an annual 30 days readmission rate within the national norm.

**INDICATOR NAME:** Percentage of adults discharged from a state hospital and readmitted within 30 days of discharge (Statewide)

**LaPAS PI Code:** 24230

1. **Type and Level:** Efficiency; Key
2. **Rationale, Relevance, Reliability:** Measures the percentage of clients readmitted to program. Recidivism is a measure of outcome. This is a National Outcome Measure (NOM).
3. **Use:** To monitor clinical effectiveness of program.
4. **Clarity:** None needed.
5. **Accuracy, Maintenance, Support:** Data is gathered from the PIP system which is monitored for accuracy.
6. **Data Source, Collection and Reporting:** Patient Information Profile (PIP) data system.
7. **Calculation Methodology: Numerator:** The number of state hospital intermediate care patients discharged and readmitted within 30 days. **Denominator:** The total number of state hospital intermediate care patients discharged. **Units Reported:** Expressed as a percent.
8. **Scope:** Not Applicable.
9. **Caveats:** None.
10. **Responsible Person:** Celeste Gauthier, Mental Hospital Administrator, CENTRAL LOUISIANA STATE HOSPITAL, Celeste.Gauthier@la.gov.

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: HOSPITAL-BASED TREATMENT

#### ACTIVITY: HOSPITAL-BASED TREATMENT– GOAL 1

**OBJECTIVE II:** During FY 2026-2031, the rate of the use of physical restraints will be below national norm, as reported by The Joint Commission ORYX report.

**INDICATOR NAME:** Ratio of hours patients spent in restraint for every 1,000 inpatient hours.

**LaPAS PI Code:** 25249

1. **Type and Level:** Quality; Supporting
2. **Rationale, Relevance, Reliability:** The use of physical restraints in psychiatric hospitals should be seen as a last resort to be used only when there is an immediate risk to the safety of the client or others. National, state, and local initiatives to reduce/eliminate the use of restraints are ongoing.
3. **Use:** Provides information relative to the rate of restraint use by OBH inpatient facilities.
4. **Clarity:** None needed.
5. **Accuracy, Maintenance, Support:** This indicator is one of The Joint Commission's official performance measures for psychiatric hospitals.
6. **Data Source, Collection and Reporting:** Hospital medical records reviews.
7. **Calculation Methodology:** Numerator – Total number of hours that all psychiatric inpatients were in restraints. Denominator – Total number of inpatient hours divided by 1000.
8. **Scope:** Statewide aggregated data from OBH inpatient hospitals.
9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection.
10. **Responsible Person:** Jenna Young, 225-342-1042, Jenna.Young@la.gov.





09-340 Office for Citizens with Developmental Disabilities (OCDD)

# APPENDIX

## FY 2026-2031

### 5-YEAR STRATEGIC PLAN

**Goal I:** To provide a Developmental Disabilities Services System that affords people access to information about what services and supports are available and how to access the services.

**Goal II:** To provide a person-centered system that supports person-centered thinking and planning approaches such that supports identified via needs-based assessments are provided in a manner that focuses on the person's goals and desires and addresses quality of life.

**Goal III:** To increase the capacity of the Developmental Disabilities Services System to provide opportunities for people to live, work, and learn in integrated community settings.

**Statutory Authority:** The Louisiana Department of Health (LDH) is authorized under R.S. 36:251-259. It was created as one of twenty executive agencies of state government as provided in the Louisiana Constitution of 1974 (Article IV, Section I) and addresses the public health needs of the state as laid out in Articles XII, Section 8 of the Constitution. The OCDD statutory authority is R.S. 28:451.1-455.2.

#### **Principal Customers/Users of Program and Benefits:**

Individuals with developmental disabilities and their families who receive developmental disabilities services and supports will benefit from or be affected by this program.

#### **Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in this Program:**

The internal factors identified include the longer life span of persons with developmental disabilities, which increases the complexity of their health/medical care needs in both residential and community settings. The current social and economic pressures on the families and the lack of appropriate community resources for children and youth who have developmental disabilities and complex needs as well as individuals with developmental disabilities and comorbid complex medical/behavioral/psychiatric needs are resulting in increased difficulties planning for and/or coordinating services for these individuals. Additionally, the time required to fully implement service delivery based on individualized, cost-effective allocation of resources could affect achievement of goals and objectives.

The primary external factors influencing implementation can be characterized as a shortage of resources and inadequate community capacity to serve individuals with complex medical, behavioral and/or psychiatric needs. There is a critical shortage of: 1) psychologists, psychiatrists, physicians, nurses, dentists and therapists with specialized experience in evaluating and/or treating individuals with developmental disabilities; 2) health care and transportation resources in rural areas; and 3) qualified staff and funds to meet the needs of individuals who are waiting for both waiver and non-waiver services. Insufficient opportunities and funding for community housing, employment and recreational activities could significantly affect the achievement of objectives in this program.

**Methods Used to Avoid Duplication of Effort:**

The Administration Program of OCDD supports the Local Governing Entities that coordinate system entry and a variety of community-based supports and services. The program also manages the EarlySteps program, the LDH-operated supports and services center, and the resource center. The supports and services center provides living options and related developmental services primarily to individuals with complex medical, behavioral, and/or psychiatric needs. Due to their provision of specialized and regional-based services, in accordance with Louisiana's Developmental Disability Law, duplication is not a factor.

**Maintenance of Agency Performance-Based Budgeting Records:** Documents used in the development of strategic and operational plans, as well as the data used for the completion of quarterly performance progress reports through the LaGov Performance Quarterly system, are maintained and preserved according to the state's preservation of records law (R.S. 44:36) for a period of at least three years from the date on which the record was made.

**Agency Retention Policy: LDH Retention Policy 42.2:** LDH Policy on Disclosure and Retention of Public Records states, "In accordance with the Louisiana Public Records Act ("PRA") (R.S. 44:1 et seq.), it shall be the policy of the Louisiana Department of Health (LDH) that all records are subject to disclosure under the PRA, with the exception of certain records specified in this policy, as provided by the statutory exceptions to the PRA as set forth in R.S. 44:1 or 44:4.1 or in other applicable state or federal law.

As mandated by the PRA, any person of the age of majority shall have the legal right to inspect, copy, reproduce or obtain a reproduction of any public record. The PRA shall be liberally interpreted so as to extend rather than restrict access to public records by the public.

All public records shall be preserved for at least the period of time specified for such records in formal records retention schedules developed and approved by the State Archivist and Director of the Division of Archives, Records Management and History, of the Department of State. However, in all instances in which a formal retention schedule has not been executed, a public record shall be preserved and maintained for a period of at least three years from the date on which it was made.

In LDH, records shall be retained for at least the periods of time shown on the office or facility's Records Retention Schedule of this policy. Documents related to services in a time of disaster shall be retained for 3 years after the disaster is closed out. It is our policy that examination of public records shall be conducted during regular office or work hours."

### **How the Strategic Planning Process Was Implemented:**

As the initial step of preparing the FY 2025-2026 through FY 2030-2031 Strategic Plan, OCDD reviewed its current Strategic Plan to determine continued relevance of issues being addressed that affect individuals (adults, children, and toddlers) with developmental disabilities and the effectiveness of current developmental disabilities services and program strategies. The issues, along with information from previous customer satisfaction surveys and stakeholder feedback, were prioritized. OCDD Executive Management Team members and their staff then addressed their respective areas reviewing current goals, objectives, strategies, and performance indicators and determining the need to continue/delete/add goals, objectives, strategies, and performance indicators.

### **Statement of Agency Strategies for Development and Implementation of Human Resource Policies That Are Helpful and Beneficial to Women and Families:**

This agency supports Act 1078 by providing access to and provision of health care services to women, infants, and children. More specifically:

- OCDD's Affirmative Action Plan provides for equal opportunities for the recruitment, employment, training and promotion of all employees based solely on merit factors and prohibits the use of gender and other non-merit factors.
- OCDD follows the LDH Family and Medical Leave Policy to provide up to 12 workweeks of "job-protected" paid or unpaid leave during any 12-month period to eligible employees for certain specified family and medical reasons.
- OCDD follows the LDH Leave for Classified Employees Policy to credit and grant leave in accordance with Civil Service Rules and provisions of the LDH leave policy. Leave is administered as uniformly and equitably as possible without regard to race, sex, age, religion, national origin, disability, veteran status, and any other non-merit factors.
- OCDD's Time and Attendance Policy permits the use of flexible time schedules for employees as approved by the supervisor and management.

### **Program Evaluations Used to Develop Goals, Objectives and Strategies:**

OCDD considered the current organizational structure along with evaluating the agency's potential success in meeting established goals and objectives in a timely manner. OCDD reviewed current strategies to determine their continued effectiveness in making progress toward current goals and objectives. Additionally, OCDD evaluated goals, objectives and strategies to determine how well they aligned with national evidence-based best practices.

### **Monitoring and Evaluation of Reported Data:**

The LDH Division of Planning and Budget coordinates and reviews reported performance information for all LDH agencies on a quarterly basis. This includes, but is not limited to, strategic planning, operational planning, and Performance Quarterly reporting. Explanatory

notes are required for positive or negative variances greater than 5% from quarterly performance indicator targets. Recommendations are made at monthly expenditure analysis meetings directly to the agency's assistant secretary or the Department's undersecretary/deputy undersecretary, if significant variances occur, or if modifications and additions are needed. In addition, at the close of a fiscal year, agencies and programs review and evaluate their performance in order to determine if the information gained from this review should be used to improve strategic and operational metrics, or strengthen program management initiatives.

**Primary Persons Who Will Benefit From or Be Significantly Affected by These Objectives:**

The objectives in the 09-340 program are intended to measure the efficiency and effectiveness of the activities within this program, as well as to ensuring quality services and supports, offering information and opportunities that provide choices to people of Louisiana with developmental disabilities and their families.

**Objective I:** To provide programmatic leadership and direction to Louisiana's Developmental Disabilities Services System in a manner that is responsive to citizens' needs and results in effective/efficient service delivery during FY 2025-2026 through FY 2030-2031.

**Objective II:** To provide administrative and support functions to Louisiana's Developmental Disabilities Services System in a manner that is responsive to citizens' needs and results in effective/efficient service delivery during FY 2025-2026 through FY 2030-2031.

**Objective III:** To increase capacity-building activities for private community providers, creating private sector community infrastructure to meet the complex needs and support diversion of individuals from public residential services during FY 2025-2026 through FY 2030-2031.

## Program A: Administration

**Goal I:** To provide system design, policy direction, and operational oversight to the Developmental Disabilities Services System in a manner that promotes person-centeredness, evidence-based practices, accountability, cost effectiveness, and system responsiveness.

**Goal II:** To increase the capacity of the Developmental Disabilities Services System to support people with complex behavioral, mental health, and/or medical needs in all service settings.

**Statutory Authority:** Program A is authorized under La. R.S. 28.451.1 – 455.2.

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: Administration

**ACTIVITY: OCDD Central Office Administrative Services** - This activity centralizes the management functions for the Office for Citizens with Developmental Disabilities and provides direction and oversight to the Local Governing Entities in carrying out the legislative mandates and programmatic responsibilities on behalf of people with developmental disabilities and their families. Headquarters also manages the Office's human resources, fiscal, property, and information systems and provides leadership to the LDH-operated supports and services center and resource center as they exercise their mandates under state law.

**OBJECTIVE:** To provide programmatic leadership and direction to Louisiana's Developmental Disabilities Services System in a manner that is responsive to citizens' needs and results in effective and efficient service delivery through FY 2030-2031.

### INDICATOR NAME: Total number of HCBS and ICF/IID recipients

**PI Code:** 24643

1. **Type and Level:** Outcome/Key
2. **Rationale, Relevance, Reliability:** Will assess efforts to provide services that are responsive to citizens' needs
3. **Use:** Will be used for internal management in assessing strategies to provide effective and efficient service delivery & performance-based budgeting
4. **Clarity:** Clear
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through internal audit sample.
6. **Data Source, Collection and Reporting:** Internal database; annually
7. **Calculation Methodology:** Number of waiver participants making progress toward achieving their goals divided by the total number of NOW participants sampled
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Bernard Brown, Deputy Assistant Secretary for Community Services, (225) 342-0095, [Bernard.Brown@la.gov](mailto:Bernard.Brown@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: Administration

**ACTIVITY: OCDD Central Office Administrative Services** - This activity centralizes the management functions for the Office for Citizens with Developmental Disabilities and provides direction and oversight to the Local Governing Entities in carrying out the legislative mandates and programmatic responsibilities on behalf of people with developmental disabilities and their families. Headquarters also manages the Office's human resources, fiscal, property, and information systems and provides leadership to the LDH-operated supports and services center and resource center as they exercise their mandates under state law.

**OBJECTIVE:** To provide programmatic leadership and direction to Louisiana's Developmental Disabilities Services System in a manner that is responsive to citizens' needs and results in effective and efficient service delivery through FY 2030-2031.

### INDICATOR NAME: Total number of HCBS and ICF/IID recipients

**PI Code:** 25634

1. **Type and Level:** Output/Key
2. **Rationale, Relevance, Reliability:** Will directly measure strategy to optimize the use of community-based services
3. **Use:** Will be used in performance-based budgeting and internal management in assessing effectiveness of the strategy to optimize the use of community-based services while decreasing reliance on institutional services
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through internal audit.
6. **Data Source, Collection and Reporting:** External database; while collection is on-going, data will be reported annually.
7. **Calculation Methodology:** Sum of HCBS recipients and ICF/IID recipients
8. **Scope:** Aggregated
9. **Caveats:** No caveats have been identified.
10. **Responsible Person:** Charles Ayles, Deputy Assistant Secretary for Administrative Services, (225) 342-0095, [Charles.Ayles@la.gov](mailto:Charles.Ayles@la.gov)



## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: Administration

**ACTIVITY: OCDD Central Office Administrative Services** - This activity centralizes the management functions for the Office for Citizens with Developmental Disabilities and provides direction and oversight to the Local Governing Entities in carrying out the legislative mandates and programmatic responsibilities on behalf of people with developmental disabilities and their families. Headquarters also manages the Office's human resources, fiscal, property, and information systems and provides leadership to the LDH-operated supports and services center and resource center as they exercise their mandates under state law.

**OBJECTIVE:** To provide programmatic leadership and direction to Louisiana's Developmental Disabilities Services System in a manner that is responsive to citizens' needs and results in effective and efficient service delivery through FY 2030-2031.

### INDICATOR NAME: Total HCBS and ICF/IID expenditures

**PI Code:** 25635

1. **Type and Level:** Output/Key
2. **Rationale, Relevance, Reliability:** Will directly measure strategy to optimize the use of community-based services
3. **Use:** Will be used in performance-based budgeting and internal management in assessing effectiveness of the strategy to optimize the use of community-based services while decreasing reliance on institutional services
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through internal audit.
6. **Data Source, Collection and Reporting:** Internal reports; while collection is on-going, data will be reported annually.
7. **Calculation Methodology:** Sum of HCBS expenditures and ICF/IID expenditures
8. **Scope:** Aggregated
9. **Caveats:** No caveats have been identified.
10. **Responsible Person:** Charles Ayles, Deputy Assistant Secretary for Community Services, (225) 342-0095, [Charles.Ayles@la.gov](mailto:Charles.Ayles@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: Administration

**ACTIVITY: OCDD Central Office Administrative Services** - This activity centralizes the management functions for the Office for Citizens with Developmental Disabilities and provides direction and oversight to the Local Governing Entities in carrying out the legislative mandates and programmatic responsibilities on behalf of people with developmental disabilities and their families. Headquarters also manages the Office's human resources, fiscal, property, and information systems and provides leadership to the LDH-operated supports and services center and resource center as they exercise their mandates under state law.

**OBJECTIVE:** To provide programmatic leadership and direction to Louisiana's Developmental Disabilities Services System in a manner that is responsive to citizens' needs and results in effective and efficient service delivery through FY 2030-2031.

### INDICATOR NAME: Percentage of recipients of HCBS

**PI Code:** 25636

1. **Type and Level:** Outcome/Key
2. **Rationale, Relevance, Reliability:** Will directly measure strategy to optimize the use of community-based services
3. **Use:** Will be used in performance-based budgeting and internal management in assessing effectiveness of the strategy to optimize the use of community-based services while decreasing reliance on institutional services
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through internal audit.
6. **Data Source, Collection and Reporting:** External database; while collection is on-going, data will be reported annually.
7. **Calculation Methodology:** Number of HCBS recipients divided by total number of HCBS and ICF/IID services recipients
8. **Scope:** Aggregated
9. **Caveats:** None
10. **Responsible Person:** Charles Ayles, Deputy Assistant Secretary for Community Services, (225) 342-0095, [Charles.Ayles@la.gov](mailto:Charles.Ayles@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: Administration

**ACTIVITY: OCDD Central Office Administrative Services** - This activity centralizes the management functions for the Office for Citizens with Developmental Disabilities and provides direction and oversight to the Local Governing Entities in carrying out the legislative mandates and programmatic responsibilities on behalf of people with developmental disabilities and their families. Headquarters also manages the Office's human resources, fiscal, property, and information systems and provides leadership to the LDH-operated supports and services center and resource center as they exercise their mandates under state law.

**OBJECTIVE:** To provide programmatic leadership and direction to Louisiana's Developmental Disabilities Services System in a manner that is responsive to citizens' needs and results in effective and efficient service delivery through FY 2030-2031.

### INDICATOR NAME: Percentage of recipients of ICF/IID services

**PI Code:** 25637

1. **Type and Level:** Outcome/Key
2. **Rationale, Relevance, Reliability:** Will directly measure strategy to optimize the use of community-based services
3. **Use:** Will be used in performance-based budgeting and internal management in assessing effectiveness of the strategy to optimize the use of community-based services while decreasing reliance on institutional services
4. **Clarity:** Clear
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through internal audit.
6. **Data Source, Collection and Reporting:** External database; while collection is on-going, data will be reported annually.
7. **Calculation Methodology:** Number of ICF/IID service recipients divided by total number of HCBS and ICF/IID services recipients
8. **Scope:** Aggregated
9. **Caveats:** None
10. **Responsible Person:** Charles Ayles, Deputy Assistant Secretary for Community Services, (225) 342-0095, [Charles.Ayles@la.gov](mailto:Charles.Ayles@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: Administration

**ACTIVITY: OCDD Central Office Administrative Services** - This activity centralizes the management functions for the Office for Citizens with Developmental Disabilities and provides direction and oversight to the Local Governing Entities in carrying out the legislative mandates and programmatic responsibilities on behalf of people with developmental disabilities and their families. Headquarters also manages the Office's human resources, fiscal, property, and information systems and provides leadership to the LDH-operated supports and services center and resource center as they exercise their mandates under state law.

**OBJECTIVE:** To provide programmatic leadership and direction to Louisiana's Developmental Disabilities Services System in a manner that is responsive to citizens' needs and results in effective and efficient service delivery through FY 2030-2031.

### INDICATOR NAME: Percentage of expenditures for HCBS

**PI Code:** 25638

1. **Type and Level:** Outcome/Supporting
2. **Rationale, Relevance, Reliability:** Will directly measure strategy to optimize the use of community-based services
3. **Use:** Will be used in performance-based budgeting and internal management in assessing effectiveness of the strategy to optimize the use of community-based services while decreasing reliance on institutional services
4. **Clarity:** Clear
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through internal audit.
6. **Data Source, Collection and Reporting:** External database; while collection is on-going, data will be reported annually.
7. **Calculation Methodology:** Expenditures for HCBS divided by the total expenditure for HCBS and ICF/IID services
8. **Scope:** Aggregated
9. **Caveats:** None
10. **Responsible Person:** Charles Ayles, Deputy Assistant Secretary for Community Services, (225) 342-0095, [Charles.Ayles@la.gov](mailto:Charles.Ayles@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: Administration

**ACTIVITY: OCDD Central Office Administrative Services** - This activity centralizes the management functions for the Office for Citizens with Developmental Disabilities and provides direction and oversight to the Local Governing Entities in carrying out the legislative mandates and programmatic responsibilities on behalf of people with developmental disabilities and their families. Headquarters also manages the Office's human resources, fiscal, property, and information systems and provides leadership to the LDH-operated supports and services center and resource center as they exercise their mandates under state law.

**OBJECTIVE:** To provide programmatic leadership and direction to Louisiana's Developmental Disabilities Services System in a manner that is responsive to citizens' needs and results in effective and efficient service delivery through FY 2030-2031.

### INDICATOR NAME: Total number of HCBS and ICF/IID recipients

**PI Code:** 25639

1. **Type and Level:** Outcome/Supporting
2. **Rationale, Relevance, Reliability:** Will directly measure strategy to optimize the use of community-based services
3. **Use:** Will be used in performance-based budgeting and internal management in assessing effectiveness of the strategy to optimize the use of community-based services while decreasing reliance on institutional services
4. **Clarity:** Clear
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through internal audit.
6. **Data Source, Collection and Reporting:** External database; while collection is on-going, data will be reported annually.
7. **Calculation Methodology:** Expenditures for ICF/IID services divided by the total expenditure for HCBS and ICF/IID services
8. **Scope:** Aggregated
9. **Caveats:** None
10. **Responsible Person:** Charles Ayles, Deputy Assistant Secretary for Community Services, (225) 342-0095, [Charles.Ayles@la.gov](mailto:Charles.Ayles@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: Administration

**ACTIVITY: OCDD Central Office Administrative Services** - This activity centralizes the management functions for the Office for Citizens with Developmental Disabilities and provides direction and oversight to the Local Governing Entities in carrying out the legislative mandates and programmatic responsibilities on behalf of people with developmental disabilities and their families. Headquarters also manages the Office's human resources, fiscal, property, and information systems and provides leadership to the LDH-operated supports and services center and resource center as they exercise their mandates under state law.

**OBJECTIVE:** To provide programmatic leadership and direction to Louisiana's Developmental Disabilities Services System in a manner that is responsive to citizens' needs and results in effective and efficient service delivery through FY 2030-2031.

### INDICATOR NAME: Percentage of budgeted community funding expended

PI Code: 24647

1. **Type and Level:** Output/Key
2. **Rationale, Relevance, Reliability:** Will assess efforts to provide programmatic leadership
3. **Use:** Will be used for performance-based budgeting and internal management to assess programmatic leadership
4. **Clarity:** Clear
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through internal audit sample.
6. **Data Source, Collection and Reporting:** ISIS Monthly Reports; quarterly reporting
7. **Calculation Methodology:** Total state-funded community expenditures divided by total budget for community
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Craig Gannuch, Fiscal Director, (225) 342-0095, [Craig.Gannuch@la.gov](mailto:Craig.Gannuch@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: Administration

**ACTIVITY: OCDD Central Office Administrative Services** - This activity centralizes the management functions for the Office for Citizens with Developmental Disabilities and provides direction and oversight to the Local Governing Entities in carrying out the legislative mandates and programmatic responsibilities on behalf of people with developmental disabilities and their families. Headquarters also manages the Office's human resources, fiscal, property, and information systems and provides leadership to the LDH-operated supports and services center and resource center as they exercise their mandates under state law.

**OBJECTIVE:** To provide programmatic leadership and direction to Louisiana's Developmental Disabilities Services System in a manner that is responsive to citizens' needs and results in effective and efficient service delivery through FY 2030-2031.

**INDICATOR NAME:** Number of re-admissions to an institutional setting (public or private ICF/IID, nursing facility, acute care hospital, psychiatric hospital) for more than 30 days within one year of transition as My Place Louisiana participant

**PI Code:** 25640

1. **Type and Level:** Outcome/Supporting
2. **Rationale, Relevance, Reliability:** Will verify effectiveness of waiver supports and My Place supports for transition of individuals from institutions to community-based service options.
3. **Use:** Will be used in performance-based budgeting and internal management; will be used to report to CMS tied to continuation of federal funding.
4. **Clarity:** Clear
5. **Accuracy, Maintenance, Support:** Monthly validation of aggregate data set entries/annual validation utilizing billing data is in place.
6. **Data Source, Collection and Reporting:** OCDD My Place staff; My Place aggregate data set; quarterly reporting
7. **Calculation Methodology:** Total number of people re-admitted to an institutional setting within one year of transition
8. **Scope:** Aggregated
9. **Caveats:** Data is collected by My Place staff; initial reporting is contingent upon Support Coordinator notification. Length of stay is confirmed with the institutional setting, then checked via annual review of Medicaid billing data. Reporting for impact month may lag by 30 days due to notification and verification processes.
10. **Responsible Person:** Scott Tuma, My Place Louisiana Supervisor, (225) 342-0095, [Scott.Tuma@la.gov](mailto:Scott.Tuma@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: Administration

**ACTIVITY: OCDD Central Office Administrative Services** - This activity centralizes the management functions for the Office for Citizens with Developmental Disabilities and provides direction and oversight to the Local Governing Entities in carrying out the legislative mandates and programmatic responsibilities on behalf of people with developmental disabilities and their families. Headquarters also manages the Office's human resources, fiscal, property, and information systems and provides leadership to the LDH-operated supports and services center and resource center as they exercise their mandates under state law.

**OBJECTIVE:** To provide programmatic leadership and direction to Louisiana's Developmental Disabilities Services System in a manner that is responsive to citizens' needs and results in effective and efficient service delivery through FY 2030-2031.

**INDICATOR NAME:** Percentage of individuals transitioned as a My Place Louisiana participant who do not return to an institutional setting (public or private ICF/IID, nursing facility, acute care hospital, psychiatric hospital) for more than 30 days within one year of transition

**PI Code:** 25641

1. **Type and Level:** Outcome/Supporting
2. **Rationale, Relevance, Reliability:** Will verify success of the My Place transitions program and community waiver supports to effect sustainable transitions.
3. **Use:** Will be used in performance-based budgeting and internal management; will be used as a performance indicator reported to CMS tied to continuation of federal funding.
4. **Clarity:** Clear
5. **Accuracy, Maintenance, Support:** Monthly validation of aggregate data set entries and annual validation utilizing billing data is in place.
6. **Data Source, Collection and Reporting:** OCDD My Place staff; My Place aggregate data set; quarterly reporting
7. **Calculation Methodology:** Number of individuals who do not return to institutional setting within one year of discharge divided by number of individuals transitioned within year
8. **Scope:** Aggregated
9. **Caveats:** None
10. **Responsible Person:** Scott Tuma, My Place Louisiana Supervisor, (225) 342-0095, [Scott.Tuma@la.gov](mailto:Scott.Tuma@la.gov)



## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: Administration

**ACTIVITY: OCDD Central Office Administrative Services** - This activity centralizes the management functions for the Office for Citizens with Developmental Disabilities and provides direction and oversight to the Local Governing Entities in carrying out the legislative mandates and programmatic responsibilities on behalf of people with developmental disabilities and their families. Headquarters also manages the Office's human resources, fiscal, property, and information systems and provides leadership to the LDH-operated supports and services center and resource center as they exercise their mandates under state law.

**OBJECTIVE:** To provide programmatic leadership and direction to Louisiana's Developmental Disabilities Services System in a manner that is responsive to citizens' needs and results in effective and efficient service delivery through FY 2030-2031.

**INDICATOR NAME:** Percentage of progress toward My Place Louisiana transitions annual benchmark of number of persons transitioned

**PI Code:** 25642

1. **Type and Level:** Outcome/Supporting
2. **Rationale, Relevance, Reliability:** Will assess efforts to provide services that are responsive to citizens' needs
3. **Use:** Will indicate adherence to OCDD obligations for administration of the My Place Louisiana/MFP Rebalancing Demonstration federal funding award.
4. **Clarity:** Clear
5. **Accuracy, Maintenance, Support:** Monthly validation of aggregate data set entries is in place.
6. **Data Source, Collection and Reporting:** OCDD My Place staff; My Place aggregate data set; quarterly reporting
7. **Calculation Methodology:** Number of persons transitioned divided by annual projected total number of persons transitioned
8. **Scope:** Aggregated
9. **Caveats:** My Place program's meeting of transition goals is contingent upon: (1) availability of waiver slots/opportunities with timely offers being made to persons in private facility settings, (2) transition referrals from public SSC, and (3) use of money follows the person, either by children from hospital/nursing facility settings or ROW conversion.
10. **Responsible Person:** Scott Tuma, My Place Louisiana Supervisor, (225) 342-0095, [Scott.Tuma@la.gov](mailto:Scott.Tuma@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: Administration

**ACTIVITY: OCDD Central Office Administrative Services** - This activity centralizes the management functions for the Office for Citizens with Developmental Disabilities and provides direction and oversight to the Local Governing Entities in carrying out the legislative mandates and programmatic responsibilities on behalf of people with developmental disabilities and their families. Headquarters also manages the Office's human resources, fiscal, property, and information systems and provides leadership to the LDH-operated supports and services center and resource center as they exercise their mandates under state law.

**OBJECTIVE:** To provide programmatic leadership and direction to Louisiana's Developmental Disabilities Services System in a manner that is responsive to citizens' needs and results in effective and efficient service delivery through FY 2030-2031.

**INDICATOR NAME:** Percentage of months in the designated period that reports were delivered accurately and timely

**PI Code:** 24653

1. **Type and Level:** Outcome/Key
2. **Rationale, Relevance, Reliability:** Will assess efforts to provide programmatic leadership
3. **Use:** Will be used for performance-based budgeting/internal management to assess programmatic leadership
4. **Clarity:** Clear
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through internal audit.
6. **Data Source, Collection and Reporting:** Copies of submitted reports from budgetary units; quarterly reporting
7. **Calculation Methodology:** Total months that reports were submitted accurately and timely divided by the total months in the designated period
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Craig Gannuch, Fiscal Director, (225) 342-0095, [Craig.Gannuch@la.gov](mailto:Craig.Gannuch@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: Administration

**ACTIVITY: OCDD Central Office Administrative Services** - This activity centralizes the management functions for the Office for Citizens with Developmental Disabilities and provides direction and oversight to the Local Governing Entities in carrying out the legislative mandates and programmatic responsibilities on behalf of people with developmental disabilities and their families. Headquarters also manages the Office's human resources, fiscal, property, and information systems and provides leadership to the LDH-operated supports and services center and resource center as they exercise their mandates under state law.

**OBJECTIVE:** To provide programmatic leadership and direction to Louisiana's Developmental Disabilities Services System in a manner that is responsive to citizens' needs and results in effective and efficient service delivery through FY 2030-2031.

**INDICATOR NAME:** Percentage of months in the fiscal year that a monthly contract report was produced reflecting status of Office contracts

**PI Code:** 24655

1. **Type and Level:** Outcome/Supporting
2. **Rationale, Relevance, Reliability:** Will assess efforts to provide programmatic
3. **Use:** Will be used for performance-based budgeting and internal management to assess programmatic leadership
4. **Clarity:** Clear
5. **Accuracy, Maintenance, Support:** Agency ensures accuracy through internal audit.
6. **Data Source, Collection and Reporting:** Copies of submitted reports from contract manager; ongoing collection; semi-annual reporting
7. **Calculation Methodology:** Total months in fiscal year that the contract report was produced with required information divided by the total months in fiscal year
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Craig Gannuch, Fiscal Director, (225) 342-0095, [Craig.Gannuch@la.gov](mailto:Craig.Gannuch@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: Administration

**ACTIVITY: OCDD Central Office Administrative Services** - This activity centralizes the management functions for the Office for Citizens with Developmental Disabilities and provides direction and oversight to the Local Governing Entities in carrying out the legislative mandates and programmatic responsibilities on behalf of people with developmental disabilities and their families. Headquarters also manages the Office's human resources, fiscal, property, and information systems and provides leadership to the LDH-operated supports and services center and resource center as they exercise their mandates under state law.

