John Bel Edwards
GOVERNOR

Stephen R. Russo, JD
SECRETARY

State of Louisiana

Louisiana Department of Health
Office of Management and Finance

TO: Office of the Governor
Commissioner of Administration
House Appropriations Committee
House Health and Welfare Committee
Senate Finance Committee
Senate Health and Welfare Committee
Legislative Fiscal Office

FROM: Pam Diez
LDH Undersecretary

RE: FY2023 Annual Management and Program Analysis Report (AMPAR)

DATE: December 5, 2023

In accordance with Louisiana Revised Statues 36:8, the Louisiana Department of Health is submitting its Annual Management and Program Analysis Report (AMPAR) for the 2023 fiscal year. These reports summarize the activities of each agency as it relates to management and program analysis, outstanding accomplishments, areas where we are making significant progress and any specific management or operational issues that may exist.

If there are questions regarding these reports, you may contact Elizabeth Davis at 225-342-5608 (liz.davis@la.gov).

Louisiana Department of Health

300	Jefferson Parish Human Services Authority
301	Florida Parishes Human Services Authority
302	Capital Area Human Services District
303	Louisiana Developmental Disabilities Council
304	Metropolitan Human Services District
305 & 306	Medical Vendor Administration & Medical Vendor Payments
307	Office of the Secretary
309	South Central Louisiana Human Services Authority
310	Northeast Delta Human Services District
320	Office of Aging and Adult Services (OAAS)
324	Louisiana Emergency Response Network
325	Acadiana Area Human Services District
326	Office of Public Health (OPH)
330	Office of Behavioral Health (OBH)
340	Office for Citizens with Developmental Disabilities (OCDD)
350	Office on Women's Health and Community Health
375	Imperial Calcasieu Human Services Authority
376	Central Louisiana Human Services District
377	Northwest Louisiana Human Services District

Annual Management and Program Analysis Report
Fiscal Year 2022-2023

Department:	**Louisiana Department of Health (LDH)** 09-300 Jefferson Parish Human Services Authority
Department Head:	**Stephen Russo** LDH Secretary
Undersecretary:	**Pam Diez**
Executive Director:	**Rosanna DiChiro Derbes, Psy.D**

I. What outstanding accomplishments did your department achieve during the previous fiscal year?

For each accomplishment, please discuss and explain each item below.

A. What was achieved?
B. Why is this success significant?
C. Who benefits and how?
D. How was the accomplishment achieved?
E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

Accomplishment #1: Initiation of an Information Sharing Collaboration to Address the Needs of Individuals in Crisis

A. **What was achieved?**
In Fiscal Year 2022-2023, JPHSA's (Jefferson Parish Human Services Authority) Behavioral Health Community Services Division initiated and facilitated an information sharing collaboration with the Jefferson Parish Sheriff's Office, Jefferson Parish Coroner, and other mental health organizations to ensure efficient communication of information and coordination of care for individuals in crisis who have been issued an Order of Protective Custody or are otherwise engaged with

emergency services. The collaborating parties meet twice a month to analyze data and discuss potential improvements in coverage and other initiatives that can benefit these individuals.

B. **Why is this success significant?**
JPHSA's mission is to ensure individuals and families in Jefferson Parish affected by Mental Illness, Addictive Disorders, and/or Developmental Disabilities can live full, healthy, independent, and productive lives to the greatest extent possible for available resources. The creation and success of this collaboration ensures that individuals who are in their greatest time of need are receiving adequate care during and following a crisis, for the least restrictive possible setting/resources.

C. **Who benefits and how?**
Individuals in crisis who are engaged with emergency services and law enforcement benefit from the increased access to resources in the community and coordination of appropriate, not overly restrictive care following their crisis, and reduced contacts with law enforcement and the courts. Individuals also benefit from timelier addressing of their needs to reduce the number of times they are hospitalized. In addition to the safety and well-being of the individual in crisis, effective response to crisis benefits public safety as well as the safety of law enforcement responding to the crisis.

D. **How was the accomplishment achieved?**
JPHSA entered into a mutual agreement with the Jefferson Parish Coroner and Jefferson Parish Sheriff's Office, along with the National Alliance on Mental Illness and several other behavioral health agencies, inclusive of agencies providing mobile crisis and Assertive Community Treatment team agencies. The collaboration maintains an ongoing thread for information on individuals who have received an Order for Protective Custody, a Physician's Emergency Certificate, or have been voluntarily hospitalized, and shares critical information so that contact can be made with the individual and any family members for arrangements for ongoing and continued care that is appropriate to the need and meets the individual where they are. This aims to avoid over-utilizing or duplicating resources and reduce behavioral health contacts with law enforcement.

E. **Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)**
Yes. JPHSA's collaboration with key stakeholders in Jefferson Parish is in furtherance of JPHSA's Mission statement to help Jefferson Parish residents lead full, healthy, independent and productive lives. In doing so, JPHSA acts in furtherance of the first goal of its strategic plan, which is support the sustainability of resources through implementation of evidence-based, best and promising practices.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**
Yes. Collaboration with other local entities is key in ensuring efficient response to

emergency situations affecting the individuals served by JPHSA.

Accomplishment #2: Initiation of Interagency Collaboration to Support Individuals with Developmental Disabilities

A. **What was achieved?**
In Fiscal Year 2022-2023, JPHSA began several interagency collaborations to complement services provided by the Office of Citizens with Developmental Disabilities (OCDD) for Urgent Triage and Diversion, as well as to increase knowledge of services offered by JPHSA and other agencies. The goal of this collaborative effort is to preserve placement for individuals in the community and avoid institutionalization by working with a support network to address the needs of the at risk individuals served.

B. **Why is this success significant?**
JPHSA's mission is to ensure individuals and families in Jefferson Parish affected by Developmental Disabilities can live full, healthy, independent, and productive lives to the greatest extent possible for available resources. This collaboration ensures individuals with Developmental Disabilities have access to the resources necessary to pursue this goal, and well as reduce contacts with law enforcement and the courts.

C. **Who benefits and how?**
Individuals with developmental disabilities in Jefferson Parish who are at risk of hospitalization, institutionalization, court involvement, contact with police or otherwise being removed from the community benefit from having access to a full suite of services offered by the interagency collaboration tailored to address their specific needs. Additionally, JPHSA is able to identify children in need of services to start their support network as early in their life as possible. The support network is able to communicate and coordinate care efficiently to ensure the needs of the individual are met.

D. **How was the accomplishment achieved?**
JPHSA identifies individuals who are at risk for Urgent Triage and Diversion and works with these individuals to coordinate a support network comprised of services necessary to the individual's needs. This includes working with the individual's family, support coordination, hospital staff (for recent hospitalizations), behavioral health service providers, local OCDD Resource Center, LDH Attorney, Managed Care Organization (for behavioral health concerns), direct service provider providing home and community based services.

Additionally, JPHSA collaborates with the Louisiana Department of Children & Family Services and Jefferson Parish Schools by meeting on a monthly basis to discuss services offered by each entity as well as identify children who may be in need of developmental disabilities services.

E. **Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)**
Yes. JPHSA's collaboration with other agencies and entities providing Developmental Disabilities services in Jefferson Parish is in furtherance of JPHSA's Mission statement to help Jefferson Parish residents lead full, healthy, independent and productive lives. In doing so, JPHSA acts in furtherance of the first goal of its strategic plan, which is support the sustainability of resources through implementation of evidence-based, best and promising practices.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**
Yes. When addressing the needs of individuals who are at risk, it is essential to provide them with all services necessary in a collaborative and efficient manner.

II. Is your department Five-Year Strategic Plan/Business Plan on time and on target for accomplishment?

To answer this question, you must determine whether your anticipated outcomes—goals and objectives—are being attained as expected and whether your strategies are working as expected and proceeding on schedule.

- **Please provide a brief analysis of the overall status of your strategic progress.** What is your general assessment of overall timeliness and progress toward accomplishment of results targeted in your goals and objectives? What is your general assessment of the effectiveness of your strategies? Are anticipated returns on investment being realized?

Throughout Fiscal Year 2022-2023, JPHSA remained on target for its stated Strategic Plan Goals and Objectives. Strategies outlined in the Strategic Plan continued to be effective and were strengthened by a strong commitment to continuous Performance and Quality Improvement throughout every division and program within the agency.

- **Where are you making significant progress?** If you are making no significant progress, state "None." However, if you are making significant progress, identify and discuss goals and objectives that are exceeding the timeline for achievement; identify and discuss strategies that are working better than expected. Be specific; discuss the following for each:

    1. To what do you attribute this success? For example:
        - Is progress largely due to the effects of external factors? Would the same results have been generated without specific department action?
        - Is progress directly related to specific department actions? (For example: Have you reallocated resources to emphasize excellence in particular areas? Have you initiated new polices or activities to address particular issues or needs? Have you utilized technology or other methodologies to achieve

economies or improve service delivery?)
- Is progress related to the efforts of multiple departments or agencies? If so, how do you gauge your department's contribution to the joint success?
- Other? Please specify.

2. Is this significant progress the result of a one-time gain? Or is progress expected to continue at an accelerated pace?

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

JPHSA made progress toward reaching this goal in Fiscal Year 2021- 2022. As discussed above, JPHSA initiated multiple collaborative programs in its Behavioral Health Community Services and Developmental Disabilities Community Services Divisions to ensure prompt, effective, and continued care and services for individuals in need. JPHSA was able to maintain resources and utilized external resources to extend its reach.

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

JPHSA made progress toward reaching this goal in Fiscal Year 2022-2023.

Please note in particular:

- Throughout Fiscal Year 2022-2023, JPHSA used brand management as a recruitment tool.

- Throughout Fiscal Year 2022-2023, JPHSA continued to use online job postings for certain hard-to-fill positions beyond the State Civil Service website and its own website by recruiting on external websites including Indeed, LinkedIn, Facebook, and Handshake. Other recruitment efforts included advertising with professional networks, such as the local Behavioral Health Taskforce, and collaborating with local colleges and universities.

- Throughout Fiscal Year 2022-2023, JPHSA's Executive Management Team monitored staff member retention rates and ensured all staff members received appropriate monitoring, supervision, and development through an ongoing audit assessing supervisor compliance with JPHSA's Staff Development & Supervision Guidelines.

- Throughout Fiscal Year 2022-2023, JPHSA continued to utilize an intensive first thirty-day orientation for new staff members as a tool to ensure up-front investment and engagement with JPHSA practices and policies.

- **Where are you experiencing a significant lack of progress?** If you are experiencing no significant lack of progress, state "None." However, if you are experiencing a

significant lack of progress, identify and discuss goals and objectives that may fall significantly short of the targeted outcome; identify and discuss strategies that are not working well. Be specific; discuss the following for each:

1. To what do you attribute this lack of progress? For example:
    - Is the lack of progress related to a management decision (perhaps temporary) to pursue excellence in one area at the expense of progress in another area?
    - Is the lack of progress due to budget or other constraint?
    - Is the lack of progress related to an internal or external problem or issue? If so, please describe the problem and any recommended corrective actions in Section III below.
    - Other? Please specify.

2. Is the lack of progress due to a one-time event or set of circumstances? Or will it continue without management intervention or problem resolution?

None.

- **Has your department revised its strategic plan to build on your successes and address shortfalls?**

☐ Yes. If so, what adjustments have been made and how will they address the situation?

☒ No. If not, why not?

JPHSA did not submit a revised Strategic Plan for this Fiscal Year and continues to make strides to reach its current goals.

- **How does your department ensure that your 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?** Use as much space as needed to explain fully.

Jefferson Parish Human Services Authority (JPHSA), a Local Governing Entity, adheres to the Policy Governance Model. The Board of Directors establishes the Mission and Priorities and selects an Executive Director to provide ongoing leadership and operational management of the organization. As required by Board policy, the Executive Director presents the members of the Board with regular monitoring reports and activity updates at each Board meeting. The Executive Director prepares an Ends Policy Monitoring Report detailing progress toward achieving Strategic Plan Goals and Objectives on an annual basis.

JPHSA monitors, reports, and implements corrective action and/or Performance and Quality Improvement (PQI) activities with regard to Strategic Plan Goals, Objectives, and Performance Indicators. A broad range of venues are utilized: individual supervision; group supervision; work groups; division staff meetings; all-staff meetings; the employee electronic newsletter; the employee website; and standardized data reports.

Each Division and Department Director is required to develop and implement an annual plan in support of the JPHSA Strategic Plan. Directors provide written reports on progress to the Executive Director on no less than a quarterly basis.

Additionally, the JPHSA PQI Committee works with the Executive Management Team to develop, adopt, and implement cross-divisional PQI Initiatives to further support Mission, Priorities, and achievement of the Strategic Plan. The PQI Committee incorporates input from all levels and areas of the organization through its diverse membership. Every JPHSA staff member is designated as a Full or Ad-Hoc Committee member.

JPHSA uses its staff member electronic newsletter – *Have You Heard* – as a key tool for communicating with staff members about Strategic Plan Goals, Objectives, and Performance Indicators; policies and procedures; employee recognition; and organization operations. *Have You Heard* is published a minimum of once each week via the JPHSA email system with occasional special editions.

Division Directors involve staff members in data collection, analysis, and reporting of Performance Indicator outcomes and in work groups formed to enhance performance and quality. The Executive Director schedules an all-staff meeting each Fiscal Year. Performance and Quality Improvement is a routine part of the interactive agenda.

Regularly scheduled Executive Management Team meetings are used as group supervision, as forums for discussion of progress on meeting/exceeding goals, and for collaborative development of corrective action and/or Performance and Quality Improvement plans. The Executive Director holds the Executive Management Team accountable on both an individual and group basis for successful implementation of the JPHSA Strategic Plan, Annual Division Plans, and the Performance and Quality Improvement Initiatives. The Executive Director focuses a significant portion of the Executive Management Team members' performance reviews on their contributions to the Strategic Plan, Performance and Quality Improvement Initiatives, their degree of success in accomplishing their Annual Plan objectives as well as their ability to lead and develop their divisions toward a culture of accountability, growth and development.

Each JPHSA staff member has job-specific performance factors and expectations in support of JPHSA goals included in his/her annual planning document. Supervisors are required to meet with their subordinates as outlined in JPHSA's Staff Development & Supervision Guidelines. The supervision meetings are documented and used to review and discuss progress towards meeting expectations. Active participation and open

discussion are encouraged.

JPHSA leadership approaches the Strategic Plan as ongoing Performance and Quality Improvement involving all Divisions and all staff members, i.e. horizontal and vertical integration. Monitoring and reporting are integral to the process as well.

III. What significant department management or operational problems or issues exist? What corrective actions (if any) do you recommend?

("Problems or issues" may include internal concerns, such as organizational structure, resource allocation, operations, procedures, rules and regulations, or deficiencies in administrative and management oversight that hinder productivity, efficiency, and effective service delivery. "Problems or issues" may be related to external factors—such as demographics, economy, fiscal condition of the state, federal or state legislation, rules, or mandates—that are largely beyond the control of the department but affect department management, operations, and/or service delivery. "Problems or issues" may or may not be related directly to strategic plan lack of progress.)

Complete Sections A and B (below) for each problem or issue. Use as much space as needed to fully address each question. If the problem or issue was identified and discussed in a management report or program evaluation, be sure to cross-reference the listing of such reports and evaluations at the end of this form.

A. Problem/Issue Description

1. What is the nature of the problem or issue?
2. Is the problem or issue affecting the progress of your strategic plan? (See Section II above.)
3. What organizational unit in the department is experiencing the problem or issue?
4. Who else is affected by the problem? (For example: internal or external customers and other stakeholders.)
5. How long has the problem or issue existed?
6. What are the causes of the problem or issue? How do you know?
7. What are the consequences, including impacts on performance, of failure to resolve the problem or issue?

There are no department management problems that exist. JPHSA's culture of continuous Performance and Quality Improvement allows leadership to proactively identify and address problems in real time as they arise. Using data, JPHSA makes calculated changes to ensure ongoing seamless operations that best serve Jefferson Parish residents and the rest of the community.

B. Corrective Actions

1. Does the problem or issue identified above require a corrective action by your department?

☒ No. If not, skip questions 2-5 below.
☐ Yes. If so, complete questions 2-5 below.

2. What corrective actions do you recommend to alleviate or resolve the problem or issue?

3. Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)?
4. Are corrective actions underway?
    a. If so:
        - What is the expected time frame for corrective actions to be implemented and improvements to occur?
        - How much progress has been made and how much additional progress is needed?
    b. If not:
        - Why has no action been taken regarding this recommendation?
        - What are the obstacles preventing or delaying corrective actions?
        - If those obstacles are removed, how soon could you implement corrective actions and generate improvements?

5. Do corrective actions carry a cost?

☐ No. If not, please explain.
☐ Yes. If so, what investment is required to resolve the problem or issue? (For example, investment may include allocation of operating or capital resources—people, budget, physical plant and equipment, and supplies.) Please discuss the following:
    a. What are the costs of implementing the corrective actions? Be specific regarding types and amounts of costs.
    b. How much has been expended so far?
    c. Can this investment be managed within your existing budget? If so, does this require reallocation of existing resources? If so, how will this reallocation affect other department efforts?
    d. Will additional personnel or funds be required to implement the recommended actions? If so:
        - Provide specific figures, including proposed means of financing for any additional funds.
        - Have these resources been requested in your budget request for the upcoming fiscal year or in previous department budget requests?

IV. How does your department identify, analyze, and resolve management issues and evaluate program efficiency and effectiveness?

A. Check all that apply.

☒ **Internal audit**
JPHSA's Compliance & Performance Support (CPS) Division provides ongoing monitoring of service delivery, business, and administrative functions as well as staff development and supervision activities. Audit tools with identified criteria and standards are utilized; results are reported; and appropriate Performance and Quality Improvement and/or corrective actions are implemented. Further, the CPS Division audits JPHSA performance using benchmarks set forth in Council on Accreditation standards and in adherence to federal, state, and local laws and regulations. Improvement and/or corrective action plans are developed and executed as needed. The Division monitors progress on plan implementation as well.

Each JPHSA Division establishes an annual plan containing measurable outcomes in support of the Strategic Plan. Outcomes are tracked and reported on a quarterly basis with Performance and Quality Improvement and/or corrective action initiated as needed. JPHSA's Finance Operations division provides ongoing monitoring of JPHSA resources using standard accounting practices. Further, a fiscal monitor is assigned to each Division for ongoing monitoring of both budgets as well as grants and contracts, using standard accounting practices, and in the case of grants and contracts, the scope of work and deliverables as well as budgets. On-site monitoring of contractors is standard operating procedure with improvement or corrective action initiated as a need is identified.

☒ **External audits (Example: audits by the Office of the Legislative Auditor)**
JPHSA is audited on an annual basis through the Office of the Legislative Auditor. The Fiscal Year 2022-2023 audit is preparing to start as of the time of this writing. The Louisiana Department of Health's Office of Behavioral Health (OBH) and Office for Citizens with Developmental Disabilities (OCDD) audit JPHSA as set forth in the Accountability Plan, i.e. ongoing data reporting, annual peer review, and annual on-site audit. The OCDD and OBH Fiscal Year 2022-2023 audits were conducted during the Fiscal Year, with JPHSA receiving no findings or recommendations. The peer review, which focused on clinical practices, was done with Metropolitan Human Services District and produced no recommendations.

☒ **Policy, research, planning, and/or quality assurance functions in-house**
JPHSA's Compliance & Performance Support (CPS) Division has overall accountability for policy development and management, as well as for JPHSA's quality assurance functions. With regard to policy development and update, the CPS Division Director, who is also JPHSA's General Counsel, in conjunction with the Compliance Officer, has overall responsibility for ensuring legal and regulatory compliance. The Executive Management Team, under the direction of the Executive Director, is responsible for short- and long-term planning. The

Executive Director informs and seeks consultation from the JPHSA Board of Directors as appropriate and according to Board policy and the Policy Governance Model. The Executive Director provides the Board with monitoring reports as specified in Board policy. The PQI Committee, a chartered committee chaired by the CPS Quality Improvement Specialist, is responsible for the review and update of JPHSA's PQI Plan, with feedback from the Executive Management Team and key staff and stakeholders, and for the collaborative development and ongoing monitoring of JPHSA-wide PQI Initiatives. All staff members complete annual PQI training. Further, in compliance with Council on Accreditation standards, JPHSA has a plethora of time-limited work groups in place at all times.

☐ Policy, research, planning, and/or quality assurance functions by contract

☒ **Program evaluation by in-house staff**
Program performance is monitored on an ongoing basis utilizing the JPHSA Strategic Plan, Operational Plan, Division-Specific Annual Plans, PQI Initiatives, Staff Development & Supervision Guidelines, and position-specific expectations. All have clearly stated goals/objectives and performance targets and/or outcome measures. Additionally, the annual Maintenance of Accreditation report required by the Council on Accreditation helps ensure adherence to accreditation program and service standards through ongoing monitoring on the division level. JPHSA also provides a variety of Evidence-based Practices (EBP) that are also frequently monitored closely to ensure model fidelity.

☐ Program evaluation by contract

☒ **Performance Progress Reports (Louisiana Performance Accountability System)**
JPHSA collects data, performs statistical analysis, and reports outcomes/outputs into LaPAS on a quarterly basis. Notes of explanation are provided for positive and negative variances of 5% or more from quarterly Performance Indicator targets. Each note outlines any needed corrective action or process improvement activities. JPHSA also provides data or makes data available to the Louisiana Department of Health (LDH), Office for Citizens with Developmental Disabilities (OCDD), and the Office of Behavioral Health (OBH) on an ongoing basis and as required by contractual agreement. JPHSA is compliant with the LDH Human Services Accountability Plan, which contains an extensive array of outcome/output measures, many of which OCDD and OBH utilize in compiling data for their own LaPAS reports.

☒ **In-house performance accountability system or process**
JPHSA utilizes the following to model its performance accountability process: Council on Accreditation Standards and Rating System; JPHSA Staff Development & Supervision Guidelines in conjunction with the Louisiana Department of State Civil Service Performance Evaluation System; JPHSA's

PQI Plan in conjunction with PQI Initiatives; JPHSA's legal and regulatory compliance in conjunction with applicable federal and state laws and regulations; ongoing internal monitoring with appropriate follow-up activity, inclusive of the EBP fidelity monitoring; and ongoing data collection, mining, and analysis for decision support.

The JPHSA PQI Committee meets regularly to discuss progress and any need for Performance and Quality Improvement and/or corrective action. In addition, JeffCare, due to its size and complexity, has a program-specific PQI Committee. Further, the Executive Director meets one-on-one with each member of the Executive Management Team on a quarterly basis for reporting on annual plan progress and any need for Performance and Quality Improvement and/or corrective action. In addition, to underscore accountability at the individual employee level, a "third level" review, i.e. random audit, of rating and planning documents is completed to ensure linkage to job descriptions and ongoing documented supervision and coaching.

☒ **Benchmarking for Best Management Practices**
In Fiscal Year 2022-2023, JPHSA utilized Netsmart's myAvatar platform and transitioned to NextGen as electronic health records for behavioral health, developmental disabilities, and primary care services, as well as data collection and analysis. Developmental Disabilities services data is obtained through the Office for Citizens with Developmental Disabilities software. Comparative studies are enabled through other Local Governing Entities reporting into the LaPAS system as well as through benchmarking against national standards for evidence-based and best practices and through Uniform Data System reporting through the Health Resources Services Administration (HRSA) of the U.S. Department of Health and Human Services. JPHSA's Financial System, Microsoft Dynamics GP, is a highly sophisticated system that allows detailed budget reporting, enabling the measurement of performance against quarterly targets and annual goals as well as identification of trends.

☒ **Performance-based contracting (including contract monitoring)**
All JPHSA contracts are required by policy to have explicit and detailed performance requirements, i.e. Statements of Work with all deliverables, programmatic requirements, performance/outcome measures, required administrative oversight, and reporting mandates clearly spelled out. Further, mandated monitoring plans all include reporting timeframes, metrics, and assigned clinical/service and financial monitors. JPHSA provides technical assistance to contractors as needed per findings from clinical/service and/or financial monitoring; and corrective action plans, including timelines, are required for deficiencies that are considered significant or potentially leading to trends. Monitoring occurs both remotely and on-site.

The CPS division reviews all contract statements of work and monitoring plans for legal and regulatory compliance prior to the contracts being approved for

final signature.

☒ **Peer review**
JPHSA participates in the Office of Behavioral Health annual peer review with a sister Local Governing Entity. These reviews alternate focus on program and administrative functions. The peer review for Fiscal Year 2022-2023, with Metropolitan Human Services District, focused on clinical functions and practices.

☒ **Accreditation review**
JPHSA is fully accredited by the Council on Accreditation (COA). In Fiscal Year 2019-2020, JPHSA was awarded a four-year reaccreditation, the longest COA grants, without any findings or recommendations. JPHSA's next reaccreditation cycle began in Fiscal Year 2021-2022 with a reaccreditation deadline of February 29, 2024.

☒ **Customer/stakeholder feedback**
JPHSA fields the U.S. Health Resources and Services Administration Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey and the Telesage Quality of Care Survey within its Health Centers on an ongoing basis. JPHSA also participates in the C'est Bon survey yearly with the Office of Behavioral Health. JPHSA invites confidential feedback on its internet site and offers service recipients and their families the means of expressing their view of services received and/or other interactions with JPHSA. This feedback is received and processed by JPHSA's Quality Improvement Specialist, who ensures a response is provided to the individual who gave the feedback within prescribed timelines, and tracks data for use in developing internal Performance and Quality Improvement initiatives. JPHSA requires contractors delivering community-based behavioral health services to field satisfaction surveys with their service recipients and to share results with JPHSA. Staff members have access to confidential comment boxes in all break rooms and may also provide the staff-led committee, Esprit de Corps, with suggestions for improvement. The Esprit de Corps Chairperson has direct access to the Executive Director and Executive Management Team. The members of the Board of Directors, per the Policy Governance Model, actively engage in "community linkages" and report the outcomes of these community stakeholder interactions during each Board meeting. Additional feedback is obtained through active participation in the monthly Jefferson Parish Behavioral Health Task Force meetings and in the quarterly Regional Advisory Committee meetings for Behavioral Health and Developmental Disabilities. JPHSA also participates on the Jefferson Parish Children and Youth Planning Board. The Executive Director makes regular calls on local and state elected officials as well as community partners.

☐ Other (please specify):

B. Did your office complete any management reports or program evaluations during the fiscal year covered by this report?

☐ Yes. Proceed to Section C below.
☒ No Skip Section C below.

C. List management reports and program evaluations completed or acquired by your office during the fiscal year covered by this report. For each, provide:

1. Title of Report or Program Evaluation:
2. Date completed:
3. Subject or purpose and reason for initiation of the analysis or evaluation:
4. Methodology used for analysis or evaluation:
5. Cost (allocation of in-house resources or purchase price):
6. Major Findings and Conclusions:
7. Major Recommendations:
8. Action taken in response to the report or evaluation:
9. Availability (hard copy, electronic file, website):
10. Contact person for more information:
    Name:
    Title:
    Agency & Program:
    Telephone:
    E-mail:

JPHSA monitors and evaluates its operations and programs on an ongoing basis, as described throughout this report. JPHSA has a highly developed decision-support function in place. Data is analyzed and discussions routinely occur in meetings of the Executive Management Team, Performance and Quality Improvement Committee, Safety Committee, and at the individual division and department level. Findings are shared during these meetings as well as during individual and group supervision, as appropriate. Corrective and/or Performance and Quality Improvement plans are developed and implemented as needed. Work Groups and Process Improvement Teams form to support the execution of such plans.

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Annual Management and Program Analysis Report
Fiscal Year 2022-2023

Department:	**Louisiana Department of Health (LDH)** 09-301 Florida Parishes Human Services Authority
Department Head:	**Stephen Russo** LDH Secretary
Undersecretary:	**Pam Diez**
Executive Director:	**Richard Kramer**

I. What outstanding accomplishments did your department achieve during the previous fiscal year?

For each accomplishment, please discuss and explain each item below.

A. What was achieved?
B. Why is this success significant?
C. Who benefits and how?
D. How was the accomplishment achieved?
E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

Accomplishment #1: Title of significant accomplishment: Implemented new Electronic Health Record

A. What was achieved?

Florida Parishes Human Services Authority (FPHSA) implemented a new electronic record which will improve ability to efficiently serve clients as well as greatly improving billing processes to improve revenue generation.

B. Why is this success significant?

This new record is more modern and has the features needed to improve data management which will aid in management functions. It will also automate many formerly manual billing processes which will allow billing staff to change their emphasis to working denials and exceptions that might otherwise go uncollected.

C. Who benefits and how?

The people served by the agency will benefit from better processes and better service. The ability to generate more revenue will benefit the agency and taxpayers by making more outside funding available to provide services.

D. How was the accomplishment achieved?

FPHSA evaluated several electronic health records and identified the best fit for our agency based on numerous factors evaluated by multiple members of the staff who provide various functions across the agency. Grant dollars related to electronic health record data sharing was used for the implementation costs while ongoing costs are expected to be covered by increases in revenue.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)

Yes.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

Yes, modernizing information systems is a cost that can more than pay for itself if implemented correctly.

Accomplishment #2: Title of significant accomplishment: Purchased Mobile Unit with Grant Funding

A. What was achieved?

A mobile health clinic was purchased through the use of one time covid grant dollars.

B. Why is this success significant?

Many of our clients are lower socioeconomic group individuals who lack resources and often have trouble making health appointments due to transportation challenges. The mobile clinic will allow for services closer to home in rural and isolated areas and improve health outcomes for those who might otherwise go without needed healthcare.

C. Who benefits and how?

Individuals across the FPHSA catchment area who will receive services in their communities as well as the state, in general, by improving health outcomes and reducing

the costs related to lack of care.

D. How was the accomplishment achieved?

Through the use of one time grant dollars.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
Yes.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

Yes. When serving people of similar populations, efforts to make those services more accessible can greatly impact outcomes.

II. Is your department Five-Year Strategic Plan/Business Plan on time and on target for accomplishment?

To answer this question, you must determine whether your anticipated outcomes—goals and objectives—are being attained as expected and whether your strategies are working as expected and proceeding on schedule.

- **Please provide a brief analysis of the overall status of your strategic progress.** What is your general assessment of overall timeliness and progress toward accomplishment of results targeted in your goals and objectives? What is your general assessment of the effectiveness of your strategies? Are anticipated returns on investment being realized?

  Florida Parishes Human Services Authority goals remain the same. The past few years of covid and staffing difficulties has altered some strategies to reach those goals but progress continues.

- **Where are you making significant progress?** If you are making no significant progress, state "None." However, if you are making significant progress, identify and discuss goals and objectives that are exceeding the timeline for achievement; identify and discuss strategies that are working better than expected. Be specific; discuss the following for each:

  1. To what do you attribute this success? For example:
     - Is progress largely due to the effects of external factors? Would the same results have been generated without specific department action?
     - Is progress directly related to specific department actions? (For example: Have you reallocated resources to emphasize excellence in particular areas? Have you initiated new polices or activities to address particular issues or needs? Have you utilized technology or other methodologies to achieve economies or improve service delivery?) *Progress is being made due to creatively utilizing grant dollars to become more flexible in providing*

services to those who need them.
- Is progress related to the efforts of multiple departments or agencies? If so, how do you gauge your department's contribution to the joint success?
- Other? Please specify.

2. Is this significant progress the result of a one-time gain? Or is progress expected to continue at an accelerated pace?

Progress is expected to continue with continued flexibility and funding opportunities that the agency continues to apply for. The needs and conditions that impact the agency and the people we serve continue to change and so must our abilities to serve them.

- **Where are you experiencing a significant lack of progress?** If you are experiencing no significant lack of progress, state "None." However, if you are experiencing a significant lack of progress, identify and discuss goals and objectives that may fall significantly short of the targeted outcome; identify and discuss strategies that are not working well. Be specific; discuss the following for each:

Hiring qualified staff, particularly licensed clinicians, continues to prove difficult. It is hoped that improved scheduling flexibility and civil service pay changes will impact this issue positively.

1. To what do you attribute this lack of progress? For example:
   - Is the lack of progress related to a management decision (perhaps temporary) to pursue excellence in one area at the expense of progress in another area?
   - Is the lack of progress due to budget or other constraint?
   - Is the lack of progress related to an internal or external problem or issue? If so, please describe the problem and any recommended corrective actions in Section III below.
   - Other? Please specify.

   The problem is one being experienced across the nation as the economy rebounds from COVID-19 impacts. Historically, low compensation makes competing with other employers more challenging.

2. Is the lack of progress due to a one-time event or set of circumstances? Or will it continue without management intervention or problem resolution?

   The problem is a nationwide problem. We are dealing with its impact along with most other employers.

- **Has your department revised its strategic plan to build on your successes and address shortfalls?**

☐ Yes. If so, what adjustments have been made and how will they address the situation?

☒ No. If not, why not?

The plan is still valid, although some strategies to accomplish them have changed.

- **How does your department ensure that your 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?** Use as much space as needed to explain fully.

  The leadership team and the board review the plan and our progress toward achieving our goals on a regularly basis.

III. What significant department management or operational problems or issues exist? What corrective actions (if any) do you recommend?

("Problems or issues" may include internal concerns, such as organizational structure, resource allocation, operations, procedures, rules and regulations, or deficiencies in administrative and management oversight that hinder productivity, efficiency, and effective service delivery. "Problems or issues" may be related to external factors—such as demographics, economy, fiscal condition of the state, federal or state legislation, rules, or mandates—that are largely beyond the control of the department but affect department management, operations, and/or service delivery. "Problems or issues" may or may not be related directly to strategic plan lack of progress.)

Complete Sections A and B (below) for each problem or issue. Use as much space as needed to fully address each question. If the problem or issue was identified and discussed in a management report or program evaluation, be sure to cross-reference the listing of such reports and evaluations at the end of this form.

A. Problem/Issue Description

1. **What is the nature of the problem or issue?**
   Recruiting and retaining staff continues to be a challenge and has been exacerbated by the pandemic and its effects.

2. **Is the problem or issue affecting the progress of your strategic plan? (See Section II above.)**
   The recruiting and retention has not, yet, prohibited progress towards the agency's goals but it does impact the degree to which progress can be made beyond the current level.

3. **What organizational unit in the department is experiencing the problem or issue?**
   Licensed clinicians are currently most impacted.

4. **Who else is affected by the problem? (For example: internal or external customers and other stakeholders.)**
   Persons served must wait longer between appointments due to a limited number of providers. Longer waits between appointments may result in poorer outcomes and more potential for behavioral health crises is individuals whose symptoms are not managed appropriately.

5. **How long has the problem or issue existed?**
   Recruiting and retention has always been challenging but it has worsened.

6. **What are the causes of the problem or issue? How do you know?**
   Disparities between compensation available by competing agencies is a key factor. Many candidates have been selected for and offered positions but turned them down due to rate of pay. Additionally, former staff have left employment to accept better paying jobs elsewhere.

7. **What are the consequences, including impacts on performance, of failure to resolve the problem or issue?**
   Failure to resolve the problem will hinder the agency's ability to ultimately fulfill its mission and complete the strategic plan goals. Management is encouraged, though, by the recent compensation changes approved by the Department of Civil Service and hope to see a positive impact in the coming months. Additionally, the agreement by the legislature to stabilize the budget for the near future should positively impact recruiting and retention.

B. Corrective Actions

1. Does the problem or issue identified above require a corrective action by your department?

   ☒ No. If not, skip questions 2-5 below.
   ☐ Yes. If so, complete questions 2-5 below.

2. What corrective actions do you recommend to alleviate or resolve the problem or issue?

3. Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)?
4. Are corrective actions underway?
   a. If so:
      - What is the expected time frame for corrective actions to be implemented and improvements to occur?

- How much progress has been made and how much additional progress is needed?

b. If not:
   - Why has no action been taken regarding this recommendation?
   - What are the obstacles preventing or delaying corrective actions?
   - If those obstacles are removed, how soon could you implement corrective actions and generate improvements?

5. Do corrective actions carry a cost?

☐ No. If not, please explain.
☐ Yes. If so, what investment is required to resolve the problem or issue? (For example, investment may include allocation of operating or capital resources—people, budget, physical plant and equipment, and supplies.) Please discuss the following:
   a. What are the costs of implementing the corrective actions? Be specific regarding types and amounts of costs.
   b. How much has been expended so far?
   c. Can this investment be managed within your existing budget? If so, does this require reallocation of existing resources? If so, how will this reallocation affect other department efforts?
   d. Will additional personnel or funds be required to implement the recommended actions? If so:
      - Provide specific figures, including proposed means of financing for any additional funds.
      - Have these resources been requested in your budget request for the upcoming fiscal year or in previous department budget requests?

IV. How does your department identify, analyze, and resolve management issues and evaluate program efficiency and effectiveness?

A. Check all that apply.

☒ **Internal audit**

FPHSA's Behavioral Health and Development Disabilities Services conduct quarterly quality enhancement reviews and audits. Audit findings affords FPHSA the opportunity to monitor for trends and evaluate program efficacy as well as implement corrective actions, as indicated.

Internal Audits also provides management with evaluations of the effectiveness of internal controls over accounting, operational and administrative functions.

☒ **External audits (Example: audits by the Office of the Legislative Auditor)**

State of LA Civil Service, Office of Risk Management, LDH, Office of the Legislative Auditor, and the Healthy Louisiana Medicaid Plans are among those who conduct audits and reviews of FPHSA's processes, procedures and services. Corrective actions are devised and implemented in response to deficiencies. External audits may also performed by other cohorts with whom FPHSA contracts for service delivery, such as Functional Family Therapy and the Courts. (See some examples captured below.)

☒ Policy, research, planning, and/or quality assurance functions in-house

☐ Policy, research, planning, and/or quality assurance functions by contract

☒ Program evaluation by in-house staff

☒ Program evaluation by contract

☒ **Performance Progress Reports (Louisiana Performance Accountability System)**
FPHSA participates in all required Louisiana Performance Accountability monitoring. This includes the compilation of reports of performance data such as data used by LDH's Division of Planning and Budget, which coordinates and reviews entries of the Louisiana Performance Accountability System (LaPAS) data on a quarterly basis for all LDH agencies. Explanatory notes are provided 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, if significant variances occur, or if modifications and additions are needed.

☒ **In-house performance accountability system or process**
FPHSA conducts in-house performance based monitoring activities that align with LDH's performance based accountability monitoring activities. Internal monitoring includes, but is not limited to strategic planning, operational planning, and self-monitoring using the same monitoring tools that the State uses to conduct its monitoring.

☒ **Benchmarking for Best Management Practices**
The LDH Division of Planning and Budget reviews, researches and develops objectives, performance measures and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are compared to benchmarks from leading states involved in performance-based budgeting activities. Recommendations are made directly to the agency's assistant secretary or the Department's undersecretary if modifications or additions are needed. FPHSA uses these benchmarks to set performance goals and objectives.

☒ **Performance-based contracting (including contract monitoring)**
LDH contracts are required to contain a description of the work to be performed including goals and objectives, deliverables, performance measures and a monitoring plan. Subsequently, FPHSA uses these descriptions to structure any sub-contractors in order to support LDH's goals and objectives.

☒ Peer review (SCLHSA)

☒ Accreditation review (CARF)

☒ Customer/stakeholder feedback

☐ Other (please specify):

B. Did your office complete any management reports or program evaluations during the fiscal year covered by this report?

☒ Yes. Proceed to Section C below.

☐ No Skip Section C below.

C. List management reports and program evaluations completed or acquired by your office during the fiscal year covered by this report. For each, provide:

1. Title of Report or Program Evaluation:
2. Date completed:
3. Subject or purpose and reason for initiation of the analysis or evaluation:
4. Methodology used for analysis or evaluation:
5. Cost (allocation of in-house resources or purchase price):
6. Major Findings and Conclusions:
7. Major Recommendations:
8. Action taken in response to the report or evaluation:
9. Availability (hard copy, electronic file, website):
10. Contact person for more information, including:
    Name:
    Title:
    Agency & Program:
    Telephone:
    E-mail:

1. Title of Report or Program Evaluation:
Treatment Independent Peer Review FFY 2023

2. Date completed:
   6/8/2023

3. Subject or purpose and reason for initiation of the analysis or evaluation:
   IPRs are a learning opportunity for participants. The review encourages and allows staff from FPHSA and SCLHSA to interact with one another and to gather suggestions and/or insight regarding such issues as: improving services, programmatic and fiscal operations, business practices that assist with increasing efficiency and effectiveness, ways to enhance revenue, improve outcomes and create efficiencies to improve access for persons served.

4. Methodology used for analysis or evaluation:
   LGEs are paired for reciprocal reviews. The Independent Peer Review Form was used in the 2023 review to assist the provider to identify program strengths and challenges. Teams from respective LGEs were made up of content experts. The IPR is not strictly a monitoring, licensing, or auditing process. It is a method to continuously improve quality, performance, and provide credibility where administrative functions within the State System are concerned.

5. Cost (allocation of in-house resources or purchase price)
   No cost.

6. Major Findings and Conclusions:
   South Central Louisiana Human Services Authority was FPHSA's peer reviewer. There were no findings or recommendations.

7. Major Recommendations:
   None.

8. Action taken in response to the report or evaluation:
   Continued operations as normal.

9. Availability (hard copy, electronic file, website)
   Available in hard copy and electronic file.

10. Contact person for more information:
    Name: Richard Kramer
    Title: Executive Director
    Agency & Program: FPHSA
    Telephone: (985) 543-4333
    E-mail: Richard.Kramer@fphsa.org

1. Title of Report or Program Evaluation:
   ORM Compliance Review

2. Date completed:
   3.2.23 (Compliance Review Year.)

3. Subject or purpose and reason for initiation of the analysis or evaluation:
   To evaluate compliance with safety and risk guidelines and to mitigate hazards that may compromise safety and promote risk for staff, persons served, and visitors to FPHSA.

4. Methodology used for analysis or evaluation:
   Onsite inspection and onsite review of all written reports used to document compliance with safety standards.

5. Cost (allocation of in-house resources or purchase price)
   No cost assigned.

6. Major Findings and Conclusions:
   FPHSA was rated 99.02% compliance.

7. Major Recommendations:
   None. This was a compliance review year.

8. Action taken in response to the report or evaluation:
   No corrective actions indicated because this was a compliance review year. Standards for next audit were reviewed and any improvement recommendations necessary have been made.

9. Availability (hard copy, electronic file, website):
   The report is available in hard copy and e-file.

10. Contact person for more information:
    Name: Richard Kramer
    Title: Executive Director
    Agency & Program: FPHSA
    Telephone: (985) 543-4333
    E-mail: Richard.Kramer@fphsa.org

1. Title of Report or Program Evaluation:
   Accountability Plan (AP) Administrative Review (Behavioral Health)

2. Date completed:
   March 20, 2023.

3. Subject or purpose and reason for initiation of the analysis or evaluation:
   The Human Services Accountability Plan (AP) was developed in accordance with the provisions of LA. R.S. 28:918 in conjunction with the Human Services Interagency Council and the Louisiana Department of Health, to guide the delivery of substance use disorder, mental health, and developmental disability services funded by appropriations from State, gambling, and block grant dollars. As part of the AP, the Local Governing Entity (LGE), and service subject to monitoring.

4. Methodology used for analysis or evaluation:
   Review conducted by OBH and guided by the LGE AP Monitoring Workbook Tool.

5. Cost (allocation of in-house resources or purchase price)
   No cost.

6. Major Findings and Conclusions:
   NA (None shared to date.)

7. Major Recommendations:
   NA (None share to date.)

8. Action taken in response to the report or evaluation:
   NA (None required to date.)

9. Availability (hard copy, electronic file, website)
   Documents submitted available in hard copy and electronic file.

10. Contact person for more information:
    Name: Richard Kramer
    Title: Executive Director
    Agency & Program: FPHSA
    Telephone: (985) 543-4333
    E-mail: Richard.Kramer@fphsa.org

1. Title of Report or Program Evaluation:
Accountability Plan (AP) Behavioral Health (2)

2. Dates completed:
   11/14/22 and 3/20/23
3. Subject or purpose and reason for initiation of the analysis or evaluation:
   The Human Services Accountability Plan (AP) was developed in accordance with the provisions of LA. R.S. 28:918 in conjunction with the Human Services Interagency Council and the Louisiana Department of Health, to guide the delivery of substance use disorder, mental health, and developmental disability services funded by appropriations from State, gambling, and block grant dollars. As part of the AP, the Local Governing Entity (LGE), and service subject to monitoring.

4. Methodology used for analysis or evaluation:
   Review conducted by OBH and guided by the LGE Monitoring Workbook Tool.

5. Cost (allocation of in-house resources or purchase price):
   None assigned.

6. Major Findings and Conclusions:
   Documentation issues were identified related to required testing, resulting, and subsequent counseling for treatment recipients of SUD services. Recommendations were made for documentation of linkages for priority population treatment recipient, in particular pregnant women and women with dependent children.

7. Major Recommendations:
   None noted.

8. Action taken in response to the report or evaluation:
   FPHSA reviewed reports with leadership and staff and a corrective action plan (for implementation region-wide) was implemented immediately. Charts were flagged so that all deficiencies could be addressed.

9. Availability (hard copy, electronic file, website):
   Available in e-file or hard copy.

10. Contact person for more information:
    Name: Richard Kramer
    Title: Executive Director
    Agency & Program: FPHSA
    Telephone: (985) 543-4333
    E-mail: Richard.Kramer@fphsa.org

1. Title of Report or Program Evaluation:
   Accountability Plan: Developmental and Disability Services

2. Dates completed:
   October 2022, January 2023, April 2023, July 2023

3. Subject or purpose and reason for initiation of the analysis or evaluation:
   The Human Services Accountability Plan (AP) was developed in accordance with the provisions of LA. R.S. 28:918 in conjunction with the Human Services Interagency Council and the Louisiana Department of Health, to guide the delivery of substance use disorder, mental health, and developmental disability services funded by appropriations from State, gambling, and block grant dollars. As part of the AP, the Local Governing Entity (LGE), and service subject to monitoring. FPHSA DDS conducts internal audits that help to identify potential gaps and deficiencies and therefore support compliance with the accountability plan.

4. Methodology used for analysis or evaluation:
   Reviews conducted by State Office and guided by AP workbook.

5. Cost (allocation of in-house resources or purchase price):
   None assigned.

6. Major Findings and Conclusions:
   DDS performance consistently received excellent scores for performance.

7. Major Recommendations:
   None noted.

8. Action taken in response to the report or evaluation:
   Corrective action plans are developed and implemented immediately and as indicated.

9. Availability (hard copy, electronic file, website):
   Available in e-file or hard copy.

10. Contact person for more information:
    Name: Richard Kramer
    Title: Executive Director
    Agency & Program: FPHSA
    Telephone: (985) 543-4333
    E-mail: Richard.Kramer@fphsa.org

Annual Management and Program Analysis Report
Fiscal Year 2022-2023

Department:	**Louisiana Department of Health (LDH)** 09-302 Capital Area Human Services District
Department Head:	**Stephen Russo** LDH Secretary
Undersecretary:	**Pam Diez**
Executive Director:	**Janzlean Laughinghouse, PhD, LCSW-BACS, LAC, CCS**

I. What outstanding accomplishments did your department achieve during the previous fiscal year?

For each accomplishment, please discuss and explain each item below.

A. What was achieved?
B. Why is this success significant?
C. Who benefits and how?
D. How was the accomplishment achieved?
E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

Accomplishment #1: $3.9 Million Dollar Certified Community Behavioral Health Clinic's (CCBHC's) Grant:

A. **What was achieved?**
Capital Area Human Services District (CAHSD) has been awarded a $3.9 million, four-year federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to become a Certified Community Behavioral Health Clinic in collaboration with LSU-SREC and the Bridge Center for Hope.

B. **Why is this success significant?**
CAHSD's CCBHC-Planning, Development, and Implementation (PDI) Project is helping meet treatment needs for people without health insurance who are experiencing mental illness and/or substance use problems. CAHSD's goal is to become a CCBHC that provides timely high quality consumer-centered integrated treatment services for people with serious emotional disturbance/serious mental illness, substance use disorder including opioid use, and co-occurring mental and substance use disorders regardless of their ability to pay. The project focuses on the Louisiana parish of East Baton Rouge (EBR) which is the urban center of CAHSD's seven-parish catchment area and has a total population of 453,301; 16.4% of residents are living in poverty which is higher than the national 11.4% and 10.5% of persons underage age 65 years do not have health insurance (https://www.census.gov/quickfacts/fact/table/eastbatonrougeparishlouisiana,US/PST045221 Accessed 4/21/2022). EBR's annual prevalence estimate of persons 18+ years with reported illicit drug use is 53,036 (11.70% state average), serious mental illness is 25,158 (5.55% state average), any mental illness is 96,009 (21.18% state average), and received mental health services is 76,517 (16.88% state average), suggesting that 19,492 persons did not receive services (2019-2020 SAMHSA NSDUH. https://www.samhsa.gov/data/report/2019-2020-nsduh-state-prevalence-estimates. Published 12/29/2021). According to the EBR Coroner's Office, the number of Orders of Protective Custody, issued to transport persons with behavioral problems to a treatment facility to protect them or others from physical harm, rose from 604 in 2012 to 1,056 IN 2015 and has remained high at 1,143 in 2019 and 1,213 in 2020 (EBR Parish Coroner's Annual Report 2015 & 2020. https://www.ebrcoroner.com/news Accesed 4/22/2022). And, along with the increasing murder rate, the parish has experienced a disturbing trend of more deaths due to accidental overdose with 97 homicides versus 126 overdoses in 2019, 136 homicides versus 242 in 2020, and 170 homicides versus 300 overdoses in 2021 (http://www.ebrcoroner.com/news Accessed 4/22/2022). The CAHSD CCBHC-PDI Project will provide training and improve staff utilization of the Seeking Safety evidence based practice with participants who are experiencing mental health and/or substance use problems. The project intends to enroll 75 unduplicated individuals, who are uninsured or underinsured, in ongoing care annually for a total of 300 unduplicated individuals over the 2022-2026 four-year grant period.

C. **Who benefits and how?**
Grant-funded staff are providing intensive treatment, case management, and crisis services for members of the community, including active military and veterans.

D. **How was the accomplishment achieved?**
CAHSD Executive Director, Jan Laughinghouse, PhD, LCSW-BACS, LAC, CCS and the Executive Management Team worked closely with Program Manager Karen Pino, LCSW-BACS, LAC who wrote the grant proposal in less than 30 DAYS.

E. **Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)**
Yes.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**
Yes.

Accomplishment #2: Two Hundred Twenty-Seven Child Clients Attended Summer Enrichment Program:

A. **What was achieved?**
Two hundred twenty-seven clients attended CAHSD's School Based Summer Enrichment Camps at 9 area schools in five parishes.

B. **Why is this success significant?**
This is significant in that we are able to provide summer services close to the client's home.

C. **Who benefits and how?**
The beneficiaries are school aged children with behavioral health challenges that are served via the CAHSD school based behavioral health program during the school year. Through adventure based indoor and outdoor activities, clients are taught important life skills, such as showing kindness, problem solving, effective communications, and coping. Students also learned about impulse control, bullying, mindfulness, and positive self-esteem.

D. **How was the accomplishment achieved?**
CAHSD School Based Behavioral Health Program therapists staffed the camps, leading indoor and outdoor activities.

E. **Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)**
Yes, this accomplishment contributes to the success of our strategic plan.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**
Yes, this accomplishment is an innovative way to engage clients during the summer months and youth get the opportunity to practice the skills learned in a fun and exciting manner.

Accomplishment #3: Continuing to Bring Resources to Communities to Fight Opioid Crisis:

A. **What was achieved?**
Three (3) Driving into Recovery events and fourteen (18) Narcan trainings with a total of 812 attendees were completed during FY 2022 - 2023. A total of 1,563 Narcan kits were distributed.

Driving into Recovery Event Locations/Dates:

Clinton, LA	3/4/2023
St. Francisville, LA	10/15/2022
New Roads, LA	7/23/2022

Narcan Training Locations/Dates:

New Roads Health Unit	7/22/2022
EBR Health Unit	7/28/2022
Woman's Hospital	9/16/2022
Delta Task Force	9/23/2022
Delta Task Force	9/27/2022
Journey to Insights	9/29/2022
Reality House	10/13/2022
CAHSD School Based Staff	10/19/2022
West Feliciana Prevention Coalition	11/2/2022
Lifehouse for Women –Gonzales	12/5/2022
EBR School Nurses	3/15/2023
West Feliciana Sheriff's Department	3/27/2023
West Feliciana Sheriff's Department	3/29/2023
Ascension Sheriff's Department	4/4/2023
Ascension Sheriff's Department	4/6/2023
Pointe Coupee Fire Department	4/18/2023
LA Attorney General's Office	6/15/2023
Southern University Police Department	6/20/2023

B. **Why is this success significant?**
The Driving into Recovery events allow us to reach people in the community to distribute needed resources and inform them of the services of CAHSD providers. The Narcan trainings allow us to educate and train first responders and individuals who work with or have contact with any individual who has an opioid misuse problem. Training includes how to administer Narcan when they may feel an overdose is occurring.

C. **Who benefits and how?**
The community benefits. The community is informed of the harms of substance misuse and how to get help if they or someone they may know has a substance misuse problem. They are taught how to use the life-saving drug, Narcan, in the event of an overdose to save a life.

D. **How was the accomplishment achieved?**
This accomplishment was achieved by working with community leadership to plan the Driving into Recovery events and going to organizations to provide Narcan training.

E. **Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)**
Yes.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**
Yes.

Accomplishment #4: Expansion of Residential Treatment Services for Women:

A. **What was achieved?**
Capital Area Human Services District (CAHSD) now admits women into CARP's Residential Program.

B. **Why is this success significant?**
This is an expansion of services for women, as CAHSD did not previously provide residential treatment for women.

C. **Who benefits and how?**
Female clients are benefitting from this service. They are now allowed admission to CARP and there is no need for CAHSD to refer them to other agencies/programs.

D. **How was the accomplishment achieved?**
The admission criteria were revised to include women. CAHSD also ran campaigns in social and traditional media announcing the change and advised referral sources of the new service.

E. **Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)**
Yes.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**
Yes.

Accomplishment #5: Redesign of ADA Compliant Website:

A. **What was achieved?**
The entire Capital Area Human Services District (CAHSD) website was redesigned to make it more inviting, readable, informative, current, and ADA compliant.

B. **Why is this success significant?**
The previous website design did not reflect the vibrant and varied nature of CAHSD's many services. The website was not easy to navigate, information was difficult to find, and updates were cumbersome to make – leading to outdated information remaining on the site.

C. **Who benefits and how?**
All CAHSD clients and constituencies benefit from the new website that includes up-to-date information about our services, leadership and key staff, news, events and more. Every major department and service are highlighted in easy-to-navigate pages and sections. Interactive maps help viewers locate our offices and identify services they need. The ADA compliant features help make the website compatible with those individuals who live with various disabilities.

D. **How was the accomplishment achieved?**
CAHSD contracted with Covalent Logic, a preeminent website design company that has a long history of developing effective websites for other Louisiana agencies. The process took about 9 months and ensured thorough review of information, graphics, branding and testing before the revamped site went live in January 2023.

E. **Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)**
Yes, our strategic plan called for an effective, current website, which this redesign accomplished.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**
Yes, as our contractor, Covalent Logic, has extensive experience and success with building and revamping myriad other Louisiana government websites at all levels.

Accomplishment #6: First Episode of Psychosis and New Smartphone APP Developed Through CAHSD Partnership with LSU:

A. **What was achieved?**
Capital Area Human Services District (CAHSD) working with LSU designed and implemented a smartphone app to track symptomology of clients and participated in the

First Episode Psychosis Program (FEP). This FEP program provides community-based mental health services to individuals experiencing their first exposure to psychosis symptoms.

B. **Why is this success significant?**
This app allows for tracking and documenting of all mental health symptoms to target treatment approach in effort to stabilize clients decreasing risk of hospitalization.

C. **Who benefits and how?**
Clients' benefits included more targeted treatment approach and quicker alleviation of symptoms. Clinical staff benefits from knowing symptomology experienced to alter both medicine and therapeutic regimen to better suit clients' needs.

D. **How was the accomplishment achieved?**
Partnership between CAHSD and LSU allowing for the use of phone app and integrating with CAHSD's severely mentally ill population who receive services through FEP.

E. **Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)**
Yes. This progress allows CAHSD to provide more targeting intervention approach. We continue to make significant progress in this program which is attributed to the partnership between CAHSD and LSU's team approach.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**
Yes.

II. Is your department Five-Year Strategic Plan/Business Plan on time and on target for accomplishment?

To answer this question, you must determine whether your anticipated outcomes—goals and objectives—are being attained as expected and whether your strategies are working as expected and proceeding on schedule.

- **Please provide a brief analysis of the overall status of your strategic progress.** What is your general assessment of overall timeliness and progress toward accomplishment of results targeted in your goals and objectives? What is your general assessment of the effectiveness of your strategies? Are anticipated returns on investment are being realized?

  Capital Area Human Services District (CAHSD) operates under two separate plans, a strategic plan with the state, and an internal operational plan. We, as a part of the Louisiana Department of Health, participate in the state-wide LaPAS Performance Based Budgeting and Planning process which establishes common goals and objectives with pre-set performance standards used to establish funding needs and efficient use of

allocated resources. The District is on target with the expected accomplishments set forth in this plan.

The District's Internal Two-year Operational Plan is a daily operations guide that establishes internal goals that are aimed at improving the quality of life for our clients and improving operational efficiencies. This plan has three major goals and the District has made consistent progress on accomplishing many of the objectives covered under these goals. Progress on meeting our annual goals is reported semi-annually to the CAHSD Board.

- **Where are you making significant progress?** If you are making no significant progress, state "None." However, if you are making significant progress, identify and discuss goals and objectives that are exceeding the timeline for achievement; identify and discuss strategies that are working better than expected. Be specific; discuss the following for each:

  CAHSD has continued to make significant progress in strengthening the organization's approach to integrated care for persons served.

  1. To what do you attribute this success? For example:
     - Is progress largely due to the effects of external factors? Would the same results have been generated without specific department action?
     - Is progress directly related to specific department actions? (For example: Have you reallocated resources to emphasize excellence in particular areas? Have you initiated new polices or activities to address particular issues or needs? Have you utilized technology or other methodologies to achieve economies or improve service delivery?)
     - Is progress related to the efforts of multiple departments or agencies? If so, how do you gauge your department's contribution to the joint success?
     - Other? Please specify.

       Success has been made possible by CAHSD's pursuit of grant funding such as *Promoting Integration of Primary and Behavioral Health Care (PIPBHC)* and *Certified Community Behavioral Health Clinic* (CCBHC) to develop and sustain models of integrated care.

  2. Is this significant progress the result of a one-time gain? Or is progress expected to continue at an accelerated pace?

     No. Sustainability plans have been developed to continue the integrated services, in the event that grant funding is no longer available. Policies, processes, and procedures have been updated to accommodate and sustain the change in the organizational system.

- **Where are you experiencing a significant lack of progress?** If you are experiencing no significant lack of progress, state "None." However, if you are experiencing a

significant lack of progress, identify and discuss goals and objectives that may fall significantly short of the targeted outcome; identify and discuss strategies that are not working well. Be specific; discuss the following for each:

1. To what do you attribute this lack of progress? For example:
   - Is the lack of progress related to a management decision (perhaps temporary) to pursue excellence in one area at the expense of progress in another area?
   - Is the lack of progress due to budget or other constraint?
   - Is the lack of progress related to an internal or external problem or issue? If so, please describe the problem and any recommended corrective actions in Section III below.
   - Other? Please specify.

   CAHSD is experiencing a severe behavioral health workforce shortage. Our vacancies for licensed mental health professionals are very difficult to fill. The postings receive very few qualified applicants. Many of the few who show up to be interviewed often decline job offers.

   The shortage has been fueled by several factors including the pandemic, State Civil Service pay rates (low in comparison to private sector salaries), and the restrictions on hiring provisionally licensed behavioral health professionals to provide services. The precipitating factors for the shortage cannot be rectified by our organization; however, CAHSD has taken proactive steps such as advertising on social media and with behavioral health organizations, cultivating relationships with colleges and universities to strengthen our internship programs and develop a pool of talent who may be interested in remaining at the conclusion of their internships, and engaging LDH in discussion about the issue.

   The lack of personnel affects the number of person served and the timeliness of the services.

2. Is the lack of progress due to a one-time event or set of circumstances? Or will it continue without management intervention or problem resolution?

   The issues will continue without intervention.

- **Has your department revised its strategic plan to build on your successes and address shortfalls?**

  ☐ Yes. If so, what adjustments have been made and how will they address the situation?

  ☒ No. If not, why not?

No, the factors affecting workforce shortage are not within the organization's control.

- **How does your department ensure that your 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?** Use as much space as needed to explain fully.

  The operational planning process is managed by the Executive Management Team under the direction of the Executive Director. This team monitors the implementation and success of the plan on an on-going basis through monthly meetings, bi-monthly meetings with senior management staff and supervisor weekly meetings with staff.

  The CAHSD Executive Board requires semi-annual and year end progress reports to ensure progress is made for selected services and initiatives.

III. What significant department management or operational problems or issues exist? What corrective actions (if any) do you recommend?

("Problems or issues" may include internal concerns, such as organizational structure, resource allocation, operations, procedures, rules and regulations, or deficiencies in administrative and management oversight that hinder productivity, efficiency, and effective service delivery. "Problems or issues" may be related to external factors—such as demographics, economy, fiscal condition of the state, federal or state legislation, rules, or mandates—that are largely beyond the control of the department but affect department management, operations, and/or service delivery. "Problems or issues" may or may not be related directly to strategic plan lack of progress.)

Complete Sections A and B (below) for each problem or issue. Use as much space as needed to fully address each question. If the problem or issue was identified and discussed in a management report or program evaluation, be sure to cross-reference the listing of such reports and evaluations at the end of this form.

A. Problem/Issue Description

1. What is the nature of the problem or issue?
2. Is the problem or issue affecting the progress of your strategic plan? (See Section II above.)
3. What organizational unit in the department is experiencing the problem or issue?
4. Who else is affected by the problem? (For example: internal or external customers and other stakeholders.)
5. How long has the problem or issue existed?
6. What are the causes of the problem or issue? How do you know?
7. What are the consequences, including impacts on performance, of failure to resolve the problem or issue?

Capital Area Human Services District (CAHSD) is experiencing a severe behavioral health workforce shortage. Our vacancies for licensed mental health professionals are very difficult to fill. The postings receive very few qualified applicants. Many, of the few, who show up to be interviewed often decline job offers.

The shortage has been fueled by several factors, including the COVID-19 pandemic, low pay rates (in comparison to private sector salaries), and the restrictions on hiring provisionally licensed behavioral health professionals to provide services. The precipitating factors for the shortage cannot be rectified by our organization; however, CAHSD has taken proactive steps such as advertising on social media and with behavioral health organizations, cultivating relationships with colleges and universities to strengthen our internship programs and develop a pool of talent who may be interested in remaining at the conclusion of their internships, and engaging LDH in discussion about the issue.

The lack of personnel affects the number of persons served, and the timeliness of services delivered.

B. Corrective Actions

1. Does the problem or issue identified above require a corrective action by your department?

☒ No. If not, skip questions 2-5 below.
☐ Yes. If so, complete questions 2-5 below.

2. What corrective actions do you recommend to alleviate or resolve the problem or issue?

3. Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)?
4. Are corrective actions underway?
    a. If so:
        - What is the expected time frame for corrective actions to be implemented and improvements to occur?
        - How much progress has been made and how much additional progress is needed?
    b. If not:
        - Why has no action been taken regarding this recommendation?
        - What are the obstacles preventing or delaying corrective actions?
        - If those obstacles are removed, how soon could you implement corrective actions and generate improvements?

5. Do corrective actions carry a cost?

☐ No. If not, please explain.

☐ Yes. If so, what investment is required to resolve the problem or issue? (For example, investment may include allocation of operating or capital resources—people, budget, physical plant and equipment, and supplies.) Please discuss the following:

a. What are the costs of implementing the corrective actions? Be specific regarding types and amounts of costs.
b. How much has been expended so far?
c. Can this investment be managed within your existing budget? If so, does this require reallocation of existing resources? If so, how will this reallocation affect other department efforts?
d. Will additional personnel or funds be required to implement the recommended actions? If so:
    - Provide specific figures, including proposed means of financing for any additional funds.
    - Have these resources been requested in your budget request for the upcoming fiscal year or in previous department budget requests?

IV. How does your department identify, analyze, and resolve management issues and evaluate program efficiency and effectiveness?

A. Check all that apply.

☒ **Internal audit**
The LDH Office of the Secretary ensures ongoing monitoring of programmatic and administrative functions.

The Internal Audit function, within LDH Office of the Secretary, appraises activities within the Department to safeguard the Department against fraud, waste and abuse by conducting risk-based audits and compliance investigations. The Internal Audit function ensures that transactions are executed according to management's authority and recorded properly; that operating efficiency is promoted; and that compliance is maintained with prescribed federal regulations, state laws, and management policies.

Internal Audit also provides management with evaluations of the effectiveness of internal controls over accounting, operational and administrative functions.

☒ **External audits (Example: audits by the Office of the Legislative Auditor)**
The LDH has a designated Audit Coordinator for financial audits. The Audit Coordinator is the designated point of contact for all correspondence and communication related to financial audits of LDH agencies. The Audit Coordinator is involved all written communication related to audits and is kept informed about all relevant verbal c communication between agency personnel and the Louisiana Legislative Auditor (LLA) staff. The LLA conducts

performance audits, program evaluations, and other studies as needed to enable the legislature and its committees to evaluate the efficiency, effectiveness, and operation of state programs and activities.

The Centers for Medicare & Medicaid (CMS) also conducts audits and reviews LDH and its agencies for compliance with program standards and accountability for funds received to administer programs.

☐ Policy, research, planning, and/or quality assurance functions in-house
☐ Policy, research, planning, and/or quality assurance functions by contract
☐ Program evaluation by in-house staff
☐ Program evaluation by contract

☒ **Performance Progress Reports (Louisiana Performance Accountability System)**
The LDH Division of Planning and Budget coordinates and reviews entries of the Louisiana Performance Accountability System (LaPAS) data on a quarterly basis for all LDH agencies. Explanatory notes are provided 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, if significant variances occur, or if modifications and additions are needed.

☒ **In-house performance accountability system or process**
Performance Based Budgeting activities (including, but not limited to strategic planning, operational planning, and the Louisiana Performance Accountability System) are coordinated by the LDH Division of Planning and Budget. This section reviews all objectives, performance indicators and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are made at monthly expenditure analysis meetings directly to the agency's assistant secretary or the Department's undersecretary, if modifications or 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 planning, or strengthen program management initiatives.

☒ **Benchmarking for Best Management Practices**
The LDH Division of Planning and Budget reviews, researches and develops objectives, performance measures and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are compared to benchmarks from leading states involved in performance-based budgeting activities. Recommendations are made directly to the agency's assistant secretary or the Department's undersecretary, if modifications or additions are needed.

☒ **Performance-based contracting (including contract monitoring)**
LDH contracts are required to contain a description of the work to be performed

including goals and objectives, deliverables, performance measures and a monitoring plan.

☐ Peer review
☐ Accreditation review
☐ Customer/stakeholder feedback
☐ Other (please specify):

B. Did your office complete any management reports or program evaluations during the fiscal year covered by this report?

☒ Yes. Proceed to Section C below.
☐ No Skip Section C below.

C. List management reports and program evaluations completed or acquired by your office during the fiscal year covered by this report. For each, provide:

1. Title of Report or Program Evaluation:
2. Date completed:
3. Subject or purpose and reason for initiation of the analysis or evaluation:
4. Methodology used for analysis or evaluation:
5. Cost (allocation of in-house resources or purchase price):
6. Major Findings and Conclusions:
7. Major Recommendations:
8. Action taken in response to the report or evaluation:
9. Availability (hard copy, electronic file, website):
10. Contact person for more information:
    Name:
    Title:
    Agency & Program:
    Telephone:
    E-mail:

1. Title of Report or Program Evaluation:
Louisiana Performance Accountability System (LaPAS).

2. Date completed:
Quarterly from July 1, 2022 through June 30, 2023.

3. Subject or purpose and reason for initiation of the analysis or evaluation:
Legislative requirement**.**

4. Methodology used for analysis or evaluation:
LaPAS: Standard methodology required by DOA; performance indicators developed in conjunction with program offices and approved by DOA.

5. **Cost (allocation of in-house resources or purchase price):**
   LaPAS: Cost uncalculated.

6. **Major Findings and Conclusions:**
   LaPAS: None.

7. **Major Recommendations:**
   LaPAS: None.

8. **Action taken in response to the report or evaluation:**
   LaPAS: None.

9. **Availability (hard copy, electronic file, website):**
   https://www.doa.la.gov/Pages/opb/lapas/login.aspx

10. **Contact person for more information:**
    Name: Janzlean Laughinghouse, PhD, LCSW-BACS, LAC, CCS
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Annual Management and Program Analysis Report
Fiscal Year 2022-2023

Department:	**Louisiana Department of Health (LDH)** 09-303 Developmental Disabilities Council
Department Head:	**Stephen Russo** LDH Secretary
Undersecretary:	**Pam Diez**
Executive Director:	**Ebony Haven, Interim**

I. What outstanding accomplishments did your department achieve during the previous fiscal year?

For each accomplishment, please discuss and explain each item below.

A. What was achieved?
B. Why is this success significant?
C. Who benefits and how?
D. How was the accomplishment achieved?
E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

Accomplishment #1: Leadership in Advocacy, Capacity Building and Systemic Change Activities:

A. **What was achieved?**
The Council provided leadership in advocacy, capacity building and systemic change activities that contributed to increased awareness of the need for community-based services for individuals with developmental disabilities and the impact of educational policies and practices on students with disabilities.

Through the Council's technical assistance provided to the grassroots Louisiana Council's Advocacy Network (LaCAN), numerous policies were changed to improve and/or increase community services. Significant policy and practice changes influenced by LaCAN and Council advocacy related to community-based services included: successfully advocating for an additional $500,000 for Families Helping Families Resource Centers; successfully advocating for incontinent supplies to be covered under the adult I/DD waivers; successfully advocating for amendments to Louisiana's open meetings law to allow for greater accessibility to public meetings for people with intellectual and developmental disabilities and their caregivers; and successfully advocating $1 million to be added to the Post-Secondary Inclusive Education Fund so that more post-secondary inclusive education programs can be developed or grown within Louisiana.

B. **Why is this success significant?**

Families Helping Families Resource Centers provide information and referrals, educational programs and training and peer-to-peer support to families of persons with developmental disabilities. They received a one-year increase from the legislature last year and were able to secure another year of the same increased funding.

Incontinent supplies for adults has never been covered under the adult I/DD Waivers in our state before now, even though it is currently funded within the Children's Choice Waiver. People with incontinence issues do not suddenly stop having those issues when they become an adult. The price of incontinent supplies is burdensome on families and causes a financial hardship for many people. Although people could receive some assistance through services offered through the LGE's these are not consistent and are not meeting the need. Having incontinent supplies covered by the adult I/DD Waivers will take some of the financial burden from families and individuals with disabilities.

Amendments made to Louisiana's open meetings law will allow for greater accessibility for disabled members of the public to participate in meetings of public bodies. It also allows for greater inclusivity of these public bodies, in that it will allow people with disabilities, or their caregivers, to be members of a public body and participate electronically in meetings. This increased accessibility is a huge success for the disabled population who want ways to become more involved in the decisions that affect their lives, but were historically thwarted due to inaccessible meeting spaces or needing to travel to meetings of public bodies to be able to participate.

Post-Secondary Inclusive Education Programs are very important for students with developmental disabilities that want the opportunity to experience college life and learn more independent living skills while also learning and gaining job skills. The existing programs in our state have been very successful at helping students achieve competitive employment after completion of these programs. Starting new Post-Secondary Inclusive Education Programs is expensive and time consuming. Even when a college or university has the desire to start one, the lack of funding can be a deterrent. This funding should be help expand the existence of these programs across our state.

C. **Who benefits and how?**
People with developmental disabilities and their family members benefit the most directly.

D. **How was the accomplishment achieved?**
The legislative accomplishments were achieved through technical assistance, training, information and support provided to members of the Louisiana Council's Advocacy Network (LaCAN) and policy makers, and through collaboration with advocates and providers, including the Louisiana Association of Post-Secondary Inclusive Education.

E. **Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)**
Yes. The accomplishments directly contribute to the success of the Council's five-year goals and annual objectives/activities.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**

Some of the strategies used represent Best Management Practices regarding stakeholder input to create a consumer-directed, consumer-driven service delivery system. These strategies have been shared to build the capacity of other agencies to improve services.

Accomplishment #2: Capacity Building through Training and Technical Assistance:

A. **What was achieved?**
The Council provided support to multiple capacity building initiatives. One of our initiatives provides trainings to first responders across our state. This training helps first responders identify people with intellectual/developmental disabilities and teaches them appropriate response techniques. These trainings have received a lot of positive feedback from multiple first responder entities.

In an effort to increase the number of opportunities for individuals with developmental disabilities to participate in inclusive post-secondary education programs throughout the state of Louisiana, the Council established an Alliance tasked with this responsibility. This Alliance has helped more higher education institutions begin the process of creating these inclusive programs to be offered on their campuses. The 2022 Regular Legislative Sessions' creation of the Post-Secondary Inclusive Education Advisory Council and Fund has allowed for more post-secondary institutions to learn about these programs, have assistance with the creation and certification of them and has given them an opportunity for funding. Thus far, 4 post-secondary institutions were able to receive funding to help with the creation of new inclusive programs and 5 existing programs were able to receive funding to help increase the size of their inclusive programs.

Partners in Policymaking®, a leadership training program for individuals with developmental disabilities and parents of young children with DD, builds the capacity of these individuals to be leaders in systems change advocacy. This is typically a six-month long training program conducted by the Council every year from January to June.

B. **Why is this success significant?**
The success of building the capacity of providers, post-secondary education programs, and community members improves the quality of services delivered, improved ability to successfully advocate or speak for one's self, increases opportunities for inclusive education/employment/living, and results in overall better outcomes for individuals with developmental disabilities.

C. **Who benefits and how?**
First and foremost, people with developmental disabilities will benefit from the improved quality of services delivered, first responders that take their needs into account, more opportunities post high school for education career development.

D. **How was the accomplishment achieved?**
These accomplishments were achieved mostly through partnerships with other state agencies to develop and offer training opportunities. Some of the training initiatives were through identification of nationally respected organizations and presenters.

E. **Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)**
Yes. The accomplishments directly contribute to the success of the Council's five-year goals and annual objectives/activities.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**
Some of the methods to accomplish these results represent best practices. Other executive branch departments have been heavily involved with implementation of these capacity-building initiatives.

II. Is your department Five-Year Strategic Plan/Business Plan on time and on target for accomplishment?

To answer this question, you must determine whether your anticipated outcomes—goals and objectives—are being attained as expected and whether your strategies are working as expected and proceeding on schedule.

- **Please provide a brief analysis of the overall status of your strategic progress.** What is your general assessment of overall timeliness and progress toward accomplishment of results targeted in your goals and objectives? What is your general assessment of the effectiveness of your strategies? Are anticipated returns on investment are being

realized?
The Council creates a five-year plan with targeted initiatives and objectives identified through annual activities and advocacy agenda items. Overall, the Council has become recognized as a valued source of information and vision for policy makers to allocate resources and develop consumer-driven systems of support and services for people with developmental disabilities. Our strategies with providing the necessary information and support to individuals with developmental disabilities, their family members, and policy makers and forging relationships between these entities have proven invaluable and incredibly effective with ensuring policy-makers have first-hand perspectives of the impact of their decisions on the citizens they represent

- **Where are you making significant progress?** If you are making no significant progress, state "None." However, if you are making significant progress, identify and discuss goals and objectives that are exceeding the timeline for achievement; identify and discuss strategies that are working better than expected. Be specific; discuss the following for each:

  1. To what do you attribute this success? For example:
     - Is progress largely due to the effects of external factors? Would the same results have been generated without specific department action?
     - Is progress directly related to specific department actions? (For example: Have you reallocated resources to emphasize excellence in particular areas? Have you initiated new polices or activities to address particular issues or needs? Have you utilized technology or other methodologies to achieve economies or improve service delivery?)
     - Is progress related to the efforts of multiple departments or agencies? If so, how do you gauge your department's contribution to the joint success?
     - Other? Please specify.

  2. Is this significant progress the result of a one-time gain? Or is progress expected to continue at an accelerated pace?

     While many of the successes in policy and practice changes were a result of collaborations with other agencies, the successes realized are a direct result of targeted educational campaigns to policy makers, advocates and the general public conducted by the Council. The vast majority, if not all, of these changes would not have occurred without the specific actions taken by the Council. The Council has expanded its repertoire of strategies and tools to connect with the public and policy makers and has successfully increased its capacity to utilize social media networks and tools to conduct educational campaigns and provide timely information to constituents.

     This progress is due to the Council having developed and supported large grassroots advocacy networks and family support agencies over the past thirty years. It is expected that there will continue to be an increase in the influence the Council, self-advocates and family members of individuals with developmental disabilities have on decisions by policy makers. The Council's

capacity to educate the general public and policy makers about needed changes to existing policies and/or the impact of pending decisions is well established.

- **Where are you experiencing a significant lack of progress?** If you are experiencing no significant lack of progress, state "None." However, if you are experiencing a significant lack of progress, identify and discuss goals and objectives that may fall significantly short of the targeted outcome; identify and discuss strategies that are not working well. Be specific; discuss the following for each:

  1. To what do you attribute this lack of progress? For example:
     - Is the lack of progress related to a management decision (perhaps temporary) to pursue excellence in one area at the expense of progress in another area?
     - Is the lack of progress due to budget or other constraint?
     - Is the lack of progress related to an internal or external problem or issue? If so, please describe the problem and any recommended corrective actions in Section III below.
     - Other? Please specify.

  2. Is the lack of progress due to a one-time event or set of circumstances? Or will it continue without management intervention or problem resolution?

  None.

- **Has your department revised its strategic plan to build on your successes and address shortfalls?**

  ☒ Yes. If so, what adjustments have been made and how will they address the situation?

  ☐ No. If not, why not?

  The Council just completed the second year of its five-year plan (2022 - 2026). Each activity is reviewed for performance outcomes and adjustments are made in response to feedback and outcome data. Every year, a planning committee convenes to modify the next year's plans to add, or sometimes remove activities.

- **How does your department ensure that your 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?** Use as much space as needed to explain fully.

  The Council works closely with staff of the LDH Planning and Budget Section to review,

update and report progress on the Strategic Plan. The Council's Deputy Director supervises the Strategic Plan, and directly coordinates with the Department's Planning staff to ensure the plan is effective and efficiently implemented.

A task matrix is utilized to ensure the responsibilities of each staff position are performed according to specified timelines. The matrix also allows the coordination of specific tasks for responsibilities shared across staff members. Specific protocols provide detailed steps to achieve each critical task to ensure timely completion regardless of the availability of the responsible staff member. Staff time allocation studies are conducted annually and aligned with any changes to the Council plan. Determinations are made regarding degree of responsibility and timing of tasks to distribute the workload appropriately across staff members.

III. What significant department management or operational problems or issues exist? What corrective actions (if any) do you recommend?

("Problems or issues" may include internal concerns, such as organizational structure, resource allocation, operations, procedures, rules and regulations, or deficiencies in administrative and management oversight that hinder productivity, efficiency, and effective service delivery. "Problems or issues" may be related to external factors—such as demographics, economy, fiscal condition of the state, federal or state legislation, rules, or mandates—that are largely beyond the control of the department but affect department management, operations, and/or service delivery. "Problems or issues" may or may not be related directly to strategic plan lack of progress.)

Complete Sections A and B (below) for each problem or issue. Use as much space as needed to fully address each question. If the problem or issue was identified and discussed in a management report or program evaluation, be sure to cross-reference the listing of such reports and evaluations at the end of this form.

There is no significant department management or operational problems or issues that exist. However, all Council activities are dependent on federal and state appropriations. The Council consistently takes all actions possible to ensure continuation of allocations. One significant issue is the economy in general and Louisiana's capacity to maintain the contributions to supporting necessary programs in the future.

A. Problem/Issue Description

1. What is the nature of the problem or issue?
2. Is the problem or issue affecting the progress of your strategic plan? (See Section II above.)
3. What organizational unit in the department is experiencing the problem or issue?
4. Who else is affected by the problem? (For example: internal or external customers and other stakeholders.)
5. How long has the problem or issue existed?
6. What are the causes of the problem or issue? How do you know?

7. What are the consequences, including impacts on performance, of failure to resolve the problem or issue?

B. Corrective Actions

1. Does the problem or issue identified above require a corrective action by your department?

☐ No. If not, skip questions 2-5 below.
☐ Yes. If so, complete questions 2-5 below.

2. What corrective actions do you recommend to alleviate or resolve the problem or issue?

3. Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)?
4. Are corrective actions underway?
    a. If so:
        - What is the expected time frame for corrective actions to be implemented and improvements to occur?
        - How much progress has been made and how much additional progress is needed?
    b. If not:
        - Why has no action been taken regarding this recommendation?
        - What are the obstacles preventing or delaying corrective actions?
        - If those obstacles are removed, how soon could you implement corrective actions and generate improvements?

5. Do corrective actions carry a cost?

☐ No. If not, please explain.
☐ Yes. If so, what investment is required to resolve the problem or issue? (For example, investment may include allocation of operating or capital resources—people, budget, physical plant and equipment, and supplies.) Please discuss the following:
    a. What are the costs of implementing the corrective actions? Be specific regarding types and amounts of costs.
    b. How much has been expended so far?
    c. Can this investment be managed within your existing budget? If so, does this require reallocation of existing resources? If so, how will this reallocation affect other department efforts?
    d. Will additional personnel or funds be required to implement the recommended actions? If so:
        - Provide specific figures, including proposed means of financing for any additional funds.

- Have these resources been requested in your budget request for the upcoming fiscal year or in previous department budget requests?

IV. How does your department identify, analyze, and resolve management issues and evaluate program efficiency and effectiveness.

A. Check all that apply.

☒ **Internal audit**
The LDH Office of the Secretary ensures ongoing monitoring of programmatic and administrative functions.

The Internal Audit function, within LDH Office of the Secretary, appraises activities within the Department to safeguard the Department against fraud, waste and abuse by conducting risk-based audits and compliance investigations. The Internal Audit function ensures that transactions are executed according to management's authority and recorded properly; that operating efficiency is promoted; and that compliance is maintained with prescribed federal regulations, state laws, and management policies.

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The LDH has a designated Audit Coordinator for financial audits. The Audit Coordinator is the designated point of contact for all correspondence and communication related to financial audits of LDH agencies. The Audit Coordinator is involved all written communication related to audits and is kept informed about all relevant verbal c communication between agency personnel and the Louisiana Legislative Auditor (LLA) staff. The LLA conducts performance audits, program evaluations, and other studies as needed to enable the legislature and its committees to evaluate the efficiency, effectiveness, and operation of state programs and activities.

The Centers for Medicare & Medicaid (CMS) also conducts audits and reviews LDH and its agencies for compliance with program standards and accountability for funds received to administer programs.

☒ Policy, research, planning, and/or quality assurance functions in-house
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☒ Program evaluation by in-house staff
☐ Program evaluation by contract

☒ **Performance Progress Reports (Louisiana Performance Accountability System)**
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☒ **In-house performance accountability system or process**
Performance Based Budgeting activities (including, but not limited to strategic planning, operational planning, and the Louisiana Performance Accountability System) are coordinated by the LDH Division of Planning and Budget. This section reviews all objectives, performance indicators and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are made at monthly expenditure analysis meetings directly to the agency's assistant secretary or the Department's undersecretary, if modifications or 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 planning, or strengthen program management initiatives.