**OBJECTIVE:** To provide programmatic leadership and direction to Louisiana's Developmental Disabilities Services System in a manner that is responsive to citizens' needs and results in effective and efficient service delivery through FY 2030-2031.

**INDICATOR NAME:** Percentage of people surveyed reporting they had overall satisfaction with services received

**PI Code:** 22461

1. **Type and Level:** Outcome and Quality/Supporting
2. **Rationale, Relevance, Reliability:** Will assess efforts to provide programmatic leadership
3. **Use:** Will be used in performance-based budgeting and internal management to measure responsiveness to citizens' needs
4. **Clarity:** Clear
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through internal audit.
6. **Data Source, Collection and Reporting:** National database; collected through annual survey; annual reporting
7. **Calculation Methodology:** Number of families surveyed reporting "always" or "sometimes" satisfied divided by number of families surveyed
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Pam Sund, Program Manager 3, (225) 342-0095, [Pam.Sund@la.gov](mailto:Pam.Sund@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: Administration

**ACTIVITY: OCDD Central Office Administrative Services** - This activity centralizes the management functions for the Office for Citizens with Developmental Disabilities and provides direction and oversight to the Local Governing Entities in carrying out the legislative mandates and programmatic responsibilities on behalf of people with developmental disabilities and their families. Headquarters also manages the Office's human resources, fiscal, property, and information systems and provides leadership to the LDH-operated supports and services center and resource center as they exercise their mandates under state law.

**OBJECTIVE:** To provide programmatic leadership and direction to Louisiana's Developmental Disabilities Services System in a manner that is responsive to citizens' needs and results in effective and efficient service delivery through FY 2030-2031.

**INDICATOR NAME:** Percentage of people surveyed reporting that they had choice in the services they received

**PI Code:** 22462

1. **Type and Level:** Outcome/Supporting
2. **Rationale, Relevance, Reliability:** Will measure responsiveness to citizens' needs
3. **Use:** Will be used in performance-based budgeting and internal manage to measure responsiveness to citizens' needs
4. **Clarity:** Clear
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through internal audit.
6. **Data Source, Collection and Reporting:** National database; collected through annual survey; reported annually
7. **Calculation Methodology:** Number of families served reporting "usually" or "sometimes have choice" divided by number of family survey reporting "usually/sometimes" or "seldom/never have choice"
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Pam Sund, Program Manager 3, (225) 342-0095, [Pam.Sund@la.gov](mailto:Pam.Sund@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: Administration

**ACTIVITY: OCDD Central Office Administrative Services** - This activity centralizes the management functions for the Office for Citizens with Developmental Disabilities and provides direction and oversight to the Local Governing Entities in carrying out the legislative mandates and programmatic responsibilities on behalf of people with developmental disabilities and their families. Headquarters also manages the Office's human resources, fiscal, property, and information systems and provides leadership to the LDH-operated supports and services center and resource center as they exercise their mandates under state law.

**OBJECTIVE:** To provide programmatic leadership and direction to Louisiana's Developmental Disabilities Services System in a manner that is responsive to citizens' needs and results in effective and efficient service delivery through FY 2030-2031.

**INDICATOR NAME:** Percentage of Local Governing Entities (LGEs) receiving an annual validation visit (from review of reports of validation visits)

**PI Code:** 24654

1. **Type and Level:** Outcome/Supporting
2. **Rationale, Relevance, Reliability:** Will measure monitoring of regional performance
3. **Use:** Will be used for performance-based budgeting and internal management
4. **Clarity:** Clear
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through internal audit.
6. **Data Source, Collection and Reporting:** Internal reports are completed following annual validation visits; data will be reported annually upon completion of all LGEs.
7. **Calculation Methodology:** Number of authorities/districts surveyed during the fiscal year divided by number of LGEs
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Pam Sund, Program Manager 3, (225) 342-0095, [Pam.Sund@la.gov](mailto:Pam.Sund@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: Administration

**ACTIVITY: OCDD Central Office Administrative Services** - This activity centralizes the management functions for the Office for Citizens with Developmental Disabilities and provides direction and oversight to the Local Governing Entities in carrying out the legislative mandates and programmatic responsibilities on behalf of people with developmental disabilities and their families. Headquarters also manages the Office's human resources, fiscal, property, and information systems and provides leadership to the LDH-operated supports and services center and resource center as they exercise their mandates under state law.

**OBJECTIVE:** To provide programmatic leadership and direction to Louisiana's Developmental Disabilities Services System in a manner that is responsive to citizens' needs and results in effective and efficient service delivery through FY 2030-2031.

**INDICATOR NAME:** Percentage of individuals reporting satisfaction across the *Partners in Quality* (PIQ) assessed living situations

**PI Code:** 24699

1. **Type and Level:** Outcome and Quality/Supporting
2. **Rationale, Relevance, Reliability:** Will verify individual's satisfaction with PIQ assessed living situations
3. **Use:** Will be used in performance-based budgeting and internal management
4. **Clarity:** Clear
5. **Accuracy, Maintenance, Support:** Agency ensures accuracy through monthly validation of database entries.
6. **Data Source, Collection and Reporting:** OCDD database; ongoing collection; quarterly reporting
7. **Calculation Methodology:** Number of individuals reporting satisfaction across the *Partners in Quality* (PIQ) assessed living situations divided by the number of individuals surveyed
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Charles Ayles, Deputy Assistant Secretary for Administrative Services, (225) 342-0095, [Charles.Ayles@la.gov](mailto:Charles.Ayles@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: Administration

**ACTIVITY: OCDD Central Office Administrative Services** - This activity centralizes the management functions for the Office for Citizens with Developmental Disabilities and provides direction and oversight to the Local Governing Entities in carrying out the legislative mandates and programmatic responsibilities on behalf of people with developmental disabilities and their families. Headquarters also manages the Office's human resources, fiscal, property, and information systems and provides leadership to the LDH-operated supports and services center and resource center as they exercise their mandates under state law.

**OBJECTIVE:** To provide programmatic leadership and direction to Louisiana's Developmental Disabilities Services System in a manner that is responsive to citizens' needs and results in effective and efficient service delivery through FY 2030-2031.

**INDICATOR NAME:** Percentage of individuals reporting satisfaction across the *Partners in Quality* (PIQ) assessed work/day areas

**PI Code:** 24700

1. **Type and Level:** Outcome and Quality/Supporting
2. **Rationale, Relevance, Reliability:** Will verify individual's satisfaction with PIQ assessed work/day areas
3. **Use:** Will be used in performance-based budgeting and internal management
4. **Clarity:** Clear
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through monthly validation of the database entries.
6. **Data Source, Collection and Reporting:** OCDD database; ongoing collection; quarterly reporting
7. **Calculation Methodology:** Number of individuals reporting satisfaction across the *Partners in Quality* (PIQ) assessed work/day areas divided by the number of individuals surveyed
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Charles Ayles, Deputy Assistant Secretary for Administrative Services, (225) 342-0095, [Charles.Ayles@LA.GOV](mailto:Charles.Ayles@LA.GOV)



## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: Administration (Resource Center)

**ACTIVITY: OCDD Central Office Administrative Services (Resource Center)** - This activity directs and manages the OCDD Resource Center. The Resource Center supervises clinicians across an array of disciplines including the Community Support Teams (CSTs) and Psychologists. These clinicians and CSTs provide training, consultation, and technical assistance to service and caregiver resources in the community (i.e., private clinicians, private support staff agencies, community homes, families, and schools) to meet the medical, behavior and psychiatric support needs of persons with disabilities in existing community settings and to avoid institutional placement. The activity uses public resources to expand private service capacity and assist the private sector in meeting higher, needed standards of care for people with disabilities.

**OBJECTIVE:** To increase capacity-building activities for private community providers, creating private sector community infrastructure to meet the complex needs and support diversion of individuals from public residential services through FY 2030-2031.

**INDICATOR NAME:** Percentage of individuals reporting satisfaction across the *Partners in Quality (PIQ)* assessed work/day areas

**PI Code:** 24259

1. **Type and Level:** Outcome/Key
2. **Rationale, Relevance, Reliability:** Will verify the success of the resource center in supporting individual to remain in their most integrated setting
3. **Use:** Will be used in performance-based budgeting and internal management
4. **Clarity:** Clear
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through monthly validation of the database entries.
6. **Data Source, Collection and Reporting:** OCDD database; ongoing collection; quarterly reporting
7. **Calculation Methodology:** Number of people served by the resource center who remain in their most integrated setting divided by the number of people served by the resource center
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Brandi Kelly, Ph.D., Clinical Director, 225-342-0095, [Brandi.Kelly@la.gov](mailto:Brandi.Kelly@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: Administration (Resource Center)

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**OBJECTIVE:** To increase capacity-building activities for private community providers, creating private sector community infrastructure to meet the complex needs and support diversion of individuals from public residential services through FY 2030-2031.

**INDICATOR NAME:** Percentage of individuals reporting satisfaction across the *Partners in Quality (PIQ)* assessed work/day areas

**PI Code:** 24259

1. **Type and Level:** Outcome/Key
2. **Rationale, Relevance, Reliability:** Will verify the success of the resource center in supporting individual to remain in their most integrated setting
3. **Use:** Will be used in performance-based budgeting and internal management
4. **Clarity:** Clear
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through monthly validation of the database entries.
6. **Data Source, Collection and Reporting:** OCDD database; ongoing collection; quarterly reporting
7. **Calculation Methodology:** Number of people served by the resource center who remain in their most integrated setting divided by the number of people served by the resource center
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Brandi Kelly, Ph.D., Clinical Director, 225-342-0095, [Brandi.Kelly@la.gov](mailto:Brandi.Kelly@la.gov)

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**OBJECTIVE:** To increase capacity-building activities for private community providers, creating private sector community infrastructure to meet the complex needs and support diversion of individuals from public residential services through FY 2030-2031.

### INDICATOR NAME: Number of providers receiving Resource Center services

**PI Code:** 25644

1. **Type and Level:** Outcome/Supporting
2. **Rationale, Relevance, Reliability:** Will verify the number of providers receiving Resource Center services
3. **Use:** Will be used in performance-based budgeting and internal management
4. **Clarity:** Clear
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through monthly validation of the database entries.
6. **Data Source, Collection and Reporting:** OCDD database; ongoing collection; semi-annual reporting
7. **Calculation Methodology:** Total number of providers receiving services from the resource center
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Brandi Kelly, Ph.D., Clinical Director, 225-342-0095, [Brandi.Kelly@la.gov](mailto:Brandi.Kelly@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: Administration (Resource Center)

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**OBJECTIVE:** To increase capacity-building activities for private community providers, creating private sector community infrastructure to meet the complex needs and support diversion of individuals from public residential services through FY 2030-2031.

### INDICATOR NAME: Number of resource center training events

**PI Code:** 24692

1. **Type and Level:** Outcome/Supporting
2. **Rationale, Relevance, Reliability:** Will verify the number of resource training events
3. **Use:** Will be used in performance-based budgeting and internal management
4. **Clarity:** Clear
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through monthly validation of the database entries.
6. **Data Source, Collection and Reporting:** OCDD database; ongoing collection; semi-annual reporting.
7. **Calculation Methodology:** Total number of training events offered by the resource center
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Brandi Kelly, Ph.D., Clinical Director, 225-342-0095, [Brandi.Kelly@la.gov](mailto:Brandi.Kelly@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: Administration (Resource Center)

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**OBJECTIVE:** To increase capacity-building activities for private community providers, creating private sector community infrastructure to meet the complex needs and support diversion of individuals from public residential services through FY 2030-2031.

### INDICATOR NAME: Number of resource center technical assistance sessions

**PI Code:** 24694

1. **Type and Level:** Output and Outcome/Supporting
2. **Rationale, Relevance, Reliability:** Will verify the number of resource center technical assistance sessions
3. **Use:** Will be used in performance-based budgeting and internal management
4. **Clarity:** Clear
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through monthly validation of the database entries.
6. **Data Source, Collection and Reporting:** OCDD database; ongoing collection; semi-annual reporting
7. **Calculation Methodology:** Total number of resource center technical assistance sessions
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Brandi Kelly, Ph.D., Clinical Director, 225-342-0095, [Brandi.Kelly@la.gov](mailto:Brandi.Kelly@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: Administration (Resource Center)

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**OBJECTIVE:** To increase capacity-building activities for private community providers, creating private sector community infrastructure to meet the complex needs and support diversion of individuals from public residential services through FY 2030-2031.

### INDICATOR NAME: Number of resource center consultations

**PI Code:** 24695

1. **Type and Level:** Output and Outcome/Supporting
2. **Rationale, Relevance, Reliability:** Will verify the number of resource center consultations
3. **Use:** Will be used in performance-based budgeting and internal management
4. **Clarity:** Clear
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through monthly validation of the database entries.
6. **Data Source, Collection and Reporting:** OCDD database; ongoing collection; semi-annual reporting
7. **Calculation Methodology:** Total number of resource center consultations
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Brandi Kelly, Ph.D., Clinical Director, 225-342-0095, [Brandi.Kelly@la.gov](mailto:Brandi.Kelly@la.gov)

## Program B: Community-Based Supports

**Goal I:** To develop and manage in a fiscally responsible way the delivery of an array of community-based supports and services so that people with developmental disabilities achieve their person-centered or family-driven outcomes in the pursuit of quality of life, well-being, and meaningful relationships.

**Goal II:** To increase community capacity and competence in a manner consistent with evidence-based practice and national standards of care in order to meet the identified needs of people with developmental disabilities, including the capacity of families, government agencies, and community organizations and businesses, as well as the capacity of those providing specialized disability supports and services

**Statutory Authority:** Program B is authorized under La. R.S. 28:451.1-455.2 and R.S. 28:821-24

## PERFORMANCE INDICATOR DOCUMENTATION

### **PROGRAM: Office for Citizens with Developmental Disabilities Community-Based Supports**

**ACTIVITY: OCDD Community Program Development and Management** - This activity provides statewide oversight and management of the delivery of individualized community-based supports and services, including Home and Community-Based (HCBS) waiver services, through assessment, information/choice, planning, and referral, in a manner which affords opportunities for people with developmental disabilities to achieve their personally defined outcomes and goals. Community-based services and programs include, but are not limited to, Flexible Family Funds, Individual & Family Support, State-Funded Case Management, Pre-Admission Screening & Resident Review (PASRR), Intermediate Care Facility for Persons with Intellectual/Developmental Disabilities (ICF/IID) Certification, Single Point of Entry, EarlySteps, and waivers (New Opportunities Waiver, Children's Choice Waiver, Supports Waiver, and Residential Options Waiver).

**OBJECTIVE:** To provide effective and efficient management, delivery, and expansion of waiver and state-funded community programs and to optimize the use of natural and typical community resources in order to promote and maximize home and community life and prevent and reduce institutional care during FY 2025-2026 through FY 2030-2031.

### **INDICATOR NAME: Percentage of available I/DD Waiver opportunities utilized**

**PI Code:** 26383

1. **Type and Level:** Efficiency and Input/Key
2. **Rationale, Relevance, Reliability:** Will indicate adherence to LDH/OCDD rules, policies and procedures related to waiver administration
3. **Use:** Will be used for performance-based budgeting and internal management
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through an annual audit of the data.
6. **Data Source, Collection and Reporting:** External contractor; quarterly reporting
7. **Calculation Methodology:** Number of I/DD Waiver opportunities filled divided by the total number of I/DD Waiver opportunities available
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Christy Johnson, Program Manager 4, (225) 342-0095, [Christy.Johnson@la.gov](mailto:Christy.Johnson@la.gov)



## PERFORMANCE INDICATOR DOCUMENTATION

### **PROGRAM: Office for Citizens with Developmental Disabilities Community-Based Supports**

**ACTIVITY: OCDD Community Program Development and Management** - This activity provides statewide oversight and management of the delivery of individualized community-based supports and services, including Home and Community-Based (HCBS) waiver services, through assessment, information/choice, planning, and referral, in a manner which affords opportunities for people with developmental disabilities to achieve their personally defined outcomes and goals. Community-based services and programs include, but are not limited to, Flexible Family Funds, Individual & Family Support, State-Funded Case Management, Pre-Admission Screening & Resident Review (PASRR), Intermediate Care Facility for Persons with Intellectual/Developmental Disabilities (ICF/IID) Certification, Single Point of Entry, EarlySteps, and waivers (New Opportunities Waiver, Children's Choice Waiver, Supports Waiver, and Residential Options Waiver).

**OBJECTIVE:** To provide effective and efficient management, delivery, and expansion of waiver and state-funded community programs and to optimize the use of natural and typical community resources in order to promote and maximize home and community life and prevent and reduce institutional care during FY 2025-2026 through FY 2030-2031.

**INDICATOR NAME: Percentage of waiver participants who have remained in the community and do not require admission to a more restrictive setting**

**PI Code:** 24660

1. **Type and Level:** Outcome/Supporting
2. **Rationale, Relevance, Reliability:** Will indicate effectiveness of waiver services to assist people to remain in their homes and communities
3. **Use:** Will be used for performance-based budgeting and internal management
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through an annual audit of the data.
6. **Data Source, Collection and Reporting:** Internal database; ongoing collection; semi-annual reporting
7. **Calculation Methodology:** Number of waiver participants discharged into a more restrictive setting divided by the total number of waiver participants
8. **Scope:** Aggregate
9. **Caveats:** Data will be collected from the NOW, Children's Choice, Supports Waiver, and ROW. The data collection will be contingent upon the Medicaid and Regions/ Districts/ Authorities collection.
10. **Responsible Person:** Christy Johnson, Program Manager 4, (225) 342-0095, [Christy.Johnson@la.gov](mailto:Christy.Johnson@la.gov)

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### **PROGRAM: Office for Citizens with Developmental Disabilities Community-Based Supports**

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**OBJECTIVE:** To provide effective and efficient management, delivery, and expansion of waiver and state-funded community programs and to optimize the use of natural and typical community resources in order to promote and maximize home and community life and prevent and reduce institutional care during FY 2025-2026 through FY 2030-2031.

### **INDICATOR NAME: Number of individuals participating in HCBS waivers who utilize self-direction**

**PI Code:** 25036

1. **Type and Level:** Outcome/Supporting
2. **Rationale, Relevance, Reliability:** Will indicate effectiveness of self-direction initiative
3. **Use:** Will be used for performance-based budgeting and internal management
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through an annual audit of the data.
6. **Data Source, Collection and Reporting:** Internal database; ongoing collection; semi-annual reporting
7. **Calculation Methodology:** Total number of individuals participating in HCBS waivers who utilize self-direction
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Christy Johnson, Program Manager 4, (225) 342-0095, [Christy.Johnson@la.gov](mailto:Christy.Johnson@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

### **PROGRAM: Office for Citizens with Developmental Disabilities Community-Based Supports**

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**OBJECTIVE:** To provide effective and efficient management, delivery, and expansion of waiver and state-funded community programs and to optimize the use of natural and typical community resources in order to promote and maximize home and community life and prevent and reduce institutional care during FY 2025-2026 through FY 2030-2031.

### **INDICATOR NAME: Number of persons in individual integrated employment**

**PI Code:** 25035

1. **Type and Level:** Outcome/Supporting
2. **Rationale, Relevance, Reliability:** Will indicate effectiveness of Employment First initiative
3. **Use:** Will be used for performance-based budgeting and internal management
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through an annual audit of the data.
6. **Data Source, Collection and Reporting:** Internal database; ongoing collection; semi-annual reporting
7. **Calculation Methodology:** Total number of individuals in integrated employment
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Christy Johnson, Program Manager 4, (225) 342-0095, [Christy.Johnson@la.gov](mailto:Christy.Johnson@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

### **PROGRAM: Office for Citizens with Developmental Disabilities Community-Based Supports**

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**OBJECTIVE:** To provide effective and efficient management, delivery, and expansion of waiver and state-funded community programs and to optimize the use of natural and typical community resources in order to promote and maximize home and community life and prevent and reduce institutional care during FY 2025-2026 through FY 2030-2031.

**INDICATOR NAME:** Number of years on DD Request for Services Register (RFSR) for individuals with unmet "urgent/emergent" needs based on Screening for Urgency of Need (SUN) score

**PI Code:** 26384

1. **Type and Level:** Output/Key
2. **Rationale, Relevance, Reliability:** Will directly measure strategy to optimize the use of community-based services
3. **Use:** Will be used for performance-based budgeting and internal management in assessing effectiveness of the strategy to optimize the use of community-based services while decreasing reliance on institutional services
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through an internal audit of the data.
6. **Data Source, Collection and Reporting:** External contractor; quarterly reporting
7. **Calculation Methodology:** Average wait time based on calculation of subtracting the date of offer from date placed on registry
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Christy Johnson, Program Manager 4, (225) 342-0095, [Christy.Johnson@la.gov](mailto:Christy.Johnson@la.gov)

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**OBJECTIVE:** To provide effective and efficient management, delivery, and expansion of waiver and state-funded community programs and to optimize the use of natural and typical community resources in order to promote and maximize home and community life and prevent and reduce institutional care during FY 2025-2026 through FY 2030-2031.

### **INDICATOR NAME: Number of individuals with developmental disabilities supported through HCBS waivers**

**PI Code:** 25034

1. **Type and Level:** Outcome/Key
2. **Rationale, Relevance, Reliability:** Will assess efforts to provide services that are responsive to citizens' needs
3. **Use:** Will be used for performance-based budgeting and internal management
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through an internal audit of the data.
6. **Data Source, Collection and Reporting:** External database; on-going collection; quarterly reporting
7. **Calculation Methodology:** Total number of individuals with developmental disabilities supported through HCBS waivers
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Charles Ayles, Deputy Assistant Secretary for Administrative Services, (225) 342-0095, [Charles.Ayles@la.gov](mailto:Charles.Ayles@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

### **PROGRAM: Office for Citizens with Developmental Disabilities Community-Based Supports**

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**OBJECTIVE:** To provide effective and efficient management, delivery, and expansion of waiver and state-funded community programs and to optimize the use of natural and typical community resources in order to promote and maximize home and community life and prevent and reduce institutional care during FY 2025-2026 through FY 2030-2031.

### **INDICATOR NAME: Number of available I/DD Waiver opportunities**

**PI Code:** 7965

1. **Type and Level:** Output/GPI
2. **Rationale, Relevance, Reliability:** Will assess efforts to provide services that are responsive to citizens' needs
3. **Use:** Will be used for performance-based budgeting and internal management
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through an internal audit of the data.
6. **Data Source, Collection and Reporting:** Internal database; annual reporting
7. **Calculation Methodology:** Total number of available I/DD Waiver opportunities
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Charles Ayles, Deputy Assistant Secretary for Administrative Services, (225) 342-0095, [Charles.Ayles@la.gov](mailto:Charles.Ayles@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

### **PROGRAM: Office for Citizens with Developmental Disabilities EarlySteps**

**ACTIVITY: Identifying and Providing Services to Infants and Toddlers with Disabilities** - This activity provides for Louisiana's early intervention system for children with disabilities and developmental delays, ages birth to three, and their families. Services provided through this program include audiology, speech-language therapy, occupational therapy, physical therapy, special instruction, assistive technology, service coordination, medical evaluation, health services, nursing services, vision services, social work services, psychology services, family training, nutritional services, and transportation.

**OBJECTIVE:** To provide supports to infants and toddlers with disabilities and their families in order to increase participation in family and community activities, to minimize the potential for developmental delay, to reduce educational costs by minimizing the need for special education/related services after reaching school age, and to progress to the level of current national standards during FY 2025-2026 through FY 2030-2031.

**INDICATOR NAME: Percentage of infants and toddlers in the state that are identified as eligible for EarlySteps**

**PI Code:** 24663

1. **Type and Level:** Outcome/Key
2. **Rationale, Relevance, Reliability:** Will indicate effectiveness of outreach efforts
3. **Use:** Will be used for performance-based budgeting and internal management
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through an annual audit of the data.
6. **Data Source, Collection and Reporting:** External database; quarterly reporting
7. **Calculation Methodology:** Number of infants and toddlers identified as eligible divided by the annual census projection of infants and toddlers
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Caroline Nailor-Oglesby, Program Manager 2, (225) 342-0095, [Caroline.Oglesby@la.gov](mailto:Caroline.Oglesby@la.gov)



## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: Office for Citizens with Developmental Disabilities EarlySteps

**ACTIVITY: Identifying and Providing Services to Infants and Toddlers with Disabilities** - This activity provides for Louisiana's early intervention system for children with disabilities and developmental delays, ages birth to three, and their families. Services provided through this program include audiology, speech-language therapy, occupational therapy, physical therapy, special instruction, assistive technology, service coordination, medical evaluation, health services, nursing services, vision services, social work services, psychology services, family training, nutritional services, and transportation.

**OBJECTIVE:** To provide supports to infants and toddlers with disabilities and their families in order to increase participation in family and community activities, to minimize the potential for developmental delay, to reduce educational costs by minimizing the need for special education/related services after reaching school age, and to progress to the level of current national standards during FY 2025-2026 through FY 2030-2031.

**INDICATOR NAME: Percentage of Individual Family Services Plans developed within 45 days of referral for eligible infants and families**

**PI Code:** 24664

1. **Type and Level:** Outcome/Supporting
2. **Rationale, Relevance, Reliability:** Will indicate adherence to LDH/OCDD rules, policies and procedures related to EarlySteps administration
3. **Use:** Will be used for performance-based budgeting and internal management
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through an annual audit of the data.
6. **Data Source, Collection and Reporting:** External database; semi-annual reporting
7. **Calculation Methodology:** Number of IFS plans developed within 45 days of referral divided by the total number of IFS plans developed
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Caroline Nailor-Oglesby, Program Manager 2, (225) 342-0095, [Caroline.Oglesby@la.gov](mailto:Caroline.Oglesby@la.gov)



## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: Office for Citizens with Developmental Disabilities EarlySteps

**ACTIVITY: Identifying and Providing Services to Infants and Toddlers with Disabilities** - This activity provides for Louisiana's early intervention system for children with disabilities and developmental delays, ages birth to three, and their families. Services provided through this program include audiology, speech-language therapy, occupational therapy, physical therapy, special instruction, assistive technology, service coordination, medical evaluation, health services, nursing services, vision services, social work services, psychology services, family training, nutritional services, and transportation.

**OBJECTIVE:** To provide supports to infants and toddlers with disabilities and their families in order to increase participation in family and community activities, to minimize the potential for developmental delay, to reduce educational costs by minimizing the need for special education/related services after reaching school age, and to progress to the level of current national standards during FY 2025-2026 through FY 2030-2031.

**INDICATOR NAME: Percentage of Individual Family Services Plans implemented within 30 days of parental consent on the Individual Family Services Plan**

**PI Code:** 24665

1. **Type and Level:** Outcome/Supporting
2. **Rationale, Relevance, Reliability:** Will indicate adherence to LDH/OCDD rules, policies and procedures related to EarlySteps administration
3. **Use:** Will be used for performance-based budgeting and internal
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through an internal audit sample of the data.
6. **Data Source, Collection and Reporting:** External database; semi-annual reporting
7. **Calculation Methodology:** Number of IFS plans implemented within 30 days of parent consent on the IFS plan divided by the total number of IFS plans implemented
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Caroline Nailor-Oglesby, Program Manager 2, (225) 342-0095, [Caroline.Oglesby@la.gov](mailto:Caroline.Oglesby@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

### **PROGRAM: Office for Citizens with Developmental Disabilities EarlySteps**

**ACTIVITY: Identifying and Providing Services to Infants and Toddlers with Disabilities** - This activity provides for Louisiana's early intervention system for children with disabilities and developmental delays, ages birth to three, and their families. Services provided through this program include audiology, speech-language therapy, occupational therapy, physical therapy, special instruction, assistive technology, service coordination, medical evaluation, health services, nursing services, vision services, social work services, psychology services, family training, nutritional services, and transportation.

**OBJECTIVE:** To provide supports to infants and toddlers with disabilities and their families in order to increase participation in family and community activities, to minimize the potential for developmental delay, to reduce educational costs by minimizing the need for special education/related services after reaching school age, and to progress to the level of current national standards during FY 2025-2026 through FY 2030-2031.

**INDICATOR NAME: Percentage of families referred for entry to developmental disability services whose applications are processed by Local Governing Entities**

**PI Code:** 24666

1. **Type and Level:** Outcome/Key
2. **Rationale, Relevance, Reliability:** Will indicate adherence to LDH/OCDD rules, policies and procedures related to EarlySteps administration
3. **Use:** Will be used for performance-based budgeting and internal management to assess programmatic leadership
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through an internal audit sample of the data.
6. **Data Source, Collection and Reporting:** External database; quarterly reporting
7. **Calculation Methodology:** Number of families referred for entry to developmental disabilities services divided by the number of families who requested referral
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Pam Sund, Program Manager 3, (225) 342-0095, [Pam.Sund@la.gov](mailto:Pam.Sund@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: Office for Citizens with Developmental Disabilities EarlySteps

**ACTIVITY: Identifying and Providing Services to Infants and Toddlers with Disabilities** - This activity provides for Louisiana's early intervention system for children with disabilities and developmental delays, ages birth to three, and their families. Services provided through this program include audiology, speech-language therapy, occupational therapy, physical therapy, special instruction, assistive technology, service coordination, medical evaluation, health services, nursing services, vision services, social work services, psychology services, family training, nutritional services, and transportation.

**OBJECTIVE:** To provide supports to infants and toddlers with disabilities and their families in order to increase participation in family and community activities, to minimize the potential for developmental delay, to reduce educational costs by minimizing the need for special education/related services after reaching school age, and to progress to the level of current national standards during FY 2025-2026 through FY 2030-2031.

**INDICATOR NAME:** The percentage of children exiting EarlySteps at the level of their typical peers.

**PI Code:** 26963

1. **Type and Level:** Outcome/Supporting
2. **Rationale, Relevance, Reliability:** Will indicate adherence to LDH/OCDD rules, policies and procedures related to EarlySteps administration
3. **Use:** Will be used for performance-based budgeting and internal management to assess programmatic leadership
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through an internal audit sample of the data.
6. **Data Source, Collection and Reporting:** External database; quarterly reporting
7. **Calculation Methodology:** Number of infants and toddlers receiving support in child care divided by total number receiving support in community settings
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Caroline Nailor Oglesby, Program Manager 2, (225) 342-0095, [Caroline.Oglesby@la.gov](mailto:Caroline.Oglesby@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: Office for Citizens with Developmental Disabilities EarlySteps

**ACTIVITY: Identifying and Providing Services to Infants and Toddlers with Disabilities** - This activity provides for Louisiana's early intervention system for children with disabilities and developmental delays, ages birth to three, and their families. Services provided through this program include audiology, speech-language therapy, occupational therapy, physical therapy, special instruction, assistive technology, service coordination, medical evaluation, health services, nursing services, vision services, social work services, psychology services, family training, nutritional services, and transportation.

**OBJECTIVE:** To provide supports to infants and toddlers with disabilities and their families in order to increase participation in family and community activities, to minimize the potential for developmental delay, to reduce educational costs by minimizing the need for special education/related services after reaching school age, and to progress to the level of current national standards during FY 2025-2026 through FY 2030-2031.

**INDICATOR NAME:** Percentage of families reporting that early intervention improved their ability to help their child develop and learn

**PI Code:** 26178

1. **Type and Level:** Outcome/Supporting
2. **Rationale, Relevance, Reliability:** Will indicate adherence to LDH/OCDD rules, policies and procedures related to EarlySteps administration
3. **Use:** Will be used for performance-based budgeting and internal management to assess programmatic leadership
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through an internal audit sample of the data.
6. **Data Source, Collection and Reporting:** Family Outcomes Survey
7. **Calculation Methodology:** Number responding with a response of 5 or above to specific survey question divided by the total number of survey responses
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Caroline Nailor Oglesby, Program Manager 2, (225) 342-0095, [Caroline.Oglesby@la.gov](mailto:Caroline.Oglesby@la.gov)

## Program F: Pinecrest Supports and Services Center (6000)

**GOAL I (Residential Services):** To provide specialized residential services to individuals with developmental disabilities and comorbid complex medical/behavioral/psychiatric needs in a manner that supports the goal of returning or transitioning individuals to community-based options.

**GOAL II (Residential Services):** To provide services in a manner that is efficient, effective and supports choice, dignity and quality of life.

**Statutory Authority:** Program B is authorized under R.S. 28:451.1 - 455.2 and Part VI-D of Chapter 11 of Title 40 of the Louisiana Revised Statutes of 1950, to be comprised of R.S. 40:2180 - 2180.5

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: Pinecrest Supports and Services Center (6000)

**ACTIVITY: Pinecrest Supports and Services Center - Residential Services** - This activity manages the LDH-operated supports and services center, which is part of Louisiana's continuum of developmental disability services. Following Title XIX (Medicaid) regulations, the center's comprehensive services and supports are administered by direct support, professional, health care, support and administrative staff. This activity supports the effort to re-balance expenditures inclusive of emphasis on shifting from institutional to community services consistent with national norms.

**OBJECTIVE I:** To further decrease reliance on public residential supports and services.

**OBJECTIVE II:** To increase successful re-entry into traditional community settings for individuals with developmental disabilities who require specialized therapeutic, psychiatric and behavioral supports/stabilization.

**INDICATOR NAME:** Number of people transitioned to private provider community options according to assessment/ support team recommendations

**PI Code:** 22522

1. **Type and Level:** Output/Key
2. **Rationale, Relevance, Reliability:** Will verify successful implementation of assessment/ support team recommendations for transition of individuals to private community options
3. **Use:** Will be used in performance-based budgeting and internal management
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through monthly validation of database entries.
6. **Data Source, Collection and Reporting:** OCDD database; ongoing collection; quarterly reporting
7. **Calculation Methodology:** Total number of people transitioned to private provider community options according to assessment/support team recommendations
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Nancy Brown, Administrator, (318) 641-2207, [Nancy.Brown@la.gov](mailto:Nancy.Brown@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: Pinecrest Supports and Services Center (6000)

**ACTIVITY: Pinecrest Supports and Services Center - Residential Services** - This activity manages the LDH-operated supports and services center, which is part of Louisiana's continuum of developmental disability services. Following Title XIX (Medicaid) regulations, the center's comprehensive services and supports are administered by direct support, professional, health care, support and administrative staff. This activity supports the effort to re-balance expenditures inclusive of emphasis on shifting from institutional to community services consistent with national norms.

**OBJECTIVE I:** To further decrease reliance on public residential supports and services.

**OBJECTIVE II:** To increase successful re-entry into traditional community settings for individuals with developmental disabilities who require specialized therapeutic, psychiatric and behavioral supports/stabilization.

**INDICATOR NAME:** Number of re-admissions to center within one year of transition

**PI Code:** 24697

1. **Type and Level:** Outcome/Key
2. **Rationale, Relevance, Reliability:** Will verify successful implementation of assessment/ support team recommendations for transition of individuals to private community options
3. **Use:** Will be used in performance-based budgeting and internal management
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through monthly validation of database entries.
6. **Data Source, Collection and Reporting:** OCDD database; ongoing collection; quarterly reporting
7. **Calculation Methodology:** Total number people re-admitted to center within one year of transition
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Nancy Brown, Administrator, (318) 641-2207, [Nancy.Brown@la.gov](mailto:Nancy.Brown@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: Pinecrest Supports and Services Center (6000)

**ACTIVITY: Pinecrest Supports and Services Center - Residential Services** - This activity manages the LDH-operated supports and services center, which is part of Louisiana's continuum of developmental disability services. Following Title XIX (Medicaid) regulations, the center's comprehensive services and supports are administered by direct support, professional, health care, support and administrative staff. This activity supports the effort to re-balance expenditures inclusive of emphasis on shifting from institutional to community services consistent with national norms.

**OBJECTIVE I:** To further decrease reliance on public residential supports and services.

**OBJECTIVE II:** To increase successful re-entry into traditional community settings for individuals with developmental disabilities who require specialized therapeutic, psychiatric and behavioral supports/stabilization.

### INDICATOR NAME: Percentage of Conditions of Participation in compliance during Health Standards Reviews

PI Code: 22519

1. **Type and Level:** Outcome and Quality/Key
2. **Rationale, Relevance, Reliability:** Will verify successful compliance with Title XIX federal regulations for Intermediate Care Facilities for Persons with Developmental Disabilities thus continuing Medicaid funding
3. **Use:** Will be used in in assessment of services provided, performance-based budgeting and internal management
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through monthly validation of database entries.
6. **Data Source, Collection and Reporting:** Annual survey finding report prepared and submitted by Health Standards Section; results will be reported annually.
7. **Calculation Methodology:** Number of Conditions of Participation in compliance divided by the total number of Conditions in applicable regulations (Title XIX).
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Nancy Brown, Administrator, (318) 641-2207, [Nancy.Brown@la.gov](mailto:Nancy.Brown@la.gov)



## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: Pinecrest Supports and Services Center (6000)

**ACTIVITY: Pinecrest Supports and Services Center - Residential Services** - This activity manages the LDH-operated supports and services center, which is part of Louisiana's continuum of developmental disability services. Following Title XIX (Medicaid) regulations, the center's comprehensive services and supports are administered by direct support, professional, health care, support and administrative staff. This activity supports the effort to re-balance expenditures inclusive of emphasis on shifting from institutional to community services consistent with national norms.

**OBJECTIVE I:** To further decrease reliance on public residential supports and services.

**OBJECTIVE II:** To increase successful re-entry into traditional community settings for individuals with developmental disabilities who require specialized therapeutic, psychiatric and behavioral supports/stabilization.

**INDICATOR NAME:** Percentage of individuals discharged who do not return to the facility (Pinecrest Supports and Services Center) within one year of discharge.

**PI Code:** 24703

1. **Type and Level:** Outcome/Key
2. **Rationale, Relevance, Reliability:** Will verify success of program
3. **Use:** Will be used in performance-based budgeting and internal management
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through monthly validation of database entries.
6. **Data Source, Collection and Reporting:** OCDD database; ongoing collection; quarterly reporting
7. **Calculation Methodology:** Number of individuals who do not return to a therapeutic program within one year of discharge divided by the number of individuals who are discharged within year
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Nancy Brown, Administrator, (318) 641-2207, [Nancy.Brown@la.gov](mailto:Nancy.Brown@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: Pinecrest Supports and Services Center (6000)

**ACTIVITY: Pinecrest Supports and Services Center - Residential Services** - This activity manages the LDH-operated supports and services center, which is part of Louisiana's continuum of developmental disability services. Following Title XIX (Medicaid) regulations, the center's comprehensive services and supports are administered by direct support, professional, health care, support and administrative staff. This activity supports the effort to re-balance expenditures inclusive of emphasis on shifting from institutional to community services consistent with national norms.

**OBJECTIVE I:** To further decrease reliance on public residential supports and services.

**OBJECTIVE II:** To increase successful re-entry into traditional community settings for individuals with developmental disabilities who require specialized therapeutic, psychiatric and behavioral supports/stabilization.

**INDICATOR NAME:** Average length of stay (years) in the facility (Pinecrest Supports and Services Center) for individuals admitted within the last five years.

**PI Code:** 25643

1. **Type and Level:** Outcome/Key
2. **Rationale, Relevance, Reliability:** Will verify success of program
3. **Use:** Will be used in performance-based budgeting and internal management
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through monthly validation of database entries.
6. **Data Source, Collection and Reporting:** OCDD database; ongoing collection; semi-annual reporting
7. **Calculation Methodology:** Number of individuals who do not return to a therapeutic program within one year of discharge divided by the number of individuals who are discharged within year
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Nancy Brown, Administrator, (318) 641-2207, [Nancy.Brown@la.gov](mailto:Nancy.Brown@la.gov)

## Program G: Central Louisiana Supports and Services Center (9000)

**GOAL I (Residential Services):** To provide high quality medical services and achieve excellent resident outcomes in a cost effective manner through June 30, 2025.

**GOAL II (Residential Services):** To provide services in a manner that is efficient, effective and supports choice, dignity and quality of life.

**Statutory Authority:** Program G is authorized by R.S. 28:451.1 - 455.2 and Part VI-D of Chapter 11 of Title 40 of the Louisiana Revised Statutes of 1950, to be comprised of R.S. 40:2180 - 2180.5

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Central Louisiana Supports and Services Center (9000)

**ACTIVITY:** Central Louisiana Supports and Services Center- Residential Services - This activity manages the LDH-operated supports and services center, which is part of Louisiana's continuum of developmental disability services. Following Title XIX (Medicaid) regulations, the center's comprehensive services and supports are administered by direct support, professional, health care, support and administrative staff. This activity supports the effort to re-balance expenditures inclusive of emphasis on shifting from institutional to community services consistent with national norms.

**OBJECTIVE I:** To increase the potential of each resident through active treatment (residential services, therapeutic services, medical services, social services, transitional services and nutritional services).

**OBJECTIVE II:** To increase quality of life through the participation in active treatment.

**INDICATOR NAME:** Number of people participating in daily active treatment.

**PI Code:** NEW

1. **Type and Level:** Output/Key
2. **Rationale, Relevance, Reliability:** Will verify successful participation in daily active treatment.
3. **Use:** Will be used in performance-based budgeting and internal management
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through monthly validation of database entries.
6. **Data Source, Collection and Reporting:** OCDD database; ongoing collection; quarterly reporting
7. **Calculation Methodology:** Total number of people who participate in daily active treatment.
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Kristy Flynn, Administrator, (318) 623-8821, [Kristy.Flynn@la.gov](mailto:Kristy.Flynn@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: Central Louisiana Supports and Services Center (9000)

**ACTIVITY: Central Louisiana Supports and Services Center- Residential Services** - This activity manages the LDH-operated supports and services center, which is part of Louisiana's continuum of developmental disability services. Following Title XIX (Medicaid) regulations, the center's comprehensive services and supports are administered by direct support, professional, health care, support and administrative staff. This activity supports the effort to re-balance expenditures inclusive of emphasis on shifting from institutional to community services consistent with national norms.

**OBJECTIVE I:** To increase the potential of each resident through active treatment (residential services, therapeutic services, medical services, social services, transitional services and nutritional services).

**OBJECTIVE II:** To increase quality of life through the participation in active treatment.

**INDICATOR NAME:** Number of residents that show improvement in at least one of the six listed domains (residential services, therapeutic services, medical services, social services, transitional services and nutritional services).

**PI Code:** NEW

1. **Type and Level:** Outcome/Key
2. **Rationale, Relevance, Reliability:** Will verify resident improvement in one of these six areas: residential services, therapeutic services, medical services, social services, transitional services and nutritional services.
3. **Use:** Will be used in performance-based budgeting and internal management
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through monthly validation of database entries.
6. **Data Source, Collection and Reporting:** OCDD database; ongoing collection; quarterly reporting
7. **Calculation Methodology:** Total number people re-admitted to center within one year of transition
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Kristy Flynn, Administrator, (318) 623-8821, [Kristy.Flynn@la.gov](mailto:Kristy.Flynn@la.gov)

## PERFORMANCE INDICATOR DOCUMENTATION

### PROGRAM: Central Louisiana Supports and Services Center (9000)

**ACTIVITY: Central Louisiana Supports and Services Center- Residential Services** - This activity manages the LDH-operated supports and services center, which is part of Louisiana's continuum of developmental disability services. Following Title XIX (Medicaid) regulations, the center's comprehensive services and supports are administered by direct support, professional, health care, support and administrative staff. This activity supports the effort to re-balance expenditures inclusive of emphasis on shifting from institutional to community services consistent with national norms.

**OBJECTIVE I:** To increase the potential of each resident through active treatment (residential services, therapeutic services, medical services, social services, transitional services and nutritional services).

**OBJECTIVE II:** To increase quality of life through the participation in active treatment.

**INDICATOR NAME: Percentage of Conditions of Participation in compliance during Health Standards Reviews**

**PI Code: NEW**

1. **Type and Level:** Outcome and Quality/Key
2. **Rationale, Relevance, Reliability:** Will verify successful compliance with Title XIX federal regulations for Intermediate Care Facilities for Persons with Developmental Disabilities thus continuing Medicaid funding.
3. **Use:** Will be used in performance-based budgeting and internal management
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through monthly validation of database entries.
6. **Data Source, Collection and Reporting:** Annual survey finding report prepared and submitted by Health Standards Section; results will be reported annually.
7. **Calculation Methodology:** Number of Conditions of Participation in compliance divided by the total number of Conditions in applicable regulations (Title XIX)
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Kristy Flynn, Administrator, (318) 623-8821, [Kristy.Flynn@la.gov](mailto:Kristy.Flynn@la.gov)

## Program H: Auxiliary Administration (A1000)

**GOAL:** The goal of the Auxiliary Account is to provide individually determined supports and services to the residents of the state-operated supports and services center (Pinecrest) through a growing and diverse range of community options and resources.

**Statutory Authority:** Program H is authorized under R.S. 28:451.1 - 455.2 and Part VI-D of Chapter 11 of Title 40 of the Louisiana Revised Statutes of 1950, to be comprised of R.S. 40:2180 - 2180.5

## PERFORMANCE INDICATOR DOCUMENTATION

### **PROGRAM: Auxiliary Account (A000)**

**ACTIVITY:** This activity provides the funding mechanism to provide residents of the LDH-operated supports and services center with paid work opportunities and/or therapeutic activities as recommended by their support teams.

**OBJECTIVE I:** To provide residents of the LDH-operated supports and services center (Pincrest) with opportunities for paid work and/or therapeutic activities, as recommended by their support teams during FY 2025-2026 through FY 2023-2031.

**INDICATOR NAME:** Percentage of individuals of the LDH-operated supports and services center who have paid work and/or therapeutic activities as recommended by support teams

**PI Code:** 24264

1. **Type and Level:** Outcome/Key
2. **Rationale, Relevance, Reliability:** Will verify success of account in providing for recommended activities
3. **Use:** Will be used in performance-based budgeting and internal management
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** The agency ensures accuracy through internal audit.
6. **Data Source, Collection and Reporting:** Internal database; ongoing collection; quarterly reporting
7. **Calculation Methodology:** Number of individuals in the SSC who have paid work or therapeutic activities divided by the number of individuals who have been recommended for paid work or therapeutic activities by the support teams
8. **Scope:** Aggregate
9. **Caveats:** None
10. **Responsible Person:** Craig Gannuch, Fiscal Director, (225) 342-0095, [Craig.Gannuch@la.gov](mailto:Craig.Gannuch@la.gov)





09-350 Office on Women's Health and Community Health

# APPENDIX

## FY 2026-2031

### 5-YEAR STRATEGIC PLAN

**Goal I:** Reduce maternal and infant mortality rates by expanding access to quality prenatal, postpartum, and reproductive care especially in underserved and rural communities.

**Goal II -** Create and sustain a policy environment where women's health is prioritized, protected, and advanced especially in areas like reproductive health, maternal care, mental health and access to healthcare, and disease preventions.

**Goal III -** Boost awareness and utilization of preventative services like screenings and annual wellness visits to reduce the burden of chronic diseases.

**Goal IV -** Collaborate with local organizations, health care providers, and faith based groups to build trust and deliver holistic health initiatives at the community level.

**Statutory Authority:** The Office on Women's Health and Community Health (OWHCH) is authorized under RS 46:2526 in the Louisiana Department of Health (LDH). The office shall only provide services to a woman born as a biological female and perform the duties and functions assigned to it in Subsection C of this Section or as otherwise provided by law with a focus on all of the following:

- (1) Health needs throughout a woman's life.
- (2) Chronic or acute conditions that significantly affect women, such as heart disease, cancer, obesity, and osteoporosis.
- (3) Access to health care for women.
- (4) The impact of poverty on women's health.
- (5) The leading causes of morbidity and mortality for women.
- (6) Health disparities of women and communities.

### **Principal Customers/Users of Program and Benefits:**

The primary customers and users of the Office on Women's Health and Community Health (OWHCH) include women across the State of Louisiana as well as community-based organizations, healthcare providers, public health partners, and our LDH sister agencies. OWHCH also serves policymakers, advocates, and stakeholders engaged in improving outcomes for women and families.

The Office on Women's Health and Community Health serves as a central coordinating body within LDH, aligning efforts across multiple agencies to address women's health from chronic

disease prevention and maternal health to behavioral health and social determinants of health. The office provides a platform for community engagement, policy development, and public awareness campaigns. Through education, advocacy, and data-informed strategies, OWHCH helps ensure that women in Louisiana have the resources and support needed to lead healthier, more empowered lives.

**Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in this Program:**

Internally, competing departmental priorities or delays in administrative processes could affect timely implementation of initiatives. Externally, changes in federal or state funding availability, shifts in legislative priorities, or evolving public health needs may impact program focus and resource allocation.

**Methods Used to Avoid Duplication of Effort:**

OWHCH minimizes duplication of effort through coordination with internal LDH agencies, regular cross-sectional communication, and participation in interdepartmental workgroups. Additionally, OWHCH aligns with department-wide strategic goals, and engages partners in planning processes to ensure resources are used efficiently and efforts are complementary rather than overlapping.

**Maintenance of Agency Performance-Based Budgeting Records:** Documents used in the development of strategic and operational plans, as well as the data used for the completion of quarterly performance progress reports through the LaGov Performance Quarterly system, are maintained and preserved according to the state's preservation of records law (R.S. 44:36) for a period of at least three years from the date on which the record was made.

**Agency Retention Policy: LDH Retention Policy 42.2:** LDH Policy on Disclosure and Retention of Public Records states, "In accordance with the Louisiana Public Records Act ("PRA") (R.S. 44:1 et seq.), it shall be the policy of the Louisiana Department of Health (LDH) that all records are subject to disclosure under the PRA, with the exception of certain records specified in this policy, as provided by the statutory exceptions to the PRA as set forth in R.S. 44:1 or 44:4.1 or in other applicable state or federal law.

As mandated by the PRA, any person of the age of majority shall have the legal right to inspect, copy, reproduce or obtain a reproduction of any public record. The PRA shall be liberally interpreted so as to extend rather than restrict access to public records by the public.

All public records shall be preserved for at least the period of time specified for such records in formal records retention schedules developed and approved by the State Archivist and Director of the Division of Archives, Records Management and History, of the Department of State. However, in all instances in which a formal retention schedule has not been executed, a public record shall be preserved and maintained for a period of at least three years from the date on which it was made.

In LDH, records shall be retained for at least the periods of time shown on the office or facility's Records Retention Schedule of this policy. Documents related to services in a time of disaster shall be retained for 3 years after the disaster is closed out. It is our policy that examination of public records shall be conducted during regular office or work hours."

#### **How the Strategic Planning Process Was Implemented:**

The strategic planning process for OWHCH was implemented through a collaborative approach. The office engaged internal staff and LDH leadership to identify priority areas and align goals with departmental initiatives.

#### **Statement of Agency Strategies for Development and Implementation of Human Resource Policies That Are Helpful and Beneficial to Women and Families:**

OWHCH advocates for human resource policies that prioritize flexibility and family centered practices. The office is committed to creating a safe and respectful work environment that encourages professional growth through continuous learning and mentorship opportunities. OWHCH also demonstrates its support through the following human resource policies: the Family Medical Leave Policy (8108-930), the Sexual Harassment Policy (8143-02) and the Equal Employment Opportunity Policy (8116-77).

#### **Program Evaluations Used to Develop Goals, Objectives and Strategies:**

- Review and evaluations of program activity reports and outreach outcomes
- Stakeholder engagement through advisory board meetings
- Internal planning and strategy sessions focused on policy alignment and implementation
- Feedback collected from community partners and participants through event evaluations and surveys
- Ongoing assessment of progress toward strategic goals

#### **Monitoring and Evaluation of Reported Data:**

The LDH Division of Planning and Budget coordinates and reviews reported performance information for all LDH agencies on a quarterly basis. This includes, but not limited to, strategic planning, operational planning, and Performance Quarterly reporting. Explanatory notes are required for positive or negative variances greater than 5% from quarterly performance indicator targets. Recommendations are made at monthly expenditure analysis meetings directly to the agency's assistant secretary or the Department's undersecretary/deputy undersecretary, if significant variances occur, or if modifications and additions are needed. In addition, at the close of a fiscal year, agencies and programs review and evaluate their performance in order to determine if the information gained from this review should be used to improve strategic and operational metrics, or strengthen program management initiatives.

#### **Primary Persons Who Will Benefit From or Be Significantly Affected by These Objectives:**

The primary customers and users of the Office on Women's Health and Community Health (OWHCH) include women across the State of Louisiana as well as community-based organizations, healthcare providers, public health partners, and our LDH sister agencies.

OWHCH also serves policymakers, advocates, and stakeholders engaged in improving outcomes for women and families.

The objectives in the OWHCH program are intended to measure the efficiency and effectiveness of the activities within this program.

**Objective I** - Expand OWHCH's funding capacity by pursuing federal and state grants that align with the office's mission and programmatic priorities.

**Objective II** - Support the creation, coordination, and advancement of policies that promote women's health and align with departmental priorities.

**Objective III** - Ensure the timely and accurate submission of all legislative reports and respond to legislative inquiries in a manner that reflects the priorities and progress of OWHCH.

**Objective IV** - Strengthen community partnerships and increase public awareness of women's health initiatives by conducting engagement activities that reflect health priorities and promote access to available programs and services.

**Objective V** - To improve health outcomes by increasing awareness, understanding, and access to accurate health information and available resources among women, families, and providers across Louisiana.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Office on Women's Health and Community Health (Program A)

**ACTIVITY:** Administration and Support

**OBJECTIVE:** Expand OWHCH's funding capacity by pursuing federal and state grants that align with the office's mission and programmatic priorities.

**INDICATOR NAME:** Number of funding opportunities identified and evaluated annually

**PI Code:** New

1. **Type and Level:** Output - General
2. **Rationale, Relevance, Reliability:** This indicator was chosen because identifying and evaluating funding opportunities is a foundational step in expanding the OWHCH capacity to implement programs that address women's health. It is a meaningful measure of performance because it directly aligns with the office's objective to pursue and support federal and state funding opportunities. The performance measure is reliable because it is based on documented research activities and internal tracking of funding sources reviewed and assessed for fit, feasibility, and alignment with agency goals.
3. **Use:** Tracking the number of funding opportunities identified and evaluated annually allows OWHCH leadership to assess whether the agency is actively engaging with external funding landscapes and aligning its efforts with programmatic priorities. It also helps evaluate the effectiveness of the office's outreach, partnerships, and grant-seeking strategies. This indicator also highlights the agency's strategic approach to sustainability and demonstrates fiscal responsibility.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. OWHCH ensures accuracy through the use of a centralized internal tracking system.
6. **Data Source, Collection and Reporting:** The data for this indicator is sourced from an internal tracking log maintained by OWHCH staff. This log captures all identified funding opportunities, including federal and state along with evaluation notes and status updates. Data is collected on an ongoing basis as funding opportunities arise and are evaluated. Reporting is conducted on a state fiscal year basis.
7. **Calculation Methodology:** This indicator is calculated using a standard calculation of the sum of all funding opportunities identified and evaluated by OWHCH staff within the state fiscal year.
8. **Scope:** This indicator is aggregated and represents a total count of all funding opportunities identified and evaluated by OWHCH over the course of the state fiscal year. It is not broken down by region, program area, or funding source type.
9. **Caveats:** There are no known limitations or weaknesses related to this indicator.
10. **Responsible Person:** Theresa Hudson, Program Manager 1A, Theresa.Hudson@la.gov

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Office on Women's Health and Community Health

**ACTIVITY:** Administration and Support

**OBJECTIVE:** Expand OWHCH's funding capacity by pursuing federal and state grants that align with the office's mission and programmatic priorities.

**INDICATOR NAME:** Number of grant applications submitted (as lead or partner)

**PI Code:** New

1. **Type and Level:** Output – General
2. **Rationale, Relevance, Reliability:** This indicator was chosen to measure team efforts in identifying resources to support the OWHCH mission. It is a relevant performance measure because it aligns with the objective of increasing access to resources, strengthening program capacity, and expanding external partnerships. It captures quantifiable activity and provides a consistent method of tracking performance over time.
3. **Use:** We use this indicator to assess how well we're pursuing funding opportunities that align with our mission. It will be used internally in budgeting discussions to show how we're working to bring in external resources.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. OWHCH ensures accuracy through the use of a centralized internal tracking system.
6. **Data Source, Collection and Reporting:** We track this indicator using an internal log where we record every grant application our team submits whether we're leading the effort or supporting as a partner. This list is updated regularly by staff and reviewed monthly to make sure it's accurate and up to date.
7. **Calculation Methodology:** OWHCH counts how many grant applications we've submitted within a given time frame. That includes applications where OWHCH is the lead and those where we've joined as a partner with another agency or organization. Each application is only counted once, and it doesn't matter whether it's a new submission or a reapplication. This is a standard approach, and we use the same method every time to make sure our numbers are consistent and comparable over time.
8. **Scope:** This indicator is aggregated and represents a total count of all funding opportunities applied for by OWHCH over the course of the state fiscal year. It is not broken down by region, program area, or funding source type.
9. **Caveats:** There are no known limitations or weaknesses related to this indicator.
10. **Responsible Person:** Theresa Hudson, Program Manager 1A, Theresa.Hudson@la.gov

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Office on Women's Health and Community Health

**ACTIVITY:** Administration and Support

**OBJECTIVE:** Support the creation, coordination, and advancement of policies that promote women's health and align with departmental priorities.

**INDICATOR NAME:** Number of interagency policy coordination meetings conducted

**PI Code:** New

1. **Type and Level:** Output – General
2. **Rationale, Relevance, Reliability:** This indicator was selected because interagency collaboration is at the heart of how OWHCH drives impact. Regular coordination meetings allow us to break down silos, align policies, and ensure everyone is working toward the same goals. It's a reliable metric because meetings are scheduled, documented, and include agendas and/or follow-up notes so we have a clear record of when and how they happen.
3. **Use:** We use this indicator to assess how we are engaging with other agencies to align policies that impact women's health. The number of interagency coordination meetings helps us understand the extent of our collaboration and identify areas where we may need to strengthen connections or increase engagement.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. OWHCH ensures accuracy through the use of a centralized internal tracking system.
6. **Data Source, Collection and Reporting:** Data for this indicator comes from internal meeting logs and calendar records maintained by the OWHCH. Staff update the log as meetings are scheduled and conducted. The information is collected continuously and summarized on a quarterly basis for reporting and review.
7. **Calculation Methodology:** This is a standard calculation. We count each interagency meeting that OWHCH organizes or co-leads with the goal of aligning policies or programs across agencies.
8. **Scope:** This indicator is reported as a total number across the office but can be broken down further by topic (e.g., maternal health, behavioral health, Medicaid alignment) or by participating agencies.
9. **Caveats:** There are no known limitations or weaknesses related to this indicator.
10. **Responsible Person:** Courtney Highshaw, Deputy Assistant Secretary, [Courtney.Highshaw@la.gov](mailto:Courtney.Highshaw@la.gov)



## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Office on Women's Health and Community Health

**ACTIVITY:** Administration and Support

**OBJECTIVE:** Ensure the timely and accurate submission of all legislative reports and respond to legislative inquiries in a manner that reflects the priorities and progress of OWHCH.

**INDICATOR NAME:** Number of legislative reports submitted on or before deadline

**PI Code:** New

1. **Type and Level:** Output – General
2. **Rationale, Relevance, Reliability:** This indicator was chosen because timely submission of legislative reports is a critical responsibility that reflects the agency's compliance with state mandates, and operational efficiency. The indicator is reliable because report deadlines and submission records are clearly defined and documented.
3. **Use:** This indicator is used internally to monitor compliance with legislative requirements and identify potential bottlenecks in report preparation or approval processes.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. Documentation is maintained for each report, including submission dates and confirmation of delivery. A legislative reporting tracker is maintained by Legislative and Governmental Relations staff.
6. **Data Source, Collection and Reporting:** The primary data source is the internal legislative report tracker, supported by submission confirmations. Data is collected continuously throughout the state fiscal year as reports are completed. Performance is formally reported annually.
7. **Calculation Methodology:** This indicator is calculated as a simple count of the number of required legislative reports assigned to OWHCH (currently 2) that were submitted on or before their official deadlines during the fiscal year.
8. **Scope:** The indicator is aggregated across all legislative reporting obligations for OWHCH during the fiscal year. While it is reported as a total number, it can be disaggregated by report type (e.g., annual, one-time, mandated by resolution)
9. **Caveats:** There are no known limitations or weaknesses related to this indicator.
10. **Responsible Person:** Theresa Hudson, Program Manager 1A, Theresa.Hudson@la.gov

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Office on Women's Health and Community Health

**ACTIVITY:** Education and Outreach

**OBJECTIVE:** Strengthen community partnerships and increase public awareness of women's health initiatives by conducting engagement activities that reflect health priorities and promote access to available programs and services.