☒ **Benchmarking for Best Management Practices**
The LDH Division of Planning and Budget reviews, researches and develops objectives, performance measures and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are compared to benchmarks from leading states involved in performance-based budgeting activities. Recommendations are made directly to the agency's assistant secretary or the Department's undersecretary, if modifications or additions are needed.

☒ **Performance-based contracting (including contract monitoring)**
LDH contracts are required to contain a description of the work to be performed including goals and objectives, deliverables, performance measures and a monitoring plan.

☐ Peer review
☐ Accreditation review
☒ Customer/stakeholder feedback
☐ Other (please specify):

B. Did your office complete any management reports or program evaluations during the fiscal year covered by this report?

☐ Yes. Proceed to Section C below.
☒ No Skip Section C below.

C. List management reports and program evaluations completed or acquired by your office during the fiscal year covered by this report. For each, provide:

1. Title of Report or Program Evaluation:
2. Date completed:
3. Subject or purpose and reason for initiation of the analysis or evaluation:
4. Methodology used for analysis or evaluation:
5. Cost (allocation of in-house resources or purchase price):
6. Major Findings and Conclusions:
7. Major Recommendations:
8. Action taken in response to the report or evaluation:
9. Availability (hard copy, electronic file, website):
10. Contact person for more information:
    Name:
    Title:
    Agency & Program:
    Telephone:
    E-mail:

Annual Management and Program Analysis Report
Fiscal Year 2022-2023

Department:	**Louisiana Department of Health (LDH)** 09-304 Metropolitan Human Services District
Department Head:	**Stephen Russo** LDH Secretary
Undersecretary:	**Pam Diez**
Executive Director:	**Rochelle Head-Dunham, M.D.**

I. What outstanding accomplishments did your department achieve during the previous fiscal year?

For each accomplishment, please discuss and explain each item below.

A. What was achieved?
B. Why is this success significant?
C. Who benefits and how?
D. How was the accomplishment achieved?
E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

Accomplishment #1: Continued Enhancements to Telemedicine Service Delivery

A. What was achieved?
Metropolitan Human Services District (MHSD) continuously seeks to identify and implement approaches that increase access to care for individuals needing mental health or addictive disorders services. In 2022-2023, MHSD enhanced its Telemedicine service delivery. The MHSD IT Division made improvements to the Telemedicine software. Also, MHSD has expanded Telehealth training options for staff and persons served.

B. Why is this success significant?
These initiatives reduce the barriers that may hinder persons from being seen by clinicians. Increasing access to care goes to the heart of MHSD's mission of ensuring person-centered support and services are available and provided to eligible individuals in the tri-parish area.

C. Who benefits and how?
The enhancement of MHSD's telemedicine service delivery is beneficial for both Persons Served and MHSD providers. Individuals seeking mental health, substance use and intellectual/developmental disability services are able to access services in a timely manner. Telemedicine service delivery eliminates barriers such as transportation, childcare, and travel time. Additionally, persons who are at higher risk of infection, especially those with either chronic, autoimmune, or immunosuppressant diseases or elderly are able to prevent/minimize the exposure to risk factors by engaging in telemedicine.

D. How was the accomplishment achieved?
Success was achieved by having agency wide support for the initiative. By planning and coordination of efforts with clinic management and staff, the MHSD Care/Call Center, the Mental Health and Addictive Disorders programs and the Executive Leadership Team. Importantly, MHSD's Executive Director and the agency's Leadership Team recognized the importance of rapid transition to Telehealth. This recognition was crucial to enable MHSD's IT, Fiscal and QDM department to rapidly activate telemedicine services.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
Yes.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
Yes.

Accomplishment #2: Data Performance Initiative and continued use of MHSD Dashboards

A. What was achieved?
The continued development of divisional and staff Key Performance Indicators (KPI's) and the accompanying reporting dashboards (to support staff productivity and quality of care).

B. Why is this success significant?
Dashboards and KPIs assist leadership and supervisory staff with supporting the overall goals of the agency. Dashboards allow leadership and supervisory staff to monitor and evaluate program and staff performance. Thus, allowing leadership and supervisory

staff to be aware of successes and areas needing improvements, both of which ultimately inform decision making. This, in turn, promotes the transparency promised by the organization in terms of tracking and measuring performance.

C. Who benefits and how?
MHSD's Leadership, Board, staff, persons served and the public benefits. Information gleaned from the dashboards will facilitate program managers, clinicians, and administrative staff in evidence-based decision-making and planning, which will positively impact clinical care and outcomes.

D. How was the accomplishment achieved?
The utilization of electronic data sources, as well as, information sharing with MHSD Mental Health, Addiction and Intellectual/Developmental Disabilities Divisions, allows the MHSD Division of Quality and Data Management to produce the monthly dashboard. Across programs, dashboards are created which give even greater specificity to provider performance and productivity.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
Yes.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
Yes.

Accomplishment #3: MHSD's Continued Embracement of Diversity, Equity, and Inclusion

A. What was achieved?
MHSD's continued embracement of the principles of diversity, equity and inclusion within the agency and within the communities we serve. As part of this embracement MHSD continues to provide Diversity, Equity and Inclusion (DEI) training to key staff and opportunities for staff to participate in transformative conversations.

B. Why is this success significant?
It is well documented that biases in the workplace with regard to differences in people and biases in the community with regard to behavioral health issues can harm the wellbeing of individuals. Educating the workforce and the community in this regard makes for a healthier environment for all.

C. Who benefits and how?
Employees and the people that we serve benefit from Equity and Diversity Training. The community benefits from education by erasing the stigma associated with behavioral health issues.

D. How was the accomplishment achieved?
By Executive Leadership prioritizing educating and training around diversity and inclusion.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
Yes.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
Yes.

Accomplishment #4: Mental Health First Aid (MHFA)

A. What was achieved?
In 2022-2023, MHSD partnered with the Louisiana Public Health Institute (LPHI) and the National Association of Mental Illness (NAMI) to pool and expand trainer resources for community-wide trainings on MHFA, equipping the many to care for themselves and others thereby increasing overall population health.

In 2022-2023, MHSD partnered with United Way to implement the New Orleans Initiative of SAMHSA's Resiliency in Communities After Stress and Trauma (ReCAST) Grant Program. The grant supports MHFA training to a minimum 100 community members in the first grant year.

- The period of performance is 04/01/2023 to 12/30/2023.
- MHFA Collaborative will work with the Project Director and supported by the Project Coordinator.
- MHFA Collaborative will meet monthly with the Project Director and Coordinator to review effectiveness of the services provided, identify problems/issues, and implement necessary changes.
- MHFA Collaborative will provide the Project Director and Coordinator with the necessary reports so they can review records, and data to ensure training services are provided to the population of focus, the services or practices that are implemented have a demonstrated evidence base and are effective per the agreed upon statement of work.

The grant goal is to increase the number of people who work with young people and receive training in trauma-informed care interventions and approaches. The goal will be met through the implementation of the following objectives:

1) By March 31, 2023, provide funding to expand trauma-informed training through the Mental Health First Aid Collective and the Coalition for Compassionate Schools (CCS).

2) By June 30, 2023, begin expanded trauma-informed training in schools to train 2,000 people, including 100 mental health professionals, by the end of the grant period.

3) By June 30, 2023, begin providing Mental Health First Aid training to reach 825 people who interact with youth exposed to community violence, including 250 health professionals.

B. Why is this success significant?
This is significant because mental stability is an ever-growing struggle for populations in general that may have never experienced a diagnosed mental health condition. Diagnosed persons continue to struggle daily with the challenges of mental and substance use disorders in the setting of a finite number of clinical resources available for stabilization.

C. Who benefits and how?
Individuals with behavioral health conditions, but it also benefits the broader community by focusing on prevention and early intervention and promoting health and wellness for all.

D. How was the accomplishment achieved?
This will be accomplished by continuing to expand our community outreach efforts.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
Yes.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
Yes.

Accomplishment #5: MHSD CCBHC Grant Award and Activity

A. What was achieved?
In 2022-2023, MHSD was awarded a SAMHSA Certified Community Behavioral Health Clinic (CCBHC) – Planning, Development, and Implementation Grant. The purpose of this program is to transform community behavioral health systems and provide comprehensive, coordinated behavioral health care by: (a) assisting organizations in the planning for and development and implementation of a new CCBHC that meets the CCBHC Certification Criteria (b) providing a comprehensive range of outreach, screening, assessment, treatment, care coordination, and recovery support based on a needs assessment that aligns with the CCBHC Certification Criteria, and (c) supporting recovery from mental illness and/or substance use disorders (SUD) by providing access to high-quality mental health and SUD services, regardless of an individual's ability to pay.

The CCBHC grant has allowed MHSD to expand and improve services/activities in the following areas:

- **Availability and Accessibility of Services**: Through the CCBHC project, MHSD will improve access to services through assertive Practice Management,

added Peer Support Specialists and Behavioral Health navigators linking services in the community, and intensive case management for persons served.

- **Care Coordination:** Through the CCBHC project, MHSD has added an Intensive Case Management team that will identify persons served whose metrics indicate the need for additional/enhanced services and facilitate/provide these services. Also, with the addition of the RN Integrated Health Services Coordinator, MHSD has greater capacity to connect persons served with primary care and improve the integration of MH/SUD services with primary care.
- **Crisis Mental Health Services:** Through the CCBHC project, MHSD has added one additional clinician/peer crisis dyad for RHD MCRT to increase access in all three parishes. Also, MHSD added capacity to monitor and maintain fidelity for the RHD crisis services.
- **Screening and Assessment:** Through the CCBHC project, MHSD has added new standardized screening tools to its EHR.
- **Patient-Centered Planning:** Through the CCBHC project, MHSD has hired a Director of Training and Fidelity who focuses on expanded training and ongoing fidelity reviews for MHSD staff, contractors, and staff of other community partners.
- **Outpatient Primary Care Screening/Key Health Indicators and Health Risks Monitoring:** Through the CCBHC grant, MHSD added an RN Integrated Health Services Coordinator who works to expand the capacity to monitor health indicators at every visit and integrate the behavior health services provided with primary care.
- **Targeted Case Management:** Through the CCBHC grant, MHSD has enhanced services with the addition of the Intensive Case Management Team, to use metrics and indicators to identify persons served in need of added/enhanced services and facilitate/provide those.
- **Peer Support/Counselor Services and Family Supports:** Through the CCBHC grant, MHSD has expanded capacity in PSS post incarceration services and BH Navigators in referral hospitals.
- **Services for Veterans and Members of the Armed Forces:** The Director of Training and Fidelity added through the CCBHC grant, has developed and delivered added training about military culture to MHSD staff and community partners.
- **Data Collection, Reporting, and Tracking:** Through the CCBHC grant, MHSD has enhanced its EHR in order to collect and report on all CCBHC quality measures.

B. Why is this success significant?
Helps MHSD expand its core service capabilities and partnering collaborations for persons served.

C. Who benefits and how?
Persons served and their families by providing increased outreach, prevention and specialized treatment services and supports.

D. How was the accomplishment achieved?
MHSD Executive Leadership tasked a team of staff to monitor, identify and apply for grants.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
Yes

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
Yes.

Accomplishment #6: Office Based Opioid Treatment Program (OBOT) CARF Accreditation

A. What was achieved?

Many MHSD patients have SUD which has significant negative consequences on their medical and mental health. Multiple MHSD providers have obtained Drug Addiction Treatment Act of 2000 (DATA 2000) waivers to qualify for providing buprenorphine/naloxone treatment in our clinics. The MHSD OBOT program was established to promote, coordinate, and support opioid addiction treatment in outpatient settings. In 2022, The MHSD OBOT program received accreditation from Commission on Accreditation of Rehabilitation Facilities (CARF).

The CARF accreditation process starts with a provider's commitment to continuous improvement and culminates with external review and recognition that the provider's business and service practices meet international standards of quality -- with all the steps in between focused on optimal outcomes for the persons the provider serves and sustained organizational success.

B. Why is this success significant?
Improves the standard and quality of care of the program.

C. Who benefits and how?
Persons served and their families and MHSD program staff.

D. How was the accomplishment achieved?
MHSD Executive Leadership tasked a team of staff to apply for accreditation.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
Yes

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
Yes.

Accomplishment #7: Compulsive Gambling Residential Pilot and Co-occurring Disorder

A. What was achieved?

In 2020-2023, MHSD engaged in several activities aimed to support persons with gambling addictions.

- MHSD is collaborating with the Office of Behavioral Health to establish an intensive residential treatment for problem gambling in New Orleans.
- MHSD provided supervisor support to Bridge House Grace House addiction counselors related to compulsive gambling. Additionally, MHSD and Bridge House Grace House implemented a process for routine compulsive gambling screening of all intakes, and created a parallel service tract that included group support meetings for persons identified with gambling addictions.
- MHSD contracted with national trainers to provide a 30 hour emersion course for a group of 20 licensed professionals on the subject matter of compulsive gambling. The trainings will be offered annually as a booster to prior year trainees and as a repeat 30 hours emersion course for new training cohorts.

B. Why is this success significant?
Improves the standard and quality of care of the addiction program.

C. Who benefits and how?
Persons served and their families and MHSD program staff.

D. How was the accomplishment achieved?
MHSD Executive Leadership tasked a team of staff to implement and monitor the initiative.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
Yes.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
No.

Accomplishment #8: MHSD Communications

A. What was achieved?
In 2022-2023, MHSD deployed strategic marketing and community outreach campaigns to increase behavioral health awareness. Led by the communications team,

MHSD's outreach efforts were centered around community engagement and promoting the agency's behavioral health services. Throughout the year, MHSD facilitated educational seminars and panel discussions, collaborated with community organizations to host events, disseminated informational pamphlets and brochures, and leveraged social media platforms to share mental health tips and resources.

The communications team also executed comprehensive promotional campaigns which incorporated multi-channel approaches to reaching the community. The agency utilized impactful television and radio commercials that conveyed information about MHSD's services and benefits and placed eye-catching billboards that enhanced the agency's visibility in key locations. Additionally, the marketing team secured dedicated interview segments on a local television station with MHSD's Executive and Medical Director, Dr. Rochelle Dunham, which increased awareness about behavioral health issues impacting our community and provided information about the agency's programs and services.

The marketing campaigns also utilized digital media to connect with online audiences. MHSD created and shared engaging content through its social media outlets and paid streaming services. E-blasts were regularly sent to MHSD's community partners sharing valuable insights and updates. The agency's website was also updated to include relevant information, making it a hub for pertinent agency and behavioral health information.

B. Why is this success significant?
Increases community awareness of behavioral health disorders, related services, and community supports.

C. Who benefits and how?
Persons served and their families and MHSD program staff.

D. How was the accomplishment achieved?
MHSD Executive Leadership tasked the Communications Division to coordinate this effort.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
Yes.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
Yes.

Accomplishment #9: Education and Training Opportunities

A. What was achieved?
MHSD, the behavioral health authority for the region, provides an academic series on various behavioral health topics under the management of the MHSD Training Director. The academic series continuously seeks to provide education and training opportunities to staff, partners, and the community.

In 2022-2023, Dr. Dunham, Executive and Medical Director, along with other select staff, served as subject matter experts (SME), persons with in-depth, unique knowledge and expertise on a specific subject, at local, state, national, and federal meetings and conferences.

B. Why is this success significant?
Staff learned specific skills and information that helped them perform well in their roles. SME staff share their knowledge with various audiences and promote behavioral health awareness and services.

C. Who benefits and how?
Persons served and their families and MHSD program staff.

D. How was the accomplishment achieved?
Executive Leadership prioritized the participation in educating and training opportunities.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
Yes.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
Yes.

Accomplishment #10: IMANI Breakthrough NOLA Faith Partners Project

A. What was achieved?
The Imani Breakthrough Recovery Program is a faith-based recovery initiative that takes place in churches and is designed to be culturally, spiritually, and trauma-informed, to assist individuals recovering from opioid use/abuse and other drug or alcohol problems. It involves 2 parts:

- A group component – 12 weeks of classes and mutual support focused on wellness enhancement and the 5 Rs: Roles, resources, responsibilities, relationships, and rights, and their importance to recovery and community connection.
- A wellness coaching component –During the 12 weeks and up to 1 month after, Coaches provide weekly check-ins to support you recovery goals.

Project model was developed out of Yale University. MHSD in collaboration with Yale University implemented the project in 2022.

B. Why is this success significant?
Improved the standard and quality of care of the addiction program.

C. Who benefits and how?
Persons served and their families and MHSD program staff.

D. How was the accomplishment achieved?
By Executive Leadership prioritizing addiction services and supports.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
Yes

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
Yes

II. Is your department Five-Year Strategic Plan/Business Plan on time and on target for accomplishment? To answer this question, you must determine whether your anticipated outcomes—goals and objectives—are being attained as expected and whether your strategies are working as expected and proceeding on schedule.

- **Please provide a brief analysis of the overall status of your strategic progress.** What is your general assessment of overall timeliness and progress toward accomplishment of results targeted in your goals and objectives? What is your general assessment of the effectiveness of your strategies? Are anticipated returns on investment are being realized?

  MHSD has made significant progress towards the accomplishment of the goals outlined in its five-year (2020-2025) strategic plan. Strategies, as measured by performance indicators, have generally been shown to be effective. Performance measurement, data analysis and other information indicate a positive ROI (Return on Investment) when monitoring the linkage between performance and district budgeting.

- **Where are you making significant progress?** If you are making no significant progress, state "None." However, if you are making significant progress, identify and discuss goals and objectives that are exceeding the timeline for achievement; identify and discuss strategies that are working better than expected. Be specific; discuss the following for each:

  1. To what do you attribute this success? For example:

- Is progress largely due to the effects of external factors? Would the same results have been generated without specific department action?
- Is progress directly related to specific department actions? (For example: Have you reallocated resources to emphasize excellence in particular areas? Have you initiated new polices or activities to address particular issues or needs? Have you utilized technology or other methodologies to achieve economies or improve service delivery?)
- Is progress related to the efforts of multiple departments or agencies? If so, how do you gauge your department's contribution to the joint success?
- Other? Please specify.

MHSD has made significant progress towards its initiatives related to establishing a quality Tele-behavioral Health Program, Data-based Staff Performance Initiative, Mental Health First Aid training, and DEI programing. Success is attributed to MHSD Executive Leadership's early allocation of resources to this initiative. Progress is related to agency-wide efforts with the intention to increase access to and efficiency of care.

2. Is this significant progress the result of a one-time gain? Or is progress expected to continue at an accelerated pace?

Progress is expected to continue at an accelerated pace. Although fully implemented, MHSD is continuing to identify and address areas for improved efficiency and are responding to administrative and clinical needs.

- **Where are you experiencing a significant lack of progress?** If you are experiencing no significant lack of progress, state "None." However, if you are experiencing a significant lack of progress, identify and discuss goals and objectives that may fall significantly short of the targeted outcome; identify and discuss strategies that are not working well. Be specific; discuss the following for each:

1. To what do you attribute this lack of progress? For example:
   - Is the lack of progress related to a management decision (perhaps temporary) to pursue excellence in one area at the expense of progress in another area?
   - Is the lack of progress due to budget or other constraint?
   - Is the lack of progress related to an internal or external problem or issue? If so, please describe the problem and any recommended corrective actions in Section III below.
   - Other? Please specify.

Slow progress related to the Culinary Partners Outreach Project. The purpose of the project was to collaborate with community professionals with the aim of developing awareness of availability of behavioral health assessment and clinical

support to the local culinary industry.

Slow progress related to the Covenant House Project. An effort to partner with the Covenant House team to provide psychiatric and social services support to the youth residing within their program.

2. Is the lack of progress due to a one-time event or set of circumstances? Or will it continue without management intervention or problem resolution?

   Lack of progress is due to a set of circumstances related to administrative and coordination issues. MHSD will continue to closely monitor progress with these projects in 2023-2024.

- **Has your department revised its strategic plan to build on your successes and address shortfalls?**

  ☐ Yes. If so, what adjustments have been made and how will they address the situation?

  ☒ No. If not, why not?

  After careful review and consideration of our successes, the current strategic plan adequately represents the agency. Adjustments were not needed.

- **How does your department ensure that your 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?** Use as much space as needed to explain fully.

  MHSD's Executive Leadership and Management team conducts weekly staff meetings where roundtable discussions are held on current projects and timelines. During these meetings, leaders from respective areas within the organization are able to provide input, communicate roadblocks and determine execution of various initiatives. The Executive Director also meets individually on a weekly basis with Division Directors from Fiscal, Legal/Compliance, Quality, Adult, Children's and I/DD to obtain status reports. On a quarterly basis, Division Directors report on strategic plan indicators for which their divisions are responsible, and monthly the Executive Director meets with the Board of Directors and provides a status report on key performance indicators for the organization.

III. What significant department management or operational problems or issues exist? What corrective actions (if any) do you recommend?

("Problems or issues" may include internal concerns, such as organizational structure,

resource allocation, operations, procedures, rules and regulations, or deficiencies in administrative and management oversight that hinder productivity, efficiency, and effective service delivery. "Problems or issues" may be related to external factors—such as demographics, economy, fiscal condition of the state, federal or state legislation, rules, or mandates—that are largely beyond the control of the department but affect department management, operations, and/or service delivery. "Problems or issues" may or may not be related directly to strategic plan lack of progress.)

Complete Sections A and B (below) for each problem or issue. Use as much space as needed to fully address each question. If the problem or issue was identified and discussed in a management report or program evaluation, be sure to cross-reference the listing of such reports and evaluations at the end of this form.

A. Problem/Issue Description

1. What is the nature of the problem or issue?
2. Is the problem or issue affecting the progress of your strategic plan? (See Section II above.)
3. What organizational unit in the department is experiencing the problem or issue?
4. Who else is affected by the problem? (For example: internal or external customers and other stakeholders.)
5. How long has the problem or issue existed?
6. What are the causes of the problem or issue? How do you know?
7. What are the consequences, including impacts on performance, of failure to resolve the problem or issue?

There are no significant departmental, management, or operational problems/issues identified. MHSD continues to work toward its goal of providing quality behavioral health care.

B. Corrective Actions

1. Does the problem or issue identified above require a corrective action by your department?

☒ No. If not, skip questions 2-5 below.
☐ Yes. If so, complete questions 2-5 below.

2. What corrective actions do you recommend to alleviate or resolve the problem or issue?

3. Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)?
4. Are corrective actions underway?
    a. If so:
        - What is the expected time frame for corrective actions to be

implemented and improvements to occur?
- How much progress has been made and how much additional progress is needed?

b. If not:
- Why has no action been taken regarding this recommendation?
- What are the obstacles preventing or delaying corrective actions?
- If those obstacles are removed, how soon could you implement corrective actions and generate improvements?

5. Do corrective actions carry a cost?

☐ No. If not, please explain.
☐ Yes. If so, what investment is required to resolve the problem or issue? (For example, investment may include allocation of operating or capital resources—people, budget, physical plant and equipment, and supplies.) Please discuss the following:
   a. What are the costs of implementing the corrective actions? Be specific regarding types and amounts of costs.
   b. How much has been expended so far?
   c. Can this investment be managed within your existing budget? If so, does this require reallocation of existing resources? If so, how will this reallocation affect other department efforts?
   d. Will additional personnel or funds be required to implement the recommended actions? If so:
      - Provide specific figures, including proposed means of financing for any additional funds.
      - Have these resources been requested in your budget request for the upcoming fiscal year or in previous department budget requests?

IV. How does your department identify, analyze, and resolve management issues and evaluate program efficiency and effectiveness?

A. Check all that apply.

☒ **Internal audit**
The LDH Office of the Secretary ensures ongoing monitoring of programmatic and administrative functions.

The Internal Audit function, within LDH Office of the Secretary, appraises activities within the Department to safeguard the Department against fraud, waste and abuse by conducting risk-based audits and compliance investigations. The Internal Audit function ensures that transactions are executed according to management's authority and recorded properly; that operating efficiency is promoted; and that compliance is maintained with prescribed federal

regulations, state laws, and management policies.

Internal Audit also provides management with evaluations of the effectiveness of internal controls over accounting, operational and administrative functions.

☒ **External audits (Example: audits by the Office of the Legislative Auditor)**
The LDH has a designated Audit Coordinator for financial audits. The Audit Coordinator is the designated point of contact for all correspondence and communication related to financial audits of LDH agencies. The Audit Coordinator is involved in all written communication related to audits and is kept informed about all relevant verbal communication between agency personnel and the Louisiana Legislative Auditor (LLA) staff. The LLA conducts performance audits, program evaluations, and other studies as needed to enable the legislature and its committees to evaluate the efficiency, effectiveness, and operation of state programs and activities.

The Centers for Medicare & Medicaid (CMS) also conducts audits and reviews LDH and its agencies for compliance with program standards and accountability for funds received to administer programs.

☐ Policy, research, planning, and/or quality assurance functions in-house
☐ Policy, research, planning, and/or quality assurance functions by contract
☐ Program evaluation by in-house staff
☐ Program evaluation by contract

☒ **Performance Progress Reports (Louisiana Performance Accountability System)**
The LDH Division of Planning and Budget coordinates and reviews entries of the Louisiana Performance Accountability System (LaPAS) data on a quarterly basis for all LDH agencies. Explanatory notes are provided 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, if significant variances occur, or if modifications and additions are needed.

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☒ **Performance-based contracting (including contract monitoring)**
LDH contracts are required to contain a description of the work to be performed including goals and objectives, deliverables, performance measures and a monitoring plan.

☒ Peer review
The MHSD Peer review methodology is defined by the Louisiana Office of Behavioral Health to address federal mandates.

☒ Accreditation review
MHSD is accredited by CARF International. Accreditation methodology is defined by CARF International.

☒ Customer/stakeholder feedback
MHSD participates in various activities (e.g., surveying, hosting community forums, RAC participation, etc.) that involve obtaining input from persons served and other stakeholders. MHSD requests and collects input to help determine the expectations and preferences of its stakeholders and to better understand how the district is performing from the perspective of its stakeholders. Findings are used to create services that meet or exceed the expectations of persons served, the community, and other stakeholders

☐ Other (please specify):

B. Did your office complete any management reports or program evaluations during the fiscal year covered by this report?

☒ Yes. Proceed to Section C below.
☐ No Skip Section C below.

C. List management reports and program evaluations completed or acquired by your office during the fiscal year covered by this report. For each, provide:

1. Title of Report:
   AP/Accountability Plan

2. Date Complete:
   09/22/2022

3. Subject/Purpose:
   To guide the delivery of addictive disorders (AD), Developmental Disabilities (DD), and Mental Health (MH) services funded by appropriations from the state.

4. Methodology:
   Site monitoring consisted of a joint OBH and OCDD Review team to include data reviews, chart audits, and interviews with staff.

5. Cost:
   Allocation of committed staff time to the process for the day.

6. Major Findings:
   None

7. Major Recommendations:
   None

8. Action taken:
   MHSD responded as needed in writing with a Plan of Correction (POC) to any major findings.

9. Availability:
   AP is available in hardcopy and electronic file; report file will be available in same format.

10. Contact person for more information:
    Name: Rochelle Head-Dunham, M.D.
    Title: Executive Director/Medical Director
    Agency & Program: 09-304 Metropolitan Human Services District (MHSD)
    Telephone: 504-535-2909
    E-mail: Rochelle.Dunham@mhsdla.org

1. Title of Report or Program Evaluation:
   MHSD Operations Risk Management Audit

2. Date completed:

March 24, 2023

3. Subject or purpose and reason for initiation of the analysis or evaluation:
   Annual Audit/compliance review

4. Methodology used for analysis or evaluation:
   Full site visits with auditor, sit down meeting with auditor to review required records.

5. Cost (allocation of in-house resources or purchase price):
   N/A
6. Major Findings and Conclusions scored:
   Status-Compliant

7. Major Recommendations:
   No Major recommendations

8. Action taken in response to the report or evaluation:
   N/A

9. Availability (hard copy, electronic file, website):
   Hard copy, and electronic file.

10. Contact person for more information:
    Name: Rochelle Head-Dunham, M.D.
    Title: Executive Director/Medical Director
    Agency & Program: 09-304 Metropolitan Human Services District (MHSD)
    Telephone: 504-535-2909
    E-mail: Rochelle.Dunham@mhsdla.org

Annual Management and Program Analysis Report
Fiscal Year 2022-2023

Department:	**Louisiana Department of Health (LDH)** 09-305 Medical Vendor Administration (MVA) 09-306 Medical Vendor Payments (MVP)
Department Head:	**Stephen R. Russo, JD** LDH Secretary
Undersecretary:	**Pam Diez** LDH Undersecretary
Asst. Secretary (or Ex. Director):	**Kim Sullivan** Interim Medicaid Executive Director

I. What outstanding accomplishments did your department achieve during the previous fiscal year?

For each accomplishment, please discuss and explain each item below.

A. What was achieved?
B. Why is this success significant?
C. Who benefits and how?
D. How was the accomplishment achieved?
E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

Accomplishment #1: I/DD Dental Coverage Expansion

A. **What was achieved?**
Medicaid successfully implemented comprehensive dental coverage for adults over age 21 enrolled in Intellectual Developmental Disabilities (I/DD) Waivers. Benefits include diagnostic services, preventive services, restorative services, endodontics, periodontics, prosthodontics, oral and maxillofacial surgery, orthodontics, and emergency care.

B. **Why is this success significant?**
Investing in preventive dental care for Medicaid enrollees saves public dollars on a net cost basis by preventing emergency department visits and expensive, complicated treatments and hospitalizations arising from neglect of oral health.

C. **Who benefits and how?**
Individuals ages 21 and older with Intellectual/Developmental Disabilities (I/DD) who are enrolled in the New Opportunities Waiver, Residential Options Waiver or the Supports Waiver. Over 12,000 people are expected to gain access to the new dental coverage. Adults 21 years of age and older who are enrolled in the New Opportunities Waiver, Residential Options Waiver or the Supports Waiver now have access to the following services, provided through the contracted Dental Benefit Plan Managers:

- Diagnostic services
- Preventive services
- Restorative services
- Endodontics
- Periodontics
- Prosthodontics
- Oral and maxillofacial surgery
- Orthodontics
- Emergency care

D. **How was this accomplishment achieved?**
Act 450 of the 2021 Regular Session required Medicaid coverage for those 21 and older for those with developmental disabilities. The funding came from Act 119 (House Bill 1).
LDH obtained a waiver from CMS to allow comprehensive dental coverage for adults enrolled in a Medicaid I/DD waiver, engaged actuaries for rate setting, engaged vendors for systems design and development changes, published rulemaking/notice of intent, implemented a communications plan, and published provider manuals and fee schedules.

E. **Does this accomplishment contribute to the success of your strategic plan?**
Yes, Medicaid is assessing costs of expanding dental coverage to all adults.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**
No.

Accomplishment #2: Public University Partnership Program (PUPP) Funds Awarded to Universities for Research

A. **What was achieved?**
Medicaid implemented the Public University Partnership Program (PUPP) as a cost sharing partnership to fund research applications of Louisiana Public Universities which

focus on improvement opportunities within the Medicaid priorities. In this initial year, university research at Louisiana State University Health Sciences Center and Pennington Biomedical Research Center received funding to address opioid use, health policy review, maternal and newborn outcomes and improvements in diabetes care.
Louisiana Medicaid is awarding more than $673,000 in federal dollars to the LSU Health Sciences Center and Pennington Biomedical Research Center to conduct research on its behalf.

B. **Why is this success significant?**
This program signals the beginning of partnerships to collaboratively work with university researchers to shape public policy and implement innovative approaches that address the many challenges facing Medicaid programs today.
Findings from the research projects will guide policy-making and promote new approaches to address Medicaid priorities. These priorities include improving maternal and neonatal outcomes, improving early childhood health and development, reducing deaths and illness with a focus on preventive care, improving mental health and substance use outcomes, and improving health equity.

C. **Who benefits and how?**
Medicaid participants overall benefit as they will be the recipients of program innovation identified by the research projects. The Agency benefits by leveraging the expertise of public universities and colleges to inform Louisiana Medicaid policy and programs. The public universities benefit from this partnership to create or expand research through additional federal funding which can provide new opportunities for students and junior researchers working with experienced research Principal Investigators.
Lastly, the Agency will be provided with actionable data to improve Medicaid program covered services and benefits administration.

D. **How was this accomplishment achieved?**
The program was inspired by the Medicaid Deputy Director and the Chief Medical Officer after meeting with the Kentucky's State Medicaid who have operated their university partnership program since 2018. The proposal was reviewed with the Undersecretary, the Bureau of Legal Services, and the Medicaid Executive Management Team for approval to proceed.
The Agency sought Prior Approval with CMS for 42 CFR 433.51 for Public Funds as the State share of financial participation and received approval in November 2020. The Universities' CPEs qualify for up to 50% federal matching funds, creating a funding pass-through for the State Medicaid Plan.

E. **Does this accomplishment contribute to the success of your strategic plan?**
The awards are part of LDH's inaugural Public University Partnership Program, a key initiative in the Fiscal Year 2022 LDH Business Plan.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**

This exact funding program cannot be replicated with other Agencies due to the unique funding source from the Social Security Act [Section1903 (a) (7)] for the proper and efficient administration of the Medicaid State Plan. However, the partnerships with universities for consultative purposes should be expanded.

Accomplishment #3: New Required Course: Unconscious Bias Training

A. **What was achieved?**
The Medicaid Health Equity Action Team (HEAT) secured a day-long course on Unconscious Bias over Zoom by LANTEC.

B. **Why is this success significant?**
The course was designed to help individuals define and understand unconscious bias in order to develop plans and policies to reduce those biases in their personal lives and in the workplace. All Medicaid staffers, both LDH and UNO, were required to take this course.

C. **Who benefits and how?**
Ultimately, Medicaid enrollees, who may receive more favorable customer service and consideration from policy makers and executors who are aware of certain biases that limit their understanding of those they serve.

D. **How was this accomplishment achieved?**
Medicaid utilized a contract with a training partner to offer this training. Our internal training coordinator managed scheduling and worked to ensure that all Medicaid team members were scheduled over the course of several months.

E. **Does this accomplishment contribute to the success of your strategic plan?**
One of the HEAT goals for 2022 was to introduce a course to educate Medicaid team members about unconscious bias.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**
No.

Accomplishment #4: Medicaid Expands Vaccine Incentive Program

A. **What was achieved?**
Louisiana Medicaid expanded the “Shot per 100,000” COVID-19 vaccine incentive program to include booster shots.

B. **Why is this success significant?**
The program was designed to incentivize eligible Medicaid enrollees to get to be current on the COVID-19 vaccines and boosters.

C. **Who benefits and how?**
Medicaid members were eligible to receive a $200 incentive for their first or second dose of the COVID-19 vaccine or the single dose vaccine.

D. **How was this accomplishment achieved?**
Medicaid Managed Care Organizations distributed a maximum of 100,000 $200 gift cards. The MCOs receive reimbursement from Medicaid for the incentive amount and 9% administration fee for every distributed incentive that Medicaid validates as appropriately paid.

E. **Does this accomplishment contribute to the success of your strategic plan?**
No, a strategic plan revision is not necessary for this accomplishment at this time. This activity will be address in the next strategic plan update.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**
No.

Accomplishment #5: Public Health Emergency Unwind Activities and returning eligibility system to pre-COVID activities

A. **What was achieved?**
As of July 1, 2023, Louisiana Medicaid currently provides health insurance coverage to just over two million individuals throughout the state. Due to the continuous coverage requirement of the Families First Coronavirus Response Act, Medicaid had not ended coverage for most members from March 2020 to June 2023.

President Biden signed the 2023 Consolidated Appropriations Act into law on December 29, 2022. This law uncouples the continuous coverage requirement of the Families First Coronavirus Response Act and the COVID-19 Federal Public Health Emergency. The continuous coverage requirement ended on April 1, 2023.

Medicaid Technology Development and Services sections joined with OTS and our contractor Deloitte and worked 24/7 to reset and reprogram LaMEDS to return the system to pre-COVID operations.

Additionally, Medicaid launched a campaign to encourage Medicaid enrollees to update their contact information in preparation for the restart of eligibility redeterminations following the end of the COVID-19 public health emergency.

It will take 14 months (beginning April 2023) to fully complete the renewal process.

B. **Why is this success significant?**
The project will not be complete until May of 2024; however, initial success can be

measured by CMS feedback and early data.

We successfully updated the eligibility system and began the renewal process in full compliance with CMS.

After the first month of renewals, the amount of returned mail was less than 10% which tells us that outreach efforts are working and members are taking action to update their contact information.

C. **Who benefits and how?**
All Medicaid enrollees

D. **How was this accomplishment achieved?**
Medicaid team members have shifted priorities to focus on unwind activities and Medicaid has partnered with contracted vendors for staff augmentation and to complete outreach to Medicaid members.

E. **Does this accomplishment contribute to the success of your strategic plan?**
No, a strategic plan revision is not necessary for this accomplishment at this time. This activity will be address in the next strategic plan update.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**
No.

II. Is your department Five-Year Strategic Plan/Business Plan on time and on target for accomplishment?

To answer this question, you must determine whether your anticipated outcomes—goals and objectives—are being attained as expected and whether your strategies are working as expected and proceeding on schedule.

- **Please provide a brief analysis of the overall status of your strategic progress.** What is your general assessment of overall timeliness and progress toward accomplishment of results targeted in your goals and objectives? What is your general assessment of the effectiveness of your strategies? Are anticipated returns on investment are being realized?

Accomplishment #1: I/DD Dental Coverage Expansion

Medicaid successfully implemented comprehensive dental coverage for adults over age 21 enrolled in Intellectual Developmental Disabilities (I/DD) Waivers. Benefits include diagnostic services, preventive services, restorative services, endodontics, periodontics, prosthodontics, oral and maxillofacial surgery, orthodontics, and emergency care. Our goal timeline was met and Medicaid is assessing costs of expanding dental coverage to all adults.

Accomplishment #2: Public University Partnership Program (PUPP) Funds Awarded to Universities for Research

Medicaid implemented the Public University Partnership Program (PUPP) as a cost sharing partnership to fund research applications of Louisiana Public Universities which focus on improvement opportunities within the Medicaid priorities. In this initial year, university research at Louisiana State University Health Sciences Center and Pennington Biomedical Research Center received funding to address opioid use, health policy review, maternal and newborn outcomes and improvements in diabetes care. We have set a goal to increase participation in year two.

Accomplishment #3: New Required Course: Unconscious Bias Training

The Medicaid Health Equity Action Team (HEAT) secured a day-long course on Unconscious Bias over Zoom by LANTEC. Nearly 1,000 team members completed this training. This goal aligned well with the LDH 2022 Business Plan goal of Advancing Equity, Diversity, and Inclusion within LDH.

Accomplishment #4: Medicaid Expands Vaccine Incentive Program

This vaccine incentive program was successful and more than 60,000 Medicaid Members received a COVID vaccine and an incentive for doing so. This incentive program was a one-time activity to benefit Medicaid members during the Federal COVID Public Health Emergency.

Accomplishment #5: Public Health Emergency Unwind Activities and returning eligibility system to pre-COVID activities

This is an ongoing activity.

We successfully updated the eligibility system and began the renewal process in full compliance with CMS.

After the first month of renewals, the amount of returned mail was less than 10% which tells us that outreach efforts are working and members are taking action to update their contact information.

- **Where are you making significant progress?**

Accomplishment #1: I/DD Dental Coverage Expansion

Implementation is complete.

Accomplishment #2: Public University Partnership Program (PUPP) Funds Awarded **to** Universities for Research

The goal is to continue to grow this research funding opportunity. Progress is expected to continue at a steady pace.

Accomplishment #3: New Required Course: Unconscious Bias Training

Implementation is complete.

Accomplishment #4: Medicaid Expands Vaccine Incentive Program

Implementation is complete.

Accomplishment #5: Public Health Emergency Unwind Activities and returning eligibility system to pre-COVID activities

This work is ongoing. Success is dependent on collaboration and partnerships with our MCOs, contracted partners, educating Medicaid enrollees and response from Medicaid enrollees.

- **Where are you experiencing a significant lack of progress?**

Accomplishment #1: I/DD Dental Coverage Expansion
None.

Accomplishment #2: Public University Partnership Program (PUPP) Funds Awarded to Universities for Research
None.

Accomplishment #3: New Required Course: Unconscious Bias Training
None.

Accomplishment #4: Medicaid Expands Vaccine Incentive Program
None.

Accomplishment #5: Public Health Emergency Unwind Activities and returning eligibility system to pre-COVID activities
None.

- **Has your department revised its strategic plan to build on your successes and address shortfalls?**

Accomplishment #1: I/DD Dental Coverage Expansion

☐ Yes. If so, what adjustments have been made and how will they address the situation?

☒ No. If not, why not?
No strategic plan revisions necessary for this accomplishment.

Accomplishment #2: Public University Partnership Program (PUPP) Funds Awarded to Universities for Research

☐ Yes. If so, what adjustments have been made and how will they address the situation?

☒ No. If not, why not?
No strategic plan revisions necessary for this accomplishment.

Accomplishment #3: New Required Course: Unconscious Bias Training

☐ Yes. If so, what adjustments have been made and how will they address the situation?

☒ No. If not, why not?
No strategic plan revisions necessary for this accomplishment.

Accomplishment #4: Medicaid Expands Vaccine Incentive Program

☐ Yes. If so, what adjustments have been made and how will they address the situation?

☒ No. If not, why not?
No strategic plan revisions necessary for this accomplishment.

Accomplishment #5: Public Health Emergency Unwind Activities and returning eligibility system to pre-COVID activities

☐ Yes. If so, what adjustments have been made and how will they address the situation?

☒ No. If not, why not?
No strategic plan revisions necessary for this accomplishment.

- **How does your department ensure that your 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?

On a Department-wide level, Performance-Based-Budgeting activities (including strategic planning, operational planning, and the Louisiana Performance Accountability System) are coordinated by the Louisiana Department of Health Division of Planning and Budget. This section reviews (and sometime develops) objectives, performance indicators and strategies for programs within the Office of the Secretary, other LDH agencies, and for some Local Governing Entities (LGEs). Each agency/LGE, with input from Executive Management, develops its own Operational Plan and Strategic Plan. Plans are then submitted to the Office of the Secretary for review and feedback.

Recommendations go directly to the Assistant Secretaries or the Secretary, if modifications or additions are necessary. In addition, at the close of a fiscal year, agencies review and evaluate performance during that fiscal year in order to determine if the information gained from this review should be useful to improve strategic and operational planning, or program management operations.

Additionally, Medicaid staff helped develop the LDH Business Plan in furtherance of our Strategic Plan goals as our roadmap for Fiscal Year 2023. In Medicaid, each project target division generates weekly reports and goals with progress update. These updates are prepared for leadership to assess progress on strategic priorities.

III. What significant department management or operational problems or issues exist? What corrective actions (if any) do you recommend?

("Problems or issues" may include internal concerns, such as organizational structure, resource allocation, operations, procedures, rules and regulations, or deficiencies in administrative and management oversight that hinder productivity, efficiency, and effective service delivery. "Problems or issues" may be related to external factors—such as demographics, economy, fiscal condition of the state, federal or state legislation, rules, or mandates—that are largely beyond the control of the department but affect department management, operations, and/or service delivery. "Problems or issues" may or may not be related directly to strategic plan lack of progress.)

A. Medicaid is seeing challenges with hiring and retaining team members, especially in Medicaid Analyst positions. These are low paying positions that require lengthy and detailed training to ensure an understanding of Medicaid eligibility. In order to successfully implement Medicaid Unwind, we have had to complete a staff augmentation contract. This contract is a temporary solution to a long-term concern.

B. Corrective Actions

1. Does the problem or issue identified above require a corrective action by your department?

☒ No. If not, skip questions 2-5 below.
☐ Yes. If so, complete questions 2-5 below.

2. What corrective actions do you recommend to alleviate or resolve the problem or issue?

3. Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)?
4. Are corrective actions underway?
    a. If so:
        - What is the expected time frame for corrective actions to be implemented and improvements to occur?
        - How much progress has been made and how much additional progress is needed?
    b. If not:
        - Why has no action been taken regarding this recommendation?
        - What are the obstacles preventing or delaying corrective actions?
        - If those obstacles are removed, how soon could you implement corrective actions and generate improvements?

5. Do corrective actions carry a cost?

☐ No. If not, please explain.
☐ Yes. If so, what investment is required to resolve the problem or issue? (For example, investment may include allocation of operating or capital resources—people, budget, physical plant and equipment, and supplies.) Please discuss the following:
    a. What are the costs of implementing the corrective actions? Be specific regarding types and amounts of costs.
    b. How much has been expended so far?
    c. Can this investment be managed within your existing budget? If so, does this require reallocation of existing resources? If so, how will this reallocation affect other department efforts?
    d. Will additional personnel or funds be required to implement the recommended actions? If so:
        - Provide specific figures, including proposed means of financing for any additional funds.
        - Have these resources been requested in your budget request for the upcoming fiscal year or in previous department budget requests?

IV. How does your department identify, analyze, and resolve management issues and evaluate program efficiency and effectiveness?

(Hint: To check one of the boxes, place your cursor over the appropriate box and double click. When another box appears, under “default value” choose “checked” and then select “ok.”

A. Check all that apply. Add comments to explain each methodology utilized.

☒ **Internal audit**
The LDH Office of the Secretary ensures ongoing monitoring of programmatic and administrative functions.

The Internal Audit function, within LDH Office of the Secretary, appraises activities within the Department to safeguard the Department against fraud, waste and abuse by conducting risk-based audits and compliance investigations. The Internal Audit function ensures that transactions are executed according to management's authority and recorded properly; that operating efficiency is promoted; and that compliance is maintained with prescribed federal regulations, state laws, and management policies.

Internal Audit also provides management with evaluations of the effectiveness of internal controls over accounting, operational and administrative functions.

☒ **External audits (Example: audits by the Office of the Legislative Auditor)**
The LDH has a designated Audit Coordinator for financial audits. The Audit Coordinator is the designated point of contact for all correspondence and communication related to financial audits of LDH agencies. The Audit Coordinator is involved all written communication related to audits and is kept informed about all relevant verbal communication between agency personnel and the Louisiana Legislative Auditor (LLA) staff. The LLA conducts performance audits, program evaluations, and other studies as needed to enable the legislature and its committees to evaluate the efficiency, effectiveness, and operation of state programs and activities.

The Centers for Medicare & Medicaid (CMS) also conducts audits and reviews LDH and its agencies for compliance with program standards and accountability for funds received to administer programs.

☒ Policy, research, planning, and/or quality assurance functions in-house
☒ Policy, research, planning, and/or quality assurance functions by contract
☒ Program evaluation by in-house staff
☒ Program evaluation by contract

☒ **Performance Progress Reports (Louisiana Performance Accountability System)**
The LDH Division of Planning and Budget coordinates and reviews entries of the Louisiana Performance Accountability System (LaPAS) data on a quarterly basis for all LDH agencies. Explanatory notes are provided 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, if significant

variances occur, or if modifications and additions are needed.

☒ **In-house performance accountability system or process**
Performance Based Budgeting activities (including, but not limited to strategic planning, operational planning, and the Louisiana Performance Accountability System) are coordinated by the LDH Division of Planning and Budget. This section reviews all objectives, performance indicators and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are made at monthly expenditure analysis meetings directly to the agency's assistant secretary or the Department's undersecretary, if modifications or 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 planning, or strengthen program management initiatives.

☒ **Benchmarking for Best Management Practices**
The LDH Division of Planning and Budget reviews, researches and develops objectives, performance measures and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are compared to benchmarks from leading states involved in performance-based budgeting activities. Recommendations are made directly to the agency's assistant secretary or the Department's undersecretary, if modifications or additions are needed.

☒ **Performance-based contracting (including contract monitoring)**
LDH contracts are required to contain a description of the work to be performed including goals and objectives, deliverables, performance measures and a monitoring plan.

☐ Peer review
☐ Accreditation review
☒ Customer/stakeholder feedback
☐ Other (please specify):

B. Did your office complete any management reports or program evaluations during the fiscal year covered by this report?

☒ Yes. Proceed to Section C below.
☐ No Skip Section C below.

C. List management reports and program evaluations completed or acquired by your office during the fiscal year covered by this report.

Report #1

1. **Title of Report or Program Evaluation**:

Continuity of Care for Newborns

2. **Date completed**:
   January 2023
3. **Subject or purpose and reason for initiation of the analysis or evaluation**:
   Louisiana Department of Health (LDH) submitted the report in response to ongoing reporting provision of Act 311 of the 2013 Regular Legislative Session. This report provides the incidence and causes of the re-hospitalization of infants born premature at less than 37 weeks' gestational age and within the first six months of life.
4. **Methodology used for analysis or evaluation: Cost (allocation of in-house resources or purchase price)**:
   Act 311 requires an assessment of the incidence and causes of all re-hospitalizations of infants born premature at less than 37 weeks' gestational age and within the first six months of life. The report utilizes Vital Records data obtained from the Office of Public Health for establishing gestational age and Medicaid claims data/MCO encounter data stored in the Medicaid Data Warehouse for identifying the primary discharge diagnoses that triggered the re-hospitalizations.
5. **Cost (allocation of in-house resources or purchase price)**:
   Compiled by University of Louisiana at Monroe (ULM) staff; falls within scope of work of contract.
6. **Major Findings and Conclusions**:
   The re-hospitalization rate for infants born during calendar year 2021 who were born prematurely at less than 37 weeks gestational age and are in their first six months of life is 4.38 percent. The r-ehospitalization rate for 2020 births was 3.21 percent. This indicates that the re-hospitalization rate in this group of newborns has worsened slightly over the past two reporting years.
7. **Major Recommendations**:
   (Not Applicable)
8. **Action taken in response to the report or evaluation**:
   (Not Applicable)
9. **Availability (hard copy, electronic file, website)**:
   https://ldh.la.gov/index.cfm/newsroom/detail/2928
10. **Contact person for more information, including**:
    Name: Kim Sullivan
    Title: Interim Medicaid Director
    Agency & Program: Bureau of Health Services Financing (Medicaid)
    Telephone: 225-219-7810
    Email: Kim.Sullivan@LA.GOV

Report #2

1. **Title of Report or Program Evaluation**:
   Louisiana Medicaid Diabetes and Obesity Report
2. **Date completed**:
   February 2023

3. **Subject or purpose and reason for initiation of the analysis or evaluation**:
   Per Louisiana Revised Statute (RS) 46:2616 and RS 46:2617, an annual diabetes and obesity action plan submission is necessary to the Senate and House Committees on Health and Welfare after consulting with, and receiving comments from, the medical directors of each of its contracted Medicaid partners.
4. **Methodology used for analysis or evaluation**:
   Each Medicaid managed care plan is required to complete a template that requests data designed to meet requirements of RS 46:2617. The template consists of 12 reports that gather diabetes and obesity prevalence and utilization within each plan to address diabetes and obesity items in RS 46:2617. The resulting 60 reports aggregated across the five plans to yield 12 reports for Healthy Louisiana. The Healthy Louisiana reports are in the "Diabetes and Obesity Action Report" for the Healthy Louisiana Program.
5. **Cost (allocation of in-house resources or purchase price)**:
   Compiled by University of Louisiana at Monroe (ULM) staff; falls within scope of work of contract.
6. **Major Findings and Conclusions**:
   Managing obesity and diabetes is a complicated endeavor, and the strategies described in this report serve as a foundation for healthier Louisiana residents. Changes must occur in multiple parts of the health care system, community settings and in personal behaviors in order to affect the obesity and diabetes epidemic.
7. **Major Recommendations**:
   a. Promote Well-Ahead Louisiana's Community Resource Guide as a tool to identify local (by parish) health-related resources. This resource is available at http://wellaheadla.com/Well-aheadcommunity/community-resource-guide
   b. Encourage the use of community and faith-based organizations to promote the importance of healthy eating and physical fitness.
   c. Encourage the use of outpatient nutritional services provided by registered dietitians for all patients and all diagnoses, not just those patients with diabetes and obesity.
   d. Promote the use of diabetes self-management education (DSME) programs or incorporate elements of these programs into case management activities for patients with diabetes. DSME programs have been associated with improved health outcomes for patients with diabetes.
8. **Action taken in response to the report or evaluation**:
   (Not Applicable)
9. **Availability (hard copy, electronic file, website)**:
   https://ldh.la.gov/index.cfm/page/2115
10. **Contact person for more information, including**:
    Name: Kim Sullivan
    Title: Interim Medicaid Director
    Agency & Program: Bureau of Health Services Financing (Medicaid)
    Telephone: 225-219-7810
    Email: Kim.Sullivan@LA.GOV

Report #3

1. **Title of Report or Program Evaluation**:
   Medicaid Managed Care Quarterly Transparency Reports SFY 2023
2. **Date completed**:
   Quarterly 2023
3. **Subject or purpose and reason for initiation of the analysis or evaluation**:
   In response to Act 482 of the 2018 Regular Legislative Session, the Louisiana Department of Health (LDH) is required to submit the Medicaid Managed Care Quarterly Transparency report. This report includes only those expansion population counts and expenditures for individuals enrolled in an MCO for either full or partial benefits.
4. **Methodology used for analysis or evaluation**:
   The methodology updates for pulling data regarding earned income started in State Fiscal Year 2023 (July 1, 2022 to June 30, 2023) to assure that the income corresponds to the current reporting period. The five MCOs received payments to manage the care of individuals in the expansion population for medical, specialized behavioral health, pharmacy, and transportation services.
5. **Cost (allocation of in-house resources or purchase price)**:
   Compiled by internal staff.
6. **Major Findings and Conclusions**:
   (Not Applicable)
7. **Major Recommendations**:
   (Not Applicable)
8. **Action taken in response to the report or evaluation**:
   (Not Applicable)
9. **Availability (hard copy, electronic file, website)**:
   https://ldh.la.gov/news/5061
10. **Contact person for more information, including**:
    Name: Kim Sullivan
    Title: Interim Medicaid Director
    Agency & Program: Bureau of Health Services Financing (Medicaid)
    Telephone: 225-219-7810
    Email: Kim.Sullivan@LA.GOV

Report #4

1. **Title of Report or Program Evaluation**:
   Healthy Louisiana Claims Report
2. **Date completed**:
   Quarterly 2023
3. **Subject or purpose and reason for initiation of the analysis or evaluation**:

In response to Act 710 of the 2018 Regular Legislative Session, the "Healthy Louisiana Claims Report" is submitted to the Joint Legislative Committee on the Budget and the House and Senate Committees on Health and Welfare. The Act requires the Department to conduct a number of activities and analyses pertaining to each Medicaid managed care organization (MCO) for the purpose of ensuring each MCO's compliance with the terms of its contract with the Louisiana Department of Health ("the Department" or LDH). The Act stipulates that results of these activities and analyses used to generate an initial report to the legislature and inform the contents of ongoing quarterly reporting.

4. **Methodology used for analysis or evaluation**:
   For each of these key measures, data is reported at the statewide level, at the individual MCO level, and at the individual provider category level. Each MCO is also gathering data related to each MCO's educational efforts with providers about claims submissions, with a particular focus on those providers that have a high claims denial rate.
5. **Cost (allocation of in-house resources or purchase price)**:
   Compiled by Burns & Associates
6. **Major Findings and Conclusions**:
   a. Claims accepted and rejected by the MCOs
   b. Claims paid and denied by the MCOs
   c. Average time for the MCOs to process claims
   d. Top reasons for denied claims
   e. Encounter claims submitted to LDH by the MCOs that are accepted or rejected
   f. Average time for the MCOs to submit encounters
   g. Provider education related to claims adjudication
7. **Major Recommendations**:
   a. Develop a common set of definitions for claims and encounter adjudication terms that all MCOs would use as well as the LDH fee-for-service payment system.
   b. Review the MCO reports that focus on claims and consider modifying, consolidating, or eliminating existing reports, consider adding a report on encounter submissions.
   c. Build guidance or requirements about the expectations that the MCOs will perform root causes analyses pertaining to claims adjudication and/or encounter submissions.
   d. Develop an audit protocol and conduct a periodic audit of a sample of claims denied by the MCOs to ensure that the claims denied in error by the MCO.
8. **Action taken in response to the report or evaluation**:
   Quarterly reports for claims and encounter submission, including standardization of terms and definitions, developed with stakeholder and MCO input; and data collection and reporting implemented for calendar year 2019 forward.
9. **Availability (hard copy, electronic file, website)**:
   Healthy Louisiana Claims Report | Department of Health | State of Louisiana

10. **Contact person for more information, including**:
    Name: Kim Sullivan
    Title: Interim Medicaid Director
    Agency & Program: Bureau of Health Services Financing (Medicaid)
    Telephone: 225-219-7810
    Email: Kim.Sullivan@LA.GOV

Report #5

1. **Title of Report or Program Evaluation**:
   LaCHIP Annual Report (Mid-Year)
2. **Date completed**:
   March 2023
3. **Subject or purpose and reason for initiation of the analysis or evaluation**:
   This report is submitted per the guidelines in Louisiana Revised Statute 46:976 (C)
4. **Methodology used for analysis or evaluation**:
   Compilation of Medicaid eligibility program data.
5. **Cost (allocation of in-house resources or purchase price)**:
   Compiled by in-house staff.
6. **Major Findings and Conclusions**:
   200,363 children and pregnant women have acquired access to critical healthcare coverage in SFY 2023. Studies have found that enrollment in the program has improved school performance among low-income children.
7. **Major Recommendations**:
   (Not Applicable)
8. **Action taken in response to the report or evaluation**:
   (Not Applicable)
9. **Availability (hard copy, electronic file, website)**:
   https://ldh.la.gov/index.cfm/newsroom/detail/2238
10. **Contact person for more information, including**:
    Name: Kim Sullivan
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Report #6

1. **Title of Report or Program Evaluation**:
   Medicaid Forecast Report SFY 22/23
2. **Date completed**:
   Monthly
3. **Subject or purpose and reason for initiation of the analysis or evaluation**:

Provide the budget changes, as the FY 23 Medicaid forecast reports are required in Act 199 (House Bill 1) of the 2022 Regular Session.

4. **Methodology used for analysis or evaluation**:
   Program staff develops budget projections based on utilization trends, enrollment trends, and other known factors affecting the management of the Medicaid program. Actual year-to-date expenditures come from the Medicaid Data Warehouse and ISIS/LaGov.
5. **Cost (allocation of in-house resources or purchase price)**:
   Compiled by in-house staff
6. **Major Findings and Conclusions**:
   (Not Applicable)
7. **Major Recommendations**:
   (Not Applicable)
8. **Action taken in response to the report or evaluation**:
   (Not Applicable)
9. **Availability (hard copy, electronic file, website)**:
   Medicaid Forecast Reports SFY 2022/2023 | Department of Health | State of Louisiana (la.gov)

10. **Contact person for more information, including**:
    Name: Kim Sullivan
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Report #7

1. **Title of Report or Program Evaluation**:
   Quarterly Crowd-Out Report (HCR 57)
2. **Date completed**:
   August 2022
3. **Subject or purpose and reason for initiation of the analysis or evaluation**:
   Provides data from potential Medicaid enrollees about their private health insurance status and participation in, or offers of, employer-sponsored insurance at both the time of their application and the time of their eligibility redetermination.
4. **Methodology used for analysis or evaluation**:
   Crowd-out is a difficult concept to quantify. Any measure of transition of insurance has the potential to be an overestimate because many people gain Medicaid coverage because they lose access to their private insurance. Per HCR 57 of the 2020 Regular Legislative Session, this report provides data from potential Medicaid enrollees about their private health insurance status and participation in, or offers of, employer-sponsored insurance at both the time of their application and the time of their eligibility redetermination.

5. **Cost (allocation of in-house resources or purchase price)**:
   Report complete by in-house staff.
6. **Major Findings and Conclusions**:
   LDH has sent 83,115 standard renewal packets and 607,396 members were eligible for renewal during the third quarter reporting period.
7. **Major Recommendations**:
   (Not Applicable)
8. **Action taken in response to the report or evaluation**:
   (Not Applicable)
9. **Availability (hard copy, electronic file, website)**:
   Response to HCR 57 of the 2020 Regular Session | Department of Health | State of Louisiana
10. **Contact person for more information, including**:
    Name: Kim Sullivan
    Title: Interim Medicaid Director
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Report #8

1. **Title of Report or Program Evaluation**:
   Medicaid Managed Care Transparency Report - Annual
2. **Date completed**:
   August 2023
3. **Subject or purpose and reason for initiation of the analysis or evaluation**:
   This report is the seventh in a series produced LDH to satisfy statutory reporting requirements intended to ensure certain outcomes achieved by Medicaid Managed Care Programs as per La Revised Statute 40:1253.2.
4. **Methodology used for analysis or evaluation**:
   To the greatest extent possible, the data are extracted from state systems that routinely collect and maintain operational data on the Medicaid Managed Care Program, the Medicaid Management Information System (MMIS), Management Administrative Reporting Subsystem (MARS Data Warehouse or MDW), or ISIS (LaGov) the state administrative system. When unavailable from state sources, data were collected from the managed care entities or sourced from either routine reporting deliverables or ad hoc reports requested specifically for this purpose.
5. **Cost (allocation of in-house resources or purchase price)**:
   Compiled by internal staff
6. **Major Findings and Conclusions**:
   Not Applicable
7. **Major Recommendations**:
   Not Applicable

8. **Action taken in response to the report or evaluation**:
   Not Applicable
9. **Availability (hard copy, electronic file, website)**:
   https://ldh.la.gov/page/4487
10. **Contact person for more information, including**:
    Name: Kim Sullivan
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    Email: Kim.Sullivan@LA.GOV

Report #9

1. **Title of Report or Program Evaluation**:
   HCR 2 Quarterly Report – Medicaid Expansion Enrollment and Claims Data
2. **Date completed**:
   August 2022
3. **Subject or purpose and reason for initiation of the analysis or evaluation**:
   In response to House Concurrent Resolution 2 (HCR 2) of the 2021 Regular Session, the Louisiana Department of Health (LDH) submits the report. The resolution requires LDH to publish on a quarterly basis a report containing data directly related to payment for health care services through the implementation of a health coverage expansion of the Louisiana medical assistance program.
4. **Methodology used for analysis or evaluation**:
   (a) Total Medicaid expansion enrollment on a monthly basis from July 2021 through June 2022.
   (b) The average monthly expansion premium paid to managed care organizations providing benefits and services to eligible Medicaid enrollees and the portion of the premium related to hospital payments for the January 1, 2022 rates.
   (c) The aggregate Medicaid expansion claims payment by provider type for July 2021 through June 2022.
   (d) The total amount of inpatient and outpatient Medicaid expansion claims paid to hospitals delineated by individual hospital for July 2021 through June 2022 separated into two attachments by inpatient and outpatient.
5. **Cost (allocation of in-house resources or purchase price)**:
   Compiled by internal staff
6. **Major Findings and Conclusions**:
   Not Applicable
7. **Major Recommendations**:
   Not Applicable
8. **Action taken in response to the report or evaluation**:
   Not Applicable
9. **Availability (hard copy, electronic file, website)**:
   https://ldh.la.gov/news/6385
10. **Contact person for more information, including**:
    Name: Kim Sullivan

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Report #10

1. **Title of Report or Program Evaluation**:
   Act 540 Uncompensated Care Cost Report - Collected per Survey for Dates of Service 7/1/2021 through 6/30/2022
2. **Date completed**:
   November 2022
3. **Subject or purpose and reason for initiation of the analysis or evaluation**:
   In response to Senate Bill No. 337 (SB337/Act 540) of the 2008 Regular Session.
4. **Methodology used for analysis or evaluation**:
   Hospitals that received Medicaid Disproportionate Share Hospital (DSH) Payments were required to report uninsured patient specific information which included name, dates of service, type of service, number of inpatient days, and number of outpatient visits, billed charges, and uninsured cash collections. Using each hospital's latest filed Medicare/Medicaid cost report, the cost to charge ratios were calculated and applied to the uninsured charges compiled from the survey to determine the uninsured costs. Inpatient routine, inpatient ancillary, and outpatient uninsured costs are separately identified.
5. **Cost (allocation of in-house resources or purchase price)**:
   Myers & Stauffer, LC: as part of contract.
6. **Major Findings and Conclusions**:
   Not Applicable
7. **Major Recommendations**:
   Not Applicable
8. **Action taken in response to the report or evaluation**:
   Not Applicable
9. **Availability (hard copy, electronic file, website)**:
   https://ldh.la.gov/news/1454

10. **Contact person for more information, including**:
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Report #11

1. **Title of Report or Program Evaluation**:

Medicaid PDL (MPP) Response to Act 207 of the 2003 Regular Session

2. **Date completed**:
   March 2023
3. **Subject or purpose and reason for initiation of the analysis or evaluation**:
   Act 207 (Senate Bill No. 305) of the 2003 Regular Session requires the LDH to submit certain information on a semi-annual basis regarding the Medicaid buy-in program, the Medicaid Purchase Plan (MPP), to the Joint Legislative Committee on the Budget and to the House and Senate Health and Welfare committees. The MPP is an optional Medicaid program that provides healthcare coverage to individuals with disabilities who are employed and meet specific income requirements. MPP was implemented in January 2004 and provides full medical coverage that includes prescription drugs, hospital care, doctor services, medical equipment and supplies, and medical transportation.
4. **Methodology used for analysis or evaluation**:
   The report includes the status of MPP, the total annual gross income of the program's participants, and any recommendations for expanding coverage in the program. Revised Statute 24:772 also requires that the report be submitted to the President of the Senate and to the Speaker of the House. This report contains data for the first six months of State Fiscal Year (SFY) 2023.
5. **Cost (allocation of in-house resources or purchase price)**:
   Compiled by internal staff
6. **Major Findings and Conclusions**:
   Expenses for these services to members, which includes capitation payments, totaled $25,528,418 during the first six months of SFY 2023. Since the inception of MPP, 28,488 individuals have been enrolled in the program. Enrollment from July 1, 2022 to December 31, 2022 was 4,885 individuals.
7. **Major Recommendations**:
   Not Applicable
8. **Action taken in response to the report or evaluation**:
   Not Applicable
9. **Availability (hard copy, electronic file, website)**:
   https://ldh.la.gov/news/1397

10. **Contact person for more information, including**:
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Report #12

1. **Title of Report or Program Evaluation**:

Medicaid Preferred Drug List Annual Report SB 689 of the 2004 RS - HB 369 of the 2005 RS – SFY 16-20

2. **Date completed**:
   January 2023
3. **Subject or purpose and reason for initiation of the analysis or evaluation**:
   The LDH preferred drug list (PDL) program has been in operation since 2002 by Provider Synergies, L.L.C. Provider Synergies is an affiliate of Magellan Medicaid Administration, Inc., and a Magellan Rx Management company ("Magellan"). Louisiana is entering the twelfth year as one of six states participating in the multi-state purchasing program, The Optimal PDL Solution (TOP$). Louisiana was one of three states that initially participated in the multi-state purchasing pool, TOP$, in 2005. The six states now participating in TOP$ are Louisiana, Maryland, Idaho, Wisconsin, Nebraska, and Connecticut.
4. **Methodology used for analysis or evaluation**:
   This review summarizes the results of the PDL program for fiscal year 2021-2022 (FY2022) and the first quarter of fiscal year 2022-2023 (FY2023). This report includes MCO data.
5. **Cost (allocation of in-house resources or purchase price)**:
   Magellan Rx Management Company
6. **Major Findings and Conclusions**:
   The LDH PDL program continues to be very successful. Savings for FY2022 were over $102 million, mainly due to supplemental rebates. Savings have increased from FY2021 due to increased prescription volume and the continued growth of specialty drugs. The COVID-19 pandemic continues to result in a surge in Medicaid enrollment and in keeping some non-preferred, more expensive products in preferred status due to production shortages. Louisiana's estimated savings for FY 2023 are over $135 million.
7. **Major Recommendations**:
   Not Applicable
8. **Action taken in response to the report or evaluation**:
   Not Applicable
9. **Availability (hard copy, electronic file, website)**:
   https://ldh.la.gov/news/1452

10. **Contact person for more information, including**:
    Name: Kim Sullivan
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Report #13

1. **Title of Report or Program Evaluation**:

Response to Senate Resolution 104: Medicaid Pooled Trusts Report

2. **Date completed**:
   February 2023
3. **Subject or purpose and reason for initiation of the analysis or evaluation**:
   Senate Resolution (SR) 104 of the 2022 Regular Session requests LDH to provide a written report of its findings on the desirability and feasibility of permitting Medicaid enrollees over the age of 65 to participate in a pooled trust to the Senate Health and Welfare Committee.
4. **Methodology used for analysis or evaluation**:
   Subject to certain exceptions, a person must not own more than $2,000 in countable resources, individually. Medicaid countable resources are items that can be converted to cash to pay for your expenses. Countable resources include:
   - Cash, checking, savings, credit union accounts, and certificates of deposits (CDs)
   - Retirement accounts (deferred compensation, IRA, or Keogh)
   - Life insurance policies with a face value of more than $1,500
   - A burial fund over $1,500 (or $3,000 per couple)
   - Securities, stocks, bonds and mutual funds
   - Trust accounts
   - Annuities
   - Vehicles other than your primary vehicle, including campers, snowmobiles, boats, and motorcycles
   - Real property (other than that excluded above).
5. **Cost (allocation of in-house resources or purchase price)**:
   Compiled by internal staff
6. **Major Findings and Conclusions**:
   After a thorough review of jurisprudence and policies related to pooled special needs trust, LDH agrees with the Pfoser decision, as well as its statements on the unlikelihood of abuse in special needs trusts. Pooled special needs trusts are unlikely to be used to hide great wealth while creating eligibility for Medicaid because of the inherent limitations of these trusts: pooled special needs trusts are available only to disabled individuals, the person must give up control of the fund and any unused funds will revert to the state. As a result, those who are likely to benefit through the use of pooled special needs trusts are those who, like David Pfoser, are disabled and have only modest assets that they wish to use for basic care not covered by Medicaid.
   LDH will revise its current Medicaid policy to adopt clearer guidance to better inform and advise potential applicants, and current beneficiaries over 65 years of age, of the possibility of utilizing pooled special needs trusts if they can demonstrate that the applicant/beneficiary intended to receive valuable consideration for the transfer. These changes may increase the desirability of a pooled special needs trust for Medicaid beneficiaries. Additionally, LDH will seek assistance and guidance from both Minnesota

and our federal partners to ensure a clear and thorough process for analyzing the valuable consideration received from the pooled trusts.
LDH believes that this will likely include:

- An analysis of the Actuarial Life Table to ensure that all funds transferred to the trust subaccount will likely be disbursed during the beneficiary's expected lifetime
- The trust beneficiary intends for the trust administrator to make disbursements only for goods and services that are not otherwise covered by Medicaid
- The trust fees and expenses are in amounts that are reasonable and customary

7. **Major Recommendations**:
   Not applicable
8. **Action taken in response to the report or evaluation**:
   Not applicable
9. **Availability (hard copy, electronic file, website)**:
   https://ldh.la.gov/assets/docs/LegisReports/SR104/SR_104_of_the_2022_RS_Pooled_Trusts_Final.pdf

10. **Contact person for more information, including**:
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    Telephone: 225-219-7810
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Report #14

1. **Title of Report or Program Evaluation**:
   Provider Reimbursement Rate Sufficiency Review Report for SFY 2024
2. **Date completed**:
   March 2023
3. **Subject or purpose and reason for initiation of the analysis or evaluation**:
   LDH is responsible for setting rates for Medicaid services and other state programs. The process of developing and funding a rate change involves several layers of government that must work in concert including LDH, the Administration and the Legislature.
4. **Methodology used for analysis or evaluation**:
   In order to ensure adequate rates are maintained and adjusted for changes in economic environment, Medicaid rates will be reviewed on a three year cycle starting with a sub-set of rates and ending with all rates reviewed by the end of the third year.
5. **Cost (allocation of in-house resources or purchase price)**:
   Compiled by internal staff
6. **Major Findings and Conclusions**:

Not applicable

7. **Major Recommendations**:
   Not applicable
8. **Action taken in response to the report or evaluation**:
   Not applicable
9. **Availability (hard copy, electronic file, website)**:
   https://ldh.la.gov/assets/docs/LegisReports/ProviderRateReview/ProviderRateReview_2023.pdf
10. **Contact person for more information, including**:
    Name: Kim Sullivan
    Title: Interim Medicaid Director
    Agency & Program: Bureau of Health Services Financing (Medicaid)
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Report #15

1. **Title of Report or Program Evaluation**:
   Medicaid Financial Assistance Programs Annual Report
2. **Date completed**:
   March 2023
3. **Subject or purpose and reason for initiation of the analysis or evaluation**:
   Senate Bill (SB) 259 of the 2022 Regular Legislative Session, known as the "Public Benefit Integrity Law" requires annual reports from state agencies administering federal and state social services and financial assistance programs on the policies and procedures in place to enhance program integrity to eliminate fraud, waste, and abuse of federal and state resources. In response to the Public Benefit Integrity Law, LDH submits an annual report fulfilling this requirement for benefit eligibility, if applicable.
4. **Methodology used for analysis or evaluation**:
   This report consists of data from Louisiana Medicaid and the Supplemental Nutrition Assistance Program for Women, Infants, and Children (WIC).
5. **Cost (allocation of in-house resources or purchase price)**:
   Compiled by internal staff
6. **Major Findings and Conclusions**:
   Not applicable
7. **Major Recommendations**:
   Not applicable
8. **Action taken in response to the report or evaluation**:
   Not applicable
9. **Availability (hard copy, electronic file, website)**:
   https://ldh.la.gov/assets/docs/LegisReports/Act542/FinancialAssistance/Act542_2022RS_LDHReport.pdf

10. **Contact person for more information, including**:

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Report #16

1. **Title of Report or Program Evaluation**:
   Response to HR 158 of the 2022 Regular Session - Study on Gender Reassignment Procedures on Minors
2. **Date completed**:
   March 2023
3. **Subject or purpose and reason for initiation of the analysis or evaluation**:
   House Resolution (HR) 158 of the 2022 Regular Legislative Session directed the Louisiana Department of Health (LDH) to conduct a study focused on the "risks associated with gender reassignment procedures on minors, including genital and non-genital surgeries, and chemical treatments such as puberty blockers and cross-sex hormones." HR 158 specified 10 questions to be answered (hereafter referred to as "Key Questions" [KQs]) but did not limit the study to these questions alone. Study findings presented in this report include Louisiana Medicaid administrative data pertaining to procedures for gender dysphoria in minors (addressing KQ1—KQ4 and KQ8—KQ9) and a review of available published evidence and policy literature on the topic (addressing KQs 5—7 and KQ 10).
4. **Methodology used for analysis or evaluation**:
   Study findings presented in this report include Louisiana Medicaid administrative data pertaining to procedures for gender dysphoria in minors (addressing KQ1—KQ4 and KQ8—KQ9) and a review of available published evidence and policy literature on the topic (addressing KQs 5—7 and KQ 10).
5. **Cost (allocation of in-house resources or purchase price)**:
   Compiled by internal staff
6. **Major Findings and Conclusions**:
   This report specifically focuses on medical and surgical services for minors with gender dysphoria; however, there are other services available to support youth exploring their gender identity or seeking care. For example, since transgender youth with parental support report reduced depressive symptoms and higher life satisfaction compared to those without parental support, family therapy may be needed. Also, because transgender youth report greater rates of unmet healthcare needs (e.g., preventive services, mental health), barriers to accessing the healthcare system that are unique to this population can be reduced, such as stigma.
7. **Major Recommendations**:

Not applicable

8. **Action taken in response to the report or evaluation**:
   Not applicable
9. **Availability (hard copy, electronic file, website)**:
   https://ldh.la.gov/assets/docs/LegisReports/HR158_2022RS_LDHReport.pdf

10. **Contact person for more information, including**:
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    Agency & Program: Bureau of Health Services Financing (Medicaid)
    Telephone: 225-219-7810
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Report #17

1. **Title of Report or Program Evaluation**:
   Act No. 670 – "Lorri Burgess' Law" – Senate Bill 298 of the Regular Legislative Session 2022
2. **Date completed**:
   March 2023
3. **Subject or purpose and reason for initiation of the analysis or evaluation**:
   This report is submitted pursuant to Senate Bill 298 of the 2022 Regular Legislative Session, which requires LDH to conduct an annual review of all medications and forms of treatment for sickle cell disease (SCD) that are eligible for coverage under the Louisiana Medicaid program. The report shall be submitted to the Senate Committee on Finance, the House Committee on Appropriations, and the Senate and House committees on health and welfare.
4. **Methodology used for analysis or evaluation**:
   The annual review should include input from the general public, particularly those persons or groups with knowledge and experience of SCD treatment.
5. **Cost (allocation of in-house resources or purchase price)**:
   Compiled by internal staff
6. **Major Findings and Conclusions**:
   Study findings show that covered medications, treatments, and services are available to Louisiana Medicaid members with SCD but may be underutilized. From routine preventive care to SCD specialty care, there are multiple opportunities to better ensure that adults and children with SCD receive the recommended care.
7. **Major Recommendations**:
   Louisiana Medicaid members with SCD can benefit from additional research to identify barriers to care (e.g., geographic disparities in availability of specialists) and root causes of the disparities identified in this study. Qualitative research might also yield insights into possible care team implicit bias, as gaps in pain management include under treatment of SCD along with other conditions that are common among racial minorities. Researchers at the

National Heart, Lung, and Blood Institute (NHLBI) of NIH are investigating new ways to treat SCD, including activating the enzyme pyruvate kinase (PKR) to relieve pain through oral therapy, which was shown to be safe in an early phase 1 clinical research trial. Interventions to increase access to a shared care model or other strategies to drive better integration of specialty and primary care merit exploration. Given the lower rates of adult members with at least one hematologist visit compared to children, improving transitions from pediatric to adult care warrants consideration for a collaborative performance improvement project (PIP). MCO interventions to enhance case management and care coordination for members with SCD are merited. In addition, MCOs can educate PCPs and hematologists regarding SCD clinical guideline recommendations, as well as advances in SCD treatment.

8. **Action taken in response to the report or evaluation**:
   Not applicable.
9. **Availability (hard copy, electronic file, website)**:
   https://ldh.la.gov/assets/docs/LegisReports/Act670_2022RS_LDHReport_2023.pdf
10. **Contact person for more information, including**:
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Annual Management and Program Analysis Report
Fiscal Year 2022-2023

Department: **Louisiana Department of Health (LDH)**
09-307 Office of the Secretary

Department Head: **Stephen Russo**
LDH Secretary

Undersecretary: **Pam Diez**

I. What outstanding accomplishments did your department achieve during the previous fiscal year?

For each accomplishment, please discuss and explain each item below.

A. What was achieved?
B. Why is this success significant?
C. Who benefits and how?
D. How was the accomplishment achieved?
E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

Accomplishment #1: LDH Reports Successful Outcomes from FY 2022, Launches New Business Plan Detailing Priorities for the Year

A. What was achieved?

The Louisiana Department of Health (LDH) released its outcomes report from its fiscal year (FY) 2022 business plan, and its second business plan, detailing key initiatives and policy goals for FY 2023. FY 2023 commitments and initiatives are:

- **Improve Health and Well-Being across the Lifespan of Louisianans:** Improve Health Outcomes in Pregnancy and through Childhood, Improve Prevention, Early Detection, and Treatment of Chronic Diseases, Increase Availability of Behavioral

Health Services, and Increase Access to Dental Services for Adults with Developmental Disabilities.

- **Support Vulnerable and Underserved Populations:** Improve Systems to Support People Living with Sickle Cell Disease, Increase and Strengthen Service Delivery for Vulnerable Residents, Protect the Health, Safety, and Welfare of Nursing Home Residents in Louisiana, and Improve the Sustainability of Public Water Systems.

- **Invest in and Empower #TeamLDH:** Improve #TeamLDH Culture, Recruitment, and Retention, and Expand Workforce Development Training Program.

- **Improve Performance, Accountability, and Compliance:** Establish an LDH Annual Quality Improvement Process, Develop and Implement a Process to Reduce External Audit Findings, Advance Prevention of Medicaid Fraud and Waste, and Develop Sustainable, Equitable, and Comprehensive Supplemental Payment Systems.

- **Strengthen Customer Service, Partnerships and Community Relations:** Establish the Office of Women's Health and Community Health, Build Statewide Capacity to Engage in Systemic Health Equity Work, Strengthen, Expand, and Diversify Louisiana's Healthcare Workforce, and Expand Collaborations with Community Partners.

B. Why is this success significant?

According to the outcomes report for the FY 2022 business plan, LDH successfully completed 95% of all deliverables and met 88% of its goals.

The FY 2023 business plan titled "Invest: Teaming Up for a Stronger LDH and a Healthier Louisiana," contains 18 initiatives, 45 goals and 253 deliverables under five major commitments that will measure progress and provide accountability to Louisiana residents, our stakeholders, and the Department.

C. Who benefits and how?

Such investments benefit all Louisianans across their lifespans, including our most vulnerable and underserved residents – from the safety of the water we drink, to the safeguarding of our older adults in the event of a hurricane or other disaster.

D. How was the accomplishment achieved?

The FY 2023 plan relies on partnerships with Louisiana schools and institutions of higher education to expand and diversify Louisiana's healthcare workforce; as well as collaboration with local providers to further move the needle on chronic conditions like colorectal cancer, diabetes, and high blood pressure, while also targeting cardiovascular disease, asthma, and Sickle Cell Disease. LDH also will leverage relationships with nonprofit organizations and other state agencies to increase access to nutritious foods and safe physical activity, and expand Medicaid access to smoking cessation programs for

those seeking to quit.

Additionally, the FY 2023 business plan initiatives will include continued work with the Louisiana Perinatal Quality Collaborative (LaPQC) to make improvements in maternal health, and collaboration with legislators and providers to expand behavioral health crisis intervention services, now in place for adults, to also encompass adolescents.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)

Yes. LDH is committed to protecting and promoting health across the lifespan of all Louisianans. LDH's mission of providing equitable, accessible healthcare is bolstered by continuous improvement in health systems and service delivery.

The full FY 2022 outcomes report and FY 2023 business plan can be reviewed at www.ldh.la.gov/businessplan.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

No.

Accomplishment #2: Ntrinsx Virtual Training Program – Balancing Act for Leaders

A. What was achieved?

Recognizing the value of positive communication, interaction, and social intelligence on the overall culture of an organization, the Louisiana Department of Health Executive Management staff had the opportunity to participate in & learn more about Ntrinsx, an online assessment and social intelligence data management system that utilizes colors to help you understand yourself and others in a practical way. By using color profiles – Gold, Blue, Green, and Orange, these profiles are contextualized across the different areas of our lives to provide a comprehensive report for each user based on their identified color profile.

B. Why is this success significant?

The goal of the Ntrinsx training was to provide insight into the subtle, but important aspects of a person's temperament and to allow them to think past color, ethnicity, gender, race, sexual orientation, religion, education, income level, political affiliation, and the many other natural biases we may have.

C. Who benefits and how?

Cultivating a skilled workforce requires continual investment in our team members. LDH is committed to pursuing programs that will support and strengthen its workforce, and in building an overall culture of respect among employees (#TeamLDH).

Unlike generic training on concepts such as communication, conflict, and leadership, the Ntrinsx sessions focused on how to improve communication, and how to engage your team and hold the individuals within it accountable to achieve the intended results.

D. How was the accomplishment achieved?

The Ntrinsx interactive sessions were presented via Zoom by FocusWorks, and were used to help build self-awareness, improve communication and grow a culture of respect within LDH.