**INDICATOR NAME:** Number of priority areas identified through community input

**PI Code:** New

1. **Type and Level:** Output – General
2. **Rationale, Relevance, Reliability:** This indicator captures the issues that matter most to Louisiana residents, based on feedback from engagement activities such as town halls, surveys, and advisory boards. It reflects how community voices are being translated into actionable insights. It is reliable because priorities are extracted from documented sources like meeting notes, surveys, and focus group transcripts.
3. **Use:** This indicator informs strategic planning, grant development, and policy alignment. It ensures that OWHCH remains responsive to real community concerns and promotes data-driven decision-making.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The process of identifying priorities is backed by meeting documentation and needs-assessment surveys which are stored internally.
6. **Data Source, Collection and Reporting:** Community feedback is collected through town halls, surveys, listening sessions, and coalition discussions. Data is summarized and reviewed quarterly.
7. **Calculation Methodology:** This indicator is calculated as a simple count of each issue or theme identified through community input. Repeated mentions across events are grouped and categorized accordingly.
8. **Scope:** This indicator can be disaggregated by region, population group, or topic.
9. **Caveats:** There are no known limitations or weaknesses related to this indicator.
10. **Responsible Person:** Theresa Hudson, Program Manager 1A, Theresa.Hudson@la.gov

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** Office on Women's Health and Community Health

**ACTIVITY:** Health Literacy and Resource Distribution

**OBJECTIVE** To improve health outcomes by increasing awareness, understanding, and access to accurate health information and available resources among women, families, and providers across Louisiana.

**INDICATOR NAME:** Number of educational resources developed

**PI Code:** New

1. **Type and Level:** Output – General
2. **Rationale, Relevance, Reliability:** This indicator reflects OWHCH's commitment to health literacy and by tracking the creation of educational resources that address priority health issues. These resources such as toolkits, fact sheets, and digital assets are designed to empower women, families, and providers with accessible information. It's a reliable measure, as each resource is internally documented, reviewed, and approved prior to release.
3. **Use:** This indicator helps the team assess productivity and identify the volume of tailored content being developed to support public health outreach. It is used internally to monitor project progress and allocate communication resources effectively.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** This indicator has not been audited but is supported by internal records including content drafts, final approved versions, and development timelines
6. **Data Source, Collection and Reporting:** The data is sourced from internal documentation. Each finalized resource is logged with details such as topic, audience, and release date. Reports are compiled quarterly.
7. **Calculation Methodology:** Each unique educational resource is counted once, regardless of format or quantity produced.
8. **Scope:** The indicator is aggregated across the agency but can be disaggregated by topic area, intended audience and format.
9. **Caveats:** There are no known limitations or weaknesses related to this indicator.
10. **Responsible Person:** Courtney Highshaw, Deputy Assistant Secretary, [Courtney.Highshaw@la.gov](mailto:Courtney.Highshaw@la.gov)



09-375 Imperial Calcasieu Human Services Authority

# APPENDIX

## FY 2026-2031

### 5-YEAR STRATEGIC PLAN

Imperial Calcasieu Human Services Authority

**Goal I:** To increase public awareness and to provide access to care for individuals and their families who are in need of behavioral health and developmental disabilities services.

**Goal II:** To ensure that services provided are responsive to client needs, based on evidence-based best practices, and that programs afford the client a continuum of care taking into consideration cultural diversity and abide by all State and Federal guidelines.

**Goal III:** To promote healthy, safe lives for people by providing leadership in educating the community on the importance of prevention, early detection and intervention, and by facilitating coalition building to address localized community problems.

**Statutory Authority:** Imperial Calcasieu Human Services Authority (ImCal HSA) is authorized under R.S. 373 to provide administration, management, and operation of mental health, substance use disorder, and developmental disabilities services to the residents of Allen, Beauregard, Calcasieu, Cameron and Jefferson Davis Parishes.

**Principal Customers/Users of Program and Benefits:**

Persons with serious mental/emotional disorders, substance use disorders, and developmental disabilities, and their families, who live Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis Parishes served by Imperial Calcasieu Human Services Authority.

**Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in this Program:**

The ability to achieve the goals and objectives outlined in this plan may be changed by a number of external factors over which ImCal HSA has no control. These changes may include but are not limited to:

- Funding levels –Fluctuations in Medicaid and state general funding for indigent care are dependent on many factors that cannot be controlled. The expansion of insurance benefits for indigent children and adults, which has meant an increase in some insurance revenues or the loss of some clients to the private sector.
- Changes in the state health care system - particularly changes related to managed care, skilled and professional labor shortages exacerbated by numerous disasters in our area and rapid changes in medical technology which require greater attention to capital acquisition needs/uses/costs.
- Potential changes in the federal health care arena – as a result of Federal Health Care Reform and in the state Medicaid program involving a higher degree of care coordination.
- Changes in the economy of the state – as more individuals are employed or insured, it could result in more insured patients or fewer patients, depending on the changes in the economy of the state and client’s access to other health care and the perception of the behavioral health care provided by our clinics.
- Changes in the population – demographic and other population changes, including an aging population which means an increase in the number of chronic cases.

- Competition from other private providers in the community.

Strategies in place to mitigate threats and/or barriers include: diversification of funding streams; expansion of integrated services; ongoing performance and quality improvement initiatives; focus on staff development and retention; and, maintenance of accreditation with the Council on Accreditation for Rehabilitation Facilities (CARF). The overall responsibility for implementing and monitoring these strategies rests with the Executive Director along with members of the Executive Management Team.

As part of an ongoing process, ImCal HSA identifies internal opportunities for performance and quality improvement and implements actions to assure positive impact or to mitigate negative impact on achieving Goals and Objectives. Internal opportunities include:

- Continuous performance and quality improvement activities;
- Reorganization of functional structure;
- Advancement of effective and efficient workflow processes;
- Accountability and productivity;
- Focus on leadership and supervision; and,
- Succession planning.

Internal factors anticipated to have a significant positive effect on ImCal HSA's achievement of goals and objectives include the following: the ability, as a Local Governing Entity, to expeditiously and continuously assess needs at the community level; strong and supportive relationships with local elected officials and members of the SWLA legislative delegation; position as the leading provider of community-based behavioral health and developmental disabilities services and supports; provision of holistic services; and provision of a wide array of evidence-based and best practices.

Overall responsibility for leading and monitoring of Authority operations and activities rests with the Executive Director and the members of the Executive Management Team. However, input and suggestions for enhancement or improvement are actively encouraged from all levels of staff whether on an informal basis, via employee surveys, from the employee committee, or during supervision/coaching.

#### **Methods Used to Avoid Duplication of Effort:**

Imperial Calcasieu Human Services Authority shall promote compliance with all federal, state, and local statutes, regulations and program requirements pertinent to the accomplishment of its mission. The foundation of this function is the network of internal controls, policies and procedures in place within ImCal HSA. The success of the agency is predicated on the continuous monitoring of effective managerial systems and investigation and correction of real and potential problems. All employees are required to discuss potential errors or irregularities with their chain of command and/or directly with the ImCal HSA Compliance Officer. Rigorous monitoring and auditing systems have been implemented for all phases of services to include fiscal, medical records, purchasing, safety, etc. to avoid fraud and duplication of efforts at all costs.

**Maintenance of Agency Performance-Based Budgeting Records:** Documents used in the development of strategic and operational plans, as well as the data used for the completion of quarterly performance progress reports through the LaGov Performance Quarterly system, are maintained and preserved according to the state's preservation of records law (R.S. 44:36) for a period of at least three years from the date on which the record was made.

**How the Strategic Planning Process Was Implemented:**

ImCal HSA centers its strategic planning process around the needs of its community, stakeholders, and persons served. ImCal HSA utilizes input from persons served and other stakeholders, as well as local partners and agencies within the community to proactively assess and address the issues most affecting the Southwest Louisiana area. An organized and data driven Performance Improvement Program is integrated into the daily operations of all ImCal HSA programs and activities in order to support decision making that is aligned with the mission and values of the organization. These activities include administration, behavioral health outpatient and intensive outpatient services, and developmental disabilities entry, family support and waiver services. A comprehensive analysis of ImCal HSA business functions and service delivery is completed annually to identify areas of accomplishments, the significance of the success, who it benefits and how, how it was achieved, as well as areas of lack of progress toward goals and significant issues which exist and methods to overcome them. This analysis is used to assess the implementation of the mission, improve the quality of programs and services, facilitate general decision making, and guide the development of future strategic, operational, and performance improvement plans.

**Statement of Agency Strategies for Development and Implementation of Human Resource Policies That Are Helpful and Beneficial to Women and Families:**

The Imperial Calcasieu Human Services Authority abides by all state Civil Services guidelines and procedures regarding equal opportunity for all staff and in particular women and their families. The Imperial Calcasieu Human Services Authority also addresses specific issues in respect to female employees and their families in the Human Resources policies for the agency and the Imperial Calcasieu Human Services Authority Personnel Handbook. All policies are reviewed annually and changes/additions are made accordingly to new mandates or as issues arise.

**Program Evaluations Used to Develop Goals, Objectives and Strategies:**

ImCal HSA strategic planning process is guided by the Mission, Vision and Priorities as set forth by the Board of Directors and by the Authority's Philosophy as set forth by its Executive Management Team. The evaluation of goals and objectives and the strategies is ongoing and rooted in data-driven decision-making. Monitoring of performance and resource utilization involves all levels of authority staff. ImCal HSA actively solicits input and feedback from community leaders, stakeholders, individuals receiving services and their families, community members via Board linkages, and employees. Tools used to gather data include: employee and consumer satisfaction surveys; public forums; needs

assessment via governmental and stakeholder relations, and external evaluation by the legislative audit. Additionally, ImCal HSA continuously monitors level of care and service recipient outcomes through its practice management model and self-audits performance, outcomes, practices and procedures using CARF standards. Corrective and/or performance and quality improvement actions are undertaken as warranted.

**Monitoring and Evaluation of Reported Data:**

The LDH Division of Planning and Budget coordinates and reviews reported performance information for all LDH agencies on a quarterly basis. This includes, but not limited to, strategic planning, operational planning, and Performance Quarterly reporting. Explanatory notes are required for positive or negative variances greater than 5% from quarterly performance indicator targets. Recommendations are made at monthly expenditure analysis meetings directly to the agency's assistant secretary or the Department's undersecretary/deputy undersecretary, if significant variances occur, or if modifications and additions are needed. In addition, at the close of a fiscal year, agencies and programs review and evaluate their performance in order to determine if the information gained from this review should be used to improve strategic and operational metrics, or strengthen program management initiatives.

**Primary Persons Who Will Benefit From or Be Significantly Affected by These Objectives:**

Persons with serious mental/emotional disorders, substance use disorders, and developmental disabilities, and their families, who live Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis Parishes served by Imperial Calcasieu Human Services Authority (ImCal HSA).

**Objective I:** Through its administrative activity, Imperial Calcasieu Human Services Authority will provide for the management and operational activities of services for substance use disorders, mental health and developmental disabilities.

**Objective II:** Through its behavioral health activity, Imperial Calcasieu Human Services Authority will extend quality mental health and substance use disorder treatment and prevention services to children/adolescents and adults within the Authority target population, with client satisfaction feedback that meets threshold.

**Objective III:** Through the Developmental Disabilities activity, ImCal HSA will provide core services for individuals with Developmental Disabilities which consist of serving as the Single Point of Entry (SPOE) into the Developmental Disabilities (DD) Services System and providing support coordination services to individuals and their families through DD and other available community resources.



## Performance Indicator Documentation Sheet

**PROGRAM:** Imperial Calcasieu Human Services Authority

**ACTIVITY:** Administration

**OBJECTIVE:** Through its administrative activity, Imperial Calcasieu Human Services Authority will provide for the management and operational activities of services for substance use disorders, mental health and developmental disabilities.

**INDICATOR NAME:** Total number of individuals served by behavioral health and developmental disabilities programs operated or funded by Imperial Calcasieu Human Services Authority.

**LaPAS PI Code:** 25279

**1. Type and Level:** Output/ General Performance Information

**2. Rationale:** This indicator has been selected so ImCal HSA can track how many clients are being served. This will assist the agency with identifying staffing concerns and will assist in making sure that ImCal HSA meets capacity to serve the community.

**3. Use:** This indicator will be used in management decision making. As the population grows, the services will need to be expanded to meet capacity and the needs of the community ImCal HSA serves.

**4. Clarity:** The indicator clearly identifies what is being measured and does not need clarification.

**5. Accuracy, Maintenance, Support:** This indicator has been audited by the Office of the Legislative Auditor. The evidence to support this data will be collected from the BH Division's Electronic Health Record and the DD Division's Participant Database.

**6. Data Source, Collection and Reporting:** Electronic Health Record will be utilized to keep track of numbers of persons served within ImCal HSA-operated programs. Contract providers will be required to submit data quarterly from their own databases and tracking systems. This information will be collected on a quarterly basis. The frequency and timing of collection and reporting is consistent.

**7. Calculation Methodology:** c

**8. Scope:** All individuals who receive mental health, substance use disorder and home & community based DD services in the ImCal HSA catchment area.

**9. Caveats:** This indicator does not have any limitations or weaknesses because it will be collected through the electronic health records and databases.

**10. Responsible Person:** The responsible person for collecting these will be Sheryl Meek, Corporate Compliance Officer. Telephone: 337.475.3100; Fax: 337.475.3105. E-mail: [sheryl.meek@imcalhsa.org](mailto:sheryl.meek@imcalhsa.org).

<b>Performance Indicator Documentation Sheet</b>
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**PROGRAM:** Imperial Calcasieu Human Services Authority

**ACTIVITY:** Administration

**OBJECTIVE:** Through its administrative activity, Imperial Calcasieu Human Services Authority will provide for the management and operational activities of services for substance use disorders, mental health and developmental disabilities.

**INDICATOR NAME:** Total number of individuals served by substance use disorder programs directly operated by or funded by Imperial Calcasieu Human Services Authority.

**LaPAS PI Code:** 25281

**1. Type and Level:** Output/General Performance Indicator

**2. Rationale:** This indicator has been selected so Imcal HSA can track how many clients are receiving SUD services. This will assist the agency with identifying needs to ensure ImCal HSA meets capacity to serve the community.

**3. Use:** This indicator will be used in management decision making. As the population grows, the services will need to be expanded to meet capacity and the needs of the community ImCal HSA serves.

**4. Clarity:** The indicator clearly identifies what is being measured and does not need clarification. The acronym SUD stands for substance use disorder.

**5. Accuracy, Maintenance, Support:** This indicator has been audited by the Office of the Legislative Auditor. The evidence to support this data will be collected from the electronic health records and databases used by each providing agency.

**6. Data Source, Collection and Reporting:** Electronic health record will be utilized to keep track of numbers of persons served within ImCal HSA-operated programs. Contract providers will be required to submit data quarterly from their own databases and tracking systems.. The frequency and timing of collection and reporting is consistent.

**7. Calculation Methodology:** Data extracted from ImCal's electronic health record and contractors' reports.

**8. Scope:** All individuals who carry a diagnosis of a substance use disorder and are served within an ImCal HSA-operated facility or a facility funded by ImCal HSA via contract.

**9. Caveats:** This indicator does not have any limitations or weaknesses because it will be collected through the electronic health records.

**10. Responsible Person:** The responsible person for collecting these will be Sheryl Meek, Corporate Compliance Officer. Telephone: 337.475.3100; Fax: 337.475.3105. E-mail: [sheryl.meek@imcalhsa.org](mailto:sheryl.meek@imcalhsa.org).

<b>Performance Indicator Documentation Sheet</b>
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**PROGRAM:** Imperial Calcasieu Human Services Authority

**ACTIVITY:** Administration

**OBJECTIVE:** Through its administrative activity, Imperial Calcasieu Human Services Authority will provide for the management and operational activities of services for substance use disorders, mental health and developmental disabilities.

**INDICATOR NAME:** Total number of individuals served by mental health programs directly operated by or funded by Imperial Calcasieu Human Services Authority.

**LaPAS PI Code:** 25282

**1. Type and Level:** Output/General Performance Indicator

**2. Rationale:** This indicator has been selected so ImCal HSA can track how many clients are receiving SUD outpatient services. This will assist the agency with identifying staffing concerns and will assist in making sure that ImCal HSA meets capacity to serve the community.

**3. Use:** This indicator will be used in management decision making. As the population grows, the services will need to be expanded to meet capacity and the needs of the community ImCal HSA serves.

**4. Clarity:** The indicator clearly identifies what is being measured and does not need clarification.

**5. Accuracy, Maintenance, Support:** This indicator has been audited by the Office of the Legislative Auditor. The evidence to support this data will be collected from the electronic health record.

**6. Data Source, Collection and Reporting:** Electronic health record will be utilized to keep track of numbers of persons served within ImCal HSA-operated programs. Contract providers will be required to submit data quarterly from their own databases and tracking systems. The frequency and timing of collection and reporting is consistent.

**7. Calculation Methodology:** Data extracted from ImCal's electronic health record and contractors' reports.

**8. Scope:** All individuals who carry a mental health or cooccurring disorder diagnosis and are served within an ImCal HSA-operated facility or a program funded by ImCal HSA via contract.

**9. Caveats:** This indicator does not have any limitations or weaknesses because it will be collected through the electronic health record.

**10. Responsible Person:** The responsible person for collecting these will be Sheryl Meek, Corporate Compliance Officer. Telephone: 337.475.3100; Fax: 337.475.3105. E-mail: [Sheryl.meek@imcalhsa.org](mailto:Sheryl.meek@imcalhsa.org).

<b>Performance Indicator Documentation Sheet</b>
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**PROGRAM:** Imperial Calcasieu Human Services Authority

**ACTIVITY:** Administration

**OBJECTIVE:** Through its administrative activity, Imperial Calcasieu Human Services Authority will provide for the management and operational activities of services for substance use disorders, mental health and developmental disabilities.

**INDICATOR NAME:** Percentage of Imperial Calcasieu Human Services Authority clients who state they would continue to receive services at our clinics if given the choice to go elsewhere.

**LaPAS PI Code:** 25259

- 1. Type and Level:** Outcome/Key Performance Indicator
- 2. Rationale:** This indicator was selected so ImCal HSA can measure how clients view the type and quality of services that they receive.
- 3. Use:** This indicator will be used in management decision making and other agency processes so ImCal HSA can utilize clients well-being and contentment with the organization as a positive driving point in the services provided.
- 4. Clarity:** The indicator name clearly identifies what is being measured.
- 5. Accuracy, Maintenance, Support:** No, this performance indicator has not been audited by the Office of the Legislative Auditor. The report will be maintained by collecting reports/surveys and completing an annual report of the findings.
- 6. Data Source, Collection and Reporting:** The source will be the C'est Bon Quality of Care survey which is completed quarterly.
- 7. Calculation Methodology:** Comments are collected and compiled quarterly. An overall summary is compiled at the end of each collection period and the percentage of positive responses is reported.
- 8. Scope:** Data collected from persons who attend clinic-based appointments within ImCal behavioral health clinics.
- 9. Caveats:** This indicator does not have limitations or weakness. It will be collected from all of the ImCal sites.
- 10. Responsible Person:** The responsible person for collecting these will be Sheryl Meek, Corporate Compliance Officer. Telephone: 337.475.3100; Fax: 337.475.3105. E-mail: [sheryl.meek@imcalhsa.org](mailto:sheryl.meek@imcalhsa.org).

<b>Performance Indicator Documentation Sheet</b>
--------------------------------------------------

**PROGRAM:** Imperial Calcasieu Human Services Authority

**ACTIVITY:** Administration

**OBJECTIVE:** Through its administrative activity, Imperial Calcasieu Human Services Authority will provide for the management and operational activities of services for substance use disorders, mental health and developmental disabilities.

**INDICATOR NAME:** Percentage of Imperial Calcasieu Human Services Authority clients who state they would recommend the clinics to family and friends.

**LaPAS PI Code:** 25260

- 1. Type and Level:** Outcome/Key Performance Indicator
- 2. Rationale:** This indicator was selected so ImCal HSA can measure how clients view the type and quality of services that they receive.
- 3. Use:** This indicator will be used in management decision making and other agency processes so ImCal HSA can utilize clients well-being and contentment with the organization as a positive driving point in the services provided.
- 4. Clarity:** The indicator name clearly identifies what is being measured.
- 5. Accuracy, Maintenance, Support:** No, this performance indicator has not been audited by the Office of the Legislative Auditor. The report will be maintained by collecting reports/surveys and completing an annual report of the findings.
- 6. Data Source, Collection and Reporting:** The source will be the C'est Bon Quality of Care survey which is completed quarterly.
- 7. Calculation Methodology:** Comments are collected and compiled quarterly. An overall summary is compiled at the end of each collection period and the percentage of positive responses is reported.
- 8. Scope:** Data collected from persons who attend clinic-based appointments within ImCal behavioral health clinics.
- 9. Caveats:** This indicator does not have limitations or weakness. It will be collected from all of the ImCal sites.
- 10. Responsible Person:** The responsible person for collecting these will be Sheryl Meek, Corporate Compliance Officer. Telephone: 337.475.3100; Fax: 337.475.3105. E-mail: [sheryl.meek@imcalhsa.org](mailto:sheryl.meek@imcalhsa.org)

<b>Performance Indicator Documentation Sheet</b>
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**PROGRAM:** Imperial Calcasieu Human Services Authority

**ACTIVITY:** Behavioral Health

**OBJECTIVE:** Through its behavioral health activity, Imperial Calcasieu Human Services Authority will extend quality mental health and substance use disorder treatment and prevention services to children/adolescents and adults within the Authority target population, with client satisfaction feedback that meets threshold.

**INDICATOR NAME:** Number of adults receiving mental health services in ImCal HSA-operated behavioral health clinics.

**LaPAS PI Code:** 25264

**1. Type and Level:** Output/Key Performance Indicator

**2. Rationale:** This indicator has been selected so Imcal HSA can track how many adults are receiving MH services. This will assist the agency with identifying staffing concerns and will assist in making sure that ImCal HSA meets capacity to serve the community.

**3. Use:** This indicator will be used in management decision making. As the population grows, the services will need to be expanded to meet capacity and the needs of the community ImCal HSA serves.

**4. Clarity:** The indicator clearly identifies what is being measured and does not need clarification. The acronym MH stands for Mental Health.

**5. Accuracy, Maintenance, Support:** This indicator has been audited by the Office of the Legislative Auditor. The evidence to support this data will be collected from the BH Division's Electronic Health Record.

**6. Data Source, Collection and Reporting:** The Electronic Health Record will be utilized to keep track of numbers of persons served. This information will be collected on a quarterly basis. The frequency and timing of collection and reporting is consistent.

**7. Calculation Methodology:** Data extracted from the BH Electronic Health Record which indicates persons served who receive a MH service.

**8. Scope:** All adults who carry a diagnosis of a mental health disorder and are served within the ImCal HSA BH Clinics.

**9. Caveats:** This indicator does not have any limitations or weaknesses because it will be collected through the electronic health record.

**10. Responsible Person:** The responsible person for collecting these will be Sheryl Meek, Corporate Compliance Officer. Telephone: 337.475.3100; Fax: 337.475.3105. E-mail: [sheryl.meek@imcalhsa.org](mailto:sheryl.meek@imcalhsa.org).

<b>Performance Indicator Documentation Sheet</b>
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**PROGRAM:** Imperial Calcasieu Human Services Authority

**ACTIVITY:** Behavioral Health

**OBJECTIVE:** Through its behavioral health activity, Imperial Calcasieu Human Services Authority will extend quality mental health and substance use disorder treatment and prevention services to children/adolescents and adults within the Authority target population, with client satisfaction feedback that meets threshold.

**INDICATOR NAME:** Number of children / adolescents receiving mental health services in ImCal HSA-operated behavioral health clinics.

**LaPAS PI Code:** 25265

**1. Type and Level:** Output/Key Performance Indicator

**2. Rationale:** This indicator has been selected so ImCal HSA can track how many clients are receiving MH services. This will assist the agency with identifying staffing concerns and will assist in making sure that ImCal HSA meets capacity to serve the community.

**3. Use:** This indicator will be used in management decision making. As the population grows, the services will need to be expanded to meet capacity and the needs of the community ImCal HSA serves.

**4. Clarity:** The indicator clearly identifies what is being measured and does not need clarification. The acronym MH stands for Mental Health.

**5. Accuracy, Maintenance, Support:** This indicator has been audited by the Office of the Legislative Auditor. The evidence to support this data will be collected from the BH Division's Electronic Health Record.

**6. Data Source, Collection and Reporting:** The Electronic Health Record will be utilized to keep track of numbers of persons served. This information will be collected on a quarterly basis. The frequency and timing of collection and reporting is consistent.

**7. Calculation Methodology:** Data extracted from the BH Electronic Health Record which indicates persons served who receive a MH service.

**8. Scope:** All children / adolescents who carry a diagnosis of a mental health disorder and are served within the ImCal HSA BH Clinics.

**9. Caveats:** This indicator does not have any limitations or weaknesses because it will be collected through the electronic health record.

**10. Responsible Person:** The responsible person for collecting these will be Sheryl Meek, Corporate Compliance Officer. Telephone: 337.475.3100; Fax: 337.475.3105. E-mail: [sheryl.meek@imcalhsa.org](mailto:sheryl.meek@imcalhsa.org).



<b>Performance Indicator Documentation Sheet</b>
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**PROGRAM:** Imperial Calcasieu Human Services Authority

**ACTIVITY:** Behavioral Health

**OBJECTIVE:** Through its behavioral health activity, Imperial Calcasieu Human Services Authority will extend quality mental health and substance use disorder treatment and prevention services to children/adolescents and adults within the Authority target population, with client satisfaction feedback that meets threshold.

**INDICATOR NAME:** Number of adults receiving substance use disorder services in ImCal HSA-operated clinics.

**LaPAS PI Code:** 26627

**1. Type and Level:** Output/Key Performance Indicator

**2. Rationale:** This indicator has been selected so ImCal HSA can track how many clients are receiving SUD services. This will assist the agency with identifying staffing concerns and will assist in making sure that ImCal HSA meets capacity to serve the community.

**3. Use:** This indicator will be used in management decision making. As the population grows, the services will need to be expanded to meet capacity and the needs of the community ImCal HSA serves.

**4. Clarity:** The indicator clearly identifies what is being measured and does not need clarification. The acronym SUD stands for substance use disorder.

**5. Accuracy, Maintenance, Support:** This indicator will be audited by the Office of the Legislative Auditor. The evidence to support this data will be collected from the BH Division's Electronic Health Record.

**6. Data Source, Collection and Reporting:** The Electronic Health Record will be utilized to keep track of numbers of persons served. This information will be collected on a quarterly basis. The frequency and timing of collection and reporting is consistent.

**7. Calculation Methodology:** Data extracted from the BH Electronic Health Record which indicates persons served who receive an SUD service.

**8. Scope:** All adults who carry a diagnosis of a substance use disorder and are served within the ImCal HSA clinics.

**9. Caveats:** This indicator does not have any limitations or weaknesses because it will be collected through the electronic health record.

**10. Responsible Person:** The responsible person for collecting these will be Sheryl Meek, Corporate Compliance Officer. Telephone: 337.475.3100; Fax: 337.475.3105. E-mail: [sheryl.meek@imcalhsa.org](mailto:sheryl.meek@imcalhsa.org).



<b>Performance Indicator Documentation Sheet</b>
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**PROGRAM:** Imperial Calcasieu Human Services Authority

**ACTIVITY:** Behavioral Health

**OBJECTIVE:** Through its behavioral health activity, Imperial Calcasieu Human Services Authority will extend quality mental health and substance use disorder treatment and prevention services to children/adolescents and adults within the Authority target population, with client satisfaction feedback that meets threshold.

**INDICATOR NAME:** Number of children/adolescents receiving substance use disorder services in ImCal HSA-operated behavioral health clinics.

**LaPAS PI Code:** 26628

**1. Type and Level:** Output/Key Performance Indicator

**2. Rationale:** This indicator has been selected so ImCal HSA can track how many individuals under the age of 18 are receiving SUD services. This will assist the agency with identifying staffing concerns and will assist in making sure that ImCal HSA meets capacity to serve the community.

**3. Use:** This indicator will be used in management decision making. As the population grows, the services will need to be expanded to meet capacity and the needs of the community ImCal HSA serves.

**4. Clarity:** The indicator clearly identifies what is being measured and does not need clarification. The acronym SUD stands for substance use disorder.

**5. Accuracy, Maintenance, Support:** This indicator will be audited by the Office of the Legislative Auditor. The evidence to support this data will be collected from the BH Division's Electronic Health Record.

**6. Data Source, Collection and Reporting:** The Electronic Health Record will be utilized to keep track of numbers of persons served. This information will be collected on a quarterly basis. The frequency and timing of collection and reporting is consistent.

**7. Calculation Methodology:** Data extracted from the BH Electronic Health Record which indicates persons served who receive an SUD service.

**8. Scope:** All children / adolescents who carry a diagnosis of a substance use disorder and are served within the ImCal HSA BH Clinics.

**9. Caveats:** This indicator does not have any limitations or weaknesses because it will be collected through the electronic health record.

**10. Responsible Person:** The responsible person for collecting these will be Sheryl Meek, Corporate Compliance Officer. Telephone: 337.475.3100; Fax: 337.475.3105. E-mail: [sheryl.meek@imcalhsa.org](mailto:sheryl.meek@imcalhsa.org).

<b>Performance Indicator Documentation Sheet</b>
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**PROGRAM:** Imperial Calcasieu Human Services Authority

**ACTIVITY:** Behavioral Health

**OBJECTIVE:** Through its behavioral health activity, Imperial Calcasieu Human Services Authority will extend quality mental health and substance use disorder treatment and prevention services to children/adolescents and adults within the Authority target population, with client satisfaction feedback that meets threshold.

**INDICATOR NAME:** Number of clients enrolled in primary care services provided through the ImHealthy Program.

**LaPAS PI Code:** 25966

**1. Type and Level:** Output/ Supporting Performance Indicator

**2. Rationale:** This will allow ImCal HSA to track how many individuals are participating in primary care services provided through the ImHealthy Program. This is a valid measure of performance and a clear indication of how to gauge the utilization of the program.

**3. Use:** This indicator will be used in management decision making so ImCal HSA can assess the utilization of the program.

**4. Clarity:** This indicator clearly identifies what is being measured and does not need any clarification.

**5. Accuracy, Maintenance, Support:** This indicator has been audited by the Office of the Legislative Auditor. The evidence to support this data will be collected from the BH Division's Electronic Health Record.

**6. Data Source, Collection and Reporting:** The Electronic Health Record will be utilized to keep track of numbers of persons served. This information will be collected on a quarterly basis. The frequency and timing of collection and reporting is consistent.

**7. Calculation Methodology:** Data extracted from the electronic health record which indicates persons served who receive a primary care service within the ImHealthy Primary Care program.

**8. Scope:** All adults who carry a behavioral health diagnosis and a co-occurring chronic health condition, and are served within the ImCal HSA ImHealthy Clinic.

**9. Caveats:** This indicator does not have any limitations or weaknesses because it will be collected through the electronic health record.

**10. Responsible Person:** The responsible person for collecting these will be Sheryl Meek, Corporate Compliance Officer. Telephone: 337.475.3100; Fax: 337.475.3105. E-mail: [sheryl.meek@imcalhsa.org](mailto:sheryl.meek@imcalhsa.org).

<b>Performance Indicator Documentation Sheet</b>
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**PROGRAM:** Imperial Calcasieu Human Services Authority

**ACTIVITY:** Behavioral Health

**OBJECTIVE:** Through its behavioral health activity, Imperial Calcasieu Human Services Authority will extend quality mental health and substance use disorder treatment and prevention services to children/adolescents and adults within the Authority target population, with client satisfaction feedback that meets threshold.

**INDICATOR NAME:** Number of clients enrolled in Medication Assisted Treatment for opioid use disorder.

**LaPAS PI Code:** NEW

**1. Type and Level:** Output/ Supporting Performance Indicator

**2. Rationale:** This will allow ImCal HSA to track how many individuals are participating in ImCal's Medication Assisted Treatment (MAT) program. This is a valid measure of performance and a clear indication of how to gauge the utilization of MAT services.

**3. Use:** This indicator will be used in management decision making so ImCal HSA can assess the utilization of the program.

**4. Clarity:** This indicator clearly identifies what is being measured and does not need any clarification.

**5. Accuracy, Maintenance, Support:** The evidence to support this data will be collected from spreadsheets maintained by MAT program staff and. Data is entered and maintained on a daily basis tracking admissions and discharges. The data is verified against the BH Division's electronic health record, as well.

**6. Data Source, Collection and Reporting:** Data is sourced from program records and the Electronic Health Record. This information will be collected on a quarterly basis. The frequency and timing of collection and reporting is consistent.

**7. Calculation Methodology:** Data will be calculated by extracting the number of active participants at the beginning of the reporting period and adding the number of new admissions each quarter.

**8. Scope:** All adults who carry an opioid use disorder and are receiving buprenorphine for treatment of the disorder.

**9. Caveats:** This indicator does not have any limitations or weaknesses because it will be collected through the electronic health record.

**10. Responsible Person:** The responsible person for collecting these will be Sheryl Meek, Corporate Compliance Officer. Telephone: 337.475.3100 Fax: 337.475.3105. E-mail: [sheryl.meek@imcalhsa.org](mailto:sheryl.meek@imcalhsa.org).

<b>Performance Indicator Documentation Sheet</b>
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**PROGRAM:** Imperial Calcasieu Human Services Authority

**ACTIVITY:** Behavioral Health

**OBJECTIVE:** Through its behavioral health activity, Imperial Calcasieu Human Services Authority will extend quality mental health and substance use disorder treatment and prevention services to children/adolescents and adults within the Authority target population, with client satisfaction feedback that meets threshold.

**INDICATOR NAME:** Percentage of mental health cash subsidy slots utilized.

**LaPAS PI Code:** 25268

**1. Type and Level:** Efficiency/ Key Performance Indicator.

**2. Rationale:** This indicator has been selected so that ImCal HSA can monitor the level of utilization of this service. It is a valid measure of performance targeted in this objective.

**3. Use:** The indicator will be used in the management decision making to demonstrate if this program is being utilized at its capacity. This indicator will be used only for internal management.

**4. Clarity:** The indicator name is clearly identified of what is being measured. The acronym MH stands for Mental Health.

**5. Accuracy, Maintenance, Support:** This indicator has been audited by the Office of the Legislative Auditor. The MH cash subsidy slots utilized will assist in the data to support its accuracy. This report has to be monitored closely to verify what slots are available.

**6. Data Source, Collection and Reporting:** This information is gathered on a monthly/annual basis. This is to help maintain its accuracy. The frequency of the collection is consistent with reporting.

**7. Calculation Methodology:** A sum of all slots that are being utilized divided the total number of slots. This will be helpful so that we know how much in percent terms is this service being utilized.

**8. Scope:** All individuals who receive MH cash subsidy funding.

**9. Caveats:** This indicator does not have limitations, weakness or bias.

**10. Responsible Person:** The responsible person for collecting these will be Sheryl Meek, Corporate Compliance Officer. Telephone: 337.475.3100; Fax: 337.475.3105. E-mail: [sheryl.meek@imcalhsa.org](mailto:sheryl.meek@imcalhsa.org).

<b>Performance Indicator Documentation Sheet</b>
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**PROGRAM:** Imperial Calcasieu Human Services Authority

**ACTIVITY:** Behavioral Health

**OBJECTIVE:** Through its behavioral health activity, Imperial Calcasieu Human Services Authority will extend quality mental health and substance use disorder treatment and prevention services to children/adolescents and adults within the Authority target population, with client satisfaction feedback that meets threshold.

**INDICATOR NAME:** Number of persons served by prevention and outreach services.

**LaPAS PI Code:** 25283

**1. Type and Level:** Output/ General Performance Indicator

**2. Rationale:** This will allow ImCal HSA to track how many children and adolescents are participating in the prevention programs and how many community members are reached through imCal's outreach activities.

**3. Use:** This indicator will be used in management decision making so ImCal HSA can assess the utilization of the program.

**4. Clarity:** This indicator clearly identifies what is being measured and does not need any clarification.

**5. Accuracy, Maintenance, Support:** This indicator has been audited by the Office of the Legislative Auditor. The evidence that is available to support the accuracy of the data is that each prevention program submits information on a quarterly/annual basis within the statewide database, Prevention Management Information System (PMIS).

**6. Data Source, Collection and Reporting:** The number of prevention enrollees and outreach contacts are tracked within the PMIS. This information will be collected on a quarterly basis. The frequency and timing of collection and reporting is consistent.

**7. Calculation Methodology:** The total count of contacts.

**8. Scope:** All individuals who participate in prevention programs or are contacted during outreach activities.

**9. Caveats:** This indicator does not have limitations or weaknesses.

**10. Responsible Person:** The responsible person for collecting these will be Sheryl Meek, Corporate Compliance Officer. Telephone: 337.475.3100; Fax: 337.475.3105. E-mail: [sheryl.meek@imcalhsa.org](mailto:sheryl.meek@imcalhsa.org).

<b>Performance Indicator Documentation Sheet</b>
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**PROGRAM:** Imperial Calcasieu Human Services Authority

**ACTIVITY:** Developmental Disabilities

**OBJECTIVE:** Through its developmental disabilities activity, Imperial Calcasieu Human Services Authority will provide core services for individuals with developmental disabilities which consist of serving as the Single Point of Entry (SPOE) into the Developmental Disabilities (DD) Services System and providing support coordination services to individuals and their families through DD and other available community resources.

**INDICATOR NAME:** Number of persons receiving DD services per year.

**LaPAS PI Code:** 25278

**1. Type and Level:** Output/ Key Performance Indicator.

**2. Rationale:** The rationale for the indicator so that ImCal HSA can measure the number of people receiving DD services per year.

**3. Use:** This indicator will be used in management decision making. As the population grows, the services will need to be expanded to meet capacity and the needs of the community ImCal HSA serves.

**4. Clarity:** The indicator name does clearly identify what is being measured. The acronym DD refers to Developmental Disabilities.

**5. Accuracy, Maintenance, Support:** This indicator has been audited by the Office of the Legislative Auditor. The Participant Services Database will help to assist in gathering the information.

**6. Data Source, Collection and Reporting:** The DD Participant Services Database will be utilized to keep track of numbers of persons who received DD services. This information will be collected on a quarterly basis. The frequency and timing of collection and reporting is consistent.

**7. Calculation Methodology:** Data extracted from the Participant Services Database.

**8. Scope:** All individuals who carry a diagnosis of a developmental disability and are served within the ImCal HSA DD Division.

**9. Caveats:** This indicator does not have any limitations or weaknesses because it will be collected through the electronic health records.

**10. Responsible Person:** The responsible person for collecting these will be Sheryl Meek, Corporate Compliance Officer. Telephone: 337.475.3100; Fax: 337.475.3105. E-mail: [sheryl.meek@la.gov](mailto:sheryl.meek@la.gov).

<b>Performance Indicator Documentation Sheet</b>
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**PROGRAM:** Imperial Calcasieu Human Services Authority

**ACTIVITY:** Developmental Disabilities

**OBJECTIVE:** Through its developmental disabilities activity, Imperial Calcasieu Human Services Authority will provide core services for individuals with developmental disabilities which consist of serving as the Single Point of Entry (SPOE) into the Developmental Disabilities (DD) Services System and providing support coordination services to individuals and their families through DD and other available community resources.

**INDICATOR NAME:** Number of people receiving individual and family support services.

**LaPAS PI Code:** 25275

- 1. Type and Level:** Output/ Key Performance Indicator.
- 2. Rationale:** The rationale for the indicator so that ImCal HSA can measure the number of people receiving state funded DD individual and family support services per year.
- 3. Use:** This indicator will be used in management decision making. As the population grows, the services will need to be expanded to meet capacity and the needs of the community ImCal HSA serves.
- 4. Clarity:** The indicator name does clearly identify what is being measured. The acronym DD refers to Developmental Disabilities.
- 5. Accuracy, Maintenance, Support:** This indicator has been audited by the Office of the Legislative Auditor. The Participant Services Database will help to assist in gathering the information.
- 6. Data Source, Collection and Reporting:** The DD Participant Services Database will be utilized to keep track of numbers of persons receiving individual and family support services. In addition, internal spreadsheets are maintained to track types of services provided and priority numbers. This information will be collected on a quarterly basis. The frequency and timing of collection and reporting is consistent.
- 7. Calculation Methodology:** Data extracted from the Participant Services Database.
- 8. Scope:** All individuals who carry a diagnosis of a developmental disability and receive individual and family support services.
- 9. Caveats:** This indicator does not have any limitations or weaknesses. .
- 10. Responsible Person:** The responsible person for collecting these will be Sheryl Meek, Corporate Compliance Officer. Telephone: 337.475.3100; Fax: 337.475.3105. E-mail: [sheryl.meek@la.gov](mailto:sheryl.meek@la.gov).



<b>Performance Indicator Documentation Sheet</b>
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**PROGRAM:** Imperial Calcasieu Human Services Authority

**ACTIVITY:** Developmental Disabilities

**OBJECTIVE:** Provide core services for individuals with Developmental Disabilities which consist of serving as the Single Point of Entry (SPOE) into the Developmental Disabilities (DD) Services System and providing support coordination services to individuals and their families through DD and other available community services.

**INDICATOR NAME:** Number of people receiving flexible family funds.

**LaPAS PI Code:** 25276

**1. Type and Level:** Output/ Key Performance Indicator.

**2. Rationale:** The rationale for the indicator so that ImCal HSA can measure the number of people receiving state funded DD flexible family funds per year.

**3. Use:** The indicator will be used in the management decision making to demonstrate if this program is being utilized at its capacity. This indicator will be used only for internal management.

**4. Clarity:** The indicator name does clearly identify what is being measured. The acronym DD refers to Developmental Disabilities.

**5. Accuracy, Maintenance, Support:** This indicator has been audited by the Office of the Legislative Auditor. The Participant Services Database will help to assist in gathering the information.

**6. Data Source, Collection and Reporting:** The DD Participant Services Database will be utilized to keep track of numbers of persons receiving flexible family funds. In addition, internal spreadsheets are maintained to track types of services provided. This information will be collected on a quarterly basis. The frequency and timing of collection and reporting is consistent.

**7. Calculation Methodology:** Data extracted from the Participant Services Database.

**8. Scope:** All individuals who carry a diagnosis of a developmental disability and receive flexible family funds.

**9. Caveats:** This indicator does not have any limitations or weaknesses. .

**10. Responsible Person:** The responsible person for collecting these will be Sheryl Meek, Corporate Compliance Officer. Telephone: 337.475.3100; Fax: 337.475.3105. E-mail: [sheryl.meek@la.gov](mailto:sheryl.meek@la.gov).



<b>Performance Indicator Documentation Sheet</b>
--------------------------------------------------

**PROGRAM:** Imperial Calcasieu Human Services Authority

**ACTIVITY:** Developmental Disabilities

**OBJECTIVE:** Provide core services for individuals with Developmental Disabilities which consist of serving as the Single Point of Entry (SPOE) into the Developmental Disabilities (DD) Services System and providing support coordination services to individuals and their families through DD and other available community services.

**INDICATOR NAME:** Percentage of eligibility determinations determined valid according to the Flexible Family Fund promulgation.

**LaPAS PI Code:** 25277

- 1. Type and Level:** Outcome & Efficiency/ Key Performance Indicator.
- 2. Rationale:** The rationale for the indicator so that ImCal HSA can measure the number of people receiving individual and family support services. Eligibility determination processes must be completed correctly and timely as promulgated in Act 378.
- 3. Use:** This indicator will be used in management decision making to determine the effectiveness and efficiency of services. The indicator will be used for internal management purposes.
- 4. Clarity:** The indicator name does clearly identify what is being measured.
- 5. Accuracy, Maintenance, Support:** This indicator has been audited by the Office of the Legislative Auditor. The Participant Services Database will help to assist in gathering the information.
- 6. Data Source, Collection and Reporting:** The DD Participant Services Database will be utilized to keep track of numbers of persons deemed eligible for receiving flexible family funds. In addition, internal spreadsheets are maintained to track eligibility determinations and their validity. This information will be collected on a quarterly basis. The frequency and timing of collection and reporting is consistent.
- 7. Calculation Methodology:** Data extracted from the Participant Services Database.
- 8. Scope:** All individuals who carry a diagnosis of a developmental disability and deemed eligible for receiving flexible family funds.
- 9. Caveats:** This indicator does not have any limitations or weaknesses.
- 10. Responsible Person:** The responsible person for collecting these will be Sheryl Meek, Corporate Compliance Officer. Telephone: 337.475.3100; Fax: 337.475.3105. E-mail: [sheryl.meek@la.gov](mailto:sheryl.meek@la.gov).



09-376 Central Louisiana Human Services District

# APPENDIX

## FY 2026-2031

### 5-YEAR STRATEGIC PLAN

## **AGENCY GOALS:**

- I. To increase public awareness and to provide access to care for individuals and their families who are in need of behavioral health and developmental disabilities services. **Statutory Authority for Goal:** LA R.S. 36:258(E), LA R.S. 28:1-723
- II. To ensure that services provided are responsive to client needs, based on evidence-based practices, and that programs afford the client a continuum of care taking into consideration cultural diversity and abide by District, Departmental, State, and Federal guidelines (per the Human Services Accountability Plan) in Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon and Winn parishes.  
**Statutory Authority for Goal:** R.S. 36:258(C) and R.S. 28.1-723
- III. To promote healthy, safe lives for people by providing leadership in educating the community on the importance of prevention, early detection and intervention, and by facilitating coalition building to address localized community problems.  
**Statutory Authority for Goal:** R.S. 36:258(C) and R.S. 28.1-723

## **Strategic Planning Process:**

The Central Louisiana Human Services District (CLHSD) is a political subdivision governed by a Board of Directors, with a funded budget of approximately \$15,722,144.00. As a local Governing Entity (LGE), the District, under the supervision of the Executive Director contracts with the Louisiana Department of Health (LDH) to operate behavioral health (mental health and addictive disorders) and developmental disability services for the parishes of Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon and Winn. The Board of Directors for the CLHSD established the Mission, Vision, and Priorities of the District. CLHSD utilizes an ongoing strategic planning process to produce decision and actions that shape the organization by establishing goals that are consistent with our consensual mission. Specific strategies are developed to meet the established goals. External and internal stakeholder meetings are held throughout the year as well as monthly meetings of the Board of Directors. Information that is gained from satisfaction surveys, interviews with various community providers, and the Advisory and Executive Boards. Information gained from these multiple sources are utilized to formulate the CLHSD strategic plan in conjunction with data driven research supporting the established objectives. Performance audits, stakeholder surveys, outcome measures are utilized to determine program progress.

## **Strategies for Development and Implementation of Human Resources Policies that are helpful and beneficial to Women and Families:**

The Central Louisiana Human Services District abides by all state Civil Service guidelines and procedures regarding equal opportunities for staff and in particular women and their families. The Central Louisiana Human Services District also addresses specific issues in respect to female employees and their families in the Human Resources policies for the

agency and in the Central Louisiana Human Services District Personnel Handbook. Applicable policies are: the Family Medical Leave Policy (29.1), the Sexual Harassment Policy (56.1) and the Equal Employment Opportunity/Complaints Policy (34.1).

### **Potential Internal/External Factors that Could Significantly Affect the Achievement of Goals or Objectives in this Program:**

The ability to achieve the goals and objectives outlined in this plan may be changed by a number of factors over which CLHSD has no control. These changes may include but are not limited to:

- Funding levels –Fluctuations in Medicaid and state general funding for indigent care are dependent on many factors that cannot be controlled. The expansion of insurance benefits for indigent children and adults, which has meant an increase in some insurance revenues or the loss of some clients to the private sector.
- Changes in the state health care system - particularly changes related to managed care, skilled and professional labor shortages exacerbated by numerous disasters in our area and rapid changes in medical technology which require greater attention to capital acquisition needs/uses/costs.
- Potential changes in the federal health care arena as a result of Federal Health Care Reform and in the state Medicaid program involving a higher degree of care coordination.
- Changes in the economy of the state – as more individuals are employed or insured, it could result in more insured patients or fewer patients, depending on the changes in the economy of the state and client's access to other health care and the perception of the behavioral health care provided by our clinics.
- Changes in the population – demographic and other population changes, including an aging population which means an increase in the number of chronic cases.
- Competition from other private providers in the community.
- District Specific Factors - Among the major factors potentially impacting successful goal achievement are: Insufficient number of providers; Professional shortages in the clinical and medical fields; Client/Member satisfaction; limited funding to meet high consumer needs and the still prevalent stigma toward mental health and addictive disorders, on the part of the general public. Finally, LDH announced a two-phased plan to vacate the current Central Louisiana State Hospital property. LDH reports long term plans that construction is to begin on the new hospital. There are numerous agencies/programs (including CLHSD and CLHSD contractor programs) that reside in the Central Hospital campus that will need to relocate. Additional cost would be incurred beyond that of relocation, including incidentals such as utilities and rent. This move will significantly impact the entire District and will most likely warrant a revision of the Strategic Plan. The process of establishing alternative sites for program offices has been initiated.

Strategies in place to mitigate threats and/or barriers include: diversification of funding streams; expansion of integrated services; ongoing performance and quality improvement initiatives; collaboration with contiguous local governing entities; focus on staff development and retention; and, maintenance of accreditation with the Council on Accreditation for Rehabilitation Facilities (CARF). The overall responsibility for

implementing and monitoring these strategies rests with the Executive Director along with members of the Executive Administration Team.

## **Methods Used to Avoid Duplication of Effort:**

### **External Controls:**

The Human Services Accountability Plan (AP) was developed in accordance with the provisions of La. R.S. 28:382.2 in conjunction with the Human Service Interagency Council (HSIC) and the Department of Health (LDH) to guide the delivery of mental health (MH), addictive disorders (AD) and Developmental Disabilities (DD) services funded by appropriations from state general funds and federal block grant dollars. As part of the AP, CLHSD and its service sites, are subject to monitoring. The Office of Behavioral Health (OBH) and the Office of Developmental Disabilities are the lead agencies. Monitoring occurs on an annual basis for outcome measures prescribed in the AP Plan, including record reviews, interviews and corrective plans as warranted.

### **Internal Controls**

CLHSD strives to become a center for both management and program excellence. To this end, we have instituted several stand-alone teams geared toward ensuring implementation of optimum agency standards of performance. The Performance Improvement Committee (PIC) monitors and evaluates the quality and appropriateness of client care, identify acceptable levels of care, and recommends actions to improve care. The PIC is composed of the Senior Management Staff including the Executive Director. Recommendations for improvement are incorporated in an Action Plan that is monitored for compliance.

To ensure that all levels of performance conform to quality standards, client rights and administrative policy, the Executive Management Team (EMT) convenes weekly, and to discuss any issues impacting the District's optimum functioning. The Team is formed by senior staff from all disciplines/programmatic areas and it is led by the Executive Director.

### **Program Evaluations Used to Develop Goals, Objectives, and Strategies:**

CLHSD strategic planning process is guided by the Mission, Vision and Priorities as set forth by the Board of Directors and by the Authority's Philosophy as set forth by its Senior Management Team). These strategies, at a minimum, will include:

**Training:** Ongoing training is provided to ensure staff develops the necessary skills to understand and apply the concepts of the CLHSD strategic plan.

**Input:** Gathering input from all level of the agency's functional areas.

**Communication:** Information channels include Administration, state and contract programs, CLHSD's service recipients, the public and the community.

**Coordination:** Using technology to enhance communication and participation, e.g., teleconferences, videos, electronic media, etc.

**Performance measurement:** Formulation of objectives that are Specific, Measurable, Attainable, Results Oriented and Time-bound. Performance indicators are formulated to ensure monitoring of progress in goal/objective attainment.

**Evaluation:** The Strategic Plan will be revised to reflect fiscal, managerial and programmatic changes. These revisions will be conducted using the same strategies as the original plan, as warranted. Plan revisions will utilize strategies that are pertinent to the task at hand.

The evaluation of goals and objectives and the strategies is ongoing and rooted in data-driven decision-making. Monitoring of performance and resource utilization involves all levels of authority staff. CLHSD actively solicits input and feedback from community leaders, stakeholders, individuals receiving services and their families, community members via Board linkages, and employees. Tools used to gather data include: employee and consumer satisfaction surveys; public forums; needs assessment via governmental and stakeholder relations, and external evaluation by grantors and the legislative audit. Annual reports such as AMPAR are also incorporated in the Plan's design. Additionally, CLHSD continuously monitors level of care and service recipient outcomes through its utilization management program and self-audits performance, outcomes, practices and procedures using CARF standards. Corrective and/or performance and quality improvement actions are undertaken as warranted.

CLHSD monitors services provided in its parishes to ensure they are delivered in an efficient and effective manner, in accordance to established fiscal, clinical and administrative standards. Fiscal constraints are imposed, initially by LDH and ultimately by the CLHSD Board. The principles of cultural competency, staff credentialing and environmental safety are embedded in the organizational matrix. The Corporate Compliance Division is dedicated to ensure adherence to State, Federal and other regulatory standards and conducts as a minimum, quarterly assessments of program performance/services. The Community Outreach Specialist, Executive Director, and Prevention Coordinator establishes community partnerships, identifying existing needs. These needs are communicated to the Executive Management Team that develop strategies to best minimize gaps in services. As CLHSD assumes its role, grant procurement and research to ascertain what agencies/corporations offer services at minimum or no cost will take a more prominent role.

**Maintenance of Agency Performance-Based Budgeting Records:**

All documents utilized in the development of strategic and operational plans, as well as data used for the completion of quarterly performance reports through the Louisiana Performance Accountability System (LaPAS), are maintained and preserved according the state's record retention laws (R.S. 44:36) for a period of at least three years from the date the record was made.

**Primary Persons Who Will Benefit From or Be Significantly Affected by These**

**Objectives:** The beneficiaries of our services are persons with serious mental/emotional disorders, addictions, and developmental disabilities, and their families, who lives in the CLHSD catchment area.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** 09-376 Central Louisiana Human Services District

**ACTIVITY:** Administration

**OBJECTIVE 1:** Through the Administration activity, Central Louisiana Human Services District (CLHSD) will oversee and direct the management and operational activities of Behavioral Health (Mental Health and Addictive Disorders) and Developmental Disabilities.

**INDICATOR NAME:** Total number of individuals served in the Central Louisiana Human Services District.

**LaPAS PI Code:** 376126175

1. **Type and Level:** Outcome, GPI
2. **Rationale:** The number of individuals receiving behavioral health services in the CLHSD indicates the scope of these services and the effectiveness program delivery as it applies to the set criteria for the target population.
3. **Use:** Serves to determine the quantity of service provision for budgeting and collection purposes. This indicator reflects efficiency of service delivery relative to the scope of service to persons served.
4. **Clarity:** Behavioral health services include mental health and addictive disorders. Prevention services are under the umbrella of addictive disorder services. Developmental Disabilities includes Individual and Family Support Services, Flexible Family Fund Services and Waiver services.
5. **Accuracy, Maintenance, Support:** Program Directors/Program Monitors at the provider level review the accuracy of numbers. District Compliance staff monitors the accuracy of data at the District level. This indicator has been audited by the Office of the Legislative Auditor without related findings.
6. **Data Source, Collection and Reporting:** Behavioral Health District programs use reporting from the electronic health records (E.H.R.). Since the primary data source (E.H.R.) produces reports that duplicate the numbers served, manual counts of new admission are utilized to determine unduplicated numbers served. Contracted programs use an internal data collection system, electronic health records (E.H.R.) and manual counts if necessary to calculate people served. Developmental Disabilities services utilize electronic data systems including Participant Data Base, LAWRRISS, and hand counts to collect data. The Prevention program uses the Prevention Management Information System (PMIS). Contracted programs utilize the Electronic Health Records (E.H.R.) and electronic tracking systems specific to the contracted agency program.
7. **Calculation Methodology:** Aggregate of all behavioral health (District and contract programs), Prevention Programs, and Developmental Disabilities. Actual number reported.
8. **Scope:** Behavioral health (mental health and addictive disorders), District and contract programs and Developmental Disabilities. The data is aggregate of all CLHSD programs and contract programs.
9. **Caveats:** Performance should not be interpreted based on this indicator alone, but conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection.
10. **Responsible Person:** Sandra Broadwell, Compliance Officer 55411 Coliseum Blvd., Alexandria, La. Telephone: 318-487-5191, Sandra.Broadwell@clahsd.org.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** 09-376 Central Louisiana Human Services District

**ACTIVITY:** Administration

**OBJECTIVE 1:** Through the Administration activity, Central Louisiana Human Services District (CLHSD) will oversee and direct the management and operational activities of Behavioral Health (Mental Health and Addictive Disorders) and Developmental Disabilities.

**INDICATOR NAME:** Percentage of CLHSD clients who state they would continue to receive services through CLHSD contracts and clinics and contracts, if given the choice to go elsewhere.

**LaPAS PI Code:** 25284

1. **Type and Level:** Outcome; K
2. **Rationale:** Clients' choice to continue services with CLHSD serves as a monitoring tool to ensure clients' critical needs are met. Because of CLHSD's dual role as a provider and monitor of services, CLHSD measures its effectiveness by using satisfaction surveys that capture both the competitive challenge: "Percentage of clients who state they would continue to receive services at CLHSD clinics, if given the choice to go elsewhere" (benchmark) and the internal standard: "Percentage of clients who state they would recommend CLHSD clinics to family and friends" (are client's needs met?).
3. **Use:** It serves as a measure of Continuous Quality Improvement (CQI) and when applied to the evaluation of services, it could be used as one of the factors in determining programmatic performance.
4. **Clarity:** Clinics include behavioral health clinics (adults, youth and children). Contracts include CLHSD contracts for the delivery of program services and supports that include direct client services.
5. **Accuracy, Maintenance, Support:** This indicator is measured using a question from a statewide satisfaction survey developed by the Office of Behavioral Health. This indicator has been audited by the Office of the Legislative Auditor without identified findings.
6. **Data Source, Collection and Reporting:** District and contracts for direct services operated programs use the C'est Bon Survey for Adults and the LaFete Survey for Children. This indicator is reported quarterly. However, the data is best reported in the third and fourth quarter as the survey administration is voluntary and depends on client willingness to participate impacting the number of surveys administered.
7. **Calculation Methodology:** Using the On-line survey (Telesage Outcomes Measurement System (TOMS). CLHSD staff merge data as follows: Question #32 of the C'est Bon Survey plus on-line surveys for Children/Adolescents are submitted by the parents of the clients and outcomes recorded on Question 23 of the LaFete Survey. Percentage is calculated as follows: **Numerator:** Unduplicated number of persons served who respond yes to the question on the C'est Bon for Adults and LaFete for Children Surveys **Denominator:** Total number of persons served who answer the question on the C'est Bon for Adults and LaFete for Children Surveys.
8. **Scope:** District and Contract programs (Mental Health and Addictive Disorders).
9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. This indicator is particularly sensitive to clients' motivational drive and individual traits, e.g., intellectual, mental and personality profile.



**10. Responsible Person:** Sandra Broadwell, Compliance Officer 55411 Coliseum Blvd., Alexandria, La. Telephone: 318-487-5191, Sandra.Broadwell@clahsd.org.

**PROGRAM:** 09-376 Central Louisiana Human Services District

**ACTIVITY:** Administration

**OBJECTIVE 2:** To utilize technology to maintain and advance efficiency of program services, administrative functions and fiscal operations of the district by using performance improvement strategies that include performance analysis, measurement and reporting.

**INDICATOR NAME:** Number of district clinics using the TOMS' website to manage satisfaction surveys and programmatic outcomes.

**LaPAS PI Code:** 26173

1. **Type and Level:** Outcome/Quality, S
2. **Rationale:** This outcome serves as one important set of measures regarding the quality outcome of program services. Similarly, the satisfaction of our patients is a key indicator of how well we meet their rehabilitation needs and expectations. Use of technology will facilitate ease of administration and reporting results of satisfaction and outcome measure surveys.
3. **Use:** As a management tool to plan, evaluate and improve operational functioning in the clinical programs of the agency.
4. **Clarity:** On-line survey Telesage Outcomes Measurement System (TOMS). Outcome measures provide reporting that allows analysis of program performance against nationally collected data, and satisfaction surveys provide input from the persons served by CLHSD Outpatient Clinic programs. The data comparisons would not be feasible in the absence of electronic collection of data for analysis.
5. **Accuracy, Maintenance, Support:** The data has been reviewed by the Office of the Legislative Auditor without adverse findings. The CLHSD Compliance Office oversees quality control activities to ensure the electronic system's accuracy, effectiveness and practical applications
6. **Data Source, Collection and Reporting:** An electronic report is generated showing the survey's outcomes for each participant. Electronic surveys are administered on a voluntary basis and analyzed bi-annually. In addition, surveys can be administered via written format and input into the electronic system by CLHSD staff. OBH utilizes and integrates electronic data reports with data collected for statewide analysis.
7. **Calculation Methodology:** Actual number of district clinics utilizing the TOM's website.
8. **Scope:** District Wide.
9. **Caveats:** The TOMS website is not always accessible to participants due to occasional technical difficulties. Therefore, face-to-face satisfaction surveys are also conducted. Survey participants are invited to complete surveys annually at a minimum.
10. **Responsible Person:** Sandra Broadwell, Compliance Officer 55411 Coliseum Blvd., Alexandria, La. Telephone: 318-487-5191, Sandra.Broadwell@clahsd.org.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** 09-376 Central Louisiana Human Services District

**ACTIVITY:** Administration

**OBJECTIVE 2:** To utilize technology to maintain and advance efficiency of program services, administrative functions and fiscal operations of the district by using performance improvement strategies that include performance analysis, measurement and reporting.