The five Ntrinsx training sessions included:

1. Self-awareness (using the Ntrinsx model)
2. Communicating with an Understanding of Conflict & Stress
3. Balancing Time
4. Performance Management
5. Wellness Wrap Up

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)

Yes, it does contribute to our strategic goals. LDH employees engaged in Ntrinsx training to support the standardization of a culture of respect.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

No, however LDH executive management staff was very pleased with the outcome of this assessment and has taken steps with the Employee Engagement and Training Section (EET) to assist with making this assessment available to all LDH employees (T.O. and Job Appointment positions).

II. Is your department Five-Year Strategic Plan/Business Plan on time and on target for accomplishment?

To answer this question, you must determine whether your anticipated outcomes—goals and objectives—are being attained as expected and whether your strategies are working as expected and proceeding on schedule.

- **Please provide a brief analysis of the overall status of your strategic progress.** What is your general assessment of overall timeliness and progress toward accomplishment of results targeted in your goals and objectives? What is your general assessment of the effectiveness of your strategies? Are anticipated returns on investment are being realized?

LDH/Office of the Secretary Strategic Plan: Yes, the Department's Business Plan, as well as the 5-Year Strategic Plan, is on time for accomplishment. Our 5-Year Strategic Plan

was revised in July 2022 and covers fiscal years 2023-2028. This plan provides: (1) a general picture of intended performance across the agency, (2) a general discussion of strategies and resources the agency will use to achieve its goals, and (3) general confidence and reliability that agency performance information will be credible.

The Department's strategic planning efforts continue to improve over the previous fiscal years. The Office of the Secretary has also recognized and identified the need for improved performance information. Without increased management attention to setting priorities and developing overall goals that are used to assess its performance, the Department would be limited in its ability to make significant progress.

Our priorities as an agency center on three themes: Building Foundational Change for Better Health Outcomes, Promoting Independence through Community-Based Care, and Managing Smarter for Better Performance. As we present the next iteration of our planning process, we continue to use these themes to guide our efforts to improve the way we manage our programs and services for a healthier Louisiana.

- **Where are you making significant progress?** If you are making no significant progress, state "None." However, if you are making significant progress, identify and discuss goals and objectives that are exceeding the timeline for achievement; identify and discuss strategies that are working better than expected. Be specific; discuss the following for each:

  Teamwork is at the core of who we are as Louisianans, and it's at the heart of what we do for the more than 4.6 million people the Louisiana Department of Health (LDH) is privileged to serve. LDH's first business plan in nearly a decade is titled Together: Building a Stronger LDH and a Healthier Louisiana. This ambitious plan is a blueprint for specific, measurable initiatives that builds upon our foundations while setting new goals, being open to change, and seeking to be progressive and better, every day.

  Through the end of Fiscal Year 2023, our progress has been carried out and measured through four major commitments aimed at:

  - Improving the health and well-being of Louisianans with an emphasis on prevention
  - Reshaping the #TeamLDH work culture
  - Enhancing customer service, partnerships, and community relations
  - Being transparent, accountable, and compliant with state and federal regulations

  1. To what do you attribute this success? For example:
     - Is progress largely due to the effects of external factors? Would the same results have been generated without specific department action?
     - Is progress directly related to specific department actions? (For example: Have you reallocated resources to emphasize excellence in particular areas? Have you initiated new polices or activities to address particular issues or

needs? Have you utilized technology or other methodologies to achieve economies or improve service delivery?)
- Is progress related to the efforts of multiple departments or agencies? If so, how do you gauge your department's contribution to the joint success?
- Other? Please specify.

2. Is this significant progress the result of a one-time gain? Or is progress expected to continue at an accelerated pace?

At the end of FY23, LDH provided a report detailing our achievements, lessons learned, and opportunities for further improvement. While unforeseen challenges will undoubtedly arise throughout the year, especially as we work urgently to end a pandemic, having our priorities and goals clearly defined in this business plan will help us maintain our focus and commitment to achieving them.

- **Where are you experiencing a significant lack of progress?** If you are experiencing no significant lack of progress, state "None." However, if you are experiencing a significant lack of progress, identify and discuss goals and objectives that may fall significantly short of the targeted outcome; identify and discuss strategies that are not working well. Be specific; discuss the following for each:

  None.

  1. To what do you attribute this lack of progress? For example:
     - Is the lack of progress related to a management decision (perhaps temporary) to pursue excellence in one area at the expense of progress in another area?
     - Is the lack of progress due to budget or other constraint?
     - Is the lack of progress related to an internal or external problem or issue? If so, please describe the problem and any recommended corrective actions in Section III below.
     - Other? Please specify.

  2. Is the lack of progress due to a one-time event or set of circumstances? Or will it continue without management intervention or problem resolution?

- **Has your department revised its strategic plan to build on your successes and address shortfalls?**

  ☐ Yes. If so, what adjustments have been made and how will they address the situation?

  ☒ No. If not, why not?

Strategic plans will be updated in July 2024.

- **How does your department ensure that your 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?** Use as much space as needed to explain fully.

  In FY22, LDH revised its 5-year strategic plan. This revised plan is good through FY 2028 and will be updated in three years. Strategic plan revisions occur within each office/section on a continuous basis to address critical needs and issues within each office. Our offices continue to identify and quantify electronic processes to improve efficiencies, address needed rule revisions for consistency with processes and new statutes, and address resources needed for improved efficiencies.

III. What significant department management or operational problems or issues exist? What corrective actions (if any) do you recommend?

("Problems or issues" may include internal concerns, such as organizational structure, resource allocation, operations, procedures, rules and regulations, or deficiencies in administrative and management oversight that hinder productivity, efficiency, and effective service delivery. "Problems or issues" may be related to external factors—such as demographics, economy, fiscal condition of the state, federal or state legislation, rules, or mandates—that are largely beyond the control of the department but affect department management, operations, and/or service delivery. "Problems or issues" may or may not be related directly to strategic plan lack of progress.)

Complete Sections A and B (below) for each problem or issue. Use as much space as needed to fully address each question. If the problem or issue was identified and discussed in a management report or program evaluation, be sure to cross-reference the listing of such reports and evaluations at the end of this form.

No department management or operational problems exist.

A. Problem/Issue Description

1. What is the nature of the problem or issue?
2. Is the problem or issue affecting the progress of your strategic plan? (See Section II above.)
3. What organizational unit in the department is experiencing the problem or issue?
4. Who else is affected by the problem? (For example: internal or external customers and other stakeholders.)
5. How long has the problem or issue existed?
6. What are the causes of the problem or issue? How do you know?
7. What are the consequences, including impacts on performance, of failure to resolve the problem or issue?

B. Corrective Actions

1. Does the problem or issue identified above require a corrective action by your department?

☐ No. If not, skip questions 2-5 below.
☐ Yes. If so, complete questions 2-5 below.

2. What corrective actions do you recommend to alleviate or resolve the problem or issue?

3. Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)?
4. Are corrective actions underway?
    a. If so:
        - What is the expected time frame for corrective actions to be implemented and improvements to occur?
        - How much progress has been made and how much additional progress is needed?
    b. If not:
        - Why has no action been taken regarding this recommendation?
        - What are the obstacles preventing or delaying corrective actions?
        - If those obstacles are removed, how soon could you implement corrective actions and generate improvements?

5. Do corrective actions carry a cost?

☐ No. If not, please explain.
☐ Yes. If so, what investment is required to resolve the problem or issue? (For example, investment may include allocation of operating or capital resources—people, budget, physical plant and equipment, and supplies.) Please discuss the following:
    a. What are the costs of implementing the corrective actions? Be specific regarding types and amounts of costs.
    b. How much has been expended so far?
    c. Can this investment be managed within your existing budget? If so, does this require reallocation of existing resources? If so, how will this reallocation affect other department efforts?
    d. Will additional personnel or funds be required to implement the recommended actions? If so:
        - Provide specific figures, including proposed means of financing for any additional funds.
        - Have these resources been requested in your budget request for the upcoming fiscal year or in previous department budget requests?

IV. How does your department identify, analyze, and resolve management issues and evaluate program efficiency and effectiveness?

A. Check all that apply.

☒ **Internal audit**
The LDH Office of the Secretary ensures ongoing monitoring of programmatic and administrative functions.

The Internal Audit function, within LDH Office of the Secretary, appraises activities within the Department to safeguard the Department against fraud, waste and abuse by conducting risk-based audits and compliance investigations. The Internal Audit function ensures that transactions are executed according to management's authority and recorded properly; that operating efficiency is promoted; and that compliance is maintained with prescribed federal regulations, state laws, and management policies.

Internal Audit also provides management with evaluations of the effectiveness of internal controls over accounting, operational and administrative functions.

☒ **External audits (Example: audits by the Office of the Legislative Auditor)**
The LDH has a designated Audit Coordinator for financial audits. The Audit Coordinator is the designated point of contact for all correspondence and communication related to financial audits of LDH agencies. The Audit Coordinator is involved in all written communication related to audits and is kept informed about all relevant verbal communication between agency personnel and the Louisiana Legislative Auditor (LLA) staff. The LLA conducts performance audits, program evaluations, and other studies as needed to enable the legislature and its committees to evaluate the efficiency, effectiveness, and operation of state programs and activities.

The Centers for Medicare & Medicaid (CMS) also conducts audits and reviews LDH and its agencies for compliance with program standards and accountability for funds received to administer programs.

☐ Policy, research, planning, and/or quality assurance functions in-house
☐ Policy, research, planning, and/or quality assurance functions by contract
☐ Program evaluation by in-house staff
☐ Program evaluation by contract

☒ **Performance Progress Reports (Louisiana Performance Accountability System)**
The LDH Division of Planning and Budget coordinates and reviews entries of the Louisiana Performance Accountability System (LaPAS) data on a quarterly basis for all LDH agencies. Explanatory notes are provided 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, if significant variances occur, or if modifications and additions are needed.

☒ **In-house performance accountability system or process**
Performance Based Budgeting activities (including, but not limited to strategic planning, operational planning, and the Louisiana Performance Accountability System) are coordinated by the LDH Division of Planning and Budget. This section reviews all objectives, performance indicators and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are made at monthly expenditure analysis meetings directly to the agency's assistant secretary or the Department's undersecretary, if modifications or 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 planning, or strengthen program management initiatives.

☒ **Benchmarking for Best Management Practices**
The LDH Division of Planning and Budget reviews, researches and develops objectives, performance measures and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are compared to benchmarks from leading states involved in performance-based budgeting activities. Recommendations are made directly to the agency's assistant secretary or the Department's undersecretary, if modifications or additions are needed.

☒ **Performance-based contracting (including contract monitoring)**
LDH contracts are required to contain a description of the work to be performed including goals and objectives, deliverables, performance measures and a monitoring plan.

☐ Peer review
☐ Accreditation review
☐ Customer/stakeholder feedback
☐ Other (please specify):

B. Did your office complete any management reports or program evaluations during the fiscal year covered by this report?

☐ Yes. Proceed to Section C below.
☒ No Skip Section C below.

C. List management reports and program evaluations completed or acquired by your office during the fiscal year covered by this report. For each, provide:

1. Title of Report or Program Evaluation:
2. Date completed:
3. Subject or purpose and reason for initiation of the analysis or evaluation:
4. Methodology used for analysis or evaluation:
5. Cost (allocation of in-house resources or purchase price):
6. Major Findings and Conclusions:
7. Major Recommendations:
8. Action taken in response to the report or evaluation:
9. Availability (hard copy, electronic file, website):
10. Contact person for more information, including:
    Name:
    Title:
    Agency & Program:
    Telephone:
    E-mail:

Annual Management and Program Analysis Report
Fiscal Year 2022-2023

Department:	**Louisiana Department of Health (LDH)** 09-309 South Central La. Human Services Authority
Department Head:	**Stephen Russo** LDH Secretary
Undersecretary:	**Pam Diez**
Executive Director:	**Kristin Bonner**

I. What outstanding accomplishments did your department achieve during the previous fiscal year?

A. For each accomplishment, please discuss and explain each item below. What was achieved?
B. Why is this success significant?
C. Who benefits and how?
D. How was the accomplishment achieved?
E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

Accomplishment #1: Vaping Prevention Program

A. What was achieved?

South Central La. Human Services Authority (SCLHSA) implemented a new vaping evidence-based prevention program named *Catch My Breath*. The program was presented to 10 high schools and 19 junior high and middle schools, bringing awareness and prevention to the dangers of vaping. The program was taught to 4,091 students in our service area (Lafourche, Terrebonne, St. James, St. John, St. Charles, St. Mary, and Assumption parishes) to help prevent the use of vaping products. Catch My Breath empowers students to make informed decisions when it comes to vaping and vaping

products.

B. Why is this success significant?

Catch My Breath is a youth nicotine vaping prevention program that provides students with the skills necessary to resist peer pressure and media influences to try e-cigarettes.

The overall goal is to prevent the initiation of e-cigarette use among preteen and teen adolescents. Catch My Breath was successful because it brought awareness to students and teachers of the dangers of vaping. This program allows students to make informed decisions involving vaping and the effects of vaping.

C. Who benefits and how?

Students, teachers, parents and the community all benefit from the information that is provided in the Catch My Breath program.

D. How was the accomplishment achieved?

SCLHSA's Prevention Staff coordinated the educational program based on school-identified needs. Vaping in school aged youth prompted SCLHSA to seek a new prevention program. Dr. Steven Kelder is the lead developer of CATCH My Breath and served on the editorial team for the July 2016 Surgeon General Report on e-cigarettes. CATCH My Breath was based on new scientific literature on the rise in the use of e-cigarettes in the United States, as well as the emerging science regarding the harmful consequences of e-cigarette use by preteens and teens. Catch My Breath program was made successful by implementing in our local middle, junior high and high schools. Contractors met with local school administrators, principals and teachers to implement Catch My Breath within our region's schools. There are four different sessions: Designed for Addiction, What Could Go Wrong, Co-create and Hack the System, and Take Control of Your Life.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
Yes, the CATCH My Breath program is an identified approved prevention program in the Prevention Management Information System (PMIS).

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
Yes, the CATCH My Breath program is an identified approved prevention program in the Prevention Management Information System (PMIS).

II. Is your department Five-Year Strategic Plan/Business Plan on time and on target for accomplishment?

To answer this question, you must determine whether your anticipated outcomes—goals and objectives—are being attained as expected and whether your strategies are working as expected and proceeding on schedule.

- **Please provide a brief analysis of the overall status of your strategic progress.** What is your general assessment of overall timeliness and progress toward accomplishment of results targeted in your goals and objectives? What is your general assessment of the effectiveness of your strategies? Are anticipated returns on investment are being realized?

  Overall, South Central Louisiana Human Services Authority remained on target with progress toward achieving its Strategic Plan Goals and Objectives. The Authority consistently utilized all strategies outlined in its Strategic Plan to effectively demonstrate performance and quality improvement on a continuous basis. In addition to Strategic Plan Goals and Objectives, implementation of efficiency strategies also produced positive results in the areas of client engagement, documentation of clinical treatment, client satisfaction (internal satisfaction survey results improved over previous survey and showed high marks for all clinicians, all support staff, and perceived positive outcomes), and staff retention.

- **Where are you making significant progress?** If you are making no significant progress, state "None." However, if you are making significant progress, identify and discuss goals and objectives that are exceeding the timeline for achievement; identify and discuss strategies that are working better than expected. Be specific; discuss the following for each:

  1. To what do you attribute this success? For example:
     - Is progress largely due to the effects of external factors? Would the same results have been generated without specific department action?
     - Is progress directly related to specific department actions? (For example: Have you reallocated resources to emphasize excellence in particular areas? Have you initiated new polices or activities to address particular issues or needs? Have you utilized technology or other methodologies to achieve economies or improve service delivery?)
     - Is progress related to the efforts of multiple departments or agencies? If so, how do you gauge your department's contribution to the joint success?
     - Other? Please specify.
  2. Is this significant progress the result of a one-time gain? Or is progress expected to continue at an accelerated pace?

  The South Central Louisiana Human Services Authority will continue to utilize all Strategic Plan strategies with a concentrated focus on utilization management, monitoring and related follow-up activities, client engagement, and positive outcomes to achieve the Authority's goals and objectives. The South Central Louisiana Human Services Authority strives for continued progress toward achieving Strategic Goals and Objectives in support of its Mission.

  Goal 1: Improve service outcomes by partnering with stakeholders to expand integrated service programs in the community.

Goal 2: Increase staff accountability and fiscal integrity of the agency.

Goal 3: Provide the infrastructure, information, and systems to help employees successfully complete their jobs.

Goal 4: Maintain CARF Accreditation by comitting to quality improvement, focusing on the unique needs of each person we serve, and monitoring the results of services we provide

- **Where are you experiencing a significant lack of progress?** If you are experiencing no significant lack of progress, state "None." However, if you are experiencing a significant lack of progress, identify and discuss goals and objectives that may fall significantly short of the targeted outcome; identify and discuss strategies that are not working well. Be specific; discuss the following for each:

  1. To what do you attribute this lack of progress? For example:
     - Is the lack of progress related to a management decision (perhaps temporary) to pursue excellence in one area at the expense of progress in another area?
     - Is the lack of progress due to budget or other constraint?
     - Is the lack of progress related to an internal or external problem or issue? If so, please describe the problem and any recommended corrective actions in Section III below.
     - Other? Please specify.

  2. Is the lack of progress due to a one-time event or set of circumstances? Or will it continue without management intervention or problem resolution?

     South Central Louisiana Human Services Authority is experiencing significant shortage of licensed counseling staff to provide services. To date there has been minimal service interruption to patients; however, current employees are impacted. The number of patient's presenting for services has increased by 4.97% this year compared to FY 22. With continued increases to the number of individuals served SCLHSA will have to increase the wait time for follow-up appointments.

- **Has your department revised its strategic plan to build on your successes and address shortfalls.**

  ☒ Yes. If so, what adjustments have been made and how will they address the situation?

  SCLHSA has hired a new Executive Director and the agency vision, mission, and strategic plan will be modified for the upcoming year.

  ☐ No. If not, why not?

- **How does your department ensure that your 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 South Central Louisiana Human Services Authority, a Local Governing Entity, adheres to the Board of Governance Model. The Board of Directors selects an Executive Director to provide ongoing administration and operational management of the Authority. The Executive Director presents the Board of Directors with monthly updates and an annual Ends Policy Monitoring Report detailing progress toward the organization's Strategic Plan Goals and Objectives. South Central Louisiana Human Services Authority continuously communicates, monitors, reports, and implements corrective action/process improvement activities with regard to Strategic Plan Goals, Objectives, and Performance Indicators via a broad range of venues (from individual supervision to performance reporting available to staff).

  The Executive Management Team develops, adopts, and implements cross-divisional annual Performance Improvement Initiatives (PI) to ensure South Central Louisiana Human Services Authority 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 informs employees about Strategic Plan Goals, Objectives, and Performance Indicators via monthly Manager Meetings and Directors involve staff in data collection, analysis, and reporting of Performance Indicator outcomes. Clinic Managers lead discussion about the Performance Improvement Plan during staff meetings, reporting progress, obtaining staff input, and emphasizing accountability for reaching goals and objectives. The Executive Director schedules quarterly All-Staff Videoconference meetings each year with the entire agency. Performance improvement is a routine part of the agenda. Further, the Executive Director bases a significant portion of the Division Directors' annual performance reviews on their contributions to the South Central Louisiana Human Services Authority Strategic Plan and Performance Improvement Initiatives as well as on their degree of success in accomplishing organizational goals and objectives.

  Executive Management Team (EMT) meetings and occasional planning retreats are used as both group supervision and as forums for discussion of progress on meeting/exceeding goals and for development of corrective action and/or performance improvement plans. The Executive Director holds the Executive Management Team accountable on both an individual and group basis for the successful implementation of the South Central Louisiana Human Services Authority Strategic Plan, Division-specific Plans, and Performance Improvement Initiatives. Each South Central Louisiana Human Services Authority staff member has job-specific performance factors and expectations included in his/her annual planning document to support Authority goals. Managers and Supervisors are expected to meet with individual staff members reporting to them as

outlined in South Central Louisiana Human Services Authority's Staff Development and Supervision Guidelines (weekly for new employees, monthly for established employees, and as needed for employees in need of performance improvement) to review and discuss progress toward meeting expectations. Continued and open discussion is encouraged. South Central Louisiana Human Services Authority leadership approaches implementation of the Authority Strategic Plan as comprehensive and ongoing performance improvement that involves all Divisions (horizontal integration) and all staff members (vertical integration). Monitoring and reporting are integral parts of the process as are compliance and process improvement activities.

III. What significant department management or operational problems or issues exist? What corrective actions (if any) do you recommend?

("Problems or issues" may include internal concerns, such as organizational structure, resource allocation, operations, procedures, rules and regulations, or deficiencies in administrative and management oversight that hinder productivity, efficiency, and effective service delivery. "Problems or issues" may be related to external factors—such as demographics, economy, fiscal condition of the state, federal or state legislation, rules, or mandates—that are largely beyond the control of the department but affect department management, operations, and/or service delivery. "Problems or issues" may or may not be related directly to strategic plan lack of progress.)

Complete Sections A and B (below) for each problem or issue. Use as much space as needed to fully address each question. If the problem or issue was identified and discussed in a management report or program evaluation, be sure to cross-reference the listing of such reports and evaluations at the end of this form.

A. Problem/Issue Description

1. What is the nature of the problem or issue?

   In the past few years, it has become harder to fill counselor positions. The few Licensed Professional Counselors (LPC) and Licensed Clinical Social Workers (LCSW) in this region are difficult to recruit and hire.

2. Is the problem or issue affecting the progress of your strategic plan? (See Section II above.)

   Yes, the ability to provide quality core service are impacted in the Behavioral Health Centers due to large caseloads and increasing number of individuals presenting for treatment.

3. What organizational unit in the department is experiencing the problem or issue?

The impact is to the outpatient clinical treatment services.

4. Who else is affected by the problem? (For example: internal or external customers and other stakeholders.)

   The counselor staffing shortage is effecting SCLHSA's external customers, clients, other community social service agencies and the community as a whole.

5. How long has the problem or issue existed?

   The LCSW shortage has existed for five to six years. LPC's have been increasingly harder to attract and retain over the same amount of time

6. What are the causes of the problem or issue? How do you know?

   Social workers with their master's degrees must complete 96 face-to-face supervision hours, a minimum of 3000 hours post master's degree client contact hours under supervision and pass the licensing test in order to become a LCSW. Counselors with master's degrees must complete 3000 hours with a minimum 1900 hours of direct client contact plus 1000 non-direct hours and 100 hours face-to-face supervision in addition to passing the licensing test. SCLHSA hires these individuals as Case Managers until their training hours are obtained. These positions are not billable. The field is competitive at this time. Individuals have left state employment for higher pay and several have left for positions at the Managed Care Organizations due to different working conditions, such as pay, hybrid or remote work.

7. What are the consequences, including impacts on performance, of failure to resolve the problem or issue?

   Current employees are becoming fatigued due to heavy client loads. The time for follow-up appointments will become longer and quality care will suffer. In time, our behavior health centers will become physician and nurse practitioner medical appointments only. We will lose the ability to collect required data for federal grants.

B. Corrective Actions

1. Does the problem or issue identified above require a corrective action by your department?

   ☐ No. If not, skip questions 2-5 below.

   ☒ Yes. If so, complete questions 2-5 below.

2. What corrective actions do you recommend to alleviate or resolve the problem or

issue?

Develop systematic potential options for change with the Office of Behavioral Health, such allowing the LGEs to utilize provisionally licensed master level social workers and counselors to provide billable services under the supervision of a licensed LPC and LCSW for the Office of Behavioral Health's core services identified under the contracts with the LGEs. This will allow the LGEs an advantage with state universities and graduating students who will receive a salary while obtaining the clinic contact hours needed for licensure.

3. Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)?

   No, SCLHSA has not reported addressed staffing concern previously.

4. Are corrective actions underway?
   a. If so:
      - What is the expected time frame for corrective actions to be implemented and improvements to occur?
      - How much progress has been made and how much additional progress is needed?

Corrective actions within SCLHSA's control are ongoing. The Civil Service Commission approved a Retention and Recruitment Premium Pay policy for LCSWs to receive $2.00/hour and LPCs to receive $1.50/hour. We choose to pay LCSW's a higher pay because they are billable for Medicare. SCLHSA's Medicare population in Fiscal Year 23 was 24%. SCLHSA is actively attending university job fairs, as well as, offering extern positions for students in counselor and social work programs.

   b. If not:
      - Why has no action been taken regarding this recommendation?
      - What are the obstacles preventing or delaying corrective actions?
      - If those obstacles are removed, how soon could you implement corrective actions and generate improvements?

5. Do corrective actions carry a cost?

   ☐ No. If not, please explain.

   ☒ Yes. If so, what investment is required to resolve the problem or issue? (For example, investment may include allocation of operating or capital resources—people, budget, physical plant and equipment, and supplies.) Please discuss the following:
      a. What are the costs of implementing the corrective actions? Be specific regarding types and amounts of costs.

Estimated costs for Retention and Recruitment Premium Pay in Fiscal Year 2024 is $103,790.00.

b. How much has been expended so far?

$73,769.81 was spent in FY 2023 on twenty-nine employees.

c. Can this investment be managed within your existing budget? If so, does this require reallocation of existing resources? If so, how will this reallocation affect other department efforts?

Yes, SCLHSA will absorb the cost from other resources.

d. Will additional personnel or funds be required to implement the recommended actions? If so:
   - Provide specific figures, including proposed means of financing for any additional funds.
   - Have these resources been requested in your budget request for the upcoming fiscal year or in previous department budget requests?

Yes, in the FY 24 budget document the Premium Pay is a line item.

IV. How does your department identify, analyze, and resolve management issues and evaluate program efficiency and effectiveness?

A. Check all that apply.

☒ **Internal audit**
The LDH Office of the Secretary ensures ongoing monitoring of programmatic and administrative functions.

The Internal Audit function, within LDH Office of the Secretary, appraises activities within the Department to safeguard the Department against fraud, waste and abuse by conducting risk-based audits and compliance investigations. The Internal Audit function ensures that transactions are executed according to management's authority and recorded properly; that operating efficiency is promoted; and that compliance is maintained with prescribed federal regulations, state laws, and management policies.

Internal Audit also provides management with evaluations of the effectiveness of internal controls over accounting, operational and administrative functions.

South Central Louisiana Human Services Authority's Administrative Services Division provides ongoing monitoring of clinical and administrative functions. Audit tools, with identified criteria and targets are utilized; results are reported;

and, appropriate process improvement and/or corrective actions are executed. Further, South Central Louisiana Human Services Authority developed process improvement and fiscal functions to audit Authority performance using benchmarks set forth in the Council on Accreditation of Rehabilitation Facilities (CARF) standards and to implement process improvement and/or corrective action as needed. A member of the Executive Management Team oversees each of these areas to assure there is no duplication of effort.

☒ **External audits (Example: audits by the Office of the Legislative Auditor)**
The LDH has a designated Audit Coordinator for financial audits. The Audit Coordinator is the designated point of contact for all correspondence and communication related to financial audits of LDH agencies. The Audit Coordinator is involved in all written communication related to audits and is kept informed about all relevant verbal communication between agency personnel and the Louisiana Legislative Auditor (LLA) staff. The LLA conducts performance audits, program evaluations, and other studies as needed to enable the legislature and its committees to evaluate the efficiency, effectiveness, and operation of state programs and activities.

The Centers for Medicare & Medicaid (CMS) also conducts audits and reviews LDH and its agencies for compliance with program standards and accountability for funds received to administer programs.

South Central Louisiana Human Services Authority is audited on an annual basis through the Office of the Legislative Auditor as well as by the Louisiana Department of Health - Office of Behavioral Health Licensing Standards and Office of Developmental Disabilities and the Louisiana Department of State Civil Service.

☒ Policy, research, planning, and/or quality assurance functions in-house

The South Central Louisiana Human Services Authority's Executive Management Team provides these functions with oversight from the SCLHSA Deputy Director.

☒ Policy, research, planning, and/or quality assurance functions by contract

The South Central Louisiana Human Services Authority Adult, Child, Prevention Services and Developmental Disabilities Contract Monitors meet monthly with all contracted services for review of contract objectives and to gather service data information. The contract agency or individual has the opportunity to share any issues with service provision or funding at that time. SCLHSA Executive Director, Chief Fiscal Officer, Fiscal Staff, Division Directors and Contract Monitors meet on a quarterly basis to review contracts, billing, invoices and services provided to insure that contract goals and objectives are being met.

☒ Program evaluation by in-house staff

Performance is monitored on an ongoing basis utilizing the South Central Louisiana Human Services Authority's Strategic Plan, Operational Plan, Performance Improvement Plan, Risk Management Plan, and position-specific performance expectations. All have clearly stated expectations and performance targets. The Executive Director, Executive Management Team, Managers and Supervisory Staff share responsibility for oversight of these functions. Outcomes are reviewed and reported to the Board, staff and stakeholders on a quarterly basis.

☒ Program evaluation by contract

The South Central Louisiana Human Services Authority Contract Committee meets on a quarterly basis for review of contract objectives, service data information and financial projections for the fiscal year. The Contract Monitors have the opportunity to share any issues with service provision or funding at that time. Additionally, each contractor is given the results of the quarterly meetings should there be any identified needs for improvement. SCLHSA also requires that its contractors fill out a survey on the previous service year and offer comments on ways to improve the contractual relationship. Suggestions are reviewed and changes may be implemented to the contract process for performance improvement purposes.

☒ **Performance Progress Reports (Louisiana Performance Accountability System)**
The LDH Division of Planning and Budget coordinates and reviews entries of the Louisiana Performance Accountability System (LaPAS) data on a quarterly basis for all LDH agencies. Explanatory notes are provided 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, if significant variances occur, or if modifications and additions are needed.

☒ **In-house performance accountability system or process**
Performance Based Budgeting activities (including, but not limited to strategic planning, operational planning, and the Louisiana Performance Accountability System) are coordinated by the LDH Division of Planning and Budget. This section reviews all objectives, performance indicators and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are made at monthly expenditure analysis meetings directly to the agency's assistant secretary or the Department's undersecretary, if modifications or 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 planning, or strengthen program management initiatives.

☒ **Benchmarking for Best Management Practices**
The LDH Division of Planning and Budget reviews, researches and develops objectives, performance measures and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are compared to benchmarks from leading states involved in performance-based budgeting activities. Recommendations are made directly to the agency's assistant secretary or the Department's undersecretary, if modifications or additions are needed.

☒ **Performance-based contracting (including contract monitoring)**
LDH contracts are required to contain a description of the work to be performed including goals and objectives, deliverables, performance measures and a monitoring plan. SCLHSA initiates a Statement of Work (SOW) for every contract entered into by the agency. The SOW clearly defines the work product, accountability for services, goals and objectives to be met by both the contract agency and SCLHSA. Additional paperwork required includes the Code of Conduct Form, Disclosure of Outside, Employment/Contract Form and the Permission for Public Information on Social Media Form

☒ Peer review
South Central Louisiana Human Services Authority's Performance Improvement Program uses peer review as part of the ongoing performance and quality improvement initiative. The Authority's Medical Director leads comprehensive multi-disciplinary peer review in cases. The Authority has initiated an ongoing peer review process to be conducted annually as part of the compliance standards implemented for the CARF accreditation process. SCLHSA also participates in the Peer Review process with other Local Governing Entities (LGE's) annually with oversight from LDH-OBH and LDH-OCDD.

☒ Accreditation review

South Central Louisiana Human Services Authority has implemented an Authority-wide plan for re-accreditation readiness with the Commission on Accreditation of Rehabilitation Facilities (CARF). Communication between the Authority and Commission on Accreditation of Rehabilitation Facilities (CARF) is ongoing and formal application was filed. As stated previously, the South Central Louisiana Human Services Authority has active process improvement functions that focus on meeting and/or exceeding requirements set forth in the Commission on Accreditation of Rehabilitation Facilities (CARF) Standards, the Statewide Management Organization and the Department of Health and Hospitals.

☒ Customer/stakeholder feedback

South Central Louisiana Human Services Authority participates in satisfaction

surveys sponsored by the Office of Behavioral Health and the Office of Citizens with Developmental Disabilities. Additionally, South Central Louisiana Human Services Authority fields a proprietary survey within its Behavioral Health Clinics on a quarterly basis to gain additional information for the identification of opportunities for improvement. The Authority has initiated satisfaction surveys for all contractors as part of standard contractual requirements. The members of the Board of Directors, per the Carver Policy Governance Model, participate in an annual survey process and actively engage in "community linkages" and report the results of these interactions with community stakeholders during monthly Board Meetings.

☐ Other (please specify):

B. Did your office complete any management reports or program evaluations during the fiscal year covered by this report?

☐ Yes. Proceed to Section C below.
☒ No Skip Section C below.

C. List management reports and program evaluations completed or acquired by your office during the fiscal year covered by this report. For each, provide:

1. Title of Report or Program Evaluation:
2. Date completed:
3. Subject or purpose and reason for initiation of the analysis or evaluation:
4. Methodology used for analysis or evaluation:
5. Cost (allocation of in-house resources or purchase price):
6. Major Findings and Conclusions:
7. Major Recommendations:
8. Action taken in response to the report or evaluation:
9. Availability (hard copy, electronic file, website):
10. Contact person for more information:
    Name:
    Title:
    Agency & Program:
    Telephone:
    E-mail:

The South Central Louisiana Human Services Authority monitors and evaluates its operations and programs on an ongoing basis as described throughout this report and has a well-developed decision-support function in place. Data is analyzed (including trending and projecting future performance) and discussions are held during Executive Management Team meetings. Findings are shared during individual and group supervision and at all-staff meetings, as appropriate. Corrective action and/or process

improvement plans are developed and executed as needed, and are monitored by the Executive Management Team on a routine basis and by the Executive Director as necessary. Information concerning South Central Louisiana Human Services Authority's internal reports may be obtained by contacting:

Kristin Bonner, RN, BSN
SCLHSA Executive Director
Kristin.bonner@la.gov
(985) 876-8885

Annual Management and Program Analysis Report
Fiscal Year 2022-2023

Department: **Louisiana Department of Health (LDH)**
09-310 Northeast Delta Human Services Authority

Department Head: **Stephen Russo**
LDH Secretary

Undersecretary: **Pam Diez**

Executive Director: **Dr. Monteic A. Sizer**

I. What outstanding accomplishments did your department achieve during the previous fiscal year?
For each accomplishment, please discuss and explain each item below.

A. What was achieved?
B. Why is this success significant?
C. Who benefits and how?
D. How was the accomplishment achieved?
E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

Accomplishments #1: Various Behavioral Health Approachs

A. What was achieved?
Northeast Delta Human Services Authority (NEDHSA) successfully implemented numerous special initiatives that stem from our integrative behavioral health approach. The key component of NEDHSA's innovative approach to our client-centered integrated care program involves the formal establishment of partnerships with community-based agencies and programs. The development and maintenance of a successfully integrated

service network are vital to the operation and administration of the integrated approach. Ongoing relationship-building efforts and communication through regular meetings, community involvement, education, and outreach continue to be the driving forces underlying the agency's success and improved outcomes of the individual served.
In FY 22-23, NEDHSA provided services to 1,708 unique clients, while providing 29,698 total services during the FY. 3. Of those 29,698 services, 11,185 (37.66%) were billable services, and 18,513 (62.34%) were non-billable services.

Additionally, NEDHSA's messaging for agency awareness, resources, and services to vulnerable populations garnered 17,427,947 impressions and 86,302 total engagements.

In FY 22-23, NEDHSA continued to utilize Recite Me ensuring that the agency's website is inclusive to all by supporting people who are neuro-diverse, visually impaired, speak English as a second language, or are of old age. Recite Me offers a range of on-demand accessibility solutions to help comply with ADA and WCAG standards while ensuring NEDHSA's website is user-friendly for individuals with disabilities, situational challenges, and language needs, through customization and translation options. The Recite Me cloud-based assistive toolbar makes the agency's website more inclusive by allowing visitors to customize their content so they can read and understand it in ways that work best for them.

Community Awards: Monroe Chamber of Commerce T.H. Scott Award Nominee NEDHSA attended the Monroe Chamber of Commerce's T.H. Scott Award Ceremony and was nominated in the Non-Profit Organization Category. We were nominated due to our demonstrated commitment to Ouachita Parish and for creating jobs, making capital investments, and participating in worthwhile community projects.

Community Awards: NELA Arts Council BART Award Nominee
NEDHSA attended the Northeast Louisiana Arts Council's BART Award Ceremony and was nominated in the Non-Profit Organization Category. The BART Award is presented yearly to an organization that has made a significant contribution to art, innovation, and improving the overall quality of life in Louisiana's Delta (12 parishes).

National Awards: Northeast Delta HSA selected as Council of State Governments' 2023 STAR Award finalist
NEDHSA was selected as the Council of State Governments, Southern Office (CSG South), 2023 State Transformation in Action (STAR) Award finalist for its Monetary Incentive Program that helped improve patient no-show rates. The prestigious STAR Award recognizes impactful, creative, effective, and transferable state government solutions each year during its Southern Legislative Conference. Very competitive program submissions were accepted from a wide array of state

departments operating within the executive, legislative, and judicial branches of government.

With regionally-based leadership and perspective, and national-level resources, CSG South provides southern legislators and government staff with a wide variety of programs and services that facilitate regional cooperation and encourage the exchange of information. As an extension of its members' offices, CSG South provides policy research and analysis, leadership development, and government staff training. CSG South serves the southern legislatures of Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia. NEDHSA Executive Director Dr. Monteic A. Sizer and Director of Behavioral and Primary Health Analytics Dr. Dependra Bhatta represented the state of Louisiana. They shared groundbreaking data at CSG South's Southern Legislative Conference in Charleston, South Carolina.

"We want to thank CSG South for recognizing our commitment to innovation and programmatic solutions designed to address complex problems associated with vulnerable populations in Louisiana," Dr. Sizer said. "Being selected as a finalist for such a prestigious award is a testament to our staff and Board's commitment to our agency's regional vision and mission."

NEDHSA discovered that mental health outpatient clinics often face challenges with high no-shows and appointment cancellations, with literature showing that the no-show rate in behavioral health outpatient clinics can be up to 30 percent. These high no-show rates can result in wasted resources, disrupted treatment plans, delayed access to care for other patients, and the increased use of high-cost emergency rooms and jail utilization. NEDHSA's monetary incentive program rewarded patients who attend their scheduled appointments, reducing no-show rates and increasing overall patient well-being.

Dr. Bhatta said, "I believe this recognition is a testament to our team's dedication and innovative efforts in addressing behavioral health challenges and improving patient outcomes."

NEDHSA's commitment to ensuring vulnerable populations obtain critical behavioral and primary health care was also recognized by the Massachusetts Institute of Technology's (MIT) Abdul Latif Jameel Poverty Action Lab (J-PAL). NEDHSA was awarded the National Healthcare Innovations Award for its behavioral and primary healthcare integration strategies, along with its work to reduce negative social determinants of health.

Dr. Sizer added, "For ten years, I have led NEDHSA with innovation and transformative systems thinking to help ensure we are meeting marginalized people

where they are and being a catalyst to help improve overall population health outcomes regionally. Being recognized by CSG South for using monetary incentives to decrease no-show rates, lower patient anxiety and depression levels, stabilize triglyceride levels, and increase patient perceived overall well-being is humbling."

Louisiana Opioid Crisis

To continue NEDHSA's efforts to provide ongoing education about Louisiana's opioid crisis, NEDHSA's Prevention and Wellness services for FY 22-23 focused on educating community leaders, school-aged children, and the general community. NEDHSA's Opioid Use Disorder Prevention Manager spoke at a faith-based conference to address the issue and share how faith based leaders and organizations can help bring hope and healing. Also, NEDHSA hosted its events for National Prescription Drug Take-Back in Ouachita, Lincoln, and Morehouse Parishes. The agency collected 444.43 pounds of unused and expired prescription pills.

NEDHSA's Prescription Drug Take Back Day events that were hosted across three (3) locations throughout NELA. NEDHSA's Opioid Misuse and Abuse Team collected more than 400 pounds of prescription drugs, which will help prevent misuse and abuse of drugs in our region. NEDHSA also launched its 'Fentanyl is Forever' campaign, an initiative to increase awareness of fentanyl risks and its impact on communities and families. Through this campaign, NEDHSA focused on "bringing attention to the opioid issue in our region and providing resources to individuals seeking treatment for themselves or a loved one." Additionally, this campaign was designed "to share information and resources with behavioral health professionals, physicians, and policymakers". More information relating to the 'Fentanyl is Forever campaign can be found at the following link: www.nedeltahsa.org/fentanylisforever.

Faith-Based Outreach

Through the Faith Partnership Initiative, NEDHSA engaged faith-based community leaders to better understand their challenges, along with the challenges of their congregations. NEDHSA knows that faith can offset hopelessness, and equipping the faith community with the skills necessary to address substance use disorders and addiction helps create effective congregational team ministries that are prepared to provide support and assistance to congregation members and their families.

In FY 22-23, NEDHSA held its 2023 Faith Summit, themed "Using Faith to Reduce Fear: My New Future." The Faith Summit featured a keynote speaker, four breakout sessions, a panel of faith-based leaders, and a Peer Counselor that was a subject matter expert in mental health, substance abuse, and untreated trauma. In addition, the faith summit provided opportunities for faith and spiritual influencers from various sectors and denominations to network and uncover solutions and

resources to aid their parishioners who may be experiencing mental health and addiction disorders.

NEDHSA created partnerships with faith leaders and their congregations because they are uniquely positioned in society to help further NEDHSA's efforts to stabilize traditional mental health services. Additionally, NEDHSA wants to educate, equip and provide resources to faith leaders to address substance abuse, prevention, support, and recovery needs in their congregations.

NEDHSA partnered with BKB Ministries as the title sponsor of the "In Defense of Bathsheba (iDOB)" Conference. The title sponsorship supports NEDHSA's Faith Partnership Initiative, which engages faith-based communities to combat mental illness and addiction in northeast Louisiana.

NEDHSA created partnerships with faith leaders and their congregations because they are uniquely positioned in society to help further NEDHSA's efforts to stabilize traditional mental health services. The iDoB conference provided opportunities for people to begin healing from trauma and learn how to address mental illness and substance abuse issues within their own families, congregations, and communities. iDOB featured panelists, musicians, keynote speakers, and more throughout the multi-day event. Additionally, the iDOB conference had NEDHSA's Prevention and Wellness staff, Integrated Care staff, and other counselors, therapists, and mental health professionals on-site.

NEDHSA partnered with New Living Word Ministries (NLW) to provide outreach services to residents of Lincoln Parish. In addition to food distribution, the NLW outreach workers also provided Hepatitis B and C, HIV/AIDS, substance abuse, and mental health treatment education and linkage to testing and treatment services. These services are part of the NEDHSA SAPT Block Grant Requirement for high-risk populations.

Second Opportunity Workforce Solutions Program

The NEDHSA Second Opportunity Workforce Solutions (SOWS) program provides supportive employment services to citizens who are clients of NEDHSA and its integrated care network, including citizens who are non-violent criminal offenders being released from incarceration. This program addresses access to employment, which is a social determinant that significantly affects a person's health and ability to thrive in society. The SOWS Program utilizes evidence-based practices to develop Individual Outcome Plans, which reinforce a client's treatment progress. Job readiness skills are provided to assist participants in achieving and maintaining employment in their community of choice.

Partners in Employment Program

NEDHSA's vision to build a unified region where individuals are thriving and reaching their full human potential has led it to create Partners in Employment (PIE) as a developmental disability workforce initiative. PIE is an employment-based program to address the lack of employment opportunities for persons with developmental disabilities during and after graduating from high school. PIE seeks to combat this structural inequity so that everyone willing to work can. PIE supports individuals with developmental disabilities with job training, counseling, and placement. Further, it utilizes a person-centered approach to help meet individual participant needs, wants, desires, and goals to ensure positive programmatic outcomes and increased participation.

Operation Golden Years

In FY 22-23, NEDHSA continued its partnership with the University of Louisiana at Monroe's College of Business and Social Sciences for its Operation Golden Years initiative. The Operation Golden Years initiative focuses on helping seniors with addiction, drug, and mental challenges and was created to provide increased awareness and support to individuals in our region who are aged 60 and above. The program provides home and community-based services to seniors in need and education and information to seniors about prescription medications and NEDHSA's existing behavioral health and substance abuse and addiction services. The MOU with ULM will allow for increased services, access, and opportunity for our region's older populations. Twice a year, NEDHSA partners with other organizations to provide prescription take-back boxes as part of National Prescription Take Back Day, allowing seniors to dispose of unused prescription medications safely.

Underage Drinking

In FY 22-23, NEDHSA brought awareness to combat teen suicide, underage drinking, mental illness, health and wellness challenges, low academic achievement, and more among the teenage population in northeast Louisiana by hosting a Youth Summit at Carroll High School (Monroe, LA). The theme for the Youth Summit was “Becoming the G.O.A.T. (Greatest of All Time),” which will focus on the impact youth can make in the community and help them understand the power within themselves. The goal of this event was to raise awareness of underage drinking and help youth recognize the power they have for positive change. The event featured four panelists and a keynote speaker.
Additionally, NEDHSA hosted a Responsible Beverage Safety Training to promote underage drinking prevention, an initiative from the agency’s Department of Prevention and Wellness. The responsible beverage server training class can help lower alcohol-related injuries and fatalities and lower the number of underage patrons served by vendors by professionally educating attendees on how to serve alcohol safely, understand the Louisiana alcohol laws, and avoid serving underage patrons. This work continues NEDHSA’s commitment to the Opportunity Zone

Coalition, which addresses high-risk behaviors in communities and strives to reduce underage drinking in both Ouachita and Franklin parishes. Its purpose is to build community coalitions and utilize data to identify needs and interventions through information dissemination and providing alternative activities for the youth.

Furthermore, continuing an agreement to educate and bring awareness to issues impacting our communities, NEDHSA and the University of Louisiana Monroe (ULM) addressed underage drinking, focusing on college campuses. To assist in this effort, the Zeta chapter of Pi Sigma Epsilon at ULM developed a series of images and data-driven content. This social media series, guided by NEDHSA, emphasized the negative effects of alcohol on young adults.

The need for this series resulted from the 2019 Louisiana Core Alcohol and Drug Survey. It measured alcohol and drug usage, and attitudes and perceptions among college students at two and four-year institutions. It found that 76.2 percent of college students consumed alcohol in the past year, 53.2 percent of students under 21 consumed alcohol within 30 days of being surveyed, and 28.6 percent of students reported binge drinking in the previous two weeks.

Tobacco Reduction

In FY 22-23, the Tobacco Reduction team continued various established partnerships throughout the region: Louisiana Campaign for Tobacco-Free Living/LPHI, American Cancer Society, American Lung Association, American Heart Association, and Well Ahead Louisiana. Several other established partners within the region were not mentioned. The Tobacco Reduction team participated in the Take Down Tobacco Campaign which exposes the harms of commercial Big Tobacco on citizens, especially youth. The team also partnered and participated in No Menthol Sunday(s) as well as World No Tobacco Day. The focus has been to build, sustain and expand partnerships with continued participation in community events, health fairs, and coalitions, that further the work for improved and more equitable healthcare for all of our citizens, especially the most vulnerable affected by social, economic, commercial, financial determinants of health.

Emotional Wellness

In FY 22-23, NEDHSA launched its Wellness at Work initiative, a program designed to relieve employees' stress and burnout. Inspired by the experiences with the occurrence of COVID-19 and the ongoing stress of navigating life in the days after, NEDHSA's Wellness at Work initiative will give staff an intentional approach to heal, replenish, and rebuild themselves and, in return, continue to pour into NEDHSA's mental health, addiction, developmental disabilities, and prevention and wellness services in Louisiana's Delta. NEDHSA partnered with Alexis Cherrell of Holistic Wellness to provide wellness and emotional healing services that include holistic yoga, sauna detox, oxygen bar, and vitamin cocktails.

Food Bank of NELA Partnership

NEDHSA and the Food Bank of Northeast Louisiana (Food Bank of NELA) have entered into a memorandum of understanding to help meet the mental health, physical health, and food insecurity needs of vulnerable communities in Northeast Louisiana. This strategic partnership further advances Northeast Delta's integrated healthcare delivery model and efforts to reduce negative social determinants of health like inadequate housing, unemployment, food insecurity, loneliness, and limited education.

This partnership led to NEDHSA's creation of an analytic tool and methodology to help ascertain the severity of food insecurity in Northeast Louisiana. The survey tool was developed in partnership with the Food Bank of NELA, asking an array of questions about mental health, addiction, primary health, food insecurity, negative social determinants, and trauma.

Prime Time Head Start MOU

NEDHSA and Prime Time Head Start have agreed to coordinate behavioral healthcare services, parenting and family engagement classes and presentations, and mutual sharing of program events for clients and staff. This agreement allows NEDHSA access to more than 500 3-and-4year-olds and their families through full-day, school-year service across four centers located in high-needs communities. Prime Time focuses on positive child and family outcomes to close the achievement gap and build a better future for Ouachita Parish children and families. Since 2016, Prime Time has administered the Head Start Program in Ouachita Parish. Its approach emphasizes data-driven decision-making at all levels and has a proven early childhood education approach featuring comprehensive teacher training, coaching, assessment, family engagement, and community partnerships. Additionally, Prime Time integrates inquiry-based teaching and learning strategies.

One of NEDHSA's missions is to make behavioral and primary healthcare accessible to the 12parish region by offsetting the unique challenges of the people it serves. Utilizing evidence-based practices, NEDHSA developed its Integrated Care model, an innovative approach to bridging the gap in its clients' needs by offering a holistic approach to treatment. NEDHSA Integrated Care addresses behavioral health, primary health, and social determinants of health. NEDHSA's early childhood and adolescent prevention program serves more than 1200 children with Al's PalsKids Making Healthy Choices, equating to 55 classrooms servicing Ouachita's Monroe City Schools, Madison, Jackson, Bienville, East Carroll, and Richland parishes. The program includes 20 Pinebelt and Delta Community Action Head Start in the 12-parish region. NEDHSA serves 300 adolescents in Madison Parish through its Signs of Suicide Prevention Program. NEDHSA's Student Ambassador Program has nearly 70 students throughout Neville High, Franklin High, and Madison Parish High School as part of its high school prevention services. NEDHSA directs and manages community-based programs to improve the

quality of life of people with major mental illnesses, addictive disorders, and developmental disabilities by offering integrated primary and behavioral health services and a Phoenix Clinic for individuals who have developmental disability and mental health disorders.

Louisiana Delta Community College MOU

NEDHSA and Louisiana Delta Community College (LDCC) signed a memorandum of understanding that will allow both entities to work closely in sharing resources for veterans.

NEDHSA and LDCC's TRIO Veterans Upward Bound (VUB) will provide a targeted focus on meeting the needs of coordinated care for veterans seeking mental health, addictive disorder, prevention and wellness, developmental disability, and food insecurity services in the 12 parishes of Northeast Louisiana.

These veteran referrals will include but are not limited to the following: short-term remedial or refresher courses such as English, math, science, foreign languages, computer skills, and study skills, referrals for local support services, academic counseling, financial and economic literacy workshops, college tours, cultural experiences, tutorial services, mentorship, assistance with preparing for college entrance exams, career assessment and planning, intensive basic skills development, and more.

Similarly, the partnership allows LDCC TRIO VUB to make appropriate referrals to NEDHSA and include but are not limited to the following: primary and behavioral health services, addiction treatment, prevention, and wellness services such as peer support, grief counseling, partnered workforce programs, partnered housing assistance, tobacco treatment, gambling addiction treatment, health education, and other services deemed out of the score of care for LDCC TRIO VUB.

Mary Bird Perkins Cancer Center MOU

NEDHSA and Mary Bird Perkins Cancer Center (MBPCC) have agreed to ensure citizens with mental health, substance use disorders, and developmental disabilities in Northeast Louisiana can have convenient access to cancer prevention and early detection screening services. NEDHSA and MBPCC agree to share service resources, make appropriate referrals for screening, education, and treatment services, and conduct other planned activities that are mutually beneficial to both agencies. To help mitigate negative social determinants of health that are often correlated with mental illness, addiction, disability, and primary healthcare challenges, NEDHSA's Integrated Care model incorporates housing, food, education, transportation, workforce development, and prevention and wellness strategies.

Art as Medicine Initiative

Northeast Delta Human Services Authority (NEDHSA) has adopted arts as one of its integrated health care, evidence-based prevention, communications, and treatment strategies to help serve persons with mental health, addictive disorders, and developmental disabilities. To support this work, the agency has partnered with the Black Creatives Circle of North Louisiana (BCCNL), an artist think tank designed to nurture, encourage, and discuss art-related issues with North Louisiana artisans from the African Diaspora. BCCNL encompasses animators, cartoonists, designers, filmmakers, graphic designers, illustrators, painters, photographers, printmakers, poets, orators, screenwriters, sculptors, stylists, and writers. Through BCCNL, NEDHSA established murals in downtown development districts throughout the region to heal and restore the places where people live, work, play, and worship.

In July 2022, (NEDHSA) and Black Creative Circle of North Louisiana (BCCNL) unveiled a mural in Art Alley Thursday night. They highlighted how art can be used as therapy. “So we partnered with Black Creative Circle to create three murals throughout the twelve parish region. Grambling, Monroe, where we are at tonight, and also Lake Providence. The work that you see around you is the collaboration between Northeast Delta Human Services Authority and Black Creative Circle, and then they got a chance to showcase their art as well as it pertains to this reveal event,” said Deron Talley with Northeast Delta Human Services Authority.

Artists, poets, and speakers recited original pieces, discussed mental health, shared their passion for the arts, and noted the community benefit of creative expression to a room full of supporters gathered near 131 Monroe Drive in downtown Monroe. Organizers urged everyone gathered to identify, use and share their gifts and talents.

“Everyone can’t be a doctor but anybody can be creative with anything. You don’t need money. A lot of times we think we need money, you don’t need money. All you have to do is be creative and that’s the importance of what we’re doing with HSA, showing the community that we can be creative in any kind of way we want to be,” said BCCNL president Vitus Shell.

In September 2022, NEDHSA unveiled a public art mural on the campus of Grambling State University. The latest public art mural continues NEDHSA’s partnership with the Black Creatives Circle of North Louisiana (BCCNL). The agency began working on using various art forms as one of its integrated health care, evidence-based prevention, communications, and treatment strategies to help serve persons with mental health, addictive disorders, and developmental disabilities.

The mural on the Grambling State University campus is the second commissioned public art completed through the BCCNL partnership. It was strategically placed on

the campus in the Grambling High Building to help the students overcome the traumatic experiences they have had in their lives on campus or away from campus. NEDHSA Executive Director Dr. Monteic A. Sizer said, "While the murals we're commissioning are generating much-needed regional economic development, diversity, and job creation, they are also helping our region's vulnerable populations get the help they need."

In addition to murals in both Monroe and Grambling, during FY 22-23, NEDHSA unveiled its newest public mural with Black Creatives Circle of North Louisiana in Lake Providence. The goal is to inspire this community and all NELA communities to seek mental health care when they need it and see that there is valuable medicine in creative expression.

Northeast Delta HSA, Downtown Arts Alliance, and NELA Arts Council Collaborate to Increase Mental Health Art Creation and Display to Improve Population Health NEDHSA has adopted arts as one of its integrated health care, evidence-based prevention, communications, and treatment strategies to help serve persons with mental health, addictive disorders, and developmental disabilities.

The agency has partnered with the Downtown Arts Alliance (DAA) and the Northeast Louisiana Arts Council (NELAC) to support this work. DAA is a non-profit comprised of a working board of volunteers involved in many other community organizations and arts advocates for visual and performing mediums. NELAC's mission is to nurture a vibrant regional arts culture through support, promotion, and education.

Through the DAA and NELAC collaboration, NEDHSA aims to seek qualified artists and craft makers to submit qualifications and to design art and craft work in various mediums for NEDHSA. This artwork will reflect mental health, addiction, and developmental disability aspects that will be presented at the February 2023 Downtown Gallery Crawl.

NEDHSA Executive Director Dr. Monteic A. Sizer said the agency "intentionally sparked this creative expression to help address mental health issues, reduce addiction-related stigma, and work to transform the region's economy."

"We believe there is medicine in creative expression, and the arts can help a person come alive in ways traditional treatment options can't," Dr. Sizer said. "We intend to help create an environment where dreams are realized, families are strong, bodies are healthy, community institutions are thriving, and spirits are renewed. We are proud of this first-of-its-kind work in our region."

According to the Americans for the Arts, 69 percent of the United States population believe the arts "lift me beyond everyday experiences," 73 percent feel the arts give them "pure pleasure to experience and participate in," and 81 percent say the arts are a "positive experience in a troubled world."

In February 2023, the selected artists and craft-makers will reveal their original art pieces during the Downtown Gallery Crawl on both sides of the Ouachita River – Monroe and West Monroe, La. After the event, NEDHSA will begin a museum exhibition tour of the work throughout the 12 parishes it serves. DAA President Brooke Foy said, "It is a great experience to see a strong creative community come together."

"The Downtown Arts Alliance is excited to see this collaboration come to fruition," Foy said.
"We can't wait to see what our community of artists creates." NELAC Community Development
Coordinator Abigail Handy said they are "grateful for the work that the Northeast Delta Human Services Authority is doing in our region."

"We believe that the arts can and do play an intricate part in mental health," Handy said. "This partnership with NEDHSA and DAA to raise mental health awareness through the arts is something that we as an organization are proud to be a part of." NEDHSA has brought many art initiatives to the region, such as psychodramas, Jiggaerobics, hip-hop-to-prevention efforts, and partnering with arts and communications programs at regional colleges and universities.

Earlier this year, the agency partnered with the Black Creatives Circle of North Louisiana to complete public art murals where they presented work in Downtown Monroe, on Grambling State University's campus, and in Lake Providence. Each public art mural helped NEDHSA bring awareness to mental health and addiction-related stigma.

In December 2021, NEDHSA sponsored a mural created by the University of Louisiana Monroe Honors Art Class and the Art & Entrepreneurship Class that was designed and constructed as a public art project to inspire ULM students to seek help, destigmatize seeking help and provide solutions to help overcome mental health issues. NEDHSA will also return to the performing stage on January 28, 2023, to present two free showings of "Sour Grapes," a faith-based and mental health psychodrama at the Monroe Civic Center. Dr. Sizer said, "We said we would be the catalyst in our region to help ensure all citizens are thriving and living their full human potential."

"NEDHSA intends to continue to make Northeast Louisiana a regional creative hub, a preferred destination that will generate much-needed regional economic development, diversity, job creation, and more," Dr. Sizer said.

Additionally, in April 2023, NEDHSA hosted its first-ever Art Is Therapy Festival, an event that further (promotes) the agency's adoption of arts as one of its integrated health care, evidence based prevention, communications, and treatment strategies to help serve and educate the community and persons with co-occurring disorders and developmental disabilities. The event featured two live bands, a DJ, art vendors, art activities, yoga, line dancing, herbal teas, a health fair, food trucks, karaoke, and more.

Mobile Health Care Clinic

NEDHSA has deployed a state-of-the-art mobile health clinic to increase access to critical mental health, addiction services, and primary healthcare screenings in Louisiana's Delta. This mobile health asset is part of NEDHSA's Integrated Healthcare deployment model. While NEDHSA has worked to provide quality and competent health care, transportation has been a constant negative social determinant barrier to the agency's Integrated Healthcare services.

NEDHSA will deploy the mobile health clinic in rural areas throughout the region and in areas where there are barriers to public transportation. The mobile health clinic will be safely secured and stationed in a highly trafficked centralized space known to the local community for 5-day periods with the necessary staff to perform its Integrated Healthcare services and treatment. The deployment of the mobile health clinic is also another opportunity for NEDHSA to provide further service following recent Rise Above Stigma town hall sessions in the region. NEDHSA's Rise Above Stigma initiative aims to help increase access to behavioral health support services, provide mental health awareness, and offer other culturally and linguistically appropriate training for the twelve-parish communities in northeast Louisiana.

Children & Family Clinic

NEDHSA announced the opening of its Children & Family Clinic, a facility dedicated to serving the needs of children and families with mental health and addiction disorders. The Children & Family Clinic, located at 2525 Ferrand Street in Monroe, is part of NEDHSA's Integrated Care model, which addresses negative social determinants of health while enhancing the quality of care and quality of life for the citizens of the region.

Services available include early childhood services for three-to-five-year-olds; outpatient services to children whose parents are concerned about emotional, behavioral, or relationship problems; psychiatric evaluations/assessments; mental health and substance use evaluations/assessments; medication management

(specific age requirements based on provider); diagnostic and psychological testing; psychosocial interventions; first episode psychosis services (15-17 year-olds); and, school-based prevention services. Services specific to parents are also a strong focus of treatment. These services include parent education and training.

As part of its Integrated Care model, NEDHSA has added housing, food, education, transportation, workforce development, and prevention and wellness strategies to its service options. It also includes working collaboratively with regional education, business, faith-based, veterans, seniors, and regional city municipalities and parish governments.

Pharmaceutical Solutions for Region 8

Northeast Delta Human Services Authority (NEDHSA) has developed the infrastructure to expand pharmacy solutions to citizens in Louisiana's Delta as part of its Integrated Healthcare model. The Integrated Healthcare system NEDHSA built will ensure that vulnerable populations in northeast Louisiana have access to the care they need, no matter where they enter the healthcare system. The integrated model goes further than traditional clinical models and addresses negative social determinants of health. Specifically, the agency has added housing, food, education, transportation, workforce development, and prevention and wellness strategies to its service options. It also includes working collaboratively with regional education, business, faith-based, veterans, seniors, and regional city municipalities and parish governments. This expansion of services also strengthens NEDHSA's opioid abuse and misuse work. Since the start of the pandemic, approximately two in five U.S. adults have reported symptoms of anxiety and depression, up from one in five before COVID-19, and overdose deaths from opioids have hit new highs.

Rise Above Stigma Campaign

During FY 22-23, NEDHSA continued the Rise Above Stigma project and focused on the objectives, outcomes, and long-term goals of its Logic Model, such as: reducing behavioral health stigma; increasing access to behavioral health support services; engaging marginalized populations in accessing recovery into the paraprofessional workforce; and, ensuring safety and wellbeing of individuals in each parish.

NEDHSA contracted SheRay's & Associates to facilitate and evaluate the agency's Stigma Reduction Plan implementation for the period of July 2021 to December 2021. NEDHSA then selected The Measurement Group LLC to independently evaluate the Rise Above Stigma campaign at the 6-month mark. NEDHSA continued the Rise Above Stigma project and focused on the objectives, outcomes, and long-term goals of its Logic Model, such as: reducing behavioral health stigma; increasing access to behavioral health support services; engaging marginalized populations in accessing recovery into the paraprofessional workforce; and, ensuring safety and wellbeing of individuals in each parish.

In August 2022, NEDHSA announced the release of the Rise Above Stigma report. This evaluative document serves as a full report on what was accomplished during the 12-month project, which aimed to help increase access to behavioral health services, provide mental health awareness, and increase culturally and linguistically appropriate training for people living in northeast Louisiana. The report can be viewed at the following link: https://bit.ly/NEDHSARiseAboveStigma2022Report.

Sour Grapes: A Psychodrama for Teens and Young Adults

NEDHSA and Christal Wheeler Productions partnered to produce two showings of "Sour Grapes," a show made up of three short stories all based on the same theme, "Generational Curses: How we deal with them and God's grace for us."

The production was part of NEDHSA's Faith-Based initiative, which provides in-depth training in four key areas: Awareness, Readiness, Development, and Sustainability. NEDHSA's Faith Based initiative works collectively and one-on-one with faith leaders and congregations to help develop and expand ministerial capacity so that addictive and mental health disorders can be comprehensively addressed regionally.

Operation Leave No Veteran Behind

Northeast Delta Human Services Authority (NEDHSA) announced its Operation Leave No Veteran Behind initiative, an effort to ensure that military veterans in Northeast Louisiana have quality and competent primary and behavioral health care. The agency has always worked to serve the veteran population and meet its needs that stem from combat, training, and traumatic and stress-generating settings. This initiative highlights the strategic approach to improving veteran health outcomes.

We want to do our part to ensure that our brave military veterans receive quality mental health, addictive disorder, primary care, and related social supports such as housing, employment, and food. No military veteran should ever feel abandoned, alone, suicidal, hungry, or homeless. They should have a safety net that meets their needs. NEDHSA plans to further partner with businesses, colleges and universities, non-profit agencies, and other governmental systems to help bring much-needed awareness and services to veterans living in Louisiana's Delta.

Through its prevention and wellness department, NEDHSA plans to provide education and wellness resources to help veterans. Additionally, through its integrated healthcare service delivery model, NEDHSA will provide mental health, case management, and employment opportunities, and work to mitigate those negative social determinants of health that hold many veterans and the general population behind. The needs and people of our region are diverse. Operation Leave No Veteran Behind ensures that those who served our country can get the lifesaving

services they need to reach their full human potential. Those who have honorably served our nation deserve nothing less. We intend to leave no veteran or person who needs our services behind.

"Association Between Telehealth and Missed Appointments Among Patients Experiencing Behavioral Health Challenges."

NEDHSA's cohort study is a retrospective analysis of the electronic health records of patients with behavioral health conditions who scheduled appointments in outpatient clinics in rural Louisiana from May 1, 2022, to January 31, 2023. The study sample included 9,715 appointments (3,318 in-person and 6,397 telehealth). The no-show rate was 13 percent for in person appointments and 17 percent for telehealth appointments.

NEDHSA Executive Director Dr. Monteic A. Sizer said JAMA Network Open's publishing of the agency's research "validates our empirical focus and overall population health improvement desires in Louisiana's Delta. We are honored to have our research featured in such a prestigious, peer-reviewed journal."

"We are committed to further publishing outcome-based research on the effectiveness of our integrated behavioral and primary healthcare model," Dr. Monteic A. Sizer said. "I established our analytics department to help us better measure the outcomes and efficiencies of our internal operations and also to be able to help us know more about the social, environmental, psychological, and primary healthcare needs of the thousands of vulnerable patients we serve regionally. With this data focus and our commitment to continuous improvement, we are well on our way to further transforming our region and the lives of those we serve."

NEDHSA's Director of Behavioral and Primary Health Analytics, Dr. Dependra Bhatta, said, "The results of the study suggest that, although telehealth was widely implemented after the beginning of the COVID-19 pandemic to limit the spread of the virus, it may have unintentionally prompted patients experiencing behavioral health challenges to miss their scheduled appointments at a rate higher than it would have been for in-person care."

"Our study finds that the comparison of no-shows between patients using telehealth and in person care after matching indicated that patients in the telehealth cohort had statistically significantly higher odds of no-shows than patients in the in-person cohort," Dr. Bhatta said.

"Association Between Telehealth and Missed Appointments Among Patients Experiencing Behavioral Health Challenges" will be published in the July 2023 issue of The Journal of the American Medical Association's (JAMA) Network Open.

Genoa Pharmacy Grand Opening

NEDHSA established an agreement with Genoa Healthcare to expand pharmacy solutions to citizens in Louisiana's Delta as part of its Integrated Healthcare model. The Integrated Healthcare system NEDHSA built will ensure that vulnerable populations in northeast Louisiana have access to the care they need, no matter where they enter the healthcare system.

The integrated model goes further than traditional clinical models and addresses negative social determinants of health. Specifically, the agency has added housing, food, education, transportation, workforce development, and prevention and wellness strategies to its service options. It also includes working collaboratively with regional education, business, faith-based, veterans, seniors, and regional city municipalities and parish governments.

B. Why is this success significant?
Behavioral Health Initiatives that are implemented ensure that our citizens have access to the care they need, no matter where they enter the health care system, to address the various social determinants faced.

C. Who benefits and how?
The nationally recognized integrative approach includes collaborative work with regional partners in prevention, education, business, and regional municipalities/parishes to serve our citizens. NEDHSA works diligently to reduce barriers to quality healthcare that arise from negative societal health determinants such as poverty, joblessness, and access to adequate housing.

D. How was the accomplishment achieved?
NEDHSA consistently works to understand the unique behavioral health needs of the citizens of northeast Louisiana and actively puts programs and services that meet citizens' needs and fill healthcare gaps.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
Yes, this accomplishment does contribute to the success of our strategic plan. (See Section II below.)

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies? Yes, NEDHSA utilizes approaches that align with best practices and the agency's vision, mission, and tenets.

Accomplishment #2: SAMHSA Grant "Promoting Integration of Primary and Behavioral Healthcare (PIPBHC)"

A. What was achieved?

In the fall of 2018, Northeast Delta Human Services Authority (NEDHSA) was selected as one of four state-wide grantees by the Louisiana Department of Health, Office of Behavioral Health to be awarded the SAMHSA Grant "Promoting Integration of Primary and Behavioral
Healthcare (PIPBHC)." Since that time, NEDHSA has continued to expand integrated behavioral and primary healthcare efforts.

Over FY 22-23, NEDHSA staff have worked to further integrated PIPBHC staff into NEDHSA's Primary Care infrastructure. This preparation will ensure that primary care services will be fully integrated within NEDHSA's system post-PIPBHC grant funding.

The PIPBHC program is located at Bastrop BHC and Monroe BHC, with expansion to all other NEDHSA clinic locations going forward. In FY 22-23, 280 unduplicated clients were enrolled in the PIPBHC Grant program. The current staffing model for this program consists of:

- Integrated Care Grant Manager
- LPN Care Coordinator
- Data Analyst
- Peer Support
- APRN

In addition to the integration of Behavioral Health and Primary Care, NEDHSA staff have worked to become a paperless agency. Over the fiscal year, several goals were identified: (1) a fully functioning Electronic Health Record System, (2) improve service to clients by making it easier for clients to pay on their accounts for services, (3) increase the speed in which staff can work online, and (4) increase the capability of staff to work and provide services with greater accessibility.

NEDHSA's technology department has worked to ensure staff have needed equipment to work outside the office and to upgrade agency infrastructure, to increase the speed in which staff can access the internet, as well as, shared drives/documents.

Integrated Care staff have worked alongside representatives from ClaimTrak to maximize the use of all functions relative to the EHR. This includes updating client records, embedding agency forms into the system, and constructing reports within the EHR to better retrieve agency data.

B. Why is this success significant?

Behavioral Health and Primary Care Integration are one of the three interdependent frameworks representing NEDHSA's logical framework of program and service

delivery. Agency programs and services are built on the foundation of healthcare integration and specifically developed to address the ongoing needs of the clients served. Since its establishment in 2013, NEDHSA has worked to provide integrated health services by not only offering clients access to outpatient and inpatient services for behavioral health and substance abuse and addiction disorders but also providing clients with access to prevention and wellness programs and other services aimed at treating the whole person. Integrated care further addresses the clients' social and socioeconomic needs, including housing, transportation, and employment, as well as primary healthcare needs. Serving as a grant awardee for this important federal initiative, NEDHSA was allowed to expand existing primary health services by providing funding for additional services and programs related to primary healthcare, significantly expanding our primary healthcare team, and reaching more clients in need of primary healthcare. Expanding PIPBHC-specific programmatic services to an additional NEDHSA clinic is another step in the agency's goal of fully integrated healthcare services at all outpatient clinics in the future.

By increasing access to healthcare, NEDHSA can provide much-needed primary healthcare services to our behavioral health clients. Many of our mental health and substance abuse clients have never visited a dentist or a primary care physician. The lack of primary health access may not only encumber needed behavioral health treatment but may also lead to the development of preventable illnesses easily detected with basic health screenings. Further, lack of access to regular, ongoing primary care can have a negative impact on patient medication and treatment plan compliance, satisfaction and contentment with health services providers, quality of life, and other variables essential to the maintenance of health and wellness. Thus, having the ability to expand our integrated behavioral and primary health integration program through the acquisition of grant funds continues to have a significant impact on the clients we serve.

C. Who benefits and how?

This five-year grant is aimed at promoting full integration and collaboration of behavioral and primary healthcare, improving overall wellness and physical health of adults with serious mental illness by offering integrated healthcare services, screening, diagnosis, prevention, and treatments of mental health and substance disorders and co-occurring physical health conditions. Awarded funds have allowed for the expansion of our existing integrated care model. NEDHSA clients in need of one or more services are eligible to enroll in the grant, where they are followed at 6-month intervals and assessed for primary healthcare needs as well as ongoing service and program needs. Grant participants are screened for diabetes, high cholesterol, obesity, and other primary health concerns and undergo lab work and a basic physical examination. Minor health concerns are treated by the NEDHSA primary health team and more complex health issues are referred out.

D. How was the accomplishment achieved?
NEDHSA's Executive Director conceptualized a fully integrated healthcare approach to service delivery at the onset of the agency's establishment. Utilizing evidence-based practices, an innovative approach to healthcare was developed, bridging the gap in our client's needs by offering a holistic approach to treatment, which addressed behavioral health, social determinants, and primary health. When the opportunity to enhance the existing integrated care model arose through the proposed SAMHSA PIPBHC grant, NEDHSA's Executive Director appointed a team to pursue funding. Much effort was put into the grant application and other required application documents. The hard work and dedication of the staff made these accomplishments possible.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
Yes, one of the primary strategic initiatives outlined in NEDHSA's Strategic Plan for FY 20202025 is Integrated Behavioral and Primary Healthcare, specifically acknowledging SAMHSA's Primary and Behavioral Health Care Integration (PBHCI) Program and its goals of improving the physical health status of people with mental illness and addictions.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
Yes, the integrated behavioral and primary healthcare model should be shared with other executive branch departments and agencies.

Accomplishment #3: Development Disabilities Services

A. What was achieved?
Northeast Delta Human Services Authority (NEDHSA) announces the opening of its state-of the-art Department of Developmental Disabilities Office, a facility with staff members dedicated to serving the region as the single point of entry into the developmental disabilities system for Louisiana. The department is responsible for programmatic oversight of the numerous programs offered through the Office for Citizens with Developmental Disabilities (OCDD) and the implementation and support of local initiatives developed by NEDHSA. The new Department of Developmental Disabilities Office is located at 2324 Armand Connector in Monroe.

NEDHSA Executive Director Dr. Monteic A. Sizer said the agency is committed to creating and providing the resources and innovations to help persons with developmental disabilities thrive and live their full human potential. He said this facility increases “our capacity and infrastructure to support their needs.”

Through a partnership with OCDD, NEDHSA offers the Individual and Family Support Program, which may provide funding assistance to purchase goods and services to qualified recipients such as respite care, personal care assistance, specialized clothing,

dental and medical services, equipment and supplies, communication services, crisis intervention, specialized utility costs, specialized nutrition, travel costs associated with extensive distance for medical care\treatment, and family education. These services are provided when there are no other resources available to provide them with the intent of allowing people with developmental disabilities to live in their own homes.

The Flexible Family Fund Program is also a part of this funding, providing a monthly stipend to families of eligible children with severe and profound developmental disabilities from birth to age 18 to help their families meet extraordinary costs.

NEDHSA also offers access to Medicaid home and community-based Medicaid waiver programs that allow clients greater flexibility to choose where they want to live and use services and supports that best suit their needs. Services are provided in the home or the community. Current waiver programs include New Opportunities Waiver, which supports and provides services to people age three and older based on individual need, allowing recipients to remain in their communities rather than in an institutional setting; Children's Choice Waiver offering supplemental support to children through age 21 who currently live at home with their families or with a foster family; Supports Waiver, focused on individualized vocational services to people age 18 and older, and; Residential Options Waiver, which offers people of all ages services designed to support them to move from ICFs/DD and nursing facilities to community-based settings, and to serve as an alternative to institutionalization.

Now that the department is centralized, offering services will be more efficient. Additional services offered within the DD Department include eligibility determinations, certification on behalf of Medicaid into community homes, determination decisions for nursing home admissions, level of care determinations for the ACT 421 (TEFRA) Medicaid program, court activities, and public support coordination for accessing resources and referrals with service planning that is person-centered.

Dr. Sizer said the agency is committed to continuous improvement and increasing overall population health in the region "through integrating once fragmented prevention and wellness, developmental disability, and behavioral and primary health care services."

"We will meet people where they are," Dr. Sizer said. "We will be innovative and continue to use multiple population health strategies to help improve behavioral and primary health outcomes in Louisiana's Delta."

The NEDHSA Developmental Disabilities Medicaid Waiver program unit provided programmatic oversight and implementation of 4 unique Medicaid Waiver programs, including the New Opportunities Waiver, Children's Choice Waiver, Supports Waiver, and the Residential Options Waiver. Some of the activities performed include

certification of plans of care and revisions throughout the year for these recipients ensuring that criteria set by Louisiana's contract with CMS and the federal government's requirements for use of Medicaid funds are met. This oversight includes accountability of over 1,300 Medicaid Waiver participants within the region that are either currently certified or in the process of certification with active applications for Waiver supports and services. In addition, this program unit provided ongoing technical assistance and training to approximately 60 private provider agencies and three Support Coordination agencies within the region that is contracted to provide supports and services to Waiver participants within the region.

The Northeast Delta Human Services Authority Developmental Disability Services Department (NEDHSA DD) continues to participate in the systems transformation initiative for developmental disability service delivery. During FY 22-23, the NEDHSA DD department served 1,797 individuals through primary programs utilizing ACT 378 funds and in the Medicaid Waiver Programs. The ACT 378 funds are legislatively allocated to provide goods and services to citizens with developmental disabilities within the NEDHSA Region 8 area through the Family Support and the Flexible Family Fund Programs. Through these programs, NEDHSA invested over $800,000 directly into the developmental disabilities community. Funds were utilized to purchase Personal Care Services, incontinent\personal supplies, home and vehicle modifications, medical equipment, and other services\items that support individuals and their families to remain living in their homes in the community.

Stories of Success: NEDHSA assists Grandfather in protecting and providing for his family with DD services

Clint Thorton is a retired ceramic tile contractor, retired student teacher, and Director of Music at his church. After losing his wife to Huntington’s disease, Thorton has spent his life as a single father of four children and, in recent years, a dedicated and compassionate grandfather who is the sole caretaker of his 23-year-old grandson Jordan Wilcockson.

Thorton did not let the foreseen struggles, complications, and financial strain deter him from protecting and providing for his grandson. The family’s relationship with Northeast Delta Human Services Authority (NEDHSA) began when Thorton received custody of Wilcockson when he was eight months old. Wilcockson’s diagnosis requires around-the-clock total care. Thorton loves his grandson and will do all he can, but there is only so much a grandfather can do alone; hence, NEDHSA services and resources were made available through Chasity Talley, Registered Nurse (RN).

As a result of his ongoing and significant needs, Wilcockson was ruled eligible for the New Opportunities Waiver (NOW), which utilizes Medicaid funds to pay for much of his care.

Through the NOW, the family can utilize private provider agencies or participate in Self Direction Services for nursing services, individualized and family support services,

environmental accessibility adaptations, and any of the many other services available through this Waiver program.

At one point, Wilcockson's care went from a combined 24 hours of nurse and personal care assistance staffing to four days a week, a total of 10 hours after moving from the city to a rural region. However, Talley was able to work with his support team and obtain approval for his personal care assistance back to 24 hours, lifting a significant burden on the family's shoulders.

With the services and resources provided through NEDHSA, Thorton has hired and trained direct support professionals to meet his grandson's needs. The NOW also assists with funding for environmental modifications inside and outside of their home. With NEDHSA assistance in coordination and utilization of various funding sources including the NOW and Family Support funds, Wilcockson acquired a new wheelchair and personal care items when Medicaid funding no longer paid for those items.

Stories of Success: Northeast Delta HSA Helps McDougald Teen Gain Independence through DD Resources

Raising 13-year-old girls can be challenging. They are no longer little girls because they are turning into young ladies. They want to be loved and supported, respected for their feelings and opinions, and, most importantly, have the space to be independent. Raising a 13-year-old girl with special needs is challenging and requires a particular style of care and additional attention. Jacie McDougald is no different from other 13-year-old girls that seek support and respect; however, the journey to Jacie's independence and continuous maintenance of her independence is quite different from the average young lady.

Jacie's mother, Wendy McDougald, knew her daughter would be born with Spina Bifida, a development of the spinal cord and surrounding vertebrae that leaves a gap or split in the spine. And with Spina Bifida, the addition of Hydrocephalus, structural abnormalities in brain parts that develop before birth prevent proper cerebrospinal fluid drainage. Thus, increasing pressure and compressing the brain further.

Yet, McDougald said Jacie's diagnosis does not define their lives, and "her independence is our primary focus." Jacie's daily functionality equipment and supplies would be sparse and financially strain the family if it had not been for Northeast Delta Human Services Authority's (NEDHSA) programs offered through the Office for Citizens with Developmental Disabilities (OCDD).

McDougald said that people do not understand. They think that because she and her husband make a decent income, the financial strain doesn't matter. As a result, people tend to overlook that Jacie has unique and special needs. Having a child with standard care is expensive. When you have a child with special needs, its standard care plus additional costs.

Like many, McDougald knew resources were available but needed to know what they were and how to make Jacie a recipient. Through an exchange of community networking, McDougald and NEDHSA Community Service Professional Lisa Kelley connected, thus beginning the McDougald and NEDHSA relationship.

Kelley's work with the family resulted in the approval of the Flexible Family Fund, allowing Jacie to purchase items she needed and aiding in buying a new wheelchair. NEDHSA Community Service Professional Annie Patterson assisted in the McDougald family's determination to provide Jacie with as many opportunities to be independent as possible. In addition, McDougald credits Patterson and NEDHSA for relieving major financial stressors for the family by catering to Jacie's growing needs, such as financial assistance with home modifications with a ceiling lift system installation. The McDougald family also received assistance for vehicle modifications, such as a side entry conversion for wheelchair access for their newly purchased van.

Having NEDHSA in their corner for the past six years brings an unlimited amount of relief to the McDougald family and ensures Jacie's growing needs are managed with urgency and care.

Stories of Success: NEDHSA's I/DD Services Rehabilitate Buie's Physical and Spiritual Condition

Rachel Buie is a mother of three children. She has a home, raises her family, and is the sole provider and supporter of her young children. Rachel also has a significant physical disability that brings unique challenges to being a parent. She endures periodic Transverse Myelitis – a condition derived from inflammation of both sides of one section of the spinal cord. The neurological disorder often damages the insulating material covering nerve cell fibers (myelin). The condition first appeared in 2013, two months after the birth of her third child, leaving Buie paralyzed.

Although Buie recovered from the 2013 paralyzing episode of her condition, Transverse Myelitis still affects her and her family today. The attacks continue to compromise Buie's daily life, functionality, and, most importantly, the care of her three children. A year and a half ago,

Rachel felt the symptoms of Transverse Myelitis start to rise; the condition interrupts the messages the spinal cord nerves send throughout the body. As a result, the condition can cause pain, muscle weakness, paralysis, sensory problems, or body dysfunction. Treatment for transverse myelitis includes medications and rehabilitative therapy.

Upon release from the hospital, Buie had to make a difficult decision. Seek care for herself by immediately entering a rehab facility or bypassing treatment and returning home to take care of her children. Like most mothers, she put her children's well-being over hers.

At the time, her children were ages 12, 10, and eight. With little family in the area and few friends to offer limited help, Rachel found herself in the exact position she dreaded, bedridden and unable to walk. Consequently, the factors caused more complications, such as bed sores and severe wounds, hindering Buie from being able to care for her children.

Northeast Delta Human Service Authority's (NEDHSA) Department for People with Intellectual/Development Disabilities (I/DD) is for those in Buie's situation. NEDHSA's department for I/DD connected Buie to the I/DD service system by a referral from her home health nurse.

NEDHSA's I/DD department began an assessment of Buie's needs. Her mission was clear: to get her body healthy, walk again, and resume being a vital part of her children's life. Immediately, NEDHSA acted, contacting the Office for Citizens with Developmental Disabilities Community Support Team (CST) for consultation and utilizing the Family Support Program (FS) to access the funding needed for services in her home.

NEDHSA assisted Buie in obtaining temporary admission into a rehabilitation facility to allow treatment for her wounds and to improve her health. In addition, there was constant communication between the CST and the medical rehabilitation team regarding Buie's healing process during her 30-day stay. Registered Nurse Carla Martin, CST, contacted all medical professionals and secured outpatient treatment for Buie's arrival home. NEDHSA Family Support staff expedited a Screen for Urgency of Need (SUN) with the screening score indicating an urgent need for services that would allow her to remain living in her home. Buie was offered an adult Waiver opportunity and after working with her private support coordinator and planning team, she was ultimately certified into the New Opportunity Waiver (NOW).

The NOW allows services to individuals with developmental disability in a home or community based setting. Services provided under NOW include Individualized and Family Support Services (day or night), Specialized Medical Equipment and Supplies as an Extended State Plan
Service, Supported Living, and Environmental Accessibilities Adaptations. Medical Certification Specialist Sondre Swan stepped in to see that Buie quickly received her level of care approval allowing payment and certification for the services received through Medicaid.

To ensure independent functionality with limited assistance, NEDHSA staff worked with the OCDD CST Resource Team member Phillip Smith who conducted additional assessments to identify physical needs within Buie's home.

Buie is home with her family. She is no longer bedridden. She is mobile with the help of a wheelchair and walker. The allotted hours for her sitters have increased from four

to nine hours daily. As a result, it enabled Buie to have assistance traveling from her home in Tallulah to her monthly treatments in Shreveport and aid in the daily operations of running a house with three preteen children.

Thomas said NEDHSA has connections to several services; “Therefore, Buie has all the services she needs.” Thomas said Buie is one of NEDHSA’s many jewels, and the team continues to do all they can to help. Thomas added, “It is a truly wonderful experience when all of the Developmental Disability Team services come together for a positive outcome.”

Stories of Success: NEDHSA’s Department of Disabilities Aids Family in Hopeless Situation

In the early 2000s, Sharon Elias and her sisters found themselves in a hopeless situation. Their mother’s health declined due to Alzheimer’s disease, and she needed special care. Unfortunately, the debilitating illness of their mother left a void because she was the primary caretaker of Jo Ellen Birmingham, Elias’ eldest sister. Fortunately for Birmingham’s health condition, Mrs.
Cantrell had the foresight to seek quality care and support with the assistance of Northeast Delta Human Service Authority’s (NEDHSA) Department for People with Intellectual/Development Disabilities (I/DD) for her eldest daughter, Birmingham, and Elias.

After contacting NEDHSA’s I/DD Department, it was determined that Birmingham was eligible to participate in a Medicaid Waiver Program with services that include case management, personal care services, respite support, vocational support, environmental modifications, and specialized medical equipment in addition to her state plan Medicaid services.

Birmingham was born with Cerebral Palsy, a group of disorders that affect a person’s ability to move and maintain balance and posture. As a result, Birmingham is entirely reliant on a wheelchair to move around within her home and the community. She has the aid of full-time caregivers to assist her in activities of daily living and to access her community.

Elias said becoming the primary caregiver for her older sister came naturally. Elias’ devotion to her sister is infinite, but the required financial, caregiving, and mental support are limited. So making contact with NEDHSA for information and assistance with connecting Ms. Birmingham to the services she needed is something the family had to do.

“We knew that mother was getting sick and could not take care of her (Jo) safely,” Elias said. “Mother didn’t want us to stop our lives, which none of us felt that way, but my mother was determined that Jo was going to be taken care of, and she was going to see to it that she was going to be taken care of.”

Birmingham, Elias, and their family were more than pleased with the services NEDHSA's Department of Intellectual/Developmental Disabilities helped them establish through the waiver program. Elias said she felt "at ease with the services provided to Birmingham's care from the beginning of the relationship."

Other resources provided for Birmingham's care included adult undergarments, hearing aids, a telephone to help Birmingham hear, assistance with wheelchair functionality, and repairs to the wheelchair lift on Birmingham's van.

Regarding personal support, Elias spoke highly of the NEDSHA Developmental Disability staff, especially Medical Certification Specialist Sondre Swan.

"She has always lifted me up when I am down and is helpful," Elias said. "She goes out of her way to make someone feel good and laugh, and that it's not as bad as we think. She advised me on certain things and followed up with me." Swan, who has been working with Birmingham for the last 15 years, said she prides herself on "making the family, and individual, feel comfortable communicating with me."

When Elias becomes overwhelmed and questions what to do next, she said Swan steps in, calms her down, and tells her, "We can handle this." Elias added: "NEDHSA is an excellent organization with great people and services. I highly recommend NEDHSA. NEDHSA's team is so easy to talk with. I feel like they are all my friends."

B. Why is this success significant?

All of the work performed by the NEDHSA DD department is critical to the ongoing service delivery system for people within the NEDHSA area. Delivery of needed services to people who have no other resources to obtain these services is vital for people to remain in their homes and communities. Management of these services and funds must ensure quality and compliance to maintain funding, cost efficiency, and sustainability.

C. Who benefits and how?

People with developmental disabilities within our state, specifically within the NEDHSA area, benefit from the activities of NEDHSA. NEDHSA serves as the single point of entry into the state's developmental disability system, provides funding for services needed for people to live in their homes and communities, along with monitors and manages programs mandated by the Centers for Medicare/Medicaid (CMS-Federal Government). Leading the way in spotlighting the significant need for more people to become employed gives individuals the opportunity for self-sufficiency, social contact, and the ability to contribute their gifts and talents to society along with economic contribution to the economy.

D. How was the accomplishment achieved?

The hard work and dedication of the staff made these accomplishments possible. An intentional effort by management was made to keep staff focused on NEDHSA's mission, vision, and tenets, along with ongoing training and information. Collaboration and complete buy-in from the
Executive Director to implementing staff is also a contributing factor to these accomplishments. NEDHSA cultivates a culture of focus on the improvement of the lives of people with developmental disabilities.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)

Yes, this accomplishment does contribute to the success of our strategic plan. (See Section II below.)

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

Yes, this level of support, both financially and philosophically should be shared with other executive branch departments and agencies.

Accomplishment #4: Prevention and Wellness Services

A. What was achieved?

Northeast Delta Human Services Authority (NEDHSA) successfully implemented several Prevention and Wellness programs and initiatives, which serve as an integral part of our integrative behavioral health and primary care approach. The NEDHSA Prevention program uses research-based curriculums, environmental strategies, coalition-building, and other proactive and data-driven strategies to prevent and reduce risk-taking behaviors. NEDHSA Prevention and Wellness services include Information dissemination, formation and implementation of community coalitions, community education, and alternative activities for youth, school-based interventions, and tobacco retailer (SYNAR) compliance checks. Below is a summary of prevention activities for FY21-22:

Opioid Summit
NEDHSA hosted its 2023 Opioid Summit on Thursday, June 15 on the campus of the University of Louisiana at Monroe. The theme for the 2023 Opioid Summit was "Building Resilience for Recovery through Trauma-Informed Care."

NEDHSA Executive Director Dr. Monteic A. Sizer said "We are seeing a resurgence of opioid related treatment needs, arrests, hospitalizations, and deaths in our region, state, and across the nation. This event will help inspire others learn how to work more collaboratively as we seek to collectively resolve this complex issue."

LaSOR NARCAN Training and Kit Distribution

NEDHSA hosted 208 NARCAN Training and Kit Distribution events during FY23. The events were held across all twelve parishes in the service area, and 2702 kits were distributed during these events. NEDHSA's NARCAN training is free and provides information to attendees to help (1) learn how to determine if a person may be overdosing from opioid use and how to respond to an opioid overdose; (2) learn how to properly administer NARCAN (naloxone), a medication used to block the effects of opioids, to an individual experiencing an opioid overdose: and (3) learn about ways to reduce opioid overdose deaths and ways individuals can help stay safe.

During FY23, NEDHSA continued efforts to train and bring kits to the region. Throughout the fiscal year, we conducted NARCAN training with seven (7) school systems and eight (8) detention centers throughout the region while continuing to provide training to local and parish law enforcement agencies. This training can be done for private and public entities, as well as faith-based organizations.

SYNAR Checks

The SYNAR Program, overseen by the Substance Abuse and Mental Health Services Administration (SAMHSA), requires states to establish and enforce laws to prohibit the distribution and sale of tobacco products to minors. Regular SYNAR checks are performed to ensure compliance with these laws.

SOS: Signs of Suicide

In FY 22-23, NEDHSA entered into a memorandum of understanding (MOU) with the Madison Parish School System to facilitate the provision of the evidence-based middle-school-like skills programs, SOS: Signs of Suicide, in all 6, 7, and 8-grade classrooms and select 9, 10, 11, and 12grade classrooms. Through this initiative, students were provided with video and guided discussions to facilitate supportive dialogue, as well as participated in brief screenings (if parent consent was provided). Posters, wallet cards, and newsletters for students were also provided to reinforce discussion topics. Additional support was also provided to teachers and administrators throughout the school year.

Applied Suicide Intervention Skills Training (ASIST)

NEDHSA’s Prevention and Wellness sponsored an Applied Suicide Intervention Skills Training (ASIST) in Monroe and Farmerville, Louisiana. ASIST is a 2-day training program that teaches participants how to assist those at risk for suicide. Although many healthcare professionals use ASIST, anyone 16 years or older can use the approach, regardless of professional background.
During the training, approximately 60 members of the community were trained in ASIST.

Wellness at Work

NEDHSA launched its Wellness at Work initiative, a program designed to relieve employees' stress and burnout. Inspired by the experiences with the occurrence of COVID-19 and the ongoing stress of navigating life in the days after, NEDHSA's Wellness at Work initiative will give staff an intentional approach to heal, replenish, and rebuild themselves and, in return, continue to pour into NEDHSA's mental health, addiction, developmental disabilities, and prevention and wellness services in Louisiana's Delta.

NEDHSA partnered with Alexis Cherrell of Holistic Wellness to provide wellness and emotional healing services that include holistic yoga, sauna detox, oxygen bar, and vitamin cocktails. Holistic Wellness will provide these services at each NEDHSA location throughout the region and allow staff to select a day and time to get their service rendered.

Prevention and Wellness Community Events

NEDHSA's Prevention and Wellness Department hosted a series of events aimed at building stronger communities one person at a time. As the COVID-19 pandemic increased the level of anxiety and trauma in our region, especially for those already dealing with mental illness and other challenges, NEDHSA hosted these events to help the people of northeast Louisiana remain hopeful and informed. The events were well-attended and included the following:

Transformation Health and Wellness 1 & 5K

Northeast Delta Human Services Authority (NEDHSA) partners with The City of Tallulah every year for the Transformations 1K/5K Walk & Run at Madison High School. Fitness plays a vital role in mental health, and when coupled with proper exercise, is a strong predictor of positive health outcomes. We provide an opportunity for citizens of northeast Louisiana to engage in healthy activities and learn about the interconnectedness of their mental health and physical health. Approximately 150 attended the event.

Jiggaerobics

Each year, NEDHSA hosts a high-energy, community-based activity bringing people of all ages together while introducing wellness and therapy. Jiggaerobics combines dancing and cardio and culminates with an inspirational message and invitation to maintain personal mental wellness through therapy and/or continued wellness activities. Approximately 300 community members participated.

Art is Therapy Festival

The agency hosted its first Art is Therapy Festival to showcase and provide support therapeutic services and techniques including painting, yoga, crafting, dancing, health fair, and therapeutic/wellness teas. Over 500 people attended the festival.

Story Time with Dr. Yoyo

The Story Time with Dr. Yoyo and NEDHSA P&W is a Prevention and Wellness event that takes place during the month of February at the African American Museum which, creates a safe space for children to develop and thrive while receiving Opioid Prevention and Wellness Education.

Through educating our young children about the dangers of drug use, it reduces the amount of childhood opioid overdoses and deaths in our community. 1400 children learned about black history and cultural diversity. The children play fun games and explore art with the opportunity to broaden their horizons and experience new possibilities.

Student Ambassador Program

Student Ambassador Program's goals are to reduce underage drinking and prescription drug use while encouraging positive life choices in our adolescent population. Our Op Zone student ambassadors exhibit leadership and responsibility, and character and possess a positive attitude on the school campus and in the community. 75 high school students participated in the ambassador program for FY23.

Opioid Summit

NEDHSA's Opioid Summit is an opportunity for behavioral health professionals, primary healthcare workers, law enforcement, federal, state, and local officials, and clergy and advocates to come together and collaborate on how to meet this complex societal issue with action. The theme for 2023 was "Building Resilience for Recovery through Trauma-Informed Care." The keynote speaker for the summit was Diana Kelly, a Licensed Clinical Social Worker and Master Clinical Consultant at the Hazelden Betty Ford Foundation. There was also a vendor fair comprised of providers throughout northeast Louisiana sharing resources and how to access services. NARCAN training and distribution were available to all attendees. The total number of attendees for this year was 281.

Youth Summit

The NEDHSA annual youth summit is a sizeable in-person event that involves students from several local high schools. Speakers and activity coordinators conduct engaging presentations and panel discussions facilitated by the student ambassadors. The event aims to educate, motivate, and encourage students to abstain from illegal substances and underage drinking. The event is recorded and made public for further educational usage. Estimated Attendees: 250-300.

Responsible beverage server training

This class prepares vendors for safe and responsible alcohol distribution. Attendees are educated on what alcohol is, how it impacts brain functioning, and how cross-substance use and overserving can endanger the public. Participation in this class helps make our communities safer by reducing underage drinking, over-serving patrons, and drunk

driving incidents. Attendees also receive a permit at the end of the course. Estimated Attendees: 12 per class.

Day of Service with Junior League of Monroe

Northeast Delta Human Services Authority partnered with the Junior League of Monroe to host "A Day of Service" event at the Pecanland Mall. "A Day of Service" event offered children and adults games, activities, and educational resources.

The "A Day of Service" event is an initiative that aims to bring together behavioral and primary health resources, services, and information from NEDHSA and other community organizations, volunteers, and individuals who seek to improve population health in Ouachita Parish, and over 350 individuals attended in addition to 20 community partners who also set up resource booths.

Stop the Violence Bike Ride

NEDHSA also partnered with Rated E, LLC as a sponsor of the "Stop the Violence" bike ride in FY2022. The event welcomed community citizens of Monroe and featured live music, vendors, yoga, and special guest speakers who shared messages of hope, peace, and more.

Opioid Life Skills

Data has shown an increase in drug usage and crimes, experienced by youth, at an all-time high. The Life Skills Training Prescription Drug Abuse Prevention Module gives adolescents the skills and knowledge necessary to help them avoid the misuse/abuse of opioids and prescription drugs. This module is ideal for school districts, community-based organizations, and agencies serving students in grades 6 – 9. 932 youth in Franklin Parish received the one-time lesson.

Red Ribbon Week

NEDHSA hosted a series of activities during National Red Ribbon Week for students, teachers, and faculty in Ouachita Parish to promote a drug-free lifestyle.

Orange Ribbon Week

NEDHSA hosted a series of activities during the state-wide Orange Ribbon Week campaign for students, teachers, and faculty in Ouachita Parish to promote an alcohol-free lifestyle.

Transforming Grief Talk: Recovery

NEDHSA partnered with St. Joseph MBC of West Monroe and with Greater Antioch Baptist Church to discuss "Transforming Grief Talk: The Role of Grief and Loss in Addiction Recovery".

Richland Parish Sheriff's Office partnered with Northeast Delta Human Services Authority for Naloxone training

The Richland Parish Sheriff's Office partnered with Northeast Delta Human Services Authority to provide Naloxone training to all staff members. After completing the training, all personnel were issued NARCAN, which can reverse the effects of an opioid overdose.

Opioid Town Hall Meeting

NEDHSA and Rolling Hills Ministries hosted an Opioid Awareness Town Hall Meeting at
Temple Baptist Church in Ruston. Lincoln Parish Sheriff's Office; Amy Poppolo; Kara Etienne, LMSW; and Dr. Monteic A. Sizer spoke to the community about the impacts of drugs and addiction. The Opioid Town Hall had approximately 300 community members in attendance.

Morehouse Parish Town Hall Meeting

NEDHSA hosted its town hall meeting in Morehouse Parish last night. This town hall meeting was a place for professionals and community members to gather for a discussion of NEDHSA's services, and financial opportunities to partner with our agency to fill service gaps and create activities to increase environmental protective factors and build community resiliency. The discussion included updates from our staff about local data, our mobile health clinic, coalition work, and how to partner with NEDHSA.

The aim was to create an open dialog with the community and its leadership about Mental Health, Addictive Disorders, and Developmental Disabilities services needed in the Parish. As a result of the town hall, Northeast Delta HSA sponsored 2 community-based programs and signed MOUs with Beekman Charter School for Signs of Suicide evidence-based program and screenings, and Morehouse Parish Head Start to provide Al's Pals evidence-based program.

Additionally, NEDHSA sponsored the Morehouse Parish Crawfish Festival as part of our Town Hall Meeting initiative to increase visibility and access to services through an integrated approach to working with our community partners.

Juneteenth Health & Healing Walk-a-Thon

NEDHSA partnered with the African American Heritage Museum for its Juneteenth "Health and Healing Walk-a-Thon" in Memory of Nancy Johnson. Northeast Louisiana Delta African American Heritage Museum Executive Director Ross Slacks said, "Having NEDHSA as a sponsor helps bring the vision of health and wellness to the forefront of those we serve in our community and surrounding areas."

"To honor our founder, Miss Nancy Johnson, shows their dedication to showcase the importance of remembering those whose accomplishments live on."

B. Why is this success significant?
Initiatives that are implemented within the NEDHSA Integrative Behavioral Health and Primary Care Model ensure that our citizens have access to the care they need, no matter where they enter the health care system. Prevention efforts are crucial to providing integrated care.

C. Who benefits and how?
This nationally recognized, integrative approach includes collaborative work with regional partners in prevention, education, business, and in regional municipalities/parishes to serve our citizens. NEDHSA works diligently to reduce barriers to quality healthcare that arise from negative societal health determinants such as poverty, joblessness, and access to adequate housing.

D. How was the accomplishment achieved?
NEDHSA consistently works to understand the unique healthcare needs of the citizens of northeast Louisiana and actively puts programs and services in place that meet citizens' needs and fill healthcare gaps.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)

Yes, this accomplishment does contribute to the success of our strategic plan. (See Section II below.)

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

Yes, NEDHSA utilizes approaches that are in line with best practices along with the agency's vision, mission, and tenets.

Accomplishment #5: Ongoing Regional COVID-19 Response

A. What was achieved?
With the health, well-being, and safety of agency clients, as well as the region as a whole, in mind, Northeast Delta Human Services Authority (NEDHSA) implemented several COVID-19related initiatives following the onset of the COVID-19 pandemic. The emerging issue of the COVID-19 pandemic called for action to not only employ preventative measures and safety precautions to protect the health of our clients, but to also assist them, the community's most vulnerable populations, in dealing with this health crisis. NEDHSA took many steps to not only prevent the spread of illness within the agency's clinics and facilities but to educate staff, clients, contractors, and the community about COVID-19's impact in our region. During FY 22-23,

NEDHSA's COVID-19 initiatives remained intact, assisting with reducing the spread of communicable diseases within our communities.

COVID-19 Information Portal

A COVID-19 Information Portal was provided to the NEDHSA agency website to provide continual updates on the operating status of our outpatient clinics, 24-hour access contact information, and COVID-19-related information. The addition of the COVID-19 portal allowed for easy access by agency clients, as well as the general public, to information such as the COVID-19 Prevention Fact Sheet, What You Need to Know About COVID-19 Fact Sheet, Supporting Young Children Isolated due to COVID-19, Coping with Stress During Infectious Disease Outbreaks, Mental Health Considerations during COVID-19 Outbreak, COVID-19 Frequently Asked Questions, Update on COVID-19, as well NEDHSA's Continuity of Operations Plan and LDH state information on free COVID-19 mobile testing and LDH Keep Calm Through COVID-19 24/7 Counseling Hotline information. The web page also contains information such as proper hand-washing techniques and social distancing practices.

COVID-19 Client and Community Access

In FY 22-23, NEDHSA continued the telehealth visits agency-wide to clients that requested it to avoid any disruption in client services during the COVID-19 pandemic. NEDHSA clients were able to continue their scheduled access to agency clinicians, and NEDHSA clinical staff implemented increased wellness checks on agency clients throughout the course of outpatient clinical physical closure, as well, in addition to the scheduled telehealth visits. The NEDHSA Prevention and Wellness Department partnered with Louisiana State Representative Katrina Jackson for an annual health fair & back to school event with the New St. James Baptist Church for FY22.

B. Why is this success significant?

All of the additional initiatives and actions put into place in response to the COVID-19 pandemic were important to the promotion and maintenance of our client's mental and behavioral health and personal well-being. Recognizing the potential effects and devastation of COVID-19, NEDHSA proactively sought to identify our client's concerns and the specific issues faced that may contribute to their increased behavioral, physical, and social health needs through implementing the COVID-19 Social Health Impact Assessment. NEDHSA also recognized the necessity of being calm amidst the storm for our clients who already struggle with many aspects of daily living and were now faced with an uncertain future due to the pandemic and subsequent loss of employment, food insecurities, and other challenges. Therefore, offering daily messages of hope and providing a public platform through the COVID-19 Information Portal on our agency website was important in maintaining a positive connection with our clients and contributing to the promotion of their mental health.

C. Who benefits and how?
NEDHSA agency clients, as well as the citizens of Region 8, benefitted from the initiation of these COVID-19-related activities. NEDHSA continually works to explore and understand the unique challenges and healthcare needs of the citizens of northeast Louisiana to establish and provide assistance, programs, and services that specifically address those challenges and needs.

D. How was the accomplishment achieved?
Intentional efforts by management were made to provide NEDHSA clients with as much information, assistance, and encouragement as possible throughout the COVID-19 pandemic. By staying focused on NEDHSA's mission, vision, and tenets and the agency's underlying data driven decision-making approach, collaborative efforts between the agency's Executive Director and staff made these accomplishments possible.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
Yes, this accomplishment does contribute to the success of our strategic plan. (See Section II below.)

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
Yes, this client-centered approach to program and assessment development should be shared with other executive branch departments and agencies.

II. Is your department's Five-Year Strategic Plan/Business Plan on time and on target for accomplishment?

To answer this question, you must determine whether your anticipated outcomes—goals and objectives—are being attained as expected and whether your strategies are working as expected and proceeding on schedule.

- **Please provide a brief analysis of the overall status of your strategic progress.** What is your general assessment of overall timeliness and progress toward accomplishment of results targeted in your goals and objectives? What is your general assessment of the effectiveness of your strategies? Are anticipated returns on investment are being realized?

  Northeast Delta Human Services Authority (NEDHSA) strategic plan goals were implemented as outlined in the FY2020-2025 Strategic Plan. Continued progress is being tracked, documented, and reported. Performance improvement processes in FY 22-23 continued to monitor the number of referrals to NEDHSA partner agencies. The number of persons receiving individual and family support services, Flexible Family Fund services, and developmental disabilities services are noted in the FY 22-23 plan.

Achievement in meeting performance standards is further evidenced by the agency's expansion of services and quality of care.

- **Where are you making significant progress?** If you are making no significant progress, state "None." However, if you are making significant progress, identify and discuss goals and objectives that are exceeding the timeline for achievement; identify and discuss strategies that are working better than expected. Be specific; discuss the following for each:

  1. To what do you attribute this success? For example:
     - Is progress largely due to the effects of external factors? Would the same results have been generated without specific department action?
     - Is progress directly related to specific department actions? (For example: Have you reallocated resources to emphasize excellence in particular areas? Have you initiated new polices or activities to address particular issues or needs? Have you utilized technology or other methodologies to achieve economies or improve service delivery?)
     - Is progress related to the efforts of multiple departments or agencies? If so, how do you gauge your department's contribution to the joint success?
     - Other? Please specify.

     We attribute our success to our continuous quality assurance measures, including quarterly performance improvement meetings and consistent messaging across our agency. We have stabilized our psychiatric support and are maximizing the use of additional grant funds to support our operations.

  2. Is this significant progress the result of a one-time gain? Or is progress expected to continue at an accelerated pace?
     No, and we are not expecting an accelerated gain. Our focus is moderate, measurable, and sustainable gain.

- **Where are you experiencing a significant lack of progress?** If you are experiencing no significant lack of progress, state "None." However, if you are experiencing a significant lack of progress, identify and discuss goals and objectives that may fall significantly short of the targeted outcome; identify and discuss strategies that are not working well. Be specific; discuss the following for each:

  1. **To what do you attribute this lack of progress? For example:**
     - Is the lack of progress related to a management decision (perhaps temporary) to pursue excellence in one area at the expense of progress in another area?
     - Is the lack of progress due to budget or other constraint?
     - Is the lack of progress related to an internal or external problem or issue? If so, please describe the problem and any recommended corrective actions in Section III below.
     - Other? Please specify.

No lack of progress to mention.

2. **Is the lack of progress due to a one-time event or set of circumstances? Or will it continue without management intervention or problem resolution?** No lack of progress to mention.

- **Has your department revised its strategic plan to build on your successes and address shortfalls?**

  ☒ Yes. If so, what adjustments have been made and how will they address the situation?

  ☐ No. If not, why not?

  After completing the 5-year strategic plan for FY2015-2020, NEDHSA revisited its strategic plan to make sure it properly reflects the goals and objectives of the agency and captures areas for improvement for the upcoming years. NEDHSA's FY20212025 Strategic Plan was developed with an outcomes-based approach where the evaluation, planning, and development of services and programs will be data-driven. New strategies are added to existing ones to achieve agency goals. This will allow us to build upon our current successes and further grow in areas where we are continually evolving.

- **How does your department ensure that your 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?** Use as much space as needed to explain fully.
  Our strategic plan is centrally located on the agency's intranet for all employees to view. A large percentage of the performance indicators are also reported in LaPAS and through AIP reviews. Our agency has quarterly performance improvement committee meetings to discuss the performance indicators and strategies to enhance our delivery of services. As leadership makes data-driven decisions about management and funding, we consider the performance indicators to help us determine how to streamline our funds and processes for improved outcomes.

III. What significant department management or operational problems or issues exist? What corrective actions (if any) do you recommend?

("Problems or issues" may include internal concerns, such as organizational structure, resource allocation, operations, procedures, rules and regulations, or deficiencies in administrative and management oversight that hinder productivity, efficiency, and effective service delivery. "Problems or issues" may be related to external factors—such as demographics, economy, fiscal condition of the state, federal or state legislation, rules, or mandates—that are largely beyond the control of the department but affect department

management, operations, and/or service delivery. "Problems or issues" may or may not be related directly to strategic plan lack of progress.)

Complete Sections A and B (below) for each problem or issue. Use as much space as needed to fully address each question. If the problem or issue was identified and discussed in a management report or program evaluation, be sure to cross-reference the listing of such reports and evaluations at the end of this form.

A. Problem/Issue Description

1. What is the nature of the problem or issue?
   Northeast Delta Human Services Authority, per contract with the Louisiana Department of Health, has been tasked with oversight of the region Support Coordination Agencies (SCA) which is contracted with the Louisiana Department of Health to provide services on behalf of the Office for Citizens with Developmental Disabilities (OCDD). This linkage has posed a disadvantage in the oversight process for NEDHSA to ensure accountability and successful outcomes. Corrective action for deficits and issues stemming from the SCAs and the private agencies contracted with them are often delayed and lack proficiency and quality to the standards to which they are held. It is also noted that various contributing factors have led to the decreased standards of care provided by these agencies along with compliance with OCDD policies and procedures, including high turnover rates of the support coordination agencies. Despite consistent reports and alerts to OCDD leadership, there has been no satisfactory resolution to improve the outcomes to which ultimately NEDHSA is held.

   Additionally, there remains a need for additional staff to reach more people, address barriers, provide technical assistance, and advocate.

2. **Is the problem or issue affecting the progress of your strategic plan?** (See Section II above.)

3. **What organizational unit in the department is experiencing the problem or issue?**
   NEDHSA's developmental disability department is experiencing these issues.

4. **Who else is affected by the problem? (For example: internal or external customers and other stakeholders.)**
   Persons served are directly affected by the quality of services provided by the SCAs and private care agencies.

5. **How long has the problem or issue existed?**
   This issue has been ongoing for approximately 5-6 years.

6. **What are the causes of the problem or issue? How do you know?**

   Noted possible causes of these issues are the current policy and structure of this system. It is also noted that the SCAs experience high turnover rates, which also could affect these issues.

7. **What are the consequences, including impacts on performance, of failure to resolve the problem or issue?**

   The impact gets reflected in the decreased quality of care and services/supports. Some consumers may not receive or have access to services. The overall health and wellness of consumers are at risk. Failure to meet contract requirements means lost revenue, increased turnover, and increased absence from work.

B. Corrective Actions

1. Does the problem or issue identified above require a corrective action by your department?

   ☒ No. If not, skip questions 2-5 below.
   ☐ Yes. If so, complete questions 2-5 below.

2. What corrective actions do you recommend to alleviate or resolve the problem or issue?

3. Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)?

4. Are corrective actions underway?
   a. If so:
      - What is the expected time frame for corrective actions to be implemented and improvements to occur?
      - How much progress has been made and how much additional progress is needed?
   b. If not:
      - Why has no action been taken regarding this recommendation?
      - What are the obstacles preventing or delaying corrective actions?
      - If those obstacles are removed, how soon could you implement corrective actions and generate improvements?

5. Do corrective actions carry a cost?

   ☐ No. If not, please explain.

☐ Yes. If so, what investment is required to resolve the problem or issue? (For example, investment may include allocation of operating or capital resources—people, budget, physical plant and equipment, and supplies.) Please discuss the following:

a. What are the costs of implementing the corrective actions? Be specific regarding types and amounts of costs.
b. How much has been expended so far?
c. Can this investment be managed within your existing budget? If so, does this require reallocation of existing resources? If so, how will this reallocation affect other department efforts?
d. Will additional personnel or funds be required to implement the recommended actions? If so:
    - Provide specific figures, including proposed means of financing for any additional funds.
    - Have these resources been requested in your budget request for the upcoming fiscal year or in previous department budget requests?

IV. How does your department identify, analyze, and resolve management issues and evaluate program efficiency and effectiveness?

A. Check all that apply.

☒ **Internal audit**

The LDH Office of the Secretary ensures ongoing monitoring of programmatic and administrative functions.

The Internal Audit function, within LDH Office of the Secretary, appraises activities within the Department to safeguard the Department against fraud, waste and abuse by conducting risk-based audits and compliance investigations. The Internal Audit function ensures that transactions are executed according to management's authority and recorded properly; that operating efficiency is promoted; and that compliance is maintained with prescribed federal regulations, state laws, and management policies.

Internal Audit also provides management with evaluations of the effectiveness of internal controls over accounting, operational and administrative functions.

☒ **External audits (Example: audits by the Office of the Legislative Auditor)**

The LDH has a designated Audit Coordinator for financial audits. The Audit Coordinator is the designated point of contact for all correspondence and communication related to financial audits of LDH agencies. The Audit Coordinator is involved in all written communication related to audits and is

kept informed about all relevant verbal communication between agency personnel and the Louisiana Legislative Auditor (LLA) staff. The LLA conducts performance audits, program evaluations, and other studies as needed to enable the legislature and its committees to evaluate the efficiency, effectiveness, and operation of state programs and activities.

The Centers for Medicare & Medicaid (CMS) also conducts audits and reviews LDH and its agencies for compliance with program standards and accountability for funds received to administer programs.

☐ Policy, research, planning, and/or quality assurance functions in-house
☐ Policy, research, planning, and/or quality assurance functions by contract
☐ Program evaluation by in-house staff
☐ Program evaluation by contract

☒ **Performance Progress Reports (Louisiana Performance Accountability System)**
The LDH Division of Planning and Budget coordinates and reviews entries of the Louisiana Performance Accountability System (LaPAS) data on a quarterly basis for all LDH agencies. Explanatory notes are provided 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, if significant variances occur, or if modifications and additions are needed.

☒ **In-house performance accountability system or process**
Performance Based Budgeting activities (including, but not limited to strategic planning, operational planning, and the Louisiana Performance Accountability System) are coordinated by the LDH Division of Planning and Budget. This section reviews all objectives, performance indicators and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are made at monthly expenditure analysis meetings directly to the agency's assistant secretary or the Department's undersecretary, if modifications or 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 planning, or strengthen program management initiatives.

☒ **Benchmarking for Best Management Practices**
The LDH Division of Planning and Budget reviews, researches and develops objectives, performance measures and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are compared to benchmarks from leading states involved in performance-based budgeting activities.

Recommendations are made directly to the agency's assistant secretary or the Department's undersecretary, if modifications or additions are needed.

☒ **Performance-based contracting (including contract monitoring)**
LDH contracts are required to contain a description of the work to be performed including goals and objectives, deliverables, performance measures and a monitoring plan.

☐ Peer review
☐ Accreditation review
☐ Customer/stakeholder feedback
☐ Other (please specify):

B. Did your office complete any management reports or program evaluations during the fiscal year covered by this report?

☐ Yes. Proceed to Section C below.
☒ No Skip Section C below.

C. List management reports and program evaluations completed or acquired by your office during the fiscal year covered by this report. For each, provide:

1. Title of Report or Program Evaluation:
2. Date completed:
3. Subject or purpose and reason for initiation of the analysis or evaluation:
4. Methodology used for analysis or evaluation:
5. Cost (allocation of in-house resources or purchase price):
6. Major Findings and Conclusions:
7. Major Recommendations:
8. Action taken in response to the report or evaluation:
9. Availability (hard copy, electronic file, website):
10. Contact person for more information:
    Name:
    Title:
    Agency & Program:
    Telephone:
    E-mail:

Annual Management and Program Analysis Report
Fiscal Year 2022-2023

Department: **Louisiana Department of Health (LDH)**
09-320 Office of Aging and Adult Services

Department Head: **Stephen Russo**
LDH Secretary

Undersecretary: **Pam Diez**

Assistant Secretary: **Melinda Richard**

I. What outstanding accomplishments did your department achieve during the previous fiscal year?

For each accomplishment, please discuss and explain each item below.

A. What was achieved?
B. Why is this success significant?
C. Who benefits and how?
D. How was the accomplishment achieved?
E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

Accomplishment #1: Managing for Operational Success to Meet and Exceed Goals

A. What was achieved?

The LDH Office of Aging and Adult Services (OAAS) has made progress and has dedicated efforts in reducing the number of applicants waiting for a service on the Community Choices Waiver (CCW) Request for Services registry. The CCW Waitlist Reduction Project began with 26,622 individuals on the registry. One of the main avenues in reducing the waitlist is by obtaining additional waiver slots and certifying individuals into these slots at a higher rate than services are requested.

Additionally, during the 2022 Legislative session, OAAS requested and received an additional 500 CCW slots. During fiscal year 2022-2023, facing multiple challenges and workforce shortages both internally and externally with enrolled, contracted and licensed providers, OAAS Program Operations staff played a crucial role in successfully certifying approximately 900 participants and exceeding the initial goal in FY23. This included the 500 new waivers and those freed up through normal attrition. This year saw more Community Choice Waiver certifications than had ever been processed in one fiscal year. OAAS Program Operations staff assisted proactively with Support Coordination Agencies and Medicaid to ensure all waiver opportunities were provided to participants.

The use of dashboards and visual representations of workflow processes has been a useful management practice to ensure success. OAAS dedicated time and training to assist management teams in visualizing their processes. The Program Operations and My Choice LA (MCL) teams were two specific areas where the management teams utilized this management approach with success.

MCL created numerical and visual program-focused dashboards that tracked key metrics of performance. The dashboards provided an overarching view of program office performance as well as individual teams and employee level performance. Use of these management tools enhances the ability to monitor operations, optimize processes, and improve overall business performance by having data readily available, and helps to detect and prevent potential problems before they become issues.

Initial review of MCL dashboards confirmed anecdotal information. Areas of improvement were quickly identified and the MCL leadership team developed a mitigation/project plan with expected deadlines to improve performance in key areas. As the team worked through the project plan, marked improvements were noted, increasing efficiencies within six months. Completion of Transition assessments improved over 20% and Completion of Transition Plans improved over 34%. Both are key milestones in transitioning people with serious mental illness from nursing facilities to the community to satisfy the Department of Justice (DOJ) Settlement Agreement.

B. Why is this success significant?

Both units (Program Operations and MCL) are charged with significant operational activities. The operational success as a result of the use of data, has positive consequences on both missions:

Long waiting lists, by themselves, or in conjunction with other factors, place states at risk for lawsuits based upon the Americans with Disabilities Act (ADA) and the ADA-based U.S. Supreme court *Olmstead* decision. Individuals waiting for services are often at high risk of nursing facility placement and may end up receiving more expensive forms of care if their support needs are not addressed within reasonable timeframes.

The Agreement between LDH and DOJ defines tasks and timelines that should be met in order to achieve a compliance rating of ‘Met’ thus eventually exiting out of the Agreement.

The dashboards created for MCL allows for focused tracking of performance thus providing the Subject Matter Expert relative information to determine compliance towards those performance measures.

C. Who benefits and how?

In the case of the CCW waitlist, the community benefits as individuals request, and then receive, support from the CCW. CCW provides Medicaid in-home and community-based services that are an alternative to nursing facility care for older adults and people with adult-onset disabilities, increasing the number of individuals receiving quality support in the setting of their choosing. CCW is also a cost effective alternative to nursing facility care, benefitting the State and Department of Health, as well as taxpayers.

For the MCL program one of the main goals of the DOJ Agreement is to transition individuals with serious mental illness who have expressed interest in moving out of nursing facilities into community living. Use of dashboards not only allows for a speedier transition, but also, improves the quality of care planning for community living for that individual. In addition, community supports are a more cost effective alternative to nursing facility care, benefitting the State and LDH, as well as taxpayers.

D. How was the accomplishment achieved?

Achieving the 500 CCW slot certification goal accomplishment required additional efforts from OAAS Regional Office (RO) staff. Staff used an internal dashboard of data to categorize pending certifications or "linkages". This linkage data was reviewed during regular RO Managers meetings and courses of action were decided based on analysis of the data. Assistance was sought from other sections within OAAS, such as the Research and Quality's Compliance and Audit Team (CAT) to complete tasks identified as high priority and high numbers. RO also worked in conjunction with the Medicaid long-term care section on pending tasks and OAAS contracted Support Coordination Agencies (SCAs). RO staff began methodically tracking each CCW linkage until certification; reaching out and assisting the individual requesting services, the assigned Medicaid analyst, and the Support Coordinator until the person was certified. An OAAS Area Manager was designated as a Medicaid liaison to streamline Medicaid contacts and provide assistance working through stalled cases. OAAS data analytics section developed a data dashboard to provide real time numbers and visual graphics for progress updates.

The MCL program work began by initiating a 'data clean-up' project. This entailed removal of duplicate and inaccurate data, resolving incomplete data and documents, and data migration from SharePoint into the OPTS system. Once migration was complete, reports, numerical and visual dashboards were created.

In order to equip the management team with the training to develop the best visuals for their dashboards, and to inspire their use of the charts, leadership used the book, Say It With Charts: The Executive's Guide to Visual Communication, by Gene Zelazny. This provided basics on where to begin and which types of charts to use. Workshops were held to train on the steps to create charts and which type of data was best to visualize. A visit to another

agency to see their dashboards was also inspiring to the team. Developing the skills to quickly identify when a chart is helpful and what kind of chart to use for each kind of data, was a key step to sparking the manager creativity and create engagement.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)

Yes. Both the CCW waitlist reduction initiative and the MCL program efforts contribute to "Improving access, quality and outcomes for populations receiving and at risk of needing long-term supports and services."

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

The utilization, visualization and interpretation of data guided OAAS in the strategy to most efficiently certify individuals into waiver and transitions, thus, contributing to efficiency gains, and is a best practice that should be shared with other agencies and replicated where applicable.

Accomplishment #2: Increased Investment in the Service Delivery System for Home and Community Based Services (HCBS)

A. What was achieved?

The Louisiana Department of Health provided several initiatives to invest in the providers who provide long term services in homes and communities. The Centers for Medicare and Medicaid Services (CMS) desires states to have a 50/50 balance between nursing facility care and home and community based services. In FY23, Louisiana had a 58/42 balance, with more participants in nursing facilities than HCBS. The State balance of spending on HCBS is only 29% with the remainder going to nursing facility care. Several initiatives, utilizing one-time federal funding, as well as increased investment in the Program of All-Inclusive Care for the Elderly (PACE) center model of care, provided industry support to stabilize and prepare providers for the growing population of aging and disabled residents.

During the COVID-19 pandemic, there was additional stress on the HCBS system with challenges of providing enough workers to provide services to individuals in their homes, as well as the increased costs associated with retention and inflation. The State was approved by CMS through the American Rescue Plan Act (ARPA) of 2021 to issue rate increases as a means to expand HCBS. The rate increases were required to be passed on to direct services/support workers (DSWs). In addition to state legislation that increased the minimum wage to $9/hour for direct support workers, administrative rule provides that 70% of those increases (the "lift" of the provider rate) be passed to the DSWs in the form of wage and/or non-wage benefits.

Increase to Provider Rates:

In August 2022, OAAS increased the following provider rates between 30% - 42% with an effective date of 10/1/21:

- Adult Day Health Care (ADHC) – 35%
- Personal Assistance Services (PAS) – 42%
- Long Term-Personal Care Services (LT-PCS) – 32%
- Support Coordination (SC) – 30%
- Transition Intensive Support Coordination (TISC) – 30%

In addition, ARPA provided for bonus payments to certain OAAS providers and their DSWs who worked during the pandemic months; provided services to participants at a minimum level; and who were still employed. This strategy was to improve retention of this critical workforce.

Bonus Payments:
In recognition of the work of direct care/service/support staff and SCA staff during the COVID-19 Public Health Emergency from April 1, 2021 through October 31, 2022 were approved to receive bonus payments for the following providers/services:

- Personal Assistance Services (PAS) under the Community Choices Waiver (CCW)
- Self-Direction PAS under CCW
- Long Term-Personal Care Services (LT-PCS)
- Adult Day Health Care (ADHC) providers
- Support Coordination Agencies (SCAs)

The State was approved to provide supplemental bonus payments in the amount of $300 per month for every month that the direct care/support staff worked directly with the waiver participants for a stipulated monthly amount (based on the type of provider). Of the monthly $300, $250 must be paid directly to the DSW and the provider (where there is an organization hiring the DSW) retains $50.

The total increased investment in the provider industry due to the increased provider rates was $158 million during FY23. Bonus payments were paid in FY24 and are ongoing as of the end of FY23. The 2023 legislature approved a budget that will sustain these rates moving forward to support this critical provider infrastructure.

Other Provider Rate Increases (Not funded through ARPA):
The State was also able to identify funding to increase capitation rates for Program of All-inclusive Care for the Elderly (PACE) providers. Rates for Baton Rouge and New Orleans PACE providers have not been updated since 2013 and the Lafayette rates were set in 2016 when they opened for operations. In FY23, PACE capitation rates were as low as 65% of the amount that would otherwise be paid (AWOP) for the participant in Medicaid. Pending CMS approval, the FY24 rate adjustment will increase capitation payments to the southern regional average of 89% of AWOP.

B. Why is this success significant?
The rate increases and minimum wage floor brought OAAS rates and DSW pay rates in line

with OCDD rates and DSW pay rates for like services. This means that a provider who serves both OAAS and OCDD populations, would not have different rates of payment. This enables OAAS to be equally as "attractive" to providers as are the rates paid by OCDD. In addition, the State recognized the DSWs/SCA staff that worked with OAAS vulnerable population HCBS participants during an unprecedented COVID-19 Public Health Emergency (PHE) and rewarded them with bonus payments as a retention incentive.

Most of all, investing in the retention of the current DSW workforce is crucial to stabilize the workforce and prepare this industry for the future. Paying comparable rates is a cornerstone to prepare this service industry for the huge increase in the population of those that qualify for these services, which is expected to occur in the coming years.

C. Who benefits and how?
Bonus payments and rate increases, minimum wage floor and/or passing 70% of provider rate increases directly to the worker helped providers, SCAs, workers and HCBS participants. For providers and SCAs, it helped to maintain their current workforce and assisted with financial solvency. For DSWs and SCA staff, they were able to maintain their career goals within the direct care industry and provide for their cost of living. Finally, for HCBS participants, they were able to continue to receive their needed services.

D. How was the accomplishment achieved?
In May 2022, when CMS approved the ARPA Spending Plan for bonus payments, rate increases, minimum wage floor, and the requirement that providers pass 70% of the rate increases to their workers, OAAS moved forward and updated the necessary related documents (Appendix K, Disasters Related State Plan Amendment, Emergency and Notice of Intent Rules) and obtained approvals from CMS and the rules were published. OAAS issued further guidance beginning August 2022 through memorandums, meetings, HCBS fee schedules and the OAAS ARPA Frequently Asked Questions (FAQs).

In July 2022, OAAS updated the Appendix K and when it was approved by CMS, OAAS issued further guidance beginning August 2022 through memorandums and HCBS fee schedules to increase the reimbursement rates for Monitored In-Home Caregiving (MIHC) and Caregiver Temporary Support Services (CTSS) providers.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
Yes, this accomplishment contributes to the OAAS guiding principle "to meet, within legal and fiscal restraints and requirements, the needs of recipients while recognizing that a system of long-term care supports and services must be sustainable in order to meet the demand inherent with an aging population."

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
Yes, Medicaid, OAAS and OCDD worked together for rate increases, bonus payments and minimum wage floor amounts. The 2023 legislature endorsed these efforts by approving a budget that supports sustainment of the increased rates.

Accomplishment #3: Increasing Quality of Service and Satisfaction through Improved Communications and Review

A. What was achieved?
OAAS conducted an internal review in FY23 to ensure quality of investigations and improve workplace satisfaction of Adult Protective Services (APS) specialists investigating in non-licensed settings. The objective of the review was to ensure best practices and identify areas for improvement.

B. Why is this success significant?
OAAS worked to enhance and optimize work procedures, ultimately facilitating and empowering APS Specialists in their tasks and responsibilities. This concerted effort was aimed at fostering a harmonious and favorable work environment that promotes productivity and employee satisfaction.

C. Who benefits and how?
The APS Specialists are able to derive significant advantages from the implementation of streamlined workplace procedures and utilization of appropriate resources. This is anticipated to lead to a marked improvement in the quality of results and outcomes for the clients and communities that are served by the APS program.

D. How was the accomplishment achieved?
The OAAS Executive Management Team identified areas for improvement through conference call discussions, surveys, and regional ride-a-longs with APS Specialists (investigators). In collaboration with APS Program Managers, OAAS developed a comprehensive plan to address these areas. Shortly after developing the plan, leaders conducted in-person visits with staff to provide updates on the progress. OAAS' goal was to clarify and clearly communicate current policies; ensure that current procedures were best practices and were documented thoroughly for optimal communication with staff; and to ensure the staff work experience was fulfilling and productive. APS managers were charged to develop and complete the action items within the plan.

The APS management team worked diligently to update policies and procedures; clarify existing policies; adjust managerial practices to increase open communication and coaching; provide additional opportunities and resources for professional learning and development; and implement improved technologies to assist employees. American Rescue Plan Act funding is being used to perform quality assurance reviews of case investigations and policies, protocols, and procedures.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
Yes. Workplace satisfaction promotes the following OAAS Strategic Plan Programmatic Goals of "Improv[ing] access, quality, and outcomes for populations receiving and at risk of needing long-term supports and services" and "ensur[ing] vulnerable adults are protected

from abuse and neglect while living in community settings."

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
Yes, this achievement serves as an exemplary model of effective management practices that ought to be disseminated to other executive branch departments and agencies. Having leadership spend time with field staff, in the field with them, was critical to fully understand their challenges and to allow for open communication. The staff were open and provided many constructive suggestions. By pairing the field "voice" with an external consultant's review of policies and procedures, as well as quality assurance reviews of actual cases, a comprehensive review can be provided to leadership. By doing so, entities can establish a robust set of best practice standards and pinpoint areas that require further development and enhancement ultimately leading to increased productivity and success. Ultimately, the individuals who seek assistance during abuse and neglect are better served.

Accomplishment #4: Reduction of Waitlist for THSCI through Legislation and Process:

A. What was achieved?
With the assistance of state officials, the Traumatic Head and Spinal Cord Injury (THSCI) Trust Fund program secured additional funding to offset the shortfall of the budget due to the decrease in municipality collections. The additional funding allowed the THSCI Trust Fund Program to serve 106 waitlist applicants who had been waiting for services since 2018 and 2019. The waitlist was reduced by 34% (334 to 221) as of April 2023. OAAS was also able to permanently secure an additional $600,000 in State General Funds which allowed the program to successfully serve more individuals.

While the additional funding was significant, OAAS put forth additional effort to ensure that the "gap" in funding would be closed. With the pandemic, the court systems were closed which ceased to provide collections from traffic fines. When courts did reopen, it appeared as though the clerical turnover led to a decrease in collections being submitted. OAAS conducted outreach to all municipalities that provide funding to the program to re-educate the new staff and ensure that the fines being collected were submitted to the THSCI program as defined in statute. In the last months of FY23, collections have returned to pre-COVID levels such that additional cases can be opened to continue to eliminate the waitlist.

B. Why is this success significant?
This success of the THSCI waitlist reduction is significant because, before the pandemic, the program managed to reduce the waitlist to 123 applicants (in 2019) and was well on its way to eliminating the waitlist completely. The THSCI Trust Fund program, unlike most OAAS public assistance programs, does not receive any funding other than the funds collected from the State's municipalities. This limited funding has a direct effect on the program's ability to serve numerous individuals at one time. The significant decrease in funding caused by the pandemic not only affected the program's ability to serve current participants but also caused the program's waitlist to skyrocket by over 300 applicants.

C. Who benefits and how?
Current program participants and waitlist applicants benefit from this achievement because the additional funding secures the continuity of the program and its ability to provide goods and services that are critical to improving the health and well-being of the program participants. The additional funding will allow the program to serve additional individuals from the waitlist.

D. How was the accomplishment achieved?
This accomplishment was achieved with the help of state officials, LDH Executive Management, OAAS Executive Management, and the THSCI Trust Fund Program Manager. The THSCI Trust Fund Program Manager provided the requested data and documentation to support the program's needs caused by the pandemic. Executive Management and state officials used this information to request and successfully obtain additional permanent funding. The municipalities were surveyed by a staff member who called each one and gave specific information to the municipality staff to ensure they knew about the requirement to send the funding to the state and how to do so.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
This accomplishment contributes to the Vision and Mission in OAAS' strategic plan because with the additional funding the program was able to provide access to quality support and services to new members supporting member choice and independence. The new members were able to receive services such as accessibility home modifications and Personal Care Assistance, which in turn, improved care and health outcomes.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
The Best Management Practice displayed during this accomplishment demonstrated excellence in two tenants that are common to many state successful programs: legislative support and stakeholder communication. The outreach between partners to ensure communication, as well as the follow-up to ensure that the funding began to be submitted was critical. Processes work best when the human component functions in tandem with the procedures. Providing data to the Legislators who supported the funding was critical to garner support in the legislature. Staff ability to strategically address the wait list quickly with the funds provided was also a critical element. Without urgency on the part of all involved, the wait list would have languished and the participants would not have been served as timely.

II. Is your department Five-Year Strategic Plan/Business Plan on time and on target for accomplishment?

Yes. OAAS continues to make progress in many areas related to its Five-Year Strategic Plan, the mission of which is to provide access to quality long-term series and supports for the elderly and people with adult-onset disabilities in a manner that supports choice, informal caregiving, and effective use of public resources.

- **Please provide a brief analysis of the overall status of your strategic progress.**
  OAAS aims to provide a system where adults in need of long-term series and supports can live with dignity and independence in a safe and holistic environment. OAAS has accomplished this aim over FY23 by:
  1. Promoting and developing health and Long Term Support and Services (LTSS) delivery systems that improve care and outcomes for 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 *Olmsted vs L.C.*
  2. Timely completing investigations of abuse, neglect, exploitation, and extortion of vulnerable adults
  3. Administering and operating OAAS programs in a cost-effective manner while achieving high quality outcomes

  The commitment, achievements, and work towards this vision and goals are evident by the achievements outlined in Section I of this report.

- **Where are you making significant progress?**
  Significant progress has been made in all areas of OAAS.
  - Utilizing data driven dashboards to visualize and manage performance and processes. Program Operations were able to set a record in certification and MCL was able to greatly increase the success with milestones required for transitions, thereby driving forward progress to ending the DOJ Settlement Agreement. Training management in the skills needed to use data and dashboards to make operational decisions is the most significant accomplishment in this activity, as it represents a best practice for managing processes.
  - Policy secured additional financial resources to increase the infrastructure of our service delivery system. Providers of our programs, including the Support Coordination network, the provider organizations and the Direct Service workers benefitted from the investments retroactively and can enjoy forward planning through the sustainment of the rates through the budget approval in FY23. Additionally, other HCBS programs were supported through these same funding activities, such as the Adult Day Healthcare Centers (ADHC). PACE providers saw an increase in capitation rates to bring Louisiana to the southern average for percentage AWOP, which helped return enrollment to near pre-COVID numbers. It had been many years since some of these providers had seen increases. Not only did the investment help stabilize their operations, it aligned OAAS to OCDD's rates for providers, encouraging their growth for the future.
  - THSCI and Administration & Finance by jointly reducing the program's waitlist and increasing collections which fund services.
  - Increasing Quality of Service and Satisfaction through improved communications and review of Adult Protective Services. APS also updated internal policies and procedures to align with recently released national guidelines.
  - Money Follows the Person (MFP) by exceeding federal benchmarks for transitions completely annually.

1. To what do you attribute this success?
   This success is attributable to hard work and dedication of all OAAS staff; LDH Executive Management; collaborative work with other offices within LDH and partners within governmental agencies outside of LHD; elected Louisiana Congressional Members; and several external stakeholders. While OAAS lead efforts specifically related to its own office's initiatives, it also worked in a support role in areas where needed. Each of the accomplishments represent an internal ability to review current practices and look for opportunities to improve. The self-examination was the first step in each successful endeavor by our agency.

2. Is this significant progress the result of a one-time gain? Or is progress expected to continue at an accelerated pace?
   Some of OAAS's progresses produced one-time gains, such as updates in policy and procedures. Several of OAAS's progresses are expected to continue and accelerate, such as the practice of using data and visually charting process metrics through dashboards; outreach and education when partnerships require it; and internal review and field visits to give a comprehensive assessment of policies, procedures and staff satisfaction.

- **Where are you experiencing a significant lack of progress?**
  None. OAAS has been able to promote and develop LTSS, investigate abuse and neglect, and operate the office in a cost-effective manner.

1. To what do you attribute this lack of progress?
   N/A

2. Is the lack of progress due to a one-time event or set of circumstances? Or will it continue without management intervention or problem resolution?
   N/A

- **Has your department revised its strategic plan to build on your successes and address shortfalls?**

☐ Yes.

☒ No.

OAAS is currently operating on a five-year strategic plan that covers FY23 to FY28. While OAAS has made progress toward and achieved success in the goals mentioned above, updates are not needed at this time as OAAS continues to make advancements in these areas. The five-year strategic plan is evaluated annually to determine if updates are needed.

- **How does your department ensure that your 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?**

  OAAS strategic goals and objectives are clear and have been consistent over time. OAAS has been fortunate in having access to data that allows management and staff to monitor program outcomes, often against national goals and benchmarks. This allows OAAS to adjust strategies as needed to attain office objectives. Because OAAS administers Medicaid funded programs, OAAS works very closely with that agency and other LDH offices to assure strategies and goals are aligned.

III. What significant department management or operational problems or issues exist? What corrective actions (if any) do you recommend?

("Problems or issues" may include internal concerns, such as organizational structure, resource allocation, operations, procedures, rules and regulations, or deficiencies in administrative and management oversight that hinder productivity, efficiency, and effective service delivery. "Problems or issues" may be related to external factors—such as demographics, economy, fiscal condition of the state, federal or state legislation, rules, or mandates—that are largely beyond the control of the department but affect department management, operations, and/or service delivery. "Problems or issues" may or may not be related directly to strategic plan lack of progress.)

Complete Sections A and B (below) for each problem or issue. Use as much space as needed to fully address each question. If the problem or issue was identified and discussed in a management report or program evaluation, be sure to cross-reference the listing of such reports and evaluations at the end of this form.

Challenge #1: Service Outreach and Communications

A. Problem/Issue Description

1. What is the nature of the problem or issue?

   The public in general does not know or understand the services provided by OAAS. Because the nature of the services provided by OAAS are of a social service nature, it is critical to constantly survey the population served to ensure that the services provided meet the needs of those served and to inform the public of the services available. OAAS is not equipped with staff with the appropriate expertise or capacity to conduct this work. Media communications are not nimble and easily executed. The use of social media may not be the appropriate platform for the population we serve, but it can serve as a medium to communicate with the caregivers and families of those we serve. The strategy of hosting town hall meetings is not one that is effective with the population we serve. However, we

are not budgeted or equipped to provide the type of mass communication needed.

2. Is the problem or issue affecting the progress of your strategic plan? (See Section II above.)

   Yes, this limits our ability to provide access to our services.

3. What organizational unit in the department is experiencing the problem or issue?

   OCDD may be experiencing the same limitations, as well as other service driven state departments.

4. Who else is affected by the problem? (For example: internal or external customers and other stakeholders.)

   External customers are certainly affected. Providers and vendors who provide the service delivery are also impacted, as well as legislators who receive constituent communications regarding long term care.

5. How long has the problem or issue existed?

   Since the inception of the programming; however, now that social media and mass communications are used so heavily in our society, the need is accentuated.

6. What are the causes of the problem or issue? How do you know?

   Lack of funding and state expertise and capacity to manage communication messaging, branding and interactive responses to questions from the public.

7. What are the consequences, including impacts on performance, of failure to resolve the problem or issue?

   We receive and answer as many questions as we can; conduct as much outreach as we can based on the opportunities we are aware of; send out press releases of critical messaging; and respond to constituent concerns from our legislative partners.

B. Corrective Actions

1. Does the problem or issue identified above require a corrective action by your department?

   ☐ No. If not, skip questions 2-5 below.
   ☒ Yes. If so, complete questions 2-5 below.

2. What corrective actions do you recommend to alleviate or resolve the problem or issue?

Recommend the creation of a social media department with our Bureau of Media Communications and hire experts who monitor and actively message information on programming.

3. Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)?

   No

4. Are corrective actions underway?
   a. If so:
      - What is the expected time frame for corrective actions to be implemented and improvements to occur?
      - How much progress has been made and how much additional progress is needed?
   b. If not:
      - Why has no action been taken regarding this recommendation?
      - What are the obstacles preventing or delaying corrective actions?
      - If those obstacles are removed, how soon could you implement corrective actions and generate improvements?

5. Do corrective actions carry a cost?

   ☐ No. If not, please explain.
   ☒ Yes. If so, what investment is required to resolve the problem or issue? (For example, investment may include allocation of operating or capital resources—people, budget, physical plant and equipment, and supplies.) Please discuss the following:

      a. What are the costs of implementing the corrective actions? Be specific regarding types and amounts of costs.

         I am not an expert in mass communications, but I suspect that having a liaison and outsourcing this work would be most cost effective. I am not qualified to project a cost.

      b. How much has been expended so far?

         None that I'm aware of, although some work was done as part of the Bring Back Louisiana campaign that involved mass outreach to communities through mass communication.

      c. Can this investment be managed within your existing budget? If so, does this require reallocation of existing resources? If so, how will this reallocation affect other department efforts?

No, I presume there would be a cost associated with this that is outside of current budget plans.

d. Will additional personnel or funds be required to implement the recommended actions? If so:
   - Provide specific figures, including proposed means of financing for any additional funds.
   - Have these resources been requested in your budget request for the upcoming fiscal year or in previous department budget requests?

   Projection of costs would need to be done by those that understand the mass communications work product.

Challenge #2: Alignment, Interoperability, and Inflexibility of Systems and Technology

A. Problem/Issue Description

1. What is the nature of the problem or issue?

This issue is twofold:

- Inoperability of technology and lack of system flexibility leads to an inability to problem solve, especially on demand.
- Lengthy contract creation times create gaps due to the ever-changing world of technology platforms and systems. The gaps require rewrites of the contract specifications to ensure deliverables remain in line with needs and/or changing standards/practices/guidance. If the contract is not able to be revised, then the result is the need to build bridges between platforms unnecessarily.

The two issues mentioned above, both collectively and independently, lead to increased cost and redundancy.

2. Is the problem or issue affecting the progress of your strategic plan? (See Section II above.)

   Yes. In order for OAAS to accomplish its Agency Goal of "promot[ing] and develop[ing] health and Long Term Supports and Services" it must diligently and responsibly serve its population. A vital part of this process is hindered by the issues outlined in the question above.

3. What organizational unit in the department is experiencing the problem or issue?

- Electronic Plan of Care (POC) in the following departments:
  - Administration and Finance
  - Research and Quality
  - Program Operations

  - Policy
- Preadmission Screening and Resident Review (PASRR) in the following programs:
  - My Choice Louisiana
  - Nursing Facility Admissions

4. Who else is affected by the problem? (For example: internal or external customers and other stakeholders.)

   In FY23, the following external partners and stakeholders were affected by this issue:
   - Medicaid Data Management Contractor
   - Long Term Care Access Contractor
   - University of Louisiana Lafayette

5. How long has the problem or issue existed?

   The issues related to POC have only existed since 2023; however, issues related to PASRR have been ongoing since 2021.

6. What are the causes of the problem or issue? How do you know?

   POC
   A major concern is the alignment of Request for Proposal (RFP) processes, contract awards and go live dates between State systems managed by different LDH departments. As part of the Data Management Contractor's (DMC) 2021 procurement, OAAS updated business rules to include process changes for the DMC's system. Due to set backs, this DMC contract was not awarded; therefore, OAAS is faced with a redesign to the OAAS managed system (adding additional functionality meaning a delayed go-live date).

   Technology for the DMC has changed and become more current, while the State is still updating technology. As the State continues to update technology, there is another procurement for the DMC. While business rules have continued to change, the alignment of the POC go live versus the DMC procurement do not match, which causes redundancy.

   PASRR
   The procurement process for the PASRR contract has been increasingly difficult to execute due to multiple rounds of reviews by several LDH departments and the Office of State Procurement. System requirements have changed since 2021 when the RPF awarded, and contracting has become increasingly difficult to execute.

7. What are the consequences, including impacts on performance, of failure to resolve the problem or issue?

   POC

Redundancy is a large consequence when looking at the alignment of RFP processes. OAAS worked with the DMC to develop an electronic POC, which would meet the immediate needs of OAAS, while working through the DMC procurement process. There is an understanding that upon award of the contract, the DMC's system will interface with OAAS's system (POC being developed) and perform all duties listed in the RFP. Because the development and go live of this POC do not align/match with the procurement of the DMC contract, OAAS may now face an increased cost associated with the development. The redundancy is this same process is set to be built into the DMC's system, as part of the award of said contract.

PASRR
The major consequence is delays in procurement results in continued manual processing PASRR Level 1 forms. Implementation of the contract will increase efficiencies and streamline processing. This is an example of a contract that is projected to resolve a settlement agreement with the Department of Justice. In order to provide accountability and solutions, other options are being implemented while the contracting continues to be delayed. Because action is required by DOJ, an alternative plan to hire temporary individuals to do the specific work that the system would do are underway.

B. Corrective Actions

1. Does the problem or issue identified above require a corrective action by your department?
2. What corrective actions do you recommend to alleviate or resolve the problem or issue?

3. Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)?
4. Are corrective actions underway?
    a. If so:
        - What is the expected time frame for corrective actions to be implemented and improvements to occur?
        - How much progress has been made and how much additional progress is needed?
    b. If not:
        - Why has no action been taken regarding this recommendation?
        - What are the obstacles preventing or delaying corrective actions?
        - If those obstacles are removed, how soon could you implement corrective actions and generate improvements?

5. Do corrective actions carry a cost?

☐ No. If not, please explain.
☐ Yes. If so, what investment is required to resolve the problem or issue? (For

example, investment may include allocation of operating or capital resources—people, budget, physical plant and equipment, and supplies.)
Please discuss the following:

a. What are the costs of implementing the corrective actions? Be specific regarding types and amounts of costs.
b. How much has been expended so far?
c. Can this investment be managed within your existing budget? If so, does this require reallocation of existing resources? If so, how will this reallocation affect other department efforts?
d. Will additional personnel or funds be required to implement the recommended actions? If so:
    - Provide specific figures, including proposed means of financing for any additional funds.
    - Have these resources been requested in your budget request for the upcoming fiscal year or in previous department budget requests?
    -

<u>Challenge #3: Lack of Housing is a Barrier in Transitions</u>

A. Problem/Issue Description

1. What is the nature of the problem or issue?

   A general lack of available safe, affordable, ADA accessible housing prevents transitions from taking place for both the My Choice Louisiana (MCL) and My Place Louisiana (MPL) programs. Over half of MPL transitions in FY22 and thus far in FY23 require a housing solution. Approximately 70% of MCL participants require nursing facility level of care, which means they require ADA accessible housing for transition.

2. Is the problem or issue affecting the progress of your strategic plan? (See Section II above.)

   Yes

   My Choice Louisiana
   Per the Agreement between LDH and the US Department of Justice, LDH was required to develop a plan to provide affordable, community-integrated housing. Included in the plan is Tenancy Supports services that assists with searching and securing appropriate accessible housing. Lack of ADA units/housing ultimately lengthens a person's nursing facility stay until accessible housing is located in their area.

   My Place Louisiana
   Additional housing and resource support staff are being added in hopes of increasing inventory of affordable housing options through increased outreach to communities to learn of housing that the agency may not be aware of at the current

time. Identifying and adding additional housing options, along with providing a team to assist with referrals and applications, will allow Transition Coordinators to focus on transition planning and ideally decrease the time lapse of transitions.

3. What organizational unit in the department is experiencing the problem or issue?

    - My Choice Louisiana which assists participants transition from institutions into home- and community-based living settings
    - My Place Louisiana which assists individuals with serious mental illness who are currently in a nursing facility transition into home- and community-based living settings

4. Who else is affected by the problem? (For example: internal or external customers and other stakeholders.)

    MCL and MPL staff and participants are both affected by this problem. Staff spend a considerable amount of energy attempting to secure housing, completing the numerous applications, and providing a safe discharge plan when leased. Participants are affected both by the time it takes and the disappointment when a unit is lost or no longer meets their needs. Some participants go through many options before one is secured and burnout can easily occur while going through the process.

5. How long has the problem or issue existed?

    The MPL program began in 2009 and there has always been a shortage of housing that meets the program and participants' needs. The MCL program began in 2018 and has experienced the same issues.

6. What are the causes of the problem or issue? How do you know?

    Affordable housing has always been an issue but it is exacerbated by disasters in Louisiana. Disasters devastate the available housing stock and this puts households with low income at increased risk. While tax credits offered to developers do generate new affordable units, including ADA, it takes years for the housing to come online. Then the cycle starts over with additional disasters. For example, Hurricane Laura occurred in 2020, three years later housing units in Region 5 are just becoming available.

7. What are the consequences, including impacts on performance, of failure to resolve the problem or issue?

    For MCL transitioning individuals out of nursing facilities is one of the main goals of the Agreement. Failure to do so results in LDH not performing per the terms of the Agreement. For MPL, CMS does not have performance consequences, but the program strives to meet or exceed national benchmarks. A lack of housing puts

both of these programs, but most especially their participants, at risk.

B. Corrective Actions

1. Does the problem or issue identified above require a corrective action by your department?

☒ No. If not, skip questions 2-5 below.
☐ Yes. If so, complete questions 2-5 below.

2. What corrective actions do you recommend to alleviate or resolve the problem or issue?

3. Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)?
4. Are corrective actions underway?
   a. If so:
      - What is the expected time frame for corrective actions to be implemented and improvements to occur?
      - How much progress has been made and how much additional progress is needed?
   b. If not:
      - Why has no action been taken regarding this recommendation?
      - What are the obstacles preventing or delaying corrective actions?
      - If those obstacles are removed, how soon could you implement corrective actions and generate improvements?

5. Do corrective actions carry a cost?

☒ No. If not, please explain.
☐ Yes. If so, what investment is required to resolve the problem or issue? (For example, investment may include allocation of operating or capital resources—people, budget, physical plant and equipment, and supplies.) Please discuss the following:
   a. What are the costs of implementing the corrective actions? Be specific regarding types and amounts of costs.
   b. How much has been expended so far?
   c. Can this investment be managed within your existing budget? If so, does this require reallocation of existing resources? If so, how will this reallocation affect other department efforts?
   d. Will additional personnel or funds be required to implement the recommended actions? If so:
      - Provide specific figures, including proposed means of financing for any additional funds.
      - Have these resources been requested in your budget request for the upcoming fiscal year or in previous department budget

requests?

IV. How does your department identify, analyze, and resolve management issues and evaluate program efficiency and effectiveness?

A. Check all that apply.

☒ **Internal audit**
The LDH Office of the Secretary ensures ongoing monitoring of programmatic and administrative functions.

The Internal Audit function, within LDH Office of the Secretary, appraises activities within the Department to safeguard the Department against fraud, waste and abuse by conducting risk-based audits and compliance investigations. The Internal Audit function ensures that transactions are executed according to management's authority and recorded properly; that operating efficiency is promoted; and that compliance is maintained with prescribed federal regulations, state laws, and management policies.

Internal Audit also provides management with evaluations of the effectiveness of internal controls over accounting, operational and administrative functions.

☒ **External audits (Example: audits by the Office of the Legislative Auditor)**
LDH has a designated Audit Coordinator for financial audits. The Audit Coordinator is the designated point of contact for all correspondence and communication related to financial audits of LDH agencies. The Audit Coordinator is involved all written communication related to audits and is kept informed about all relevant verbal communication between agency personnel and the Louisiana Legislative Auditor (LLA) staff. The LLA conducts performance audits, program evaluations, and other studies as needed to enable the legislature and its committees to evaluate the efficiency, effectiveness, and operation of state programs and activities.

CMS also conducts audits and reviews LDH and its agencies for compliance with program standards and accountability for funds received to administer programs.

☒ Policy, research, planning, and/or quality assurance functions in-house
☒ Policy, research, planning, and/or quality assurance functions by contract
☒ Program evaluation by in-house staff
☒ Program evaluation by contract

☒ **Performance Progress Reports (Louisiana Performance Accountability System)**
The LDH Division of Planning and Budget coordinates and reviews entries of the

Louisiana Performance Accountability System (LaPAS) data on a quarterly basis for all LDH agencies. Explanatory notes are provided 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, if significant variances occur, or if modifications and additions are needed.

☒ **In-house performance accountability system or process**
Performance Based Budgeting activities (including, but not limited to strategic planning, operational planning, and the Louisiana Performance Accountability System) are coordinated by the LDH Division of Planning and Budget. This section reviews all objectives, performance indicators and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are made at monthly expenditure analysis meetings directly to the agency's assistant secretary or the Department's undersecretary, if modifications or 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 planning, or strengthen program management initiatives.

☒ **Benchmarking for Best Management Practices**
The LDH Division of Planning and Budget reviews, researches and develops objectives, performance measures and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are compared to benchmarks from leading states involved in performance-based budgeting activities. Recommendations are made directly to the agency's assistant secretary or the Department's undersecretary, if modifications or additions are needed.

☒ **Performance-based contracting (including contract monitoring)**
LDH contracts are required to contain a description of the work to be performed including goals and objectives, deliverables, performance measures and a monitoring plan.

☒ Peer review
☐ Accreditation review
☒ Customer/stakeholder feedback
☐ Other (please specify):

B. Did your office complete any management reports or program evaluations during the fiscal year covered by this report?

☐ Yes. Proceed to Section C below.
☒ No Skip Section C below.

C. List management reports and program evaluations completed or acquired by your office

during the fiscal year covered by this report. For each, provide:

1. Title of Report or Program Evaluation:
2. Date completed:
3. Subject or purpose and reason for initiation of the analysis or evaluation:
4. Methodology used for analysis or evaluation:
5. Cost (allocation of in-house resources or purchase price):
6. Major Findings and Conclusions:
7. Major Recommendations:
8. Action taken in response to the report or evaluation:
9. Availability (hard copy, electronic file, website):
10. Contact person for more information:
    Name:
    Title:
    Agency & Program:
    Telephone:
    E-mail:

Annual Management and Program Analysis Report
Fiscal Year 2022-2023

Department: **Louisiana Department of Health (LDH)**
09-324 Louisiana Emergency Response Network

Department Head: **Stephen Russo**
LDH Secretary

Undersecretary: **Pam Diez**

Executive Director: **Paige Hargrove**

I. What outstanding accomplishments did your department achieve during the previous fiscal year?

For each accomplishment, please discuss and explain each item below.

A. What was achieved?
B. Why is this success significant?
C. Who benefits and how?
D. How was the accomplishment achieved?
E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

Accomplishment #1: Two Level II Pediatric Trauma Centers Added to State Trauma System

A. What was achieved?

Our Lady of the Lake Children's Hospital and Children's Hospital New Orleans both passed the American College of Surgeons Committee on Trauma (ACS-COT) Level 3 pediatric trauma center verification. Subsequently, LDH Health Standards certified both as Level 3 trauma centers.

B. Why is this success significant?

There was only one other pediatric trauma center in Louisiana – located in Shreveport. This adds two additional pediatric trauma centers to the state system for a total of three.

C. Who benefits and how?

Children injured in Louisiana South of Alexandria. More children die of injury each year than from all other causes combined. Only 57 percent of the nation's 74 million children live within 30 miles of a pediatric trauma center that can treat pediatric injuries, regardless of severity. Although most traumatic injuries are treated in hospital emergency departments, hospitals may not have the resources needed to treat injured children. For example, they may lack specially sized medical equipment, or surgeons willing/capable of operating on pediatric patients. Pediatric trauma centers, however, are required to have these resources.

D. How was the accomplishment achieved?

The Louisiana Emergency Response Network (LERN) Board directed the LERN Executive Director and the Trauma Medical Director to engage hospitals with pediatric capability and ask them to consider pursuing pediatric trauma center verification. LERN focused on existing adult trauma centers and other hospitals specializing in pediatric medicine. LERN made the case for the need and community benefit.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)

Yes – it contributes to Goal I and strategy 1.1 Utilize the expertise of the LERN Trauma Medical Director to facilitate the establishment of a verified trauma center in each of the LDH regions by 2028.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

The trauma program and medical director consultation is unique to LERN. Developing mechanisms to provide consultation and a road map to achieve a desired goal should be a best practice for all.

Accomplishment #2: Louisiana Emergency Response Network (LERN) Relocated to Public Safety Campus (State Building)

A. What was achieved?

LERN's office moved to the Office of Motor Vehicles Building located on the Public Safety Campus (7979 Independence Blvd, Baton Rouge LA 70817).

B. Why is this success significant?

LERN began leasing space located on Airline Highway in 2009 when its scope of responsibilities and operations were much different from today. This rented space no

longer met LERN's routine management, administration, training, and education needs. Additionally, the old commercial rental space was not a hardened building designed to withstand the destructive impact of major weather events while safely housing emergency response staff. This is important for daily operations and for when the EMS Tactical Operations Center is operational – and operated out of the LERN office.

Additionally, the LERN Communication Center operates 24/7/365. The space had become increasingly unsafe.

C. Who benefits and how?

LERN employees and the citizens served benefit. The employees have a safe, secure campus, which is needed to operate at 24/7/365. The citizens served benefit because this location provides LERN with a hardened location and operational redundancies not previously available. LERN routes approximately 18,000 patients to definitive care hospitals per year. This move also resulted in a financial savings.

D. How was the accomplishment achieved?

LERN first attempted this move in 2019, but was not able to obtain the required approval needed to move to the Public Safety Campus. In October 2021, LERNs Executive Director reached out to Barbara Goodson, Deputy Commission for the Division of Administration to request her assistance in how best to move forward with moving the LERN office. Ms. Goodson had been involved in the 2019 attempt to move. A workgroup was assembled to identify a location, spec out the required construction and identify funding. It took approximately 20 months, but LERN moved into the new space in May 2023. Moving the LERN Communication Center was a significant undertaking requiring high-level coordination between LERN, Motorola, Office of Technology (OTS) and Office of State Procurement (OSP).

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)

Yes, it contributes to Goal I, objective I(1.2) Operate a first class Communication Center to efficiently route injured patients to definitive care hospitals. It also contributes to Goal I, objective I (1.3) – To conduct annual strategic prioritization meetings to review the LERN strategic priorities and update action steps to achieve goals. During the 2022-2023 planning session, the LERN Board adopted a strategic priority/goal to: Secure a new, properly hardened and strategically-located facility to serve as the operation base for the LERN mission.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

No, as other executive branch departments know how to work with other agencies and leaders to achieve goals.

Accomplishment #3: Added two positions to LERN Organization

A. What was achieved?

Added Statewide Education Coordinator and Statewide Disaster Preparedness Manager.

B. Why is this success significant?

LERN needed to extend its staff and resources to meet the growing demand for its services – especially education, training, and professional outreach services critical to LERN's participating medical providers, first responders, local law enforcement agencies, and local disaster response agencies in Louisiana's small and rural communities.

C. Who benefits and how?

LERN partners and the citizens we serve benefit. Our partners are nurses, paramedics, first responders, local law enforcement, hospitals and local disaster response agencies – especially those located in rural communities. Statewide care coordination networks simply do not function properly if the many network participants located in our small and rural communities do not have the awareness or the capability to play their vital role in care coordination. LERN's education, training, and community outreach services are the essential support needed for these small communities to fulfill their vital role in LERN's care coordination networks for trauma, stroke, STEMI, Mass Casualty Incidents and Burn.

D. How was the accomplishment achieved?

In 2022, during annual budget review with LDH, LERN communicated a need to add two positions to accommodate expanding roles, responsibilities and education requests. The Office of Public Health was engaged to discuss available grant funds and job appointments that could be available to LERN. LERN worked with LDH Office of Public Health, LDH Human Resources and LDH Budget to secure the grant funding, job appointments and job descriptions. LERN requested permanent funding and T.O. in the 2023 Regular Legislative Session. Both were appropriated in HB 1.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)

Yes, it contributes on several levels. Goal I, Objective I (1.5, 1.6 and 1.7) – Provide Trauma nursing education in each LDH region, support dissemination of the Rural Trauma Team Development Course to rural areas of the state and to teach "Stop the Bleed" courses in every region.

Goal II: Maximize the return on investment (ROI) of state dollars and supplement of general fund dollars with alternative funding sources. Objective II.1: Identify and pursue potential dedicated funding options external to the State General Fund. Strategy 2.1- Identify grant sources to secure federal and private foundation dollars to support

LERN's mission. Initially, we used grant funds to fund these positions. The statewide education coordinator has also written and received two grants to help fund education. Objective III.2: Develop a statewide system of stoke care to improve outcomes for Louisiana citizens regardless of where they live in the state. Strategy 2.4: Begin teaching Acute Stroke Life Support (ASLS). Teach the course in every region by the end of 2028. The Statewide Education Coordinator updated the ASLS course since it was not updated to current clinical practice. LERN re-named the course, "Stroke Recognition and Response" and as of July 2023, 20 classes have been taught, reaching 224 students.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

No, all agencies review budget annually. It is important to be prepared with a concise request and to clearly articulate the benefits.

Accomplishment #4: Adopted Stroke Clinical Care Guidelines

A. What was achieved?

Established Stroke Guidelines on how hospitals should address:
- Wake-up stroke
- Intracranial hemorrhage (ICH)
- Subarachnoid hemorrhage (SAH)
- Coagulopathy reversal

B. Why is this success significant?

The LERN stroke medical director recognized many small rural hospitals did not have guidelines to address certain types of strokes or stroke related conditions. This is significant because hospitals need these types of guidelines to provide consistent care based on clinical best practices. LERN's medical director also recognized not all hospitals have the same level of resources, therefore she wrote the guidelines to provide hospitals several options. LERN encourages hospitals to adopt versions that works best given their resources.

C. Who benefits and how?

Stroke patients benefit as well as physicians and nurses practicing in hospitals. Without updated evidence based guidelines, it is not possible to deliver standard of care for stroke patients. Following evidence based clinical care guidelines results in better health outcomes and fewer deficits from stroke.

D. How was the accomplishment achieved?

Every three years, the LERN Board adopts a new strategic plan. Annually, the Board updates the goals related to each strategic priority. Establishing these guidelines were part of the 2022 goals and since not achieved in 2022, were included in 2023 goals. LERN's stroke medical director developed the guidelines based on updated research and national guidelines. LERN vetted the draft versions with the state stroke workgroup, the regional

physician champions and LERN Regional Commissions. LERN considered stakeholder feedback and incorporated changes where appropriate. LERN shared the guidelines with the LERN Board and moved forward with distribution to all hospitals.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)

Yes. Objective III.2: Develop a statewide system of stroke care to improve outcomes for Louisiana citizens regardless of where they live in the state. Strategy 2.5 – Work with hospitals to ensure all have individualized protocol for how to address wakeup stroke, ICH, SAH, suspected pediatric stroke and coagulopathy reversal. We still need to complete the guideline for suspected pediatric stroke.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

Yes. It is a best practice to include regional stakeholders in any process impacting their practice. Making partners a part of the process engages them in the process and helps for successful implementation.

II. Is your department Five-Year Strategic Plan/Business Plan on time and on target for accomplishment?

To answer this question, you must determine whether your anticipated outcomes—goals and objectives—are being attained as expected and whether your strategies are working as expected and proceeding on schedule.

- **Please provide a brief analysis of the overall status of your strategic progress.** What is your general assessment of overall timeliness and progress toward accomplishment of results targeted in your goals and objectives? What is your general assessment of the effectiveness of your strategies? Are anticipated returns on investment are being realized?

Louisiana Emergency Response Network (LERN) is progressing towards meeting the goals and objectives set forth by our strategic priorities. We are back on track after the obstacles presented by COVID-19. Returns on investment are being met but without comprehensive trauma, stroke and STEMI registries, it is difficult to demonstrate outcomes.

Goal I: **Decrease risk adjusted trauma-related deaths and incidents of morbidity and mortality due to trauma in Louisiana.**

- Fourteen Louisiana Trauma Centers are participating in the Trauma Quality Improvement Program (TQIP). The collaborative allows us to look at benchmark risk-adjusted outcomes as a state system against all nationally participating TQIP centers, discover areas for system-level trauma center quality improvement and identify and share best practices among collaborative participants.

- A comprehensive trauma registry currently does not exist. There are currently 13 hospitals that submit data to the state trauma registry. This is up from seven in 2016. We made tremendous progress fixing the major issues encountered in 2019 with our trauma registry. Hospitals are now submitting data quarterly.

- We now have 12 designated trauma centers in the state:

  - Ochsner LSU Health Shreveport – Level I Adult Trauma Center
  - Ochsner LSU Health Shreveport – Level II Pediatric Trauma Center
  - University Medical Center New Orleans – Level I Trauma Center
  - Children's Hospital New Orleans – Level II Pediatric Trauma Center
  - Rapides Regional Medical Center – Level 2 Trauma Center
  - Our Lady of the Lake Regional Medical Center – Level 1 Adult Trauma Center
  - North Oaks Medical Center – Level 2 Trauma Center
  - Ochsner Lafayette General Medical Center – Level 2 Trauma Center
  - Lakeview Regional Medical Center – Level 2 Trauma Center
  - St. Tammany Parish Health System – Level 3 Trauma Center
  - Lake Charles Memorial Hospital – Level 3 Trauma Center
  - Our Lady of the Lake Children's Hospital – Level 2 Pediatric Trauma Center

- We have two trauma programs in Monroe – Region 8 St. Francis Medical Center and Ochsner LSU Health Monroe. The American College of Surgeons will conduct a level 3 trauma center survey for both hospitals in the summer of 2023. LERN expects both hospitals to pass and be certified trauma centers this year. This will give Louisiana 14 ACS Verified trauma centers in the State Trauma System.