**INDICATOR NAME:** Number of Telehealth sites Districtwide

**LaPAS PI Code:** 26174

1. **Type and Level:** Output/Quality, K
2. **Rationale:** Telemedicine (Tele-Health) has been cited as being particularly helpful in rural areas, where the shortage of healthcare providers had led to a lack of accessibility to both basic healthcare and specialty care. Through telemedicine, patients can access healthcare faster, which is a leading factor in improved patient engagement and better outcomes. Telemedicine brings the doctor/counselor to the patient; therefore, it reduces barriers related to transportation and accessibility.
3. **Use:** Technology permits communications between patient and medical staff with both convenience and fidelity, as well as the transmission of medical, imaging and health information data from one site to another. Recent reviews of the literature by Hilty et al. in 2013, and by Yellowlees et al. in 2015 confirmed that tele-psychiatry is as effective as in-person psychiatric consultations for diagnostic assessment, is at least as good for the treatment of disorders such as depression and post-traumatic stress disorder, and may be better than in-person treatment in some groups of patients, notably children, veterans and individuals with agoraphobia.
4. **Clarity:** Tele-health is a two-way real-time interactive communication between a patient and healthcare provider at a distant site, supported by audio and video equipment and integrated medical devices. Advances in IT infrastructure, communication and connected medical devices are enabling clinicians to evaluate, diagnose and treat patients remotely. Tele-psychiatry, another aspect of telemedicine (Tele-Medicine), also utilizes videoconferencing for patients residing in underserved areas to access psychiatric services. It offers wide range of services to the patients and providers, such as consultation between the psychiatrists, educational clinical programs, diagnosis and assessment, medication therapy management, and routine follow-up meetings. It is possible to have more than one (1) site in a clinic/location.
5. **Accuracy, Maintenance, Support:** The indicator has been reviewed by the Office of the Legislative Auditor and without findings. The actual number of tele-health sites utilized by CLHSD is reported. Compliance staff review the data each reporting period.
6. **Data Source, Collection and Reporting:** District Clinics. Data is reported bi-annually.
7. **Calculation Methodology:** The actual number of tele-health sites in CLHSD is reported.
8. **Scope:** The actual number is aggregate and District-wide.
9. **Caveats:** The cost of telecommunication and data management equipment and of technical training for personnel who will use the system may impact the scope and speediness of implementation. Virtual medical treatment also entails adherence to protected health information (HIPPA). Use of telehealth technology is vulnerable to systemic technical difficulties that may delay and /or prohibit use for delivery of immediate services. Delivery of tele-health by health professionals require specific training for certification of use by some licensing boards.

**10. Responsible Person:** Sandra Broadwell, Compliance Officer 55411 Coliseum Blvd. Alexandria, La. Telephone: 318-487-5191, Sandra.Broadwell@clahsd.org.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** 09-376 Central Louisiana Human Services District

**ACTIVITY:** Administration

**OBJECTIVE 1:** Through the Administration activity, Central Louisiana Human Services District (CLHSD) will oversee and direct the management and operational activities of Behavioral Health (Mental Health and Addictive Disorders) and Developmental Disabilities.

**INDICATOR NAME:** Percentage of Behavioral Health Clinics that are in compliance with State standards of care.

**LaPAS PI Code:** 376126176

1. **Type and Level:** Outcome/Quality, GPI
2. **Rationale:** Licensing certification provides an assurance of quality. Programs that obtain and maintain their Licensing certification are deemed to be qualified to provide services for the area of certification.
3. **Use:** This indicator reflects efficiency of service delivery relative to persons served, as well as the scope of service provision in the Central Louisiana Human Services District (CLHSD) for Caring Choices Clinics (CC) – Outpatient. This is an objective measure, from an independent source and it provides a programmatic overview of performance.
4. **Clarity:** Behavioral Health Clinics include all Caring Choices Clinics (CC) - Outpatient Mental Health and Addictive Disorders Programs in the (CLHSD). Each clinic should undergo a licensing review once a year.
5. **Accuracy, Maintenance, Support:** Compliance with licensure certification standards is managed by the individual providers/clinic managers and the CLHSD. The regulatory Authority is the Louisiana Department of Health (LDH), Bureau of Health Standards (BHS). The indicator and subsequent performance data been audited by the Office of the Legislative Auditor without identified findings.
6. **Data Source, Collection and Reporting:** LDH, BHS requires annual license renewal and conducts these reviews per an annual schedule in accordance with each clinic/program's license expiration date. Each clinic/program should undergo a licensing review once a year. In order to continue providing services, all clinics should maintain a positive licensing status. This indicator is reported on an annual basis.
7. **Calculation Methodology:** Data reflects the percentage of CLHSD Clinics licensed and good standing calculated by: **Numerator:** Number of CC - Outpatient Behavioral Health Clinics/Programs in the CLHSD that are currently licensed and are in good standing with the LDH, Bureau of Health Standards. **Denominator:** Number of CC - Outpatient Behavioral Health Clinics/Programs in the CLHSD required to be licensed by the LDH Bureau of Health Standards.
8. **Scope:** CLHSD Caring Choices Clinics and sub-clinic.
9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. Adherence to standards is impacted by budgetary, manpower and geographical constraints
10. **Responsible Person:** Sandra Broadwell, Compliance Officer 55411 Coliseum Blvd. Alexandria, La. Telephone: 318-487-5191, Sandra.Broadwell@clahsd.org.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** 09-376 Central Louisiana Human Services District

**ACTIVITY:** Administration

**OBJECTIVE 1:** Through the Administration activity, Central Louisiana Human Services District (CLHSD) will oversee and direct the management and operational activities of Behavioral Health (Mental Health and Addictive Disorders) and Developmental Disabilities.

**INDICATOR NAME:** Total Number of services provided by CLHSD Clinic programs by direct care employees.

**LaPAS PI Code:** 26780

1. **Type and Level:** Outcome; Supporting
2. **Rationale:** Increases in staff productivity reflect increased efficiency due to varying levels of acuity in the provisions of treatment to the population served and rates of billing that impact self-generated revenue.
3. **Use:** The total number of services provided in the behavioral health clinic programs may be utilized to determine trends in billing which impact self-generated revenue and analyze staff productivity for specific programs and services.
4. **Clarity:** Behavioral Health Clinic Programs include all CLHSD operated outpatient Behavioral Health Clinics.
5. **Accuracy, Maintenance, Support:** The number has been audited by the Office of the Legislative Auditor and without findings. The number is based on the actual number of services billed by the direct clinical care staff of the CLHSD District Behavioral Health Clinics utilizing the Electronic Health record (E.H.R.).
6. **Data Source, Collection and Reporting:** The CLHSD Behavioral Health Clinics utilize Carelogic Electronic Health Record (E.H.R.) to submit services as the service is provided to persons served. The CLHSD E.H.R. provides report data for services billed during a defined period of time. The data is collected on a quarterly basis and reported bi-annually.
7. **Calculation Methodology:** The number is based on the actual number of services billed by the direct clinical care staff of the CLHSD District Behavioral Health Clinics utilizing the Electronic Health record (E.H.R.).
8. **Scope:** The data is aggregate data of services billed by direct clinical care staff in the CLHSD Behavioral Health Clinic programs. The figures are limited by the parameters permitted by CLHSD insurance provider payors including but not limited to Medicare, Medicaid, and Private Payors/Insurers.
9. **Caveats:** The data is limited by the total parameters permitted by CLHSD insurance providers including but not limited to Medicare, Medicaid, and Private Payors/Insurers. The data does not include total services provided that are not considered reimbursable but are necessary for the support of the persons served by the clinic programs.
10. **Responsible Person:** Sandra Broadwell, Compliance Officer 55411 Coliseum Blvd. Alexandria, La. Telephone: 318-487-5191, Sandra.Broadwell@clahsd.org.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** 09-376 Central Louisiana Human Services District

**ACTIVITY:** Administration

**OBJECTIVE 1:** Through the Administration activity, Central Louisiana Human Services District (CLHSD) will oversee and direct the management and operational activities of Behavioral Health (Mental Health and Addictive Disorders) and Developmental Disabilities.

**INDICATOR NAME:** Percentage of CLHSD clients who state they would recommend our programs to family and friends.

**LaPAS PI Code:** 25285

1. **Type and Level:** Outcome; K
2. **Rationale:** Clients' choice to recommend CLHSD clinics to family and friends reflects the clients' positive perception of services and enhances community support.
3. **Use:** Source of information regarding clients' satisfaction and loyalty. It assesses the agency's marketing potential in the community.
4. **Clarity:** Clinics include behavioral health clinics (adults, youth and children). Contracts include CLHSD contracts for the delivery of program services and supports that include direct client services
5. **Accuracy, Maintenance, Support:** This indicator is measured using a question from a statewide satisfaction survey developed by the Office of Behavioral Health. This indicator has been audited by the Office of the Legislative Auditor without findings.
6. **Data Source, Collection and Reporting:** District and contracts for direct services operated programs use the C'est Bon Survey for Adults and the LaFete Survey for Children. This indicator is reported quarterly. However, the data is best reported in the third and fourth quarter as the survey administration is voluntary and depends on client willingness to participate impacting the number of surveys administered.
7. **Calculation Methodology:** The percentage is calculated as follows: **Numerator:** Unduplicated number of persons served who respond yes to the question on the C'est Bon for Adults and LaFete for Children Surveys. **Denominator:** Unduplicated number of persons served who answer the question on the C'est Bon for Adults and LaFete for Children Surveys.
8. **Scope:** Aggregate of CLHSD operated programs and contracts (adults, youth and children).
9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. This indicator is particularly sensitive to clients' motivational drive and individual traits, e.g., intellectual, mental and personality profile. It is further impacted by family dynamics and relationships.
10. **Responsible Person:** Sandra Broadwell, Compliance Officer 55411 Coliseum Blvd. Alexandria, La. Telephone: 318-487-5191, Sandra.Broadwell@clahsd.org.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** 09-376 Central Louisiana Human Services District

**ACTIVITY:** Behavioral Health

**OBJECTIVE 1:** Through the Behavioral Health activity, Central Louisiana Human Services District (CLHSD) will provide quality behavioral health services to children, adolescents, adults and their families in the District (including prevention and flexible family funds). Also, the CLHSD will monitor behavioral health services (outpatient and inpatient) including contract providers, to insure quality standards are met throughout the continuum of care. Customer feedback will be used as one of the measuring tools.

**INDICATOR NAME:** Number of adults receiving Mental Health services in all CLHSD Behavioral Health clinics.

**LaPAS PI Code:** 25286

1. **Type and Level:** Output, Efficiency, K
2. **Rationale:** The number of adults served with mental health services in Central Louisiana Human Services District (CLHSD) clinics gives a profile of adults needing services mental health services in the CLHSD area. This indicator reflects the scope of these services and the effectiveness of program delivery as it applies to the set criteria for the target population.
3. **Use:** Serves to determine the number of service recipients for budgeting and data collection purposes. It is a measure of market penetration and indicates areas of need as it correlates with geographical and clinical parameters. This indicator reflects efficiency of service delivery relative to persons served, as well as the scope of service provision for mental health in the CLHSD.
4. **Clarity:** The electronic health record (E.H.R.) utilized by the District is Carelogic and is developed by Carelogic Enterprise-Qualifacts <https://login.qualifacts.org>. The E.H.R. has established billing and productivity reports that are managed by the CLHSD District Executive Management Team.
5. **Accuracy, Maintenance, Support:** Program Directors/Program Monitors, at the provider level, review the accuracy of numbers. District Compliance staff checks the accuracy of data at the District level. The indicator has been audited by the Office of the Legislative Auditor without adverse findings.
6. **Data Source, Collection and Reporting:** District programs use the electronic health record reporting and manual counts of new admissions to clinic programs. If the electronic record reporting is rendered unproductive, a manual count is used as an alternative source. The data is collected and reviewed on a quarterly basis.
7. **Calculation Methodology:** Calculation is completed by CLHSD Compliance staff using the Data reporting from the electronic health record in addition to a manual count of new admissions as follows:  
Calculation is done using billing reports, Unduplicated Counts: 1st Q. Calculation = electronic health record records of: the number of Adult Persons served grouping/Primary Target Group: MH + Co-Occurring; 2nd Q. Calculation = 1st Q. total # of persons served plus admissions for the 2nd Quarter from the Admissions report for adults at Admission; 3rd Q Calculation: 2nd Quarter total plus 3rd Quarter Admissions; 4th Q. Calculation: 3rd Quarter total plus 4th Quarter Admissions
8. **Scope:** The data is an aggregate, unduplicated count of the total number of Adults served in the CLHD Caring Choices Clinics Outpatient Mental Health/Co-occurring programs.



- 9. Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. All indicators are subject to some degree of reporting error at the point of collection.
- 10. Responsible Person:** Sandra Broadwell, Compliance Officer 55411 Coliseum Blvd. Alexandria, La. Telephone: 318-487-5191, [Sandra.Broadwell@clahsd.org](mailto:Sandra.Broadwell@clahsd.org)

**PROGRAM:** 09-376 Central Louisiana Human Services District

**ACTIVITY B:** Behavioral Health

**OBJECTIVE 1:** Through the Behavioral Health activity, Central Louisiana Human Services District (CLHSD) will provide quality behavioral health services to children, adolescents, adults and their families in the District (including prevention and flexible family funds). Also, the CLHSD will monitor behavioral health services (outpatient and inpatient) including contract providers, to insure quality standards are met throughout the continuum of care. Customer feedback will be used as one of the measuring tools.

**INDICATOR NAME:** Number of children/adolescent receiving Mental Health services in in all CLHSD Behavioral Health programs.

**LaPAS PI Code:** 25287

1. **Type and Level:** Output, Efficiency, K
2. **Rationale:** The number of children/adolescent served with mental health services in Central Louisiana Human Services District (CLHSD) gives a profile of children/adolescent needing services mental health services in the CLHSD area. This indicator reflects the scope of these services and the effectiveness of program delivery as it applies to the set criteria for the target population.
3. **Use:** Serves to determine the number of service recipients for budgeting and data collection purposes. It is a measure of market penetration and indicates areas of need as it correlates with geographical and clinical parameters. This indicator reflects efficiency of service delivery relative to persons served, as well as the scope of service provision for mental health in the CLHSD.
4. **Clarity:** The electronic health record (E.H.R.) utilized by the District is Carelogic and is developed by Carelogic Enterprise – Qualifacts <https://login.qualifacts.org>. The E.H.R. has established billing and productivity reports that are managed by the CLHSD District Executive Management Team.
5. **Accuracy, Maintenance, Support:** Program monitors at the provider level review the accuracy of numbers. District Corporate Compliance staff checks the accuracy of data at the District level. This indicator has been audited by the Office of the Legislative Auditor as required annually.
6. **Data Source, Collection and Reporting:** District programs use the Electronic Health Record (E.H.R.). CLHSD Contract programs use a client log system as data source. If the primary data source (E.H.R.) is rendered unproductive, a manual count is used as an alternative source.
7. **Calculation Methodology:** Calculation is completed by CLHSD Compliance staff using the E.H.R. reporting on-line system, as follows: Calculation is done using the following billing reports/Unduplicated Counts: 1st Q. Calculation = Billing for Persons served Children and Youth under 18 years of age: MH + Co-Occurring; 2nd Q. Calculation = 1st Q. total # of persons (Children and Youth) served plus admissions for the 2nd Quarter from the Admissions (Children and Youth) at Admission; 3rd Q Calculation: 2nd Quarter total plus 3rd Quarter Admissions; 4th Q. Calculation: 3rd Quarter total plus 4th Quarter Admissions
8. **Scope:** The indicator is an aggregated District and Contract Children/Adolescent Mental Health program participants.

9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. All indicators are subject to some degree of reporting error at the point of collection.
10. **Responsible Person:** Sandra Broadwell, Compliance Officer 55411 Coliseum Blvd. Alexandria, La. Telephone: 318-487-5191, Sandra.Broadwell@clahsd.org.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** 09-376 Central Louisiana Human Services District

**ACTIVITY B:** Behavioral Health

**OBJECTIVE 1:** Through the Behavioral Health activity, Central Louisiana Human Services District (CLHSD) will provide quality behavioral health services to children, adolescents, adults and their families in the District (including prevention and flexible family funds). Also, the CLHSD will monitor behavioral health services (outpatient and inpatient) including contract providers, to insure quality standards are met throughout the continuum of care. Customer feedback will be used as one of the measuring tools.

**INDICATOR NAME:** Percentage of adults receiving mental health services who report that they would choose to continue to receive services from CLHSD if given a choice to receive services elsewhere.

**LaPAS PI Code:** 25288

1. **Type and Level:** Outcome, Efficiency, K
2. **Rationale:** Clients' choice to continue services with CLHSD serves as a monitoring tool to ensure clients' critical needs are met. Because of CLHSD's dual role as a provider and monitor of services, CLHSD measures its effectiveness using satisfaction surveys that capture both the competitive challenge (benchmark): "Percentage of clients who state they would continue to receive services at CLHSD clinics if given the choice to go elsewhere" and the internal standard (are client's needs met?): "Percentage of clients who state they would recommend CLHSD clinics to family and friends".
3. **Use:** It serves as a measure of Continuous Quality Improvement (CQI) and when applied to the evaluation of services, it could be used as one of the factors in determining programmatic performance.
4. **Clarity:** Clinics include CLHSD Behavioral Health Clinics (adults).
5. **Accuracy, Maintenance, Support:** This indicator is measured using a statewide satisfaction survey developed by the Office of Behavioral Health. This indicator has been audited by the Office of the Legislative Auditor during the required annual review.
6. **Data Source, Collection and Reporting:** District run programs use the C'est Bon Survey for Adults. On-line survey (Telesage Outcomes Measurement System) is utilized to collect the survey information. This indicator is reported bi-annually.
7. **Calculation Methodology:** CLHSD utilizes the information collected from Question #32 of the C'est Bon Survey data from on-line surveys. **Numerator:** Unduplicated number of persons served who respond yes to the question on the C'est Bon for Adults. **Denominator:** Unduplicated number of persons served who answer the question on the C'est Bon for Adults Survey. Indicator is reported quarterly.
8. **Scope:** CLHSD District Mental Health services program participants.
9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. Client's satisfaction survey not only measures program performance but it is impacted by the individual's motivation, severity of illness, age, cultural and intellectual profile.
10. **Responsible Person:** Sandra Broadwell, Compliance Officer 55411 Coliseum Blvd. Alexandria, La. Telephone: 318-487-5191, Sandra.Broadwell@clahsd.org.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** 09-376 Central Louisiana Human Services District

**ACTIVITY B:** Behavioral Health

**OBJECTIVE:** Through the Behavioral Health activity, Central Louisiana Human Services District (CLHSD) will provide quality behavioral health services to children, adolescents, adults and their families in the District (including prevention and flexible family funds). Also, the CLHSD will monitor behavioral health services (outpatient and inpatient) including contract providers, to insure quality standards are met throughout the continuum of care. Customer feedback will be used as one of the measuring tools.

**INDICATOR NAME:** Percentage of mental health adult clients who indicate they would recommend our programs to others.

**LaPAS PI Code:** 25289

1. **Type and Level:** Outcome, Efficiency, K
2. **Rationale:** Clients' choice to continue services with CLHSD serves as a monitoring tool to ensure clients' critical needs are met. Because of CLHSD's dual role as a provider and monitor of services, CLHSD measures its effectiveness using satisfaction surveys that capture both the competitive challenge (benchmark): "Percentage of clients who state they would continue to receive services at CLHSD clinics if given the choice to go elsewhere" and the internal standard (are client's needs met?): "Percentage of clients who state they would recommend CLHSD clinics to family and friends".
3. **Use:** It serves as a measure of Continuous Quality Improvement (CQI) and when applied to the evaluation of services, it could be used as one of the factors in determining programmatic performance.
4. **Clarity:** Clinics include Behavioral Health Clinics (adults).
5. **Accuracy, Maintenance, Support:** This indicator is measured using a statewide satisfaction survey developed by the Office of Behavioral Health. This indicator has audited by the Office of the Legislative Auditor during the required annual audits.
6. **Data Source, Collection and Reporting:** District and contract run programs use the C'est Bon Satisfaction Survey for Adults. The On-line survey (Telesage Outcomes Measurement System (TOMS) is utilized to collect the surveys. This indicator is reported bi-annually.
7. **Calculation Methodology:** Data from Question #33 of the C'est Bon Survey is gathered from the Consumer Survey Report from on-line surveys. **Numerator:** Unduplicated number of persons served who respond yes to the question on the C'est Bon for Adults. **Denominator:** Unduplicated number of persons served who answer the question on the C'est Bon for Adults. Indicator is reported bi-annually.
8. **Scope:** District CLHSD Mental Health adult program participants.
9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. Client's satisfaction survey not only measures program performance but it is impacted by the individual's motivation, severity of illness, age, cultural and intellectual profile.
10. **Responsible Person:** Sandra Broadwell, Compliance Officer 55411 Coliseum Blvd. Alexandria, La. Telephone: 318-487-5191, Sandra.Broadwell@clahsd.org.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** 09-376 Central Louisiana Human Services District

**ACTIVITY B:** Behavioral Health

**OBJECTIVE 1:** Through the Behavioral Health activity, Central Louisiana Human Services District (CLHSD) will provide quality behavioral health services to children, adolescents, adults and their families in the District (including prevention and flexible family funds). Also, the CLHSD will monitor behavioral health services (outpatient and inpatient) including contract providers, to insure quality standards are met throughout the continuum of care. Customer feedback will be used as one of the measuring tools.

**INDICATOR NAME:** Percentage of MH cash subsidy slots utilized

**LaPAS PI Code:** 25290

1. **Type and Level:** Outcome, Efficiency, K
2. **Rationale:** Children, regardless of the severity of their disability, need family and enduring relationships with adults in a nurturing home environment. The District has engaged in a concerted effort to increase utilization of available slots to provide a cash stipend that will assist in the conservation of the family unit.
3. **Use:** To provide assistance to families (and their children) to offset the cost of keeping children at home.
4. **Clarity:** Cash Subsidy Program provides stipends to families of eligible children with severe and profound disabilities. An amendment dated June 20th, 2007 recognized Human Services District and Human Services Authorities, in addition to State facilities and return management of the waiting list to these agencies. In addition to the mental health program, a parallel program (Flexible Family Fund Services) serves DD clients.
5. **Accuracy, Maintenance, Support:** The child is screened for eligibility by the CLHSD Children Services, annually, for the duration of the cash subsidy. As per 2007 legislation, a universal screening protocol is used for all children with qualifying exceptionalities for severity of functional limitation. The protocol is collected and submitted by CLHSD Children Services Coordinator to the designated CLHSD Fiscal staff.
6. **Data Source, Collection and Reporting:** CLHSD Children Services Section will collect the screening protocols for each eligible participant and submit the number of slots filled/available to the designated CLHSD Fiscal staff. Fiscal staff maintains the waiting list figures based on subsidy checks sent out. The indicator results are reported quarter.
7. **Calculation Methodology:** The percentage is calculated as follows: **Numerator:** Total number of individual contracts/slots filled/used **Denominator:** Total number of slots allocated. There are a total of 25.6 slots allocated.
8. **Scope:** CLHSD children who meet eligibility criteria for cash subsidy slots.
9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. This indicator is limited by the number of available slots and the qualification criteria.
10. **Responsible Person:** Sandra Broadwell, Compliance Officer 55411 Coliseum Blvd. Alexandria, La. Telephone: 318-487-5191, Sandra.Broadwell@clahsd.org.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** 09-376 Central Louisiana Human Services District

**ACTIVITY B:** Behavioral Health

**OBJECTIVE 1:** Through the Behavioral Health activity, Central Louisiana Human Services District (CLHSD) will provide quality behavioral health services to children, adolescents, adults and their families in the District (including prevention and flexible family funds). Also, the CLHSD will monitor behavioral health services (outpatient and inpatient) including contract providers, to insure quality standards are met throughout the continuum of care. Customer feedback will be used as one of the measuring tools.

**INDICATOR NAME:** Percentage of individuals successful completions (24-hour residential programs) - AD Program(s).

**LaPAS PI Code:** 25291

1. **Type and Level:** Outcome, K
2. **Rationale:** The percent of successful completions is one of the indicators of program effectiveness and includes not only the program itself, but the service delivery, the staff and the individual. It shows the potential for lowering recidivism rate and reintegration of the individual into independent community living.
3. **Use:** It is a programmatic tool for assessing program effectiveness and best practices.
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** Program Monitors at the provider level review the accuracy of numbers. District Compliance staff checks the accuracy of data at the District level. These indicators have been audited by the Office of the Legislative Auditor as part of the required annual audit.
6. **Data Source, Collection and Reporting:** Contractors' utilize an electronic health record to collect information and maintain an internal client log system.
7. **Calculation Methodology:** CLHSD Residential/Inpatient Programs are calculated using the Termination Detail Report - Reason for Transfer/Termination. **Numerator:** Sum of Completed Program; Completed Treatment; Client Referred to Next LOC; Client Referred to Next LOC but Rejected by Client; Appropriate Services Not available, and Client Referred Elsewhere, for Residential/Inpatient Adults (Contract). **Denominator:** Total number of Terminations for all Inpatient Contract/ Total number of Terminations for all Residential/Inpatient Adult (Contract). **Scope:** Contract Adult 24-hour residential programs for Addictive Disorders. The facility will calculate as follows: **Numerator:** the number of successful terminations as defined above using the E.H.R. discharge reporting system. **Denominator:** Total Terminations for the defined quarter reporting.)
8. **Scope:** CLHSD Contract Adult 24-hour residential programs for Addictive Disorders.
9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. Program completion is affected by the individual's motivation, severity of illness, age, cultural and intellectual profile, as well staff and program performance.
10. **Responsible Person:** Sandra Broadwell, Compliance Officer 55411 Coliseum Blvd. Alexandria, La. Telephone: 318-487-5191, Sandra.Broadwell@clahsd.org.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** 09-376 Central Louisiana Human Services District

**ACTIVITY B:** Behavioral Health

**OBJECTIVE 1:** Through the Behavioral Health activity, Central Louisiana Human Services District (CLHSD) will provide quality behavioral health services to children, adolescents, adults and their families in the District (including prevention and flexible family funds). Also, the CLHSD will monitor behavioral health services (outpatient and inpatient) including contract providers, to insure quality standards are met throughout the continuum of care. Customer feedback will be used as one of the measuring tools.

**INDICATOR NAME:** Percentage of individuals successfully completing the Primary Inpatient Adult addictive disorders treatment program, AD Program(s).

**LaPAS PI Code:** 25292

1. **Type and Level:** Outcome, K
2. **Rationale:** The percent of successful completions is one of the indicators of program effectiveness and includes not only the program itself, but the service delivery, the staff and the individual. It shows the potential for lowering recidivism rate and reintegration of the individual into independent community living.
3. **Use:** It is a programmatic tool for assessing program effectiveness and best practices.
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** Program Monitors at the provider level review the accuracy of numbers. District Compliance staff checks the accuracy of data at the District level. These indicators have been audited by the Office of the Legislative Auditor as part of the required annual audit.
6. **Data Source, Collection and Reporting:** Contractors' utilize an electronic health record to collect information and maintain an internal client log system. Data is reported quarterly.
7. **Calculation Methodology:** CLHSD Inpatient Programs are calculated using the Termination Report - Reason for Transfer/Termination. **Numerator:** Sum of Completed Program; Completed Treatment; Client Referred to Next LOC; Client Referred to Next LOC but Rejected by Client; Appropriate Services Not available, and Client Referred Elsewhere, for Residential/Inpatient Adults (Contract). **Denominator:** Total number of Terminations for all Inpatient Contract/ Total number of Terminations for all Residential/Inpatient Adult (Contract). Scope: Contract Adult 24-hour residential programs for Addictive Disorders. The facility will calculate as follows: **Numerator:** the number of successful terminations as defined above using the E.H.R. discharge reporting system. **Denominator:** Total Terminations for the defined quarter reporting.)
8. **Scope:** CLHSD Contract Adult inpatient programs for Addictive Disorders.
9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. Program completion is affected by the individual's motivation, severity of illness, age, cultural and intellectual profile, as well staff and program performance.
10. **Responsible Person:** Sandra Broadwell, Compliance Officer 55411 Coliseum Blvd. Alexandria, La. Telephone: 318-487-5191, Sandra.Broadwell@clahsd.org.



## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** 09-376 Central Louisiana Human Services District

**ACTIVITY C:** Developmental Disabilities (DD)

**OBJECTIVE 1:** Through the Developmental Disabilities activity the CLHSD will promote and facilitate independence for citizens with disabilities via the availability of home and community based services.

**INDICATOR NAME:** Number of persons receiving individual and family support services

**LaPAS PI Code:** 25294

- 1. Type and Level:** Output; Efficiency; K
- 2. Rationale:** The number of people receiving individual and family services in the CLHSD reflects the scope of the service delivery system in the community specific to developmentally disabled clients.
- 3. Use:** Serves to determine the quantity of service provision for budgeting and collection purposes. This indicator reflects efficiency of service delivery relative to the scope of service to persons served.
- 4. Clarity:** Act 378 and Act 1011 (R.S. 28:821 et seq.) allows for assistance in areas facilitating clients' independent functioning in community settings. Family support services include but it not limited to funding assistance with purchasing wheelchairs, other medical equipment, and respite services. The Office of Citizens with Developmental Disabilities (OCDD) Integrated Data System includes a Participant Data Base (web-based) application. OCDD system collects, maintains and reports information and data from the programs it manages.
- 5. Accuracy, Maintenance, Support:** Participant data base: is a statewide web- based data source. This indicator has been audited by the Office of the Legislative Auditor as required annually.
- 6. Data Source, Collection and Reporting:** Uses Participant Data Base. Data is reported quarterly
- 7. Calculation Methodology:** Actual number reported.
- 8. Scope:** DD clients in the CLHSD receiving individual and family support services.
- 9. Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. Services are provided based on clients' need. Therefore, outcome is contingent upon clients' need profile at any given point and it would fluctuate.
- 10. Responsible Person:** Sandra Broadwell, Compliance Officer 55411 Coliseum Blvd. Alexandria, La. Telephone: 318-487-5191, Sandra.Broadwell@clahsd.org.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** 09-376 Central Louisiana Human Services District

**ACTIVITY C:** Developmental Disability (DD)

**OBJECTIVE 1:** Through the Developmental Disabilities activity the CLHSD will promote and facilitate independence for citizens with disabilities via the availability of home and community based services.

**INDICATOR NAME:** Number of people receiving flexible family fund (FFF) services

**LaPAS PI Code:** 25295

1. **Type and Level:** Output: Efficiency; K
2. **Rationale:** The number of people receiving Flexible Family Fund services in the CLHSD reflects the scope of the service delivery system in the community specific to developmentally disabled clients.
3. **Use:** Serves to determine the quantity of service provision for budgeting and collection purposes. This indicator reflects efficiency of service delivery relative to the scope of service to persons served.
4. **Clarity:** Flexible Family Funds is otherwise referred to as the OCDD Cash subsidy provided by Act 378 Act 1011 (R.S. 28:821 et seq.). The Office of Citizens with Developmental Disabilities (OCDD) Integrated Data System includes a Participant Data Base (web-based) application. OCDD system collects, maintains and reports information and data from the programs it manages.
5. **Accuracy, Maintenance, Support:** Participant Data Base is a standardized data source. This indicator has been audited by the Office of the Legislative Auditor as required annually.
6. **Data Source, Collection and Reporting:** Uses Participant Data Base. Data is reported quarterly.
7. **Calculation Methodology:** Actual number reported.
8. **Scope:** Aggregate number of DD clients in the CLHSD receiving Flexible Family Funds.
9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. Performance is impacted by the number of applicants for the flexible family fund slots and by the requirements established to meet the disability criteria.
10. **Responsible Person:** Sandra Broadwell, Compliance Officer 55411 Coliseum Blvd. Alexandria, La. Telephone: 318-487-5191, Sandra.Broadwell@clahsd.org.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** 09-376 Central Louisiana Human Services District

**ACTIVITY C:** Developmental Disability (DD)

**OBJECTIVE 1:** Through the Developmental Disabilities activity the CLHSD will promote and facilitate independence for citizens with disabilities via the availability of home and community based services.