- Hospitals are updating the burn screen in the ESF-8 portal daily, providing transparency in burn bed availability statewide.

- All of these efforts are improving morbidity and mortality, but we need a comprehensive registry and an upgraded state trauma registry in order to provide valid data. Based on the state trauma registry, consisting of 14 trauma centers/programs, the number of injured patients in the registry increased by 7.6% and the death rate decreased by 12.5%.

- LERN continues to teach trauma specific courses statewide. In 2022, LERN taught or facilitated 120 courses, reaching 2,553 students.

Goal 2: Maximize the return on investment (ROI) of state dollars and supplement of general fund dollars with alternative funding sources.

- The LERN Call Center (LCC) tracks secondary transfers as part of its performance metrics. The LERN benchmark is less than 5%. Secondary transfers, especially for time-sensitive illnesses such as trauma, stroke and STEMI, are detrimental to patient outcomes. A considerable number of these transferred patients undergo potentially preventable, repeated CT scans adding radiation dose to patients and costs to the healthcare system. Patients directed by the LCC have a 5% secondary transfer rate as compared to 55% of patients

requiring a secondary transfer when not directed by LERN. Cutting down on secondary transfers saves money. We are not able to attribute a dollar amount to this efficiency. We continue to depend on the state general fund for LERN Operations.

- Received $40,000 in grant funding to support the EMS Registry.
- Anticipated returns on investment are being realized in terms of efficient use of resources.
- Moving to a state owned building reduces annual rent significantly.
- Continuous search for grant funding.
- Received $20,500 in grant funding from the Living Well Foundation for Trauma Care after Resuscitation Courses.
- Funding bill for LERN presented in 2019 Regular Session. The bill did not pass.

Goal 3: Ensure that all citizens gain access to the statewide networks for trauma and time sensitive related illnesses.

- LERN has participation agreements with 98.3% of the Tier 3 hospitals in the state.
- The expansion of the number of trauma centers from 2 in 2011 to 12 in 2023 provides 83% of the population with access to a trauma center within a 60-minute drive time. This is an increase of 40% from 2011.
- LERN developed a Trauma Program status for those hospitals working towards trauma center designation. This expands access to high-level trauma care. Eight hospitals have taken advantage of this process and subsequently passed verification by the American College of Surgeons (ACS):
    - North Oaks Medical Center
    - Lakeview Regional Medical Center
    - Lake Charles Memorial Hospital
    - St. Tammany Parish Hospital
    - Lafayette General Medical Center
    - Ochsner LSU Health Shreveport Pediatric Trauma Center
    - Our Lady of the Lake Children's Hospital
    - Children's Hospital New Orleans

  Two other hospitals, St. Francis Medical Center and Ochsner LSU Health Monroe are trauma programs who will pass verification and obtain state certification by the end of the year.

- When considering the twelve Verified Trauma Centers and the two trauma programs, 90% of the population has access to a trauma center within a 60-minute drive time.

- When the LERN Board's vision of a verified trauma center in each of the LDH regions is achieved, 97% of the population will have access to a trauma center within a 60-minute drive time. The LERN Trauma Medical Director provides consultative services to all centers to help them achieve and maintain verification.

- 100% of the population has access to the LERN Call Center for assistance with direction to the most appropriate resourced hospital for trauma, burn stroke or STEMI.

- LERN's targeted trauma, stroke and STEMI education to rural hospitals helps increases their readiness to treat patients with these time-sensitive conditions who present to their facility via private vehicle.

- LERN tracks trauma transfer denials and shares a daily report with all trauma centers. This transparency helps each center to evaluate, in close to real time, processes related to transfer acceptance. This results in a higher acceptance rate and decreases cross-region or state transfers, allowing patients to receive care closer to home.

- LERN established criteria for four levels of stroke hospitals. These levels are used by the public and EMS to access the appropriate hospital for stroke care. Due to new levels of stroke care nationally, the LERN Board changed the nomenclature from Level 1-4 to accommodate Thrombectomy Capable Stroke Centers. The new LERN Levels are: Comprehensive Stroke Center (CSC= formerly Level I), Thrombectomy Capable Stroke Center (TSC= new), Primary Stroke Center (PSC = formerly Level II), Primary Stroke Center with Endovascular (PSC-E = new), Acute Stroke Ready Hospital (ASRH = formerly Level III), and Stroke Bypass Hospital (formerly Level IV). A stroke bypass hospital does NOT have the capability of taking care of stroke patients. LERN has built a network of stroke centers that provides the public access to either a CSC, TSC, PSC/PSC-e, or an ASRH to 99.3% of the population. Hospitals attest to their level every two years.

- Performance metrics for stroke meet or exceed national benchmarks:
    - Door to Needle for Acute Stroke Ready Hospitals = 50 minutes with 75.4% of treated patients receiving alteplase within 60 minutes, 40.1% within 45 minutes and 7.7% within 30 minutes. National benchmark is 60 minutes.

    - Door to Needle for CSC, TSC and PSC = 43 minutes

- LERN established criteria for STEMI Receiving centers which require 24/7/365 access to a cardiac catheterization lab. There are 37 STEMI Receiving Centers in the state. These 37 hospitals provide 96.6% of the population with access to a STEMI Receiving Center within a 60-minute drive time. LERN continues to successfully collect this data from all 37 Receiving Centers and two Referral Centers.

- The LERN STEMI Medical Director provides individualized quarterly feedback reports to each receiving center. In the first quarter 2023, for the first time, LERN distributed feedback reports to the referral centers. The reports provide them with the time it takes them to transfer STEMI patients out of the ED to the Receiving Center where they can receive emergent PCI. The state median for Door to PCI is 60 minutes, far better than the national benchmark of 90 minutes. The median transfer time for referral centers is 56 minutes, much longer than the national benchmark of 30 minutes. LERNs strategic plan focuses on improving this metric. Additionally, LERN will continue to teach 12 Lead ECG classes statewide. In 2022, LERN taught 19 classes reaching 404 students.

- LERN continues to meet with the LERN Burn workgroup to implement and evaluate the state burn system. The 4 burn medical directors developed a course for LERN's learning

management system = "Burn Basics for EMS". LERN secured 3 continuing education hours for paramedics who successfully complete the course. We continue to make this course available for new medics and 203 EMS practitioners have completed the course.

- Adding as Statewide Education Coordinator to LERN staff allows LERN to expand educational offerings. For CY 2022, those courses included:
  - Trauma Nurse Core Curriculum (TNCC) = 32 classes, 270 students
  - Emergency Nurse Pediatric Course (ENPC) = 14 classes, 104 students
  - 12 Lead EKG Course = 19 classes, 404 students
  - Rural Trauma Team Development Course = 5 classes, 131 students
  - Stop the Bleed Course = 60 classes, 1791 students
  - Trauma Care After Resuscitation = 4 classes, 120 students

- Developed Stroke Recognition and Response class. Will fully implement the course by end of FY24.

- EMS Registry continues to be developed. We now have 46 EMS agencies participating in the registry. In December 2012, we only had 13 providers submitting data to the state registry. We are sharing data from the EMS Registry with LDH for an opioid surveillance project. We submitted data to NEMESIS again this year per our goal and are completely compliant with NEMSIS 3.4 requirements. Developed standard EMS reports for specific metrics which are distributed to EMS agencies quarterly. We transitioned 5 agencies to NEMSIS 3.5.

Goal 4: Establish and codify protocols that specify the role of LERN in ESF-8 activities.

- Continue LERN's role in the ESF-8 to include manager of the EMS Tactical Operations Center during a disaster.
- LERN involvement in disaster drills throughout the state. Hired Statewide Disaster Preparedness Manager. Working on finalizing continuity of operations plan.
- Conducted tabletop exercise with the EMS Surge Ambulance contractor to test our processes and procedures.
- Participated in multiple regional exercises, specifically related to active shooter and trail derailment.

- **Where are you making significant progress?** If you are making no significant progress, state "None." However, if you are making significant progress, identify and discuss goals and objectives that are exceeding the timeline for achievement; identify and discuss strategies that are working better than expected. Be specific; discuss the following for each:

  1. To what do you attribute this success? For example:
     - Is progress largely due to the effects of external factors? Would the same results have been generated without specific department action?
     - Is progress directly related to specific department actions? (For example: Have you reallocated resources to emphasize excellence in particular areas? Have you initiated new polices or activities to address particular issues or

needs? Have you utilized technology or other methodologies to achieve economies or improve service delivery?)

- Is progress related to the efforts of multiple departments or agencies? If so, how do you gauge your department's contribution to the joint success?
- Other? Please specify.

This past year we made significant progress expanding the pediatric trauma system. The addition of two pediatric trauma centers significantly increases access to pediatric trauma care in the state. This progress is attributable to the LERN Board's vision, and directive to strategically target locations for pediatric trauma centers in Louisiana.

LERN increased the number of educational classes taught in 2022 by 60% as compared to 2021. This increase represents a 108% increase in the number of students reached. Several reasons contribute to these increases:

- Hiring a statewide education coordinator
- Filled the region 6, 7, 8 Regional Coordinator with a nurse skilled in providing trauma, stroke and STEMI education
- Part of this increase is due to increase demand from the decline in educational offerings in 2020 and early 2021 related to COVID.

LERN moving to the Public Safety Campus was a significant success. This move, which took almost two years, puts the agency in a position to operate more efficiently and provides a safer campus for staff. The LERN Communication Center redundancies are also more robust on the Public Safety Campus.

LERN added a third swing shift to the LCC. Additional staff was required to meet the growing call volume in the LCC, a 25% increase from 2018.

- Is progress directly related to specific department actions? (For example: Have you reallocated resources to emphasize excellence in particular areas? Have you initiated new polices or activities to address particular issues or needs? Have you utilized technology or other methodologies to achieve economies or improve service delivery?)

All of the above successes are attributable to LERN actions. The addition of the third call communicator was necessary due to spikes in call volume. Peak call volume was analyzed and indicated the highest call volume occurred from 10:00 am to 10:00 pm. Based on this data, LERN added a third "swing shift" from 10: 00 am to 10:00 pm every day of the week. This improves service delivery to our providers.

- Is progress related to the efforts of multiple departments or agencies? If so, how do you gauge your department's contribution to the joint success?

LERN would not achieve these results without LDH's support of new positions and physically moving LERN Headquarters. The success attributed to LERN clearly communicating the rationale and benefits of moving the office and adding the statewide education coordinator and Disaster Manager positions during budget meetings with LDH. Additionally, LERN collaborated with LDH and the Office of Public Health to identify grant funding to budget for the positions. The LERN Board included expanded staffing and moving the LERN Office as part of the strategic plan. The LERN move could not have happened without garnering the support of the Division of Administration (DOA). The DOA facilitated finding space on the Public Safety Campus and identifying funding.

2. Is this significant progress the result of a one-time gain? Or is progress expected to continue at an accelerated pace?

   The addition of trauma centers will slow down. We have almost achieved the LERN Boards vision, which is to achieve an ACS verified trauma center in every region of the state. By 2024, LDH Region 3 will be the only region without a trauma center.

   LERN should continue to see growth in education outreach. Benefits from moving LERN Headquarters will continue to be felt going forward.

- **Where are you experiencing a significant lack of progress?** If you are experiencing no significant lack of progress, state "None." However, if you are experiencing a significant lack of progress, identify and discuss goals and objectives that may fall significantly short of the targeted outcome; identify and discuss strategies that are not working well. Be specific; discuss the following for each:

1. To what do you attribute this lack of progress? For example:
   - Is the lack of progress related to a management decision (perhaps temporary) to pursue excellence in one area at the expense of progress in another area?

   The major area we are experiencing a significant lack of progress is on reducing the dependence on the state general fund for LERN funding. Many State Trauma Systems' funding comes from sin taxes (tobacco, speeding violations, DUI). On two occasions, LERN has been unsuccessful in passing legislation for this type of funding.

   LERN also needs a comprehensive trauma registry. Currently, only 13 trauma centers/programs contribute injury data to the registry. Without a comprehensive registry, it is difficult to measure system improvement and to target injury patterns.

- Is the lack of progress due to budget or other constraint?
  Lack of progress is due to the legislature not having an appetite to increase taxes, fee/fines on citizens, which would help reduce LERNs reliance on the state general fund.
  The registry is a funding issue for hospitals. It is difficult for smaller community hospitals to identify staff to input trauma registry data.
- Is the lack of progress related to an internal or external problem or issue? If so, please describe the problem and any recommended corrective actions in Section III below.
  See above.
- Other? Please specify.

2. Is the lack of progress due to a one-time event or set of circumstances? Or will it continue without management intervention or problem resolution?

   The reliance on the state general fund will continue until we can pass legislation to create a dedicated funding source outside of the State General Fund to fund the system. The registry will continue to be an issue until legislate mandated participation and purchase of a registry capable of integrating EMS registry data with trauma registry data. State trauma systems funded via fees or fines use this revenue to fund the state trauma registry.

- **Has your department revised its strategic plan to build on your successes and address shortfalls?**

  ☒ Yes. If so, what adjustments have been made and how will they address the situation?

  The LERN Strategic Priorities are set for a 3-year interval. Each year the LERN Board reviews the strategic priorities and adjusts 12-month goals and the action items to achieve goals. In November 2021, we developed new strategic priorities for 2022-2024.

  ☐ No. If not, why not?

- **How does your department ensure that your 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?** Use as much space as needed to explain fully.

  The Executive Director provides a report to the LERN Board of Directors (BOD) at least quarterly. This report includes progress to goals for each strategic priority. The strategic plan is completely re-evaluated annually by the LERN BOD. The LERN Regional Commissions are informed through the Tri-Regional Coordinators, the LERN Administration and Medical Directors. The Tri-Regional Coordinators also submit

quarterly Commission Activity Reports (CAR) that provide information on what is being done at the regional level to achieve strategic priorities. The strategic plan is posted to the LERN website.

III. What significant department management or operational problems or issues exist? What corrective actions (if any) do you recommend?

("Problems or issues" may include internal concerns, such as organizational structure, resource allocation, operations, procedures, rules and regulations, or deficiencies in administrative and management oversight that hinder productivity, efficiency, and effective service delivery. "Problems or issues" may be related to external factors—such as demographics, economy, fiscal condition of the state, federal or state legislation, rules, or mandates—that are largely beyond the control of the department but affect department management, operations, and/or service delivery. "Problems or issues" may or may not be related directly to strategic plan lack of progress.)

Complete Sections A and B (below) for each problem or issue. Use as much space as needed to fully address each question. If the problem or issue was identified and discussed in a management report or program evaluation, be sure to cross-reference the listing of such reports and evaluations at the end of this form.

No significant department management or operational problems or issues exist.

A. Problem/Issue Description

1. What is the nature of the problem or issue?
2. Is the problem or issue affecting the progress of your strategic plan? (See Section II above.)
3. What organizational unit in the department is experiencing the problem or issue?
4. Who else is affected by the problem? (For example: internal or external customers and other stakeholders.)
5. How long has the problem or issue existed?
6. What are the causes of the problem or issue? How do you know?
7. What are the consequences, including impacts on performance, of failure to resolve the problem or issue?

B. Corrective Actions

1. Does the problem or issue identified above require a corrective action by your department?

☐ No. If not, skip questions 2-5 below.
☐ Yes. If so, complete questions 2-5 below.

2. What corrective actions do you recommend to alleviate or resolve the problem or issue?

3. Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)?

4. Are corrective actions underway?
    a. If so:
        - What is the expected time frame for corrective actions to be implemented and improvements to occur?
        - How much progress has been made and how much additional progress is needed?
    b. If not:
        - Why has no action been taken regarding this recommendation?
        - What are the obstacles preventing or delaying corrective actions?
        - If those obstacles are removed, how soon could you implement corrective actions and generate improvements?

5. Do corrective actions carry a cost?

    ☐ No. If not, please explain.
    ☐ Yes. If so, what investment is required to resolve the problem or issue? (For example, investment may include allocation of operating or capital resources—people, budget, physical plant and equipment, and supplies.) Please discuss the following:
        a. What are the costs of implementing the corrective actions? Be specific regarding types and amounts of costs.
        b. How much has been expended so far?
        c. Can this investment be managed within your existing budget? If so, does this require reallocation of existing resources? If so, how will this reallocation affect other department efforts?
        d. Will additional personnel or funds be required to implement the recommended actions? If so:
            - Provide specific figures, including proposed means of financing for any additional funds.
            - Have these resources been requested in your budget request for the upcoming fiscal year or in previous department budget requests?

IV. How does your department identify, analyze, and resolve management issues and evaluate program efficiency and effectiveness?

A. Check all that apply.

☒ **Internal audit**
The LDH Office of the Secretary ensures ongoing monitoring of programmatic

and administrative functions.

The Internal Audit function, within LDH Office of the Secretary, appraises activities within the Department to safeguard the Department against fraud, waste and abuse by conducting risk-based audits and compliance investigations. The Internal Audit function ensures that transactions are executed according to management's authority and recorded properly; that operating efficiency is promoted; and that compliance is maintained with prescribed federal regulations, state laws, and management policies.

Internal Audit also provides management with evaluations of the effectiveness of internal controls over accounting, operational and administrative functions.

☒ **External audits (Example: audits by the Office of the Legislative Auditor)**
The LDH has a designated Audit Coordinator for financial audits. The Audit Coordinator is the designated point of contact for all correspondence and communication related to financial audits of LDH agencies. The Audit Coordinator is involved all written communication related to audits and is kept informed about all relevant verbal c communication between agency personnel and the Louisiana Legislative Auditor (LLA) staff. The LLA conducts performance audits, program evaluations, and other studies as needed to enable the legislature and its committees to evaluate the efficiency, effectiveness, and operation of state programs and activities.

The Centers for Medicare & Medicaid (CMS) also conducts audits and reviews LDH and its agencies for compliance with program standards and accountability for funds received to administer programs.

☐ Policy, research, planning, and/or quality assurance functions in-house
☐ Policy, research, planning, and/or quality assurance functions by contract
☐ Program evaluation by in-house staff
☐ Program evaluation by contract

☒ **Performance Progress Reports (Louisiana Performance Accountability System)**
The LDH Division of Planning and Budget coordinates and reviews entries of the Louisiana Performance Accountability System (LaPAS) data on a quarterly basis for all LDH agencies. Explanatory notes are provided 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, if significant variances occur, or if modifications and additions are needed.

☒ **In-house performance accountability system or process**
Performance Based Budgeting activities (including, but not limited to strategic

planning, operational planning, and the Louisiana Performance Accountability System) are coordinated by the LDH Division of Planning and Budget. This section reviews all objectives, performance indicators and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are made at monthly expenditure analysis meetings directly to the agency's assistant secretary or the Department's undersecretary, if modifications or 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 planning, or strengthen program management initiatives.

☒ **Benchmarking for Best Management Practices**
The LDH Division of Planning and Budget reviews, researches and develops objectives, performance measures and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are compared to benchmarks from leading states involved in performance-based budgeting activities. Recommendations are made directly to the agency's assistant secretary or the Department's undersecretary, if modifications or additions are needed.

☒ **Performance-based contracting (including contract monitoring)**
LDH contracts are required to contain a description of the work to be performed including goals and objectives, deliverables, performance measures and a monitoring plan.

☒ Peer review
☐ Accreditation review
☒ Customer/stakeholder feedback
☒ Other (please specify): Case review process. All reviews tracked in Access Data Base.

B. Did your office complete any management reports or program evaluations during the fiscal year covered by this report?

☒ Yes. Proceed to Section C below.
☐ No Skip Section C below.

C. List management reports and program evaluations completed or acquired by your office during the fiscal year covered by this report. For each, provide:

1. Title of Report or Program Evaluation:
2. Date completed:
3. Subject or purpose and reason for initiation of the analysis or evaluation:
4. Methodology used for analysis or evaluation:
5. Cost (allocation of in-house resources or purchase price):
6. Major Findings and Conclusions:

7. Major Recommendations:
8. Action taken in response to the report or evaluation:
9. Availability (hard copy, electronic file, website):
10. Contact person for more information:
    Name:
    Title:
    Agency & Program:
    Telephone:
    E-mail:

1. Title of Report or Program Evaluation:
   LERN Annual Report FY 21-22

2. Date completed:
   March 2023

3. Subject or purpose and reason for initiation of the analysis or evaluation:
   Required by ERN Legislation La R.S. 40:2845

4. Methodology used for analysis or evaluation:
   Data included in the report is obtained from call center data, from the EMS Registry, State Trauma Registry, and education tracking log.

5. Cost (allocation of in-house resources or purchase price):
   $1,174.12

6. Major Findings and Conclusions:
   Progress is being made in all systems of care.

7. Major Recommendations:
   Continue the course to implement the strategic plan.

8. Action taken in response to the report or evaluation:
   None.

9. Availability (hard copy, electronic file, website):
   Available on the LERN Website www.LERN.La.Gov – specifically via the following link:
   https://drive.google.com/file/d/1S4qk6r0fZzO4ueL01TKZBC2AccwMJPxU/view
   Hard copy available upon request and also at Poynter Library

10. Contact person for more information:
    Name: Paige Hargrove
    Title: Executive Director
    Agency & Program: LDH/Louisiana Emergency Response Network

Telephone: (225)756-3440
E-mail: Paige.Hargrove@La.gov

Annual Management and Program Analysis Report
Fiscal Year 2022-2023

Department: **Louisiana Department of Health (LDH)**
09-325 Acadiana Area Human Services District

Department Head: **Stephen Russo**
LDH Secretary

Undersecretary: **Pam Diez**

Executive Director: **Brad Farmer**

I. What outstanding accomplishments did your department achieve during the previous fiscal year?

For each accomplishment, please discuss and explain each item below.

A. What was achieved?
B. Why is this success significant?
C. Who benefits and how?
D. How was the accomplishment achieved?
E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

Accomplishment #1: Acadiana Area Human Services District awarded Certified Community Behavioral Health Clinic Planning, Development, and Implementation (CCBHC-PDI) Grant

A. What was achieved?

Acadiana Area Human Services District (AAHSD) was awarded a Certified Community Behavioral Health Clinic Planning, Development, and Implementation (CCBHC-PDI) grant from SAMHSA; this is a $3.8 million four-year award. This will be utilized to transition/transform current operations into a community behavioral health system which will: provide comprehensive, coordinated behavioral health care via an enhanced

CCBHC program; provide a comprehensive range of outreach, screening, assessment, treatment, care coordination, and recovery support services, based on a needs assessment that aligns with the CCBHC Certification Criteria; and, support recovery from mental illness and/or substance use disorders (SUD) through access to high-quality mental health and SUD services without regard to the ability of clients to pay for services. AAHSD has been working closely with an external consulting group; the University of Louisiana; and the Office of Behavioral Health during this development phase.

B. Why is this success significant?
This model of care will improve the quality of services provided to our community by providing a framework for best practices and aligning services with community needs. The requirements (performance standards) are 'above and beyond' State licensure standards, current contractual indicators, and international accreditation standards. It will assist AAHSD in expanding services and will provide a structure to sustain operations.

C. Who benefits and how**?**
AAHSD benefits from technical assistance, training, and consultation; along with external funding. The entire service population benefits from expanded services and professional collaborations. This program will also ensure AAHSD adequately addresses the needs of Veterans seeking services.

D. How was the accomplishment achieved?
AAHSD completed and submitted a grant application to SAMHSA utilizing internal and external resources. As part of the ongoing process, AAHSD has appointed an internal Project Director to oversee all efforts with this program. AAHSD has contracted with an external consulting group for ongoing technical assistance and with the University of Louisiana to serve as the project evaluator. Additionally, conducts regular project meetings with both of these groups and has invited the Office of Behavioral Health to participate as well as a way to enhance communication with State officials. AAHSD also has monthly calls with the identified Grants Project Officer (GPO) from SAMHSA.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
Yes.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
Yes.

Accomplishment #2: Same Day Access grant

A. What was achieved?
Acadiana Area Human Services District (AAHSD) received a grant to participate in a technical assistance project to implement the Same Day Access model. This project is

funded by SAMHSA and operated in conjunction with the National Council for Mental Wellbeing via MTM Services. Only thirty organizations were selected and applications were "reviewed with an eye to clinics who have indicated the greatest readiness and commitment to implementing Same Day Access".

B. Why is this success significant?
This project will work in tandem with our CCBHC efforts and will greatly enhance service access. This is recognized as a 'best practice'.

C. Who benefits and how?
All persons seeking services from AAHSD. At the conclusion of this project, there will be no appointments given for intake sessions – all sessions will be provided via immediate access (same day). This will eliminate a traditional 'waiting list' for services.

D. How was the accomplishment achieved?
AAHSD is working with MTM Services to conduct a Gap Analysis of our intake process and to review all related systems and implement necessary changes. AAHSD appointed a Gap Analysis Team to review current process and designated a Rapid Cycle Change Team to develop changes as needed/appropriate. AAHSD will conduct regularly scheduled meetings and work sessions throughout this 8-month project.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
Yes.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
Yes.

Accomplishment #3: Supervisory Training Retreat

A. What was achieved?
Acadiana Area Human Services District (AAHSD) conducted an all-day training session for all supervisory staff (topics addressed) – leadership, teamwork, workforce development, finance/budget, and accreditation. This training was for all managers and supervisors other than Senior Managers.

B. Why is this success significant?
This was an all-day training that provided an overview of AAHSD programs, governance, funding, strategic planning, leadership development, personnel performance review, and succession planning. This meeting served as the starting point for a (hopefully) ongoing series of supervisory meetings.

C. Who benefits and how?
Supervisory staff initially; with the long-term impact being the organization itself. This was a day-long training with a focus on providing supervisors with professional development. Hopefully this will assist with employee retention, professional development, improved morale, recruitment, and succession planning.

D. How was the accomplishment achieved?
Several AAHSD Senior Managers, along with an outside consultant, provided the training for supervisors. Leadership developed the agenda and program and allocated appropriate resources to implement the training.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
Yes.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
Yes.

Accomplishment #4: Partnership with Families Helping Families to provide a Easter baskets for children with developmental disabilities and/or dealing with mental health issues in the community

A. What was achieved?
Acadiana Area Human Services District (AAHSD) B Partnered with Families Helping Families to give Easter Baskets to kids with DD and/or Mental Health issues.

B. Why is this success significant?
It allowed the community and children with developmental disabilities and/or mental health issues to interact and receive an Easter basket. Also provided children with DD and/or dealing with Mental Health issues the same opportunities available to all.

C. Who benefits and how?
Children with developmental disabilities and/or dealing with Mental Health issues and their families and the community. It helped build relationships and showed the community the abilities of people with DD and/or dealing with Mental Health issues.

D. How was the accomplishment achieved?
AAHSD collaborated with Families Helping Families. Easter baskets were collected through their networks and all assisted with delivery of the baskets to the children.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
Yes.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
Yes.

Accomplishment #5: Continued Partnership with OCDD regarding the tiered waiver system

A. What was achieved?
Acadiana Area Human Services District (AAHSD) partnered with the Office for Citizens with Developmental Disabilities (OCDD) for the continued administering of the tiered waiver system.

B. Why is this success significant?
It changed the way the request for waiver services registry (waiting list) is implemented. It has gone from a first come first serve registry to a needs based screening process.

C. Who benefits and how?
Individuals with developmental disabilities and their families. It will allow quicker access to home and community based services.

D. How was the accomplishment achieved?
OCDD partnered with the district and authorities throughout the state to screen all of the individuals on the registry. Once done, the needs of those individuals were established. Priority was given to those with the highest, most urgent need.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
Yes.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
Yes.

Accomplishment #6: Partnership with the City of Lafayette Parks and Recreation Department to provide a Christmas Extravaganza for people with developmental disabilities and all kids within the community

A. What was achieved?
Acadiana Area Human Services District (AAHSD) partnered with City of Lafayette Parks and Recreation Department to give a Christmas party for people with developmental disabilities and all kids within the community.

B. Why is this success significant?
It allowed the community and children with developmental disabilities to interact to break down barriers and stereotypes. It provided a safe environment people could celebrate Christmas, participate in dancing, arts and crafts and be allowed to visit Santa.

C. Who benefits and how?
Children with developmental disabilities and their families and the community. It helped build relationships and showed the community the abilities of people with DD.

D. How was the accomplishment achieved?
Collaboration with the City of Lafayette Parks and Recreation Department. Many community providers assisted in providing various activities to the individuals.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)

Yes.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

Yes.

Accomplishment #7: Partnership with the community to provide shoe boxes with daily living products for adults with developmental disabilities in the community

A. What was achieved?
Acadiana Area Human Services District (AAHSD) partnered with the community to give shoe boxes to adults with DD.

B. Why is this success significant?
It allowed the community and adults with developmental disabilities to interact with community partners and receive a shoe box. Also provided adults with DD the same opportunities available to all.

C. Who benefits and how**?**
Adults with developmental disabilities and the community. It helped build relationships and showed the community the abilities of people with DD.

D. How was the accomplishment achieved?
AAHSD collaborated with the community by those willing to donate items. Shoe boxes were collected through their networks and all assisted with delivery of the baskets to the adults.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
Yes.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
Yes.

II. Is your department Five-Year Strategic Plan/Business Plan on time and on target for accomplishment?

To answer this question, you must determine whether your anticipated outcomes—goals and objectives—are being attained as expected and whether your strategies are working as expected and proceeding on schedule.

Acadiana Area Human Services District (AAHSD) submitted our initial five-year Strategic Plan in June 2019. Thus far, our goals and objectives are being met and the plan is on target for successful completion.

Please provide a brief analysis of the overall status of your strategic progress. What is your general assessment of overall timeliness and progress toward accomplishment of results targeted in your goals and objectives? What is your general assessment of the effectiveness of your strategies? Are anticipated returns on investment are being realized?

AAHSD is progressing towards accomplishing goals and objectives, such as: developing clear policy objectives; providing behavioral health treatment services as part of the State's continuum of care; improving accessibility; increasing stakeholders' involvement; and, providing quality services and supports. These strategies are effective in ensuring persons served receive the highest quality care.

- **Where are you making significant progress?** If you are making no significant progress, state "None." However, if you are making significant progress, identify and discuss goals and objectives that are exceeding the timeline for achievement; identify and discuss strategies that are working better than expected. Be specific; discuss the following for each:

1. To what do you attribute this success? For example:
    - Is progress largely due to the effects of external factors? Would the same results have been generated without specific department action?
    - Is progress directly related to specific department actions? (For example: Have you reallocated resources to emphasize excellence in particular areas? Have you initiated new polices or activities to address particular issues or needs? Have you utilized technology or other methodologies to achieve economies or improve service delivery?)
    - Is progress related to the efforts of multiple departments or agencies? If so, how do you gauge your department's contribution to the joint success?

    Other? Please specify.

We are on target for making the progress that was projected in the five-year Strategic Plan. Progress is due largely to reorganizing our internal structure, developing new policies and procedures, utilizing the expertise of the Governing Board, conducting staff training, and implementing a team structure and approach to management. We are continually working to improve policies/systems and making necessary changes to become more effective and efficient.

2. Is this significant progress the result of a one-time gain? Or is progress expected to continue at an accelerated pace?

Progress is expected to continue on an 'on-target pace' as we conduct regular ongoing meetings of teams (Accreditation, Health/Safety, Quality Improvement, and Senior Management), participate in ongoing external reviews, and conduct ongoing internal reviews. Our efforts so far have not been 'one-time events' but the building of infrastructure and operating systems to ensure ongoing success.

- **Where are you experiencing a significant lack of progress?** If you are experiencing no significant lack of progress, state "None." However, if you are experiencing a significant lack of progress, identify and discuss goals and objectives that may fall significantly short of the targeted outcome; identify and discuss strategies that are not working well. Be specific; discuss the following for each:

1. To what do you attribute this lack of progress? For example:
    - Is the lack of progress related to a management decision (perhaps temporary) to pursue excellence in one area at the expense of progress in another area?
    - Is the lack of progress due to budget or other constraint?
    - Is the lack of progress related to an internal or external problem or issue? If so, please describe the problem and any recommended corrective actions in Section III below.
    - Other? Please specify.
2. Is the lack of progress due to a one-time event or set of circumstances? Or will it continue without management intervention or problem resolution?

None.

- **Has your department revised its strategic plan to build on your successes and address shortfalls?**

  ☐ Yes. If so, what adjustments have been made and how will they address the situation?
  ☒ No. If not, why not?

  The AAHSD five-year Strategic Plan gave a clear overview of goals and objectives to accomplish. The plan fully encompasses administrative and programmatic issues for ongoing review/improvement.

- **How does your department ensure that your 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?** Use as much space as needed to explain fully.

  All senior managers gave input into the development of the strategic plan and received a copy of the final version. Senior managers shared this with their departments and staff. This strategic plan, along with the annual management report, is made available to all staff and is included as public information on our website so the community at large and other interested stakeholders can be fully informed as to these plans. The Strategic Plan was also shared with our Governing Board.

III. What significant department management or operational problems or issues exist? What corrective actions (if any) do you recommend?

("Problems or issues" may include internal concerns, such as organizational structure, resource allocation, operations, procedures, rules and regulations, or deficiencies in administrative and management oversight that hinder productivity, efficiency, and effective service delivery. "Problems or issues" may be related to external factors—such as demographics, economy, fiscal condition of the state, federal or state legislation, rules, or mandates—that are largely beyond the control of the department but affect department management, operations, and/or service delivery. "Problems or issues" may or may not be related directly to strategic plan lack of progress.)

Complete Sections A and B (below) for each problem or issue. Use as much space as needed to fully address each question. If the problem or issue was identified and discussed in a management report or program evaluation, be sure to cross-reference the listing of such reports and evaluations at the end of this form.

A. Problem/Issue Description
   1. What is the nature of the problem or issue?
   2. Is the problem or issue affecting the progress of your strategic plan? (See Section II above.)
   3. What organizational unit in the department is experiencing the problem or issue?
   4. Who else is affected by the problem? (For example: internal or external customers and other stakeholders.)
   5. How long has the problem or issue existed?
   6. What are the causes of the problem or issue? How do you know?
   7. What are the consequences, including impacts on performance, of failure to resolve the problem or issue?

B. Corrective Actions
   1. Does the problem or issue identified above require a corrective action by your department?

      ☒ No. If not, skip questions 2-5 below.
      ☐ Yes. If so, complete questions 2-5 below.

   2. What corrective actions do you recommend to alleviate or resolve the problem or issue?

   3. Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)?
   4. Are corrective actions underway?
      a. If so:
         - What is the expected time frame for corrective actions to be implemented and improvements to occur?
         - How much progress has been made and how much additional progress is needed?
      b. If not:
         - Why has no action been taken regarding this recommendation?
         - What are the obstacles preventing or delaying corrective actions?
         - If those obstacles are removed, how soon could you implement corrective actions and generate improvements?

   5. Do corrective actions carry a cost?

      ☐ No. If not, please explain.
      ☐ Yes. If so, what investment is required to resolve the problem or issue? (For example, investment may include allocation of operating or capital resources—people, budget, physical plant and equipment, and supplies.) Please discuss the following:
         a. What are the costs of implementing the corrective actions? Be specific regarding types and amounts of costs.
         b. How much has been expended so far?

c. Can this investment be managed within your existing budget? If so, does this require reallocation of existing resources? If so, how will this reallocation affect other department efforts?
d. Will additional personnel or funds be required to implement the recommended actions? If so:
    - Provide specific figures, including proposed means of financing for any additional funds.
    - Have these resources been requested in your budget request for the upcoming fiscal year or in previous department budget requests?

IV. How does your department identify, analyze, and resolve management issues and evaluate program efficiency and effectiveness?

A. Check all that apply. Add comments to explain each methodology utilized.

☐ Internal audit

☒ External audits (Example: audits by the Office of the Legislative Auditor)
Office of the Legislative Auditor every two years.

☒ Policy, research, planning, and/or quality assurance functions in-house
QI Team reviews client quarterly.

☐ Policy, research, planning, and/or quality assurance functions by contract
☐ Program evaluation by in-house staff
☐ Program evaluation by contract

☒ Performance Progress Reports (Louisiana Performance Accountability System)
LAPAS Reports

☐ In-house performance accountability system or process
☐ Benchmarking for Best Management Practices

☒ Performance-based contracting (including contract monitoring)
Contracts are required to contain a description of the work to be performed including goals and objectives, deliverables, performance measures and a monitoring plan.

☒ Peer review
Medical Doctors and OCDD peer review process

☒ Accreditation review
CARF Accreditation—AAHSD received a 3-year accreditation

☒ Customer/stakeholder feedback - **AAHSD completes quarterly client satisfaction survey and an annual Stakeholder Survey.**

☒ Other (please specify):
Human Services Accountability Plan (AP) monitoring visits by the Office of Behavioral Health and the Office for Citizens with Developmental Disabilities.

B. Did your office complete any management reports or program evaluations during the fiscal year covered by this report?

☒ Yes. Proceed to Section C below.

☐ No Skip Section C below.

C. List management reports and program evaluations completed or acquired by your office during the fiscal year covered by this report. For each, provide:

1. Title of Report or Program Evaluation:
2. Date completed:
3. Subject or purpose and reason for initiation of the analysis or evaluation:
4. Methodology used for analysis or evaluation:
5. Cost (allocation of in-house resources or purchase price):
6. Major Findings and Conclusions:
7. Major Recommendations:
8. Action taken in response to the report or evaluation:
9. Availability (hard copy, electronic file, website):
10. Contact person for more information, including:
    Name:
    Title:
    Agency & Program:
    Telephone:
    E-mail:

1. Title of Report or Program Evaluation:
   <u>AAHSD Management Report</u>

2. Date completed:
   June 2023

3. Subject or purpose and reason for initiation of the analysis or evaluation:
   The AAHSD Management Report is offered as partial fulfillment of the

standards set forth by CARF and is designed to summarize the results of the program plans; quality assessment; goals and objectives; the data collected in the areas of effectiveness, efficiency, service access, and consumer satisfaction; and from other operating systems and to provide a synopsis of 'significant events'.

4. Methodology used for analysis or evaluation:
   Review of AAHSD systems including: Corporate Compliance, Health and Safety (including Accessibility), Human Resources, Information Management, Outcomes Management System, Quality Improvement, and Risk Management.

5. Cost (allocation of in-house resources or purchase price):
   In house resources

6. Major Findings and Conclusions:
   - AAHSD developed and signed a contract with LDH for services in Acadiana.
   - AAHSD clinical and administrative policies and procedures were reviewed by Civil Service, Office of Risk Management, and LDH.
   - AAHSD received successful reviews from the MCOs, State licensure, and State contract performance indicators.
   - 2022/2023 budget submitted and approved. AAHSD maintained operations within budgetary guidelines.
   - AAHSD realized an increase in collections for self-generated revenue. AAHSD has doubled its self-generated collections in the past three years.
   - Professional and service contracts maintained and monitored by AAHSD. Monitoring was increased to at least quarterly for all contracts (some monitored monthly). The monitoring process has received positive comments from two separate regulatory reviews.
   - Employees completed Civil Service PES as required.
   - AAHSD continued its employee training program/schedule and utilized two online training programs – LEO and Relias Learning. Targets and timeframes were met.
   - All Senior Managers have maintained a succession plan for their respective areas.
   - AAHSD did implement a new pay/performance structure as outlined by State Civil Service.
   - AAHSD maintained credentialing by all five MCOs within the State plan.
   - AAHSD conducted and/or participated in numerous public events, health fairs, community forums, and other professional forums. This is reflected by the increase in number of stakeholder surveys.
   - AAHSD was monitored by: ORM, LDH/OBH and OCDD, LDH/Bureau of Health Standards, State Civil Service, and the Fire Marshal. All reviews were successful.
   - AAHSD assumed operation of services, including the provision of crisis services within our designated area.

- Selected staff has completed training in Applied Suicide Intervention Skills Training (ASIST) and have provided training to sixty-three (46) community practitioners.
- AAHSD was trained and participated in OPH/Emergency Preparedness exercises/activities.

This report was made available to the Governing Board, all staff, and copies were available in all service locations for clients/visitors. A copy was sent to senior LDH officials as well as the entire 'Acadiana Delegation'. Additionally, this report is posted on our website for public view.

7. Major Recommendations:
   None.

8. Action taken in response to the report or evaluation:
   None.

9. Availability (hard copy, electronic file, website):
   Located in the policy and procedure manual and website.

10. Contact person for more information:
    Name: Brad Farmer
    Title: CEO Agency & Program: AAHSD
    Telephone: 337-262-4190
    E-mail: Brad.Farmer@la.gov

Annual Management and Program Analysis Report
Fiscal Year 2022-2023

Department:	**Louisiana Department of Health (LDH)** 09-326 Office of Public Health
Department Head:	**Stephen Russo** LDH Secretary
Undersecretary:	**Pam Diez**
Assistant Secretary:	**Doris G. Brown, MEd, MS, APRN, CNS**

I. What outstanding accomplishments did your department achieve during the previous fiscal year? For each accomplishment, please discuss and explain each item below.

A. What was achieved?
B. Why is this success significant?
C. Who benefits and how?
D. How was the accomplishment achieved?
E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

BUREAU OF EMERGENCY MEDICAL SERVICES (BEMS)

Accomplishment #1: Education

A. **What was achieved?**

The Bureau of EMS was able to maintain high-quality training and further enrich professional development opportunities related to education for EMS personnel. The achievements for EMS Education fall into three categories:

- Outreach

- Continuous Quality Improvement
- Professional Development

B. **Why is this success significant?**

Louisiana licensed practitioners received higher-quality education, providing for stronger, more competent practitioners, which in turn leads to safer and improved service to the public.

C. **Who benefits and how?**

EMS educators and education programs are better suited to meet the instructional needs of students. This in turn leads to higher-quality and more competent practitioners who are capable of providing better service to the public.

D. **How was the accomplishment achieved?**

Outreach: Through informational presentations and trainings held throughout the state educators and administrators were able to better develop high-quality education programs. In addition, collaboration with various stakeholders via workgroups allowed for stronger policy development and better implementation of best practices. Examples include the implementation of an updated, “High School EMS Education Policy Guide”, the development of a simple, one-pager, “Blueprint for Building a Quality High School EMR Program”, and the development of Student Minimum Competencies for the AEMT level. Over 22 outreach efforts occurred during the 2022-23 fiscal year.

Continuous Quality Improvement (QI): Ongoing QI ensures that education programs are adhering to the strictest standards of quality and implementing instructional best practices. This includes 28 site visits, 206 audits, and 2 investigations.

Professional Development (PD): To promote opportunities for high-quality CEUs, Bureau of EMS Education Manager, John Cavell actively worked to coordinate opportunities with state conferences, hospitals, and other healthcare licensing agencies to include opportunities for EMS practitioners to earn CEUs. These opportunities are an ongoing effort being made by the bureau to encourage practitioners to pursue professional growth as personal responsibility and discourage the use of outdated, regurgitated “refreshers” that do not expand upon a practitioner's body of knowledge or enhance their skill. More than a dozen conferences, workshops, and symposia took the opportunity to offer CEUs through the Bureau of EMS for practitioners.

E. **Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)**

Yes.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

Yes.

Accomplishment #2: Examination

A. **What was achieved?**

The Louisiana Bureau of EMS is responsible for the administration of the National Registry of Emergency Medical Technicians (NREMT) psychomotor examination. Upon the successful completion of an approved Initial EMS Course, students are eligible to sit for the psychomotor exam.

1. We were able to offer psychomotor exams in all regions of the State, at all four levels of certification.
2. EMR and EMT scenarios were updated to make them more broad and realistic to the current scope of practice.
3. Continued working with National Registry to move away from the Advanced Level Psychomotor Exam.

B. **Why is this success significant?**

Louisiana as well as the rest of the United States has an EMS shortage. Offering exams around the State helps keep employees in areas they work. Updating scenarios provides the best practices for an ever-changing field.

Moving away from psychomotor exams with the advanced level practitioners, is a recommendation by National Registry and it keeps us in line with other professions.

C. **Who benefits and how?**

Both the licensed EMS practitioner and the communities they serve benefit from the success of the Bureau. Licensed EMS practitioners serve their communities and workforce, ensuring patient care, safety, and rapid response times. EMS agencies and the public benefit from a single exam for advanced practitioners by allowing certification in one exam speeding up the process to licenses in Louisiana.

D. **How was the accomplishment achieved?**

Keeping up to date on the best practices and evidence based guidelines by attending workshops with State EMS Officials around the United States. BEMS is developing a mechanism to have advanced level educational programs keep a portfolio on students and more quality assurance and oversite from our office.

E. **Does this accomplishment contribute to the success of your strategic plan?** (See Section II below.)

Yes, our goal is to keep up with the needs of the EMS workforce as well as making sure practitioners are prepared to enter the workforce.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**

Our licensing process allows for growth and progress as laws, statutes, and NREMT licensing guidelines change. The Bureau of EMS uses an Information Management System that can communicate with NREMTs licensing software and allows for the tracking of educational courses. This makes the licensing process more efficient and seamless as changes occur over time.

Accomplishment #3: Credentialing

A. **What was achieved?**

Successful recruitment and retention of 13,069 EMS practitioners, an increase of over 1,000 practitioners from the previous fiscal year. The Bureau of EMS has a standard processing rate of seven business days for approving license applications. During FY23, license applications were processed on average within two days.

B. **Why is this success significant?**

During FY23, the Bureau of EMS issued 1,007 more licenses than it did in FY22. This increase can be attributed to more education opportunities as Covid-19 regulations decreased, as well as communication from the Credentialing department. New trainings were developed to provide practitioners with a step by step approach to renewing their license. These trainings had 4,200 online views combined.

C. **Who benefits and how?**

Both the licensed EMS practitioner and the communities they serve benefit from the success of the Bureau. Licensed EMS practitioners serve their communities and workforce, ensuring patient care, safety, and rapid response times. During FY23 EMS practitioners have continued to provide essential services to hospitals and community facilities in the wake of staffing shortages due to COVID-19.

D. **How was the accomplishment achieved**?

Educational programs and NREMT testing were able to adapt and continue in Louisiana without interruption. During the FY23, Bureau of EMS continued to issue

provisional licenses allowing practitioners 30 days to complete their required background check after receiving their state license, to adhere to the EMS Compact law (RS 40:1141).

E. **Does this accomplishment contribute to the success of your strategic plan?** (See Section II below.)

Yes, the licensing accomplishments by the Bureau of EMS to contribute to the success of our strategic plan by continuing to being adaptive while growing our EMS workforce.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**

Our licensing process allows for growth and progress as laws, statutes, and NREMT licensing guidelines change. The Bureau of EMS uses an Information Management System that can communicate with NREMTs licensing software and allows for the tracking of educational courses. This makes the licensing process more efficient and seamless as changes occur over time.

BUREAU OF FAMILY HEALTH (BFH)

Accomplishment #1: Launched Domestic Abuse Fatality Review

The Office of Public Health (OPH) Bureau of Family Health (BFH) launched the Domestic Abuse Fatality Review (DAFR) panel, established by Act No. 320 of the 2021 Regular Session of the Louisiana Legislature (ongoing activity launched October 2022):

A. **What was achieved?**

The OPH BFH held the first DAFR panel in October 2022. The panel was established in response to Act No. 320 of the 2021 Regular Session to review cases of deaths resulting from domestic abuse in Louisiana and identify common risk factors and areas for prevention to inform recommendations. The panel meets quarterly to review cases.

B. **Why is this success significant?**

The panel is significant because, according to the Louisiana Coalition Against Domestic Violence, Louisiana consistently leads the nation in domestic homicides and has ranked in the top five states almost every year since 1997. In an effort to decrease these numbers, the Domestic Abuse Fatality Review panel establishes a formalized process for an in-depth review of these cases to make recommendations for systematic improvements and identify gaps to prevent future fatalities due to domestic abuse.

C. **Who benefits and how?**

By following streamlined processes, DAFR is positioned to accomplish its stated objectives and provide future reports that will include its findings from cases reviewed as well as policy recommendations for improving systemic response to prevent future fatalities due to domestic abuse in the state of Louisiana.

D. **How was the accomplishment achieved?**

In FY23, OPH BFH was awarded a competitive federal grant from the Office of Women's Health to prevent maternal mortality due to violence. This funding is supporting implementation of Act No. 320 as well as other initiatives to reduce domestic violence. In its first year, the DAFR staff, panel members, and agents worked with the Victimization Data Subcommittee of the Domestic Violence Prevention Commission to establish a firm foundation for domestic abuse fatality review by acquiring staff and defining the systems and processes by which it will function.

E. **Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)**

This accomplishment advances the OPH BFH strategic priorities to reduce maternal mortality due to violence, but is not connected to a specific agency strategic plan.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**

This accomplishment represents the application of a systematic policy process with extensive engagement with constituencies and partners affected by the legislation. The DAFR team established a formalized process for an in-depth review of the cases by outlining the objectives of DAFR; formalizing the functions and scope of the review panel; establishing processes for case assignment and identification, record abstraction, case abstraction and preparation, case review with data analysis and research; and community action.

<u>Accomplishment #2: Launched the Statewide Provider to Provider Consultation Line</u>

OPH BFH launched the statewide Louisiana Provider to Provider Consultation Line (PPCL) funded through the Pediatric Mental Health Care Access (PMHCA) grant from the Health Resources Services Administration (HRSA) (November 2022)

A. **What was achieved?**

The OPH BFH successfully launched Louisiana's Provider to Provider Consultation Line (PPCL), a program which helps to build the capacity of Louisiana's pediatric

primary care providers—especially those practicing in rural areas—to appropriately screen, diagnose, treat, and refer children and youth who present with behavioral health conditions and concerns. There had also been a separate consultation line for perinatal health providers, the Louisiana Mental Health Perinatal Partnership (LAMHPP), and PPCL has become the single resource for perinatal and pediatric mental health consultation since November 2022.

B. **Why is this success significant?**

This success is significant because pediatric primary providers are often the first line of care and treatment for children and youth with behavioral disorders, yet often lack the training, confidence, and time needed to address the behavioral health needs of their patients. Additionally, the funding cycle for LAMHPP had ended and PPCL provided ongoing sustainability for perinatal providers to receive consultation services for their patients. By providing training, mental health consultation, and care coordination support to pediatric and perinatal providers, the newly launched PPCL supports the integration of behavioral health services into the pediatric and perinatal primary care setting, thereby increasing the access of children and youth as well as pregnant individuals to comprehensive care. Furthermore, the PPCL is expected to strengthen the implementation of Medicaid's EPSDT (Early Periodic Screening, Diagnosis, and Treatment) benefit which allows for all children under age 21 who are enrolled in Medicaid to be eligible for comprehensive preventive and developmental services, including routine health, mental health and developmental screening and evaluation and treatment for illnesses, conditions or disabilities.

C. **Who benefits and how?**

PPCL has both a Perinatal and a Pediatric Mental Health Team consisting of licensed mental health professionals, psychiatry, and resource specialists that use telehealth modalities to provide training, consultation, and care coordination support to perinatal and pediatric providers statewide including obstetricians, pediatricians, nurse practitioners, family physicians, and physician assistants. All perinatal and pediatric providers and their patients with behavioral health conditions and concerns potentially benefit from OPH BFH being awarded this federal grant. Perinatal and pediatric providers benefit by having support to appropriately screen, diagnose, treat and refer patients. Patients and their families benefit by having increased access to comprehensive, quality healthcare services.

D. **How was the accomplishment achieved?**

OPH submitted a competitive proposal for this award. Louisiana's successfully-funded project reflects extensive historical expertise and a commitment to innovate. In addition, HRSA provided American Rescue Plan Act funds to expand the coverage area of the initial Pediatric Mental Health Care Access funded project.

E. **Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)**

This accomplishment advances the OPH BFH strategic priorities, but is not connected to a specific agency strategic plan.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**

In order to develop a model that is scalable and effectively meets the needs of rural health providers operating in grossly under-resourced areas of the state, this project applies health improvement science in its work with a select group of Rural Health Clinics (RHCs) to develop, implement, and test an effective model approach to consultation, education, and technical assistance with RHCs, and then will scale this model to work with additional RHC's and other pediatric providers operating in rural areas of the State.

Accomplishment #3: Led the Multisector Whole Health Louisiana State Plan Development

OPH BFH led the planning phase for Whole Health Louisiana (WHL), a multisector, collaborative effort to create a trauma-informed statewide plan to prevent and mitigate the impacts of childhood adversity and traumatic experiences. The development phase of the WHL state plan began in November 2022 and will conclude with the release of the state plan in November 2023.

A. **What was achieved?**

The OPH BFH, with support of the Office of First Lady Donna Edwards, convened sector leaders, advocates and subject matter experts from across the state to conduct an alignment process that produced a shared vision for a systems-level response to address and prevent adverse and traumatic childhood experiences. Following the convening, OPH BFH assembled a Steering Committee, comprised of state agency and sector leaders, a Working Group, representing diverse demographics, geographies, and communities, and strategy-specific Advisory Groups to develop the WHL plan. OPH BFH leads plan development strategy sessions with WHL plan partners that are informed by community listening sessions held throughout the state.

B. **Why is this success significant?**

Louisiana ranks 49th among all US states in terms of overall childhood wellbeing with the 3rd highest number of children per capita with two or more adverse childhood experiences. Unresolved childhood adversity can not only negatively impact the developmental, educational, social and emotional health of the child, but has been linked to long-lasting negative effects across the lifespan that can impact multiple generations, communities and societal systems. Federal, state and local governing

bodies are increasingly mandating trauma-informed initiatives across child- and family-serving entities. However, Louisiana does not have a unified framework to guide these objectives to ensure a statewide, cross-sector, collaborative approach that bolsters existing efforts and addresses current gaps in services. The WHL initiative meets this need by developing an actionable plan with priority focus on awareness, prevention, work-force support and systems collaboration.

C. **Who benefits and how?**

When it is finalized and implemented, the WHL state plan will benefit both public and private child- and family-serving agencies, their staff, and the families and communities they serve. The planning process has involved extensive partnerships across sectors and plan strategies will be operationalized to ensure equity and cultural responsiveness are prioritized to achieve adoption of trauma-informed support systems and services that enhance the prevention of and healing from childhood trauma for families and communities. Louisiana's child- and family-serving workforce will benefit from increased access to and investment in evidence-based, trauma-informed practices will be supported by cross-sector sharing of data and best practices.
How was the accomplishment achieved?

This accomplishment is grounded in OPH BFH's extensive subject matter expertise in trauma-informed approaches and commitment to collaboration across systems and communities to achieve system change, and a commitment to innovate.

D. **Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)**

This accomplishment advances the OPH BFH strategic priorities and the LDH 2023 Business Plan.

E. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**

This accomplishment uses the Water of System Change framework and for plan development. OPH BFH has incorporated best practices outlined by SAMHSA in their 2014 Concept of Trauma publication, Treatment Improvement Protocol (TIP) 57, Trauma-Informed Care in Behavioral Health Services and their recently released Practical Guide for Implementing a Trauma-Informed Approach as guiding documents. OPH BFH has consulted with the leadership of Campaign for Trauma-Informed Policy and Practice and PACES Connection and utilize frameworks established by the CDC and the National Child Traumatic Stress Network to follow national best practices.

Accomplishment #4: Completed the Foundational Assessment for the Louisiana Sickle Cell Disease Registry

OPH BFH completed a foundational assessment to guide recommendations for the development of the Louisiana Sickle Cell Disease registry, also known as the "Skylar-Cooper Database" (findings and recommendations published in February 2023 and June 2023)

A. **What was achieved?**

The OPH BFH conducted a foundational assessment and provided preliminary recommendations to guide the development of the Louisiana Sickle Cell Disease (SCD) Registry, known as the Skylar-Cooper Database, in response to Act No. 647 of the 2022 Regular Session of the Louisiana Legislature. The recommendations that emerged from the Bureau's initial planning and feedback processes align with national guidance for states developing sickle cell registries.

B. **Why is this success significant?**

This foundational assessment is significant because approximately 80 infants are born each year in Louisiana with SCD. Louisiana Medicaid provides healthcare coverage to approximately 3,000 individuals living with SCD in the state each year. However, the true number of individuals living with the condition is unknown because there currently is no comprehensive population-level public health monitoring system in the state.

C. **Who benefits and how?**

While SCD is the most common inherited blood disorder in the United States according to the Centers for Disease Control and Prevention (CDC), there is currently no national system to collect and analyze the information needed to "drive" change in healthcare, treatment and policy to improve the health and wellbeing of individuals living with SCD. Further, the National Academies of Sciences, Engineering, and Medicine report that Sickle Cell Trait (SCT) is more prevalent than SCD and those with SCT are also at risk for clinical complications. The prevalence of SCT is also unknown. The purpose of this registry is to "…function as a single repository of accurate, complete records to aid in the cure and treatment of sickle cell disease…" The development of a public health monitoring system to track the number of people with SCD, their access to health care services, and health outcomes has been a recommendation from the Louisiana Sickle Cell Commission for many years.

D. **How was the accomplishment achieved?**

This accomplishment was achieved in phases following the CDC's "Guiding Framework for Setting Up a Sickle Cell Disease Surveillance System." The first steps in this framework include: establishing a multidisciplinary guidance team to guide the development of the registry; engaging members of the public with an interest in the registry to ensure that the information collected and produced by the system will be

useful; and, beginning to prepare for the state rules that will define the parameters for reporting and appropriate data use. As a first step, OPH BFH formed a SCD registry steering committee, which conducted a foundational assessment and provided preliminary recommendations to guide the development of the registry. The steering committee reviewed national frameworks and recommendations as well as currently available data within LDH data systems. As a second step, a public input survey was posted to the LDH website to allow for feedback on the preliminary report and recommendations. The recommendations that emerged from OPH BFH's initial planning and feedback processes align with national guidance for states developing sickle cell registries.

E. **Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)**

This accomplishment advances the OPH BFH strategic priorities and the LDH 2023 Business Plan.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**

The approach to prepare for a sickle cell registry in Louisiana has been informed by the elements outlined in the Guiding Framework for Setting Up a Sickle Cell Disease Surveillance System, published by the Centers for Disease Control and Prevention (CDC). This guide was developed by CDC in partnership with states and jurisdictions that have participated in the national Sickle Cell Data Collection System (SCDC) Program and related projects that have successfully collected population-based data and have brought "data to action" to change systems of care and support for people with SCD.

Accomplishment #5: Launched the Louisiana Interpreter Registry

The Louisiana Commission for the Deaf (LCD) of OPH BFH developed and launched the public-facing, statewide American Sign Language (ASL) Interpreter Registry (March 2023)

A. **What was achieved?**

The Louisiana Commission for the Deaf (LCD) developed and launched the public-facing, statewide American Sign Language (ASL) Interpreter Registry in early March 2023. This registry is centralized and easily accessible for consumers and business to access services. All ASL interpreters were invited to apply online to join the registry, regardless of their current availability. Administrative guidelines are being created in order to standardize practice and credentials for ASL interpreters; which will be used to reduce barriers many ASL consumers face as the registry is populated and promoted.

B. **Why is this success significant?**

LCD provides programs and services for approximately 326,000 individuals in Louisiana who are Deaf, Deafblind or hard of hearing (DDBHH). Of this population, there are individuals who utilize ASL as their primary language to communicate. As such, LCD is tasked per RS 46: 2353 with providing standards for the ASL interpreter workforce and with ensuring high quality interpretative services are available for ASL users in accordance with the Americans with Disabilities Act (ADA). The creation of a statewide, centralized registry of interpreters is mandated to support these requirements.

C. **Who benefits and how?**

The Louisiana Interpreter Registry benefits both Louisiana citizens who are DDBHH as well as entities that need to provide interpreter services. The registry helps with implementation of ADA and ensuring effective communication access in all public and private services, i.e. providers, such as doctors, nurses and other ADA covered entities are able to find interpreters in their area and verify credentialing. By centralizing access to interpreters in the state, the public's awareness and understanding of the interpreter workforce and their credentials will also increase. Consumers of ASL interpreting are able to research interpreters, providing self-empowerment and elevating consumer choice. This registry makes the process easier for current and future interpreters to secure employment opportunities in the state.

D. **How was the accomplishment achieved?**

House Concurrent Resolution 80 (HCR 80) of the 2019 Regular Session of the Louisiana Legislature addressed communication services for DDBHH individuals in certain healthcare settings. The study group recognized specific challenges and barriers to adequate healthcare for individuals who use ASL to communicate. Through the activities of the committee, members identified four primary challenges: the use of technology, specifically Video Remote Interpreting (VRI), when it may not be appropriate for the patient or resident's need; gaps in the state's interpreter workforce, support and oversight; systems that do not make patient-centered communication "easy" to accomplish; and the costs of accommodations are reported as substantial and potential sources of reimbursement are unclear.

As such, the committee recommended multiple strategies such as removing payment barriers for interpreter and translator services, identify and "bundle" best practices to support effective communication in hospitals and nursing homes, create quality standards for agencies providing interpreting services, study the establishment of education and professional development pathways for interpreters. Per statute and the recommendations of HCR 80, LCD developed a centralized and easily accessible, registry for consumers and businesses to access services.

E. **Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)**

This accomplishment advances the OPH BFH strategic priorities and continued implementation and promotion of the registry will be included in the SFY24 Louisiana Department of Health Business Plan.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**

This accomplishment represents the application of a systematic policy process with extensive engagement with constituencies and partners affected by the legislation.

Accomplishment #6: Launched a Care Coordination Toolkit

OPH BFH developed and launched a new online Care Coordination toolkit for primary care practices (April 2023).

A. **What was achieved?**

The OPH BFH launched a new online Care Coordination toolkit. This toolkit was designed to support primary care practices with improving or expanding care coordination services at the clinic level. It uses a step-wise quality improvement framework designed to maximize clinic capacity and make the implementation of care coordination services efficient and effective.

B. **Why is this success significant?**

This success is significant because this toolkit provides care teams with the information needed to develop and implement improvement targets for care coordination services for any family requesting linkage to services. A practice can determine care coordination service goals based on a practice's technology, staffing, and spatial capacity. The toolkit is customizable and helps clinical care teams to assess, plan, and implement services at their own pace.

C. **Who benefits and how?**

The toolkit was created for primary care practices but can also be used by other health care or social service professionals that work with pediatric populations, including Children and Youth with Special Health Care Needs (CYSHCN). The CYSHCN National System Standards defines care coordination as patient and family-centered, assessment-driven, team-based activities designed to meet the needs of children. It addresses medical, social, developmental, behavioral, educational, and financial needs to achieve optimal health and wellness outcomes, and efficient delivery of health-

related services within and across systems. It is a core component of federal and state efforts to improve health outcomes, reduce caregiver and patient burden, eliminate redundancies, and decrease health care costs.

D. **How was the accomplishment achieved?**

This accomplishment was achieved through implementation of the OPH BFH organizational strategies. Care coordination was identified as a complex challenge and opportunity and resources and efforts were aligned to understand and define care coordination and identify current resources and efforts. OPH BFH coordinated with Louisiana Medicaid to refine the definition of care coordination and worked to pilot the tools within the toolkit with clinics seeing CYSHCN. The culmination of this approach was the development and launch of an online toolkit accessible to all providers in Louisiana.

E. **Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)**

This accomplishment advances the OPH BFH strategic priorities and is connected to the priorities of the federally-mandated Title XIX (Medicaid)/Title V (Maternal and Child Health) Interagency Agreement.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**

Quality improvement (QI) is the framework used to systematically improve the way health care is delivered to patients. It refers to the process of planning and testing changes on a small scale, with the goal of implementing them across the entire practice. Plan-Do-Study-Act (Step 3 of this toolkit) is a popular QI framework. Using evidence-based QI strategies while implementing care coordination elements will strengthen your clinic’s services and provide staff with the tools to improve efficiency, patient safety, and clinical outcomes.

Accomplishment #7: Update to Newborn Screening Statute

The OPH BFH legislative proposal, HB 200 (now Act No. 17) of the 2023 Regular Session of the Louisiana Legislature was signed into law, updating the state's Newborn Screening Statute to allow for better alignment with national screening recommendations.

A. **What was achieved?**

Act No. 17 of the 2023 Regular Session of the Louisiana Legislature made revisions to the Louisiana Newborn Screening Statute (RS 40:1081.2) to define the process by which Louisiana’s newborn screening system will remain current with the national

Advisory Committee on Heritable Disorders in Newborns and Children's Recommended Uniform Screening Panel (RUSP).

B. **Why is this success significant?**

This success is significant because LDH is authorized and directed to establish, maintain, and carry out programs designed to reduce mortality and morbidity due to genetic diseases outlined in R.S. 40:1081.2(B). The national Advisory Committee on Heritable Disorders in Newborns and Children's RUSP advises on which conditions should be included on state newborn screening panels. Act No. 17 introduces timelines for conditions to be reviewed for inclusion on Louisiana's newborn screening panel, reducing delays in implementation of nationally recommended screenings.

C. **Who benefits and how?**

The statute benefits all newborns in the state as newborn screening is universal. For newborns with genetic or metabolic conditions that may cause a disability, this update to the statute helps LDH implement a streamlined process that ensures the Louisiana newborn screening panel stays current with recommended RUSP conditions. The newborn screening panel is necessary in order to identify a newborn's conditions at birth and link to treatment as soon as possible.

D. **How was the accomplishment achieved?**

This accomplishment was achieved through a thorough assessment of the newborn screening statute and rules for modernization opportunities. Louisiana had fallen behind the RUSP and had begun the process to implement the screening of the four conditions that had not yet been implemented in Louisiana. Although the Department has the authority to add conditions via rulemaking, recent conditions have been added through legislation. This had resulted in significant delays in implementation of nationally recommended screenings. OPH BFH worked with the OPH Laboratory and Louisiana Medicaid to assess technical revisions to the existing statute that would allow more timely addition of nationally recommended conditions. Furthermore, the accomplishment was achieved through extensive, productive partnerships between the department, the board, legislators, leaders in other state agencies and systems, and other constituencies.

E. **Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)**

This accomplishment advances the OPH BFH strategic priorities and were reflected in the LDH legislative package.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or**

agencies?

This accomplishment represents the application of a systematic policy process with extensive engagement with constituencies and partners affected by the legislation.

BUREAU OF REGIONAL AND CLINICAL OPERATIONS (BRCO)

Accomplishment #1: Expansion of the Community HealthWays Program (Community Health Workers) Statewide

A. **What was achieved?**

Louisiana residents continued to have access to the Community HealthWays Program and the Community Health Workers (CHWs) in the Parish Health Units (PHU) addressing health related social needs and the community factors, commonly referred to as social determinants of health, that drive them. CHWs supported systematic screening, provided navigation services, collaborated with community-level leaders, and participated in community outreach. In addition, the CHWs continued to support COVID-19 response efforts and provide resource coordination to individuals diagnosed with COVID-19 and referred by contact tracers. The CHWs assist these individuals in obtaining resources, such as food and Personal Protective Equipment (PPE), necessary to quarantine or isolate, as recommended by CDC.

Additional achievements of the program included:

a. Extending program services to 57 PHUs throughout all 9 OPH Regions of the State of Louisiana.
b. Establishing a website and monthly newsletter exclusively for the program and CHWs.
c. Screening 2,080 individuals for health-related social needs, submitting 1,447 referrals to community partners, and completing 1,206 referrals for related services and resources.
d. Conducting COVID-19 resource coordination for 4,789 individuals with resource requests.
e. Participating in 175 community outreach events statewide and providing programmatic information to 6,933 individuals.

B. **Why is this success significant?**

Social and environmental factors like: absent or low-quality housing, food, transportation and other unmet health-related social needs (HRSN), drive more than 60% of outcomes, yet resources to address these needs are under-supported. Nationally, CHWs are recognized for their ability to reduce hospitalizations, decrease health care costs, enhance quality of care, helping to prevent and manage chronic diseases. The Office of Public Health launched Community HealthWays to meet the

health-related social needs (e.g. housing, food security, transportation, education and other factors) of a community and connect individuals to community resources to improve the quality of life for Louisiana residents.

C. **Who benefits and how?**

Louisiana leads the nation in per capita health spending, but has some of the nation's worst health outcomes. Spending focuses on the provision of healthcare, which only accounts for 10% of preventable illness and health. Unmet health-related social needs continue to be major contributors to worse health outcomes and 22% of Louisiana residents (compared to 17% of US residents) reported as having poor or fair health, which demonstrates the need for increasing the number of health-related social needs screenings. All Louisiana residents experiencing health inequities will benefit from these services specifically clients of our PHUs and other individuals referred to the program by partners.

D. **How was the accomplishment achieved?**

Federal funding allowed the expansion of CHWs across the state, as well as training for CHWs in collaboration with the Louisiana Community Health Worker Institute at LSU Health Sciences Center New Orleans and the Louisiana Community Health Worker Outreach Network (LACHON). CHWs work out of PHUs and are located in parishes with poorer health outcomes and greater needs.

E. **Does this accomplishment contribute to the success of your strategic plan**? (See Section II below.)

Yes. It is part of the Bureau of Regional and Clinical Operations continuous focus on increasing access to healthcare in the *underserved* communities.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**

Yes.

BUREAU OF NUTRITION SERVICES - BONS

Accomplishment #1: Improved food access through Louisiana WIC

A. **What was achieved?**

The Louisiana Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is seeing its highest program participation since October 2019. In June 2023, 96,890 eligible women, infants, and children were enrolled in WIC and had WIC

EBT benefits available to them for use at WIC-authorized grocery stores. Participation has increased by 16.7% since June 2022 (83,035 participants).

B. **Why is this success significant?**

Increased WIC participation helps in improving nutrition and food security among the program eligible residents (low-income pregnant and postpartum women, infants, and children up to age five) of the state of Louisiana. In order to prioritize and promote health and well-being, the agency must remain focused on ensuring our most vulnerable populations have access to and are able to meet a very basic need: food.

C. **Who benefits and how?**

Low-income pregnant and postpartum women, infants, and children up to age five who are impacted by food insecurity. Eligible WIC participants are able to redeem EBT benefits in their local grocery stores, which improves their access to healthy foods to supplement their diets. Postpartum women who participate in the WIC Program have access to lactation services so they are supported in their feeding decisions and can be successful in initiating and continuing to breastfeed. By attending WIC appointments, these participants are also referred to other social and health services from which they may benefit.

D. **How was the accomplishment achieved?**

The Bureau of Nutrition Services (BONS), the WIC State Agency, deployed several strategies to reach more eligible women, infants, and children and drive overall participation. In 2022, those strategies included conducting targeted outreach by sending text messages to participants who are certified/enrolled but have not returned to a clinic to receive their next set of benefits. In March 2022, Louisiana WIC launched an outreach campaign to include website banners and targeted emails to potential WIC participants in Louisiana, as well as bus kings on public transportation in Orleans and Jefferson parishes. To improve website functionality, BONS added a Chatbot, a common feature seen on other sites, in August 2022 to provide on demand answers to frequently asked questions. In 2023, BONS implemented the Benefits Data Trust (BDT) Medicaid data matching project to send targeted text messages to Medicaid families with children under four years of age to inform them about WIC eligibility. This contributed to a significant increase in child participation in WIC between January and June 2023. Additionally, Louisiana WIC initiated the pilot and rollout of the myWIC app which allows for participants to complete health history questionnaires, make appointments, get appointment reminders, check their benefit balances, and scan items in the store to determine if WIC eligible. As of mid-July 2023, 34,910 invites have been sent to participants, 22,850 of whom have enrolled as myWIC users. To improve the shopping experience and promote shopping dignity for WIC families, Louisiana WIC implemented self-checkout options for WIC participants at larger retailers. To date, 35% of WIC-authorized retailers offer self-checkout. In 2024, BONS

will continue to use available technology and communications to make informed decisions about the ongoing operations and the expansion of the WIC Program.

E. **Does this accomplishment contribute to the success of your strategic plan?** (See Section II below.)

Yes, an increase in WIC participation ensures that BONS is meeting its overall mission of improving health outcomes, reducing disparities, and supporting nutrition security among the residents of Louisiana by providing healthy foods, nutrition education, breastfeeding support, and referrals to support services to women, infants, and children.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**

Yes, the methodology of improving access to services and implementing efficient and effective policies and practices while using data to make programmatic decisions and to drive key strategies is a best management practice and should be a priority for every agency in the state.

Accomplishment #2: Secured federal funding and implemented activities through the WIC Shopping Experience Grant

A. **What was achieved?**

On August 31, 2022, the Louisiana Special Supplemental Nutrition Program for WIC was awarded the WIC Shopping Experience Improvement Grant and a total of $750,000 in federal funds from the United States Department of Agriculture (USDA) Food and Nutrition Service (FNS). The primary goal of the grant is to improve the WIC shopping experience, as evidenced by increasing the redemption of WIC food benefits, improving customer satisfaction, and/or improving participant access to WIC-authorized grocery stores, including for underserved communities and individuals.

B. **Why is this success significant?**

This grant/project aided BONS, the WIC State Agency, in designing, developing, and implementing targeted training and resources to WIC participants, vendors (grocery stores), and WIC program staff to further improve the participant shopping experience. Successful implementation of this project has led to increased WIC participant satisfaction with the WIC shopping experience and an overall increase in the percentage of benefits redeemed by WIC participants, including the highly popular cash value benefit (CVB).

C. **Who benefits and how?**

Participants of the WIC Program (low-income pregnant and postpartum women,

infants, and children up to age five), WIC vendors (grocery stores), and WIC Program staff. The WIC participants, vendors, and staff are benefiting from an improved knowledge of the WIC shopping procedures and WIC-allowable food products and overall better customer service.

D. **How was the accomplishment achieved?**

In FY23, Louisiana WIC conducted four visits to WIC-authorized grocery stores to review culturally diverse food items for possible additions to the WIC Approved Product List (APL). Because of those visits, an additional 130 WIC approved food items were added to the APL and are now available for purchase with WIC EBT benefits. Additionally, to improve shopping dignity and provide similar shopping experiences to WIC participants as non-WIC participants, Louisiana WIC continued to work closely with WIC-authorized grocery store chains in 2022 and 2023 to certify point of sale systems for self-checkout. As a result, there are 15 stores throughout the state of Louisiana (35% of all authorized stores) that allow for self-checkout using the WIC EBT card, including Walmart, Albertsons, Winn Dixie, and Kroger. During FY23, Louisiana WIC staff also assisted in developing a digital interactive in-store WIC product education platform that will provide WIC food item product browsing, a recipe module highlighting WIC approved food items, and make replacement recommendations if an item scanned by a WIC participant in the store is not a WIC approved food item. Ongoing initiatives developed and implemented during FY23 included:

- Developing targeted multi-media training modules for WIC participants, WIC vendors, and WIC Program staff
- Designing, purchasing, and disseminating printed educational and outreach materials for use in stores and clinics.
- Leveraging federal grant funding to hire and train staff to conduct in-store training with WIC participants, to hire a Project Manager to oversee the implementation of alternative WIC shopping technologies (i.e. self-checkout, curbside shopping, online ordering), and to contract with a consulting firm to conduct targeted focus groups and other participant feedback activities to ensure that all grant deliverables align to participant-identified needs and recommendations regarding the shopping experience..

Additionally, BONS received a $1.2 million WIC Modernization Grant from the USDA FNS to further carry out outreach, innovation, and program modernization efforts, all of which are major priorities for the USDA, to increase participation and redemption of WIC benefits. These grant activities and initiatives will continue into FY24.

E. **Does this accomplishment contribute to the success of your strategic plan?** (See Section II below.)

Yes, improving the WIC shopping experience, modernizing the WIC Program and increasing WIC participation and WIC benefit redemptions ensures that BONS is meeting its overall mission of improving health outcomes, reducing disparities, and

supporting nutrition security among the residents of Louisiana by providing healthy foods, nutrition education, breastfeeding support, and referrals to support services to women, infants, and children.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**

Yes, the methodology of improving access to services and participant experience and maximizing the use of federal funding to achieve long-term objectives while using data to make programmatic decisions and to drive key strategies is a best management practice and should be a priority for every agency in the state.

Accomplishment #3: Increased WIC breastfeeding rates and enhanced systems providing lactation support

A. **What was achieved?**

Louisiana currently has a total of 6,535 breastfeeding moms enrolled in the Special Supplemental Nutrition Program for WIC. This is 39% of the total postpartum women enrolled in WIC. This rate has remained steady since March 2023 and is an increase from the average of 30% of enrolled WIC moms that were breastfeeding between July-December of 2021. Additionally, to further support the efforts to improve breastfeeding support and duration in WIC families, the Louisiana Breastfeeding Peer Counselor Program (BFPC) has expanded through increased staffing, services have been enhanced for non-English speaking families, and technological support is available to WIC participants at no cost.

B. **Why is this success significant?**

The Louisiana WIC BFPC Program, funded by the USDA FNS, is an evidence-based model that has been shown to increase breastfeeding initiation and duration rates among low-income women participating in WIC. Through the BFPC Program, prenatal and breastfeeding WIC participants are paired with former WIC participants (peers) who are or were enrolled in WIC and have successfully breastfed their infants for at least six months. Breastfeeding is associated with reduced infant mortality, lower risks of certain infections and diseases for infants, and lower risks of certain diseases for women, including high blood pressure, certain breast and ovarian cancers, and type 2 diabetes. Increasing breastfeeding initiation and duration rates has been and continues to be a national priority.

C. **Who benefits and how?**

Louisiana WIC families benefit from the increase in lactation support services provided by the Louisiana Breastfeeding Peer Counselor Program.

D. **How was the accomplishment achieved?**

At the end of 2020, 11.5 full time equivalent (FTE) Peer Counselors were on staff. As of July 2023, 23 FTE Peer Counselors are employed in our WIC clinics. Additionally, the BFPC Program now has seven International Board Certified Lactation Consultants (IBCLC) on staff, making up 30% of the BFPC staff. The IBCLC credential is the gold standard of lactation consulting and having this credential allows Louisiana WIC Peer Counselors to serve participants who are having issues with breastfeeding that would otherwise need to be referred to a partner agency with IBCLC on staff. Working with an IBCLC is shown to improve breastfeeding outcomes. Lastly, the Pacify app, originally launched for Louisiana WIC participants in January 2022, continues to provide free, 24/7 support to WIC breastfeeding families. Louisiana WIC remains committed to promoting and supporting breastfeeding by improving language access for participants with Spanish-speaking Peer Counselors, offering lactation support at all WIC clinics throughout the state, and offering virtual/after-hours support with the Pacify app.

E. **Does this accomplishment contribute to the success of your strategic plan?** (See Section II below.)

Yes, a key part of our strategic plan is to continue to build upon and expand activities in the WIC State Agency's USDA-Approved Breastfeeding Peer Counseling Implementation Plan. Increases in program staffing is a major contributor to the success seen in increasing WIC breastfeeding rates. This accomplishment also ensures that BONS is meeting its overall mission of improving health outcomes, reducing disparities, and supporting nutrition security among the residents of Louisiana.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**

Yes, the USDA Breastfeeding Peer Counselor Program is a Federal model and demonstrates best practices in breastfeeding support. Additionally, the methodology of improving access to services and implementing efficient and effective policies and practices while using data to make programmatic decisions and to drive key strategies is a best management practice and should be a priority for every agency in the state.

Accomplishment #4: Leveraged technology to collect and organize data, report trends, and implement recommendations to improve the customer experience

A. **What was achieved?**

The Louisiana Special Supplemental Nutrition Program for WIC and the Commodity Supplemental Food Program (CSFP) are USDA FNS programs designed to supplement the diets and improve the overall health of vulnerable populations by providing access to nutrient dense foods, nutrition education, social and health services referrals, and

breastfeeding support. Both of these programs have existed in Louisiana since the 1970's and are critical safety net programs for the populations served: low-income pregnant and postpartum women, children up to age five, and seniors at least 60 years of age. BONS is responsible for the administration of both Louisiana WIC and CSFP, with approximately $110 million in federal funding each year to support the programs. In FY23, BONS staff were proactive in utilizing several new technologies in an effort to more efficiently collect and track data in real time and to use that data to make and implement recommendations for program improvement. Additionally, BONS utilized technology to streamline and automate workflows, allowing for greater transparency and faster resolution of reported issues.

B. **Why is this success significant?**

These technologies, including but not limited to the creation and implementation of Tableau and Monday.com dashboards and enhancements to the data and reporting dashboards in the WIC Management Information System (LAWIN), have provided BONS staff with a structured methodology to use when analyzing data, making programmatic decisions, and implementing program and process improvements. Additionally, these technological improvements have allowed staff to focus on developing strategies that have measureable objectives, to better utilize data and stakeholder input to prioritize recommendations for improvement, and to analyze possible sources of resistance and/or barriers to change.

C. **Who benefits and how?**

Participants of the WIC and CSFP Programs (low-income pregnant and postpartum women, infants, children up to age five, and seniors at least 60 years of age), WIC vendors (grocery stores), WIC and CSFP contractors/local agencies, and WIC and CSFP Program staff. The participants and staff are benefiting from more up-to-date systems as well as modern and streamlined processes, platforms, and projections. Additionally, the State Agency benefits from further improvements to overall program integrity.

D. **How was the accomplishment achieved?**

BONS strategically assessed the organizational structure of the Bureau and worked to identify gaps in staffing and data capabilities, resulting in two new hires: a Vendor Data Analyst and a Finance Business Analytics Specialist, bringing the total number of data analyst positions to five across the Bureau.

Ongoing improvements developed and implemented during FY23 as a result of leveraging technology included:

- Utilizing Tableau to analyze and visualize data for both internal and external stakeholders
    - Developed and published interactive WIC clinic and vendor (grocery store) maps that are updated on a regular basis and published on the

LouisianaWIC.org website. These maps allow WIC participants to easily access contact and other information for their local clinics and local grocery stores. They are also able to see at a glance if a grocery store is certified for self-checkout.
    - Developed a monthly and quarterly report showing WIC approved food item redemption rates by category and utilized this information to identify areas for improvement in the WIC Shopping Experience Grant. Data is also being used to make informed decisions about updates to the WIC Minimum Stock Requirements policy for vendors in Federal Fiscal Year 2023-24.
    - Developed a BONS WIC annual data report including data and infographics specific to grants management, staffing vacancies, WIC food redemptions by category, parish metrics, transaction types, breastfeeding participants and rates, prescription formula, myWIC use and food scans, and Pacify downloads and consults.
- Utilizing Monday.com to design and implement process improvements for multiple process and workflows
    - WIC Vendor Initial Authorization process – the total number of days to process an application from receipt to authorization was reduced from 215 days to 133 days.
    - Managing Universal Product Code (UPC) Requests for WIC Food Items – cleared a five-month backlog of WIC participant requests to add a specific food item to the WIC Authorized Product List. Reduced the amount of time to process and notify participants of the UPC request result from 40 days to 6 days.
    - WIC Exempt Formula Invoices process – developed and implemented Monday.com forms and dashboards to manage and process WIC exempt formula invoices. Reduced the time it takes to confirm receipt of goods and process invoices, allowing BONS to take advantage of discounts for payments made in less than 30 days.

E. **Does this accomplishment contribute to the success of your strategic plan**? (See Section II below.)

Yes, a key part of our strategic plan is to continue to leverage data in decision making to maximize resources and optimize outcomes and to use these use these tools to improve program integrity and services to meet the overall mission of improving health outcomes, reducing disparities, and supporting nutrition security among the residents of Louisiana.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**

Yes, the methodology of improving access to services, reducing administrative burden, and implementing efficient and effective policies and practices while using data to

make programmatic decisions and to drive key strategies is a best management practice and should be a priority for every agency in the state.