**INDICATOR NAME:** Percentage of eligibility determinations determined to be valid according to the Flexible Family Fund provisions.

**LaPAS PI Code:** 25296

1. **Type and Level:** Outcome; Efficiency; K
2. **Rationale:** The percentage of valid eligibility determinations in the CLHSD measures program effectiveness and scope of services, as it applies to the set criteria for the target population.
3. **Use:** It is used for budget and resource management. Eligibility determination for the Flexible Family Funds slots ensures that funds are used according to the Flexible Family fund promulgation.
4. **Clarity:** Flexible Family Funds is otherwise referred to as the Office for Citizens with Developmental Disabilities (OCDD) Cash subsidy provided by legislative act: Act 378 and Act 1011 (R.S. 28:821 et seq.). Valid eligibility determination refers to the process of Evaluation and re-evaluation of an individual's needs and information, to assess continued conformance to the eligibility criteria to receive the Flexible Family Funds.
5. **Accuracy, Maintenance, Support:** Program Monitors review data outcomes from the Participant Data Base and compare results with an internal tracking document maintained by program staff to assure accuracy. This indicator has not been audited by the Office of the Legislative Auditor as required annually.
6. **Data Source, Collection and Reporting:** Uses Participant Data Base. Because of data collection idiosyncrasies data is best reported in the 4th Quarter.
7. **Calculation Methodology:** Initial and Annual redetermination of eligibility (current capacity: 102 slots) is conducted using the Universal Screening Tool (developed by the Office of Developmental Disabilities [OCDD] Central Office). The tool used to determine severity of functional limitation for all applicants for the Flexible Family Fund for children with developmental disabilities. Numerator: Number of clients who continue to meet eligibility criteria. Denominator: Total number of initial determinations and annual redeterminations conducted for the allowable 102 slots, using the Universal Screening Tool.
8. **Scope:** Children and youth (0-18 years old) meeting DD eligibility criteria within the Central Louisiana Human Services District.
9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. Performance is impacted by the number of applicants for the flexible family fund slots and by the requirements established to meet the disability criteria.
10. **Responsible Person:** Sandra Broadwell, Compliance Officer 55411 Coliseum Blvd. Alexandria, La. Telephone: 318-487-5191, Sandra.Broadwell@clahsd.org.

**PROGRAM:** 09-376 Central Louisiana Human Services District

**ACTIVITY C:** Developmental Disability (DD)

**OBJECTIVE 1:** Through the Developmental Disabilities activity the CLHSD will promote and facilitate independence for citizens with disabilities via the availability of home and community based services.

**INDICATOR NAME:** Number of persons receiving Developmental Disabilities services per year

**LaPAS PI Code:** 25297

1. **Type and Level:** Output, GPI
2. **Rationale:** The number of persons receiving DD services in the CLHSD indicates the scope of these services and the effectiveness program delivery as it applies to the set criteria for the target population. It is a measure of market penetration and indicates the degree of service provision within a geographical service area.
3. **Use:** Serves to determine the quantity of service provision for budgeting and collection purposes. This indicator reflects efficiency of service delivery relative to the scope of service to persons served.
4. **Clarity:** This indicator reflects the Agency's goal to assist client's achievement of independent living in community settings. Funding assistance includes but is not limited to purchasing of in-home services such as personal care, personal care supplies, respite services, wheelchairs and or other medical equipment.
5. **Accuracy, Maintenance, Support:** The DD Program Monitor reviews data quarterly to ensure completeness and accuracy. The Participant Data Base and the LAWRISS data system are web based applications. This indicator not been audited by the Office of the Legislative Auditor as required annually.
6. **Data Source, Collection and Reporting:** Data source is the Louisiana Participant Data Base, a statewide electronic data system. Data is collected and reported quarterly.
7. **Calculation Methodology:** Actual number reported.
8. **Scope:** Aggregate of number DD clients in the CLHSD receiving Flexible Family Funds, Individual Family Support Services and Waiver Services.
9. **Caveats:** Performance should not be interpreted based on this indicator alone, but conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. This outcome is contingent upon clients' need and funding availability.
10. **Responsible Person:** Sandra Broadwell, Compliance Officer 55411 Coliseum Blvd. Alexandria, La. Telephone: 318-487-5191, Sandra.Broadwell@clahsd.org.

**PROGRAM:** 09-376 Central Louisiana Human Services District

**ACTIVITY B:** Behavioral Health

**OBJECTIVE 1:** Through the Behavioral Health activity, Central Louisiana Human Services District (CLHSD) will provide quality behavioral health services to children, adolescents, adults and their families in the District (including prevention and flexible family funds). Also, the CLHSD will monitor behavioral health services (outpatient and inpatient) including contract providers, to insure quality standards are met throughout the continuum of care. Customer feedback will be used as one of the measuring tools.

**INDICATOR NAME:** Total number of individuals served in Outpatient Mental Health programs in the Central Louisiana Human Services District (CLHSD).

**LaPAS PI Code:** 25299

1. **Type and Level:** Output, Efficiency, GPI
2. **Rationale:** The number of individuals served in Outpatient Mental Health programs in the Central Louisiana Human Services District (CLHSD) gives profile of adults/adolescent and children with mental health disorders needing outpatient services in the CLHSD area. This indicator reflects the scope of these services and the effectiveness program delivery as it applies to the set criteria for the target population.
3. **Use:** Serves to determine the number of service recipients for budgeting and data collection purposes. It is a measure of market penetration and indicates areas of need as it correlates with geographical and clinical parameters. This indicator reflects efficiency of service delivery relative to persons served, as well as the scope of service provision in the CLHSD.
4. **Clarity:** The electronic health record (E.H.R.) utilized by the District is Carelogic and is developed by Carelogic Enterprise -Qualifacts <https://login.qualifacts.org> The E.H.R. has established billing and productivity reports that are managed by the CLHSD District Executive Management Team.
5. **Accuracy, Maintenance, Support:** Program monitors at the provider level review the accuracy of numbers. District Corporate Compliance staff checks the accuracy of data at the District level. These indicators have not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** District programs use Carelogic and Contract programs use a client log system as data source. If the primary data source Carelogic is rendered unproductive, a manual count is used as an alternative source. Contract programs are in the process of implementing their own electronic data system.
7. **Calculation Methodology:** Calculation is done using the following reports: For District Programs: Carelogic unduplicated count of Persons Served: Adults (18 years and older) 1st Q. Calculation = Data Quest2: Persons served by age grouping/Primary Target Group: Mental Health/ Addictive Disorders+ Co-Occurring; 2nd Q. Calculation = 1st Q. total # of persons served plus admissions for the 2nd Quarter from the Admissions report/Age Grouping/Age at Admission. 3rd Q Calculation: 2nd Quarter total plus 3rd Quarter Admissions. 4th Q. Calculation: 3rd Quarter total plus 4th Quarter Admissions. The District figures are added to obtain the total number served. Due to Carelogic technical difficulties in reporting, a hand count is used as an alternative data source. Each calculation is applied to the particular program to be measured.
8. **Scope:** CLHSD Mental Health Services, Adult and Adolescent/Children programs.

9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. This outcome is contingent upon clients' need and funding availability.
10. **Responsible Person:** Sandra Broadwell, Compliance Officer 55411 Coliseum Blvd, Alexandria, La. Telephone: 318-487-5191, Sandra.Broadwell@clahsd.org.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** 09-376 Central Louisiana Human Services District

**ACTIVITY B:** Behavioral Health

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**INDICATOR NAME:** Total number of individuals served by Inpatient Addictive Disorders programs in the Central Louisiana Human Services District (CLHSD)

**LaPAS PI Code:** 25300

1. **Type and Level:** Output; Efficiency, GPI
2. **Rationale:** The number of individuals served in Inpatient Addictive Disorders programs in the Central Louisiana Human Services District (CLHSD) gives a profile of adults with addictive disorders needing inpatient services in the CLHSD area. This indicator reflects the scope of these services and the effectiveness program delivery as it applies to the set criteria for the target population.
3. **Use:** Serves to determine the number of service recipients for budgeting and data collection purposes. It is a measure of market penetration and indicates areas of need as it correlates with geographical and clinical parameters. This indicator reflects efficiency of service delivery relative to persons served, as well as the scope of service provision in the CLHSD.
4. **Clarity:** The contractor's elected Electronic Health Records (E.H.R.) is utilized by the CLHSD contracted program for inpatient services.
5. **Accuracy, Maintenance, Support:** Program monitors at the provider level review the accuracy of numbers. District Compliance staff checks the accuracy of data at the District level. These indicators have been audited by the Office of the Legislative Auditor as required annually.
6. **Data Source, Collection and Reporting:** The CLHSD contractors Electronic Health Record system as a data source. Data is reported quarterly.
7. **Calculation Methodology:** Contractor use of electronic health record systems and billing records, unduplicated count of Persons Served: 1st Q. Calculation = Actual data reported by clinics; 2nd Q. Calculation = 1st Q. total # of persons served plus admissions for the 2nd Quarter. 3rd Q Calculation: 2nd Quarter total plus 3rd Quarter Admissions. 4th Q. Calculation: 3rd Quarter total plus 4th Quarter Admissions
8. **Scope:** Inpatient Addictive Disorders, Adult contract programs.
9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection.
10. **Responsible Person:** Sandra Broadwell, Compliance Officer 55411 Coliseum Blvd. Alexandria, La. Telephone: 318-487-5191, Sandra.Broadwell@clahsd.org.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** 09-376 Central Louisiana Human Services District

**ACTIVITY:** Behavioral Health

**OBJECTIVE:** Through the Behavioral Health activity, Central Louisiana Human Services District (CLHSD) will provide quality behavioral health services to children, adolescents, adults and their families in the District (including prevention and flexible family funds). Also, the CLHSD will monitor behavioral health services (outpatient and inpatient) including contract providers, to insure quality standards are met throughout the continuum of care. Customer feedback will be used as one of the measuring tools.

**INDICATOR NAME:** Number of adults serviced in Outpatient Addictive Disorders programs in the CLHSD.

**LaPAS PI Code:** 25301

1. **Type and Level:** Outcome, GPI
2. **Rationale:** The number of adults served with addiction services in Central Louisiana Human Services District (CLHSD) clinics gives a profile of adults needing services in the CLHSD area. This indicator reflects the scope of these services and the effectiveness of program delivery as it applies to the set criteria for the target population
3. **Use:** Serves to determine the number of service recipients for budgeting and data collection purposes. It is a measure of market penetration and indicates areas of need as it correlates with geographical and clinical parameters. This indicator reflects efficiency of service delivery relative to persons served, as well as the scope of service provision for mental health in the CLHSD.
4. **Clarity:** The electronic health record (E.H.R.) utilized by the District is Carelogic and is developed by Carelogic Enterprise – Qualifacts <https://login.qualifacts.org>. The E.H.R. has established billing and productivity reports that are managed by the CLHSD District Executive Management Team.
5. **Accuracy, Maintenance, Support:** Program Directors/Program Monitors, at the provider level, review the accuracy of numbers. District Compliance staff checks the accuracy of data at the District level. The indicator has been audited by the Office of the Legislative Auditor without adverse findings.
6. **Data Source, Collection and Reporting:** District and contract programs use the electronic health record reporting and manual counts of new admissions to clinic programs. If the electronic record reporting is rendered unproductive, a manual count is used as an alternative source. The data is collected and reviewed on a quarterly basis.
7. **Calculation Methodology:** Calculation is completed by CLHSD Compliance staff using the Data reporting from the electronic health record in addition to a manual count of new admissions as follows:  
Calculation is done using the following billing reports using Unduplicated Counts: 1st Q. Calculation = electronic health records of: the number of Adult Persons served by age grouping/Primary Target Group: Addictions; 2nd Q. Calculation = 1st Q. total # of persons served plus admissions for the 2nd Quarter from the Admissions report/Age Grouping/Age at Admission; 3rd Q Calculation: 2nd Quarter total plus 3rd Quarter Admissions; 4th Q. Calculation: 3rd Quarter total plus 4th Quarter Admissions
8. **Scope:** The data is an aggregate, unduplicated count of the total number of persons served in the CLHD Caring Choices Clinics and Contract Outpatient Addictions programs.



- 9. Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. All indicators are subject to some degree of reporting error at the point of collection.
- 10. Responsible Person:** Sandra Broadwell, Compliance Officer 55411 Coliseum Blvd. Alexandria, La. Telephone: 318-487-5191, [Sandra.Broadwell@clahsd.org](mailto:Sandra.Broadwell@clahsd.org).

**PROGRAM:** 09-376 Central Louisiana Human Services District

**ACTIVITY B:** Behavioral Health

**OBJECTIVE 1:** Through the Behavioral Health activity, Central Louisiana Human Services District (CLHSD) will provide quality behavioral health services to children, adolescents, adults and their families in the District (including prevention and flexible family funds). Also, the CLHSD will monitor behavioral health services (outpatient and inpatient) including contract providers, to ensure quality standards are met throughout the continuum of care. Customer feedback will be used as one of the measuring tools.

**INDICATOR NAME:** Total number of enrollees in Prevention programs.

**LaPAS PI Code:** 25302

1. **Type and Level:** Outcome, GPI
2. **Rationale:** Serves to determine the quantity of service recipients for budgeting and collection purposes. It is a measure of market penetration and indicates areas of need as it correlates with geographical service areas. It is used to monitor the need/demand for prevention services.
3. **Use:** To monitor program needs and performance.
4. **Clarity:** It reflects only primary prevention programs enrollment. The Prevention Management Information System (PMIS) is a web-based application created by the Prevention Section of the Office of Behavioral Health. Primary prevention involves preventing risk factors for addictive disorders.
5. **Accuracy, Maintenance, Support:** Prevention Program Specialist monitors the accuracy of numbers generated by Prevention Management Information System. This website is closely monitored and updated on an ongoing basis. This has been audited by the Office of the Legislative Auditor as required annually.
6. **Data Source, Collection and Reporting:** Enrollee (On-going services) records are maintained by primary prevention programs. Participant (One-time service) demographics are maintained by primary prevention programs. Collection is daily, weekly, and/or monthly and reporting is quarterly, semi-annual and annual. Data related to on-going services is best reported in the 4th quarter of the fiscal year.
7. **Calculation Methodology:** Aggregate of the number of individuals enrolled in primary prevention programs in Central Louisiana Human Services District (CLHSD) Behavioral Health Clinics and contracted programs.
8. **Scope:** Individuals enrolled in primary prevention programs in Central Louisiana Human Services District (CLHSD) Behavioral Health Clinics and contracted programs.
9. **Caveats:** This reflects seasonal productivity; therefore, quarterly figures may have low validity. Annual performance should be considered when assessing this indicator. Performance should not be interpreted based on this indicator alone, but conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection.
10. **Responsible Person:** Sandra Broadwell, Compliance Officer 55411 Coliseum Blvd. Alexandria, La. Telephone: 318-487-5191, Sandra.Broadwell@clahsd.org.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** 09-376 Central Louisiana Human Services District

**ACTIVITY:** Behavioral Health

**OBJECTIVE:** Through the Behavioral Health activity, Central Louisiana Human Services District (CLHSD) will provide quality behavioral health services to children, adolescents, adults and their families in the District (including prevention and flexible family funds). Also, the CLHSD will monitor behavioral health services (outpatient and inpatient) including contract providers, to insure quality standards are met throughout the continuum of care. Customer feedback will be used as one of the measuring tools.

**INDICATOR NAME:** Number of adults serviced in Outpatient Addictive Disorders programs in the CLHSD.

**LaPAS PI Code:** 25861

1. **Type and Level:** Outcome, K
2. **Rationale:** The number of adults served with addiction services in Central Louisiana Human Services District (CLHSD) clinics gives a profile of adults needing services in the CLHSD area. This indicator reflects the scope of these services and the effectiveness of program delivery as it applies to the set criteria for the target population
3. **Use:** Serves to determine the number of service recipients for budgeting and data collection purposes. It is a measure of market penetration and indicates areas of need as it correlates with geographical and clinical parameters. This indicator reflects efficiency of service delivery relative to persons served, as well as the scope of service provision for mental health in the CLHSD.
4. **Clarity:** The electronic health record (E.H.R.) utilized by the District is Carelogic and is developed by Carelogic Enterprise – Qualifacts <https://login.qualifacts.org>. The E.H.R. has established billing and productivity reports that are managed by the CLHSD District Executive Management Team.
5. **Accuracy, Maintenance, Support:** Program Directors/Program Monitors, at the provider level, review the accuracy of numbers. District Compliance staff checks the accuracy of data at the District level. The indicator has been audited by the Office of the Legislative Auditor without adverse findings.
6. **Data Source, Collection and Reporting:** District programs use the electronic health record reporting and manual counts of new admissions to clinic programs. If the electronic record reporting is rendered unproductive, a manual count is used as an alternative source. The data is collected and reviewed on a quarterly basis.
7. **Calculation Methodology:** Calculation is completed by CLHSD Compliance staff using the Data reporting from the electronic health record in addition to a manual count of new admissions as follows:  
Calculation is done using the following billing reports using Unduplicated Counts: 1st Q. Calculation = electronic health record records of: the number of Adult Persons served by age grouping/Primary Target Group: Addictions; 2nd Q. Calculation = 1st Q. total # of persons served plus admissions for the 2nd Quarter from the Admissions report/Age Grouping/Age at Admission; 3rd Q Calculation: 2nd Quarter total plus 3rd Quarter Admissions; 4th Q. Calculation: 3rd Quarter total plus 4th Quarter Admissions
8. **Scope:** The data is an aggregate, unduplicated count of the total number of Adults served in the CLHD Caring Choices Clinics Outpatient Addictions programs.

9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. All indicators are subject to some degree of reporting error at the point of collection.
10. **Responsible Person:** Sandra Broadwell, Compliance Officer 55411 Coliseum Blvd. Alexandria, La. Telephone: 318-487-5191, Sandra.Broadwell@clahsd.org.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** 09-376 Central Louisiana Human Services District

**ACTIVITY C:** Developmental Disabilities (DD)

**OBJECTIVE 1:** Through the Developmental Disabilities activity the CLHSD will promote and facilitate independence for citizens with disabilities via the availability of home and community-based services.

**INDICATOR NAME:** Number of individuals certified for waiver services.

**LaPAS PI Code:** 25863

1. **Type and Level:** Output/K
2. **Rationale:** The number of individuals certified for waiver services in the Central Louisiana Human Services District (CLHSD) is one indicator of the scope and the need for services, as reflected in the application criteria.
3. **Use:** Serves to determine the scope/quantity of service need for budgeting and collection purposes. It is a measure of market penetration and indicates areas of need as it correlates with geographical and clinical parameters.
4. **Clarity:** The Developmental Disabilities (DD) section is responsible for certifying individuals for the Waivers Services and for monitoring and oversight of services. Each waiver has its own service provisions (some of the waivers may offer some of the same services, for example respite services are offered in different Waiver Programs. The number of people certified will have access to all services within the appropriate waiver.
5. **Accuracy, Maintenance, Support:** There are two (2) levels of monitoring. The District DD office conducts initial and annual determinations, and the Private Support Coordination agency provides ongoing, monthly monitoring to ensure compliance with program guidelines. The Waiver supervisor ensures the integrity of data reported by verifying the data reported in LaSRS for the first quarter + 2<sup>nd</sup> Quarter number of determinations completed + 3<sup>rd</sup> Quarter number of determinations completed + 4<sup>th</sup> Quarter number of determinations completed utilizing a hand count method.
6. **Data Source, Collection and Reporting:** LaSRS data system, hand count of initial determinations completed each quarter.
7. **Calculation Methodology:** Actual numbers reported and verified by the Waiver supervisor.
8. **Scope:** All persons who are eligible for participation in the Developmental Disability service delivery system.
9. **Caveats:** Performance should not be interpreted based on this indicator alone, but conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. This outcome is contingent upon clients' need and funding availability.
10. **Responsible Person:** Sandra Broadwell, Compliance Officer 55411 Coliseum Blvd. Alexandria, La. Telephone: 318-487-5191, Sandra.Broadwell@clahsd.org.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** 09-376 Central Louisiana Human Services District

**ACTIVITY:** Administration

**OBJECTIVE 2:** To utilize technology to maintain and advance efficiency of program services, administrative functions and fiscal operations of the district by using performance improvement strategies that include performance analysis, measurement and reporting.

**INDICATOR NAME:** Percentage of District programs using an Electronic Health Record (EHR) to manage/improve programmatic outcomes (monitor billing and clinical performance).

**LaPAS PI Code:** 26177

1. **Type and Level:** Outcome/Quality, GPI
2. **Rationale:** Capacity to review clinical and fiscal records can be facilitated through use of electronic records. Electronic reporting permits the review and analysis of specific data points deemed necessary for billing for reimbursement and to fulfil adequacy of documentation to support the services thus billed.
3. **Use:** This indicator reflects efficiency of service delivery relative to persons served, as well as the scope of service provision in the Central Louisiana Human Services District (CLHSD) for Caring Choices Clinics (CC) – Outpatient. This is an objective measure, from an independent source and it provides a programmatic overview of performance.
4. **Clarity:** Behavioral Health Clinics include all Caring Choices Clinics (CC) - Outpatient Mental Health and Addictive Disorders Clinics/Programs in the (CLHSD). Each clinic should undergo quarterly records review each year.
5. **Accuracy, Maintenance, Support:** Compliance with fiscal standards is managed by the individual providers/clinic managers and the CLHSD. The regulatory Authority is the Louisiana Department of Health (LDH), Bureau of Health Standards (BHS). The Office of the Legislative Auditor reviews annually fiscal records accordance with the state and federal requirements.
6. **Data Source, Collection and Reporting:** The electronic health records (E.H.R.) are reviewed quarterly by CLHD compliance department monitoring of program activities for licensing and CARF Accreditation Standards for each CLHSD Caring Choices Clinics. Data for this indicator is collected and reviewed annually.
7. **Calculation Methodology:** Percentage of CLHSD programs using the E.H.R. is determined as follows:  
**Numerator:** The Number of Caring Choices Clinics in the CLHSD that are utilizing the E.H.R. **Denominator:** Number of CC - Outpatient Mental Health and Addictive Disorders Clinics in the CLHSD required to utilize the E.H.R.
8. **Scope:** Caring Choices (CC) - Outpatient Mental Health and Addictive Disorders Clinics in the CLHSD.
9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. Adherence to standards is impacted by budgetary, manpower and geographical constraints.
10. **Responsible Person:** Sandra Broadwell, Compliance Officer 55411 Coliseum Blvd. Alexandria, La. Telephone: 318-487-5191, Sandra.Broadwell@clahsd.org.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** 09-376 Central Louisiana Human Services District

**ACTIVITY:** Administration

**OBJECTIVE 1:** Through the Administration activity, Central Louisiana Human Services District (CLHSD) will oversee and direct the management and operational activities of Behavioral Health (Mental Health and Addictive Disorders) and Developmental Disabilities.

**INDICATOR NAME:** Annual number of community events attended/participated in by the CLHSD staff.

**PI Code:** 3761001

1. **Type and Level:** Output, GPI
2. **Rationale, Relevance, Reliability:** Community education and ancillary support are critical in the area of Behavioral Health and Developmental Disabilities. In order to facilitate community education regarding services the CLHSD participates in community events providing education in a non-threatening and welcoming environment.
3. **Use:** It serves as a measure of community participation and support to the community in rural and urban areas.
4. **Clarity:** Community events include job fairs, parish coalition activities, educational settings, and other public events. This indicator has been audited by the Office of the Legislative Auditor without any findings.
5. **Accuracy, Maintenance, Support:** This indicator uses a log of a hand count of daily events attended by designated CLHSD staff. Data is best reported annually.
6. **Data Source, Collection and Reporting:** Daily activities are kept in an activities log including the date of attendance, person attending the event, the site of attendance, and the type of event attended. The events are reviewed quarterly and reported annually.
7. **Calculation Methodology:** Actual hand count of events attended on the daily activity log.
8. **Scope:** This data is aggregated and includes community events in the CLHSD eight parish geographic area.
9. **Caveats:** All indicators are subject to some degree of reporting error at the point of collection. Additionally, hand counts are prone to some degree due to human error. The indicator is not a direct measure recipient education and competency. The measure provides an estimate of the degree of community participation and involvement. The measure may also be influenced by external factors such as weather events, financial support, and staffing resources.
10. **Responsible Person:** Sandra Broadwell, Compliance Officer 55411 Coliseum Blvd. Alexandria, La. Telephone: 318-487-5191, Sandra.Broadwell@clahsd.org.

## PERFORMANCE INDICATOR DOCUMENTATION

**PROGRAM:** 09-376 Central Louisiana Human Services District

**ACTIVITY:** Administration

**OBJECTIVE:** Through the Administration activity, Central Louisiana Human Services District (CLHSD) will oversee and direct the management and operational activities of Behavioral Health (Mental Health and Addictive Disorders) and Developmental Disabilities.

**INDICATOR NAME:** Percentage of Compliance with requirements of the Office of Risk Management on annual audits

**PI Code:** NEW

1. **Type and Level:** Outcome, S
2. **Rationale, Relevance, Reliability:** The Office of Risk Management Compliance audits a wide range of the level of safety and risks present within a particular organization. Compliance with Risk Management guidelines is important in minimizing risks for the public, clients, visitors, and staff as well as the organization. Additionally, organizational compliance will help to minimize liability risks associated with the operations for the organization.
3. **Use:** This indicator will provide information to inform executive management regarding areas needing improvement and overall security of the organization. This information supports management decision making processes regarding staffing and resource allocation.
4. **Clarity:** Office of Risk management audits include review of documentation regarding overall compliance in the following areas of risk: general safety, driver safety, bonds, crime, and property protection, and equipment management.
5. **Accuracy, Maintenance, Support:** The performance on this indicator has not been audited by the Office of the Legislative Auditor. Data will be reported utilizing external reports submitted to the agency by the Loss Prevention monitoring staff. Should the Loss Prevention monitor be unable to supply the agency with the external review reports, the CLHSD designated safety officer will complete and submit the Safety audit for the agency's outcomes that will be utilized in place of the external report.
6. **Data Source, Collection and Reporting:** The Louisiana Office of Risk Management contracts with an external source to provide Loss Prevention activities. The Loss Prevention staff provide on-site audits to the CLHSD to monitor for compliance according to the recommended guidelines and protocols for safety and loss prevention. The audit report supplied to the CLHSD by the monitor will be the source for this performance indicator.
7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?
8. **Scope:** This calculation is based on external review of the CLHSD programs and geographic locations.



- 9. Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. Performance may be influenced by external factors such as delays in electronic reporting, external factors related to external monitors and items requiring some subjective decisions on the audit.
- 10. Responsible Person:** Sandra Broadwell, Compliance Officer 5411 Coliseum Blvd. Alexandria, La. Telephone: 318-487-5191, [Sandra.Broadwell@clahsd.org](mailto:Sandra.Broadwell@clahsd.org).

**PROGRAM:** 09-376 Central Louisiana Human Services District

**ACTIVITY:** Administration

**OBJECTIVE 1:** Through the Administration activity, Central Louisiana Human Services District (CLHSD) will oversee and direct the management and operational activities of Behavioral Health (Mental Health and Addictive Disorders) and Developmental Disabilities.

**INDICATOR NAME:** Annual percentage of staff retention

**PI Code:** NEW

1. **Type and Level:** Output, GPI
2. **Rationale, Relevance, Reliability:** Staff retention is an important business metric. High turnover rates can be costly and disruptive to the organization and low turnover rates indicate a stable and satisfied workforce. In addition, high turnover rates can be costly to the organization due to reduced productivity during transitions, training, onboarding, and lost institutional knowledge.
3. **Use:** It serves as a measure of rates of staff turnover.
4. **Clarity:** The LaGov web based Data system is utilized by the State of Louisiana to capture multiple governmental activities and expenditures. This indicator has not been audited by the Office of the Legislative Auditor.
5. **Accuracy, Maintenance, Support:** This indicator uses electronic reporting available in LaGov HCM system as the data source to calculate measures necessary to determine the Staff turnover rates.
6. **Data Source, Collection and Reporting:** Uses the LaGov HCM data source and is reported annually.
7. **Calculation Methodology:** Human Resources designated staff will run the following reports in the LaGov HCM system including the Turnover Analysis Report calculating the total terminations for the determined fiscal year. In addition, reports that include the total unduplicated number of employees. The percentage of staff turnover is calculated as follows **Numerator:** Total number of terminations **Denominator:** Total unduplicated number of employees who worked.
8. **Scope:** The calculation includes all persons employed by the Central Louisiana Human Services in a Civil Service position. The calculations exclude contracted employees.
9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. Performance may be influenced by external factors such as position reduction due to budget reductions as a result of reduced funding.
10. **Responsible Person:** Sandra Broadwell, Compliance Officer 55411 Coliseum Blvd. Alexandria, La. Telephone: 318-487-5191, Sandra.Broadwell@clahsd.org.



09-377 Northwest Louisiana Human Services District

# APPENDIX

## FY 2026-2031

# 5-YEAR STRATEGIC PLAN

**Principle Customers/Users of the Program and Benefits:** Persons with serious mental/emotional disorders, addictions, and developmental disabilities, and their families residing in the parishes served by Northwest Louisiana Human Services District: Bienville, Bossier, Caddo, Claiborne, DeSoto, Natchitoches, Red River, Sabine and Webster.

**External factors with potential negative impact on achieving goals and objectives include:**

The ability to achieve the goals and objectives outlined in this plan may be changed by a number of factors over which Northwest Louisiana Human Services District has no control. These changes may include but are not limited to:

- Funding levels –Fluctuations in Medicaid and state general funding for indigent care are dependent on many factors that cannot be controlled. The expansion of insurance benefits for indigent children and adults, which has meant an increase in some insurance revenues or the loss of some clients to the private sector.
- Changes in the state health care system - particularly changes related to managed care, skilled and professional labor shortages exacerbated by numerous disasters in our area and rapid changes in medical technology which require greater attention to capital acquisition needs/uses/costs.
- Potential changes in the federal health care arena as a result of Federal Health Care Reform and in the state Medicaid program involving a higher degree of care coordination.
- Changes in the economy of the state – as more individuals are employed or insured, it could result in more insured patients or fewer patients, depending on the changes in the economy of the state and client's access to other health care and the perception of the behavioral health care provided by our clinics.
- Changes in the population – demographic and other population changes, including an aging population which means an increase in the number of chronic cases.
- Competition from other private providers in the community.

Strategies in place to mitigate threats and/or barriers include: diversification of funding streams; expansion of integrated services; ongoing performance and quality improvement initiatives; collaboration with contiguous local governing entities; focus on staff development and retention; and, maintenance of accreditation with the Council on Accreditation for Rehabilitation Facilities (CARF). The overall responsibility for implementing and monitoring these strategies rests with the Executive Director along with members of the Senior Leadership Team.

**Internal Factors that May Affect the Achievement of Goals and Objectives:**

The ability for Northwest Louisiana Human Services District to achieve the goals and objectives outlined in this plan may be hampered by external factors by which the agency has no control. These factors may include but are not limited to:

- Funding levels –Fluctuations in Medicaid and state general funding for indigent care are dependent on many factors that cannot be controlled. The expansion of insurance benefits for indigent children and adults, which has meant an increase in some insurance revenues or the loss of some clients to the private sector.

- Changes in the state health care system - particularly changes related to managed care, skilled and professional labor shortages exacerbated by numerous disasters in our area and rapid changes in medical technology which require greater attention to capital acquisition needs/uses/costs.
- Potential changes in the federal health care arena as a result of federal Health Care Reform and in the state Medicaid program involving a higher degree of care coordination.

### **Program Evaluations Used to Develop Goals, Objectives, and Strategies:**

The Northwest Louisiana Human Services District strategic planning process is guided by the Mission, Vision and Priorities as set forth by the Board of Directors and by the District's Philosophy as set forth by its Senior Leadership Team. The evaluation of goals and objectives and the strategies is ongoing and rooted in data-driven decision-making. Monitoring of performance and resource utilization involves all levels of authority staff. Northwest Louisiana Human Services District actively solicits input and feedback from community leaders, stakeholders, individuals receiving services and their families, community members via Board linkages, and employees. Tools used to gather data include: employee and consumer satisfaction surveys; public forums; needs assessment via governmental and stakeholder relations, and external evaluation by grantors and the legislative audit. Additionally, Northwest Louisiana Human Services District continuously monitors level of care and service recipient outcomes through its utilization management program and self-audits performance, outcomes, practices and procedures using CARF standards. Corrective and/or performance and quality improvement actions are undertaken as warranted.

### **Methods Used to Avoid Duplication of Effort:**

Northwest Louisiana Human Services District shall promote compliance with all federal, state, and local statutes, regulations and program requirements pertinent to the accomplishment of its mission. The foundation of this function is the network of internal controls, policies and procedures in place within Northwest Louisiana Human Services District. The success of the agency is predicated on the continuous monitoring of effective managerial systems and investigation and correction of real and potential problems. All employees are required to discuss potential errors or irregularities with their chain of command and/or directly with the Northwest Louisiana Human Services District Compliance Officer. Rigorous monitoring and auditing systems have been implemented for all phases of services to include fiscal, medical records, purchasing, safety, etc. to avoid fraud and duplication of efforts at all costs.

### **Maintenance of Agency Performance-Based Budgeting Records:**

All documents used in the development of strategic and operational plans, as well as the data used for the completion of quarterly performance progress reports through the Louisiana Performance Accountability System (LaPAS), are maintained and preserved according to the state's record retention laws (R.S. 44:36) for a period of at least three years from the date on which the record was created.

## Performance Indicator Documentation Sheet

**INDICATOR NAME:** Percentage of clients who state they would continue to receive services at NLHSD clinics if given the choice to go elsewhere.

**LaPAS PI Code:** 25303

**1. Type and Level:** The type of indicator is Outcome. The level is Key Performance Indicator.

**2. Rationale:** This indicator was selected so Northwest Louisiana Human Services District can see how our clients view the type and quality of services that they receive. It is a valid measure of performance targeted in this objective. This will tell our performance story because if clients like the services that we provide and choose to stay with Northwest Louisiana Human Services District even when offered to go elsewhere, then we are doing a great job because taking care of clients is one of our main priorities.

**3. Use:** This indicator will be used in management decision making and other agency processes so Northwest Louisiana Human Services District can utilize our clients well-being and contentment with our organization as a positive driving point in the services needed. This will be used for internal management purposes.

**4. Clarity:** The indicator name clearly identifies what is being measured.

**5. Accuracy, Maintenance, Support:** No, this performance indicator has not been audited by the Office of the Legislative Auditor. The report will be maintained by collecting reports/surveys and completing a quarterly/annual report of the findings

**6. Data Source, Collection and Reporting:** The source will be the Client Satisfaction Surveys which are completed at the end of treatment and the Client Comment Surveys. These reports will be collected on a regular basis monthly.

**7. Calculation Methodology:** Comments are collected and compiled in a quarterly/annual report. An overall summary is compiled at the end of each collection period. The number of clients who felt this way is divided by the total number of responding clients and multiplied by 100 to gain a percent value.

**8. Scope:** This indicator will be the sum of smaller parts with hopes that it will give Northwest Louisiana Human Services District a larger picture of what type of services are needed or which ones should be continued.

**9. Caveats:** This indicator does not have limitations or weakness. It will be collected from all of our clinics so we can see how our clients are feeling about our clinics.

**10. Responsible Person:** The responsible person for collecting these will be the clinic manager at each of our clinics.

## Performance Indicator Documentation Sheet

**INDICATOR NAME:** Percentage of clients who state they would recommend NLHSD clinics to family and friends.

**LaPAS PI Code:** 25304

**1. Type and Level:** The type of indicator is Quality. The level is Key Performance Indicator.

**2. Rationale:** This indicator was selected so Northwest Louisiana Human Services District can see how our clients view the type and quality of services that they receive. It is a valid measure of performance targeted in this objective. This will tell our performance story because if clients like the services that we provide and choose to stay with Northwest Louisiana Human Services District even when offered to go elsewhere, then we are doing a great job because taking care of clients is one of our main priorities.

**3. Use:** This indicator will be used in management decision making and other agency processes because Northwest Louisiana Human Services District can utilize our clients well-being and contentment with our organization as a positive driving point in the type of services needed. This will be used for internal management purposes.

**4. Clarity:** The indicator clearly identifies what is being measured.

**5. Accuracy, Maintenance, Support:** No, this performance indicator has not been audited by the Office of the Legislative Auditor. The report will be maintained by collecting reports/surveys and completing a quarterly/annual report of the findings

**6. Data Source, Collection and Reporting:** The source will be the Client Satisfaction Surveys which are completed at the end of treatment and the Client Comment Surveys. These reports will be collected on a regular basis monthly.

**7. Calculation Methodology:** Comments are collected and compiled in a quarterly/annual report. An overall summary is compiled at the end of each collection period. The number of clients who felt this way is divided by the total number of responding clients and multiplied by 100 to gain a percent value.

**8. Scope:** This indicator will be the sum of smaller parts with hopes that it will give Northwest Louisiana Human Services District a larger picture of what type of services are needed or which ones should be continued.

**9. Caveats:** This indicator does not have limitations or weakness. It will be collected from all of our clinics so we can see how our clients feel about our clinics.

**10. Responsible Person:** The responsible person for collecting these will be the clinic manager at each of our clinics.

## Performance Indicator Documentation Sheet

**INDICATOR NAME:** Total number of individuals served in the Northwest Louisiana Human Services District

**LaPAS PI Code:** 25317

**1. Type and Level:** This type of indicator will be output and the level will be General Performance Information.

**2. Rationale:** This indicator has been selected because Northwest Louisiana Human Services District needs to know how many clients we are serving. This will assist the agency with any staffing concerns and will assist in making sure that Northwest Louisiana Human Services District is growing with their population.

**3. Use:** This indicator will be used in management decision making because as our population grows, so will the agency. This indicator will be used for management purposes because Northwest Louisiana Human Services District will need to manage time and staff in order to meet the needs of the population we serve.

**4. Clarity:** The indicator clearly identifies what is being measured and does not need clarification.

**5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include client records. As charts are opened, a numbering system is attached. Our Electronic Health Records will also be utilized to keep a running total of clients we serve.

**6. Data Source, Collection and Reporting:** As charts are opened, a numbering system is attached. Northwest Louisiana Human Services District will use its Electronic Health Record to keep a running total of clients that staff are seeing. This information will be collected on a quarterly/annual basis. The frequency and timing of collection and reporting is consistent.

**7. Calculation Methodology:** This indicator will be accurate because it is just a total count of the number of clients that are seen from the number of charts and staff client totals in our Electronic Health Record.

**8. Scope:** This indicator is the sum of smaller parts because we will add the total number of client charts from all clinics.

**9. Caveats:** This indicator does not have any limitations because we will track all clients who come in to seek services.

**10. Responsible Person:** The responsible person for this indicator will be the clinic manager at each of our clinics.



## Performance Indicator Documentation Sheet

**INDICATOR NAME:** Number of adults receiving mental health services in all NLHSD behavioral health clinics

**LaPAS PI Code:** 25305

- 1. Type and Level:** This type of indicator will be output and the level is Key Performance Indicator.
- 2. Rationale:** This indicator was selected so that Northwest Louisiana Human Services District would know how many clients we are serving. This can assist the agency with any staffing concerns and will assist in making sure that the agency is growing with its population.
- 3. Use:** This indicator will be used in management decision making because as our population grows, so will the agency. This indicator will be used for management purposes in order to help Northwest Louisiana Human Services District manage time and staff to meet the needs of the population we serve.
- 4. Clarity:** The indicator clearly identifies what is being measured and does not need clarification.
- 5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data includes client records. As charts are opened, a numbering system is attached. Our Electronic Medical Record will also be utilized to keep a running total of clients we serve.
- 6. Data Source, Collection and Reporting:** As charts are opened, a numbering system is attached. Northwest Louisiana Human Services District will use its Electronic Health Record to keep a running total of clients that staff are seeing. This information will be collected on a quarterly/annual basis. The frequency and timing of collection and reporting is consistent.
- 7. Calculation Methodology:** This indicator will be accurate because it is just a total count of the number of clients that are seen from the number of charts and staff client totals as provided by our Electronic Health Record.
- 8. Scope:** This indicator is the sum of smaller parts because we will add the total number of client charts from all clinics.
- 9. Caveats:** This indicator does not have any limitations because we will track all clients who come in to seek services.
- 10. Responsible Person:** The responsible person for this indicator will be the clinic manager at each of our clinics.

## Performance Indicator Documentation Sheet

**INDICATOR NAME:** Number of children/adolescents receiving mental health services in all NLHSD behavioral health clinics

**LaPAS PI Code:** 25306

- 1. Type and Level:** This type of indicator is output and the level is Key Performance Indicator.
- 2. Rationale:** This indicator was selected so that Northwest Louisiana Human Services District would know how many clients we are serving. This can assist the agency with any staffing concerns and will assist in making sure that the agency is growing with its population.
- 3. Use:** This indicator will be used in management decision making because as our population grows, so will the agency. This indicator will be used for management purposes in order to help Northwest Louisiana Human Services District manage time and staff to meet the needs of the population we serve.
- 4. Clarity:** The indicator clearly identifies what is being measured and does not need clarification.
- 5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include client records. As charts are opened, a numbering system is attached. Our Electronic Health Record will also be utilized to keep a running total of clients we serve.
- 6. Data Source, Collection and Reporting:** As charts are opened, a numbering system is attached. Our Electronic Health Record also will be utilized to keep a running total of clients we serve. This information will be collected on quarterly/annual basis. The frequency and timing of collection and reporting is consistent.
- 7. Calculation Methodology:** This indicator will be accurate because we will just get a total of the number of clients that are seen from the number of charts and staff client totals as provided by our Electronic Health Record.
- 8. Scope:** This indicator is the sum of smaller parts because we will add the total number of client charts from all clinics.
- 9. Caveats:** This indicator does not have any limitations because we will track all clients who come in and seek services.
- 10. Responsible Person:** The responsible person for this indicator will be the clinic manager at each of our clinics.

## Performance Indicator Documentation Sheet

**INDICATOR NAME:** Percentage of adults receiving mental health services who report that they would choose to continue to receive services from NLHSD if given a choice to receive services elsewhere

**LaPAS PI Code:** 25307

**1. Type and Level:** The type of indicator is Quality and the level is Key Performance Indicator.

**2. Rationale:** This indicator was selected so Northwest Louisiana Human Services District can assess how our clients view the type and quality of services that they receive. It is a valid measure of performance targeted in this objective. This will tell our performance story because if clients like the services that we provide and choice to stay with our agency even when offered to go elsewhere, then we are doing a great job because taking care of clients is one of our main priorities.

**3. Use:** This indicator will be used in management decision making and other agency processes so that Northwest Louisiana Human Services District can gauge our client's well-being and contentment with our organization as a positive driving point in the services needed. This will be used for internal management purposes.

**4. Clarity:** The indicator clearly identifies what is being measured.

**5. Accuracy, Maintenance, Support:** No, this performance indicator has not been audited by the Office of the Legislative Auditor. The report will be maintained by collecting reports/surveys and completing a quarterly/annual report of the findings.

**6. Data Source, Collection and Reporting:** The source will be the Client Satisfaction Surveys which are completed at the end of treatment and the Client Comment Surveys. These reports will be collected on a regular basis monthly.

**7. Calculation Methodology:** Comments are collected and compiled in a quarterly/annual report. An overall summary is compiled at the end of each collection period. The number of clients who felt this way is divided by the total number of responding clients and multiplied by 100 to gain a percentage value.

**8. Scope:** This indicator will be the sum of smaller parts with hopes that it will give Northwest Louisiana Human Services District a larger picture of what type of services that will be needed or continued.

**9. Caveats:** This indicator does not have limitations or weakness. It will be collected from all of our clinics so we gauge the level of satisfaction of our clients towards our clinics.

**10. Responsible Person:** The responsible person for collecting these will be the clinic manager at each of our clinics.

## Performance Indicator Documentation Sheet

**INDICATOR NAME:** Percentage of mental health clients who would recommend NLHSD services to others

**LaPAS PI Code:** 25308

- 1. Type and Level:** The type of indicator is Quality and the level is Key Performance Indicator.
- 2. Rationale:** This indicator was selected so that Northwest Louisiana Human Services District can see how our clients view the type and quality of services that they receive. It is a valid measure of performance targeted in this objective. This will tell our performance story because if clients like the services that we provide and choose to stay with our agency even when offered to go elsewhere, then we are doing a great job because taking care of clients is one of our main priorities.
- 3. Use:** This indicator will be used in management decision making and other agency processes because Northwest Louisiana Human Services District can gauge our clients well-being and contentment with our organization as a positive driving point in the type of services needed. This will be used for internal management purposes.
- 4. Clarity:** The indicator clearly identifies what is being measured.
- 5. Accuracy, Maintenance, Support:** No, this performance indicator has not been audited by the Office of the Legislative Auditor. The report will be maintained by collecting reports/surveys and completing a quarterly/annual report of the findings
- 6. Data Source, Collection and Reporting:** The source will be the Client Satisfaction Surveys which are completed at the end of treatment and the Client Comment Surveys. These reports will be collected on a regular basis monthly.
- 7. Calculation Methodology:** Comments are collected and compiled in a quarterly/annual report. An overall summary is compiled at the end of each collection period. The number of clients who felt this way is divided by the total number of responding clients and multiplied by 100 to gain a percentage value.
- 8. Scope:** This indicator will be the sum of smaller parts with hopes that it will give Northwest Louisiana Human Services District a larger picture of the type of services which are needed and what ones to continue.
- 9. Caveats:** This indicator does not have limitations or weakness. It will be collected from all of our clinics so we can gauge how our clients feel about our clinics.
- 10. Responsible Person:** The responsible person for collecting these will be the clinic manager at each of our clinics.

## Performance Indicator Documentation Sheet

**INDICATOR NAME:** Percentage of mental health Flexible Family Fund slots utilized

**LaPAS PI Code:** 25309

- 1. Type and Level:** The type of indicator is Efficiency and the level is Key Performance Indicator.
- 2. Rationale:** This indicator is selected so that Northwest Louisiana Human Services District can gauge the level of utilization in this service. It is a valid measure of performance targeted in this objective.
- 3. Use:** The indicator will be used in the management decision making to show if this program is being utilized at its capacity. This indicator will be used only for internal management.
- 4. Clarity:** The indicator name is clearly identified of what is being measured.
- 5. Accuracy, Maintenance, Support:** This indicator and subsequent performance data has not been audited by the Office of the Legislative Auditor. The MH cash subsidy slots utilized will assist in the data to support its accuracy. This report has to be monitored closely to verify what slots are available.
- 6. Data Source, Collection and Reporting:** This information is gathered on a monthly/annual basis. This is to help maintain its accuracy. The frequency of the collection is consistent with reporting.
- 7. Calculation Methodology:** The number of cash subsidy slots being utilized is divided by the number of cash subsidy slots available and multiplied by 100 to gain a percent value. This will be helpful so that we know how much in percent terms this service being utilized.
- 8. Scope:** This indicator is the sum of smaller parts. This indicator will represent only one portion of our clients. So it will be helpful to see how this population receives services.
- 9. Caveats:** This indicator does not have limitations, weakness or bias.
- 10. Responsible Person:** This responsible person who collects the data is our Contract Monitor at our District office.

## Performance Indicator Documentation Sheet

**INDICATOR NAME:** Percentage of individuals successfully completing the 24-hour residential addictive disorders treatment program

**LaPAS PI Code:** 25310

- 1. Type and Level:** The type of indicator is Outcome and the level Key Performance Indicator.
- 2. Rationale:** The rationale for the indicator is to gauge how our clients are successfully completing programs and are advancing in their recovery. This will help us tell our performance story in that we can see if clients are getting better and completing our programs.
- 3. Use:** This indicator will be used in management decision making so that we will be able to see if our programs are working the way they should. The completion of an inpatient addictive disorder treatment is a major step in the recovery process for the clients who are unable to maintain substance free life with outpatient treatment. This program will be used for internal management purposes.
- 4. Clarity:** This indicator name clearly identifies what is being measured. The Acronym AD refers to Addictive Disorders.
- 5. Accuracy, Maintenance, Support:** No. This performance indicator has not been audited by the Office of the Legislative Auditor.
- 6. Data Source, Collection and Reporting:** The source of this data will be client records. These reports will be viewed on a quarterly basis. The frequency and timing of collection and reporting is consistent.
- 7. Calculation Methodology:** Total number of clients who completed treatment divided by the total number of clients who began treatment and multiplied by 100 to gain a percent value.
- 8. Scope:** This indicator will be the sum of smaller parts. All information will be gathered from all programs.
- 9. Caveats:** This indicator does not have limitations or bias.
- 10. Responsible Person:** The responsible person for collecting the data will be our Contract Monitor at our District office.

## Performance Indicator Documentation Sheet

**INDICATOR NAME:** Percentage of individuals successfully completing the Primary Inpatient Adolescent addictive disorders treatment program

**LaPAS PI Code:** 25312

**1. Type and Level:** The type of indicator is Outcome and the level is Key Performance Indicator.

**2. Rationale:** The rationale for the indicator is to gauge how our clients are successfully completing programs and are advancing in their recovery. The completion of an inpatient addictive disorder treatment is a major step in the recovery process for the clients who are unable to maintain substance free life with outpatient treatment. This will help us tell our performance story in that we can see that clients are progressing and completing our programs.

**3. Use:** This indicator will be used in management decision making so that we will be able to gauge if programs are working the way they should. This program will be used for internal management purposes.

**4. Clarity:** This indicator name clearly identifies what is being measured. The Acronym AD refers to Addictive Disorders.

**5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The report will be maintained by collecting reports/surveys and completing a quarterly/annual report of the findings.

**6. Data Source, Collection and Reporting:** The source of this data will be client records. These reports will be collected on a quarterly basis. The frequency and timing of collection and reporting is consistent.

**7. Calculation Methodology:** This indicator will be calculated by gaining a total successful completion rate. The calculation is the total number of clients who completed the program divided by the total number of clients who began the program and multiplied by 100 to gain a percent value.

**8. Scope:** This indicator will be the sum of smaller parts. All information will be gathered from all programs.

**9. Caveats:** This indicator does not have limitations or bias.

**10. Responsible Person:** The responsible person for collecting the data will be our Contract Monitor at our District office.

## Performance Indicator Documentation Sheet

**INDICATOR NAME:** Total number of individuals served by outpatient mental health in Northwest Louisiana Human Services District

**LaPAS PI Code:** 25318

- 1. Type and Level:** This type of indicator is Output and the level is General Performance Information.
- 2. Rationale:** This indicator was selected so that Northwest Louisiana Human Services District would know how many clients the agency is serving. This can assist us with any staffing concerns and will assist in making sure that the agency is growing with its population.
- 3. Use:** This indicator will be used in management decision making because as our population grows, so will the agency. This indicator will be used for management purposes in order to help Northwest Louisiana Human Services District manage time and staff to meet the needs of the population we serve.
- 4. Clarity:** The indicator clearly identifies what is being measured and does not need clarification.
- 5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include client records. As charts are opened, a numbering system is attached. Our Electronic Health Record will also be utilized to keep a running total of clients we serve.
- 6. Data Source, Collection and Reporting:** As charts are opened, a numbering system is attached. Our Electronic Health Record also will be utilized to keep a running total of clients we serve. This information will be collected on quarterly/annual basis. The frequency and timing of collection and reporting is consistent.
- 7. Calculation Methodology:** This indicator will be accurate because we will just get a total of the number of clients that are seen from the number of charts and staff client totals as provided by our Electronic Health Record.
- 8. Scope:** This indicator is the sum of smaller parts because as we will just add the total number of client charts from all clinics.
- 9. Caveats:** This indicator does not have any limitations because we will track all clients who come in to seek services.
- 10. Responsible Person:** The responsible person for this indicator will be the clinic manager at each of our clinics.



## Performance Indicator Documentation Sheet

**INDICATOR NAME:** Total number of individuals served by inpatient Addictive Disorders in Northwest Louisiana Human Services District

**LaPAS PI Code:** 25319

- 1. Type and Level:** This type of indicator is output and the level is General Performance Information.
- 2. Rationale:** This indicator was selected so that Northwest Louisiana Human Services District would know how many clients the agency is serving. This can assist us with any staffing concerns and will assist in making sure that the agency is growing with its population.
- 3. Use:** This indicator will be used in management decision making because as our population grows, so will we. This indicator will be used for management purposes so that Northwest Louisiana Human Services District will be able to better manage time and staff to meet the needs of our population.
- 4. Clarity:** The indicator clearly identifies what is being measured and does not need clarification.
- 5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include client records. As charts are opened, a numbering system is attached. Our Electronic Health Record will also be utilized to keep a running total of clients we serve.
- 6. Data Source, Collection and Reporting:** As charts are opened, a numbering system is attached. Our Electronic Health Record also will be utilized to keep a running total of clients we serve. This information will be collected on quarterly/annual basis. The frequency and timing of collection and reporting is consistent.
- 7. Calculation Methodology:** This indicator will be accurate because we will just get a total of the number of clients that are seen from the number of charts and staff client totals as provided by our Electronic Health Record.
- 8. Scope:** This indicator is the sum of smaller parts because it is just a count of the total number of client charts from all clinics.
- 9. Caveats:** This indicator does not have any limitations because we will track all clients who come in for services.
- 10. Responsible Person:** The responsible person for this indicator will be the clinic manager at each of our clinics.

## Performance Indicator Documentation Sheet

**INDICATOR NAME:** Total number of individuals served by outpatient Addictive Disorders in Northwest Louisiana Human Services District

**LaPAS PI Code:** 25320

- 1. Type and Level:** This type of indicator is output and the level is General Performance Information.
- 2. Rationale:** This indicator was selected so that Northwest Louisiana Human Services District would know how many clients the agency is serving. This can assist us with any staffing concerns and will assist in making sure that the agency is growing with its population.
- 3. Use:** This indicator will be used in management decision making because as our population grows, so will we. This indicator will be used for management purposes so that Northwest Louisiana Human Services District will be able to better manage time and staff to meet the needs of our population.
- 4. Clarity:** The indicator clearly identifies what is being measured and does not need clarification.
- 5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include client records. As charts are opened, a numbering system is attached. Our Electronic Health Record will also be utilized to keep a running total of clients we serve.
- 6. Data Source, Collection and Reporting:** As charts are opened, a numbering system is attached. Our Electronic Health Record also will be utilized to keep a running total of clients we serve. This information will be collected on quarterly/annual basis. The frequency and timing of collection and reporting is consistent.
- 7. Calculation Methodology:** This indicator will be accurate because we will just get a total of the number of clients that are seen from the number of charts and staff client totals as provided by our Electronic Health Record.
- 8. Scope:** This indicator is the sum of smaller parts because it is just a count of the total number of client charts from all clinics.
- 9. Caveats:** This indicator does not have any limitations because we will track all clients who come in for services.
- 10. Responsible Person:** The responsible person for this indicator will be the clinic manager at each of our clinics.

## Performance Indicator Documentation Sheet

**INDICATOR NAME:** Total number of enrollees in prevention programs

**LaPAS PI Code:** 25321

**1. Type and Level:** This is an output indicator and the level is General Performance Information.

**2. Rationale:** This will allow Northwest Louisiana Human Services District to view how many adolescents are participating in the prevention programs. This is a valid measure of performance because the number of enrollees can be a clear indication of how to gauge the effectiveness of the program.

**3. Use:** This indicator will be used in management decision making so we can assess the effectiveness of the program.

**4. Clarity:** This indicator clearly identifies what is being measured and does not need any clarification.

**5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The evidence that is available to support the accuracy of the data is that each prevention program has to submit information on a monthly basis on the number of enrollees.

**6. Data Source, Collection and Reporting:** Each prevention program has to submit information on a monthly basis of how many enrollees that each has and the prevention monitor also meets with the prevention programs on a monthly basis as well. Their reports are compiled on a monthly and quarterly basis. The frequency and timing of the collection and reporting is consistent and able to be tracked easily.

**7. Calculation Methodology:** The total count of enrollees.

**8. Scope:** This indicator is the sum of smaller parts and because we collect information on a monthly/quarterly basis we can easily see how well each program is doing.

**9. Caveats:** This indicator does not have limitations or weaknesses.

**10. Responsible Person:** The responsible person for collecting this information is our prevention staff member. Each prevention program has someone who collects the information and submits it to the prevention staff member or the contract monitor.

## Performance Indicator Documentation Sheet

**INDICATOR NAME:** Number of persons receiving individual and family support services

**LaPAS PI Code:** 25313

- 1. Type and Level:** The type of indicator is Output and the level is Key Performance Indicator.
- 2. Rationale:** The rationale for the indicator so that Northwest Louisiana Human Services District can measure the number of people receiving individual and family support services.
- 3. Use:** This indicator will be used in the management decision making so see how effective our services are. The indicator will be used for internal management purposes.
- 4. Clarity:** The indicator name does clearly identify what is being measured.
- 5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The Participant Services Database will be used to gather the information.
- 6. Data Source, Collection and Reporting:** The Participant Services Database will be used to gather the information. The information is gathered monthly. The frequency and timing of collection and the reporting is consistent.
- 7. Calculation Methodology:** The indicator will be calculated by gathering information from the Participant Services Database. The calculation is a simple count.
- 8. Scope:** This indicator is a sum of smaller parts. This information will help assist Northwest Louisiana Human Services District to see what type of services our clients are receiving.
- 9. Caveats:** This indicator does not have any limitations and does not have a bias.
- 10. Responsible Person:** The person responsible for data collection is the program manager.

## Performance Indicator Documentation Sheet

**INDICATOR NAME:** Number of persons receiving flexible family fund services

**LaPAS PI Code:** 25314

- 1. Type and Level:** The type of indicator is Output and the level is Key Performance Indicator.
- 2. Rationale:** The rationale for the indicator so that Northwest Louisiana Human Services District can measure the number of people receiving flexible family funds.
- 3. Use:** This indicator will be used in the management decision making so see how effective our services are. The indicator will be used for internal management purposes.
- 4. Clarity:** The indicator name clearly identifies what is being measured.
- 5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The Participant Services Database will be used to gather the information.
- 6. Data Source, Collection and Reporting:** The Participant Services Database will be used to gather the information. The information is gathered monthly. The frequency and timing of collection and the reporting is consistent.
- 7. Calculation Methodology:** The indicator will be calculated by gathering information from the Participant Services Database. The calculation is a simple count.
- 8. Scope:** This indicator is a sum of smaller parts. This information will help assist Northwest Louisiana Human Services District to determine what type of services our clients are receiving.
- 9. Caveats:** This indicator does not have any limitations and does not have a bias.
- 10. Responsible Person:** The person responsible for data collection is the program manager.

## Performance Indicator Documentation Sheet

**INDICATOR NAME:** Percentage of eligibility determinations determined valid according to the Flexible Family Fund provisions

**LaPAS PI Code:** 25315

**1. Type and Level:** The type of indicator is Outcome & Efficiency, and the level is Key Performance Indicator.

**2. Rationale:** The rationale for the indicator so that Northwest Louisiana Human Services District can measure the number of people receiving individual and family support services. Eligibility determination processes must be completed correctly and timely as promulgated in Act 378.

**3. Use:** This indicator will be used in management decision making to determine the effectiveness and efficiency of our services. The indicator will be used for internal management purposes.

**4. Clarity:** The indicator name does clearly identify what is being measured.

**5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The report will be maintained by collecting the data and completing a monthly/quarterly report of the findings.

**6. Data Source, Collection and Reporting:** The Family Flexible Fund individual case records will be used in gathering the information. The information is gathered monthly/quarterly. The frequency and timing of collection and the reporting is consistent.

**7. Calculation Methodology:** The indicator will be calculated by gathering the information from the Family Flexible Fund individual case records. The calculation is the number of cases where promulgation standard is met divided by total number of cases reviewed and multiplied by 100 to gain a percent value.

**8. Scope:** This indicator is a sum of smaller parts. This information will help assist Northwest Louisiana Human Services District to see what type of services our clients are receiving.

**9. Caveats:** This indicator does not have any limitations and does not have a bias.

**10. Responsible Person:** The person responsible for data collection is the program manager.

## Performance Indicator Documentation Sheet

**INDICATOR NAME:** Number of persons receiving developmental disability services

**LaPAS PI Code:** 25316

- 1. Type and Level:** The type of indicator is Output and the level is Key Performance Indicator.
- 2. Rationale:** The rationale for the indicator so that Northwest Louisiana Human Services District can measure the number of people receiving DD services per year.
- 3. Use:** This indicator will be used in the management decision making so see how effective our services are. The indicator will be used for internal management purposes.
- 4. Clarity:** The indicator name does clearly identify what is being measured. The acronym DD refers to Developmental Disabilities.
- 5. Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The Participant Services Database will help to assist in gathering the information.
- 6. Data Source, Collection and Reporting:** The Participant Services Database will be used to gather the information. The information is gathered monthly. The frequency and timing of collection and the reporting is consistent.
- 7. Calculation Methodology:** The indicator will be calculated by information gathered from information in the Participant Services Database.
- 8. Scope:** This indicator is a sum of smaller parts. This information will help assist Northwest Louisiana Human Services District determine how many clients are receiving developmental disability services.
- 9. Caveats:** This indicator does not have any limitations and does not have a bias.
- 10. Responsible Person:** The person responsible for data collection is the program manager.