BUREAU OF HEALTH INFORMATICS (BHI)

Accomplishment #1: Modernized data systems in the parish health units

A. **What was achieved?**

LDH/OPH/BHI implemented two critical projects to connect the electronic health records system in the PHUs with other service delivery systems in public health. BHI collaborated to complete an interface to the Louisiana Immunization Network System (LINKS) from the EHR system. The EHR system also connected to the StarLIMS (laboratory information management system) in the OPH laboratory to conduct post go-live improvement activities.

B. **Why is this success significant?**

Electronic Health Record interoperability with other systems is important to provide relevant information, alerts, and guidance at the point of care. Interoperability also fosters a more engaged doctor-patient relationship and improved care coordination.

C. **Who benefits and how?**

Patients benefit by better quality of care and being better informed at care delivery. Providers benefit by increased efficiency and task automation with improved decision support tools. Insurers benefit by reduction of duplicate testing and administrative burden involved in denial process. OPH benefits by population health reporting, trend analysis, increased revenue, improved patient satisfaction, and increase patient volume.

D. **How was the accomplishment achieved?**

This accomplishment was achieved by meaningful collaboration among our stakeholders that partnered with the mission of improving the patient-provider experience in our OPH PHUs. These accomplishments took active engagement from OPH State Laboratory, OPH Clinical Operations, OPH Family Planning Program, OPH Children's Special Health Services, OPH Tuberculosis program, Bureau of Health Informatics, OPH Revenue Team, OPH Leadership, OPH Immunization Program, OPH Regional Leadership Team and all OPH PHU staff to implement.

E. **Does this accomplishment contribute to the success of your strategic plan**? (See Section II below.)

Yes, a key part of our strategic plan is to continue to leverage data in decision making to maximize resources and optimize outcomes and to use these use these tools to

improve program integrity and services to meet the overall mission of improving health outcomes, reducing disparities, and supporting nutrition security among the residents of Louisiana.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**

These accomplishments indeed represent best management practices to be shared widely. Effective communication, quality improvement, collaboration, and staff development strategies led this work to an accomplishment.

Accomplishment #2: Expanded data-to-action framework for state response to opioid crisis

A. **What was achieved?**

There were a number of objectives achieved by the Bureau of Health Informatics in order to expand the data-to-action framework for the state's opioid response.

- The Opioid Surveillance Program expanded from opioids to also include emerging drug threats, such as xylazine and nitazenes, through collection of post-mortem toxicology data.
- BHI implemented health disparities monitoring in overdose deaths by analyzing rates per race. Through this effort, BHI was able to identify that from 2019 to 2021, the percent change of the rate in which black Louisianans were dying of a drug overdose was much higher than the percent change in rate at which white Louisianans were dying. Drug poisoning deaths among white residents increased 36% from 2019 – 2021, while drug poisoning deaths increased 95% among African-American residents during the same time period. BHI was able to pass this information on to the prevention team in the Bureau of Community Preparedness in order to create and implement more targeted and culturally appropriate prevention efforts.
- Act 137 took effect on August 1, 2022. This act removed fentanyl test strip (FTS) from the definition of drug paraphernalia. BHI partnered with the BCP to make data-informed decisions about distributing FTS to communities and populations most in need.
- BHI hosted the Louisiana Opioid Action Summit on September 19, 2022 as a one day, pre-conference to the Behavioral Health Summit at the Crown Plaza in Baton Rouge. This summit was available in-person and virtually and totaled over 800 attendees. There were breakout and plenary sessions that covered a variety of topics including medical provider and law enforcement stigma, harm reduction, health equity, overdose prevention, and personal stories of trauma and addiction. The use of person-first language was encouraged by all speakers and attendees.
- In April 2023, BHI launched the Louisiana Opioid Action Summit virtual webinar series as a follow up to the 2022 hybrid event. BHI hosted five webinars during this series covering the topics of harm reduction, emergency department bridge programs, drug checking programs, fentanyl myths, and naloxone distribution in hospital settings.

Each webinar hosted over 300 attendees.

- BHI collaborated with the state medical director and the Office of Behavioral Health (OBH) to produce a health alert reporting the emerging threat of xylazine in combination with fentanyl. This alert was release on May 11, 2023 through the Louisiana Health Alert Network (HAN) to 15,451 recipients statewide.
- BHI collaborated with the Overdose Response Strategy (ORS) to produce bulletins on fentanyl facts and xylazine data. ORS is a collaboration between public health and public safety created to help local communities reduce drug overdoses and save lives by sharing timely data and pertinent intelligence.
- BHI collaborated with OBH to analyze and distribute information on Medications for Opioid Use Disorder (MOUD).
- BHI submitted an application to the CDC's Overdose Data to Action in States grant to secure funding for overdose surveillance for the next five years starting on September 5, 2023. Funding has been approved.

B. **Why is this success significant?**

Surveillance data is a critical effort in the planning, implementation, communication, and evaluation of public health programs and services. Multiple sources of data are integrated and used to select, improve, and build capacity for drug overdose prevention, intervention, and treatment activities. Surveillance data further identifies priority populations, hot spots, populations as disproportionate risk, and gaps in evidence-based programs. The data-to-action framework deployed in drug overdose surveillance have an impact on reducing overdoses and saving lives.

C. **Who benefits and how?**

Through the use of actionable overdose data, individuals at high risk of overdose and those who live in areas that are highly affected by overdose should see efforts that reduce drug overdoses and save lives.

D. **How was the accomplishment achieved?**

This effort was achieved through the collaborative efforts both within BHI and with BHI's partnerships. These partnerships include, but are not limited to, BCP, OBH, ORS, the State Medical Director, Woman's Foundation, NMS Labs, and the CDC.

E. **Does this accomplishment contribute to the success of your strategic plan**? (See Section II below.)

Yes, a key part of our strategic plan is to continue to leverage data in decision making to maximize resources and optimize outcomes and to use these use these tools to improve program integrity and services to meet the overall mission of improving health outcomes, reducing disparities, and supporting nutrition security among the residents of Louisiana.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**

This accomplishment does represent a practice of collaboration with stakeholders and partners in efforts to turn data into actionable, informed decision-making that positively affects communities, improves health outcomes, and saves lives.

OFFICE OF PUBLIC HEALTH LABORATORY

Accomplishment #1: Support Data Exchange between Intergy Electronic Health Record (EHR) and OPH Laboratory Information Management System (LIMS), STARLims

A. **What was achieved?**

The OPH Laboratories worked closely with partners throughout the OPH to establish bi-directional communication between Intergy Electronic Health Record (EHR) and the Laboratory Information Management System (LIMS), STARLims. The OPH Laboratory worked in conjunction with contractors to develop and configure all the HL7 Messaging and HL7 Mapping, and tested the data exchange for accuracy.

B. **Why is this success significant?**

The impact of this improvement on test ordering and reporting resulted in benefits to both the OPH field clinicians/staffs and the laboratory staff. This direct interface has eliminated OPH field staff having to use/login separate lab portals for ordering, manually ordering labs twice in two systems, manually scanning of PDF lab reports, reducing data entry errors, reducing specimen information change requests, and reducing lab staff time on workflow for receiving.

C. **Who benefits and how?**

All sixty-four PHUs statewide have benefited from this data exchange improvement.

D. **How was the accomplishment achieved?**

The OPH lab LIMS Administrator team worked closely with the Greenway team (IntergyEHR Vendor), the Change Healthcare team (3rd Party contractor), the Office of Technology (OTS) team, and STARLIMS/iConnect consulting team to establish connection and communication between the system servers. Rhapsody integrating software was used to establish bi-directional communication between the two systems via a secure VPN tunnel. The LIMS Admin and iConnect team developed and configured all the HL7 Messaging and HL7 Mapping according to standard meaningful electronic data exchange between the IntergyEHR and STARLIMS systems. Vocabulary mapping of all testing was completed using standard LOINC and

SNOMED codes. The OPH LIMS Admin team worked on preliminary development testing to ensure that all data exchange for ordering and reporting was correct and appropriate prior to User Acceptance Testing (UAT) by clinical Lab technical staff team. The LIMS Admin team configured and updated all physician and qualified provider information and NPI#s for all 64 PHUs to ensure a match between systems. Upon successful completion, review and approval of the UAT by the OPH Lab team and BHI-OPH support team, LIMS Admin migrated and deployed all LIMS changes/updates to the Production system.

E. **Does this accomplishment contribute to the success of your strategic plan**? (See Section II below.)

The LIMS team added new tests such as MPox that enabled the OPH lab to respond to the testing needs of the Public Health Units during the MPox outbreak.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**

Yes, the expansion of the HL-7 messaging between external entities and OPH can streamline and improve quality and efficiency. This was expounded in Newborn Screening Data Modernization Lean Six Sigma project completed in August of 2023.

Accomplishment # 2: Establishment of Regional Water Microbiology Laboratory in Lake Charles, Louisiana

A. **What was achieved?**

The OPH Laboratory established a new Environmental Protection Agency (EPA)-certified Safe Drinking Water (SDW) Laboratory at a new site in Lake Charles, Louisiana in November 2022. This water microbiology laboratory analyzes drinking water samples from private water wells and public water systems throughout Regions 4 and 5, and part of Region 6. The Lake Charles Laboratory tests approximately 10,000-15,000 water samples annually, depending on the volume of emergency boil advisories and severe weather events (i.e. hurricanes and ice storms).

B. **Why is this success significant?**

The establishment of the new Lake Charles water laboratory significantly enhances OPH Laboratory's ability to advise OPH Engineering Services and the public on safe drinking water quality concerns throughout the southwest LA and surrounding regions. Prior to the establishment of the Lake Charles Laboratory, SDW samples were collected in the SW and western Louisiana parishes and transported to OPH's Central laboratory in Baton Rouge, Louisiana. The extended travel times required to transport water samples to Baton Rouge often lead to exceedance of the EPA-required 30-hour hold time policy, requiring recollection of samples and delays in reopening water systems. The new Lake Charles

SDW Laboratory allows Engineering and Sanitarian Services personnel to collect SDW samples from local and surrounding regions and deliver the samples to the Lake Charles SDW Laboratory in a timely manner. In addition to serving local regions, the Lake Charles SDW Laboratory has assisted Regions 6-8 when their SDW laboratories were forced to close due to severe weather events.

C. **Who benefits and how?**

Louisiana private well owners and citizens utilizing the state's municipal SDW system greatly benefit from the establishment of the Lake Charles SDW Laboratory. SDW system customers and private well owners are able to receive water quality information much quicker than the previous centralized collection and data resulting system.

D. **How was the accomplishment achieved?**

OPH Laboratory staff collaborated with Engineering Services, Sanitarian Services, and EPA personnel on the renovation, equipping, staffing, and certification of the new SDW facility in Lake Charles, Louisiana. OPH staff worked side by side with Engineering Services staff to design a collaborative engineering/laboratory facility to serve the public in an efficient manner.

E. **Does this accomplishment contribute to the success of your plan?**

Due to increases in the number of emergency boil water advisories and weather events, the establishment of the Lake Charles SDW Laboratory directly contributes to the success of LDH, OPH, and OPH Laboratory's plan to enhance the sustainability of the state's drinking water system.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**

Yes, the establishment of new SDW laboratories within underserved regions would enhance OPH Laboratory's ability to respond to public needs during severe weather events and emergency boil water advisories.

BUREAU OF INFECTIOUS DISEASES (BID)

Accomplishment #1: COVID-19 Youth Ambassador Program

A. **What was achieved?**
The Immunization Program designed and implemented this project to work with young people to engage and empower them to promote positive messaging and corresponding activities in support of the COVID-19 vaccine. The program ultimately enrolled more than 2,300 youth and adult participants who used their own social media channels to become ambassadors (peer influencers) for getting the COVID shot.

B. **Why is this success significant?**

This was a first-of-its-kind program in the U.S. It was implemented to try to address a low rate of COVID vaccinations among youth. LDH allowed participants to develop and post their own messages to incorporate the voice of this targeted population. The goal was to develop authentic messengers at a time when trust and confidence in public health officials was waning.

C. **Who benefits and how?**
There were two groups of people who benefited from the program:
- Participating Ambassadors who learned how to use their platforms to influence others in a positive manner and
- Followers of the Ambassadors who, over a two year period, received messages from their peers about the importance of COVID vaccination.

D. **How was the accomplishment achieved?**
The Immunization Program worked closely with a contractor who had much success working with youth groups and young people as a part of a previous public health initiative to reduce teen smoking/tobacco use.

E. **Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)**
This directly aligns with LDH's strategic objective of helping to control or eliminate preventable diseases through June 30, 2028. This work also contributes to the LDH strategic plan Goal 3, "develop, maintain, and facilitate partnerships for the alignment of efforts and overall impact on health and wellness of individuals and communities."

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**
This program represents a first-of-its-kind program in the U.S. For any other agency or department working to communicate with young people, this approach can be replicated.

<u>Accomplishment #2: Partnership with Louisiana Public Broadcasting</u>

A. What was achieved?
LDH OPH collaborated with Louisiana Public Broadcasting in an effort to promote health topics and health equity. The project uses the broadcaster's platforms, including Louisiana Spotlight, YouTube and others to produce and sponsor communications that focus on specific health equity issues.

The partnership seeks to introduce the topic of health equity to an educated audience of Louisiana leaders and active citizenry. Through this partnership, viewers will have a better understanding of the health issues that continually challenge the state, those who are most impacted by these health concerns, and strategies to address the challenges.

B. Why is this success significant?

LDH routinely works with local commercial news stations for both earned and paid messages. This partnership represents the first time LDH has worked with LPB on such a large scale project.

C. Who benefits and how?

The partnership allows LDH to have input into the development and production of quarterly health Spotlight shows. This allows LDH to suggest health topics, potential subjects/guests, and editorial content. The result is LDH is able to reach a highly influential statewide audience with relevant and timely health messages.

D. How was the accomplishment achieved?

The project was a result of funding identified by the LDH Office of the Secretary.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)

This accomplishment directly aligns with several objectives in LDH's business plan including collaborating with partners, stakeholders and community leaders. In addition, this project helps address two other business plan objectives, support vulnerable and underserved populations and improve health and well-being across the lifespan of Louisianans.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

Once the project is complete in FY24, its successes and outcomes can be shared with others.

Accomplishment #3: Displaced Ukrainian Adults - Vaccine Access Program

A. What was achieved?

The OPH Immunization (IZ) Program launched the Displaced Ukrainian Adults – Vaccine Access Program to make no-cost polio vaccine readily available in all nine public health regions for Ukrainian adults who were relocated to Louisiana due to the conflict between Russia and Ukraine. Along with providing no-cost adult polio vaccines to nine OPH PHU and one Federally Qualified Health Clinic, the program saw the need to create educational flyers and brochures on the importance of polio vaccines and vaccines in general. These educational materials were translated and placed at the vaccine administration sites, along with the polio vaccines.

B. Why is this success significant?

Due to the influx of displaced Ukrainian adults within Louisiana, the program realized the need to prevent potential outbreaks of polio within the state among unvaccinated adults. By placing no-cost adult polio vaccines and educational materials within all nine public health regions, it allowed the displaced Ukrainian adults access to the polio vaccine as well as exposure to educational information on the importance of vaccines.

A total of 140 doses of polio vaccines have been placed within these locations, with the option to replenish as needed. The Displaced Ukrainian Adults - Vaccine Access Program helps to prevent future possibilities of polio outbreaks within the state.

C. Who benefits and how?

Displaced Ukrainian adults relocated across Louisiana benefit from this accomplishment by having direct access to the no-cost adult polio vaccines. Displaced Ukrainian adults also benefit by receiving vaccine educational information through translated educational materials.

D. How was the accomplishment achieved?

The first step the program took to complete this accomplishment was working with Catholic Charities to identify where the displaced populations were located and how many adults were located in those regions. This allowed the program to decide how many vials of polio vaccines should be placed within each public health regions. Secondly, the program worked with our communications team to create and translate educational materials about polio vaccines and the importance of all vaccines. The program also worked with Catholic Charities to spread the word of the available polio vaccines for displaced Ukrainian adults within the nine OPH regions. Lastly, the program worked with the nurses at each of the locations to ensure that they document the use of the polio vaccines in Louisiana's immunization information system, LINKS.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)

This directly aligns with LDH's strategic objective of helping to control or eliminate preventable diseases through June 30, 2028. This work also contributes to the LDH strategic plan Goal 3, "develop, maintain, and facilitate partnerships for the alignment of efforts and overall impact on health and wellness of individuals and communities".

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

Yes, it demonstrated a successful collaboration between private and public partners to respond to an emerging public health emergency situation within a restricted time frame.

Accomplishment #4: COVID-19 Vaccination Response

A. What was achieved?

Louisiana processed 11,580 COVID-19 vaccine deliveries, totaling 790,647 doses of the COVID-19 vaccine. 86% of these deliveries (10,042 orders) and 43% of all vaccines (342,867 doses) were delivered in-state by our in-state redistribution partner, Morris & Dickson. They continue to break down large federal minimum orders and deliver as little as one vial of vaccine to providers, allowing smaller providers to receive vaccine and help us reduce vaccine wastage. Thirty-two (32) new providers were enrolled in our COVID-19 Vaccination Program, bringing the total number of

providers who enrolled to date to 2,732 providers for the duration of the response.

The Louisiana Department of Health also contracted with seven mobile vaccination partners at the beginning of the COVID-19 pandemic. The mobile vaccination teams conducted 2,453 mobile vaccination events at 644 different locations, administering 44,431 doses of COVID-19, flu and MPox vaccines out in the community. More than 297 of these events were focused on delivery of COVID-19 vaccinations to homebound individuals, with 1,853 COVID-19 vaccine doses administered to homebound individuals and their families.

B. Why is this success significant?

The citizens of Louisiana benefit from having COVID-19 vaccine in urban and rural communities throughout the state. The widespread availability of COVID-19 vaccine also contributes to Louisiana's equity score of 937 out of 1000.

Louisiana citizens also benefit from receiving COVID-19 vaccinations in nontraditional healthcare environments. This program has been especially important for individuals who are unable or have difficulty leaving their homes due to disability barriers.

C. Who benefits and how?

The citizens of Louisiana benefit from having COVID-19 vaccines in urban and rural communities throughout the state. The widespread availability of COVID-19 vaccine also contributes to Louisiana's equity score of 937 out of 1000.

D. How was the accomplishment achieved?

This accomplishment was achieved by consistent monitoring of vaccination data by census tract, including number of providers in each area, identification of vaccine deserts, and number of vaccinations by census tract. LDH deployed outreach strategies through Regional Medical Directors, community partners, provider partners, and Immunization Program staff that targeted providers and public locations to host vaccination events.

LDH also contracted with a call center to assist individuals and their families with scheduling homebound vaccination services.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)

One key strategy of the Immunization Program is widespread availability of COVID-19 vaccine.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

Yes. Louisiana has already presented on this activity/accomplishment at federal meetings and national conferences.

Accomplishment #5: Vaccination Outreach Services: Partnership with University of Louisiana Lafayette (ULL)

A. What was achieved?

The Louisiana Department of Health contracted with the ULL to conduct an additional 227 mobile events for the year. ULL teams also conducted neighborhood canvassing/door to door outreach in vaccine deserts, administering 1,082 vaccine doses and distributing 3,348 patient education resources. ULL identified 76 new Trusted Messengers/Community partners and worked to amplify their voices. They conducted 5 Conversational Receptiveness trainings for over 100 of their team members, community partners and our own LDH staff to improve conversations with vaccine hesitant individuals.

B. Why is this success significant?

LDH benefits from gaining community partners and trusted messengers. LDH also benefits by participating in Conversational Receptiveness trainings, which aims to address vaccine hesitancy through long-term strategies of listening and actively engaging with communities to better understand their perspectives. The community also benefits by being an active participant in population health strategies, and receiving vaccination services.

C. Who benefits and how?

LDH benefits from gaining community partners and trusted messengers. LDH also benefits by participating in Conversational Receptiveness trainings, which aims to address vaccine hesitancy through long-term strategies of listening and actively engaging with communities to better understand their perspectives. The community also benefits by being an active participant in population health strategies.

D. How was the accomplishment achieved?

This accomplishment was achieved by partnering with an organization with strong community ties. The University of Louisiana at Lafayette contracted with seven smaller vendors who had unique expertise in community canvassing, vaccination, communication and outreach, and data analysis.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)

This directly aligns with LDH's strategic objective of helping to control or eliminate preventable diseases through June 30, 2028. This work also contributes to the LDH strategic plan Goal 3, "develop, maintain, and facilitate partnerships for the alignment of efforts and overall impact on health and wellness of individuals and communities".

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**

Evaluation of this accomplishment is ongoing.

Accomplishment #6: Continued Progress on the Louisiana Hepatitis C Elimination Plan

A. **What was achieved?**

The HCV Elimination Plan continued to make progress in its fourth year of implementation on each of the six interconnected strategies as described below:

1. Innovative Payment Model to ensure Access to HCV Cure

   From the launch of the five-year Hepatitis C Elimination Plan July 1, 2019 through June 30, 2023, 14,345 people have accessed treatment for hepatitis C (HCV) in Louisiana. This number includes 12,348 Medicaid participants and 1,997 incarcerated persons who are in the custody of the Louisiana Department of Corrections. Seventy- one percent (71%) of the persons treated were able to access treatment because of Medicaid Expansion. Moreover, amendments were executed in December 2022 and February 2023 respectively to the innovative payment model agreement with Gilead's Asegua Therapeutics to reduce the Medicaid cap and to eliminate the cap for the Department of Correction in its entirety.

2. Educate the Public on Availability of the Cure and Mobilize Priority Populations for Screening

   The STD/HIV/Hepatitis Program (SHHP) launched *The Cure Is Clear* marketing campaign to raise awareness about the importance of getting tested and treated/cured of HCV across Louisiana.

   The campaign was refreshed in March 2022, adding photography of local residents. This leg of the campaign used standard display, search engine marketing, social media, YouTube and digital out of home advertising. From March-December 2022, the campaign garnered nearly 17.8 million impressions (amount of times an ad has been shown) and 19,527 visitors to the campaign website landing page (www.thecureisclear.org). This resulted in about 27,500 website activities and 385 conversions (number of individuals who clicked a specific page, link or button over the length of the campaign). Impressions, visitors to the website, website activities and conversions all increased quarter over quarter in 2022.

   For Hepatitis Awareness Month (May 2022), SHHP commissioned a series of three testimonial videos to promote the campaign. These featured two community members living with HCV and one of the state's most prominent hepatologists and champions of curing HCV, Dr. Gia Landry. The videos have garnered nearly 300,000 views to date. All videos can be viewed on the Louisiana Health Hub YouTube channel at youtube.com/@louisianahealthhub3147.

3. Expand HCV Screening and Linkage to HCV Care

SHHP has maintained partnerships with all 19 contracted community-based organizations across the state to continue rapid HIV, syphilis, and hepatitis C testing and counseling. Fourteen of these contracts were renewed for another 3-year term starting in FY23, all of which included an objective of achieving a fully integrative-testing ratio of 1:1:1 for HIV, syphilis, and hepatitis C. Quality assurance and progress is measured through continual data review efforts of a Monthly Monitoring Report and quarterly site evaluation reports. From July 2022-June 2023, the Mobile Phlebotomists have screened at 15 parish-level correctional facilities throughout Louisiana; 2,133 individuals were screened. Of those screened, SHHP found 195 individuals living with HCV and six individuals living with HIV who were unaware of their diagnoses.

Lastly, SHHP's Linkage to Treatment Program is a Data 2 Care (D2C) model in which the Linkage to Treatment Coordinators (LTCs) receive a compiled list of clients who are enrolled in Medicaid, who have a confirmed HCV diagnosis, and have either not accessed treatment on their own or have been previously denied treatment before the Hepatitis C Elimination Plan took effect. The LTCs attempt to contact the clients and conduct a needs-based assessment. Based on this assessment, they then link clients to several different services, including HCV treatment, substance use treatment, harm reduction, etc. The LTCs also receive referrals from several different organizations from across the state for assistance with linking clients to HCV treatment.

From July 2022-June 2023, the LTCs have attempted to contact 2,357 clients with a confirmed HCV diagnosis and provided services to 41% or 971 of these clients. The top services provided include emotional support, harm reduction services, health education, and appointment assistance. They also referred 29 clients to Substance Use Disorder/Opioid Use Disorder Treatment.

4. Strengthen Active Surveillance and Scale-up Data to HCV Cure Programs

SHHP completed monthly matches with Medicaid claims and treatment records to track treatment initiation and completion and further developed care continua to identify the proportion of people who initiated HCV treatment, who completed treatment, who were cured, and who were re-infected.

Moreover, SHHP is working to upgrade disparate surveillance and programmatic data management systems to a state-of-the-art integrated system called EpiTrax. The adoption of this system will improve processes, thus making them more efficient, and consequently allowing surveillance staff more time to spend on higher level projects and analyses.

Of special note, Lisa Chang, SHHP's Hepatitis Surveillance Supervisor, presented at the Annual 2023 CSTE conference on Louisiana's HCV surveillance activities.

5. Expand Provider Capacity to Treat HCV

As of June 30, 2023, the academic detailing team has logged over 684 individual health care provider interactions for the previous 12 months. This has included one on one and

group trainings on Louisiana's Streamlined HCV Screening and Treatment Algorithm, Project ECHO sessions, HCV Warm Line Consultations and clinical advising sessions.

With the support of these clinical education and support services, 152 first time Direct-Acting Antiviral (DAA) prescribers have joined the statewide HCV DAA prescriber list for Louisiana Medicaid in the last 12 months.

Building on the efforts of SHHP's previous years' academic detailing and clinical support services, Louisiana has added 827 first time DAA prescribers in the state of Louisiana from July 15, 2019 to June 30, 2023.

6. Implement Harm Reduction and Complementary Treatment Strategies

SHHP continued collaboration and braiding of funding through the Office of Behavioral Health's Louisiana State Opioid Response (LaSOR) Program and the American Rescue Plan Act (ARPA) to support scaling programs related to HCV/ Opioid Use Disorder (OUD) treatment and Syringe Service Programs (SSP). SHHP also expanded its Harm Reduction team, which now consists of a Harm Reduction Supervisor, SSP Monitor, Harm Reduction Supply Distribution Portal Monitor, and Viral Hepatitis Coordinator. In addition, this funding has helped to support four SSPs throughout Louisiana (New Orleans, Baton Rouge, Alexandria, and Shreveport) as well as fund the new Louisiana State Harm Reduction Supply Distribution Portal, which provides harm reduction supplies (nasal naloxone kits, fentanyl test strips, sharps containers, wound care kits, and hygiene kits) to institutions across Louisiana for free. The SHHP Harm Reduction team is in the early phases of working with SHHP's four SSP partners to bolster HCV testing and linkage to care within those programs.

Over the past year, the four state-supported SSPs have provided a combined total of 537 HIV tests and 595 HCV tests for people who inject drugs; connected 155 clients newly diagnosed with HCV to treatment; referred 491 clients to substance use disorder treatment; distributed 11,647 naloxone kits and 2,158,992 sterile syringes to clients; and recorded 5,217 overdose reversals.

B. **Why is this success significant?**

With the exception of COVID-19, HCV kills more Americans each year than all other infectious diseases combined. Moreover, the rate of new infections is on the rise as a result of injection drug use associated with the opioid epidemic. Louisiana continues to be leader for other health departments in the nation and aligns with national treatment guidance from the Centers for Medicare and Medicaid Services (CMS) and two of the leading medical authorities on HCV, the American Association for the Study of Liver Diseases (AASLD) and the Infectious Disease Society of America (IDSA).

C. **Who benefits and how?**

At the individual level, as more people receive HCV curative treatment and participate in harm reduction SSPs for HCV prevention, the number of future HCV transmissions will decrease.

With curative treatments near 100 percent efficacy and minimal side effects, people living with HCV now have an unprecedented chance to live virus-free, and avoid potential liver failure, cancer-causing cirrhosis, liver transplants, and other costly health complications. These positive benefits impact the affected individuals and the healthcare system and society as a whole.

At the public health level, the cost savings associated with the modified subscription model for HCV treatment will benefit the agency and the state, allowing it to spend a fixed amount for unlimited access to an otherwise costly cure. Longitudinally, medical costs associated with HCV disease progression will be mitigated.

D. **How was the accomplishment achieved?**

The implementation of the HCV elimination program interventions continues to be carried out by a large cross-unit team within LDH including the OPH Bureau of Infectious Diseases, SHHP, as well as Medicaid and the Louisiana Department of Corrections. LDH also continues to collaborate with many community partners and intra-agency stakeholders to braid integrated funding and leverage external resources to support the success of the elimination plan.

E. **Does this accomplishment contribute to the success of your strategic plan?** (See Section II below.)

Yes. This accomplishment is directly related to one of LDH, OPH and SHHP's major priorities: to eliminate hepatitis C. This is also the core outcome of the Department of Health and Human Services (HHS) *Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination 2021-2025.*

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**

Two years ago, an overview of this subscription-based payment arrangement was shared with other departments and agencies as it may potentially be applicable to other therapeutic areas and health issues in the state.

BUREAU OF CHRONIC DISEASE PREVENTION AND HEALTHCARE ACCESS

Accomplishment #1: Well-Ahead Louisiana increased and supported the healthcare workforce in rural and/or health professional shortage areas

A. **What was achieved?**

- Conrad 30 (J-1 Visa) program has filled **30** of the allowed 30 slots.
- The National Health Service Corps supported **186** healthcare professionals through the NHSC Loan Repayment Program. The participants are located in **158** different healthcare facilities across Louisiana.

- 3RNet added **15** new employers, posted **70** job vacancies, and registered **85** new health professionals interested in working in rural Louisiana.
- The Rural Health Scholars Program placed **30** students from **5** universities in clinical rotations at **29** rural healthcare facilities.
- The State Loan Repayment program supported **11** new healthcare providers for a total of **53** providers serving in this program.
- Well-Ahead Louisiana provided technical assistance to **23** rural health clinics.
- Well-Ahead Louisiana provided site verification letters and technical assistance for **13** potential Rural Health Clinics.
- **4** Critical Access Hospitals (CAHs) completed projects to establish Antimicrobial Stewardship Programs (ASP).
- **39** SHIP hospitals completed participation in the SHIP supplement program, American Rescue Plan COVID-19 Testing and Mitigation. Each hospital initially received $255,196 with final expenditure date of December 31, 2022.
- **125** rural facility employees participated in a Virtual Tabletop Exercise for Active Shooter Response Training

B. **Why is this success significant?**

This success is significant because it serves the more than 717,000 rural Louisianans[1] and the more than 2.5 million Louisianans who live in primary care Health Professional Shortage Areas (HPSAs)[2]. Rural Louisianans and Louisianans living in HPSAs have poor access to healthcare services.

C. **Who benefits and how?**

Rural Louisianans and Louisianans living in primary care HPSAs benefit from this accomplishment through increased access to quality healthcare.

D. **How was the accomplishment achieved?**

The accomplishment was achieved through the design and implementation of new and existing programs, as well as hosting training and professional development opportunities such as the Rural Health Workshop.

E. **Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)**

Yes, this accomplishment contributes to the success of the Office of Public Health's

[1] USDA Economic Research Service: https://data.ers.usda.gov/reports.aspx?StateFIPS=22&StateName=Louisiana&ID=17854

[2] Designated Health Professional Shortage Areas Statistics: https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport

2020 – 2025 strategic plan by contributing to strategy 11.1 which is to, "Sustain and increase access to primary care provided in rural communities and increase rural communities' capacity to make informed health-related decisions" and strategy 11.2 which is to, "Support recruitment and retention of primary health care providers in HPSA across the state."

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**

The methodology and training content are aligned with national best practices for increasing access to health care in underserved areas.

Accomplishment #2: Well-Ahead Louisiana connected tobacco users in Louisiana to tobacco cessation services through the Louisiana Quitline

A. **What was achieved?**

- Well-Ahead Louisiana conducted four media campaigns to encourage Louisianans to quit tobacco, *Unfiltered Facts*, *Quit With Us Louisiana*, *Be a Leader*, and the *Provider Education Network* created more than **75 million** impressions, **200,000** website sessions, and **5,000** tobacco trainings.
- These four campaigns led to more than **154,000** visits to www.quitwithusla.org and **over 7,200** calls to the Tobacco Quitline.
- More than **68** healthcare professionals were trained through the Well-Ahead Provider Education Tobacco Intervention training and resource referral, resulting in over **667** referrals to the Quitline from healthcare professionals.
- These efforts resulted in **3,153** Quitline registrations and **4,188** interventions for Louisiana residents.

B. **Why is this success significant?**

This success is significant because over 19.5% of Louisianans smoke, making Louisiana 6th in the nation for high smoking prevalence[3]. Smoking is risk factor for chronic diseases such as many cancers and cardiovascular disease.

C. **Who benefits and how?**

Louisianans who smoke tobacco and have registered for the services offered by the Louisiana Quitline have benefited by receiving the support they need to quit smoking. Those exposed to second and/or third hand smoke also stand to benefit from successful cessation of those on their cessation journey.

[3] Americas Health Rankings: https://www.americashealthrankings.org/explore/annual/measure/Smoking/state/LA

D. **How was the accomplishment achieved?**

The accomplishment was achieved through the successful design and implementation of media campaigns that promote the Quitline. Additionally, this accomplishment was achieved by educating healthcare professionals about the services offered by the Quitline and how to connect their patients to those services.

E. **Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)**

Yes, this accomplishment contributes to the Office of Public Health's 2020 – 2025 strategic plan by contributing to strategy 12.1 which is to, "Reduce disease, disability and death related to tobacco use by increasing statewide initiatives, cessation programs, school programs, media campaigns/marketing, and educational programs."

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**

The methodology and training content are aligned with CDC's best practices as they relate to tobacco cessation.

Accomplishment #3: Well-Ahead Louisiana successfully worked with schools and early education centers to promote the health of Louisiana's kids

A. **What was achieved?**

- Well-Ahead Louisiana provided free dental screenings to **1,320** students through the Seals Smiles School Sealant Program.
- The Well-Ahead Healthy Schools Training Krewe provided training to **620** educators. Of those educators **over 98%** reported they increased their skills to create healthier environments and classrooms.
- **116** new child care centers participated in Go NAPSACC, which is program that works to build healthy eating and physical activity habits in children.

B. **Why is this success significant?**

This success is significant because encouraging health promoting behaviors during childhood can help prevent the development of chronic disease and ultimately decrease morbidity and mortality.

C. **Who benefits and how?**

Well-Ahead works with schools and educators to create health promoting environments for students. Ultimately, Louisiana's children benefit from this success through exposure to health promoting environments and access to dental screenings.

D. **How was the accomplishment achieved?**

The accomplishment was achieved by creating training content, partnering with schools, and delivering trainings.

E. **Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)**

Yes, this accomplishment contributes of the Office of Public Health's 2020 – 2025 strategic plan by contributing to strategy 12.1 which is to, "Reduce disease, disability and death related to tobacco use by increasing statewide initiatives, cessation programs, school programs, media campaigns/marketing, and educational programs" and strategy 12.2 which is to, "Reduce disease, disability, and death from chronic diseases by increasing statewide initiatives in schools, worksites, communities, and healthcare settings."

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**

The methodology and training content are aligned with CDC's best practices as they relate to school health and oral health initiatives.

Accomplishment #4: Well-Ahead Louisiana successfully managed Project ECHO® (Extension for Community Healthcare Outcomes) to connect specialists with rural providers in Louisiana

A. **What was achieved?**

Project ECHO® learning consisted of:

- 56 sessions of the Diabetes ECHO program
- 28 sessions of Lifestyle Coach ECHO
- 3 sessions of Dental ECHO (which launched in May 2023)
- Participants reported that they increased their knowledge 26% after participating in the ECHO

B. **Why is this success significant?**

This success is significant because a large portion of Louisianans live in rural areas and/or Health Professional Shortage Areas (HPSAs) which unfortunately means they don't have access to health care providers practicing in specialties. Project ECHO connects primary care providers with specialists to share knowledge and allow primary care providers to offer enhanced treatment and care for their patients to improve outcomes, build a supportive network of peers, and create a community of practice and learning. ECHO serves as a part of Well-Ahead Louisiana's Provider Education Network and has the resources to help bring healthcare education and access to residents in Louisiana.

C. **Who benefits and how**?

Both providers and their patients benefit from Well-Ahead Louisiana's ECHO. Best practices are shared; case-based learning creates a consultative link between specialists and community clinicians; and a sharing network is formed. Healthcare disparities in rural and underserved communities are addressed due to increased access to specialty care, affordability, and support for Louisiana residents.

D. **How was the accomplishment achieved?**

This accomplishment was achieved by building partnerships with specialists and rural health care providers and by recruiting those with knowledge in specific areas of interest into a community of practice.

E. **Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)**

Yes, this accomplishment contributes to the success of the Office of Public Health's 2020 – 2025 strategic plan by contributing to strategy 11.1 which is to, "Sustain and increase access to primary care provided in rural communities and increase rural communities' capacity to make informed health-related decisions."

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**

The methodology follows the ECHO model and the training content is based on the current practice standards for each ECHO area.

BUREAU OF PLANNING AND PERFORMANCE

Accomplishment #1: Strengthening Louisiana's Public Health Infrastructure Grant

A. **What was achieved?**
OPH was awarded $53.6 million by the Centers for Disease Control and Prevention as part of OE22-2203: Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems.

B. **Why is this success significant?**
The funds will allow OPH to support the public health workforce, foundational capabilities, and data modernization efforts so that the health department may be better able to protect, promote and improve the public's health.

C. **Who benefits and how**?
The funds will enhance public health infrastructure across the state which will benefit all

residents of Louisiana. This grant also includes funds for the local health departments in New Orleans and Plaquemines Parish, which will allow these departments to improve infrastructure as well.

D. **How was the accomplishment achieved?**
Through agency wide collaboration between bureaus, leadership, SMT, and the New Orleans and Plaquemines Parish health departments.

E. **Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)**

Yes. These funds directly contribute to OPH Goals 1, 2, 4, 6, and 7 of the LDH Strategic Plan.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**

No.

Accomplishment #2: State Health Improvement Plan Development and Implementation

A. **What was achieved?**
Building on the State Health Assessment (www.LouisianaSHA.com), OPH is leading the process to develop and implement the Louisiana State Health Improvement Plan (SHIP), which describes how LDH and partner organizations are working together to improve health in four priority areas: Behavioral Health, Chronic Disease, Community Safety and Maternal and Child Health.

B. **Why is this success significant?**
This is a major requirement for obtaining reaccreditation through the Public Health Accreditation Board, and is the result of several years of work and collaboration with community members and key partners.

C. **Who benefits and how**?
Community members benefit by being active contributors to a plan that will directly impact their lives, and OPH benefits by establishing stronger relationships with the community and receiving feedback and data that can help shape programs and strategies.

D. **How was the accomplishment achieved?**
The Bureau of Planning and Performance has convened statewide workgroups in which participants are identifying goals, objectives, measurable indicators, strategies, and activities for the SHIP. Over 200 LDH staff and community partners have participated in these workgroup meetings, chaired by members of the community. Workgroup meetings are open to the public and conducted via zoom to eliminate potential barriers and increase statewide participation. The SHIP dashboard (website) will be launched in the fall of

2023.

E. **Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)**
This accomplishment directly contributes to OPH Goals 2, 3, and 5 of the LDH Strategic Plan.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**
Yes. The process of conducting a State Health Assessment (SHA) and developing a SHIP is recognized as a national public health best practice, and is a requirement for accreditation.

Accomplishment #3: Support for the Public Health Workforce through Leadership Training, Peer Mentorship, and More

A. **What was achieved?**
To support staff development, OPH partnered with Baton Rouge-based Success Labs to offer leadership training to staff. Over the past year, 12 OPH employees participated in this program in which participants had five days of in-person leadership training and received individual coaching. Another way OPH has supported staff development is through an employee mentorship program. Over the past year, twenty mentor-mentee pairs each met six times over four months to discuss professional development, skill building, networking, and more. The Bureau of Planning and Performance also has supported employee success through OPH's state-of-the-art virtual onboarding program (which has surpassed 700 new employee participants since the program's launch in 2020) and through monthly publication of the OPH employee newsletter, Public Health Matters.

B. **Why is this success significant?**
This contributes to the strengthening of the public health workforce, career development, and employee morale. These activities also meet accreditation requirements.

C. **Who benefits and how**?
OPH benefits from having leadership developed in-house, and staff is able to build leadership skills and networks.

D. **How was the accomplishment achieved?**
Through partnership with Success Labs, and support for SMT.

E. **Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)**
This accomplishment directly contributes to OPH Goal 4 of the LDH Strategic Plan.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**
Yes. Leadership training, and onboarding processes are recognized as best practices, and are also requirements for accreditation.

SANITARIAN SERVICES

Accomplishment #1: Collaborated with LSU AgCenter to create an online training curriculum for Specialized Food Processes in order to better explain and demonstrate specifics on a Hazard Analysis and Critical Control Point (HACCP) plan, how to create a HACCP plan and how to operate that plan

A. **What was achieved?**

An online training course containing 9 different modules in regards to specialized food process training was developed by the LSU AgCenter in collaboration with LDH/Sanitarian Services. The online training course will be offered to the general public who need training in these specialized processes.

B. **Why is this success significant?**

Specialized processes sometimes used in certain food preparation, requires HACCP to standardize the preparation of the food and remove possibility of hazards being introduced to the food itself. HACCP plans are sometimes confusing and can get very detailed depending on the food being prepared. This training helps to clear up many questions including creating a plan and following that plan. It also explains which government agencies have involvement in those processes.

C. **Who benefits and how?**

Sanitarian Services benefitted from the development of the courses as all Sanitarians were given the opportunity to take the online training and provide feedback. They also received certificates of completion for each module. The main group that will benefit is the general public who have or operate a food service establishment that utilize one of the specialized processes. Sanitarian guidance for the HACCP plans are to develop one for approval. The food managers have more questions and need more training than what is currently available. This online course explains those processes and answers those questions.

D. **How was the accomplishment achieved?**

The LSU AgCenter received grant funding to fund educational based online training. They reached out to Sanitarian Services to collaborate on the training. Sanitarian

Services met bi-monthly with the AgCenter to view the trainings as they were being developed, review progress and provided feedback on those trainings. Once the trainings were completed, Sanitarian Services then offered online classes to all field inspectors for training and to also provide final feedback to obtain the finished product. The finished online classes will be released to the public in the near future.

E. **Does this accomplishment contribute to the success of your strategic plan?** (See Section II below.)

Yes. This online training for specialized processes contributes to the Bureau's strategic plan as it promotes collaborating with other State partners to provide knowledge and training to those the agency regulates in order to promote public health and safety.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**

Yes, providing online, readily accessible training to those who handle and prepare food that is served to the public, helps tremendously to promote public health. The more education on food safety that is offered to those the agency regulates, the better and safer their final product will be in the promotion of public health.

BUREAU OF COMMUNITY PREPAREDNESS (BCP)

Accomplishment #1: LDH Emergency Operations Center (EOC) Trainings and Exercises

A. **What was achieved?**

Bureau of Community Preparedness conducted nearly 20 trainings and exercises with approximately 404 attendees to ensure staff readiness for all hazards response activities. The LDH EOC conducts two Section trainings per year for each of the five EOC sections (Command, Operations, Admin-Finance, Logistics, Planning), with one set of trainings in the Spring and another in the Fall. These trainings teach staff assigned to that section about the specialized functions and responsibilities of the section as well as how the section interacts with other components of the LDH EOC. These trainings are led by the Chief of that section.

An additional set of Section Trainings are conducted for staff newly assigned to the LDH EOC after they have attended orientation and have been given a position assignment.

Certain positions requiring technical skills or other specialized expertise are invited to position-specific trainings as needed.

B. **Why is this success significant?**

Due to the frequency of LDH EOC activations, it is critical to ensure that staff are adequately prepared for specific tasks which they may be required to perform.

C. **Who benefits and how?**

All residents of the state of Louisiana as well as visitors benefit from the LDH EOC from staff training. LDH EOC response activities ensure the safety and well-being of LDH staff, community partners, as well as the general population.

D. **How was the accomplishment achieved?**

All LDH staff are required to fill an Emergency Response role in the event of a disaster. When an LDH staff member is first assigned to the LDH EOC, they are invited to an Orientation. At the orientation, the instructor provides and overview of emergency response in Louisiana and describes how LDH fits into the state response structure. After the orientation, each staff member is assigned to a specific EOC Section and will complete additional trainings to learn skills necessary for their respective duties.

E. **Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)**

Yes, this accomplishment contributes to the success of Commitment 3: Invest in and empower #TeamLDH.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**

Yes, this accomplishment represents a Best Management Practice that should be shared.

Accomplishment #2: Recruited and Hired Nurses to conduct Door to Door COVID-19 Education and Vaccination

A. **What was achieved?**

The Bureau of Community Preparedness continues to expand the Nurse Carla initiative statewide. The Bureau of Community Preparedness has managed the Nurse Carla Strike Team project since July 2021. To date, the team has administered 4,191 COVID-19 vaccinations. Since July 2021 to June 2023, 4,897 have been administered to individuals at various sites.

B. **Why is this success significant?**

LDH has employed a unique approach to COVID-19 vaccination efforts. The Nurse Carla Initiative is designed to meet people where they are in an effort to vaccinate a larger portion of the population who may otherwise avoid vaccination due to hesitation, lack of transportation or other reasons.

C. **Who benefits and how?**

Louisiana residents benefit directly from this initiative.

D. **How was the accomplishment achieved?**

This accomplishment is achieved through the leveraging of the Louisiana Volunteers in Action (LAVA) program and available nursing volunteers.

E. **Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)**

Yes, this accomplishment contributes to the success of Commitment 2: Support vulnerable and underserved populations; Initiative 6: Increase and strengthen service delivery for vulnerable residents.

F. **Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?**

Yes, this accomplishment represents a Best Management Practice that should be shared.

II. Is your department Five-Year Strategic Plan/Business Plan on time and on target for accomplishment?

To answer this question, you must determine whether your anticipated outcomes—goals and objectives—are being attained as expected and whether your strategies are working as expected and proceeding on schedule.

- **Please provide a brief analysis of the overall status of your strategic progress.** What is your general assessment of overall timeliness and progress toward accomplishment of results targeted in your goals and objectives? What is your general assessment of the effectiveness of your strategies? Are anticipated returns on investment are being realized?

Overall, OPH has been making great progress towards its agency goals. As the examples in the prior section show, our work is resulting in measureable improvements in health-related behaviors and outcomes for the people of Louisiana.

- **Where are you making significant progress?** If you are making no significant progress, state "None." However, if you are making significant progress, identify and discuss goals and objectives that are exceeding the timeline for achievement; identify and discuss strategies that are working better than expected. Be specific; discuss the following for each:

Two areas OPH has been making significant progress include facilitating partnerships to increase our impact on health and wellness of individuals and communities, and leading and continually improving a public health system that identifies and reduces inequities to improve health outcomes and quality of life in Louisiana. These strategies are reflected in the accomplishments described in the previous section.

1. To what do you attribute this success? For example:
    - Is progress largely due to the effects of external factors? Would the same results have been generated without specific department action?
    - Is progress directly related to specific department actions? (For example: Have you reallocated resources to emphasize excellence in particular areas? Have you initiated new polices or activities to address particular issues or needs? Have you utilized technology or other methodologies to achieve economies or improve service delivery?)
    - Is progress related to the efforts of multiple departments or agencies? If so, how do you gauge your department's contribution to the joint success?
    - Other? Please specify.

We have worked consistently over the years to build partnerships and develop collaborations focused in improving health outcomes with an equity lens.

2. Is this significant progress the result of a one-time gain? Or is progress expected to continue at an accelerated pace?

Should the required resources remain available, this work will continue to result in significant progress over the coming years.

- **Where are you experiencing a significant lack of progress?** If you are experiencing no significant lack of progress, state "None." However, if you are experiencing a significant lack of progress, identify and discuss goals and objectives that may fall significantly short of the targeted outcome; identify and discuss strategies that are not working well. Be specific; discuss the following for each:

None.

1. To what do you attribute this lack of progress? For example:
    - Is the lack of progress related to a management decision (perhaps temporary) to pursue excellence in one area at the expense of progress in another area?

- Is the lack of progress due to budget or other constraint?
- Is the lack of progress related to an internal or external problem or issue? If so, please describe the problem and any recommended corrective actions in Section III below.
- Other? Please specify.

2. Is the lack of progress due to a one-time event or set of circumstances? Or will it continue without management intervention or problem resolution?

- **Has your department revised its strategic plan to build on your successes and address shortfalls?**

☒ Yes. If so, what adjustments have been made and how will they address the situation?

☐ No. If not, why not?

OPH revised its 5-year strategic plan to build on successes and accomplishments previously stated. OPH also participated in the planning and implementation of the LDH Business Plan.

- **How does your department ensure that your 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?** Use as much space as needed to explain fully.

Regular leadership meetings and town halls are held across the agency to review, update, and ensure implementation of plans.

III. What significant department management or operational problems or issues exist? What corrective actions (if any) do you recommend?

("Problems or issues" may include internal concerns, such as organizational structure, resource allocation, operations, procedures, rules and regulations, or deficiencies in administrative and management oversight that hinder productivity, efficiency, and effective service delivery. "Problems or issues" may be related to external factors—such as demographics, economy, fiscal condition of the state, federal or state legislation, rules, or mandates—that are largely beyond the control of the department but affect department management, operations, and/or service delivery. "Problems or issues" may or may not be related directly to strategic plan lack of progress.)

Complete Sections A and B (below) for each problem or issue. Use as much space as needed to fully address each question. If the problem or issue was identified and discussed in a management report or program evaluation, be sure to cross-reference the listing of such reports and evaluations at the end of this form.

A. Problem/Issue Description

1. What is the nature of the problem or issue?

   The COVID-19 pandemic response has challenged OPH's infrastructure in unpredictable ways. One challenge in particular has been developing and maintaining the infrastructure to manage large sums of federal funding. The lack of infrastructure has necessitated handing over additional responsibilities to staff in middle management positions, which has led to overload, turnover, and loss of critical leadership at this level.

2. Is the problem or issue affecting the progress of your strategic plan? (See Section II above.)

   The first goal of OPH's strategic plan is to "Increase financial stability by more efficient utilization of resources and increased revenue." OPH has increased the availability of resources by utilizing federal grants. However, without the adequate infrastructure in place to manage the grants or their deliverables, it is increasingly difficult to meet the requirements of the grants and efficiently leverage those resources.

3. What organizational unit in the department is experiencing the problem or issue?

   This is experienced across the entire agency.

4. Who else is affected by the problem? (For example: internal or external customers and other stakeholders.)

   This affects external customers and the public at large as it is a barrier to more effectively address public health needs, which impacts public health outcomes. It is an obstacle to providing excellent customer service levels. Internally, it taxes our managerial capacity and staff morale as existing staff continue to be stretched and overworked. Typically, it is our more tenured staff who are tasked with more activities within their current schedule requiring many hours of K-time and lack of any work life balance. When low morale leads to staff turnover, the agency loses institutional and job-related knowledge and capacity which is costly to replace. In most technical areas, there is a two-year training period to train new staff. In the highly specialized areas, that training period can be up to five years to fully replace the knowledge lost.

5. How long has the problem or issue existed?

   Expanding staffing to meet new initiatives is not a new challenge; however, the number of tasks and the workload from a pandemic has meant that the number of staff needed to accomplish the work is far greater than ever experienced before. Though OPH's budget and responsibilities have quadrupled, its staff has increased

by a small fraction of that.

6. What are the causes of the problem or issue? How do you know?

   The problem has been created by the lack of TO and JA positions, and the risk has been highlighted by the ongoing pandemic, and the influx of federal funds. Attempts to address the gaps using contract positions have not been sustainable, and it has been difficult to attract workers willing to accept temporary positions, nor does contracting build infrastructure for the long term. State positions are more attractive to potential applicants than contract positions. In addition, contracting or outsourcing the work requires another process of procurement, oversight, management and auditing, i.e. more work, that is not required when using state positions.

7. What are the consequences, including impacts on performance, of failure to resolve the problem or issue?

   With regard to emergency response, a consequence is that OPH is restricted in the ability to mobilize staff to engage in emergency response efforts. The burden of emergency response falls unevenly on our staff members, with permanent TO positions required to be activated but not most contract positions, which affects morale of those who are required to respond.

   OPH has utilized external contracted positions and internal temporary positions to meet the need for these programs and services, but that is not sustainable, nor does it provide a long term solution. It also handicaps the agency's ability to compete with private industry for top talent in these forward initiatives.

   There is also the risk of financial consequences due to the lack of a grants management infrastructure. Without proper management of funds, OPH not only limits the ability to efficiently and effectively implement federal grant requirements, but the agency also runs the risk of losing the funding and handicapping future attempts to obtain additional funding.

B. Corrective Actions

1. Does the problem or issue identified above require a corrective action by your department?

   ☒ No. If not, skip questions 2-5 below.
   ☐ Yes. If so, complete questions 2-5 below. Do not delete any questions.

2. What corrective actions do you recommend to alleviate or resolve the problem or issue?

3. Has this recommendation been made in previous management and program

analysis reports? If so, for how long (how many annual reports)?

4. Are corrective actions underway?
    a. If so:
        - What is the expected time frame for corrective actions to be implemented and improvements to occur?
        - How much progress has been made and how much additional progress is needed?
    b. If not:
        - Why has no action been taken regarding this recommendation?
        - What are the obstacles preventing or delaying corrective actions?
        - If those obstacles are removed, how soon could you implement corrective actions and generate improvements?

5. Do corrective actions carry a cost?

☐ No. If not, please explain.
☐ Yes. If so, what investment is required to resolve the problem or issue? (For example, investment may include allocation of operating or capital resources—people, budget, physical plant and equipment, and supplies.) Please discuss the following:
    a. What are the costs of implementing the corrective actions? Be specific regarding types and amounts of costs.
    b. How much has been expended so far?
    c. Can this investment be managed within your existing budget? If so, does this require reallocation of existing resources? If so, how will this reallocation affect other department efforts?
    d. Will additional personnel or funds be required to implement the recommended actions? If so:
        - Provide specific figures, including proposed means of financing for any additional funds.
        - Have these resources been requested in your budget request for the upcoming fiscal year or in previous department budget requests?

IV. How does your department identify, analyze, and resolve management issues and evaluate program efficiency and effectiveness?

A. Check all that apply.

☒ **Internal audit**
The LDH Office of the Secretary ensures ongoing monitoring of programmatic and administrative functions.

The Internal Audit function, within LDH Office of the Secretary, appraises

activities within the Department to safeguard the Department against fraud, waste and abuse by conducting risk-based audits and compliance investigations. The Internal Audit function ensures that transactions are executed according to management's authority and recorded properly; that operating efficiency is promoted; and that compliance is maintained with prescribed federal regulations, state laws, and management policies.

Internal Audit also provides management with evaluations of the effectiveness of internal controls over accounting, operational and administrative functions.

☒ **External audits (Example: audits by the Office of the Legislative Auditor)**
LDH has a designated Audit Coordinator for financial audits. The Audit Coordinator is the designated point of contact for all correspondence and communication related to financial audits of LDH agencies. The Audit Coordinator is involved in all written communication related to audits and is kept informed about all relevant verbal communication between agency personnel and the Louisiana Legislative Auditor (LLA) staff. The LLA conducts performance audits, program evaluations, and other studies as needed to enable the legislature and its committees to evaluate the efficiency, effectiveness, and operation of state programs and activities.

The Centers for Medicare & Medicaid (CMS) also conducts audits and reviews LDH and its agencies for compliance with program standards and accountability for funds received to administer programs.

☐ Policy, research, planning, and/or quality assurance functions in-house
☐ Policy, research, planning, and/or quality assurance functions by contract
☐ Program evaluation by in-house staff
☐ Program evaluation by contract

☒ **Performance Progress Reports (Louisiana Performance Accountability System)**
LDH Division of Planning and Budget coordinates and reviews entries of the Louisiana Performance Accountability System (LaPAS) data on a quarterly basis for all LDH agencies. Explanatory notes are provided 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, if significant variances occur, or if modifications and additions are needed.

☒ **In-house performance accountability system or process**
Performance Based Budgeting activities (including, but not limited to strategic planning, operational planning, and the Louisiana Performance Accountability System) are coordinated by the LDH Division of Planning and Budget. This section reviews all objectives, performance indicators and strategies for the

Office of the Secretary, as well as each LDH agency. Recommendations are made at monthly expenditure analysis meetings directly to the agency's assistant secretary or the Department's undersecretary, if modifications or 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 planning, or strengthen program management initiatives.

☒ **Benchmarking for Best Management Practices**
The LDH Division of Planning and Budget reviews, researches and develops objectives, performance measures and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are compared to benchmarks from leading states involved in performance-based budgeting activities. Recommendations are made directly to the agency's assistant secretary or the Department's undersecretary, if modifications or additions are needed.

☒ **Performance-based contracting (including contract monitoring)**
LDH contracts are required to contain a description of the work to be performed including goals and objectives, deliverables, performance measures and a monitoring plan.

☐ Peer review
☐ Accreditation review
☐ Customer/stakeholder feedback
☐ Other (please specify):

B. Did your office complete any management reports or program evaluations during the fiscal year covered by this report?

☒ Yes Proceed to Section C below.
☐ No Skip Section C below.

C. List management reports and program evaluations completed or acquired by your office during the fiscal year covered by this report. For each, provide:

1. Title of Report or Program Evaluation:
2. Date completed:
3. Subject or purpose and reason for initiation of the analysis or evaluation:
4. Methodology used for analysis or evaluation:
5. Cost (allocation of in-house resources or purchase price):
6. Major Findings and Conclusions:
7. Major Recommendations:
8. Action taken in response to the report or evaluation:
9. Availability (hard copy, electronic file, website):

10. Contact person for more information:
    Name:
    Title:
    Agency & Program:
    Telephone:
    E-mail:

1. Title of Report or Program Evaluation**:**

   Results of the USDA Food and Nutrition Service (FNS) Fiscal Year 2023 Management Evaluation of the Louisiana WIC Program

2. Date completed:
   February 23, 2023

3. Subject or purpose and reason for initiation of the analysis or evaluation:
   The USDA Food and Nutrition Service (FNS) regularly conducts management evaluations (MEs) to assess State agency operations for compliance with Federal Regulations, FNS instructions, policy memoranda, and policy guidance

4. Methodology used for analysis or evaluation:
   The FNS review team conducted this ME in accordance with FNS and WIC ME Guidance, including WIC ME functional area standard operating procedures SOPs.

   Data and Documentation Review: The FNS review team analyzed data and documentation to assess compliance with Federal regulations; FNS instructions, policy memoranda, and guidance; and State agency policy. Examples of documentation reviewed include, but are not limited to:
   - Nutrition education and breastfeeding support/promotion plan
   - Management information system (MIS) reports
   - Budget reports and projections
   - National Data Bank (NDB) reports
   - LA WIC State Plan and amendments
   - Staff training records

   STAR Guide Questionnaire: FNS sent selected questions from the STAR Guide Questionnaire to the State agency in September 2022. FNS reviewed the State agency's responses and followed up on items during agency conference calls.

   Interviews: The FNS team reviewed the responses and conducted interviews with staff to follow up on select items during conference calls to evaluate and validate operational processes described in the State Plan and the State agency's responses to the STAR Guide Questionnaire.

On-Site Observations: The FNS review team observed 43 participant interviews from Ascension/DePaul and Jefferson/Metairie Clinics through teleconference meeting calls to replace the on-site observations, due to COVID 19 procedures.

Certification Types	Numbers Observed	Category	Numbers Observed
Initial	26	Infant	18
Recertification	12	Child	5
Mid Certification	5	Pregnant	3
Secondary Nutrition		Breastfeeding	9
Other		Post-Partum	8
Total	**43**	**Total**	**43**

File Reviews: The FNS Review team selected files using a random sampling method and the purpose of the file reviews was to assess compliance with Federal regulations, FNS instructions, policy memoranda, and/or policy guidance. As a part of this ME, the FNS review team reviewed the following LAWIN participant files.

Categories	Reviewed Files
Infant	11
Child	15
Pregnant	6
Breastfeeding	8
Postpartum	10
Total	**50**

5. Cost (allocation of in-house resources or purchase price):
   There was no cost associated with the Management Evaluation or the recommendations report other than LDH/OPH/BONS staff time and effort.

6. Major Findings and Conclusions:
   There were no major findings and only one observation: The review team found the State agency to be overall compliant with policies and procedures and without findings in the administration of WIC Nutrition Services. Compliance was determined by file reviews, staff interviews, client observations and LA WIC policy reviews on Partner Web and the FNS ME Tool. However, one observation in area of Blood Lead Referrals was noted.

   In addition to the one observation, there were two noteworthy initiatives (a project, process, or practice worthy of recognition and sharing with other State agencies for replication to improve program operations nationwide).

   Observation #1: Nutrition Services: Program Coordination and Participant Referrals: The State agency could improve its policies and procedures on screening and referrals for lead screening. During the participant observations, it was noted that staff did not ask clients who were eligible for blood lead screening about their status. When we inquired,

we were told the lead screening question was not being asked due to the COVID physical presence waiver for collection of anthropometric and laboratory data. During file reviews, we were able to see in the client records that blood lead screening was previously being included as a routine part of client interviews. In addition, LA WIC has a lead screening policy.

Noteworthy Initiative #1: Nutrition Services: Nutrition and Breastfeeding Education and Counseling
Extensive Use of the Statewide Interpreter Services for Limited English Proficiency WIC Clients

FNS reviewers observed the widespread use of interpreter services by the WIC clinic staff during client appointment observations at Ascension/DePaul and Jefferson/Metairie clinics. The nutritionists and other LA WIC staff were well versed with this service and used it extensively to provide crucial information on various topics such as breast feeding, nutrition guidance, and tailoring the WIC food package.

It was evident from participant reactions that receiving information in an understandable format was vital to the success of obtaining nutritious food for their families. Providing this level of service demonstrates that LA WIC thrives on working with partners to accommodate nutrition and breastfeeding services to ensure the best outcome possible for WIC recipients.

Noteworthy Initiative #2: Food Delivery: Local Agency Benefit Issuance Procedures
Thorough Communication during the Formula Recall

FNS would like to commend the Louisiana WIC for their timely and diligent actions to ensure the formula recall and substitution information was thoroughly communicated to all stakeholders. The LA WIC staff maximized all communication channels. For example, they posted timely updates on the LA WIC website, issued memorandums via email to all clinic staff, vendors, medical providers, and community partners. They also held numerous phone conferences with stakeholders as well as issuing printed materials and sending text messages to participants.

The recall memo was issued on February 20, 2022, to all regional nutritionists, WIC contract agencies and clinic staff. LA WIC immediately posted notifications regarding the substitution of infant formula on their website and to medical providers and participants. LA WIC quickly created several handouts explaining the recall issues and infant formula substitutions and provided them to participants. They also devised seven text messages that were sent out to the participants. Two of these texts were targeted to specifically inform the participants where they could find the substitute formulas. These actions reduced the severity of shortages and helped maintain stable inventories of available substitute formula.

7. Major Recommendations:
   The State agency should provide refresher training on its blood lead screening and referral policy. As the federal public health emergency declaration and related waivers reach their expiration, the State agency should resume conducting lead screening, giving appropriate referrals, and documenting that information in the client record. The State agency should provide FNS documentation of completed training.

8. Action taken in response to the report or evaluation:
   Clinic staff were trained virtually on the procedures for lead screening of WIC participants during WIC appointments. A list of questions that should be asked to participants for proper lead screening was developed and disseminated to WIC clinic staff throughout Louisiana. A summary of the lead requirements was included in the October 2022 WIC staff training newsletter as well as in the November 2022 newsletter. A policy webinar was held in March 2023 where several slides were devoted to lead testing and five questions on lead requirements were included in the post-webinar quiz. This webinar and quiz were a requirement for all LA WIC Competent Professional Authority staff. Action taken was submitted to USDA FNS and an official Letter of Closure of the management evaluation was received on April 25, 2023.

9. Availability (hard copy, electronic file, website):
   Available via electronic file by request.

10. Contact person for more information:
    Name: Jennifer Nicklas, MS-MPH, RDN, LDN
    Title: Director
    Agency & Program: Louisiana Department of Health, Office of Public Health, Bureau of Nutrition Services
    Telephone: 225-342-7988
    E-mail: Jennifer.Nicklas@la.gov

1. Title of Report or Program Evaluation:

   RFA-PS21-2103 Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments Annual Progress Report

2. Date completed: March 31, 2023

3. Subject or purpose and reason for initiation of the analysis or evaluation:

   This in an annual progress report required by the federal funding agency as stipulated in the notice of award.

4. Methodology used for analysis or evaluation:

   The STD/HIV/Hepatitis Program (SHHP) contains an internal Research and Evaluation Unit that works across all other units in the program to assist with evaluating public health

interventions and funded program efforts including the hepatitis elimination strategies outlined in the CDC RFA 21-2103 work plan. Hepatitis evaluation efforts are detailed in the SHHP-Wide Evaluation Plan. This tool is designed to act as a comprehensive reference for internal monitoring, evaluation, and research related to SHHP interventions, programs, and projects, consolidate and describe monitoring and evaluation activities, as well as function as tool for supervisors and managers to monitor program performance and anticipate grant reporting deadlines. Additional required and optional evaluation projects and studies are outlined in the Louisiana HCV Evaluation and Performance Monitoring Plan submitted as a CDC grant requirement. HCV surveillance and treatment data were used to compute all indicators and performance measures and assess progress towards all grant objectives and goals.

5. Cost (allocation of in-house resources or purchase price):

   Cost is in-kind and allocated as part of grant activities and deliverables.

6. Major Findings and Conclusions:

   The major findings of this report showed that the activities conducted by the SHHP under this award:

   - Increased HCV testing and detection of current infection at settings that service populations at high risk for HCV in Louisiana;
   - Increased number of settings that participate in the implementation of interventions to increase HCV testing and detection in Louisiana;
   - Increased ability to link newly diagnosed patients with HCV to appropriate medical care and treatment through workforce developed for hepatitis care coordinators in Louisiana; and
   - Significantly more Louisianans have been treated and cured of HCV since the implementation of the Elimination Plan took place.

7. Major Recommendations:

   The funder accepted the report with no recommendations or request for revisions.

8. Action taken in response to the report or evaluation:

   SHHP will continue to administer and monitor the HCV Implementation Plan in Louisiana.

9. Availability (hard copy, electronic file, website):

   An electronic version of this report is available upon request.

10. Contact person(s) for more information:

    Name: Dr. Samuel Burgess, Director, STD/HIV/Hepatitis Program and
    Dr. DeAnn Gruber, Director, Bureau of Infectious Diseases

Agency & Program: Louisiana Department of Health, Office of Public Health, Bureau of Infectious Diseases, STD/HIV/Hepatitis Program

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Annual Management and Program Analysis Report
Fiscal Year 2022-2023

Department:	**Louisiana Department of Health (LDH)** 09-330 Office of Behavioral Health
Department Head:	**Stephen R. Russo, J.D.** LDH Secretary
Undersecretary:	**Pam Diez**
Assistant Secretary:	**Karen Stubbs, J.D.**

I. What outstanding accomplishments did your department achieve during the previous fiscal year?

For each accomplishment, please discuss and explain each item below.

A. What was achieved?
B. Why is this success significant?
C. Who benefits and how?
D. How was the accomplishment achieved?
E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

Accomplishment #1: 988 Implementation

A. What was achieved?

The Office of Behavioral Health (OBH) received a 988 grant for assist with implementation. The 988 Implementation Planning Grant allowed LDH/OBH to plan for the implementation of a new nationwide three-digit number for mental health crisis and suicide response (988). The goal of the plan was to develop and address key coordination, funding, capacity, operational and other key considerations which were necessary to implement 988 by July 16, 2022. The plan focused on a long-term plan to improve in-state answer rates for Lifeline calls, texts and chats. The 988 Implementation plan

allowed for the planning of LDH/OBH to establish a robust call system in which two (2) certified Lifeline call centers serve as back-up to each other to increase the in-state answer rate for Lifeline calls, texts and chats. With the 988 Implementation Planning grant support, OBH identified stakeholders and developed workgroups to evaluate the needs of the current system and demand for 988-related services, create a roadmap to fill any system/community gaps, and build a crisis response system to deliver focused crisis resources for those in need. OBH conducted a landscape analysis of the 2 certified Lifeline call centers in Louisiana and it was determined that the crisis centers required more funding and resources in order to continue operating and growing. Through the 988 Implementation Grant, OBH developed a statewide routing structure that was approved by Vibrant and SAMHSA. OBH also developed a 988 Coalition which has since transitioned to a Crisis Coalition. The Crisis Coalition will continue to work to integrate 988 with the broader Crisis Care Continuum Response System.

In May 2022, OBH was awarded a 988 State and Territory Cooperative Agreement to build local 988 Capacity. The grant is funded through SAMHSA and the grant period is April 30, 2022 through April 29, 2024. The Louisiana 988 Cooperative Agreement focuses on the following areas: 1) recruiting, hiring and training behavioral health workforce to staff local 988/Lifeline centers to respond, intervene, and provide follow-up to individuals experiencing a behavioral health crisis; expanding the crisis center staffing and response structure needed for the successful implementation of 988.

On December 19th 2022, OBH was awarded a 988 supplemental grant to expand and enhance 988 suicide and crisis lifeline activities. The supplemental grant works to improve coordination with 911 Public Safety Answering Points (PSAPS) and Marketing and Communications efforts. This grant also supports hiring personnel and workforce development to the local crisis call centers. The 988 team continues to work on a public awareness campaign.

Through funding from the MHBG, the 988 SAMHSA Cooperative Agreement and, the most recently awarded 988 Supplemental Grant, the Office of Behavioral Health (OBH) has developed Cooperative Endeavor Agreements (CEAs) with VIA LINK and LACG to answer calls for the Lifeline. The most recently awarded 988 Supplemental Grant has allowed OBH to amend the CEAs with additional funds to expand and enhance current 988 activities. OBH intends to improve in-state answer rates by providing MHBG funds and 988 SAMHSA funds to the crisis contact centers to build infrastructure and capacity to respond to Lifeline calls statewide. Funds allow Louisiana to have statewide geographic primary and back-up coverage which will increase the number of calls answered in-state. The goal is to increase the number of calls answered by local crisis centers that are familiar with the culture and resources in Louisiana to best address the needs of the caller. Funding also allows the crisis contact centers to recruit, hire and train new and existing staff.
The following has been achieved for 988 in Louisiana:

- Since launch, call volume for 988 has increased by 11%, and the in-state answer rate rose from 64% in June 2022 to a rate ranging from 85% to 91% over the last year. The

Lifeline offers specialized supports to veterans and their families, Spanish speakers, LGBTQ+ youth, and deaf and hard of hearing people.

- In December 2022, OBH launched text and chat for those who prefer not to call. Louisiana has responded to an average of 224 texts and 157 chats per month since December 2022. Chat and text is answered in Louisiana between the hours of 7:00pm and 1:00am (Text and Chats are routed to the National Backup Centers outside of those hours).

- In May 2023, as part of the 988 awareness campaign LDH launched an online 988 Dashboard providing transparency on key metrics of crisis call data from Louisiana's two 988 crisis centers. The dashboard, which will be updated monthly, contains metrics on accessibility, referral source, reason for the call, and outcomes. The dashboard will also be a resource for the Local Governing Entities (LGEs), behavioral health and crisis providers to access parish-level data regarding the location of calls. The dashboard will be important for providers to track utilization of 988 in their areas and can also support marketing and communication efforts. The 988 Dashboard can be reached at ldh.la.gov/988
- 988 PSAs are being aired on 75 stations across the state to increase Public Awareness.
- OBH is working with the crisis contact centers to collect and report Infrastructure, Prevention, and Promotion (IPP) measures (workforce trained, partnership/collaborations, screening, referral, access).
- OBH and the call centers continue to discuss opportunities to improve how the call centers connect callers with community based Medicaid funded services.

B. Why is this success significant?

On July16, 2022, 988 became the national three-digit code for the Lifeline, replacing the phone number of 1-800-273-TALK (8255). The 988 Implementation Planning Grant allowed for the development of clear roadmaps for how LDH/OBH would address key coordination, capacity, funding and communication strategies that were foundational to the transition to 988. With an easy to remember and dial number like 988, the Lifeline hopes to reach many more people in emotional crisis. 988 represents a long past due opportunity to shift from a law enforcement and justice system response to one of immediately connecting to care for individuals in suicidal, mental health and substance use crises. The number is the first step to make a fundamental shift in how people in crisis are engaged and connected to services in our communities. 988 is an important entry point to a broader Crisis Care Continuum Response System that is being built to connect callers to community-based providers who can deliver a full range of crisis care services (such as mobile crisis and crisis stabilization centers). The transformation of this system means that more individuals will be served by the least restrictive intervention. OBH continues to collaborate with the local crisis centers to build a sustainable infrastructure to answer Louisiana based calls to intervene as early as possible to divert from higher levels of care when possible and provide the most appropriate level of response offering a more person-centered approach. The awarded 988 SAMHSA Cooperative Agreement and most recently awarded 988 Supplemental Grant will continue to build upon the work that

was accomplished through the 988 Implementation grant in which a 988 Implementation Plan and routing structure has been established for Louisiana. The 988 SAMHSA grants are providing for the workforce development and sustainability of the crisis contact centers over the next two years. The additional funding also provides for improvements to the coordination with 911 Public Safety Answering Points (PSAPS) and Marketing and Communication efforts.

C. Who benefits and how?

The Lifeline is the nation's public safety net for all American residents in emotional distress or suicidal crisis. Specifically, Louisianans will benefit by being served by their local crisis centers. In addition, Louisiana expanded the call system to include certified Lifeline Contact Centers to establish a robust call system with two (2) certified Lifeline contact centers serving as back-up to each other, which will increase the number of calls answered in-state. Calls to the National Suicide Prevention Lifeline are better served by their local crisis centers. The plan will also expand the state's capacity to answer text and chat for the Lifeline. Local Lifeline crisis centers reduce the burden on our emergency rooms, police, and emergency responders, as well as our behavioral healthcare providers, who often must step in when emotional crises escalate. The centers also provide a safety net in the absence of other affordable community resources. A 988 Crisis line that is effectively resourced and promoted will be able to:

- Connect a person in a mental health crisis to a trained counselor who can address their immediate needs and help connect them to ongoing care.
- Reduce healthcare spending with more cost-effective early intervention.
- Reduce use of law enforcement, public health, and other safety resources.
- Meet the growing need for crisis intervention at scale.
- Help end stigma toward those seeking or accessing mental healthcare.

Lifeline callers will benefit from this free, confidential service that allows them to connect with a trained crisis counselor that will collaborate with them on ways to feel better and connect them to local resources. Specifically, it will allow more Louisiana callers to reach a local based crisis center that is familiar with the local culture, stressors specific to the geographical location and familiarity with local resources to best serve the caller.

D. How was the accomplishment achieved?

The 988 Implementation Plan was developed as part of a technical assistance grant that was received from Vibrant Emotional Health, who is the administrator of the National Suicide Prevention Lifeline. The Louisiana 988 Implementation Plan was developed in collaboration with a multi-stakeholder coalition. The 988 Coalition began meeting monthly in May 2021. Membership in the coalition represented a wide range of

stakeholders including Lifeline contact center staff, providers, advocates, peers, and representatives from the state 911 administrators. The initial meetings were an opportunity for OBH to present information about the new three-digit number and for the current certified Lifeline centers and the 211 providers to present critical information on how the centers currently operate. Workgroups were developed to focus on drafting and finalizing the Louisiana 988 Implementation Plan.

Louisiana ensured statewide coverage of Lifeline calls for the transition from the National Suicide Prevention Lifeline (an 800- number) to the three digit 988 Suicide and Crisis Lifeline that occurred on July 16, 2022. OBH accomplished this by contracting with two Louisiana based service providers to answer calls for the Lifeline. The Louisiana Association on Compulsive Gambling, located in Bossier City, fields calls from area codes 318 and 337 (northern, central and southwestern Louisiana), while VIA LINK, based in New Orleans, fields calls for southeast Louisiana, covering area codes 504, 985 and 225.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)

Yes. Lifeline centers reduce suicidal and emotional distress in callers. Numerous studies have shown that most Lifeline callers are significantly more likely to feel less depressed, less suicidal, less overwhelmed, and more hopeful after speaking to a Lifeline crisis counselor. People in crisis can easily use hotlines to access help when other mental health, substance use, and social services have eligibility restrictions, are unavailable in rural areas, are inaccessible during late-night hours, or no longer operate because of budget cuts. The new 3-digit dialing code to reach the Lifeline provides an easy to remember number which makes for easier access to life-saving resources for individuals in crisis. Local crisis centers can resolve approximately 80-90% of crisis contacts without the need of escalating the call to a higher level of response such as an active rescue or dispatch of mobile crisis. Increasing the number of calls answered in-state by local crisis centers helps to connect individuals in crisis to the most appropriate resources and provide a more person-centered, community based response which can defer from higher levels of response such as emergency departments and a criminal justice response.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

No.

Accomplishment #2: Peer Support Specialists (PSS) Expansion:

A. What was achieved?
OBH continues to expand utilization of Peer Support Specialist. During SFY23, an additional 124 peers successfully completed the seven-day Louisiana Peer Core Training to become Recognized Peer Support Specialists (RPSS). All Peer Trainings continued to be conducted virtually via Zoom for SFY23. In addition, the first phase of Medicaid

reimbursement for Peer Support Services as a standalone Medicaid service was initiated. With this initial phase, the local governing entities (LGEs) were the provider type allowed to bill Medicaid for this service in the initial phase. In SFY23, Florida Parishes Human Services Authority (FPHSA) became the first LGE to begin billing Medicaid for Peer Services. During SFY23, FPHSA provided Peer Services to 13 unduplicated individuals and was working towards further expansion of the Medicaid reimbursable Peer Services program. Utilization of Peer Services was also expanded by inclusion within the crisis services developed within the Louisiana Crisis Response System. As the Louisiana Crisis Response System is planning to expand to the youth population in SFY24, OBH is also working towards expansion of Peer Support Services and Programs to include a Family/Parent Peer Training and Recognition Program in order to support youth and their families receiving crisis services. In SFY24, LDH/OBH also plans to continue the growth of Peer Programs and Services by expanding Medicaid reimbursement for Peer Services to Permanent Supportive Housing (PSH) providers and members of the MyChoice program target population who are being served by PSH providers.

Throughout SFY23, LDH/OBH continued discussions with national subject matter experts, Peers, partners and other stakeholders to obtain input to guide next steps in the statewide expansion of peer services. LDH/OBH also initiated regular meetings with key stakeholders, such as Peer provider agencies, Louisiana Peer Action Advocacy Coalition (LaPAAC), and advocates, to ensure open communication and transparency with key stakeholder groups. LDH/OBH has continued to work closely with national subject matter experts (SMEs) and engage in discussions with several other states to obtain additional feedback regarding how the expansion of peer services has occurred in other areas of the country and to help shape the future of this service in Louisiana. In SFY23, LDH/OBH negotiated a contract with a national subject matter expert in Peer credentials, Amy Spagnolo, Ph.D., to facilitate a research study and provide recommendations to OBH on the development/identification of a statewide Peer Credential/Certification and Oversight Entity. This contract includes the facilitation of six (6) Peer Stakeholder Focus Groups by Dr. Spagnolo and her team. The six (6) Focus Groups will include:

- Four focus groups with Louisiana Recognized Peer Support Specialists (July 2023);
- One Focus Group with Peer Supervisors (August 2023); and
- One Focus Group with Organizational Leaders representing employers of Peer Support Specialists in Louisiana (August 2023).

By October 2023, Dr. Spagnolo will present a report and recommendations to LDH/OBH based on findings from the research and stakeholder focus groups. The plan moving forward is to review research findings around the formalization and standardization of a Louisiana Peer Credential/Certification and Peer Oversight Entity which would represent the next phase in the remarkable growth of the Peer Support Specialist profession in Louisiana, as the profession has grown by hundreds in recent years. The development/identification of an oversight entity would be critical with developing a

scope of practice and ethics board for Louisiana's Recognized Peer Support Specialists and support public protection for the vulnerable population served by Louisiana's RPSS.

During SFY23, LDH/OBH maintained the Peer In-Reach Specialist (PIRS) Team with ten Peer Support Specialists positions with the My Choice Louisiana initiative that was developed in response to the Department of Justice (DOJ) agreement. These ten positions included a Peer Supervisor and nine (9) regional Peer Support Specialists to support the target population of the DOJ agreement with successfully transitioning from a nursing facility to the community. The utilization of the PIRS Team has been critical in increasing the number of individuals living with serious mental illness (SMI) who are successfully transitioned from nursing facilities to the community.

Louisiana Peers trained and Maintaining Active Status - Active Peers refers to those trained Peer Support Specialists who have continued to obtain the minimum of ten continuing education units (CEUs) annually and submit their annual training reports to LDH/OBH. Since implementing the Peer Training Program in 2008, 933 Peers have been trained. Of these 933 trained Peers, 415 have maintained an active status. During SFY23, more Peer Support Specialists were trained than any previous fiscal year, which further demonstrates and supports the significant growth in Louisiana's Peer Profession.

After consulting with national experts and other states, LDH/OBH selected the Appalachian Consulting Group (ACG) as the entity to work with to assist in the development of a new peer training that is customized for Louisiana and complies with the SAMHSA Core Competencies of Peer Support and CMS guidelines. Appalachian Consulting Group was highly recommended by national SMEs and other states as having decades of expertise and knowledge in Peer Training. In SFY23, LDH/OBH partnered with ACG to develop training manuals for the Louisiana Core Peer Training Curriculum (participants and trainers), train the trainer series, and successfully launching the newly developed seven-day peer training. As the state worked to develop and launch this new training curriculum, the Peer Trainings were paused for a few months (May-July 2023) as the new curriculum launched in August 2023. Even with this pause in Peer Trainings, the state exceeded the number of trained Peers in SFY23 when compared to the previous fiscal years. The ACG Peer Training model has been coordinated through the LDH/OBH contractor, The Extra Mile Region IV.

Please see charts below with details of training history for the LDH/OBH Peer Trainings:

STATE FISCAL YEAR	TIME PERIOD	NUMBER OF PEERS TRAINED
SFY20	July 1, 2019 – June 30, 2020	67
SFY21	July 1, 2020 – June 30, 2021	112
SFY22	July 1, 2021 – June 30, 2022	84
SFY23	July 1, 2022 – June 30, 2023	124

The LDH/OBH Peer Training program experienced additional growth during SFY23 with the development of a Louisiana Peer Supervisor training curriculum. Dr. Peggy Swarbrick assisted with the development of a Louisiana Peer Supervisor training and trainer curriculum, which was implemented in June 2023.

PEER SUPERVISOR TRAINING DATES	NUMBER OF PARTICIPANTS
June 26 – 27, 2023	12
July 24 – 25, 2023	11

B. Why is this success significant?

This success is significant as it demonstrates the momentum and support for the ongoing growth for Peer Support Specialist as behavioral health professionals throughout the continuum of Louisiana's behavioral health services. This success also supports the vision of the federal government and President's Administration for further growth of Peer Support Specialists throughout the nation. The Substance Abuse and Mental Health Services Administration (SAMHSA) recognizes peer support as an effective, evidence-based practice. According to SAMHSA, the proven benefits of peer support include reduced hospital admission rates, increased social support and social functioning, and decreased substance use and depression. As a result of the President's announcement regarding the development of national standards for Peer Support Specialists, SAMHSA has lead efforts to establish national standards and guidelines for behavioral health Peer Support Specialists. (2022 State of the Union Address)

C. Who benefits and how?

The expansion of Peer Support Services (PSS) benefits those served through behavioral health programs. Peers can relate to others in a non-clinical, more personal way as they have a similar lived experience. Peers are positive role models and offer hope to others, demonstrating by their own life that recovery is possible. As PSS is recognized by SAMHSA as a best practice, research studies have demonstrated improved engagement and retention of service recipients when PSS are a part of the treatment team.

The transition from in-person to virtual trainings during the COVID Pandemic has reduced the costs for the training, allowing LDH/OBH to increase the number of trainings offered, and train more Peer Support Specialists. As indicated by the trends in the charts above, the number of Peers trained has grown exponentially, thus supporting more individuals in recovery to successfully enter the behavioral health workforce and find purpose through their employment.

D. How was the accomplishment achieved?

These accomplishments were achieved through collaborative efforts with LDH/OBH leadership, partners, stakeholders and contractors. Support from community partners, stakeholders, legislature and LGEs led to the passage of HB334 (2022 Regular Legislative Session), which has helped to alleviate some employment barriers for Peer Support

Specialists and grow the Peer Workforce. During SFY23, LDH/OBH also continued to work closely with national subject matter experts on a strategic plan for further development of Peer Programs and the Peer Profession in Louisiana. National subject matter expert in the field of Peer Services, Dr. Peggy Swarbrick and Dr. Amy Spagnolo, have supported Louisiana with further development of training curricula and growth of Peer Programs and Services in Louisiana.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)

Yes, this accomplishment contributes of the agency's strategic plan by:

- Contributing to the plan to expand Peer Support Services;
- Complying with the DOJ Agreement;
- Act 151 (2022) has helped to remove some employment barriers for Peer Support Specialists;
- Expanded access to Peer Support Services for those who would benefit from the service within the behavioral health services network;
- Expansion of the trainings available to Peers who are interested in becoming Recognized Peer Support Specialists (RPSS); and
- Further development and implementation of SAMHSA recognized best practices with behavioral health services.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

Yes; while the utilization of Peer Support Specialists is primarily associated with behavioral health programs, the use of Peers has also continued to be identified as helpful with many populations and programs, such as Veterans/service Members, individuals with chronic health conditions, parents of children with behavioral health conditions, and child welfare systems.

Accomplishment #1: Expand the Louisiana Crisis Response System (LA_CRS): A Comprehensive Crisis System of Care

A. What was achieved?

The first three crisis services Mobile Crisis Response (MCR), Behavioral Health Crisis Centers (BHCC) and Community Brief Crisis Support (CBCS) were further expanded for Medicaid members in FY2023. These services offer initial response and support in the community for those in crisis. Over FY2023, these services were offered by selected providers in 7 LDH Regions. In August 2023, the fourth service crisis stabilization was added to the LA-CRS.

B. Why is this success significant?

Addressing the behavioral health crisis needs of all populations, including Louisiana's most vulnerable citizens can maximize the use of voluntary treatment and reduce the need for law enforcement involvement. It will allow people to remain in their communities and reduce the need for restrictive levels of care including nursing homes, residential care centers, out of home placements, jails, intermediate care facilities for individuals with intellectual/developmental disabilities, and hospitals.

C. Who benefits and how?

In FY 2023, the LA-CRS focused on serving adults (21 years of age or older) who were members of the Medicaid program. These services offered this population an alternative to more restrictive levels of care.

D. How was the accomplishment achieved?

OBH in partnership with the LSUHSC Center for Evidence to Practice, created a structure to identify and train potential LA-CRS providers. Once trained these providers executed the proper licensing and contractual agreements with the designated Managed Care Organizations (MCO) to provide these services to communities. Collaboration and consultation continued throughout the year to refine these services and increase utilization.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)

Yes. The first three crisis services Mobile Crisis Response (MCR), Behavioral Health Crisis Centers (BHCC) and Community Brief Crisis Support (CBCS) were implemented for Medicaid members in FY2023, which is directly linked to the goal of increasing access to behavioral health resources.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

No.

II. Is your department Five-Year Strategic Plan/Business Plan on time and on target for accomplishment?

To answer this question, you must determine whether your anticipated outcomes—goals and objectives—are being attained as expected and whether your strategies are working as expected and proceeding on schedule.

- **Please provide a brief analysis of the overall status of your strategic progress.** What is your general assessment of overall timeliness and progress toward accomplishment of results targeted in your goals and objectives? What is your general assessment of the effectiveness of your strategies? Are anticipated returns on investment are being realized?

The Office of Behavioral Health (OBH) is on target. OBH is committed to the most effective use of the state's scarce behavioral health resources to adequately provide for the overall safety and health of the public. OBH will continue to develop goals and objectives that prioritize the creation of innovative programs to promote and improve the behavioral health of the citizens of the state. In addition, OBH is continuously seeking to achieve increased access to services for underserved populations, while increasing the quality of services for better outcomes at a cost-effective level. This is being accomplished by initiating and implementing services and programs, including interagency collaboration, and promoting evidence-based best practices. As OBH continues to move forward post pandemic and natural disasters, progress is still being made. Overall, our strategies appear to be effective and are rooted in evidence-based techniques and practices.

- **Where are you making significant progress?** If you are making no significant progress, state "None." However, if you are making significant progress, identify and discuss goals and objectives that are exceeding the timeline for achievement; identify and discuss strategies that are working better than expected. Be specific; discuss the following for each:

Continually Increasing Access to Behavioral Health Services
OBH envisions the four LA-CRS services being accessible in all 10 LDH regions. At the close of the FY2023, these services were available in six of those regions. As collaboration with LA-CRS partners, barriers to full implementation are being recognized and strategies developed to address these barriers. The two main barriers identified are limited workforce and low utilization of services. Progress towards expanding the network has continued in FY2024. OBH began a media and public outreach campaign to advertise crisis services and embarked on a statewide "roadshow" to engage the public around these services. OBH is collaborating with Louisiana State University Health Sciences Center (LSUHSC) to support the start-up of Mobile Crisis Response (MCR) and Community Brief Crisis Support services for youth. In addition, to expand the focus on the availability of behavioral health resources, OBH is focusing on completing the foundation and background requirements for the development of a specialized PRTF with a focus on co-occurring mental health and developmental disabilities.

Substance Use Disorder System Enhancements
OBH set a goal to increase the number of providers serving as an office based opioid treatment (OBOTs) location through the OBH specific SOR program. At the end of FY23, there were a total of 17 new OBOTs established throughout Louisiana.

1. To what do you attribute this success? For example:
    - Is progress largely due to the effects of external factors? Would the same results have been generated without specific department action?
    - Is progress directly related to specific department actions? (For example: Have you reallocated resources to emphasize excellence in particular areas? Have you initiated new polices or activities to address particular issues or needs? Have you utilized technology or other methodologies to achieve

economies or improve service delivery?)
- Is progress related to the efforts of multiple departments or agencies? If so, how do you gauge your department's contribution to the joint success?
- Other? Please specify.

OBH will continue to lead efforts to increase access to behavioral health services by promoting early identification of behavioral health concerns. Examples of some strategies that OBH is employing are efforts in supporting primary care physicians through behavioral health consultation, as well as increasing access to high-quality evidence-based behavioral therapies for young children. Additional strategies employed to address the increased volume on the behavioral health system with Medicaid Expansion and long term effects of the COVID-19 pandemic will be the integration of Peer Support throughout the system of care. The use of trained, credentialed peers is a critical component to a recovery-oriented system of care and results in improvements in client engagement, treatment outcomes, and recovery. As an enhancement to traditional treatment services, peer support services allow for more effective and targeted interventions resulting in improved care and an increased capacity of the system to serve a broader array of individuals. To increase access to effective behavioral health supports and services, OBH will work with Medicaid, advocates, providers, and Healthy Louisiana managed care partners to implement strategies to retain and increase the behavioral health workforce. Workforce development efforts will include training and support for providers of evidence-based therapies addressing issues emerging in early childhood, trauma exposure, and other psychiatric and addictive service needs. OBH will lead efforts to provide training and support for providers of peer recovery supports, including mentoring and coaching opportunities. Expanding the workforce of providers of behavioral healthcare may also include further utilization of provider types such as provisionally licensed social workers. Finally, all of the aforementioned will assist the strengthening of the Louisiana Crisis Response System (LA-CRS) that will ensure that the behavioral health system of care is evolving and meeting the needs of the citizens of Louisiana.

2. Is this significant progress the result of a one-time gain? Or is progress expected to continue at an accelerated pace?

OBH's progress is ongoing and expected to continuously increase.

- **Where are you experiencing a significant lack of progress?** If you are experiencing no significant lack of progress, state "None." However, if you are experiencing a significant lack of progress, identify and discuss goals and objectives that may fall significantly short of the targeted outcome; identify and discuss strategies that are not working well. Be specific; discuss the following for each:

Progress is ongoing. There is a national shortage of behavioral health professionals and a slow growth of providers entering the behavioral health workforce. OBH is perpetually researching and working on additional measures and methods to combat these problem areas. Therefore, OBH attempted to highlight this problem by utilizing various methods, which included introducing students to the endless education and career opportunities associated with behavioral health. As

collaboration with LA-CRS partners, barriers to full implementation are being recognized and strategies developed to address these barriers. The two main barriers identified are limited workforce and low utilization of services. Progress towards expanding the network has continued in FY2024. The LA-CRS OBH team meets regularly with crisis providers and MCO partners to both discuss workforce development and increasing awareness of services through local coalition building. More initiatives are in progress that focus on educating students of the possible and unfamiliar connections of behavioral health that directly correlate to other prominent educational and career fields. Therefore, OBH is diligently working to increase the number of interventions and prevention mechanisms that are in place to ease the occurrences of crisis.

1. To what do you attribute this lack of progress? For example:
    - Is the lack of progress related to a management decision (perhaps temporary) to pursue excellence in one area at the expense of progress in another area?
    - Is the lack of progress due to budget or other constraint?
    - Is the lack of progress related to an internal or external problem or issue? If so, please describe the problem and any recommended corrective actions in Section III below.
    - Other? Please specify.

OBH is not significantly behind on any individual component related to the goals and objectives highlighted in the five year plan. However, the slow growth of providers does impact the time it takes to employ providers for various services. As indicated earlier, multiple initiatives are being researched to provide innovative methods to increase in the prevalence of behavioral health professionals.

2. Is the lack of progress due to a one-time event or set of circumstances? Or will it continue without management intervention or problem resolution?

As noted above, the external barriers are ongoing.

- **Has your department revised its strategic plan to build on your successes and address shortfalls?**

☐ Yes. If so, what adjustments have been made and how will they address the situation?
☒ No. If not, why not?

- **How does your department ensure that your 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?** Use as much space as needed to explain fully.

The Office of Behavioral Health (OBH) continuously reviews the strategic plan, and meets regularly to discuss the implementation progress and any remaining needs around the specific initiatives.

III. What significant department management or operational problems or issues exist? What corrective actions (if any) do you recommend?

("Problems or issues" may include internal concerns, such as organizational structure, resource allocation, operations, procedures, rules and regulations, or deficiencies in administrative and management oversight that hinder productivity, efficiency, and effective service delivery. "Problems or issues" may be related to external factors—such as demographics, economy, fiscal condition of the state, federal or state legislation, rules, or mandates—that are largely beyond the control of the department but affect department management, operations, and/or service delivery. "Problems or issues" may or may not be related directly to strategic plan lack of progress.)

Complete Sections A and B (below) for each problem or issue. Use as much space as needed to fully address each question. If the problem or issue was identified and discussed in a management report or program evaluation, be sure to cross-reference the listing of such reports and evaluations at the end of this form.

A. Problem/Issue Description

1. What is the nature of the problem or issue?

The tedious and laborious process of entering into contracts both internal to LDH and combined with the Division of Administration protocols has been, and remains to be an obstacle in implementing services and initiatives in a timely and efficient manner. While the OBH obviously recognizes the necessary levels of review, communication and ultimately approval, the delays may recognize a lack of efficiency, operational ease, cohesion and communication within the entire contracting process. Numerous parties are involved in the development, submission, review and approval of a State contract. All contracts must now go through the Office of Management and Finances' Contracts and Procurement unit. Contact with Legal and with OSP is also routed through the OMF Contract office, further extending the process to a great degree. We haven't found that this has produced an end result of any improvement or efficiency in the contracting process. OBH's concern is that there is a lack of progress in modernizing and streamlining the contracting process.

2. Is the problem or issue affecting the progress of your strategic plan? (See Section II above.)

The inability of OBH to secure contracts in a timely manner absolutely impacts the ability of OBH to achieve our mission and goals. The contract process is already preceded by the need for receipt of federal grant award notifications, the attainment of Legislative approval for Budget Authority for the receipt of federal funds which may require the submission of a BA-7 that may require approved by the Joint Legislative Committee of the Budget. Interagency Agreements are required between the State (OBH) to simply flow out funds to our regional Local Governing Entities, but in order to contract directly with providers, this process is even more tedious. Therefore, the delays in the State's ability to secure Interagency Transfers (IATs) and contracts in a timely manner, inhibits our ability to promptly initiate the goals and objectives we pursue with the grant funding and Legislatively approved state funding afforded to our Office.

3. What organizational unit in the department is experiencing the problem or issue?

All units within OBH have been impacted by the impediments that have resulted from this inefficiency. Administration is faced with prioritizing submission of contracts to the OS/OMF, Legal, Civil Service and the Division of Administration in order to cause the least harm to the recipients in need of behavioral health assistance. While direct care often takes precedence, there are daily requests for prioritization of contracts, amendments, RFIs, RFAs, RFPs and CEAs, based on the most current need and the political environment. This results in difficulties in implementing the goals and objectives per the grants and initiatives supported and developed by OBH.

4. Who else is affected by the problem? (For example: internal or external customers and other stakeholders.)

This issue impacts not only our staff and all of the Louisiana Department of Health staff, but also the recipients of our efforts, the providers of behavioral health services, and our contractors and managed care entities working to provide the services needed by the residents of Louisiana in need of behavioral healthcare.

5. How long has the problem or issue existed?

This impact has been ongoing at a minimum since contract processing was centralized, therefore more than ten years, if not prior. However, has since been exacerbated with the influx of federals funds and grants requiring more contracting to implement initiatives.

6. What are the causes of the problem or issue? How do you know?

Inefficient processes; antiquated forms that aren't user friendly or reflective of any technological advances, overly cumbersome routing processes that are duplicative and inefficient. There is a lack of a Department wide tracking process or prioritization methodology.

7. What are the consequences, including impacts on performance, of failure to resolve the problem or issue?

Consequences include inability of staff to ensure completion of the goals and objectives of initiative, grants, programs and or strategic plan assigned tasks and inability of OBH to respond to our goals of initiatives.

B. Corrective Actions

1. Does the problem or issue identified above require a corrective action by your department?

☐ No. If not, skip questions 2-5 below.
☒ Yes. If so, complete questions 2-5 below.

2. What corrective actions do you recommend to alleviate or resolve the problem or issue?

Internally, OBH has been working toward streamlining internal procedures. We have developed new training to help ensure that contract monitors have the tools needed to submit accurate and comprehensive contract packages. We have also begun to pursue the use of Monday.com in

order to more effectively and transparently allow for the tracking of our contract documents, internally.

3. Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)Yes.

4. Are corrective actions underway?
   a. If so:
      - What is the expected time frame for corrective actions to be implemented and improvements to occur?

      Training will occurred in FY23, and will continue into FY24. We maintain a single entry email for all contract related documents and we have fully implemented the use of Monday.com to track all contracts, amendments, CEAs and RFI/A/Ps. We are reorganizing our shared drive to ensure the ease and completeness of the use and availability of contract documents necessary for the submission of contracts, amendments, RFIs, RFAs, RFPs and CEAs.

      - How much progress has been made and how much additional progress is needed?

      The single entry email and OBH tracking system are both in full implementation. The next in person training series on contract development is slated for the first quarter of SFY24. The newly revamped shared drive resources are ongoing and/or in place.

   b. If not:
      - Why has no action been taken regarding this recommendation?
      - What are the obstacles preventing or delaying corrective actions?
      - If those obstacles are removed, how soon could you implement corrective actions and generate improvements?

5. Do corrective actions carry a cost?

☒ No. If not, please explain.
We're using existing resources and licenses at this point, in order to achieve our objectives.

☐ Yes. If so, what investment is required to resolve the problem or issue? (For example, investment may include allocation of operating or capital resources—people, budget, physical plant and equipment, and supplies.) Please discuss the following:
   a. What are the costs of implementing the corrective actions? Be specific regarding types and amounts of costs.
   b. How much has been expended so far?
   c. Can this investment be managed within your existing budget? If so, does this require reallocation of existing resources? If so, how will this reallocation affect other department efforts?

d. Will additional personnel or funds be required to implement the recommended actions? If so:
   - Provide specific figures, including proposed means of financing for any additional funds.
   - Have these resources been requested in your budget request for the upcoming fiscal year or in previous department budget requests?

IV. How does your department identify, analyze, and resolve management issues and evaluate program efficiency and effectiveness?

A. Check all that apply.

☒ **Internal audit**
The LDH Office of the Secretary ensures ongoing monitoring of programmatic and administrative functions.

The Internal Audit function, within LDH Office of the Secretary, appraises activities within the Department to safeguard the Department against fraud, waste and abuse by conducting risk-based audits and compliance investigations. The Internal Audit function ensures that transactions are executed according to management's authority and recorded properly; that operating efficiency is promoted; and that compliance is maintained with prescribed federal regulations, state laws, and management policies.

Internal Audit also provides management with evaluations of the effectiveness of internal controls over accounting, operational and administrative functions.

☒ **External audits (Example: audits by the Office of the Legislative Auditor)**
The LDH has a designated Audit Coordinator for financial audits. The Audit Coordinator is the designated point of contact for all correspondence and communication related to financial audits of LDH agencies. The Audit Coordinator is involved all written communication related to audits and is kept informed about all relevant verbal c communication between agency personnel and the Louisiana Legislative Auditor (LLA) staff. The LLA conducts performance audits, program evaluations, and other studies as needed to enable the legislature and its committees to evaluate the efficiency, effectiveness, and operation of state programs and activities.

The Centers for Medicare & Medicaid (CMS) also conducts audits and reviews LDH and its agencies for compliance with program standards and accountability for funds received to administer programs.

☐ Policy, research, planning, and/or quality assurance functions in-house
☐ Policy, research, planning, and/or quality assurance functions by contract

☐ Program evaluation by in-house staff
☐ Program evaluation by contract

☒ **Performance Progress Reports (Louisiana Performance Accountability System)**
The LDH Division of Planning and Budget coordinates and reviews entries of the Louisiana Performance Accountability System (LaPAS) data on a quarterly basis for all LDH agencies. Explanatory notes are provided 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, if significant variances occur, or if modifications and additions are needed.

☒ **In-house performance accountability system or process**
Performance Based Budgeting activities (including, but not limited to strategic planning, operational planning, and the Louisiana Performance Accountability System) are coordinated by the LDH Division of Planning and Budget. This section reviews all objectives, performance indicators and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are made at monthly expenditure analysis meetings directly to the agency's assistant secretary or the Department's undersecretary, if modifications or 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 planning, or strengthen program management initiatives.

☒ **Benchmarking for Best Management Practices**
The LDH Division of Planning and Budget reviews, researches and develops objectives, performance measures and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are compared to benchmarks from leading states involved in performance-based budgeting activities. Recommendations are made directly to the agency's assistant secretary or the Department's undersecretary, if modifications or additions are needed.

☒ **Performance-based contracting (including contract monitoring)**
LDH contracts are required to contain a description of the work to be performed including goals and objectives, deliverables, performance measures and a monitoring plan.

☐ Peer review
☐ Accreditation review
☐ Customer/stakeholder feedback
☐ Other (please specify):

B. Did your office complete any management reports or program evaluations during the fiscal year covered by this report?

☒ Yes. Proceed to Section C below.
☐ No Skip Section C below.

C. List management reports and program evaluations completed or acquired by your office during the fiscal year covered by this report. For each, provide:

1. Title of Report or Program Evaluation:
2. Date completed:
3. Subject or purpose and reason for initiation of the analysis or evaluation:
4. Methodology used for analysis or evaluation:
5. Cost (allocation of in-house resources or purchase price):
6. Major Findings and Conclusions:
7. Major Recommendations:
8. Action taken in response to the report or evaluation:
9. Availability (hard copy, electronic file, website):
10. Contact person for more information, including:
    Name:
    Title:
    Agency & Program:
    Telephone:
    E-mail:

1. Title of Report or Program Evaluation:
   Prevention Management Information System Reporting on Prevention Services (Quarterly and Annual)

2. Date completed:
   July 1, 2022 – June 30, 2023. Data for this report was pulled on July 19, 2023.

3. Subject / purpose and reason for initiation of the analysis or evaluation:
   The Office of Behavioral Health (OBH) is committed to providing quality, cost-effective prevention and treatment services. In an effort to demonstrate accountability and transparency, OBH Prevention Services has developed a report to capture prevention services provided through the Prevention Portion of the Substance Abuse, Prevention and Treatment (SAPT) grant, which is the primary funding source for prevention services. It requires 20% of the grant be set aside for primary prevention services. An important issue for prevention services is consumer confidence and transparency of our use of available resources. It is our challenge to be efficient in the use of these resources. This report is a continuing process to measure the number of services we provide and the populations that are served.

4. Methodology used for analysis or evaluation:
   The data in this report is from the Prevention Management Information System (PMIS), the primary reporting system for the SAPT for prevention services. PMIS reports are generated quarterly and captures demographic information such as age, gender, race and ethnicity. Data and information outlined in this report are also used to meet the requirements for the following National Outcome Measures (NOMS):

5. Cost (allocation of in-house resources or purchase price):
   There is no cost associated with this report. This report is generated in-house. OBH Program Staff use data from PMIS to generate this document. Data is entered into PMIS by the Local Governing Entity (LGE) prevention staff, their contract providers statewide and OBH staff.

6. Major Findings and Conclusions:
   During FY 2023, Prevention Services provided evidence-based services to 83,681enrollees.
   In addition, during FY 2023, block grant funded one-time services were provided to the general population and reached 13.7 million people. This number reflects the number of individuals that are impacted by PSAs, billboards, and other media campaigns. This number included the combined services provided by Prevention Staff and Prevention Contract Providers.

7. Major Recommendations:
   The positive outcome assessment (see above) indicates that current strategies should be continued and reinforced.

8. Action taken in response to the report or evaluation:
   No actions other than the recommended (above) were pertinent.

9. Availability (hard copy, electronic file, website):
   The report is distributed via e-mail and is available by hard copy upon request.

10. Contact person for more information:
    Name: Dr. Leslie Brougham Freeman
    Title: Director of Prevention, Wellness and Workplace Development
    Agency & Program: LA Department of Health, Office of Behavioral Health
    Telephone: 225.342.5705
    Email: Leslie.BroughamFreeman@la.gov

1. Title of Report or Program Evaluation
   Synar Report: Youth Access to Tobacco in Louisiana

2. Date Completed:
   December 29, 2022

3. Subject / purpose and reason for initiation of the analysis or evaluation:

   The Office of Behavioral Health (OBH) conducts this annual Synar Report to examine the current level of accessibility of tobacco products to minors as pursuant to Federal Government guidelines. SAMHSA is the enforcing agency. An amended Synar Regulation, issued by SAMHSA in January 1996, requires each state receiving federal grant funding to conduct annual random, unannounced inspections of retail outlets to assess the extent of tobacco sales to minors.

4. Methodology used for analysis or evaluation:

   The study design is a cross-sectional survey of compliance, with compliance defined as the refusal to sell tobacco to minors and the prevention of entry of a minor to outlets restricted to youth. A stratified random sample of outlets are identified and surveyed by a team of one youth operative and two adult agents Office of Alcohol and Tobacco Control (OATC). The youth operative attempts to purchase tobacco from unrestricted outlets and tests the access of restricted outlets. The adult agents record characteristics of outlets, inspection events, and outcomes, and cite non-compliant outlets and clerks. Information about outlets, inspectors, and the inspection event are entered into an electronic data system via laptop at the time of inspection.

5. Cost (allocation of in-house resources or purchase price):

   OBH contracted with OATC to conduct the random, unannounced inspections of tobacco outlets identified by the random sample at a cost of $101,900 ($100.00 per compliance check x 1019 checks). The total cost to prepare and complete the Annual Synar Report was $70,000.00.

6. Major Findings and Conclusions:

   The objective of this study was to estimate the non-compliance rate for tobacco sales in Louisiana among youth under age 18. Annual targets were established to decrease the state's non-compliance rate to 20% by FFY 2002. However, Louisiana achieved 20.3% non-compliance in FFY 1999, only two years after the start of the Louisiana Synar Initiative, and three years ahead of the scheduled target date. The current rate of tobacco sales to minors in FFY 2023 is 14.8%.

7. Major Recommendations:

   OBH complied with all major recommendations made by the federal Center for Substance Abuse Prevention for the FY 2023 report and will adhere to any future recommendations, as warranted.

8. Action taken in response to the report or evaluation:

   An annual report is generated by SAMHSA including a Table listing the Synar Retailer Violations (RVRs). According to the most recent FFY 2018 on file, Louisiana was below the national average in regards to compliance. The SAMHSA report can be viewed at https://www.samhsa.gov/sites/default/files/synar_program_rvr_table_1997-2018_dec_11_2018.pdf. Our goal is to continue implementing current strategies since they've proven to be successful.

9. Availability (hard copy, electronic file, website):

   The FFY 2023 Annual Synar Report is available by hardcopy, and may be accessed online at http://ldh.la.gov/index.cfm/newsroom/detail/1390

10. Contact person for more information:
    Name: Dr. Leslie Brougham Freeman
    Title: Director of Prevention, Wellness and Workplace Development
    Agency & Program: LA Department of Health, Office of Behavioral Health
    Telephone: (225) 342-5705
    Email: Leslie.BroughamFreeman@la.gov

1. Title of Report or Program Evaluation:
   SAMHSA Block Grant Annual Reporting (SUPTRS and CMHS)

2. Date completed: In Progress
   Louisiana's CMHS and SUPTRS Behavioral Grant reports must be submitted to SAMHSA no later than December 1st of each year. Some components of reporting are completed quarterly with an annual review prior December 1. If OBH misses the statutory date for submitting the reports, it will not receive any federal Block Grant funds for that federal fiscal year.

3. Subject/purpose and reason for initiation of the analysis or evaluation:
   Title XIX, Part B, Subpart III of the Public Health Service Act (42 U.S.C. 300x-52(a)) requires SAMHSA to determine the extent to which States and Jurisdictions have implemented the State plan for the preceding fiscal year. States and Jurisdictions are required to prepare annual reporting for submission that consists of multiple components which include data submissions, performance indicators and fiscal tables. The annual reporting needs to include the purposes for which the CMHS and SUPTRS funds were expended, recipients of grant funds, authorized activities funded, and services purchased with such funds. CMHS and SUPTRS reports are not combined.

4. Methodology used for analysis or evaluation:
   OBH Quality staff work in collaboration with OBH analytics, program and fiscal staff and LGEs in the development of the annual reports. Some data is submitted quarterly;

annual reporting submissions require several months of preparation and typically begin in August of each year.

OBH Analytics staff problem solve, plan, and develop methodologies for data report analysis. OBH Analytics staff analyze performance/outcome data and prepare and disseminate monitoring and performance reports/dashboards. Additionally, they produce standard URS (Uniform Reporting System; Client Level Data Uploads) tables, performance indicators, and reporting tables. In order to complete data based reports, OBH Analytics staff maintain the operation of the OBH Data Warehouse, maintain the OBH Client Level Data Manual, and oversee LGEs' EHR data submissions. LGE data submissions are continuous, and are sent to the OBH Data Warehouse on a semi-monthly basis.

Most components of the December 1 reporting are submitted via SAMHSA's online portal, Web Block Grant Application System (WebBGAS). Other submissions are completed through their respective SAMHSA sponsored online portals.

5. Cost (allocation of in-house resources or purchase price):
   There is no cost associated with these reports. These reports are generated in-house; OBH program staff use data from the OBH Data Warehouse to generate client level data based reports.

6. Major Findings and Conclusions:
   The primary purpose of the reports is to track and monitor fiscal, program, service and client variables/indicators across time. No major findings/conclusions.

7. Major Recommendations:
   No major recommendations.

8. Action taken in response to the report or evaluation:
   Data-based decision making relative to programs and services.

9. Availability (hard copy, electronic file, website):
   The data is submitted directly into SAMHSA portals. SAMHSA makes the client level data reporting available to the public in PDF format. The Annual Report from SAMHSA's WebBGAS system is distributed via email to the Louisiana Behavioral Health Advisory Council and upon request.

10. Contact person for more information:
    Name: Catherine Peay
    Title: Block Grant State Planner
    Agency & Program: LA Department of Health, Office of Behavioral Health
    Telephone: (225) 342-7945
    Email: Catherine.peay@la.gov

Annual Management and Program Analysis Report
Fiscal Year 2022-2023

Department: **Louisiana Department of Health (LDH)**
09-340 Office for Citizens with Developmental Disabilities

Department Head: **Stephen R. Russo, JD**
LDH Secretary

Undersecretary: **Pam Diaz**

Assistant Secretary: **Julie Foster Hagan**

I. What outstanding accomplishments did your department achieve during the previous fiscal year?

A. What was achieved?
B. Why is this success significant?
C. Who benefits and how?
D. How was the accomplishment achieved?
E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

Accomplishment #1: Planning for Home and Community Based Waiver in a Post-Public Health Emergency Environment

A. What was achieved?

The Office for Citizens with Developmental Disabilities (OCDD) was allowed to make temporary changes to the home and community based services (HCBS) waivers during the COVID-19 Public Health Emergency (PHE) through Appendix K. OCDD spoke to community partners and the community partners expressed that they would like for some of the temporary changes to become permanent. Centers for Medicaid and Medicare Services (CMS) have reviewed and approved these changes, which included:

- allowing family members living in the home to act as paid caregivers;

- virtual visits from support coordinators;
- the suspension of the 16-hour rule (which prevented direct support professionals (DSPs) from working more than 16 hours in a 24 hour period);
- allowing "sharing" of DSPs across different waivers;
- monitored in-home caregiving;
- New Vocational/Day habilitation services:
    - Virtual day habilitation
    - Prevocational and individual supported employment
    - Community life engagement and
    - Community career planning; and
- The addition of technology based services with remote features.

B. Why is this success significant?

The introduction of new services, like community life engagement, technology services, remote service delivery and family as paid caregivers have the potential to significantly expand not only the services we provide, but also the way in which we provide them. The expansion of technology services in the waiver has the potential to allow a participant extra independence and choice. Services like community life engagement, community career planning, virtual prevocational services, and virtual supported employment give participants the opportunity to participate in community activities which may include working and learning in an integrated setting. Family as paid caregivers allows for an expanded pool of direct service professionals (DSPs), and allows the participant the choice to have a family member living in the home to provide services to them with guardrails and safeguards in place to ensure health and safety of the participant. This also means the participant can be cared for by the people who know them best and are frequently best suited to provide the care.

C. Who benefits and how?

Families benefit because they have expanded options for service delivery (for example, a family member living in the home can now be paid to provide personal care services under certain circumstances). Participants in waiver services benefit because there are new services, like technology with remote features, which will help them lead more independent and integrated lives. Service providers benefit because the inclusion of families as paid caregivers and technology-based services can help ease the strain of the DSP workforce crisis. Support coordinators benefit because they can make virtual home visits to their waiver participants under certain circumstances. This can help ease the strain of heavy caseloads, with participants who are spread out across their service region.

D. How was the accomplishment achieved?

Throughout the COVID-19 PHE OCDD held listening sessions with families, providers, support coordinators, advocacy organizations, and waiver participants with individuals with intellectual or developmental disabilities (I/DD). OCDD took that input and began to make changes to the waivers to help families navigate the post-PHE world. OCDD amended their Waiver applications to include the new services, and service delivery options. OCDD amended rules to align with the waiver applications. OCDD is now

actively engaged in training support coordinators and providers on the Post-PHE changes. OCDD is working to develop an array of webinars, documents, and infographics to help all partners understand the Post-PHE changes.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)

Yes, this accomplishment helps contribute to the success of most of our strategic plan goals. The introduction of new services, and new service delivery methods, helps to promote person-centered thinking to help people achieve their goals, desires and address their quality of life. This accomplishment increases a participant's capacity to live, work, and learn in an integrated community, and to help the Developmental Disabilities Service System to allocate funds and resources to enable people to live in the most integrated setting.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

Yes, OCDD developed these plans with the input of a wide range of partners, and received their input at every stage of the planning and development of the post-PHE services. CMS considers stakeholder engagement in the development of new initiatives a best-practice.

Accomplishment #2: Study the needs of Individuals with Intellectual and Developmental Disabilities (I/DD) and Co-occurring Behavioral Health Concerns and Identifying Strategies to address those Concerns (HCR 38 of the 2022 Regular Legislative Session)

A. What was achieved?

House Concurrent Resolution 38 of the 2022 Regular Legislative Session required the Louisiana Department of Health (LDH) to engage, collaborate with, and obtain information and perspective from a workgroup comprised of internal and external partners with working and lived experience in the area of supporting persons with I/DD and co-occurring behavioral health concerns.

The Legislature asked LDH to consider the following information:

- Potential sources of funding to reopen a developmental neuropsychiatric unit, a stabilization unit, or both types of units, as well as suitable locations for the unit or units.
- Psychiatric residential treatment facilities (PRTFs) as options for serving the target population.
- Options for implementing community-based behavioral health services for the target population within existing systems and funding of such services through existing programs.
- Approaches for engaging all of Louisiana's Medicaid managed care organizations in delivering services for the target population.
- Means for ensuring all of the following:
    - Appropriate levels of bed availability for both adults and adolescents.

  - That no statement of approval or similar certification is made contingent upon bed availability.
  - Access to a residential treatment program to serve the needs of individuals with intellectual and developmental disabilities and co-occurring behavioral health conditions.
- Integration of evidence-based approaches to serving individuals with intellectual and developmental disabilities into the state's community-based crisis intervention services.
- Any other programs and best practices for coordinating and delivering services for individuals with intellectual and developmental disabilities and co-occurring behavioral health conditions.

Workgroup findings revealed the following:

1. Louisiana's Managed Care Organizations (MCOs) include an adequate spectrum of outpatient behavioral health services in their plan offerings, and individuals with I/DD and co-occurring behavioral health needs are not excluded from access if they are members of the plan. Individuals with I/DD and their families do report significant challenges in accessing these services currently. The report outlines a number of factors that impact access to services. The work group made recommendations to increase access to needed treatment. The following recommendations can be implemented with no additional funding or resources:
    a. Training for individuals and families and across systems and providers to increase understanding of all service and treatment options and processes for accessing these.
    b. Development of key partnerships to develop expectations for collaboration
        i. Across behavioral health and developmental disabilities (DD) divisions within Local Governing Entities (LGEs);
        ii. Across OBH, OCDD, and Medicaid MCOs;
        iii. To ensure the new community health worker service can support individuals accessing services across systems;
        iv. University level training requirements for all licensed mental health practitioners;
        v. Licensing board requirements/support for education in understanding and meeting the needs of individuals with I/DD.
    c. LDH should work with the Medicaid MCOs to evaluate billing/coding options for incentives, including considering the use of existing complexity code and/or I/DD related modifiers.
2. LDH/OCDD offers many I/DD related support services to ensure that individuals with I/DD can live in their local communities with (or near) their families even when they have complex support needs. The Children's Choice (CC) offers adjunct therapies as service options. The Residential Options Waiver (ROW) and the New Opportunities Waiver (NOW) include adjunct professional services, and the New Opportunities Waiver includes a complex care add-on option. The group identified two primary

areas for possible enhancement of these services that could work in conjunction with increased access to the needed behavioral health treatments. These services may come with some additional cost but would have cost offsets that would render them cost neutral within the OCDD waivers. They are also likely to reduce use of more costly acute or emergent services within the MCOs.

a. OCDD should evaluate the current additional therapies within the CC and the complex care add on for the NOW and determine what changes can be made to attract and enroll providers for the additional therapies in the CC and streamlining the complex care add on request process.

b. OCDD should evaluate and identify additional behavioral support services, including the enhanced behavioral support model implemented in some states, which can be included within the OCDD waiver with a specific focus on services that would be used in lieu of the current personal care attendant/individual and family support (PCA/IFS) service(s). This would instead provide higher trained/better qualified staff to support individuals with both I/DD and behavioral health (BH) needs in collaboration with instructions/guidance from treating professionals.

3. LDH/OBH recently implemented the 988 crisis line, and is in the process of implementing the final components of a comprehensive crisis response system. Individuals with I/DD should be able to access these services when needed. The group makes the following recommendations to ensure adequate access to these services. The following recommendations can be implemented with no additional funding or resources.

   a. Appropriate LDH offices should work with the MCOs to provide further clarification on the interface between 988 call centers and the MCO crisis call centers.

   b. LDH should ensure that the following, training and mentoring actions are implemented consistent with the plan developed between OCDD and OBH which is detailed in the full recommendations section of this report.

   Additional recommendations that may have some cost to implement, but would likely be mitigated by other savings if they are implemented include:

   c. OBH, Medicaid and the MCOs should evaluate and develop strategies to address the factors impacting enrollment (or lack thereof) of crisis stabilization providers.

   d. OCDD should proceed with the Center for START services contract to complete the systems analysis and evaluate the report from this analysis, and the state is strongly encouraged to implement START services/teams following the analysis and using the guidance from the analysis to implement and fund START successfully. [NOTE: LDH/OCDD has designated American Rescue Plan Act (ARPA) funds for the systems analysis and START pilot.]

   e. Funding should be allocated to implement crisis therapeutic respite in OCDD's service options.

4. LDH should engage all MCOs in developing an adequate network of providers to meet the needs of individuals with I/DD and co-occurring behavioral health needs is an essential component of any plan to improve outcomes. The following recommendations to improve engagement and provider networks can be implemented with no cost or additional resources:
    a. Cross agency training for staff/coordinators;
    b. Identification of MCO liaison and OCDD Resource Center (RC) liaisons to work collaboratively to ensure ongoing capacity building and collaboration;
    c. MCO survey of clinical providers to identify current willingness and/or challenges in provided treatment to individuals with I/DD and BH needs as well as those who would be interested in participating in additional training and possible certification activities;
    d. Implementation of the newly added components of the quarterly quality monitoring and discussion with MCOs such that it will now include OCDD;
    e. Development of a consistent process for clinical consultation and planning across systems/agencies.
5. Louisiana does not currently have sufficient PRTF beds to meet the needs of youth in Louisiana. This larger issue is broader than meeting the needs of individuals with I/DD and co-occurring behavioral health needs and outside the scope of this workgroup. LDH/OBH and the MCOs are working to address this gap. This workgroup offers the following recommendations to ensure access to PRTF services for individuals with I/DD which can be implemented as part of the larger effort to expand capacity.
    a. OCDD/OBH conducted a cross-walk of PRTF and the previous DNP and stabilization unit (SU) programs to identify differences. This is attached and should be used as any specialty programs are considered and gather information from specialty PRTF programs in other states to determine need for residential/inpatient options.
    b. LDH should consider partnering with programs who already provide services to individuals with I/DD and BH needs to both enhance the number of programs who provide services in existing options, and develop specialty options. This may include the following:
        i. Evaluating specialized PRTF options;
        ii. Outreach to medical schools/training programs and existing larger hospital systems to evaluate options for partnership; and
        iii. Outreach to existing private ICFs who may have interest in enrolling in MC as residential provider (i.e., TGH or PRTF).
    c. Locations for any new programs and partnerships should be in geographical areas where there is high likelihood of recruitment and access to medical/clinical training programs.

d. LDH should evaluate the options for grant funding for startup of any programs. Continued funding would already be built into the existing per member/per month (PM/PM) as another alternative for access to an existing service.

e. LDH should collaborate with the Department of Education (DOE) to determine if there is something in their funding formula related to their obligations when an individual is in a residential treatment program out of their local school district to ensure access to education.

6. While no single residential program will solve the problems for individuals with co-occurring needs, it is likely that specialty units/residential programs of some sort will be needed. These programs could be achieved more consistently and sustainably through public/private partnerships and/or modifications to existing programs. The full report offers a set of considerations in building any specialty unit/program.

7. LDH should collaborate with MCOs to ensure needed access to inpatient treatment and discharge/treatment planning for any individual residing in ICF-IIDs who also have co-occurring behavioral health needs. Coordinated transition and discharge planning with leadership from both OCDD and OBH should be implemented.

8. LDH should build on and continue the work of the OCDD Resource Center to train professionals to increase capacity to effectively support individuals with I/DD and BH. The Resource Center is the primary capacity building entity in the state of Louisiana for I/DD and behavioral health needs and is essential to implementation of recommendations across all areas addressed in this report.

9. LDH should continue its partnership with the Arc of Louisiana through the Arc's dual diagnosis grant with the expanded membership of this workgroup to allow for ongoing collaboration to continue to better meet the needs of individuals with I/DD and behavioral health including implementation of the other recommendations noted in this report.

B. Why is this success significant?

Individuals with I/DD are more likely to experience behavioral health distress and co-occurring behavioral health conditions compared to their peers who do not experience I/DD. Individuals with I/DD and behavioral health needs when compared to individuals with either disability condition alone are:

- Less likely to access appropriate services when experiencing a mental health crisis,
- More likely to be institutionalized, and
- Remain in institutional settings for longer "because they cannot access the services they need to live in the community."

Individuals with I/DD are significantly more likely to experience trauma than individuals without I/DD. In addition to greater likelihood of experiencing more commonly recognized trauma events (i.e., adverse childhood events), individuals with I/DD are also more likely to experience frequent smaller trauma events such as bullying, isolation, etc. Despite the increased frequency of trauma events, individuals with I/DD are less likely to receive access to counseling or therapy post trauma.

C. Who benefits and how?

While the required focus was on children with I/DD including autism, ETD options could potentially be used to compliment services and supports for anyone who experiences challenges related to wandering, eloping, or a propensity to get lost. OCDD participants, families, support coordinators, and direct support professionals could all potentially benefit from the addition of an ETD to one's array of identified supports. The workgroup represented the first time partners from across agencies within LDH and its contractors came together with individuals who use/receive services to systematically review the service continuum and outline needed recommendations to improve services. The report includes recommendations across the continuum of services with agreed upon actions to improve access and outcomes for individuals with I/DD and behavioral health needs, their families and providers.

D. How was the accomplishment achieved?

The workgroup held 8 meetings beginning on August 22 and ending December 1, 2021. Between meetings, workgroup members reviewed relevant data and research related to each of the 7 core areas outlined in the HCR. Presentations occurred for each of the 7 areas and discussions with recommendations were documented. Family experiences were highlighted and informed the report and recommendations.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)

Yes. OCDD has specific goals to increase capacity to support individuals with I/DD and complex needs. Additionally, the OCDD strategic plan recognizes that promoting stakeholder engagement and advocacy efforts is an important component of our overall strategic plan.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
Yes. OCDD reviewed federal/state-specific legislation and peer-reviewed literature, as well as analysis of data regarding utilization and access. Additionally, using stakeholder workgroup input and surveys are a Best Management Practice according to CMS.

Accomplishment #3: Implementation of Dental Services for Persons with I/DD

A. What was achieved?

On July 1, 2022, Louisiana Medicaid began offering Comprehensive Dental Services for approximately 12,000 adults with intellectual/developmental disabilities (I/DD) receiving services through the New Opportunities Waiver, Residential Options Waiver, or Supports Waiver.

B. Why is this success significant?

Adults with I/DD are grossly underserved by the dental community and have very few, if any, providers they can go to in order to receive their much needed and basic dental care. Their need for available, accessible, and reliable healthcare with community-based support services is essential for them to achieve and maintain independence in their communities. When necessary services (including dental care) are not fully available, complications will surface and disrupt the lives of individuals, and result in emergent, preventable, and costly care.

At the time of this proposal, there was a years-long waiting list for adults with I/DD to receive dental care in a hospital setting, with general anesthesia, because of the demand and limited availability.

C. Who benefits and how?

Adults with intellectual and developmental disabilities who are receiving home and community based waiver services (HCBS) benefit from the new comprehensive services. Access to these dental health care services will help prevent negative outcomes for both medical and behavioral health as well as economic hardship experienced by adults with I/DD and their families in Louisiana.

D. How was the accomplishment achieved?

OCDD achieved this accomplishment through collaboration with the Louisiana Dental Taskforce and their intense advocacy on behalf of adults with intellectual and developmental disabilities.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)

Yes, OCDD has specific goals to increase the use of community-based care. By making comprehensive dental care available to waiver receiving adults, we avoid costly medical expenses while improving overall quality of life for waiver recipients.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

Yes, OCDD developed the program with significant input from families and individuals with I/DD. The use of stakeholder workgroups is considered a best practice by CMS.

Accomplishment #4: Completion of Reporting and Rate and Audit for Services Provided by Direct Support Professionals (DSPs)

A. What was achieved?

In Act 119 of the 2021 Regular Legislative Session the Legislature established a $9/hour minimum wage floor for Direct Support Professionals (DSPs). OCDD implemented the $9/hour wage floor via administrative rulemaking in Title 50—Public Health-Medical Assistance Part XI. The rule allowed for audit procedures, sanctions, and penalties. The OCDD Monitoring Unit completed a successful audit of selective payroll and financial records from all identified HCBS providers who qualified for the DSP rate increase to determine compliance with the $9 minimum wage floor requirement. The Monitoring Unit also determined how those providers implemented the wage increase into their operations by reviewing financial records including but not limited to insurance payments, bonus pay, mileage reimbursement, taxes, and overtime pay.

B. Why is this success significant?

The $9 minimum wage floor was established by the Louisiana Legislature who subjected providers to an audit by the department in order to establish compliance. Providers who are non-compliant with the rule are subject to sanctions by the department or disenrollment in the Medicaid program.

C. Who benefits and how?

The wage enhancement was done to benefit both the DSPs and the HCBS Providers. The intent of the rule was to enhance the pay of DSPs with the belief that the enhancement would help to stabilize the shrinking DSP workforce. Establishing provider compliance with the rule ensures that the department is doing diligence in enforcing the rule and supporting the DSP workforce by enhancing pay.

D. How was the accomplishment achieved?

The OCDD Monitoring Unit consisting of a team of 5 monitors issued a letter to all HCBS providers requesting documentation needed for review: Monthly payroll summaries for 1 payroll cycle prior to the rate increase, and 1 payroll cycle post the rate increase. These documents included the following:

a. Total count of DSPs employed as full-time, part-time, and contracted;

b. Total hours paid at regular rate of pay and total wages paid at regular rate of pay;

c. Total hours paid at overtime rate of pay and total wages paid at overtime rate of pay;

d. Employer-related expenses paid for the month:

i. Workers compensation premiums;

ii. Federal Insurance Contributions Act (FICA) (this may be broken down and reported separately as State Unemployment Tax Act (SUTA), Federal Unemployment Tax Act (FUTA), and Medicare taxes but only Employer paid portions);

iii. Employer paid benefits such as employer portions of health insurance premiums, 401(K) or other retirement plans, bonuses, mileage, etc.

In addition, providers were also required to submit a signed attestation that all documents were true, accurate and complete.

Monitors reviewed the documentation and identified the providers who were not compliant and the DSPs who were and were not paid the $9 minimum wage after the rate increase for wage enhancement was given to providers. They were also able to record the employer-related expenses and provide the department with average expenditures for the time frame under review and the average hourly base wage paid to DSPs prior to and after the rate increase. Based on this analysis, 84.9% of providers met the $9 wage floor and 15.1% failed to meet the wage floor. In all, 30% of the $2.50 wage increase went to enhance DSP wages.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)

Yes, part of OCDD's strategic plan is to develop and implement a full-scale data driven quality enhancement system. The DSP audit contributes to the development of a data driven quality enhancement system.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

This review protocol uses best practices in monitoring, and was established in accordance with the OCDD Monitoring Charter. The process allowed the department and the legislators who backed the rate increase for wage enhancement to determine how the funds were put to use. Should this monitoring effort need to be replicated, the agency and the department could benefit from using this process.

Accomplishment #5: Implementation of Rate Increases for EarlySteps Services with Increase in Provider Enrollment

A. What was achieved?

EarlySteps was able to increase rates across the board for all services, both those paid through Medicaid, and those paid by the Central Finance Office. The 30% increase includes:

- Therapies paid at $82.35/hour will increase to $107.06/hour
- Special Instruction rate will increase from $59.80/hour to $77.74/hour
- Eligibility Evaluation rates will increase from $196/event to $254/event
- Family Support Coordination rates will increase from approximately $121.26/month (billing in units) to $169/monthly flat rate fee.

B. Why is this success significant?

There has not been a provider rate increase since 2003. Rates were cut by 25% in 2005, resulting in a loss of approximately half of EarlySteps providers. In 2008 rates were restored to 2003 levels, but were cut again by 2% in 2011. The program was never able to recoup the lost providers, and the low rates made it hard to recruit new providers. A lack of providers and low pay reduced participation in the program. With a rate increase EarlySteps is able increase the number of providers, thus increasing access to the program for Louisiana families.

C. Who benefits and how?

The rate increase benefits the entire EarlySteps service system. Family Support Coordinators' salaries increased, helping with staff retention. Therapists and Special Instructors are able to devote more hours to EarlySteps, instead of working part time jobs. The rate increases allowed EarlySteps to recruit more providers. As the number of children we serve increases, this rate increase allows EarlySteps to provide more support to families.

D. How was the accomplishment achieved?

Early Interventionists and Family Support Coordinators convened a workgroup; that group formed the rate increase proposal. The workgroup presented the proposal to the legislature during the 2022 Regular Legislative Session. The proposal was accepted and the rate increase was included in House Bill 1 of the 2022 Regular Session.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)

EarlySteps is focused on increased access to early intervention services for Louisiana's children. During the COVID-19 Pandemic EarlySteps enrollment dropped, but EarlySteps is focused on increasing referrals to the program. The rate increase will help EarlySteps increase provider capacity, and in turn increase access to services in the EarlySteps program. This is consistent with the OCDD Strategic Plan goals of providing people with access to information about services and how to access services, and to provide person-centered supports.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

Yes, stakeholder workgroup input and surveys are a Best Management Practice according the CMS. This rate increase was developed by a focus group that included service providers and Family Support Coordinators.

II. Is your department Five-Year Strategic Plan/Business Plan on time and on target for accomplishment?

To answer this question, you must determine whether your

anticipated outcomes—goals and objectives—are being attained as expected and whether your strategies are working as expected and proceeding on schedule.

- **Please provide a brief analysis of the overall status of your strategic progress.** What is your general assessment of overall timeliness and progress toward accomplishment of results targeted in your goals and objectives? What is your general assessment of the effectiveness of your strategies? Are anticipated returns on investment are being realized?

  OCDD is making timely progress in its current five-year Strategic Plan, particularly with those initiatives that support the following strategic plan goals:

  - 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;
  - 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;
  - To increase the capacity of the Developmental Disabilities Services System to provide opportunities for people to live, work, and learn in integrated community settings;
  - 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;
  - To implement an integrated, full-scale data-driven quality enhancement system; and
  - To rebalance the Developmental Disabilities Services System in an efficient and equitable manner such that resources are allocated to enable people to live in the most integrated setting appropriate to their needs.

  These initiatives also support OCDD's priorities, which relate to system transformation, as well as effective and efficient service delivery. OCDD's effective use of available CARES Act and American Rescue Plan Act funding allowed OCDD's progress on objectives to remain steady despite setbacks posed by the COVID-19 Public Health Emergency. OCDD continues to build on successes in the areas of customer responsiveness, waiver reform, person-centered thinking, early intervention, and supports for people with complex behavioral needs, and employment. The success of these initiatives in FY 2022-2023, and the continued success in 2023-2024 will help move the Office toward the goals and objectives outlined in OCDD's Strategic Plan.

- **Where are you making significant progress?** If you are making no significant progress, state "None." However, if you are making significant progress, identify and discuss goals and objectives that are exceeding the timeline for achievement; identify and discuss strategies that are working better than expected. Be specific; discuss the following for each:

  1. To what do you attribute this success? For example:

- Is progress largely due to the effects of external factors? Would the same results have been generated without specific department action?
- Is progress directly related to specific department actions? (For example: Have you reallocated resources to emphasize excellence in particular areas? Have you initiated new polices or activities to address particular issues or needs? Have you utilized technology or other methodologies to achieve economies or improve service delivery?)
- Is progress related to the efforts of multiple departments or agencies? If so, how do you gauge your department's contribution to the joint success?
- Other? Please specify.

2. Is this significant progress the result of a one-time gain? Or is progress expected to continue at an accelerated pace?

Supporting Individuals with Complex Behavioral Health Needs to Live in their Community

The OCDD Resource Center has continued to support individuals with the most complex behavioral needs, and currently acts as a service of last resort. The primary reason(s) for high-cost institutionalization within the OCDD system are the presentation of behavioral health needs and/or legal involvement. OCDD's Strategic Plan and Operational Plan includes a performance indicator (#24259) to monitor the success of this initiative. This year the OCDD Resource Center Behavioral Health staff provided consultation or direct services as last resort to 500-740 individuals each month across the state, including operating an in person and virtual medical psych clinic for individuals who are unable to secure a prescriber for psychotropic medications; over 95% of the individuals served maintained community living because of this support. These results represent significant positive outcomes for these individuals, and speak to the success and importance of this OCDD effort.

1. To what do you attribute this success?

   The OCDD Resource Center employs clinicians with expertise in supporting and treating individuals with developmental disabilities and complex behavioral/ medical support needs. The OCDD Resource Center uses a multi-disciplinary approach to providing consultation, training, and services that improves the ability of caregivers and providers to achieve positive outcomes for persons with complex needs.

2. Is this significant progress the result of a one-time gain? Or is progress expected to continue at an accelerated pace?

   Progress is expected to continue. The Resource Center staff has implemented triage initiatives, and they have been able to provide services to a greater number of individuals and provider agencies. Resource Center professionals, in collaboration with the Local Governing Entities (LGEs), have implemented crisis/diversion initiatives, and can initiate a consultation prior to escalation of a crisis to ensure one's community connection is maintained, or within a time-frame that increases

the likelihood of diversion to the most integrated setting. The Resource Center staff have also implemented formal liaison partnerships with all Managed Care Organizations and the two State Operated Psychiatric Hospitals to ensure collaboration and access to appropriate services.

Enhanced Training for Community Professionals and Providers to Improve Capacity to Support Individuals with Complex Needs

The OCDD Resource Center uses the professional expertise of staff to develop and conduct training and technical assistance activities with community providers and professionals to enhance the ability of these providers and professionals to support individuals with complex medical and behavioral support needs. These activities are initiated by the office and by provider/professional request. OCDD's Strategic and Operational plan includes a performance indicator (#24696) to monitor success with this initiative. The Resource Center was able to conduct over 400 training activities in FY 23. The Resource Center was also able to continue *Operation House Call* activities in both New Orleans and Shreveport locations. Additionally, during this fiscal year OCDD's Resource Center Team collaborated with four other states/territories to continue to share resources for educating behavioral health professionals on the efficacy of existing behavioral health evidenced-based practices (EBPs) for individuals with I/DD and co-occurring behavioral health needs. The Resource Center initiated a new partnership with LSU Medical School and Ochsner Health in Shreveport to train psychiatric residents and psychology interns. Training within university systems continues with Southeastern Louisiana University, Louisiana College, and LSU Health Sciences Center as well. With regard to dental needs, OCDD continued formal outreach and coordination with Medicaid health plans and stakeholder groups and served as a member of the dental task force.

OCDD's clinical director and behavioral health leadership team were recognized by the National Association for State Directors of Developmental Disability Services (NASDDDS) for development and publication of white papers for clinicians, and the white papers are now housed on the NASDDDS national site. The Clinical Director and Associate Clinical Director are working with NASDDDS and a sister state to develop mini-module recordings for clinicians as part of educational options. The OCDD Clinical Director, Associate Clinical Director and Deputy Assistant Secretary for Programs presented at the National Association on Dual Diagnosis. The OCDD Clinical Director, RN Manager and several nurses presented at the State AAIDD conference and the RN Manager received the organization's education leadership award.

1. To what do you attribute this success?

   OCDD employs clinicians with expertise in supporting and treating individuals with developmental disabilities and complex behavioral and medical support needs. OCDD and OBH have developed more formal partnership approaches to address the needs of individuals with co-occurring needs.

2. Is this significant progress the result of a one-time gain? Or is progress expected to continue at an accelerated pace?

Progress is expected to continue. The OCDD Resource Center and Clinical Staff have adapted trainings by offering virtual alternatives to in-person training, and learning from the virtual options have allowed for planning of hybrid approaches to maximize providers/professionals the Resource Center can reach and impact. The Resource Center obtains feedback from customers at the time of each training event; this feedback and suggestions for additional training allow OCDD to be responsive to customers' training needs. Professional continuing education and discipline-specific outreach events will continue, with planning done each fiscal year.

Training Modules for Direct Support Professionals

The OCDD Resource Center and Programmatic Unit partnered to develop and implement core training modules for Direct Support Professionals. Two key factors led to the development of the initiative: 1) Providers requested support related to required training and 2) areas of need were identified by the LDH/OCDD leadership. OCDD's Resource Center led development of core modules in the following areas:

- Person Centered Practices,
- Supporting Emotional Wellness, and
- Complex medical needs.

OCDD's Programmatic Unit led the development of a core module for Emergency Preparedness. All modules have been developed along with required competency checks. Lead trainers have been identified to complete train-the-trainer with the identified Programmatic Unit staff who will implement the modules with a regular schedule each month. The Programmatic Unit developed an initial schedule for the Emergency Preparedness module, and registration has started with courses scheduled to begin in July 2023.

1. To what do you attribute this success?

   OCDD employs clinicians with expertise in supporting and treating individuals with developmental disabilities and complex behavioral and medical support needs. OCDD employs staff with expertise in person-centered practices and emergency planning. OCDD partnered with providers to identify needs and with Health Standards to ensure consistency with regulations.

2. Is this significant progress the result of a one-time gain? Or is progress expected to continue at an accelerated pace?

   Progress is expected to continue. The first training rolled out in July and subsequent modules will be scheduled in the following months.

Redesign of Day and Employment Services to Promote Integrated Community Settings

Over the last four years, OCDD collaborated with the State Employment Leadership Network (SELN) Redesign Workgroup. The workgroup consisted of thirteen day and employment providers from around the state, which are a representation of the larger

stakeholder group. This group has worked to redefine the day and employment services and align the services across the three adult waivers: the New Opportunities Waiver (NOW), the Residential Options Waiver (ROW) and the Supports Waiver (SW) to establish a continuity of services. Over the past few years, we have successfully added the following services to all three adult waivers:

- Community Life Engagement,
- Community Career Planning, and
- Virtual delivery of day habilitation, prevocational services and individual supported employment follow along services.

We are continuing the work by ensuring that all three adult waivers are offering a complete service array package for individual supported employment and we are currently working to establish a rate increase for all day and employment community services. The service array for the individual employment will include the following services:

- Assessment
- Job Development/Placement
- Initial On the Job Support
- Extended On the Job Support
- Ongoing Follow Along

1. To what do you attribute this success?

   OCDD strives to be an Employment First Agency. OCDD continued to work to improve the day and employment services and align the services across all adult waivers after the implementation of the HCBS Settings Rule in 2014. The results generated would not have occurred without the collaboration with the SELN, Redesign Workgroup and OCDD/LGEs. The HCBS Settings Rule was also a guiding factor so that our waivers would meet the compliance for the rule.

   OCDD allocated additional money to fund the redesign of day and employment services. The HCBS Settings Rule and OCDD's emphasis on Employment First made this redesign a priority. Another contributor to this success is that these changes can drastically improve the lives of those we support. To implement the new services OCDD created policies, increased service rates, and we amended waiver applications and rules for the NOW, ROW, and SW.

   We made progress because of the efforts of the provider Redesign workgroup, stakeholders, Local Governing Entities and OCDD State Office working collaboratively to redesign services to ensure that community integration and individual employment are prioritized for those we support.

2. Is this significant progress the result of a one-time gain? Or is progress expected to continue at an accelerated pace?

   The redesign of the day and employment services will continue until the services are fully implemented across all adult waivers. OCDD will continue to monitor

progress to ensure that services are being implemented as intended and, if necessary, we will work to amend. The progress is expected to continue as this area is a priority for OCDD.

Ongoing Training and Technical Assistance for Case Managers on Person-Centered Tools

OCDD clinical services continued its partnership with an identified Support Coordination agency to pilot the implementation within agency training and supervision activities of the core onboarding training series with certification requirements for all new support coordinators and supervisors. The first tier certification for the initial identified support coordinators and supervisors occurred last fiscal year (FY). Tier 2 certification on plan development occurred in this FY with 50% of the support coordinators completing certification, and the other 50% making substantial progress. All supervisors achieved certification in plan review and approval. The support coordination agency has developed a core orientation training schedule for new support coordinators that incorporates the training modules and certifications.

1. To what do you attribute this success?

   OCDD's clinical services division partnered with a support coordination agency seeking to implement quality initiatives to improve hiring and retention, as well as recipient outcomes. The previously developed 10 core module recordings were built upon to merge the person centered training into the routine onboarding within the agency. A two-tiered certification process was developed including training and certification of supervisors to ensure in house capacity for implementation and quality outcomes in the future.

2. Is this significant progress the result of a one-time gain? Or is progress expected to continue at an accelerated pace?

   Progress is expected to continue. The support coordination agency will be implementing the core orientation training schedule and OCDD will continue to partner with the agency on implementation of a process for supervisor certification as new supervisors are hired/promoted.

Planning and Phase 1 Implementation of Remote Technology

The Public Health Emergency (PHE) shed light on the need to expand the use of technology in home and community based services. The PHE prompted more reliance on technology in order to preserve needed support and connection throughout the Developmental Disability service system. OCDD recognized the need to maintain and expand technology support options. The use of technology such as remote monitoring, personal emergency response systems, medication reminders, and GPS technology expands opportunities for individuals with I/DD to build independence, enhance safety and security, and improve quality of life. At a systems level, especially given the direct support professional workforce shortage, the use of technology supports will better position the system to reserve needed capacity for those individuals with the most significant support needs. This is a secondary, but essential, benefit toward sustainability of the service system.

In 2022 OCDD used an Appendix K: Emergency Preparedness and Response as an opportunity to incorporate some initial services related to 'Technology Supports with Remote Features' for two of OCDD's HCBS waivers (the Residential Options Waiver and the New Opportunities Waiver). Appendix K is a standalone appendix that can be used by a state during emergency situations, so this positioned OCDD to quickly receive CMS support to include the initial services. Also during this timeframe, Louisiana became one of the first states to enroll in the 'Internet for All' program and receive federal grant funding to implement improved internet speeds and access across the state. The timeline of these two opportunities aligned with the Louisiana Department of Health's (LDH) FY23 Business Plan commitment to increase and strengthen service delivery for vulnerable residents by broadening opportunities for community involvement and increase independence through the use of technology with remote support in OCDD home and community-based waivers.

As part of this commitment, OCDD convened a core group of partners to facilitate planning for phase I implementation of "Technology Support with Remote Features." The workgroup worked to identify access and utilization barriers, provider recruitment, and developing/implementing a communications plan to build understanding of these supports and how to incorporate into planning for needed supports. The workgroup members spanned the support system, including representation from someone with lived experience, family members, providers of HCBS and ICF services, support coordination, the Developmental Disability Council, Families Helping Families, The Arc, and the Human Services District/Authority.

Additionally, the initial services identified in Appendix K for two of the waivers required amendments so that OCDD could continue these services once the PHE ended. OCDD amended the Appendix K "Technology Supports with Remote Features" into the two existing waivers, and also added an amendment to the Children's Choice Waiver, so that three of the four OCDD HCBS Waivers would offer these phase I 'Technology Supports with Remote Features' services. OCDD then received CMS approval for the Children's Choice Waiver (effective date of 10/01/23), Residential Options Waiver (effective date of 07/01/23), and the New Opportunities Waiver (effective date of 10/01/23). Service utilization tracking and reporting mechanisms for these new services were also developed this year.

Phase I 'Technology Supports with Remote Features' includes three categories:

- *Remote Technology Consultation*: Allows for an evaluation of technology support needs for an individual, including functional evaluation of technology available to address the individual's access needs and support the individual to achieve outcomes identified in the comprehensive plan of care (CPOC).
- *Technology Supports with Remote Features Services*: Includes Mobile Emergency Response System (MERS), Medication Reminder System (MRS), other equipment that offers remote support (e.g., electronic motion door sensor devices, door alarms, HIPAA compliant web-cams, telephones with modifications, fall alert device affixed to wheelchair or walker, text-to-speech

software, intercom systems, and tablets with features to promote communication or smart device speakers).

- *Remote Technology Service Delivery*: Covers monthly response center/remote support monitoring fee and technology upkeep.

1. To what do you attribute this success?

   The composition of OCDD's core group of partners was a valuable resource for this initiative. It allowed for a diverse representation of perspectives and needs, which was essential in informing and developing OCDD's Phase I communication plan. Additionally, the group's input was instrumental in designing a statewide survey for individuals receiving waiver services so that OCDD could learn what these individuals

   - Currently know about remote supports;
   - What additional information may be helpful toward expanding understanding; and (if known)
   - What types of remote support would waiver participants be interested in receiving.

   The results from this survey will be reviewed and used to inform planning the next phase of the remote support continuum.

   In addition to the collaboration OCDD received from the core group of partners, OCDD employs professionals with experience in supporting individuals with developmental disabilities, as well as knowledge of CMS waiver applications, rate/billing codes, policy and rule-making, communications, person-centered thinking and practices, and clinicians with expertise in treating persons with complex behavioral and medical support needs. This collective was instrumental in achieving the following deliverables within **one** fiscal year:

   - CMS approval to amend phase I supports into the Children's Choice, Residential Options, and New Opportunities waiver.
   - Initiation of policy to support the waiver amendments.
   - Recruitment and addition of remote support providers to the Freedom of Choice.
   - Ensuring survey development and response options included assistive technology with remote features for persons with significant physical, communication, and behavioral support needs.
   - A communications plan that targeted system-wide presentations on Introduction to Technology Support with Remote Features, phase I:
     - Multiple state-wide presentations to stakeholders
     - Quarterly Human Services Districts/Authorities (HSD/A) Developmental Disability Directors meeting

- Quarterly Support Coordination, Provider, and HSD/A meeting (this meeting also included training to Support Coordinators on survey administration).

- Development of phase I procedure and billing codes.
- Identification of pilot sample and connection of these individuals to phase I supports.

2. Is this significant progress the result of a one-time gain? Or is progress expected to continue at an accelerated pace?

   Progress is expected to continue, and current progress represents only the initial phase of the remote support continuum. Given the response and feedback OCDD has received from the core group of partners during phase I planning and implementation, and feedback from those who attended the statewide introductory presentations, there is growing recognition and support for the use of technology with remote features as part of the array of supports for persons with developmental disabilities. OCDD will continue to collaborate with stakeholders to inform subsequent phases of development, with planning done each fiscal year.

- **Where are you experiencing a significant lack of progress?** If you are experiencing no significant lack of progress, state "None." However, if you are experiencing a significant lack of progress, identify and discuss goals and objectives that may fall significantly short of the targeted outcome; identify and discuss strategies that are not working well. Be specific; discuss the following for each:

  1. To what do you attribute this lack of progress? For example:
     - Is the lack of progress related to a management decision (perhaps temporary) to pursue excellence in one area at the expense of progress in another area?
     - Is the lack of progress due to budget or other constraint?
     - Is the lack of progress related to an internal or external problem or issue? If so, please describe the problem and any recommended corrective actions in Section III below.
     - Other? Please specify.

  3. Is the lack of progress due to a one-time event or set of circumstances? Or will it continue without management intervention or problem resolution?

<u>Development of an Integrated, Full-Scale Data-Driven Process</u>

1. To what do you attribute this lack of progress?

   OCDD is in the process of developing or obtaining a full-scale data-driven quality database. OCDD must resolve many issues before the database is complete. OCDD lacks the resources for developing a full-scale data-driven process.

However, LDH has been able to secure funding through the American Rescue Plan Act (ARPA) for possible system upgrades, and to provide the opportunity for OCDD to obtain the desired system. The plan also presents a funding opportunity to secure additional human resources to support the one available programmer who, to this point, has had the full time responsibility for modernizing all of OCDD's databases. Currently, OCDD is the pilot and testing phase of finalizing the electronic Individual Support Plan (eISP) which will be key to the effectiveness and operability of any system OCDD will use.

2. Is the lack of progress due to a one-time event or set of circumstances? Or will it continue without management intervention or problem resolution?

   The lack of progress on a quality-integrated database was due to a lack of resources, both in terms of funding to create the singular data system and infrastructure (i.e. concerns for server space, web-based capabilities) and adequate personnel to develop and administer the system. In addition to the barriers, modernization of all IT infrastructure has had a significant impact on progress. However, the initial phases of the upgrades of the system have been completed.

- **Has your department revised its strategic plan to build on your successes and address shortfalls?**

  ☒ Yes. If so, what adjustments have been made and how will they address the situation?
  ☐ No. If not, why not?

  Yes. OCDD has updated its Strategic Plan for FY 2023 through 2028. Updates included revisions to office goals, program objectives, strategies and indicators to reflect office direction, to build on successes, to provide strategies in areas where success has not been as substantial or where changes in program direction indicate such, and to improve performance assessment.

- **How does your department ensure that your 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?** Use as much space as needed to explain fully.

  On a department-wide level, Performance-Based Budgeting activities (including, but not limited to strategic planning, operational planning, and the Louisiana Performance Accountability System) are coordinated by the LDH Division of Planning and Budget. This section reviews objectives, performance indicators and strategies for programs within the Office of the Secretary, other LDH agencies, and for some LGEs. Each agency/LGE, with input from Executive Management, develops its own Operational Plan and Strategic Plan. Plans are then submitted to the Office of the Secretary for review and feedback. Recommendations are made directly to the Assistant Secretaries or the Secretary, if

modifications or additions are needed. In addition, at the close of a fiscal year, agencies review and evaluate performance during that fiscal year in order to determine if the information gained from this review should be used to improve strategic and operational planning, or program management operations.

Within OCDD, objectives are assigned to specific staff members who are responsible for management and oversight of the accomplishment of each objective and related performance indicators. A variety of management tools (i.e., databases, project charters, etc.) and task/initiative specific workgroups/committees are used to track, review, and provide feedback for use in decision-making and resource allocation. Progress, or lack of progress, (along with support/resources needed to achieve assigned objective) is reported to OCDD Executive Management. Performance data is also reported in Louisiana Performance Accountability System (LaPAS), and is available for both management and stakeholder review.

III. What significant department management or operational problems or issues exist? What corrective actions (if any) do you recommend?

("Problems or issues" may include internal concerns, such as organizational structure, resource allocation, operations, procedures, rules and regulations, or deficiencies in administrative and management oversight that hinder productivity, efficiency, and effective service delivery. "Problems or issues" may be related to external factors—such as demographics, economy, fiscal condition of the state, federal or state legislation, rules, or mandates—that are largely beyond the control of the department but affect department management, operations, and/or service delivery. "Problems or issues" may or may not be related directly to strategic plan lack of progress.)

Complete Sections A and B (below) for each problem or issue. Use as much space as needed to fully address each question. If the problem or issue was identified and discussed in a management report or program evaluation, be sure to cross-reference the listing of such reports and evaluations at the end of this form.

A. Problem/Issue Description

1. What is the nature of the problem or issue?
2. Is the problem or issue affecting the progress of your strategic plan? (See Section II above.)
3. What organizational unit in the department is experiencing the problem or issue?
4. Who else is affected by the problem? (For example: internal or external customers and other stakeholders.)
5. How long has the problem or issue existed?
6. What are the causes of the problem or issue? How do you know?
7. What are the consequences, including impacts on performance, of failure to resolve the problem or issue?

B. Corrective Actions

1. Does the problem or issue identified above require a corrective action by your department?

☐ No. If not, skip questions 2-5 below.

☐ Yes. If so, complete questions 2-5 below.

2. What corrective actions do you recommend to alleviate or resolve the problem or issue?
3. Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)?
4. Are corrective actions underway?
    a. If so:
        - What is the expected time frame for corrective actions to be implemented and improvements to occur?
        - How much progress has been made and how much additional progress is needed?
    b. If not:
        - Why has no action been taken regarding this recommendation?
        - What are the obstacles preventing or delaying corrective actions?
        - If those obstacles are removed, how soon could you implement corrective actions and generate improvements?
5. Do corrective actions carry a cost?

☐ No. If not, please explain.

☐ Yes. If so, what investment is required to resolve the problem or issue? (For example, investment may include allocation of operating or capital resources—people, budget, physical plant and equipment, and supplies.) Please discuss the following:

a. What are the costs of implementing the corrective actions? Be specific regarding types and amounts of costs.
b. How much has been expended so far?
c. Can this investment be managed within your existing budget? If so, does this require reallocation of existing resources? If so, how will this reallocation affect other department efforts?
d. Will additional personnel or funds be required to implement the recommended actions? If so:
    - Provide specific figures, including proposed means of financing for any additional funds.
    - Have these resources been requested in your budget request for the upcoming fiscal year or in previous department budget requests?

Problem/Issue #1:

Information Technology (IT) Upgrades/Modernization Project

A. Problem/Issue Description

1. What is the nature of the problem or issue?

   OCDD's Information Technology (IT) software and equipment are out-of-date and need a system upgrade and modernization. Many applications/databases need redesign and/or major revision; equipment needs to be updated. Modernization is needed to allow for automation of processes requiring access by multiple internal and external users. The Office's system transformation efforts are being seriously thwarted by the lack of up-to-date IT equipment and programming.

2. Is the problem or issue affecting the progress of your strategic plan? (See Section II above.)

   Yes, in some way all of the six goals are negatively impacted by OCDD's outdated IT system due to a need for resources to make improvements. Goal V (To implement an integrated, full-scale data-driven quality enhancement system) is especially hampered by this problem.

3. What organizational unit in the department is experiencing the problem or issue?

   This problem affects all units within the office to varying degrees. IT upgrades and modernization would improve the efficiency of all work units within the Office.

4. Who else is affected by the problem? (For example: internal or external customers and other stakeholders.)

   The people supported by the Office and their families, providers, support coordination agencies, and other stakeholders are indirectly affected. The Office is unable to fully implement an updated person-centered planning process without the ability to allow for multiple users and storage for automated assessments and plans of support.

5. How long has the problem or issue existed?

   The problem has existed for a number of years but has exacerbated in the past year due to the need for higher system requirements to accomplish major initiatives.

6. What are the causes of the problem or issue? How do you know?

   The OCDD Information Technology (IT) Upgrades/Modernization projection has been significantly hampered by the lack of funding. Although funding was requested for the IT Project during the state budgeting process, the project was not chosen as one of the Department's priorities.

7. What are the consequences, including impacts on performance, of failure to resolve the problem or issue?

   Development and implementation of person-centered software such as OCDD's electronic Individual Support Plan (eISP) and the Office's Quality Enhancement system remain priorities and are critical to the OCDD's next steps in system transformation. These efforts will be delayed and will significantly affect progress in

meeting established OCDD goals and objectives if additional funding is not secured.

B. Corrective Actions

1. Does the problem or issue identified above require a corrective action by your department?

☐ No. If not, skip questions 2-5 below.

☒ Yes. If so, complete questions 2-5 below.

2.What corrective actions do you recommend to alleviate or resolve the problem or issue?

OCDD needs funding to implement, test, correct, and maintain the data infrastructure necessary to implement the eISP, build a proposed electronic developmental disability health record, and re-design the current quality enhancement integrated database. OCDD needs a full-time programmer and additional funding to replace older equipment to address efficiencies. Funding to address larger systemic issues is needed to fully implement major initiatives related to the planning process for individuals with developmental disabilities being served in Home and Community-Based Services waivers.

3. Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)?

Yes.

4. Are corrective actions underway?

OCDD requested funding in the FY 2023-2024 budget. The Department has allocated money from the American Rescue Plan Act (ARPA) to provide OCDD with some needed resources to begin the process of building or obtaining the desired system and technology. There may also be resources to obtain the necessary human capital to help with the move to new systematic program coding that we need to make existing OCDD systems compatible with the new IT system upgrades.

5. Do corrective actions carry a cost?

☐ No. If not, please explain.

☒ Yes. If so, what investment is required to resolve the problem or issue? (For example, investment may include allocation of operating or capital resources—people, budget, physical plant and equipment, and supplies.)

Yes, to resolve the issue OCDD must have salary for another full-time programmer, and funding for equipment upgrades and system modernization are required. This cannot be managed with the current TO and budget.

Problem/Issue #2:

Community settings lack adequately trained professionals and direct support staff to deliver needed: (1) behavioral services, including qualified persons to deliver applied behavior analysis to people with autism, and (2) services and supports, including skilled nursing service and community nursing service, to individuals who are medically fragile

A. Problem/Issue Description

1. What is the nature of the problem or issue?

   There continues to be a lack of adequately trained professionals and direct support staff to deliver needed behavioral and medical/nursing services to individuals with complex needs in community settings, including a lack of qualified professionals to deliver applied behavior analytic therapies to persons with autism. There is a shortage of trained staff to provide services and supports for individuals with significant medical needs, including a shortage in skilled nursing services, and a shortage of trained nurses who work either full time, part time, and contract for the agency/provider for individuals who are medically fragile and reside in community settings.
   Adequate behavioral health supports can be very effective in improving quality of life, and reducing behavioral symptoms/challenges for individuals with intellectual/developmental disabilities. Applied behavior analysis can be very effective and can significantly alter the course of autism for many individuals. Complex medical support needs, particularly those requiring nursing supports throughout significant periods of the day, can be managed in community settings; however, it is very difficult to locate and secure trained staff to meet these needs. Continued challenges in this area contribute to institutional admissions, hospital admissions, emergency room use, increased illnesses, increased medication usage and costs, and other negative health outcomes.

   There have been specific departmental and OCDD initiatives introduced during this fiscal year to continue addressing this barrier—and improvements have occurred in some areas—however the general problem still exists. A multi-faceted and multi-year approach is likely required to resolve the problem.

2. Is the problem or issue affecting the progress of your strategic plan? (See Section II above.)

   Yes. Lack of professional supports in community settings has continued to be the primary contributor to admissions to the supports and service center and other more restrictive settings. Requests for admissions happen when community providers are unable to meet behavioral and psychiatric needs of people whom they are serving in community settings and (in smaller numbers) those with complex medical needs. The lack of trained autism professionals negatively impacts the ability to develop new autism services, which could prevent more severe negative developmental outcomes. The inability to adequately teach functional behavioral skills detracts from

community participation objectives (i.e., that individuals with disabilities are participating fully in communities). The continued movement from Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) settings to community-based living arrangements is also hampered due to the challenges in securing needed behavioral and medical/ nursing supports for individuals with complex needs.

3. What organizational unit in the department is experiencing the problem or issue?

   OCDD and the Local Governing Entities have been impacted by the lack of professional support in the community for many years. The Office of Behavioral Health (OBH) and Medicaid are also experiencing some impact due to this problem.

4. Who else is affected by the problem? (For example: internal or external customers and other stakeholders.)

   Individuals supported and their families, support coordinators, and private providers who serve persons with intellectual/developmental disabilities in community homes, family homes, and supported independent living settings are all impacted by this problem. Hospitals are impacted when individuals with co-occurring needs present at the emergency room due to difficulty accessing other needed services. Behavioral health professionals and agencies are impacted because they are now receiving referrals for individuals with co-occurring needs for whom they may not feel adequately trained to deliver treatment. Managed care organizations are also impacted due to expectations related to developing a network of providers for the provision of needed health and behavioral health services in an environment where access to needed specialized training is a challenge.

5. How long has the problem or issue existed?

   The problem has been longstanding over many years.

6. What are the causes of the problem or issue? How do you know?

   Many factors contribute to the problem, beginning with a historic lack of training of persons equipped to deliver these services. Many professional training programs offer no training in intellectual/developmental disabilities. National reports continue to indicate that there is a general shortage of behavioral health professionals in many areas of the country, with access for those with co-occurring developmental disabilities and behavioral health needs even more challenging. The cost of providing nursing services in individual settings—and challenges in terms of isolation in these arrangements—negatively impact the access to needed medical/nursing supports. Both the increasing number of persons with intellectual/ developmental disabilities now being served in the community, and the downsizing of institutional services (generally considered to be positive and progressive developments in developmental disabilities services) have contributed to an increased need for medical/nursing and

behavioral/psychiatric supports in the community. In addition, private Supported Independent Living (SIL) providers serving persons in waiver settings and private community home providers generally do not conduct, and are not required to conduct, training with direct support staff on positive behavior supports and medical/nursing needs.

Factors linked to impacts of COVID-19, additional major hurricanes disrupting services in the State, and historically significant workforce challenges being experienced within Louisiana and nationally continue to further impact this challenge. These public health disasters and workforce challenges continue to affect the provision of community-based services. Additionally, issues related to the availability of direct service professionals is likely to continue or worsen due to changes in the general economy subsequent to COVID-19. Many entry-level jobs are reimbursing new hires at rates significantly higher than DSPs. Therefore, we may have a shrinking workforce of qualified DSPs to support people in the community, resulting in increased utilization of more restrictive, high-cost alternative.

7. What are the consequences, including impacts on performance, of failure to resolve the problem or issue?

   Consequences include:
   - a significant number of people with intellectual/developmental disabilities having unmet needs,
   - a continued need for costly institutional admissions to the higher treatment cost supports and service center,
   - continued high utilization of high-cost acute services, and an inadequate number of practitioners to positively impact the developmental trajectories of children with autism, other behavioral challenges and/or complex medical needs leading to increasing service costs over the course of their lifespan.

B. Corrective Actions

1. Does the problem or issue identified above require a corrective action by your department?

☐ No. If not, skip questions 2-5 below.

☒ Yes. If so, complete questions 2-5 below.

2. What corrective actions do you recommend to alleviate or resolve the problem or issue?

   - Continue work to implement the inclusion of behavioral and medical therapeutic respite options via the OCDD consolidated waiver, and research development of specialized shared living waiver models for individuals with complex medical and behavioral needs.
   - Continue implementation of opportunities for partnering with university programs that provide training, as well as individual clinicians, resulting in

additional needed professionals and growing the service provider pool.

- Continue OCDD-developed and OCDD-sponsored professional continuing education opportunities.
- Continue to evaluate other states' practices that may offer opportunities for new and expanded services.
- Continue and enhance nursing and dental outreach efforts to improve outcomes for individuals with complex medical/dental needs.
- Continue collaboration with OBH on development of crisis framework and services and other opportunities for partnership with shared stakeholders.
- Complete systems analysis with the Center for START services related to meeting the needs of individuals with I/DD and co-occurring behavioral health needs.
- Implement the activities of the study groups in HCRs passed in FY 22 related to DSP workforce, nursing services within agencies and the needs of individuals with dual diagnoses (I/DD and co-occurring behavioral health needs).

3. Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)?

Yes. A recommendation has been included in this annual report since FY 2007-2008. Some recommendations have been implemented, and new recommendations are included. Many of these recommendations require sustained implementation over a period of time to effect needed systems issues and improve outcomes.

4. Are corrective actions underway?

Yes. The following actions are underway:

- OCDD continues implementation of the complex care supplemental option within the waiver services and implementation of an Emotional Wellness Guide in its HCBS program.
- OCDD has developed core training for DSPs on supporting emotional wellness and meeting complex medical needs.
- OCDD continues its statewide offering of Medical/Nursing DSP training via Money Follows the Person (MFP) Rebalancing Demonstration.
- OCDD continues to offer Board Certified Behavior Analysts (BCBA) continuing education opportunities, as well as other behavioral and psychological continuing education options.
- OCDD has continued professional continuing education across disciplinary areas.
- OCDD continues to provide consultation and technical assistance via the OCDD Resource Center.

- OCDD has implemented routine outreach to full time, part time, and contract nurses for HCBS providers via the OCDD Resource Center.
- OCDD continues to work with Medicaid to support Applied Behavior Analysis (ABA) services via the State Plan, and has increased routine coordination with Office of Behavioral Health (OBH) related to mental health needs for individuals with intellectual/developmental disabilities.
- OCDD has initiated contact and secured as part of ARPA funding to contract with the Center for START services.
- OCDD continues to partner as part of the statewide Dental Taskforce and passage of funding to provide dental coverage has occurred in the last two FYs.
- OCDD continues collaborating with OBH, Coordinated System of Care (CSoc), and the Managed Care Organizations (MCOs) to address the co-occurring I/DD and behavioral health needs of recipients who access services across systems.
- OCDD Resource Center staff have developed a liaison program with the two state operated psychiatric facilities and each MCO.
- OCDD continues to work in collaboration with Missouri and NASDDDS to develop additional training and educational materials for clinicians.
- OCDD participates as part of the Arc of Louisiana's dual diagnosis grant workgroup and has worked collaboratively with the group to develop a Clinicians Guide to Accessible behavioral health treatment for individuals with I/DD and co-occurring behavioral health needs.

5. Do corrective actions carry a cost?

☒ No. If not, please explain.

Most of these actions do not carry a cost. The training and capacity building efforts approved in the Money Follows the Person (MFP) Rebalancing Demonstration (My Place Louisiana) Operational Protocol are funded with federal demonstration dollars through Fiscal Year 2023. While other corrective actions could carry a cost insofar as additional clinicians and/or technical assistance staff are recruited into state service systems, they do not carry a cost as most new positions in OCDD are existing positions diverted from institutional services. They do not incur a cost when the focus is on community, non-public capacity building. Costs are associated with new services such as ABA, START and enhanced waiver services. However, those costs are likely offset by costs associated with failure to implement corrective actions such as: 1) failure to intervene at the community level can result in extensive additional institutional treatment costs, and 2) failure to intervene with persons with autism at an early age does result in extensive lifelong service costs that are estimated at over $1 million per person and incurred by families and the taxpayer. Additionally, the initial funding for the START contract will occur through federal ARPA dollars.

☐ Yes. If so, what investment is required to resolve the problem or issue? (For example, investment may include allocation of operating or capital resources—people, budget, physical plant and equipment, and supplies.) Please discuss the following:

a. What are the costs of implementing the corrective actions? Be specific regarding types and amounts of costs.
b. How much has been expended so far?
c. Can this investment be managed within your existing budget? If so, does this require reallocation of existing resources? If so, how will this reallocation affect other department efforts?
d. Will additional personnel or funds be required to implement the recommended actions? If so:
    - Provide specific figures, including proposed means of financing for any additional funds.
    - Have these resources been requested in your budget request for the upcoming fiscal year or in previous department budget requests?

Problem/Issue #3:

Ongoing cost associated with facilities that have been closed, vacated or privatized

A. Problem/Issue Description

1. What is the nature of the problem or issue?

   Over the last eighteen years, eight former state-operated, supports and services centers for people with developmental disabilities have either privatized their operations or closed in ongoing efforts to serve people in the least restrictive settings in their communities. OCDD continues to bear responsibility for the ongoing costs associated with four of these eight facilities. These costs generally include:
   Acquisitions and major repairs, the payment of risk management premiums, building and grounds maintenance, utilities, and/or loss prevention/ security, and ongoing, or legacy costs, including the employer share of group insurance benefits for retirees.
   As of SFY 2023, these expenditures require a state general fund appropriation to the OCDD budget to maintain.

2. Is the problem or issue affecting the progress of your strategic plan?

   No direct impact to the strategic plan is noted to the extent that these costs are billed at the appropriated level. Should billing exceed the amount appropriated for these costs, services would be impacted should funds be moved from other areas to meet these mandated costs.

3. What organizational unit in the office is experiencing the problem or issue?

   Not applicable.

4. Who else is affected by the problem?

   The OCDD budget is impacted.

5. How long has the problem or issue existed?

   This issue was identified in 2010.

6. What are the causes of the problem or issue? How do you know?

   The issue results from the mandatory expenditures associated mainly with duties and costs for state-owned property insured by Office of Risk Management (ORM), mandated group insurance costs for retirees from now closed institutions.

7. What are the consequences, including impacts on performance, of failure to resolve the problem or issue?

   The consequence of this issue is the continued expenditure of funds to maintain properties that are no longer used by OCDD. These expenditures may cause cash flow shortfalls in future fiscal years to the extent that billing for these costs exceeds the appropriated funding.

B. Corrective Actions

1. Does the problem or issue identified above require a corrective action by your office?

   ☐ No. If not, skip questions 2-5 below.

   ☒ Yes. If so, complete questions 2-5 below.

2. What corrective actions do you recommend to alleviate or resolve the problem or issue?

   LDH should pursue an alternative use for the facilities, including, but not limited to, the following: 1) the transfer of state-owned property to other state, parish, or local governing departments/offices for an alternative public good; and/or 2) the utilization of state-owned property as revenue generating property. If not, the state may propose to sell the properties. Note that sections of all facilities contain asbestos that will require abatement. All such actions above may require an amendment to rule or law.

3. Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)?

   Yes. Similar recommendations have been made in this annual report since FY 2009-2010.

4. Are corrective actions underway?

   Yes. Corrective actions are underway.

   - Closed Facilities. With respect to ongoing facility maintenance and upkeep at closed facilities, in accordance with the ORM guidelines, OCDD is working to identify potential alternate uses for all properties not occupied or those planning to be vacated due to ongoing downsizing efforts. The Opelousas property is in process of sale. The Arc of Acadiana property is in process of surplus. The Hammond / North Lake property is in process of demolition following major repairs associated with Hurricane Ida.

5. Legacy Costs. Regarding ongoing legacy costs associated with mandated group insurance premiums for employees who retired from now closed institutions, Act 119

of the 2021 Regular Session appropriated less than full funding from the State General Fund placing a greater burden the revenue stream at the state operated facilities. Do corrective actions carry a cost?

☒ No. If not, please explain.

No. There are no anticipated direct costs related to researching and developing amendments to existing legislation, as these actions would be completed by existing staff. Failure to correct the restriction will result in long-term costs to the state for maintaining unoccupied buildings/facilities. Additional resources are necessary to the extent that the revenue stream at Pinecrest is unable to fund the costs over and above the State General Fund appropriation.

☐ Yes. If so, what investment is required to resolve the problem or issue? (For example, investment may include allocation of operating or capital resources—people, budget, physical plant and equipment, and supplies.) Please discuss the following:

a. What are the costs of implementing the corrective actions? Be specific regarding types and amounts of costs.

b. How much has been expended so far?

c. Can this investment be managed within your existing budget? If so, does this require reallocation of existing resources? If so, how will this reallocation affect other department efforts?

d. Will additional personnel or funds be required to implement the recommended actions? If so:

- Provide specific figures, including proposed means of financing for any additional funds.
- Have these resources been requested in your budget request for the upcoming fiscal year or in previous department budget requests?

IV. How does your department identify, analyze, and resolve management issues and evaluate program efficiency and effectiveness?

A. Check all that apply.

☒ **Internal audit**
The LDH Office of the Secretary ensures ongoing monitoring of programmatic and administrative functions.

The Internal Audit function, within LDH Office of the Secretary, appraises activities within the Department to safeguard the Department against fraud, waste and abuse by conducting risk-based audits and compliance investigations. The Internal Audit function ensures that transactions are executed according to management's authority and recorded properly; that operating efficiency is promoted; and that compliance is maintained with prescribed federal regulations,

state laws, and management policies.

Internal Audit also provides management with evaluations of the effectiveness of internal controls over accounting, operational and administrative functions.

☒ **External audits (Example: audits by the Office of the Legislative Auditor)**
The LDH has a designated Audit Coordinator for financial audits. The Audit Coordinator is the designated point of contact for all correspondence and communication related to financial audits of LDH agencies. The Audit Coordinator is involved in all written communication related to audits and is kept informed about all relevant verbal communication between agency personnel and the Louisiana Legislative Auditor (LLA) staff. The LLA conducts performance audits, program evaluations, and other studies as needed to enable the Legislature and its committees to evaluate the efficiency, effectiveness, and operation of state programs and activities.

The Centers for Medicare & Medicaid (CMS) also conducts audits and reviews LDH and its agencies for compliance with program standards and accountability for funds received to administer programs.

☐ Policy, research, planning, and/or quality assurance functions in-house

☐ Policy, research, planning, and/or quality assurance functions by contract

☐ Program evaluation by in-house staff

☐ Program evaluation by contract

☒ **Performance Progress Reports (Louisiana Performance Accountability System)**
The LDH Division of Planning and Budget coordinates and reviews entries of the Louisiana Performance Accountability System (LaPAS) data on a quarterly basis for all LDH agencies. Explanatory notes are provided 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, if significant variances occur, or if modifications and additions are needed.

☒ **In-house performance accountability system or process**
Performance Based Budgeting activities (including, but not limited to strategic planning, operational planning, and the Louisiana Performance Accountability System) are coordinated by the LDH Division of Planning and Budget. This section reviews all objectives, performance indicators and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are made at monthly expenditure analysis meetings directly to the agency's assistant secretary or the Department's undersecretary, if modifications or 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 planning, or strengthen program management initiatives.

☒ **Benchmarking for Best Management Practices**
The LDH Division of Planning and Budget reviews, researches and develops objectives, performance measures and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are compared to benchmarks from leading states involved in performance-based budgeting activities. Recommendations are made directly to the agency's assistant secretary or the Department's undersecretary, if modifications or additions are needed.

☒ **Performance-based contracting (including contract monitoring)**
LDH contracts are required to contain a description of the work to be performed including goals and objectives, deliverables, performance measures and a monitoring plan.

☐ Peer review

☐ Accreditation review

☐ Customer/stakeholder feedback

☐ Other (please specify):

B. Did your office complete any management reports or program evaluations during the fiscal year covered by this report?

☒ Yes. Proceed to Section C below.

☐ No Skip Section C below.

C. List management reports and program evaluations completed or acquired by your office during the fiscal year covered by this report. For each, provide:

1. Title of Report or Program Evaluation:
2. Date completed:
3. Subject or purpose and reason for initiation of the analysis or evaluation:
4. Methodology used for analysis or evaluation:
5. Cost (allocation of in-house resources or purchase price):
6. Major Findings and Conclusions:
7. Major Recommendations:
8. Action taken in response to the report or evaluation:
9. Availability (hard copy, electronic file, website):
10. Contact person for more information, including:
    Name:
    Title:
    Agency & Program:

Telephone:
E-mail:

1. Title of the Report or Program Evaluation:

   National Core Indicators Survey. The National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute (HSRI) co-sponsor the National Core Indicators (NCI) project. Forty-eight states and the District of Columbia contribute survey data on individualized cycles for each NCI annual survey period.

2. Date completed:

   HSRI and NASDDDS made the final reports (**Prior year cycle**) for the survey cycle that ended on June 30, 2022 available to the State in January 2023.

   The new 2022/2023 survey cycle began in October 2022 with pre-survey activities. OCDD mailed survey packets for the Adult Family Surveys in May 2023 to 5,182 family members of individuals receiving OCDD services. OCDD sent electronic invitations via the NCI portal to Provider agencies for the NCI Workforce Survey (Previously called the Staff Stability Survey) in March 2023, when NCI opened the survey portal for responses. NCI also extended the final response entries for the Staff Stability Survey from June 30, 2023 to July 31, 2023.

3. Subject or purpose and reason for initiation of the analysis or evaluation:

   The core indicators are standard measures used across states to assess the outcomes of services provided to individuals and their families. Indicators address key areas of concern including employment, rights, support planning, community inclusion, choice, and health and safety. Surveys were conducted to evaluate the effectiveness of the Louisiana Developmental Disabilities Services System. Survey questions concerned satisfaction, quality of care and quality of life. Analyses compared Louisiana statewide results with results of other states participating in the National Core Indicators Project. During the 2022/2023 survey cycle, OCDD chose to conduct the Adult Family survey and the NCI Workforce Survey. The Child Family, Family Guardian survey and the In-Person Interview survey were not conducted for this cycle.

   OCDD participated in the 2022/2023 NCI Workforce Survey for the sixth consecutive year. NCI instituted this survey to address the concerns that surfaced in HSRI and NASDDDS about the instability of the direct care service workforce across the United States. Concerns that are being explored center around wages, benefits, career opportunities, work environment and educational opportunities for the workforce of caregivers. The NCI-Workforce Survey is an on-line survey through an NCI portal that is accessed by licensed service provider administrators of agencies supporting adults with an intellectual/developmental disability (I/DD) in residential, employment, day services and other in-home or community inclusion programs. The survey captures information about wages, benefits, and turnover of

the direct support staff hired by the agencies. Respondents participate on a voluntary basis, but are strongly encouraged by OCDD leadership to complete the survey in order to obtain the most comprehensive data about the conditions that exist in Louisiana. OCDD only has access to the aggregate data collected and reported by NCI.

4. Methodology used for analysis or evaluation:

   OCDD uses the Child Family and Adult family survey as the primary tools to measure the service participant satisfaction for the 2021/2022 cycle (prior year). The analysis reports both the number and percentage of responses to each question. The NCI averages contained in the national report are "weighted" means; their calculations reflect the relative population sizes of all participating states, as well as the sample size. NCI developed the weights used in the calculations of the report using each participating state's number of survey respondents and its total survey-eligible population. NCI tests for statistical significance as well as effect sizes. Effect sizes are used in addition to statistical significance because statistical significance of a state's result depends in part on the size of the state's sample. NCI compiles comparisons in the NCI national report that includes all of the participating states who submit a minimum of 400 surveys. NCI produces state reports for each participating state. If a state is not eligible to be included in the national report, that state will still have a state report available. NCI offers a web-based survey response site that provides families who were participating in one of the family surveys the opportunity to respond via direct entry into the NCI database. OCDD provides a unique survey code on each survey for respondents to use to access the database to ensure anonymity. In previous years, OCDD experienced a diminishing rate of return of surveys, which has resulted in this Office pulling larger samples and mailing more survey invitations in order to achieve the target of a minimum of 400 completed Family surveys per targeted population. OCDD did not conduct the In-Person Survey that directly interviews adults with a developmental disability participating in services through OCDD-managed programs. OCDD also did not conduct the Family Guardian survey this cycle. Final reports from NCI on the aggregated 2021/2022 data were available in January 2023.

   The Human Services Research Institute and the National Association of State Directors of Developmental Disabilities Services prepared the reports and delivered the report to OCDD in January 2023.

   National Core Indicators Louisiana Adult Family Survey 2022 Final Report: This report provides an aggregated summary of the results of the survey which was mailed to families of adult individuals living and receiving developmental disability services in the family home and provides comparisons between Louisiana and the national average of other participating states.

   OCDD concluded the Child Family survey on July 31, 2022 and met the projected return rate for participation. The Adult Family survey also concluded on July 31, 2022 and met the projected return rate for participation. OCDD also met the targeted return rate for the NCI Workforce Staff Survey.

OCDD made the NCI web-based survey response format available to respondents in the 2021/2022 surveys; hard copy surveys were also sent to the sample survey recipients to ensure equal access to everyone. The OCDD Quality Section is continuing to explore ways to increase the online participation rate for NCI surveys

5. Cost (allocation of in-house resources or purchase price):

   The Office of State Mail Operations mailed the Adult Family Survey; the cost was $11,569.87 for the invitation letter and the actual mail surveys. The cost of the business reply postage for postage-paid return surveys is $2,080.41. There were no additional costs for the NCI-Workforce survey as providers were emailed a link to complete the survey online.

6. Major Findings and Conclusions:

   The preliminary review of the 2021/2022 Family Survey suggests feedback from family members of service participants still reflects the challenges that families and service participants experienced because of the continued disruptions from COVID-19 pandemic restrictions. The 2022/23 NCI Survey cycle findings will be available in January 2024.

7. Major Recommendations:

   OCDD should consider contracting out the mail return processing of surveys and the In-Person Survey activities to an outside entity. That would remove any conflict of interest concerns that occur when OCDD surveys its own services. OCDD is exploring proposals for contracting with outside entities after the 2023/24 survey cycle. OCDD should formulate strategies to promote online participation in the Family surveys for the 2023/24 survey cycle, by offering families additional support to use the technology. OCDD can offer that support through phone contact, a dedicated email site, and web-based tutorials. Quality is currently exploring different potential resources for compiling the provider list. The list of invitees is extremely important in order to reach the correct target audience, minimize redundancy, and allow for a strong base in which to calculate the statistically significant return rate of = or <5%.

8. Action taken in response to the report or evaluation:

   Information from the surveys was cross-walked to Centers for Medicare & Medicaid Services (CMS) measures for the Home and Community-Based Services (HCBS) Settings Rule, which addresses community participation and employment goals for persons with developmental disabilities who are receiving HCBS.

   OCDD reviews NCI data as well as data from other sources, such as data on regional performance indicators as part of the Human Services Accountability Plan and data from EarlySteps and HCBS waiver performance indicators for its quality improvement process. An OCDD workgroup (including programmatic and quality staff) reviews the data to look for trends. OCDD develops and implements quality improvement projects when trends and patterns are noted, upon approval of the OCDD Executive Management Team.

9. Availability (hard copy, electronic file, website):

   www.nationalcoreindicators.org

10. Contact person for more information:
    Name: Pam Sund
    Title: Program Manager 3
    Agency & Program: OCDD Quality Section
    Telephone: 225-342-5646
    E-mail: Pam.Sund@la.gov

Annual Management and Program Analysis Report
Fiscal Year 2022-2023

Department: **Louisiana Department of Health (LDH)**
09-350 Office on Women's Health and Community Health

Department Head: **Stephen Russo**
LDH Secretary

Undersecretary: **Pam Diez**

Assistant Secretary: **Dr. Torrie Harris**

I. What outstanding accomplishments did your department achieve during the previous fiscal year?

For each accomplishment, please discuss and explain each item below.

A. What was achieved?
B. Why is this success significant?
C. Who benefits and how?
D. How was the accomplishment achieved?
E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

Accomplishment #1: The Office on Women's Health and Community Health Launched Town Hall Meetings & Created a Data Dictionary

A. What was achieved?

The Louisiana Department of Health's Office on Women's Health and Community Health (OWHCH) launched its "Listen to H.E.R.: Hearing, Empowering, Responding" town hall series on March 21, 2023 in Baton Rouge. Town Halls were conducted in every region of the state to gather community input to raise awareness of the new Office of Women's Health and Community Health, promote the many health services and programs available to residents, and gather input on women's health needs to inform the office's priorities

and future programming.

Data Dictionary

OWHCH created a Data Dictionary website to assure public access to pertinent women's health data. The Data Dictionary is specifically tailored to data managers, community residents, and policy or decision-makers in an effort to inform effective decision-making strategies. A Data Advisory Committee was also convened to examine future women's health data needs and to plan for data platform development.

B. Why is this success significant?

The primary goal of OWHCH, created during the 2022 Legislative Session, is to provide an agency-wide focus on women's health outcomes through policy, education, evidence-based practices, programs and services.

OWHCH aims to be a clearinghouse, coordinating agency and resource center for women's health data and strategies, focusing on issues such as needs throughout a woman's life; chronic or acute conditions; access to healthcare; how poverty impacts women's health; leading causes of morbidity and mortality and health disparities.

C. Who benefits and how?

Louisiana residents and women all benefit from these town hall meetings, as OWHCH is committed to advancing women's and community health across the state.

D. How was the accomplishment achieved?

The town hall meetings featured discussions facilitated by subject matter experts on health issues impacting women across their lifespan. Each town hall utilized already existing community health assessment data and state health statistics data to guide round table discussion on priority topic areas. Discussion were tailored to the community health needs of each region of the state. Qualitative data was collected and compiled. Further, town hall participants also completed individual health surveys to identify health needs. These town hall meetings provided opportunities for community collaboration, networking, health resources, activities such as yoga and meditation, and exhibitions by community and healthcare provider partners.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)

Yes. Operationalizing the Office on Women's Health and Community Health (OWHCH) is one of 17 key initiatives outlined in LDH's FY23 business plan. Additionally, the data collected from the town hall will inform future women's and community health strategies.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

Yes.

II. Is your department Five-Year Strategic Plan/Business Plan on time and on target for accomplishment?

To answer this question, you must determine whether your anticipated outcomes—goals and objectives—are being attained as expected and whether your strategies are working as expected and proceeding on schedule.

- Please provide a brief analysis of the overall status of your strategic progress. What is your general assessment of overall timeliness and progress toward accomplishment of results targeted in your goals and objectives? What is your general assessment of the effectiveness of your strategies? Are anticipated returns on investment are being realized?

  The overall status of the strategic progress is timely towards accomplishing the targeted goals and objectives on schedule. The Office was established via legislation passed in June 2022. With the recruitment of staff and the completion of the regional town halls, Office on Women's Health and Community Health (OWHCH) is on target to develop refined strategic goals and objectives utilizing community input to address the women's and community health needs across the state of Louisiana.

- Where are you making significant progress? If you are making no significant progress, state "None." However, if you are making significant progress, identify and discuss goals and objectives that are exceeding the timeline for achievement; identify and discuss strategies that are working better than expected. Be specific; discuss the following for each:

  1. To what do you attribute this success? For example:
     - Is progress largely due to the effects of external factors? Would the same results have been generated without specific department action?
     - Is progress directly related to specific department actions? (For example: Have you reallocated resources to emphasize excellence in particular areas? Have you initiated new polices or activities to address particular issues or needs? Have you utilized technology or other methodologies to achieve economies or improve service delivery?)
     - Is progress related to the efforts of multiple departments or agencies? If so, how do you gauge your department's contribution to the joint success?
     - Other? Please specify.

  2. Is this significant progress the result of a one-time gain? Or is progress expected to continue at an accelerated pace?

     Significant progress has been made in the collection of community data to inform OWHCH priorities and strategies. This has been made possible due to the hiring of expert staff that are adept in collaborating with community. Internal to the Department, working across agencies has supported the success of the Office. For example working with the Bureau of Community Partnership and Health Equity as well as the Bureau of Media and Communications has supported the

facilitation of the press releases, community flyers, and all other communications needs.

- Where are you experiencing a significant lack of progress? If you are experiencing no significant lack of progress, state "None." However, if you are experiencing a significant lack of progress, identify and discuss goals and objectives that may fall significantly short of the targeted outcome; identify and discuss strategies that are not working well. Be specific; discuss the following for each:

  None.

  1. To what do you attribute this lack of progress? For example:
     - Is the lack of progress related to a management decision (perhaps temporary) to pursue excellence in one area at the expense of progress in another area?
     - Is the lack of progress due to budget or other constraint?
     - Is the lack of progress related to an internal or external problem or issue? If so, please describe the problem and any recommended corrective actions in Section III below.
     - Other? Please specify.

  2. Is the lack of progress due to a one-time event or set of circumstances? Or will it continue without management intervention or problem resolution?

- Has your department revised its strategic plan to build on your successes and address shortfalls?

  ☐ Yes. If so, what adjustments have been made and how will they address the situation?
  ☒ No. If not, why not?

  OWHCH is in process of revising the strategic plan to incorporate the community input gathered from the community town halls. Once the data is compiled, analyzed and reporting, new goals and objectives will be developed.

- How does your department ensure that your 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? Use as much space as needed to explain fully.

  Our strategic plan is coordinated by inclusion of all staff in the development of goals and objectives. Each staff member provides their unique expertise and knowledge to support the refinement of goals and objectives. Once the strategies are refined, feedback is once again provided by staff and Executive Team Management. OWHCH also works in tandem

with the budget office to provide input on potential funding needs. This allow for appropriate resource allocation.

III. What significant department management or operational problems or issues exist? What corrective actions (if any) do you recommend?

("Problems or issues" may include internal concerns, such as organizational structure, resource allocation, operations, procedures, rules and regulations, or deficiencies in administrative and management oversight that hinder productivity, efficiency, and effective service delivery. "Problems or issues" may be related to external factors—such as demographics, economy, fiscal condition of the state, federal or state legislation, rules, or mandates—that are largely beyond the control of the department but affect department management, operations, and/or service delivery. "Problems or issues" may or may not be related directly to strategic plan lack of progress.)

Complete Sections A and B (below) for each problem or issue. Use as much space as needed to fully address each question. If the problem or issue was identified and discussed in a management report or program evaluation, be sure to cross-reference the listing of such reports and evaluations at the end of this form.

None.

A. Problem/Issue Description

1. What is the nature of the problem or issue?
2. Is the problem or issue affecting the progress of your strategic plan? (See Section II above.)
3. What organizational unit in the department is experiencing the problem or issue?
4. Who else is affected by the problem? (For example: internal or external customers and other stakeholders.)
5. How long has the problem or issue existed?
6. What are the causes of the problem or issue? How do you know?
7. What are the consequences, including impacts on performance, of failure to resolve the problem or issue?

B. Corrective Actions

1. Does the problem or issue identified above require a corrective action by your department?

☒ No. If not, skip questions 2-5 below.
☐ Yes. If so, complete questions 2-5 below.

2. What corrective actions do you recommend to alleviate or resolve the problem or issue?

3. Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)?

4. Are corrective actions underway?
   a. If so:
      - What is the expected time frame for corrective actions to be implemented and improvements to occur?
      - How much progress has been made and how much additional progress is needed?
   b. If not:
      - Why has no action been taken regarding this recommendation?
      - What are the obstacles preventing or delaying corrective actions?
      - If those obstacles are removed, how soon could you implement corrective actions and generate improvements?

5. Do corrective actions carry a cost?

   ☐ No. If not, please explain.

   ☐ Yes. If so, what investment is required to resolve the problem or issue? (For example, investment may include allocation of operating or capital resources—people, budget, physical plant and equipment, and supplies.) Please discuss the following:

      a. What are the costs of implementing the corrective actions? Be specific regarding types and amounts of costs.
      b. How much has been expended so far?
      c. Can this investment be managed within your existing budget? If so, does this require reallocation of existing resources? If so, how will this reallocation affect other department efforts?
      d. Will additional personnel or funds be required to implement the recommended actions? If so:
         - Provide specific figures, including proposed means of financing for any additional funds.
         - Have these resources been requested in your budget request for the upcoming fiscal year or in previous department budget requests?

IV. How does your department identify, analyze, and resolve management issues and evaluate program efficiency and effectiveness?

A. Check all that apply. Add comments to explain each methodology utilized.

☒ **Internal audit**
The LDH Office of the Secretary ensures ongoing monitoring of programmatic

and administrative functions.

The Internal Audit function, within LDH Office of the Secretary, appraises activities within the Department to safeguard the Department against fraud, waste and abuse by conducting risk-based audits and compliance investigations. The Internal Audit function ensures that transactions are executed according to management's authority and recorded properly; that operating efficiency is promoted; and that compliance is maintained with prescribed federal regulations, state laws, and management policies.

Internal Audit also provides management with evaluations of the effectiveness of internal controls over accounting, operational and administrative functions.

☒ **External audits (Example: audits by the Office of the Legislative Auditor)**
The LDH has a designated Audit Coordinator for financial audits. The Audit Coordinator is the designated point of contact for all correspondence and communication related to financial audits of LDH agencies. The Audit Coordinator is involved all written communication related to audits and is kept informed about all relevant verbal c communication between agency personnel and the Louisiana Legislative Auditor (LLA) staff. The LLA conducts performance audits, program evaluations, and other studies as needed to enable the legislature and its committees to evaluate the efficiency, effectiveness, and operation of state programs and activities.

The Centers for Medicare & Medicaid (CMS) also conducts audits and reviews LDH and its agencies for compliance with program standards and accountability for funds received to administer programs.

☐ Policy, research, planning, and/or quality assurance functions in-house
☐ Policy, research, planning, and/or quality assurance functions by contract
☐ Program evaluation by in-house staff
☐ Program evaluation by contract

☒ **Performance Progress Reports (Louisiana Performance Accountability System)**
The LDH Division of Planning and Budget coordinates and reviews entries of the Louisiana Performance Accountability System (LaPAS) data on a quarterly basis for all LDH agencies. Explanatory notes are provided 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, if significant variances occur, or if modifications and additions are needed.

☒ **In-house performance accountability system or process**
Performance Based Budgeting activities (including, but not limited to strategic planning, operational planning, and the Louisiana Performance Accountability System) are coordinated by the LDH Division of Planning and Budget. This

section reviews all objectives, performance indicators and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are made at monthly expenditure analysis meetings directly to the agency's assistant secretary or the Department's undersecretary, if modifications or 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 planning, or strengthen program management initiatives.

☒ **Benchmarking for Best Management Practices**
The LDH Division of Planning and Budget reviews, researches and develops objectives, performance measures and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are compared to benchmarks from leading states involved in performance-based budgeting activities. Recommendations are made directly to the agency's assistant secretary or the Department's undersecretary, if modifications or additions are needed.

☒ **Performance-based contracting (including contract monitoring)**
LDH contracts are required to contain a description of the work to be performed including goals and objectives, deliverables, performance measures and a monitoring plan.

☐ Peer review
☐ Accreditation review
☐ Customer/stakeholder feedback
☐ Other (please specify):

B. Did your office complete any management reports or program evaluations during the fiscal year covered by this report?

☐ Yes. Proceed to Section C below.
☒ No Skip Section C below.

C. List management reports and program evaluations completed or acquired by your office during the fiscal year covered by this report. For each, provide:

1. Title of Report or Program Evaluation:
2. Date completed:
3. Subject or purpose and reason for initiation of the analysis or evaluation:
4. Methodology used for analysis or evaluation:
5. Cost (allocation of in-house resources or purchase price):
6. Major Findings and Conclusions:
7. Major Recommendations:
8. Action taken in response to the report or evaluation:

9. Availability (hard copy, electronic file, website):
10. Contact person for more information:
    Name:
    Title:
    Agency & Program:
    Telephone:
    E-mail:

Annual Management and Program Analysis Report
Fiscal Year 2022-2023

Department: **Louisiana Department of Health (LDH)**
09-375 Imperial Calcasieu Human Services Authority

Department Head: **Stephen Russo**
LDH Secretary

Undersecretary: **Pam Diez**

Executive Director: **Tanya McGee**

I. What outstanding accomplishments did your department achieve during the previous fiscal year?

For each accomplishment, please discuss and explain each item below.

A. What was achieved?
B. Why is this success significant?
C. Who benefits and how?
D. How was the accomplishment achieved?
E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

Accomplishment #1: Louisiana Bridge Program

A. What was achieved?

Imperial Calcasieu Human Services Authority (ImCal HSA) has built upon our hospital peer program which places trained addiction professionals in hospital emergency departments (ED) to assist ED staff in discharge planning to assure continuity of care. Through this program, Substance Use Navigators (SUNs) are placed within the hospitals to work alongside ED staff in engaging patients in substance use disorder treatment options including Medication Assisted Treatment (MAT), providing

education on harm reduction, and assisting with discharge planning. SUNs offer post-discharge follow-up to patients and their families to further promote treatment engagement and the use of harm reduction techniques to reduce the risk of future overdose.

B. Why is this success significant?

ImCal HSA has seen a large reduction in overdose deaths within our catchment area since we began harm reduction work in earnest.

C. Who benefits and how?

Community members and families dealing with addiction are benefited by individualized case management at the hospital and by a reduction of stigma when accessing care at an ED. Hospital emergency department staff who benefit from the added support of having a trained SUD (Substance Use Disorders) professional to assist with discharge planning.

D. How was the accomplishment achieved?

In partnership with Southwest Louisiana Area Health Education Center (SWLAHEC), Region V Office of Public Health, Calcasieu Parish Coroner's Office, Acadian Ambulance Service, and select local hospitals, ImCal continues to standardize its SUN program, developing the Louisiana Bridge Program. LA Bridge aims to bridge emergency care and addiction treatment resources creating an integrated continuum that provides immediate and seamless access to addiction treatment. Region 5 OPH was recently awarded the Sustaining Peers in the Emergency Department (SPED) Grant from the National Association of County and City Health Officials (NACCHO) in order to expand the LA Bridge Program. This funding allowed us to add to our SUN team, bringing us up to five navigators. Further, ImCal added a new participating hospital to the program, bringing us to three hospitals in total.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)

Yes. Louisiana Bridge program expands access to addiction services.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

Yes. The Louisiana Bridge Program is modeled after the California Bridge Program, an evidence based and successful harm reduction approach, which centers on starting MAT in the ED and providing linkage to SUD services. The CA Bridge model has been adopted in almost every ED in the state of California. ImCal HSA is in the process of developing a set of protocols and practices which can be used to facilitate implementation of LA Bridge statewide under OPH’s SPED grant. The LA Bridge team has already begun providing technical assistance, both local and statewide, to hospitals that wish to implement the program.

Accomplishment #2: Implementation of Vineland

A. What was achieved?
Imperial Calcasieu Human Services Authority (ImCal HSA) implemented Vineland Adaptive Behaviors Scales Third Edition (Vineland-3) in its Developmental Disabilities Entry Unit. The mandated tool, Inventory for Client and Agency Planning (ICAP), was no longer meeting our needs, due to lack of assessment around use of modern technology in daily living and its focus on outdated or obsolete technology which many younger individuals have no experience with. As the use of internet, smart devices, Bluetooth, cloud services, and other modern technology become a part of daily living, assessment of those abilities must be included.

B. Why is this success significant?
Use of the ICAP was mandated by OCDD, therefore policy change at the state level was needed for ImCal to update its tool.

C. Who benefits and how?
Individuals undergoing eligibility determination for developmental disabilities services. Entry Unit staff conducting assessments.

D. How was the accomplishment achieved?
ImCal HSA led the push for policy change and we worked closely with OCDD as they developed policy giving decision-making authority regarding this clinical tool to the LGEs. ImCal HSA hopes to have set a precedent regarding other OCDD mandated clinical tools, giving the LGEs the ability to implement practices that are current and leverage the highest quality standards of best practices.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
Yes. Control of the assessment tools we use allows ImCal to be responsive to the needs of persons served by our Entry Unit.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
Yes. Vineland-3 is the leading instrument for supporting the diagnosis of intellectual and developmental disabilities. Due to ImCal's efforts, eight of ten LGEs chose to adopt it. ImCal is arranging for statewide training on this tool, which will be accessible to all LGEs in the state who opted to utilize Vineland-3.

Accomplishment #3: Interagency Services Coordination (ISC)

A. What was achieved?
Interagency Services Coordination (ISC) offers coordinated services to families,

children, and youth who experience difficulties in their home or school environments as a result of emotional and behavioral disorder (EBD) and has been reestablished in Calcasieu, Cameron and Allen Parishes. Creation of ISC partner packet with processes and referral forms (available electronically and paper for ease of use) and a family packet to explain the program, goals, process, and consent forms.

B. Why is this success significant?
Bringing partner agencies and families to the table for better coordination of care, ISC allows an opportunity to streamline services/processes and identify service gaps in effort to avoid duplication of efforts.

C. Who benefits and how?
Existing multiagency coordination of care services in the area were limited to only Medicaid recipients and capped at 50 participants per year. ImCal reimplementation of ISC allows for a broader catchment of those with other insurance plans or without insurance and has no cap on number of participants.

D. How was the accomplishment achieved?
In the past year, ImCal has hired an ISC coordinator who has restructured the program, engaged community partners and streamlined the referral process. Currently three parishes are engaged and participating. Our goal is to expand ISC to Beauregard and Jefferson Davis Parishes as well.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
Yes, it increases access to behavioral health care which is a primary pillar within our strategic plan.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
No.

II. Is your department Five-Year Strategic Plan/Business Plan on time and on target for accomplishment?

To answer this question, you must determine whether your anticipated outcomes—goals and objectives—are being attained as expected and whether your strategies are working as expected and proceeding on schedule.

- **Please provide a brief analysis of the overall status of your strategic progress.** What is your general assessment of overall timeliness and progress toward accomplishment of results targeted in your goals and objectives? What is your general assessment of the effectiveness of your strategies? Are anticipated returns on investment are being realized?

Imperial Calcasieu Human Service Authority (ImCal HSA) is on time and on target to meet

the goals and objectives set within our 5-year strategic plan. The mission of ImCal HSA is that citizens with mental health, addictions, and developmental challenges residing in the parishes of Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis are empowered, and self-determination is valued such that individuals live a satisfying, hopeful, and contributing life. This mission is accomplished through ImCal's Administrative, Behavioral Health and Developmental Disability Activities. ImCal HSA makes use of best practices in implementing, evaluating, monitoring, modifying existing services so that quality is assured; services meet the needs of those served; and the variety of services available adequately address the range of behavioral health issues identified and are further developed to address service gaps.

ImCal Agency Goals:

I. 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.

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.

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.

- **Where are you making significant progress?** If you are making no significant progress, state "None." However, if you are making significant progress, identify and discuss goals and objectives that are exceeding the timeline for achievement; identify and discuss strategies that are working better than expected. Be specific; discuss the following for each:

  1. To what do you attribute this success? For example:
     - Is progress largely due to the effects of external factors? Would the same results have been generated without specific department action?
     - Is progress directly related to specific department actions? (For example: Have you reallocated resources to emphasize excellence in particular areas? Have you initiated new polices or activities to address particular issues or needs? Have you utilized technology or other methodologies to achieve economies or improve service delivery?)
     - Is progress related to the efforts of multiple departments or agencies? If so, how do you gauge your department's contribution to the joint success?
     - Other? Please specify.

  2. Is this significant progress the result of a one-time gain? Or is progress expected to continue at an accelerated pace?

ImCal HSA continues to make steady progress in all three Program Activity areas. Outside of the three accomplishments described in Section I. above, while ImCal has not significantly exceeded any stated objectives and strategies, we have made steady and efficient progress in all objectives and strategies as indicated in our 5-year plan. This becomes more and more difficult to accomplish with the increase in need for services within the community and lack of licensed professionals to fill the need.

- **Where are you experiencing a significant lack of progress?** If you are experiencing no significant lack of progress, state "None." However, if you are experiencing a significant lack of progress, identify and discuss goals and objectives that may fall significantly short of the targeted outcome; identify and discuss strategies that are not working well. Be specific; discuss the following for each:

  1. To what do you attribute this lack of progress? For example:
     - Is the lack of progress related to a management decision (perhaps temporary) to pursue excellence in one area at the expense of progress in another area?
     - Is the lack of progress due to budget or other constraint?
     - Is the lack of progress related to an internal or external problem or issue? If so, please describe the problem and any recommended corrective actions in Section III below.
     - Other? Please specify.

  2. Is the lack of progress due to a one-time event or set of circumstances? Or will it continue without management intervention or problem resolution?

  None.

- **Has your department revised its strategic plan to build on your successes and address shortfalls?**

  ☐ Yes. If so, what adjustments have been made and how will they address the situation?

  ☒ No. If not, why not?

- **How does your department ensure that your 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?** Use as much space as needed to explain fully.

  ImCal has made steady and efficient progress in all objectives and strategies as indicated

in our 5-year plan.

III. What significant department management or operational problems or issues exist? What corrective actions (if any) do you recommend?

("Problems or issues" may include internal concerns, such as organizational structure, resource allocation, operations, procedures, rules and regulations, or deficiencies in administrative and management oversight that hinder productivity, efficiency, and effective service delivery. "Problems or issues" may be related to external factors—such as demographics, economy, fiscal condition of the state, federal or state legislation, rules, or mandates—that are largely beyond the control of the department but affect department management, operations, and/or service delivery. "Problems or issues" may or may not be related directly to strategic plan lack of progress.)

Complete Sections A and B (below) for each problem or issue. Use as much space as needed to fully address each question. If the problem or issue was identified and discussed in a management report or program evaluation, be sure to cross-reference the listing of such reports and evaluations at the end of this form.

A. Problem/Issue Description

Problem/Issue Description #1: <u>Budget Allocation</u>

1. What is the nature of the problem or issue?
    a. The cost of operations has steadily increased; however, the inflation allowance provided within our continuation budget is not adequate to cover actual inflation costs.
    b. Statutorily dedicated funds for tobacco were cut from our budget with no notice, at the very end of the fiscal year (June 23, 2023), after said funds had already been spent.

2. Is the problem or issue affecting the progress of your strategic plan?
   No, not at this time.

3. What organizational unit in the department is experiencing the problem or issue?
   All divisions and departments within Imperial Calcasieu Human Services Authority (ImCal HSA) are negatively impacted.

4. Who else is affected by the problem? (For example: internal or external customers and other stakeholders.)
   Patients are affected by increased wait times or decrease in services such as substance abuse detox treatment.

   Contractors who operate social service programs funded by ImCal HSA are negatively impacted such as HIV/IVDU (intravenous drug use) substance abuse outreach program.

Staff are affected due to scarce resources to perform job tasks.

5. How long has the problem or issue existed?
   The problem has existed since FY2023.

6. What are the causes of the problem or issue? How do you know?
   Reduction of budget continuation request; Decisions made at the state level to appropriate state general funds though the budget process and reduction of statutorily dedicated funds.

7. What are the consequences, including impacts on performance, of failure to resolve the problem or issue?
   Loss and/or decreased access to critical services within the community.

B. Corrective Actions

1. Does the problem or issue identified above require a corrective action by your department?

   ☐ No. If not, skip questions 2-5 below.

   ☒ Yes. If so, complete questions 2-5 below.

2. What corrective actions do you recommend to alleviate or resolve the problem or issue?
   a. Reduce social services in the community to alleviate expenses and control discretionary expenditures as much as possible for FY24.
   b. Request additional state general funding in FY25 to cover rising costs.

3. Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)?
   No.

4. Are corrective actions underway?
   a. If so:
      - What is the expected time frame for corrective actions to be implemented and improvements to occur?
        Yes, reduction in social service contracts implemented July 2023.
      - How much progress has been made and how much additional progress is needed?
   b. If not:
      - Why has no action been taken regarding this recommendation?
      - What are the obstacles preventing or delaying corrective actions?

- If those obstacles are removed, how soon could you implement corrective actions and generate improvements?

5. Do corrective actions carry a cost?
   No, not as of this time. Reduction of costs in areas outside of our strategic plan will occur first and funding will be reallocated to the Behavioral Health Division. Community Service outreach programs such as HIV/IVDU (intravenous drug use) and suicide prevention will be reduced.

   ☒ No. If not, please explain.
   Please see above.

   ☐ Yes. If so, what investment is required to resolve the problem or issue? (For example, investment may include allocation of operating or capital resources—people, budget, physical plant and equipment, and supplies.)

   Please discuss the following:
   a. What are the costs of implementing the corrective actions? Be specific regarding types and amounts of costs.
   b. How much has been expended so far?
   c. Can this investment be managed within your existing budget? If so, does this require reallocation of existing resources? If so, how will this reallocation affect other department efforts?
   d. Will additional personnel or funds be required to implement the recommended actions? If so:
      - Provide specific figures, including proposed means of financing for any additional funds.
      - Have these resources been requested in your budget request for the upcoming fiscal year or in previous department budget requests?

Problem/Issue Description #2: <u>Recruitment and Retention of Licensed, Billable Professionals</u>

1. What is the nature of the problem or issue?
   Shortages of licensed professionals in counseling fields has impacted Imperial Calcasieu Human Services Authority's (ImCal HSA) ability to find and hire qualified individuals. In addition to struggles with recruitment, retention of licensed staff can be difficult without the budgetary resources to compete with the private sector. Not only does lack of licensed staff limit services available to the community, but it also prevents us from maximizing self-generated revenue, which can serve as a cushion when budget constraints arise.

2. Is the problem or issue affecting the progress of your strategic plan? (See Section II above.)

Not at this time.

3. What organizational unit in the department is experiencing the problem or issue?
   All clinics within the Behavioral Health Division.

4. Who else is affected by the problem? (For example: internal or external customers and other stakeholders.)
   Low income individuals in need of critical services, individuals in rural areas where behavioral health services are difficult to obtain.

5. How long has the problem or issue existed?
   This is an ongoing issue that has become increasingly dire over the past several years and exasperated by the pandemic and Hurricane Laura in 2020.

6. What are the causes of the problem or issue? How do you know?
   National data show that fewer individuals are seeking careers in lower-paying, fields such as counseling. As is true across the nation, recruitment of employees has been especially challenging post-COVID.

7. What are the consequences, including impacts on performance, of failure to resolve the problem or issue?
   Negative impacts on ImCal's ability to fulfill its mission as it relates to ensuring a comprehensive continuum of care within the ImCal catchment area.

B. Corrective Actions

1. Does the problem or issue identified above require a corrective action by your department?

   ☐ No. If not, skip questions 2-5 below.

   ☒ Yes. If so, complete questions 2-5 below.

2. What corrective actions do you recommend to alleviate or resolve the problem or issue?
   ImCal utilized job appointments to hire provisionally licensed providers who are working toward full licensure. These hires have allowed us to serve our communities; however, provisionally licensed providers are not billable. Under a BH Managed Care environment, ImCal HSA is expected to operate similarly to the private sector in order to generate revenue to support the budget. The amount of self-generated revenue that was not realized is approximately $200,000.

3. Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)?

Various issues related to staffing difficulties have been reported on all of ImCal's annual results. We have struggled not only with recruitment, but other issues and restraints caused by Civil Service system, lack of T.O. (authorized positions), and non-competitive pay scales.

4. Are corrective actions underway?
   a. If so:
      - What is the expected time frame for corrective actions to be implemented and improvements to occur?
      - How much progress has been made and how much additional progress is needed?
   b. If not:
      - Why has no action been taken regarding this recommendation?
      - What are the obstacles preventing or delaying corrective actions?
      - If those obstacles are removed, how soon could you implement corrective actions and generate improvements?

Hiring of unlicensed professionals has mitigated staffing shortages but created a new problem of decreased revenues.

Do corrective actions carry a cost?

☐ No. If not, please explain.

☒ Yes. If so, what investment is required to resolve the problem or issue? (For example, investment may include allocation of operating or capital resources—people, budget, physical plant and equipment, and supplies.) Please discuss the following:

a) What are the costs of implementing the corrective actions? Be specific regarding types and amounts of costs.

Salary and benefits for the unlicensed professionals cost approximately $479,080.

b) How much has been expended so far?
FY23 $410,291.

c) Can this investment be managed within your existing budget? If so, does this require reallocation of existing resources? If so, how will this reallocation affect other department efforts?
Unsure.

d) Will additional personnel or funds be required to implement the recommended actions? If so:

- Provide specific figures, including proposed means of financing for any additional funds.
- Have these resources been requested in your budget request for the upcoming fiscal year or in previous department budget requests?

They weren't requested in FY24 but will be requested in FY25. Self-generated revenue is decreased for as long as we employ unlicensed professionals. As these individuals become licensed, retention will be a problem if ImCal cannot offer them competitive salaries. Another risk is the expiration of the job appointment positions they occupy. If ImCal is unable to obtain TO positions, our investment in their professional development will be lost.

Problem/Issue Description #3: <u>Continued displacement of Administrative and Developmental Disabilities offices due to Hurricane Laura in 2020.</u>

1. What is the nature of the problem or issue?
   Hurricane Laura destroyed the building which housed the Administrative and Developmental Disabilities office. Temporary space was acquired with the expectation that our building would be repaired within 18-24 months. The temporary space is very small and most employees are still working from home, despite the need for some to return to an in-person setting. There is no conference or meeting space. Records had to be moved to the Region V Public Health Unit. This requires staff to travel from home, office and the health unit to complete their work which is not efficient and taking its toll on staff burnout. After many broken commitments to repair the building, the owners placed it for sale when they received their insurance settlement. A new owner has since purchased the building though repairs have not begun. Rental costs for our previous office space in that building is expected to increase by $300,000.

2. Is the problem or issue affecting the progress of your strategic plan? (See Section II above.)
   No.

3. What organizational unit in the department is experiencing the problem or issue?
   Administration and Developmental Disabilities.

4. Who else is affected by the problem? (For example: internal or external customers and other stakeholders.)
   Individuals served in our DD Division. There is limited space at the DD office to see individuals who are accessing services. Visits must be scheduled around one small screening room. ImCal Board of Directors are unable to meet at Admin office due to lack of space. Moved Board meetings to OPH Regional Office. ImCal

leadership has no private meeting areas therefore is using a group therapy room at our Lake Charles BH clinic for most meetings. We have not had the option to bring staff back to in-person work after the pandemic ended due to continued displacement.

5. How long has the problem or issue existed?
   Hurricane Laura, 08/26/2020.

6. What are the causes of the problem or issue? How do you know?
   Destruction of office building, limited options and increased cost for rental space.

7. What are the consequences, including impacts on performance, of failure to resolve the problem or issue?
   Staff burnout, inefficient work processes and procedures due to multiple work areas in various buildings across town.

B. Corrective Actions

1. Does the problem or issue identified above require a corrective action by your department?

   ☐ No. If not, skip questions 2-5 below.
   ☒ Yes. If so, complete questions 2-5 below.

2. What corrective actions do you recommend to alleviate or resolve the problem or issue?
   ImCal HSA has purchased a plot of land on which to build a new office, large enough to house our DD and Admin offices.

3. Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)?
   This issue has been on our plan since 2020. ImCal has had to change and adapt strategies on an ongoing basis as options change.

4. Are corrective actions underway?
   a. If so:
      - What is the expected time frame for corrective actions to be implemented and improvements to occur?
      - How much progress has been made and how much additional progress is needed?
   b. If not:
      - Why has no action been taken regarding this recommendation?
      - What are the obstacles preventing or delaying corrective actions?
      - If those obstacles are removed, how soon could you implement corrective actions and generate improvements?

      The land has been purchased and building design plan has been

completed. ImCal is engaged with a developer in a P3 funding model (public/private partnership) to build a 55,000 square foot building, some of which will be leased help offset costs. Letter of commitment has been obtained from LDH to rent space for their Region V offices.

5. Do corrective actions carry a cost?
   Yes, corrective actions would carry a cost.

   ☐ No. If not, please explain.
   ☒ Yes. If so, what investment is required to resolve the problem or issue?

   (For example, investment may include allocation of operating or capital resources—people, budget, physical plant and equipment, and supplies.) Please discuss the following:

   a. What are the costs of implementing the corrective actions? Be specific regarding types and amounts of costs.
      The cost to build an admin/DD building is approximately $21 million per current proposal.

   b. How much has been expended so far?
      The land has been purchased in the amount of $500,000 but nothing expended on the building.

   c. Can this investment be managed within your existing budget? If so, does this require reallocation of existing resources? If so, how will this reallocation affect other department efforts?
      No, this investment can't be managed.

   d. Will additional personnel or funds be required to implement the recommended actions? If so:
      - Provide specific figures, including proposed means of financing for any additional funds.

        Will need an additional increase of $300,000 from SGF
      - Have these resources been requested in your budget request for the upcoming fiscal year or in previous department budget requests?
        Some additional funds will be requested in FY25 budget.

IV. How does your department identify, analyze, and resolve management issues and evaluate program efficiency and effectiveness

A. Check all that apply.

☒ **Internal audit**
The LDH Office of the Secretary ensures ongoing monitoring of programmatic and administrative functions.

The Internal Audit function, within LDH Office of the Secretary, appraises activities within the Department to safeguard the Department against fraud, waste and abuse by conducting risk-based audits and compliance investigations. The Internal Audit function ensures that transactions are executed according to management's authority and recorded properly; that operating efficiency is promoted; and that compliance is maintained with prescribed federal regulations, state laws, and management policies.

Internal Audit also provides management with evaluations of the effectiveness of internal controls over accounting, operational and administrative functions.

☒ **External audits (Example: audits by the Office of the Legislative Auditor)**
The LDH has a designated Audit Coordinator for financial audits. The Audit Coordinator is the designated point of contact for all correspondence and communication related to financial audits of LDH agencies. The Audit Coordinator is involved in all written communication related to audits and is kept informed about all relevant verbal communication between agency personnel and the Louisiana Legislative Auditor (LLA) staff. The LLA conducts performance audits, program evaluations, and other studies as needed to enable the legislature and its committees to evaluate the efficiency, effectiveness, and operation of state programs and activities.

The Centers for Medicare & Medicaid (CMS) also conducts audits and reviews LDH and its agencies for compliance with program standards and accountability for funds received to administer programs.

☐ Policy, research, planning, and/or quality assurance functions in-house
☐ Policy, research, planning, and/or quality assurance functions by contract
☐ Program evaluation by in-house staff
☐ Program evaluation by contract

☒ **Performance Progress Reports (Louisiana Performance Accountability System)**
The LDH Division of Planning and Budget coordinates and reviews entries of the Louisiana Performance Accountability System (LaPAS) data on a quarterly basis for all LDH agencies. Explanatory notes are provided 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, if significant variances occur, or if modifications and additions are needed.

☒ **In-house performance accountability system or process**
Performance Based Budgeting activities (including, but not limited to strategic planning, operational planning, and the Louisiana Performance Accountability System) are coordinated by the LDH Division of Planning and Budget. This section reviews all objectives, performance indicators and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are made at monthly expenditure analysis meetings directly to the agency's assistant secretary or the Department's undersecretary, if modifications or 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 planning, or strengthen program management initiatives.

☒ **Benchmarking for Best Management Practices**
The LDH Division of Planning and Budget reviews, researches and develops objectives, performance measures and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are compared to benchmarks from leading states involved in performance-based budgeting activities. Recommendations are made directly to the agency's assistant secretary or the Department's undersecretary, if modifications or additions are needed.

☒ **Performance-based contracting (including contract monitoring)**
LDH contracts are required to contain a description of the work to be performed including goals and objectives, deliverables, performance measures and a monitoring plan.

☐ Peer review
☐ Accreditation review
☐ Customer/stakeholder feedback
☐ Other (please specify):

A. Did your office complete any management reports or program evaluations during the fiscal year covered by this report?

☐ Yes. Proceed to Section C below.
☒ No Skip Section C below.

C. List management reports and program evaluations completed or acquired by your office during the fiscal year covered by this report. For each, provide:

1. Title of Report or Program Evaluation:
2. Date completed:
3. Subject or purpose and reason for initiation of the analysis or evaluation:

4. Methodology used for analysis or evaluation:
5. Cost (allocation of in-house resources or purchase price):
6. Major Findings and Conclusions:
7. Major Recommendations:
8. Action taken in response to the report or evaluation:
9. Availability (hard copy, electronic file, website):
10. Contact person for more information:
    Name:
    Title:
    Agency & Program:
    Telephone:
    E-mail:

Annual Management and Program Analysis Report
Fiscal Year 2022-2023

Department:	**Louisiana Department of Health (LDH)** 09-376 Central Louisiana Human Services District
Department Head:	**Stephen Russo** LDH Secretary
Undersecretary:	**Pam Diez**
Executive Director:	**Rebecca I. Craig**

I. What outstanding accomplishments did your department achieve during the previous fiscal year?

For each accomplishment, please discuss and explain each item below.

A. What was achieved?
B. Why is this success significant?
C. Who benefits and how?
D. How was the accomplishment achieved?
E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

Accomplishment #1: Billing Submissions

A. What was achieved?

Central Louisiana Human Services District (CLHSD) elected to outsource portions of the billing department. Initially, third party billing for services was conducted by staff of the CLHSD. CLHSD staffing ratio was affected by staff turnover, FTE limits, staff absences, and other limitations. It was determined that more flexible resources were needed. CLHSD staff are designated to provide additional oversight through monitoring and providing liaison functions with the outsourced company.

B. Why is this success significant?
CLHSD is now collecting outstanding debt.

C. Who benefits and how?
People served and the State of Louisiana program benefit. Income is increased and may be used to provide care.

D. How was the accomplishment achieved?
CLHSD utilizes the electronic health record, ICANotes, to bill for services and collect self-generated revenues. The CLHSD found inefficiencies in the work process and staffing rations. Due to the volume of billing, the need to address rejected claims, need to re-view claims prior to submission, co-pay determinations, and insurance verification additional supports were necessary. By outsourcing some of the business processes, CLHSD was enabled to decrease the challenges being experienced. After outsourcing supports, CLHSD has been enabled to initiate collection of outstanding debt with the support of the Office of Debt Recovery.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
Yes.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
No.

Accomplishment #2: Information Technology Security and Quality Improvements

A. What was achieved?
By outsourcing the Information Technology (IT) services and support for the District, Central Louisiana Human Services District (CLHSD) improved the quality and efficiency of the IT supports. CLHSD upgraded the software and hardware systems utilized in the CLHSD operations, and obtained improved IT security, network maintenance, firewall management, backup oversight, and server administration.

B. Why is this success significant?
IT services are utilized in a wide array across CLHSD including but not limited to communication systems, email, internet access/use, electronic health records, data collections, data/information storage and back-up of storage, human resources management, billing, improve cybersecurity, and financial record-keeping.

C. Who benefits and how?
Persons served and the State of Louisiana benefit. The increased efficiency of the technology systems improves staff productivity. With the increase of cybersecurity, clients of CLHSD have their private health information better protected and CLHSD

experience increased protection of business information. In the event of a disaster, IT system backup enables the CLHSD continuity of operations.

D. How was the accomplishment achieved?
CLHSD outsourced support for IT services, invested in improved equipment, firewall management, backup oversight, and software, and increased general surveillance of CLHSD IT activities.

E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
Yes.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
No.

II. Is your department Five-Year Strategic Plan/Business Plan on time and on target for accomplishment?

To answer this question, you must determine whether your anticipated outcomes—goals and objectives—are being attained as expected and whether your strategies are working as expected and proceeding on schedule.

- **Please provide a brief analysis of the overall status of your strategic progress.** What is your general assessment of overall timeliness and progress toward accomplishment of results targeted in your goals and objectives? What is your general assessment of the effectiveness of your strategies? Are anticipated returns on investment are being realized?

  Overall, Central Louisiana Human Services District (CLHSD) progresses in achieving the goals and objectives set in the strategic plan. Programmatic leadership has provided direction to the behavioral health and developmental disabilities service operations. CLHSD uses methods of measuring and monitoring programmatic outcomes, ensuring compliance with state and federal licensing and grant requirements, and financial monitoring/reporting/and management. Information technology services have established increased security of PHI and business operations security and management. CLHSD direct service programs successfully provided services/contacts to more than 23,409 persons. Supports and services were provided by the Developmental Disabilities Department that implemented changes to procedures and processes to accommodate changes necessary for compliance with CMS requirements.

- **Where are you making significant progress?** If you are making no significant progress, state "None." However, if you are making significant progress, identify and discuss goals and objectives that are exceeding the timeline for achievement; identify and discuss strategies that are working better than expected. Be specific; discuss the

following for each:

1. To what do you attribute this success?
   Outsourcing IT and billing supports. CLHSD has improved its ability to collect unresolved debt. Continuing progress has been made in technological supports enhancing the security of electronic information and backup of critical information needed in the event of a disaster. Additionally, IT efficiencies support the delivery of program services with increased efficiency, increase efficiency billing, and increase of 3rd party reimbursement. Increased IT surveillance has improved cybersecurity.

2. Is this significant progress the result of a one-time gain? Or is progress expected to continue at an accelerated pace?
   The progress is ongoing and expected to continue at a steady pace.

- **Where are you experiencing a significant lack of progress?** If you are experiencing no significant lack of progress, state "None." However, if you are experiencing a significant lack of progress, identify and discuss goals and objectives that may fall significantly short of the targeted outcome; identify and discuss strategies that are not working well. Be specific; discuss the following for each:

1. To what do you attribute this lack of progress?
   The CLHSD dedicates significant resources to managing issues related to the reimbursement by 3rd party payors/federal payors. Changing rules and guidelines for reimbursement for various provider types is complex. Provider questions for 3rd party payors about payment/correction of claims is sometimes difficult to access. The constraints impact CLHSDs capacity to obtain financial reimbursement for services provided.

2. Is the lack of progress due to a one-time event or set of circumstances? Or will it continue without management intervention or problem resolution?
   Unknown.

- **Has your department revised its strategic plan to build on your successes and address shortfalls?**

☐ Yes. If so, what adjustments have been made and how will they address the situation?
☒ No. If not, why not?

External factors influence outcomes. Some challenges are being met by work around processes.

- **How does your department ensure that your 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?** Use as much space as needed to explain fully.

  Currently, the strategic plan objective and strategies continue to be appropriate to the overall success of the quality and quantity of services. CLHSD shares the strategic plan with the community as well internal personnel and stakeholders.

III. What significant department management or operational problems or issues exist? What corrective actions (if any) do you recommend?

("Problems or issues" may include internal concerns, such as organizational structure, resource allocation, operations, procedures, rules and regulations, or deficiencies in administrative and management oversight that hinder productivity, efficiency, and effective service delivery ."Problems or issues" may be related to external factors—such as demographics, economy, fiscal condition of the state, federal or state legislation, rules, or mandates—that are largely beyond the control of the department but affect department management, operations, and/or service delivery. "Problems or issues" may or may not be related directly to strategic plan lack of progress.)

Complete Sections A and B (below) for each problem or issue. Use as much space as needed to fully address each question. If the problem or issue was identified and discussed in a management report or program evaluation, be sure to cross-reference the listing of such reports and evaluations at the end of this form.

A. Problem/Issue Description

1. What is the nature of the problem or issue?
   Electronic Medical Record does not meet all Central Louisiana Human Services District (CLHSD) needs for block grant required documentation, efficient third-party billing submission, data reporting, or clinical documentation needs.

2. Is the problem or issue affecting the progress of your strategic plan? (See Section II above.)
   No.

3. What organizational unit in the department is experiencing the problem or issue?
   The billing department, compliance department, and clinical program are experiencing the same problems.

4. Who else is affected by the problem? (For example: internal or external customers and other stakeholders.)
   LDH Office of Behavioral Health.

5. How long has the problem or issue existed?
   Since 2016.

6. What are the causes of the problem or issue? How do you know?
   Electronic Health Records are primarily designed for general medical facilities/providers and are not always designated for behavioral outpatient services programs. In addition, since the CLHSD is a quasi-governmental agency, additional data requirements are needed to satisfy funding source requirements.

7. What are the consequences, including impacts on performance, of failure to resolve the problem or issue?
   Added financial costs and staffing support, reduced staff productivity.

B. Corrective Actions

1. Does the problem or issue identified above require a corrective action by your department?

   ☐ No. If not, skip questions 2-5 below.

   ☒ Yes. If so, complete questions 2-5 below.

2. What corrective actions do you recommend to alleviate or resolve the problem or issue?
   Continue to investigate new technologies (Electronic Health Record) that might resolve the issues.

3. Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)?
   No.

4. Are corrective actions underway?
   Yes, investigation of new technologies as they are presented are reviewed.

   a. If so:
      - What is the expected time frame for corrective actions to be implemented and improvements to occur?
        Unknown.

      - How much progress has been made and how much additional progress is needed?
        Work is continuing to be performed.

b. If not:
   - Why has no action been taken regarding this recommendation?
     Current surveillance of technologies has not been successful so far.
   - What are the obstacles preventing or delaying corrective actions?
     Unknown at this time.
   - If those obstacles are removed, how soon could you implement corrective actions and generate improvements?
     Implementation and transition to a new Electronic Record would be estimated to take a year from the initiation of the transition.

5. Do corrective actions carry a cost?

☐ No. If not, please explain.

☒ Yes. If so, what investment is required to resolve the problem or issue? (For example, investment may include allocation of operating or capital resources—people, budget, physical plant and equipment, and supplies.) Please discuss the following:

a. What are the costs of implementing the corrective actions? Be specific regarding types and amounts of costs.
   Undetermined at this time.

b. How much has been expended so far?
   Nothing has been expended.

c. Can this investment be managed within your existing budget? If so, does this require reallocation of existing resources? If so, how will this reallocation affect other department efforts?
   Unknown at this time.

d. Will additional personnel or funds be required to implement the recommended actions? If so: Provide specific figures, including proposed means of financing for any additional funds.
   - Have these resources been requested in your budget request for the upcoming fiscal year or in previous department budget requests?

   Unknown at this time.

IV. How does your department identify, analyze, and resolve management issues and evaluate program efficiency and effectiveness?

A. Check all that apply.

☒ **Internal audit**
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The Centers for Medicare & Medicaid (CMS) also conducts audits and reviews LDH and its agencies for compliance with program standards and accountability for funds received to administer programs.

☒ Policy, research, planning, and/or quality assurance functions in-house

☐ Policy, research, planning, and/or quality assurance functions by contract

☒ Program evaluation by in-house staff

☐ Program evaluation by contract

☒ **Performance Progress Reports (Louisiana Performance Accountability System)**
The LDH Division of Planning and Budget coordinates and reviews entries of the Louisiana Performance Accountability System (LaPAS) data on a quarterly basis for all LDH agencies. Explanatory notes are provided 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, if significant variances occur, or if modifications and additions are needed.

☒ **In-house performance accountability system or process**
Performance Based Budgeting activities (including, but not limited to strategic planning, operational planning, and the Louisiana Performance Accountability System) are coordinated by the LDH Division of Planning and Budget. This section reviews all objectives, performance indicators and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are made at monthly expenditure analysis meetings directly to the agency's assistant secretary or the Department's undersecretary, if modifications or 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 planning, or strengthen program management initiatives.

☒ **Benchmarking for Best Management Practices**
The LDH Division of Planning and Budget reviews, researches and develops objectives, performance measures and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are compared to benchmarks from leading states involved in performance-based budgeting activities. Recommendations are made directly to the agency's assistant secretary or the Department's undersecretary, if modifications or additions are needed.

☒ **Performance-based contracting (including contract monitoring)**
LDH contracts are required to contain a description of the work to be performed including goals and objectives, deliverables, performance measures and a monitoring plan.

☒ Peer review

☒ Accreditation review

☒ Customer/stakeholder feedback

☐ Other (please specify):

B. Did your office complete any management reports or program evaluations during the fiscal year covered by this report?

☒ Yes. Proceed to Section C below.

☐ No Skip Section C below.

C. List management reports and program evaluations completed or acquired by your office during the fiscal year covered by this report. For each, provide:

1. Title of Report or Program Evaluation:
2. Date completed:
3. Subject or purpose and reason for initiation of the analysis or evaluation:
4. Methodology used for analysis or evaluation:
5. Cost (allocation of in-house resources or purchase price):
6. Major Findings and Conclusions:
7. Major Recommendations:
8. Action taken in response to the report or evaluation:
9. Availability (hard copy, electronic file, website):
10. Contact person for more information, including:
    Name:
    Title:
    Agency & Program:
    Telephone:
    E-mail:

1. Title of Report or Program Evaluation:
   Office of Risk Management Compliance Review

2. Date completed:
   February 20, 2023

3. Subject or purpose and reason for initiation of the analysis or evaluation:
   Compliance Review

4. Methodology used for analysis or evaluation:
   ORM external contractor Loss Prevention audits CLHSD records and building inspections to ensure compliance.

5. Cost (allocation of in-house resources or purchase price):
   None

6. Major Findings and Conclusions:
   Overall program and business compliance. Corrective plans have been developed for all findings.

7. Major Recommendations:
   None

8. Action taken in response to the report or evaluation:
   Compliance plans implemented and followed up for continued compliance.

9. Availability (hard copy, electronic file, website):
   Hardcopy available upon request.

10. Contact person for more information:
    Name: Rebecca Craig
    Title: Executive Director
    Agency & Program: Central Louisiana Human Services District
    Telephone: 318-487-5191
    E-mail: Rebecca.Craig@la.gov

1. Title of Report or Program Evaluation:
   Louisiana Department of State Civil Service

2. Date completed:
   June 27-28, 2023

3. Subject or purpose and reason for initiation of the analysis or evaluation:
   Compliance Review

4. Methodology used for analysis or evaluation:
   La Dept. of Civil service review of records for compliance to rules, laws, guidelines

5. Cost (allocation of in-house resources or purchase price):
   None

6. Major Findings and Conclusions:
   Overall program and business compliance. Corrective plans have been developed for all findings.

7. Major Recommendations:
   None

8. Action taken in response to the report or evaluation:
   Compliance plans implemented and followed up for continued compliance.

9. Availability (hard copy, electronic file, website):
   Hardcopy available upon request.

10. Contact person for more information:
    Name: Rebecca Craig
    Title: Executive Director

Agency & Program: Central Louisiana Human Services District
Telephone: 318-487-5191
E-mail: Rebecca.Craig@la.gov

1. Title of Report or Program Evaluation:
   Louisiana Performance and Accountability System (LaPAS)

2. Date completed:
   Quarterly submission
3. Subject or purpose and reason for initiation of the analysis or evaluation:
   Bi-Annual monitoring is conducted to evaluate the Human Services District compliance with the Human Services Accountability Plan
4. Methodology used for analysis or evaluation:
   Accreditation program utilized set standards of performance and care. Reviews were conducted through electronic and audio-visual interviews, and compliance is based on the standards of care/performance.

5. Cost (allocation of in-house resources or purchase price):
   $9,510.00

6. Major Findings and Conclusions:
   Overall program and business compliance. Corrective plans have been developed for all findings.

7. Major Recommendations:
   None
8. Action taken in response to the report or evaluation:
   Compliance plans implemented and followed up for continued compliance.

9. Availability (hard copy, electronic file, website):
   Hardcopy available upon request.

10. Contact person for more information:
    Name: Rebecca Craig
    Title: Executive Director
    Agency & Program: Central Louisiana Human Services District
    Telephone: 318-487-5191
    E-mail: Rebecca.Craig@la.gov

1. Title of Report or Program Evaluation:
   Independent Peer Review

2. Date completed:
   August 24, 2022

3. Subject or purpose and reason for initiation of the analysis or evaluation:
   Cooperative review to satisfy Block Grant requirements and cooperative learning.
4. Methodology used for analysis or evaluation:
   Peer programmatic and administrative reviews are conducted.

5. Cost (allocation of in-house resources or purchase price):
   None

6. Major Findings and Conclusions:
   Overall program and business compliance. Corrective plans have been developed for all findings.

7. Major Recommendations:
   None

8. Action taken in response to the report or evaluation:
   Compliance plans implemented and followed up for continued compliance.

9. Availability (hard copy, electronic file, website):
   Hardcopy available upon request.

10. Contact person for more information:
    Name: Rebecca Craig
    Title: Executive Director
    Agency & Program: Central Louisiana Human Services District
    Telephone: 318-487-5191
    E-mail: Rebecca.Craig@la.gov

1. Title of Report or Program Evaluation:
   CARF Accreditation

2. Date completed:
   July 29, 2022

3. Subject or purpose and reason for initiation of the analysis or evaluation:
   Accreditation for Quality Performance

4. Methodology used for analysis or evaluation:
   Accreditation program utilized set standards of performance and care. Reviews were conducted through electronic and audio-visual interviews, and compliance is based on the standards of care/performance.

5. Cost (allocation of in-house resources or purchase price):
   $9,510.00

6. Major Findings and Conclusions:
   Overall program and business compliance. Corrective plans have been developed for all findings.

7. Major Recommendations:
   None.

8. Action taken in response to the report or evaluation:
   Compliance plans implemented and followed up for continued compliance.

9. Availability (hard copy, electronic file, website):
   Hardcopy available upon request.

10. Contact person for more information:
    Name: Rebecca Craig
    Title: Executive Director
    Agency & Program: Central Louisiana Human Services District
    Telephone: 318-487-5191
    E-mail: Rebecca.Craig@la.gov

1. Title of Report or Program Evaluation:
   Internal Programmatic Audit

2. Date completed:
   Quarterly

3. Subject or purpose and reason for initiation of the analysis or evaluation:
   Internal Programmatic Compliance Review

4. Methodology used for analysis or evaluation:
   Internal audits are conducted using a review of records, documentation, and on-site review. Reviews are conducted utilizing accreditation, legal, and licensing standards.

5. Cost (allocation of in-house resources or purchase price):
   None

6. Major Findings and Conclusions:
   Overall program and business compliance. Corrective plans have been developed for all findings.
7. Major Recommendations:
   None

8. Action taken in response to the report or evaluation:
   Compliance plans implemented and followed up for continued compliance.

9. Availability (hard copy, electronic file, website):
   Hardcopy available upon request.

10. Contact person for more information:
    Name: Rebecca Craig
    Title: Executive Director
    Agency & Program: Central Louisiana Human Services District
    Telephone: 318-487-5191
    E-mail: Rebecca.Craig@la.gov

Annual Management and Program Analysis Report
Fiscal Year 2022-2023

Department: **Louisiana Department of Health (LDH)**
09-377 Northwest La. Human Services District

Department Head: **Stephen Russo**
LDH Secretary

Undersecretary: **Pam Diez**

Executive Director: **Doug Efferson**

I. What outstanding accomplishments did your department achieve during the previous fiscal year?

For each accomplishment, please discuss and explain each item below.

A. What was achieved?
B. Why is this success significant?
C. Who benefits and how?
D. How was the accomplishment achieved?
E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?

Accomplishment #1: Successful Tobacco/Vaping/Chewing Public Awareness Campaign

A. What was achieved?

Using social media analytics, over 1.5 million targeted ads were sent to Louisiana residents in Northwest Louisiana who expressed an interest in smoking, vaping or chewing. In addition, six billboards in our rural communities, a bus wrap in our Shreveport/Bossier area, 318 Forum print advertising, and radio advertising to all nine of our parishes helped raise public awareness to the general population of the hazards related to tobacco, vaping, and chewing.

B. Why is this success significant?
Louisiana continues to have usage rates higher than the national average. This campaign was developed to change behavior by consistent, multiple communications using a variety of mediums. The number of individuals reached in the target population as well as the general population shows the campaign was successful in making the connection.

C. Who benefits and how?
Individuals who smoke, vape or chew tobacco benefit from consistent, repetitive reminders through multiple mediums that their actions are harmful and where to go to get help. Similarly, individuals in the general population benefit from the same information and may use it to encourage friends or family members to change their behavior.

D. How was the accomplishment achieved?
Tobacco funds were used to create and implement the campaign.

E. Does this accomplishment contribute to the success of your strategic plan?
Yes. Treatment of individuals with addictive disorders is fundamental to our strategic plan and this campaign directly impacts those we are striving to serve.

F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
No.

II. Is your department Five-Year Strategic Plan/Business Plan on time and on target for accomplishment?

To answer this question, you must determine whether your anticipated outcomes—goals and objectives—are being attained as expected and whether your strategies are working as expected and proceeding on schedule.

Yes, our five-year strategic plan is on target for accomplishment.

- **Please provide a brief analysis of the overall status of your strategic progress.** What is your general assessment of overall timeliness and progress toward accomplishment of results targeted in your goals and objectives? What is your general assessment of the effectiveness of your strategies? Are anticipated returns on investment are being realized?

  Post Covid-19 has resulted in a normalization of our services and simplified our ability to provide in-person care efficiently and effectively. In addition, best-practice training opportunities are back in full force and staff are taking advantage of the opportunities to improve their skills and learn new best practice techniques. While clinical staffing shortages continue to be an issue, an improvement in the pay grades for FY24 is expected to help recruitment and we are on track to achieving our five-year strategic plan goals and objectives.

- **Where are you making significant progress?** If you are making no significant progress, state "None." However, if you are making significant progress, identify and discuss goals and objectives that are exceeding the timeline for achievement; identify and discuss strategies that are working better than expected. Be specific; discuss the following for each:

  None.

  1. To what do you attribute this success? For example:
     - Is progress largely due to the effects of external factors? Would the same results have been generated without specific department action?
     - Is progress directly related to specific department actions? (For example: Have you reallocated resources to emphasize excellence in particular areas? Have you initiated new polices or activities to address particular issues or needs? Have you utilized technology or other methodologies to achieve economies or improve service delivery?)
     - Is progress related to the efforts of multiple departments or agencies? If so, how do you gauge your department's contribution to the joint success?
     - Other? Please specify.
  2. Is this significant progress the result of a one-time gain? Or is progress expected to continue at an accelerated pace?

- **Where are you experiencing a significant lack of progress?** If you are experiencing no significant lack of progress, state "None." However, if you are experiencing a significant lack of progress, identify and discuss goals and objectives that may fall significantly short of the targeted outcome; identify and discuss strategies that are not working well. Be specific; discuss the following for each:

  None.

  1. To what do you attribute this lack of progress? For example:
     - Is the lack of progress related to a management decision (perhaps temporary) to pursue excellence in one area at the expense of progress in another area?
     - Is the lack of progress due to budget or other constraint?
     - Is the lack of progress related to an internal or external problem or issue? If so, please describe the problem and any recommended corrective actions in Section III below.
     - Other? Please specify.

  2. Is the lack of progress due to a one-time event or set of circumstances? Or will it continue without management intervention or problem resolution?

- **Has your department revised its strategic plan to build on your successes and address shortfalls?**

☐ Yes. If so, what adjustments have been made and how will they address the situation?
☒ No. If not, why not?

No adjustment was needed this year. There were no significant successes or shortfalls to address, and the strategic plan remains relevant in its current form.

- **How does your department ensure that your 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 areas of focus for the strategic plan were based on stakeholder input and the District's End Statement developed by the Northwest Louisiana Human Services District (NLHSD) Board of Directors. The NLHSD Senior Leadership Team then adjusted the goals and objectives of the plan based on input from management staff. The final draft has been disseminated to staff via e-mail and posted on the NLHSD shared folder for all staff to reference when needed. Review of the plan is set to occur twice a year with a summary report to the Board of Directors for their review and input.

III. What significant department management or operational problems or issues exist? What corrective actions (if any) do you recommend?

("Problems or issues" may include internal concerns, such as organizational structure, resource allocation, operations, procedures, rules and regulations, or deficiencies in administrative and management oversight that hinder productivity, efficiency, and effective service delivery. "Problems or issues" may be related to external factors—such as demographics, economy, fiscal condition of the state, federal or state legislation, rules, or mandates—that are largely beyond the control of the department but affect department management, operations, and/or service delivery. "Problems or issues" may or may not be related directly to strategic plan lack of progress.)

None. We have no significant department management, operational problems, or issues to report.

Complete Sections A and B (below) for each problem or issue. Use as much space as needed to fully address each question. If the problem or issue was identified and discussed in a management report or program evaluation, be sure to cross-reference the listing of such reports and evaluations at the end of this form.

A. Problem/Issue Description

1. What is the nature of the problem or issue?
2. Is the problem or issue affecting the progress of your strategic plan? (See Section II above.)

3. What organizational unit in the department is experiencing the problem or issue?
4. Who else is affected by the problem? (For example: internal or external customers and other stakeholders.)
5. How long has the problem or issue existed?
6. What are the causes of the problem or issue? How do you know?
7. What are the consequences, including impacts on performance, of failure to resolve the problem or issue?

B. Corrective Actions

1. Does the problem or issue identified above require a corrective action by your department?

☐ No. If not, skip questions 2-5 below.
☐ Yes. If so, complete questions 2-5 below.

2. What corrective actions do you recommend to alleviate or resolve the problem or issue?

3. Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)?
4. Are corrective actions underway?
   a. If so:
      - What is the expected time frame for corrective actions to be implemented and improvements to occur?
      - How much progress has been made and how much additional progress is needed?
   b. If not:
      - Why has no action been taken regarding this recommendation?
      - What are the obstacles preventing or delaying corrective actions?
      - If those obstacles are removed, how soon could you implement corrective actions and generate improvements?

5. Do corrective actions carry a cost?

☐ No. If not, please explain.
☐ Yes. If so, what investment is required to resolve the problem or issue? (For example, investment may include allocation of operating or capital resources—people, budget, physical plant and equipment, and supplies.) Please discuss the following:
   a. What are the costs of implementing the corrective actions? Be specific regarding types and amounts of costs.
   b. How much has been expended so far?
   c. Can this investment be managed within your existing budget? If so, does this require reallocation of existing resources? If so, how will this reallocation affect other department efforts?

d. Will additional personnel or funds be required to implement the recommended actions? If so:
   - Provide specific figures, including proposed means of financing for any additional funds.
   - Have these resources been requested in your budget request for the upcoming fiscal year or in previous department budget requests?

IV. How does your department identify, analyze, and resolve management issues and evaluate program efficiency and effectiveness?

A. Check all that apply.

☒ **Internal audit**
The LDH Office of the Secretary ensures ongoing monitoring of programmatic and administrative functions.

The Internal Audit function, within LDH Office of the Secretary, appraises activities within the Department to safeguard the Department against fraud, waste and abuse by conducting risk-based audits and compliance investigations. The Internal Audit function ensures that transactions are executed according to management's authority and recorded properly; that operating efficiency is promoted; and that compliance is maintained with prescribed federal regulations, state laws, and management policies.

Internal Audit also provides management with evaluations of the effectiveness of internal controls over accounting, operational and administrative functions.

☒ **External audits (Example: audits by the Office of the Legislative Auditor)**
The LDH has a designated Audit Coordinator for financial audits. The Audit Coordinator is the designated point of contact for all correspondence and communication related to financial audits of LDH agencies. The Audit Coordinator is involved in all written communication related to audits and is kept informed about all relevant verbal communication between agency personnel and the Louisiana Legislative Auditor (LLA) staff. The LLA conducts performance audits, program evaluations, and other studies as needed to enable the legislature and its committees to evaluate the efficiency, effectiveness, and operation of state programs and activities.

The Centers for Medicare & Medicaid (CMS) also conducts audits and reviews LDH and its agencies for compliance with program standards and accountability for funds received to administer programs.

☐ Policy, research, planning, and/or quality assurance functions in-house

☐ Policy, research, planning, and/or quality assurance functions by contract
☐ Program evaluation by in-house staff

☐ Program evaluation by contract

☒ **Performance Progress Reports (Louisiana Performance Accountability System)**
The LDH Division of Planning and Budget coordinates and reviews entries of the Louisiana Performance Accountability System (LaPAS) data on a quarterly basis for all LDH agencies. Explanatory notes are provided 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, if significant variances occur, or if modifications and additions are needed.

☒ **In-house performance accountability system or process**
Performance Based Budgeting activities (including, but not limited to strategic planning, operational planning, and the Louisiana Performance Accountability System) are coordinated by the LDH Division of Planning and Budget. This section reviews all objectives, performance indicators and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are made at monthly expenditure analysis meetings directly to the agency's assistant secretary or the Department's undersecretary, if modifications or 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 planning, or strengthen program management initiatives.

☒ **Benchmarking for Best Management Practices**
The LDH Division of Planning and Budget reviews, researches and develops objectives, performance measures and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are compared to benchmarks from leading states involved in performance-based budgeting activities. Recommendations are made directly to the agency's assistant secretary or the Department's undersecretary, if modifications or additions are needed.

☒ **Performance-based contracting (including contract monitoring)**
LDH contracts are required to contain a description of the work to be performed including goals and objectives, deliverables, performance measures and a monitoring plan.

☐ Peer review

☒ Accreditation review
Northwest Louisiana Human Services District (NLHSD) currently operates under a 3-Year CARF (Commission on Accreditation of Rehabilitation Facilities) Accreditation. This accreditation includes an annual conformance

review process.

☒ Customer/stakeholder feedback
Northwest Louisiana Human Services District (NLHSD) solicits input from LaPAS and C'est Bon surveys, comments on the NLHSD website, verbal and written comments during public forums, and stakeholder surveys distributed during the NLHSD Board's annual strategic planning process.

☐ Other (please specify):

B. Did your office complete any management reports or program evaluations during the fiscal year covered by this report?

☐ Yes. Proceed to Section C below.
☒ No Skip Section C below.

C. List management reports and program evaluations completed or acquired by your office during the fiscal year covered by this report. For each, provide:

1. Title of Report or Program Evaluation:
2. Date completed:
3. Subject or purpose and reason for initiation of the analysis or evaluation:
4. Methodology used for analysis or evaluation:
5. Cost (allocation of in-house resources or purchase price):
6. Major Findings and Conclusions:
7. Major Recommendations:
8. Action taken in response to the report or evaluation:
9. Availability (hard copy, electronic file, website):
10. Contact person for more information, including:
    Name:
    Title:
    Agency & Program:
    Telephone:
    E-mail: