

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

LDH Agency Listing

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09-300	Jefferson Parish Human Services Authority (JPHSA)
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09-309	South Central Louisiana Human Services Authority (SCLHSD)
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09-324	Louisiana Emergency Response Network Board (LERN)
09-325	Acadiana Area Human Services District (AAHSD)
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## **5-Year Strategic Plan FY 2026-2027 through FY 2030-2031**

### **Vision**

The vision of the Louisiana Department of Health (LDH) is a future where all the people of Louisiana will have the opportunity to grow, develop, and live in an environment that is nurturing, supportive and safe, and that promotes and supports the physical, mental and social health of individuals, families, and communities.

### **Mission**

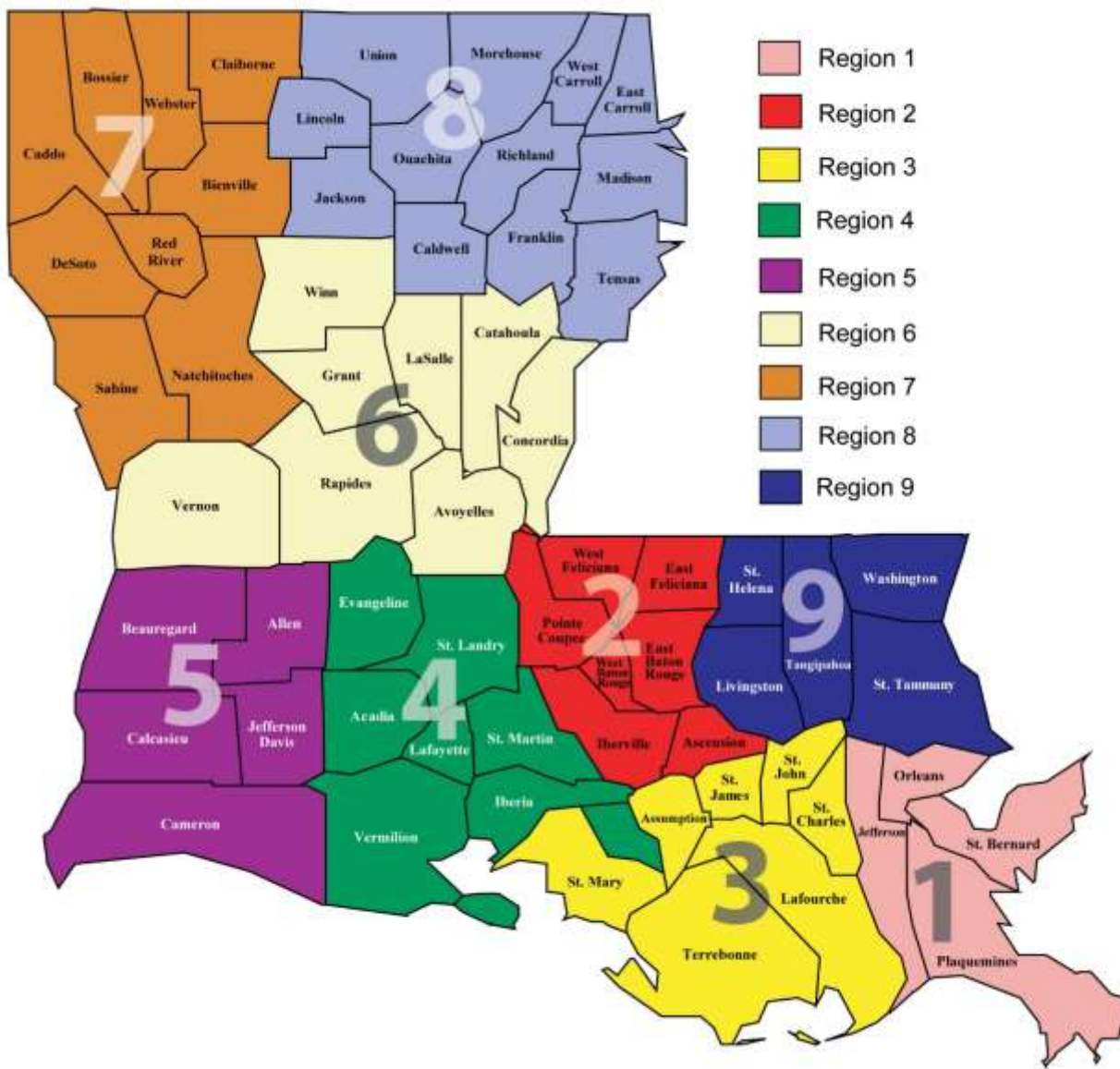
The mission of LDH is to protect and promote health and to ensure access to medical, preventive and rehabilitative services for all residents of the State of Louisiana.

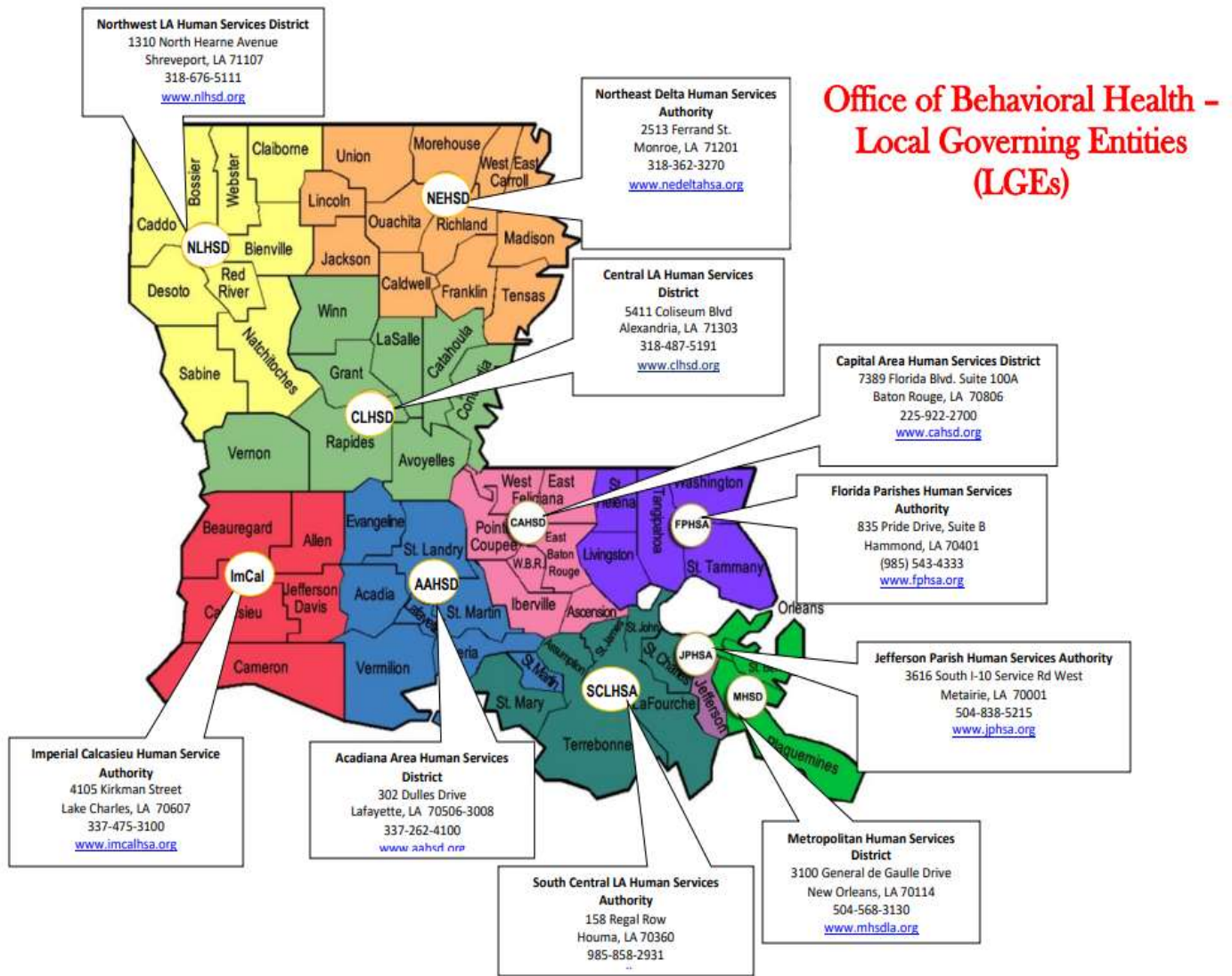
### **Organizational Goals**

The Louisiana Department of Health (LDH) is the state's largest agency with a budget of \$19.8 billion and employs a team responsible for delivering services to millions of Louisianans. LDH protects and promotes health for Louisiana residents through services provided by Medicaid and the Offices of Public Health, Behavioral Health, Citizens with Developmental Disabilities, Aging and Adult Services, Women's Health and Community Health, and Emergency Preparedness. These programs work to ensure access to medical, preventative, and rehabilitative services for Louisiana's most vulnerable residents.

In order to fulfill its mission, LDH intends to:

- Provide quality services
- Protect and promote health practices
- Develop and stimulate services by others
- Utilize available resources in the most effective manner





REVISED 5/12/2023

**Vision**

Jefferson Parish Human Services Authority (JPHSA) aspires to meet the integrated care and support needs of individuals and families by providing effective and responsive services, now and in the future.

**Mission**

Individuals and families in Jefferson Parish affected by Mental Illness, Addictive Disorders and/or Developmental Disabilities shall live full, healthy, independent and productive lives to the greatest extent possible for available resources.

**Philosophy/Values**

Jefferson Parish Human Services Authority (JPHSA) embraces the shared philosophies of person-centered, comprehensive, and integrated service planning and delivery within a culture committed:

- To support the individuals we serve with overcoming barriers to achieving full potential;
- To provide effective and responsive services representative of best and evidence-based practices with a focus on positive outcomes;
- To maintain supports and service delivery environments that are welcoming, safe, and encompass full access for the diverse population we serve, regardless of age, gender, and/or disability; and,
- To practice JPHSA's Service Statement – we promise courtesy, empathy, and respect in meeting the expectations of those we serve and each other – during daily interpersonal interactions.

**Executive Summary**

Jefferson Parish Human Services Authority (JPHSA) is organized under the following provisions of the Louisiana Revised Statutes (LSA-RS): R.S. 28:771 (C); R.S. 36:254 (E); Act 73 of the 2017 Louisiana Regular Legislative Session (R.S. 28:910 *et. seq.*); and, related statutes. JPHSA offers behavioral health, developmental disabilities and primary care services to the residents of Jefferson Parish, Louisiana. As a Local Governing Entity, JPHSA is a political subdivision of the State of Louisiana and a Special Parish District with all the powers and duties of a corporation.

Governance is by a 12-member Board of Directors with nine members appointed by the Jefferson Parish Council and three members appointed by the Governor of Louisiana. Each

member represents a specific area of expertise and experience. All members are volunteers and serve without compensation.

The Board operates under a policy governance model with an ends statement, i.e. mission and means limitations policies in place for its chosen Executive Director to follow. The Board governs with an emphasis on: outward vision rather than an internal preoccupation; encouragement of diversity in viewpoints; strategic leadership more than administrative detail; clear distinction between Board and Chief Executive roles; collective rather than individual decisions; future rather than past or present; and, actively rather than reactively.

The Executive Director and leadership team strive to foster a culture of accountability and collaboration in an environment focused on evidence-based, best and promising practices, ongoing assessment of needs, and continuous performance and quality improvement. Positive outcomes and “customer” satisfaction along with workflow efficiency and cost-effectiveness in the provision of services and supports define success. JPHSA holds full and organization-wide accreditation from the Council on Accreditation and National Committee on Quality Assurance Patient-Centered Medical Home Recognition for both of its Health Centers.

As mandated by the Board of Directors, JPHSA allocates its resources according to the following priorities:

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

## **JPHSA Goals**

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

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



## **JPHSA has one program: Jefferson Parish Human Services Authority.**

The Jefferson Parish Human Services Authority program is comprised of the following activities: Behavioral Health Community Services, Developmental Disabilities Community Services, JeffCare, Compliance & Performance Support/Business Operations.

### ***Behavioral Health Community Services***

JPHSA's Behavioral Health Community Services (BHCS) activity provides community-based treatment and support services for adults, children and adolescents with serious mental illness, emotional and behavioral disorders, and/or addictive disorders.

Treatment and support services include the development, expansion, and provision of housing, employment, mobile crisis services, in-home treatments and supports, and peer support services as well as linkage to additional community resources. Services prevent psychiatric hospitalization, prevent introduction and re-introduction to law enforcement and the justice system, facilitate independence and return individuals to being able to give back to their communities, and maximize individual recovery, self-sufficiency and resiliency.

### ***Developmental Disabilities Community Services***

JPHSA's Developmental Disabilities Community Services (DDCS) activity serves as the single point of entry for individuals with developmental disabilities who live in Jefferson Parish. Supports and services are person-and family-centered and planned to assist individuals with developmental disabilities with achieving full participation in their community. DDCS encourages full community participation by focusing on increasing independence, reducing institutionalization, promoting equal employment, supporting educational goals, assisting with increasing skill development, and decreasing challenging behaviors that may lead to institutionalization or services in a more restrictive setting.

### ***JeffCare***

JPHSA's JeffCare activity provides individuals of all ages with health-center-based behavioral health and/or primary care services utilizing an integrated universal design model to ensure ease of access to services and coordination of care. JeffCare believes individuals are able to live full and productive lives even with behavioral health and primary care issues. Providers render treatment, services, and supports to individuals impacted by physical health, mental health, developmental disability, substance use, and co-occurring disorders. A multidisciplinary team, including the individual receiving services and their family, provides personalized treatment and services, based on best practices.

### ***Compliance & Performance Support/Business Operations***

JPHSA's Compliance & Performance Support/Business Operations activity provides quality management (improvement activities, monitoring, auditing, and/or corrective action, as needed), legal and regulatory compliance services, decision support (data collection, mining and analysis), outcomes reporting, accreditation maintenance, centralized care coordination, managed care contracting, provider credentialing, revenue cycle management for billable services, denial management, contract and grants administration, fiscal/accounting services, risk management,

facility/infrastructure support and management, and information technology support and management.

### **Objective I:**

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

#### **Strategies:**

- 1.1 Monitor community-based employed and contracted providers to ensure adherence to evidence-based and best practices.
- 1.2 Provide intensive technical assistance to maximize community-based provider effectiveness and facilitate linkages to available resources.
- 1.3 Ensure community-based providers and programs implement improvement activities to ensure outcomes are met.
- 1.4 Practice aggressive management of payor denials.

#### **Performance Indicators:**

- Percent of payor denials for Functional Family Therapy, Multi-Systemic Therapy, and Community Psychiatric Supportive Treatment services. (Supportive).
- Percent of adults receiving community-based services who remain in the community without a hospitalization. (Supportive)
- Percent of adults receiving community-based services who remain in stable housing. (Supportive)
- Percent of individuals completing Multi-Systemic Therapy living in the home. (Supportive)
- Percent of individuals completing Functional Family Therapy living in the home. (Supportive)
- Percent of individuals participating in Supported Employment engaged in paid employment within 90 days. (Supportive)

### **Objective II:**

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

#### **Strategies:**

- 2.1 Maintain person/family-centered planning, team functioning and leadership.
- 2.2 Maintain the development, implementation and quality of comprehensive plans of support via service monitoring and ongoing plan evaluation.
- 2.3 Monitor community-based providers to support implementation of improvement activities to ensure outcomes are met.

#### **Performance Indicators:**

- Percent of new system entry applications received and completed within 45 calendar days. (Key)



- Total unduplicated number of individuals receiving developmental disabilities community-based services. (Key)
- Percent of Individual and Family Support recipients who remain living in the community vs. institution. (Supportive)
- Percent of available home and community-based waiver slots utilized. (Supportive)
- Percent of individuals participating in home and community-based waivers utilizing self-direction. (General)

### **Objective III:**

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

#### **Strategies:**

- 3.1 Increase capacity for integrated care services.
- 3.2 Continue training and skills development required for fidelity to evidenced-based and best practices.
- 3.3 Practice aggressive management of payor denials.

#### **Performance Indicators:**

- Number of adults who receive behavioral health services. (Supportive)
- Number of children and adolescents who receive behavioral health services. (Supportive)
- Number of adults who receive primary care services. (General)
- Number of children and adolescents who receive primary care services. (General)
- Percent of individuals who report improvement in or maintenance of depressive symptoms. (Supportive)
- Percent of adults who report improvement in or maintenance of recovery behaviors of goal setting, knowledge of symptom control, and responsibility for recovery. (Supportive)
- Percent of children and adolescents who report improvement in or maintenance of attention deficit symptoms. (Supportive)
- Percent of service recipients receiving integrated service, behavioral health and primary care services. (Supportive)

### **Objective IV:**

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

#### **Strategies:**

- 4.1 Increase revenue by decreasing the number of days to submit claims for billable services.
- 4.2 Utilize detailed and engaging onboarding and supervisory practices to promote ongoing communication and retention of staff.

- 4.3 Demonstrate fidelity to the “No Wrong Door” philosophy, whereby individuals receive fully integrated care and supports regardless of their point of entry.
- 4.4 Meet or exceed Council on Accreditation standards.

**Performance Indicators:**

- Percent of individuals who are connected to services after two contacts with a care coordinator. (Supportive)
- Average number of days from date of service to claim submission. (Supportive)
- Percent compliance with completion of intensive First Thirty-Day Orientation for new staff members per internal procedure guidelines. (General)
- Percent of JPHSA Annual Performance & Quality Improvement Initiatives achieved. (General)
- Percent compliance with recommended frequency of documented individual supervision per Staff Development & Supervision Guidelines. (General)

# 09-301

## Florida Parishes Human Services Authority



fphsa.org

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

### **Vision**

*That all people of Florida Parishes will be empowered to lead meaningful and productive lives among friends, relatives, and neighbors regardless of behavioral health needs or developmental disabilities.*

### **Mission**

*Florida Parishes Human Services Authority (FPHSA) is lighting the path forward by offering services in our communities to help people reach their fullest potential in health and wellness.*

### **Philosophy/Core Values**

*To ensure that services provided are responsive to client concerns, integrated in service delivery methods and representative of best practices, in the most cost-effective manner.*

*Florida Parishes Human Services Authority exists to support each citizen to the full extent that resources permit, to live productively in the location and environment of their choosing, within appropriate and fiscally responsible parameters.*

### **Executive Summary**

*The Florida Parishes Human Services Authority Program is a local governing entity/political subdivision of this state created by the Louisiana Legislature to directly operate and manage community-based behavioral health disorders and developmental disabilities in the parishes of Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington. FPHSA is charged with providing safety net behavioral health services and developmental disabilities as a single point of entry in their catchment area. FPHSA is governed by a locally appointed Board of Directors to be responsive to community needs in accordance with its enabling legislation. The organization's behavioral health mission is accomplished through outpatient behavioral health services, residential substance use services, community-based treatment and prevention programming, and evaluation and referrals when appropriate. The developmental disabilities mission is accomplished through entry functions including eligibility assessments, applications*

*for services, family and personal support funding, and oversight services provided through Medicaid waivers and through community providers. FPHSA participates in regional and local responses to emergencies in partnership with the local Office of Public Health and other responsible entities.*

## **Authority Goals**

### **Goal I**

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

### **Goal II**

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

### **Goal III**

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

## **Program A: Florida Parishes Human Services Authority**

The Florida Parishes Human Services Authority has one program: Florida Parishes Human Services Authority. The two major activities are: Behavioral Health Services (addictions/substance use and serious/persistent mental health disorders) and Developmental Disabilities Services. Also included is the activity of Executive Administration.

The FPHSA Board of Directors and administration assure consistency of its goals with LDH in the areas of prevention, treatment, support, and advocacy for persons with behavioral health disorders and developmental disabilities.

The Florida Parishes Human Services Authority Program includes the following activities:

- **Activity 1 – Behavioral Health Services** - Behavioral Health Services (BHS) provides an accessible system of prevention and treatment services for addictions/substance use and mental health disorders, as well as home and community-based services. These services are available for persons residing in all five parishes served by FPHSA.

### **Primary Prevention**

Prevention is the proactive outcome-driven process of promoting healthy lifestyles and improving quality of life by empowering individuals, families, and communities through an integrated system of evidence-based policies, programs and practices. Prevention activities work to educate and support individuals and communities to prevent the use and misuse of drugs, alcohol, tobacco products, that could lead to the development of

substance use disorders, disability, or death. FPHSA's prevention department utilizes evidence-based programming and SAMSHA's Strategic Prevention Framework (SPF). The defining characteristics of the SPF are that it is dynamic and iterative, data-informed and encourages a team approach. Community involvement is vital to ensure that prevention interventions are specific to the needs of each community.

#### Behavioral Health Services (including Gambling Treatment)

FPHSA promotes and supports healthy lifestyles for individuals, families, and communities by providing treatment services for behavioral health disorders and compulsive problem gambling in the five-parish service area to enhance accessibility. Services provided are individualized, educational, and supportive to assist individuals in their recovery.

- Clinic-based services include crisis assessments, behavioral health assessments, psychiatric evaluations, individual, family and group therapy, medication management, case management, peer support services, and care coordination. In addition, supportive services are provided through contract providers in the community as an extension of clinic services. Some of these services offered include a crisis phone line for after-hours access to crisis counselors and an FPHSA medical provider, consumer care resources, and flexible family funds.
- To help meet the needs of individuals who may not be able to present to an outpatient clinic for services. FPHSA serves individuals in its Home and Community-based programs (Permanent Supportive Housing/Functional Family Therapy Child Welfare).
- Residential Treatment is twenty-four hours a day, seven days a week residential treatment modality providing non-acute care. It includes a planned and professionally implemented treatment regime and comprehensive discharge planning for persons experiencing alcohol and/or other substance use problems.
- FPHSA believes that MOUD/MAT is the treatment of choice for individuals suffering with substance use disorders including tobacco, opioids, alcohol, and other addictive disorders for which they have proven effective.
- FPHSA recognizes the importance of peers in recovery from behavioral health conditions and believes their contribution to treatment services is integral to positive recovery outcomes.
- FPHSA utilizes various non-clinic-based services to improve access to care including the mobile unit and community outreach which includes participation in community events and distribution of harm reduction materials (Narcan, gun locks, Detera bags, etc.).
- FPHSA provides access to primary care services through direct referral to primary care partners who serve our target population. Services may be available in the behavioral health clinic through a collaborative space sharing initiative, or through referral to Designated Collaborating Organizations (DCOs). FPHSA has the ability for bi-directional sharing of health information with DCOs and this in turn supports a higher level of care for our clients. FPHSA is an active participant in the

State sponsored Health Information Exchange (HIE) that is intended to provide timely access to health information to HIE participating healthcare providers, as intended by the 21st Century Cures Act.

**Activity 2-Developmental Disabilities Services** – Developmental Disabilities Services (DDS) provides supports and services which afford people with developmental disabilities and their families a seamless system that is responsive to both the individuals needs and desires.

- DDS is the single point of entry into community-based services which include Support Coordination, Individual and Family Support, Flexible Family Fund, Act-421 Children’s Medicaid Option (CMO)/TEFRA, Residential Living Option, and local oversight and operation of the Home and Community Based (HCBS) waivers. A developmental disability may be a physical and/or intellectual impairment, must occur prior to the age of 22, not solely attributed to mental illness, and results in substantial functional limitations in three or more areas of major life activities. The Entry Services unit determines whether the individual meets criteria for participation in the system.
  - Support Coordination assists individuals in obtaining needed services through an assessment of their needs, and development of a Plan of Support (POS) which identifies and provides access to natural community supports and system-funded services (such as Medicaid) to meet their needs. Information and referral to other agencies is provided on an ongoing basis.
  - Individual and Family Support services are provided to support those needs of individuals with developmental disabilities which exceed those that can be met by existing resources.
  - Diversion services include diversion funding, coordination for those involved in court and/or LDH custody, diversion admission to residential living options, transition coordination, and referral to immediate support services.
  - Flexible Family Fund is a flat monthly stipend provided to families of children from birth until age 18 with severe developmental disabilities. Funding assists these families meet the extraordinary cost of services and equipment to maintain a child with a developmental disability in the home.
  - Residential Living Options include a broad range of living options which provide 24-hour supports such as community homes.
  - The DDS Home and Community Based (HCB) waivers include the New Opportunities Waiver (NOW), the Children’s Choice Waiver (CCW), the Supports Waiver (SW), and the Residential Options Waiver (ROW).
  - Pre-admission Screening Resident Review (PASRR) is the review of all nursing home admissions within the FPHSA area of persons with developmental disabilities to determine appropriateness of nursing home environment in meeting their needs in the least restrictive setting and to identify their need for specialized services.

DDS strives to provide supports and services in order to maintain persons with developmental disabilities in the home with family or in a home of their own.

**Activity 3-Executive Administration** - Florida Parishes Human Services Authority (FPHSA) is a local governing entity/political subdivision of this state with the mission to direct the operation and management of public community-based programs and services relative to behavioral health

disorders and developmental disabilities throughout the parishes of Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington. FPHSA operates under a locally appointed Board of Directors and are, together, responsive to the specific needs of the local community in accordance with the legislative intent enabling the creation of the agency. The Executive Administration of FPHSA is responsible for the direction and management of all FPHSA and are charged with providing locally relevant services in accordance with LDH contracts, state, federal, and local requirements. Executive Administration is tasked with ensuring that taxpayer resources are managed responsibly and efficiently to ensure effective delivery of behavioral health and developmental disabilities services. Direction over these programs is achieved through evidence-based best practices and managed using data informed and outcome-based decision making. The Executive Administration of FPHSA is responsible for ensuring that agency personnel are selected based on appropriate position specific requirements, that they are adequately trained to carry out their duties, and that they are supplied with the appropriate settings and tools to do so. FPHSA Executive Administration will be leaders in innovating to provide improved access to services as well as better outcomes by incorporating new ideas and technologies whenever possible.

### **Objective I:**

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

#### **Strategies:**

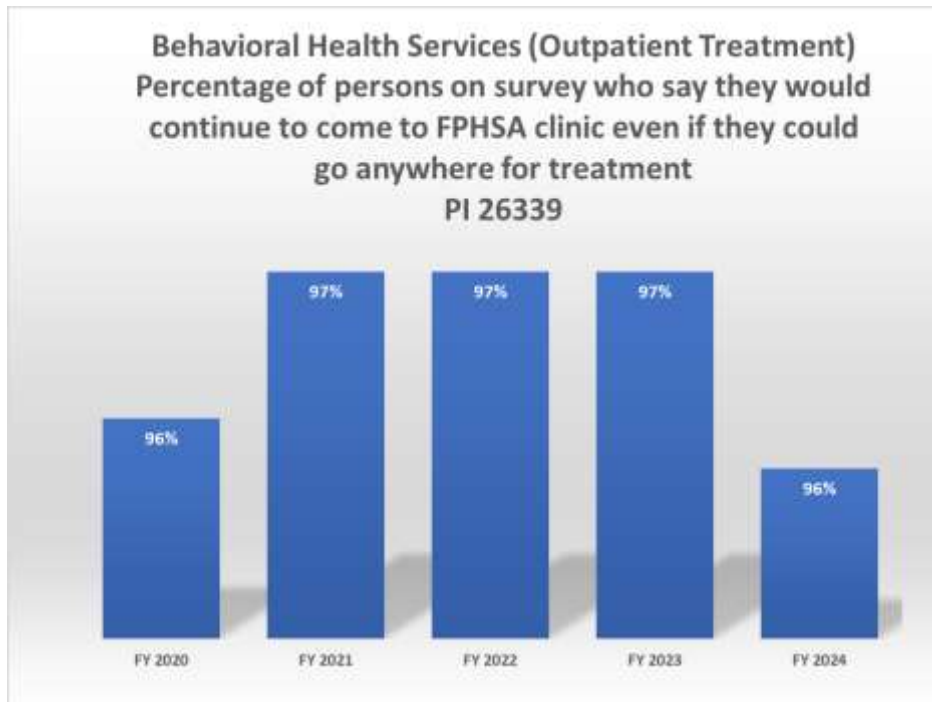
- 1.1: Identify the role FPHSA should fill in the continuum of services to meet the specific needs of our local communities.*
- 1.2: Offer services in locations and through various modes of treatment to improve access to all FPHSA area residents.*
- 1.3: Use evidence based best practices for treatment and harm reduction to reduce deaths from drug use.*
- 1.4: Work to decrease the stigma associated with behavioral health disorders*
- 1.5: Meet monthly with facility managers and service providers to review performance indicators to identify areas of success or needs for improvement. Develop action plans to facilitate improvement and/or continued success.*
- 1.6: Annually seek input from stakeholders and consumers to identify service gaps and initiate program modifications if indicated or initiate collaborations/partnerships in response to survey results.*
- 1.7: Monitor service type, frequency of services, and reimbursements in order to make cost effective adjustments.*
- 1.8: Integrate primary care services into the current continuum of services.*

#### **Performance Indicators:**

- 21038/Outcome: Percentage of individuals successfully completing the Level III.5 Adult residential treatment program (ADU/FTC).



- 21039/Outcome: Average daily census- Level III.5 Adult residential treatment program (ADU/FTC).
- 26338/Output: Total unduplicated number of persons served in outpatient behavioral health clinics, includes screening, assessment, and treatment of persons seeking services for substance use, mental health, and compulsive gambling.
- 25954/Output: Total unduplicated number of individuals served in the Level III.5 adult residential treatment program (ADU/FTC).
- 25517/Output: Total number of persons registered in evidence-based educational (prevention) programming (enrollees).
- 21045/Efficiency: Average cost per client day (Level III.5 Adult residential treatment) (FTC/ADU).
- 23829/Efficiency: Average cost per individual served in Level III.5 Adult substance use disorders residential treatment services (ADU/FTC).
- 23830/Efficiency: Average cost per individual served in prevention substance use disorders and prevention gambling programs.
- 23825/Output: Total number of individuals served in prevention programs (includes social media and billboards).
- 23831/Output: Total number of merchants educated through Synar services.
- 26339/Quality: Percentage of persons on survey who say they would continue to come to FPHSA clinic even if they could go anywhere for treatment.



- 26340/Efficiency: Average cost per individual served in outpatient Behavioral Health Services.
- 25848/Outcome: Percentage of Mental Health Services/Flexible Family Fund Recipients who remain in the community (vs. institution)
- 25516/Output: Number of unduplicated persons participating in evidence-based treatment groups in FPHSA's outpatient clinics.
- 23832/Efficiency: Cost per registered enrollee in evidence-based educational (prevention) programs.
- 26787/Output: Total number of persons registered in evidence-informed educational (prevention) programming (enrollees)

## Objective II:

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

### Strategies:

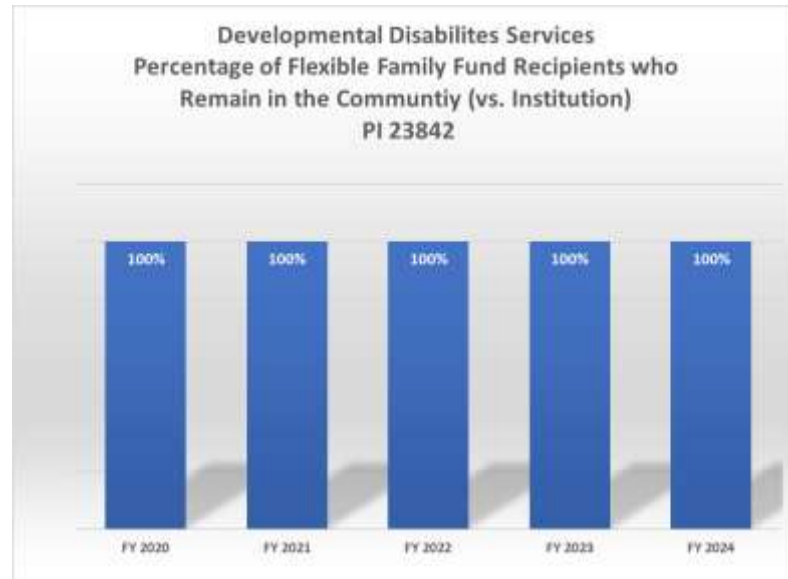
*2.1: Utilize person-centered planning to assist individuals and families in identifying supports and services needed to live and work in a setting selected by the individual or their family.*

- 2.2: *Provide quarterly review of supports to the individual to discuss goals and supports and to resolve barriers to achieving their personal goals.*
- 2.3: *Identify methods of facilitating the opportunity for individuals to improve community integration including opportunities to gain employment.*
- 2.4: *Engage the community to improve knowledge of and accessibility to development disabilities services*

**Performance Indicators:**

- 21022/Output: Total unduplicated number of individuals receiving community-based developmental disabilities services.
- 21023/Output: Total unduplicated number of individuals receiving Individual and Family Support services.
- 23833/Output: Total unduplicated number of individuals receiving Flexible Family Fund services.
- 23834/Output: Total unduplicated number of individuals receiving Individual and Family Support Diversion services.
- 23835/Output: Total unduplicated number of individuals receiving Preadmission Screening and Resident Review (PASRR) services.
- 23837/Output: Average value of services per individual receiving Individual and Family Support services.
- 23838/Output: Average value of services per individual receiving Flexible Family Funds.
- 23839/Output: Average value of services per individual receiving Individual and Family Support Diversion services.
- 23840/Output: Average cost per individual receiving Preadmission Screening and Resident Review (PASRR) services.
- 26546/Outcome: Percentage of Waiver participants that remain in the community (vs. institution).
- 23843/Outcome: Percentage of Individual and Family Support recipients that remain in the community (vs. institution).
- 24950/Input: Percentage of Waiver participants with a current Statement of Approval.
- 25073/Output: The total unduplicated number of individuals served through waiver supports and services including New Opportunities Waiver (NOW), Children's Choice Waiver (CC), Supports Waiver (SW), and Residential Options Waiver (ROW).

- 26547/Input: Percentage of Waiver participants with a Level of Care redetermination made within 12 months of initial or last annual evaluation.
- 23842/Outcome: Percentage of Flexible Family Fund recipients who remain in the community (vs. institution).



### **Objective III:**

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

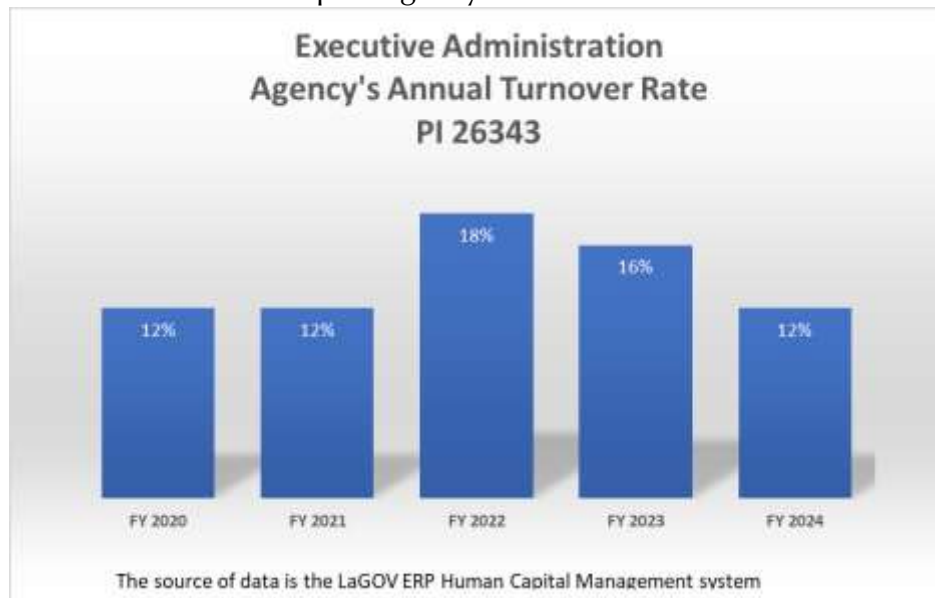
#### **Strategies:**

- 3.1: *Monitor performance indicators reported in the Louisiana Performance Accountability System (LaPAS) and address any deviations from the assigned target.*
- 3.2: *Audit agency processes related to activities that affect efficient use of available resources*
- 3.3: *Strengthen and improve current workflow processes by internal analyses of established agency policies and procedures to maximize the production and efficiency of FPHSA activities.*
- 3.4: *Develop the workforce through improved recruitment, retention, and training.*
- 3.5: *To manage organization performance through data-based and outcome driven decision making.*

#### **Performance Indicators:**

- 25534/Efficiency: Percentage of information technology (IT) work orders closed within 6 business days of work request.

- 25535/Efficiency: Percentage of contract invoices for which payment is issued within 30 days of agency receipt.
- 23847/Efficiency: Percentage of new employees completing mandatory online training courses within 90 days of employment.
- 26341/Outcome: Percentage of agency's Performance Indicators within the + / - 5 percent of target.
- 26342/Output: Percentage of contract performance evaluations completed annually.
- 26343/Output: Agency's annual turnover rate.



- 23850/Efficiency: Executive Administration expenditures as a percentage of agency's budget.
- 23851/Quality: Percentage of agency's moveable property accounted for annually.
- 23852/Output: Total number of individuals served by Florida Parishes Human Services Authority.
- 23844/Outcome-Efficiency: Percentage of Performance Evaluation System (PES) completed annually.



## 09-302 Capital Area Human Services District

### **Vision**

We excel at making lives better.

### **Mission**

The mission of the Capital Area Human Services District (CAHSD) is to deliver caring and responsive services, leading to a better tomorrow.

### **Philosophy/Values**

Capital Area Human Services District commits to the philosophy that all individuals are valuable members of the community. The District exists to support each person served, to the full extent that resources permit, to live productively in the location and environment of their choosing (within appropriate parameters). The services and supports provided by the District are those determined by the person served to be important to their success and stability. Our staff works with each person served to facilitate attainment of their goals.

### **Executive Summary**

Capital Area Human Services District provides mental health, addictive disorders, and developmental disabilities services in Region 2. The agency directs the operation and management of public, community-based programs and services in the parishes of Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge and West Feliciana.

We envision a community network which provides a continuum of supports and services that respond, in a practical manner, to the unique needs of the persons served who live with mental illness, addictive disorders, and developmental disabilities. This coordinated network will allow each individual to develop their potential for living a satisfying and productive life within the community. We continuously strive for greater resource efficiency to expand our capability for innovation and to provide access to more decentralized services.

### **Agency Goals**

#### **Goal I**

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

## Goal II

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

## Goal III

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

## Goal IV

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



### Program A: Capital Area Human Services District

#### Program A Mission

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

#### Program A Goals

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

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

#### Strategies:

- 1.1 The Executive Director, in conjunction with the Executive Management Team, shall establish strategic goals and objectives, develop policy and procedures, provide direction, training & guidance, and monitor compliance with state and federal regulations, departmental directives and legislative mandates for Administration and in the provision of clinic-based services and supports for Adult and Child Behavioral Health, Developmental Disabilities, and Prevention and Primary Care.
- 1.2 Perform the functions of accounting & fiscal management; budget development and implementation; purchasing & accounts payable; contract development, implementation and management; property



control; fleet management; human resources; telecommunications management; travel; staff development and training; information technology; quality assurance and executive oversight that supports the District's employees, providers, and clients/consumers.

- 1.3 Monitor compliance with trainings that meet licensure and CARF standards through use of Accreditation Now, LEO (Louisiana Employees Online system), staff development, Office of Risk Management, CPTP, and other resources as needed.
- 1.4 Develop, monitor, and oversee implementation of the CAHSD work plan to meet CARF standards and policy requirements for behavioral health accreditation.
- 1.5 Continue to manage processes for CAHSD audits, reviews and performance monitoring by external entities (Louisiana Legislative Auditor, Office of Risk Management, Louisiana Property Assistance Agency, Department of Civil Service, LDH Bureau of Health Standards, etc.).

**Performance Indicators:**

- Key - Percentage of state assets in the Asset Management system located/accounted for annually
- Key - Number of findings in Legislative Auditor Report resulting from misappropriation of resources, fraud, theft, or other illegal or unethical activity

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

**Strategies:**

- 2.1 Work with LDH in transitioning persons into living environments of their choice, and in monitoring the quality of services provided to waiver recipients
- 2.2 Continue to use the Office for Citizens with Developmental Disabilities (OCDD) data systems to maintain updated waiting lists for FFF and services being provided to consumers
- 2.3 Continue to work with CAHSD/OCDD staff, providers, and consumers to develop and/or refine outcome-oriented performance indicators for developmental disability services
- 2.4 Continue to conduct/host trainings to increase the knowledge of developmental disabilities services for area healthcare professionals

**Performance Indicators:**

- Key - Percentage of those surveyed reporting that the

Individual and Family Support services contributed to maintaining themselves or their family member in their own home

- Key - Percentage of available Family Flexible Fund slots utilized
- Key - Number of individuals receiving Family Flexible Fund services
- Key - Percentage of those surveyed reporting that they can choose or change agency providing services
- Supporting - Percentage of those surveyed reporting they had overall satisfaction with the services received
- Supporting - Total persons served

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

**Strategies:**

- 3.1 Work closely with local governments, school systems, parents, and other child-serving agencies to identify local needs and patterns of gaps and deficiencies in care delivery systems
- 3.2 Work to develop new and sustain existing financial partnerships with local governments and other public systems that will allow locally-based service delivery
- 3.3 Develop funding strategies that combine multiple revenue sources (traditional and non-traditional) as needed for expansion.
- 3.4 Work to maintain school-based delivery of mental health treatment.
- 3.5 Continue and enhance the provision of educational outreach programs Targeting school professionals and parents, which are focused on prevention and early intervention

**Performance Indicators:**

- Standard - Percentage of clients who indicate they would continue to receive services from CAHSD clinics if given the choice to go elsewhere.
- Standard - Percentage of clients who indicate they would recommend CAHSD clinics to a friend or family member.
- General - Number of child/adolescent substance abuse primary prevention programs offered
- General - Number of children/adolescents admitted per year for behavioral health services
- General - Total children/adolescents served

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

**Strategies:**

- 4.1 Annually survey consumers to identify programmatic/supportive service gaps, and develop/modify programs in response to results
- 4.2 Expand psychosocial support and consumer education groups in response to results of consumer survey
- 4.3 Implement Evidence Based Practices for clinical outcomes improvement in mental health clinics.

**Performance Indicators:**

- Standard - Percentage of clients who indicate they would continue to receive services from CAHSD clinics if given the choice to go elsewhere.
- Standard - Percentage of clients who indicate they would recommend CAHSD clinics to a friend or family member.
- Standard - Percentage of clients who rate the extent to which they felt better on the client satisfaction survey as agree
- General - Total adults served in CAHSD (Mental Health)
- General - Number of persons provided Social Detoxification Services
- General - Number of persons provided Residential (28 day Inpatient) services
- General - Number of persons provided Community-Based Residential services
- General - Number of persons provided Outpatient Addiction Recovery Services
- Total adults served in CAHSD (Addiction Recovery Services)

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

**Strategies:**

- 5.1 New adult admissions who are linked to a primary care provider at the time of admission will receive education on the importance of having routine health check-ups
- 5.2 Annually survey consumers to identify programmatic/supportive service gaps, and develop/modify programs in response to results
- 5.3 Expand primary care services and consumer education groups in response to results of consumer survey

5.4 Work cooperatively with other entities in the private and public physical health arena (OPH, local government officials, local hospitals and outpatient treatment providers, FQHCs and staff) to provide ongoing health screenings, referrals/connection to primary care and tobacco cessation

**Performance Indicators:**

- Key - Percentage of new adult admissions in the three largest behavioral health clinics that received a physical health screen
- Key - Percentage of new adult admissions, determined to be in need of primary care during the physical health screen, who accept a referral to or agree to follow-up with a primary care provider.

## 09-303 Developmental Disabilities Council

### **Vision**

The Louisiana Developmental Disabilities Council envisions a system of services, supports and other assistance in Louisiana are provided in a manner that demonstrates respect for individual dignity, personal preference, and cultural differences and enable individuals with developmental disabilities to exercise self-determination, be independent, be productive and be integrated and included in all facets of community life.

### **Mission**

The mission of the Louisiana Developmental Disabilities Council is to help Louisianans with intellectual and developmental disabilities live more independently, make their own choices, be more productive, and be fully included in all aspects of community living.

### **Philosophy/Values**

Individuals with developmental disabilities, including those with the most severe developmental disabilities, are capable of self-determination, independence, productivity, and integration and inclusion in all facets of community life, but often require the provision of community services, individualized supports, and other forms of assistance.

### **Executive Summary**

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

### **Agency Goals**

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

## Program A: Developmental Disabilities Council

**Program Description:** The La. Developmental Disabilities Council engages in advocacy, systems change, and capacity building activities that contribute to a coordinated, individual and family-centered, individual and family-directed comprehensive system of community services, individualized supports, and other forms of assistance that enable individuals with developmental disabilities to exercise self-determination, be independent, be productive, and be integrated and included in all facets of community life.

### Program Mission

To advocate for and support people with developmental disabilities to exercise control over their lives and participate fully in the community.

### Program A Goal

Pursue systems change (e.g., the way human service agencies do business so that individuals with developmental disabilities and their families have better or expanded services), advocacy (e.g., educating policy makers about unmet needs of individuals with developmental disabilities), and capacity building (e.g., working with state service agencies to provide training and benefits to direct care workers) to promote independence, self-determination, productivity, integration and inclusion of people with developmental disabilities in all facets of community life.

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

### Strategies:

- 1.1 Prepare a comprehensive review and analysis of the extent to which services, supports and other assistance are available to individuals with developmental disabilities and their families, and the extent of unmet needs for services, supports, and other assistance for those individuals and their families in Louisiana.
- 1.2 Develop a State five-year plan to facilitate advocacy, capacity Building and systemic change for services/supports for individuals with disabilities and their families in Louisiana.
- 1.3 Expend funds on activities identified in the plan through contracts to various individuals, organizations or entities to facilitate advocacy, capacity building and systemic change for services/supports for individuals with disabilities and their Families in Louisiana.
- 1.4 Ensure that not less than 70% of funds paid to the State of Louisiana under the Act are expended on activities related to the goals identified in the State five-year plan.

**Performance Indicator:** Percent of Council plan objectives on target

This indicator provides an overall measure of the degree the Council implements objectives in its plan



The Percent of Council Plan Objectives on Target shows the percentage of objectives on target for the last 8 fiscal years.

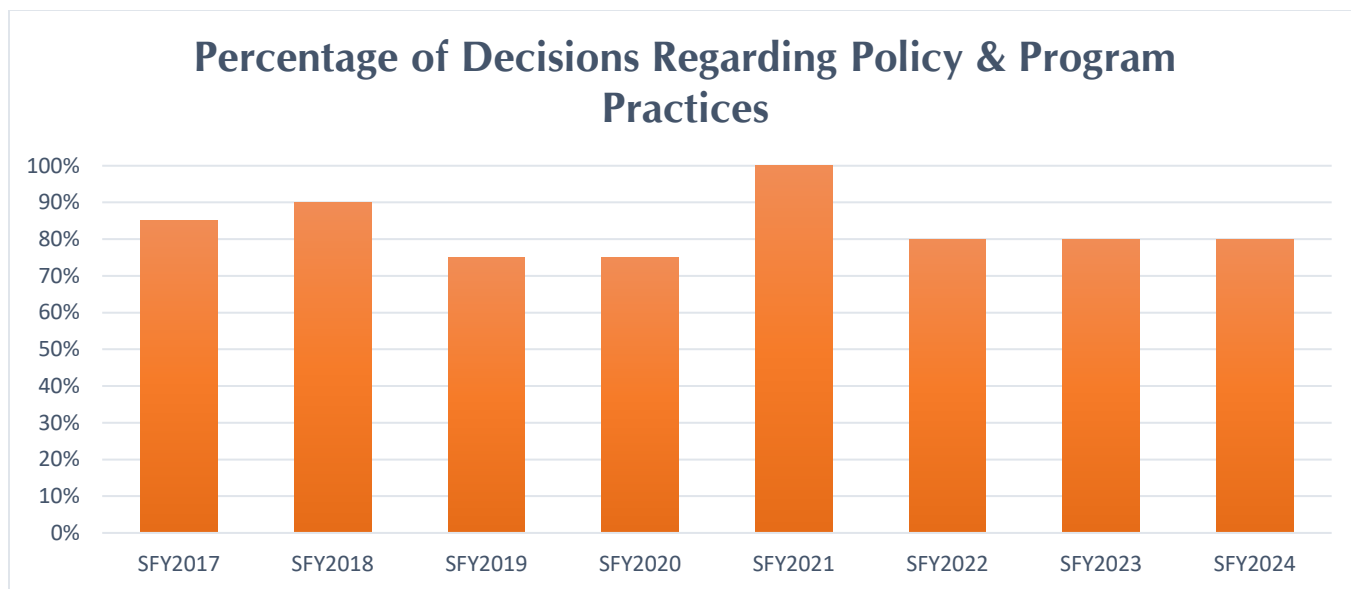
**Objective II:** Undertake advocacy, capacity building, and systemic change activities that contribute to increased quantity and quality of community-based services for individuals with developmental disabilities each year through June 30, 2031.

**Strategies:**

- 2.1 Provide training for self-advocates and their family members to build their advocacy leadership skills, knowledge of the service delivery system and effective advocacy with policy makers.
- 2.2 Identify community needs and promote initiatives and activities that build the capacity of community members, service providers and family members.
- 2.3 Track progress of each agency or system charged with serving individuals with developmental disabilities and the policies that govern these agencies and services to promote movement toward practices that increase self-determination, independence, productivity, integration and inclusion of people with developmental disabilities in their communities.
- 2.4 Disseminate information to family organizations, listserv members, and other advocacy organizations to support grassroots advocacy efforts.

**Performance Indicator:** Percentage of decisions regarding policy and program practices influenced through Council involvement and education that promote self-determination, independence, productivity, integration and inclusion of people with developmental disabilities in their communities.





NOTE: The percentage of decision regarding policy and program practices demonstrates the measure of the impact the Council has on changing policies and program practices of Louisiana's system of services and supports to individuals with developmental disabilities.

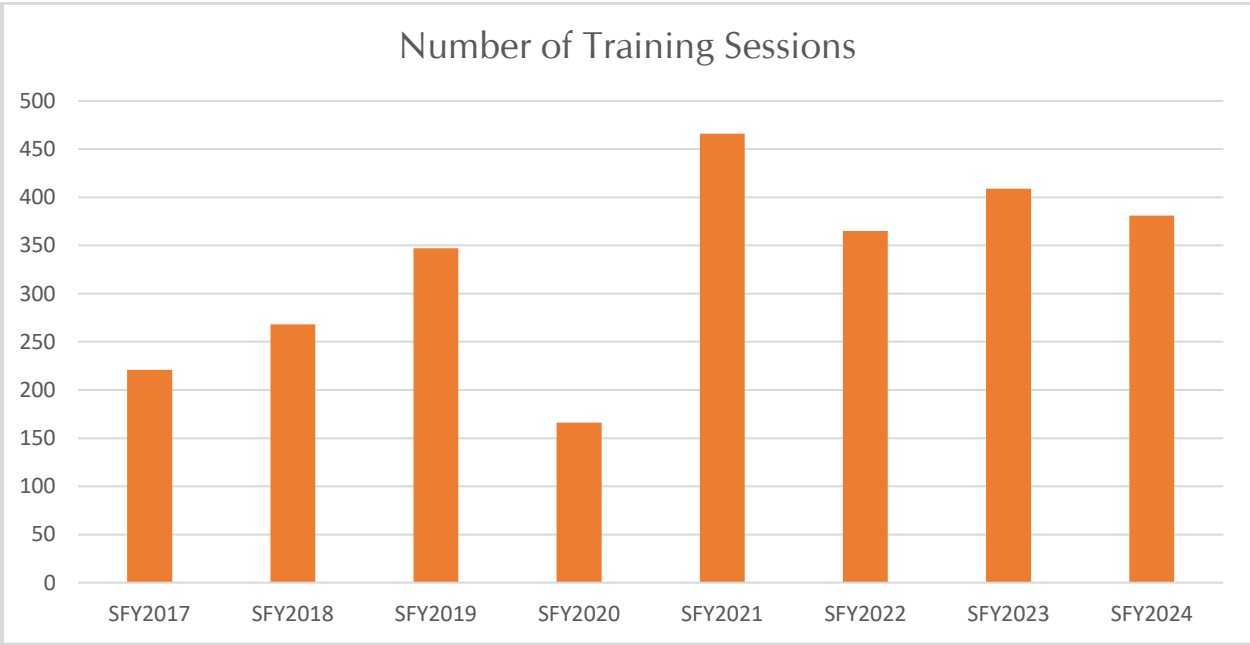
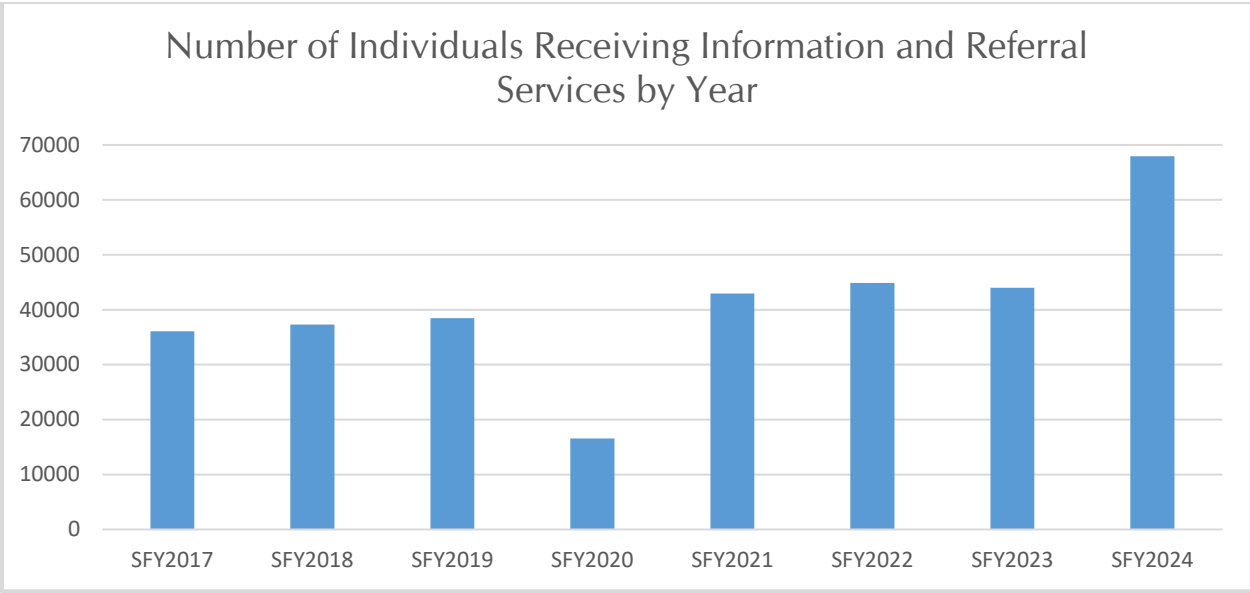
**Objective III:** Support information and referral services, education and training for peer to peer support to individuals with developmental disabilities, parents/family members, and professionals each year through June 30, 2031.

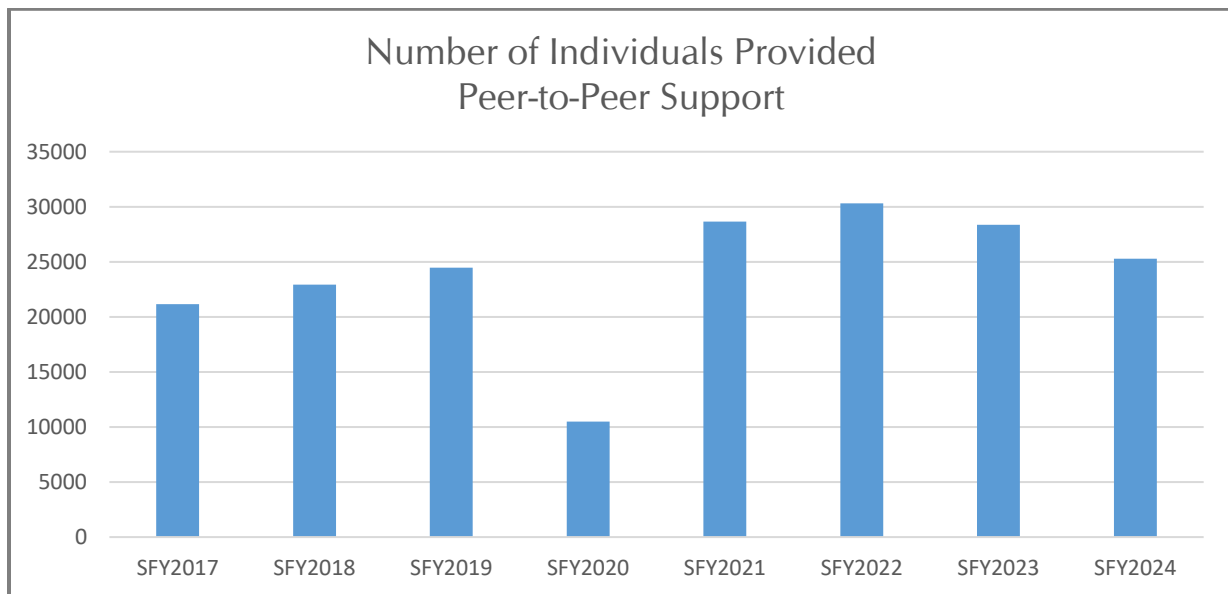
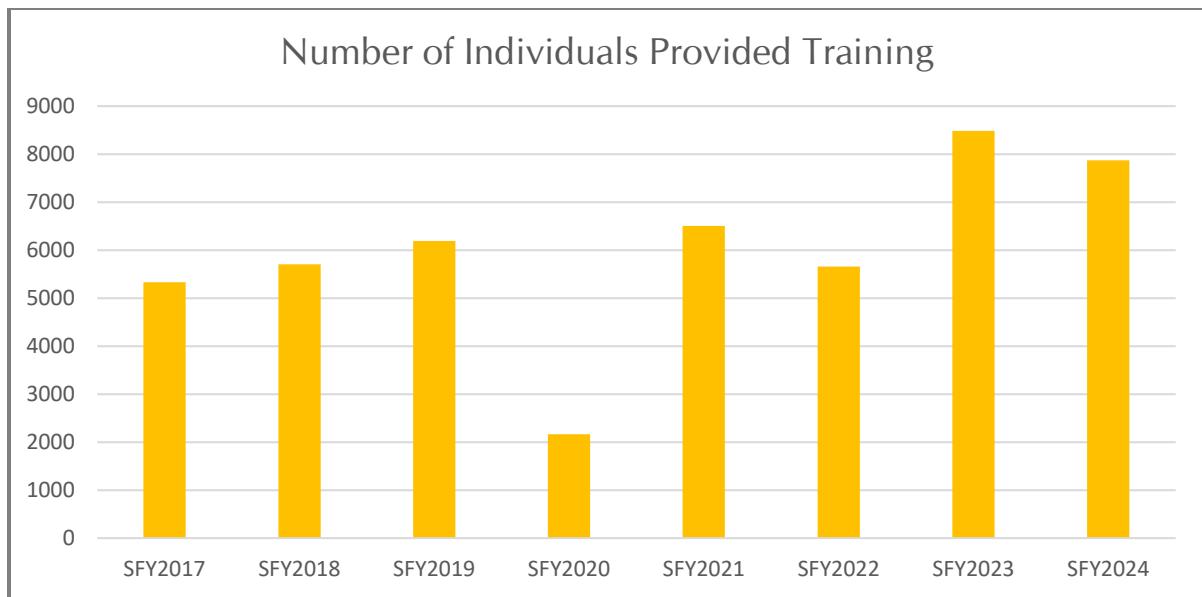
**Strategy:**

- 3.1 Provide support to Families Helping Families Regional Resource Centers to provide individuals with disabilities and their family members the information and referral to access existing services, education on disability issues and services, and peer to peer support.

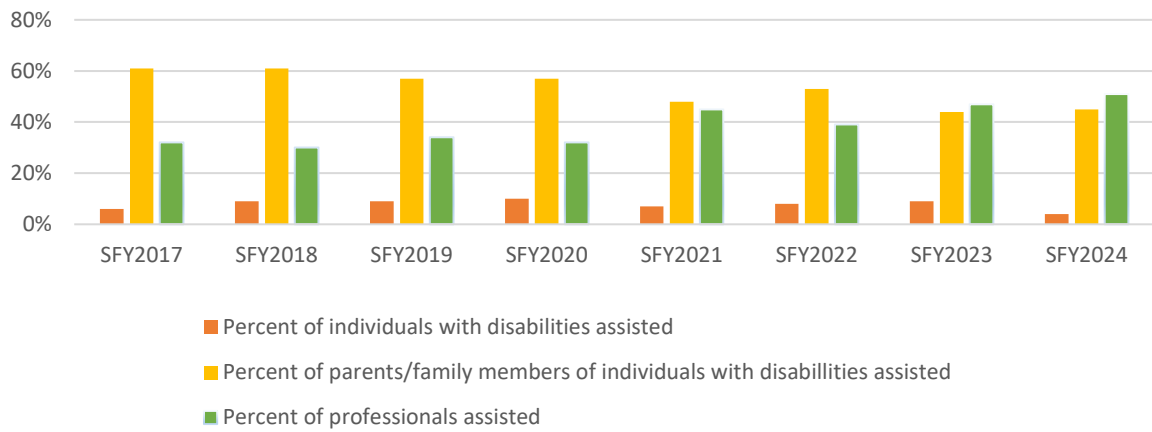
**Performance Indicators:**

- Number of information and referral services provided
- Number of training sessions provided statewide
- Number of individuals provided training statewide
- Number of individuals provided peer-to-peer support opportunities statewide
- Percentage of individuals who report that they received the information or support that they needed
- Percent of individuals with disabilities assisted
- Percent of parents/family members of individuals with disabilities assisted
- Percent of professionals assisted
- Percent of Families Helping Families Regional Resource Centers maintaining 100% compliance with DD Council contractual obligations and standards of operation.





## Breakout of percentage of individuals with disabilities, family members and professionals assisted



## 09-304 Metropolitan Human Services District

### Vision

*Expanding Our Core, Enhancing Our Partnerships*

To expand our core service capabilities and partnering collaborations for individuals with Addictive Disorders, Intellectual/Developmental Disabilities and Mental Illness in Orleans, Plaquemines, and St. Bernard Parishes.

### Mission

To ensure person-centered support and services are available and provided to eligible individuals with Addictive Disorders, Intellectual/Developmental Disabilities and Mental Illness living in Orleans, Plaquemines, and St. Bernard Parishes.

### Philosophy/Values

We believe that it is the responsibility of MHSD to garner resources, identify innovative programs, and make available to individuals we serve, a comprehensive array of research-based services offered in an integrated system that promotes consumer choice.

<u>Leadership:</u>	We are the center of excellence.
<u>Quality:</u>	We commit to continuous quality improvement.
<u>People:</u>	We treat people with respect and dignity, demonstrating inclusiveness, and recognizing diversity.
<u>Community:</u>	We enhance our community through our services and partnerships.
<u>Service:</u>	We de-stigmatize services to persons with Addictive Disorders, Intellectual/Developmental Disabilities, and Mental Illness.
<u>Fiscal Responsibility:</u>	We are good financial stewards.
<u>Integrity:</u>	We do what we say, we say what we do.
<u>Innovative:</u>	We promote cutting edge care.

### Executive Summary

Metropolitan Human Services District (MHSD) is the local behavioral health authority and the largest comprehensive provider of behavioral health services for the tri-parish area. MHSD persists in engaging leadership and employment of highly trained professionals and professional supports, instrumental to ongoing successes and new strategies as outlined in the FY2026-2031 Strategic Plan. The plan is the culmination of an inclusive process of partner consensus building around current relevant and measurable outcomes, aligned with the intent of our vision and our person-centered mission. As MHSD engages efforts to address the collective needs of our diverse population, it is our intent to be value centered, fiscally responsible and pointedly transformative in our exercise of service to our community.

## Agency Goals

The goals of MHSD represent our analysis of the needs and expectations of our organization. Leadership is the cornerstone of all successful completions. Foundational to successful leadership is commitment to high quality and to the drivers and indicators that promote continuous improvement to our services. Given the impact required to be successful in our goal of fostering healthier communities, we are keenly sensitive to the need for fiscal responsibility throughout this process of change.

### **Goal I: Leadership**

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

### **Goal II: Quality**

To establish a data driven environment, that includes but is not limited to system infrastructure, data management, and the service delivery monitoring, that supports continuous quality improvement across MHSD.

### **Goal III: Community**

To build community capacity through designated partnerships and facilitate further community awareness of MHSD.

### **Goal IV: Services**

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

### **Goal V: Fiscal Responsibility**

To create, optimize, and maintain a balanced budget while responsibly managing resources and other assets equitably and sustainably.

## **Activity A: Care Management/Administration**

Metropolitan Human Services District (MHSD), serving as the planning body, implements a single point-of-entry care management system that bridges the current gap between inpatient and outpatient behavioral health and developmental disabilities services, assessing the consumer's broad needs, planning and linking the individual to resources to assure access to medical and behavioral health care, and partnering with other community-based providers to increase consumer choice around housing and other supportive services. This work will be

supported by creating an administrative structure that is efficient, equitable, effective/evidence-based, patient-centered, safe, and timely.

### **Program A Mission**

To ensure person centered support and services for eligible individuals with Addictive Disorders, Intellectual/Developmental Disabilities and Mental Illness are available/provided to individuals living in Orleans, Plaquemines, and St. Bernard.

### **Program A Goals**

#### **Care Management/Administration**

- Goal 1: To establish a dynamic Center of Excellence for Behavioral Health (Addiction and Mental Illness) and Intellectual/Developmental Disabilities.
- Goal 2: Maintain data system infrastructure and data management policies and procedures.
- Goal 3: Continuously improve MHSD quality of care.
- Goal 4: Build community capacity through designated partnerships.
- Goal 5: Extend MHSD's training opportunities to various academic levels.
- Goal 6: Facilitate further community awareness of MHSD.
- Goal 7: Provide and facilitate continuum of care that is person-centered, effective, and innovative for adults, children/adolescents, and their families.
- Goal 8: To maximize funding to adequately address community partnerships

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

#### **Strategy:**

1.1 Supervision for accountability and performance monitoring.

#### **Performance Indicator:**

- Number of supervision training opportunity for supervisors. {Quality Measure}

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

#### **Strategies:**

2.1 Utilize informed best practices in planning and decision making.

2.2 Monitor and, when warranted, adapt to the trends in Behavioral Health (Addiction and Mental Illness) and Intellectual/Developmental Disabilities

2.3 Provide technical assistance to partnering agencies.

#### **Performance Indicator:**

- Across the agency, number of new programs/operational changes that are based in research {Output Measure}



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

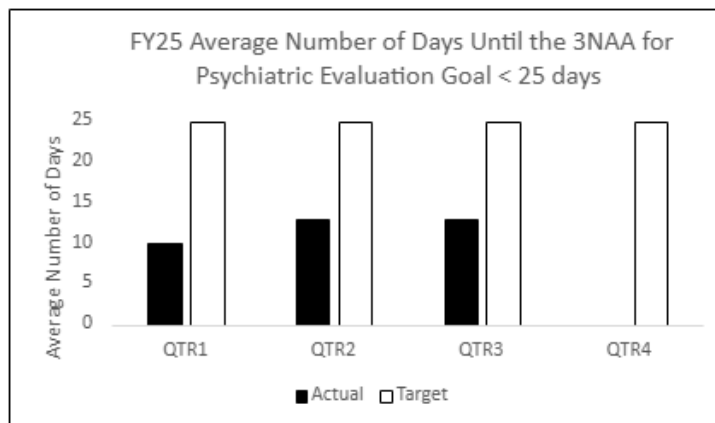
**Strategy:**

- 3.1 Develop and implement methods that impact accessibility across all MHSD clinics that align with the needs of the individuals whom we serve.

**Performance Indicators:**

- Percentage of MHSD clinics implementing at least three existing or newly implemented strategies that indicate accessibility to care (i.e., walk-ins, early morning, weekend, and evening hours). {Quality Measure}
- Average number of days until the third next available appointment for psychiatric evaluation. {Efficiency Measure}

Third next available appointment (3NAA) is an industry accepted quality indicator that reports the length of time in days between the dates a person served makes a request for an appointment with a provider and the third available appointment. To avoid misrepresentation of appointment availability, the "third next available" appointment is used rather than the "next available" appointment. The MHSD Division of Quality and Data Management (QDM) recognized the need to reliably measure access and benchmark performance. By ensuring timely appointment access, MHSD aims to avoid delays, which can be harmful to those seeking care. Our improvement efforts focus on developing highly efficient scheduling systems that can meet the needs of our persons served and their families.



Note: The bar graph above represents the FY2025 average number of days until the third next available appointment for psychiatric evaluations within MHSD clinics. The data is sourced from the MHSD electronic health record. For this indicator, MHSD seeks to lower the number of days to the 3NAA. When comparing the actual to the target, MHSD has exceeded performance expectations. MHSD attributes its performance to the implementation of flexible clinic scheduling via the establishment of walk-in scheduling.

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

**Strategies:**

- 4.1 Initiate and maintain a MHSD information dashboard.
- 4.2 Comply with essential reporting.
- 4.3 Utilize methods that lead to valid and reliable reporting.
- 4.4 Develop IT/systems, data management, and quality management policies and procedure.

**Performance Indicator:**

- Percentage of quarterly Board Ends reporting and bi-monthly state level data reporting submitted on by the due date. {Output Measure}

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

- 5.1 Host a MHSD annual community health fair.
- 5.2 Staff/leadership will participate annually in community events.
- 5.3 Host annual meetings with MHSD community/contract partners.
- 5.4 Host annual multi-parish community meeting.
- 5.5 Integrate a new tagline: "Enhancing Our Core, Expanding Our Partnerships."

**Performance Indicator:**

- Number of non-MHSD staff that participate in MHSD community outreach/events. {Outcome Measure}

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

- 6.1 Identify education/training needs of staff and community partners.
- 6.2 Make available education/ training opportunities to various academic groups.
- 6.3 Increase child and youth addiction partners through MOUs.

**Performance Indicator:**

- Number of collaborations with local academic partners regarding the development of an education/training program. {Outcome Measure}

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

- 7.1 Increase the number of community collaborative partners.

- 7.2 Complete an annual gap analysis at the MHSD public forums that assess gaps in the existing service delivery system in Orleans, Plaquemines, and St. Bernard parishes.
- 7.3 Increase quality of contract monitoring to include performance-based budgeting.

**Performance Indicator:**

- Percentage of clinic service contracts monitored. {Quality Measure}

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

**Strategies:**

- 8.1 Host interdisciplinary meetings and staffing.
- 8.2 Coordination of primary care services for persons seeking care.
- 8.3 Provide opportunity for staff to develop competency in services for persons with co-occurring disorders.

**Performance Indicator:**

- Percentage of MHSD clinical staff who have participated in training opportunities regarding co-occurring disorders. {Outcome Measure}

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

**Strategies:**

- 9.1 Complete annual audits of providers' billing.
- 9.2 Conduct RFI's for all contracts over \$150,000.

**Performance Indicator:**

- Number of audits completed of Medicaid provider billing. {Quality Measure}

**Activity B: Intellectual/Developmental Disabilities**

This program, within Metropolitan Human Services District (MHSD), focuses on providing cost effective, community-based services and supporting the continued de-institutionalization of individuals with developmental disabilities. Examples of these supports can include identification of work and supports to maintain work, assisting with maintaining a household, such as paying bills, and assisting with learning hobbies.

## **Program B Mission**

To ensure person centered support and services for eligible individuals with Addictive Disorders, Intellectual/Developmental Disabilities and Mental Illness are available/provided to individuals living in Orleans, Plaquemines, and St. Bernard.

## **Program B Goals**

### **Intellectual/Developmental Disabilities**

- Goal 1: To conduct aggressive and ongoing outreach.
- Goal 2: To provide timely access to appropriate, comprehensive community-based supports for individuals with disabilities, their families and/or support system such that they will be able to be maintained within their communities.
- Goal 3: To expand Intellectual/Developmental Disabilities services to include behavioral health services and supports to family members through MHSD integrated behavioral health system.
- Goal 4: To increase stakeholders' involvement in MHSD planning, education and decision making.
- Goal 5: To deliver quality services to individuals with intellectual/developmental disabilities and those with co-occurring disorders and their family members with behavioral health issues.

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

#### **Strategies:**

- 1.1 Utilize school-based health clinics as a vehicle through which clients can be identified.
- 1.2 Community Education and Awareness events sponsored by MHSD to educate individuals, family member, community organizations, school systems and the medical community on how to access services.

#### **Performance Indicator:**

- Total number of individuals applying for developmental disabilities services. {Output Measure}

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

#### **Strategies:**

- 2.1 Identify staff to perform I/DD Continuous Quality Improvement function.
- 2.2 Re-Train staff on I/DD policies and procedures.
- 2.3 Include this objective expectation in staff PPR.

#### **Performance Indicators:**

- Total unduplicated count of people receiving state funded developmental disabilities community-based services {Output Measure}
- Number of consumers receiving Flexible Family Funds {Output Measure}
- Number of Individual Agreements with consumers {Output Measure}

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

**Strategies:**

- 3.1 Work in partnership with individuals to identify his/her service desires.
- 3.2 Develop individualized service plans that are periodically reviewed.
- 3.3 Partner with private support coordination agencies for continuity of care.
- 3.4 Train private support coordination agencies on person-centered service delivery.
- 3.5 Provide services in communities/neighborhoods.
- 3.6 Appropriately link individual and family into other MHSD behavioral health services.

**Performance Indicator:**

- Percentage of consumers who indicate satisfaction with services received from MHSD staff, as is reflected in consumer evaluations {Output Measure}

**Activity C: Adult Behavioral Health**

This program focuses on improving coordination of services across the outpatient continuum of care for adults with behavioral health problems. Metropolitan Human Services District (MHSD) has redesigned its clinic-based structure so that mental health and addictive disorder services are integrated for the clients. MHSD will continue to focus its efforts on working with the hand-off between the inpatient and outpatient settings and ensuring that the necessary transitional services are available for these high-risk clients. MHSD will expand services available to clients as it continues to build out a comprehensive continuum of care.

**Program C Mission**

To ensure person-centered support and services are available and provided to eligible individuals with Addictive Disorders, Intellectual/Developmental Disabilities and Mental Illness living in Orleans, Plaquemines, and St. Bernard Parishes.

## Program C Goals

### Adult Behavioral Health

- Goal 1: Provide and facilitate continuum of care that is person-centered, effective, and innovative for adults, children/adolescents, and their families.
- Goal 2: Continuously improve MHSD quality of care.

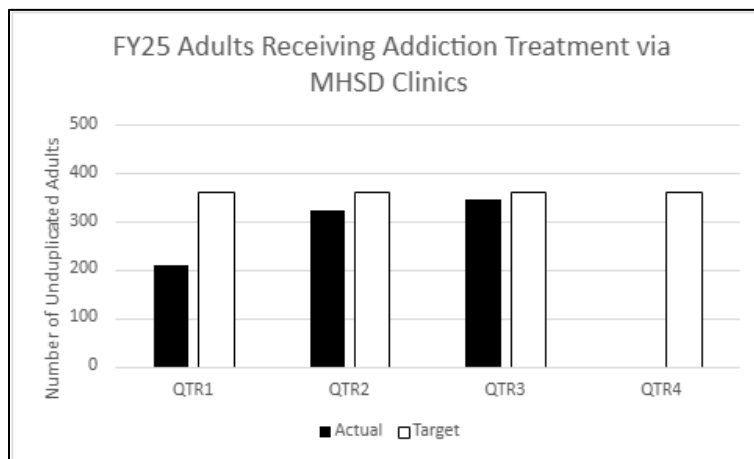
**Objective I: MHSD will broaden the array of evidenced-based services provided via outpatient individual, group, and family therapy.**

#### Strategies:

- 1.1 Increase the number of MHSD staff that provide outpatient individual, group and/or family therapy.
- 1.2 Increase the number and types of services provided via outpatient individual, group, and family therapy.

#### Performance Indicators:

- Unduplicated number of adults receiving mental health services in MHSD clinics {Output Measure}
- Number of adults receiving Addiction treatment via MHSD clinics {Output Measure}



The bar graph represents the unduplicated count of adults receiving addiction treatment in MHSD clinics. Historically, Addiction services were provided in the community by contractors/partners. This measure is used to monitor the growth of the recently established MHSD Addiction services provided in MHSD clinics.

NOTE: Number of adults receiving Addiction treatment via MHSD clinics. The data source is the MHSD Electronic Health Record.

## Activity D: Child and Adolescent Behavioral Health Services

This program focuses on improving the coordination of services across the outpatient continuum of care for children and youth with behavioral health problems. Metropolitan Human Services District (MHSD) will continue its re-design of the clinic-based delivery system so that mental health and addictive disorder services are integrated for the clients. MHSD will continue to focus its efforts on working with the hand-off between the inpatient and outpatient settings and ensuring that the necessary transitional services are available for these high-risk clients. MHSD will expand services available to clients as it continues to build out a comprehensive continuum of care.

### Program D Mission

To ensure person-centered support and services are available and provided to eligible individuals with Addictive Disorders, Intellectual/Developmental Disabilities and Mental Illness living in Orleans, Plaquemines, and St. Bernard Parishes.

### Program D Goals

#### Child and Adolescent Behavioral Health

- Goal 1: Provide and facilitate continuum of care that is person-centered, effective, and innovative for adults, children/adolescents, and their families.
- Goal 2: Continuously improve MHSD quality of care.

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

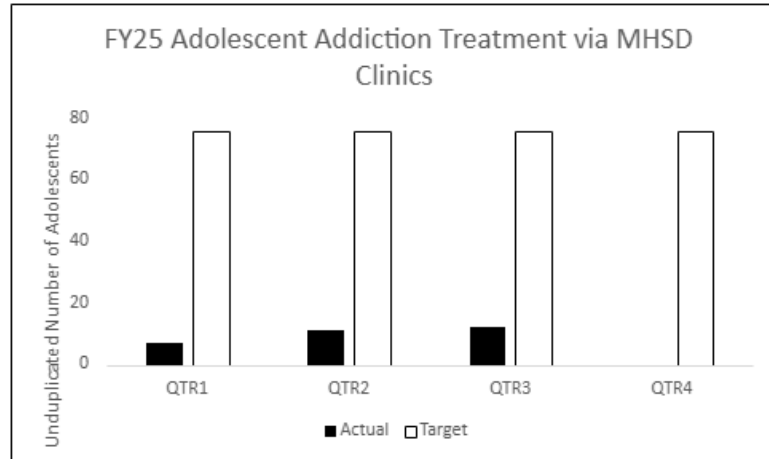
#### Strategies:

- 1.1 Increase the number of MHSD staff that provide outpatient individual, group and/or family therapy.
- 1.2 Increase the number and types of services provided via outpatient individual, group, and family therapy.

#### Performance Indicators:

- Unduplicated number of children and adolescents receiving mental health services in MHSD clinics. {Output Measure}
- Number of children and adolescents receiving Addiction treatment via MHSD clinics. {Output Measure}

The bar graph represents the unduplicated count of adolescents receiving Addiction treatment in MHSD clinics. Historically, Addiction services were provided in the community by contractors/partners. This measure is used to monitor the growth of the recently established MHSD Addiction services provided in MHSD clinics.



NOTE: Number of adolescents receiving Addiction treatment via MHSD clinics. The data source is the MHSD Electronic Health Record. MHSD attributes the ascending trend to increased service array in the MHSD clinics.



## **Vision**

The vision of the Office of the Secretary, through leadership and support, will provide the people of Louisiana with the opportunity to grow, in a nurturing environment that is supportive, safe, and that promotes the physical, mental and social health of individuals, families, and communities.

## **Mission**

The mission of the Office of the Secretary is to provide both quality and timely leadership and support to the various offices and programs within the Louisiana Department of Health so that their functions and mandates can be carried out in an efficient and effective manner.

## **Philosophy**

The Office of the Secretary is dedicated to fulfilling its mission through direct provision of quality services, the development and stimulation of services of others, and the utilization of available resources in the most effective manner.

## **LDH Priorities:**

There are four major categories in which we are committed to making measurable improvements:

- Improve the Health and Well-being of Louisianans with an Emphasis on Prevention
- Reshape #TeamLDH Culture
- Enhance Customer Service, Partnerships, and Community Relations
- Promote Transparency, Accountability, and Compliance
- Promote Health Equity

## **Agency Goal**

The goal of the Office of the Secretary is to provide overall direction and administrative support to the agencies and activities within the Department.

## Program A: Office of Management and Finance

Program Description: The Office of Management and Finance consist of the following activities: Executive Management, Governmental Relations & Community Partnerships, Bureau of Media and Communications, Human Resources, Training and Staff Development; Governor's Council on Physical Fitness and Sports, Fiscal Management, Planning and Budget, Bureau of Legal Services, Fiscal Services, Health Standards Section, and Internal Audit.

### Program Mission

The mission of the Management and Finance program is to provide overall direction and administrative support to agencies and activities within the Department.

### Program Goal

The goal of the Management and Finance program is to provide leadership and technical support services while maximizing resources to fulfill the Department's mission.

## Activity: Executive Administration and Program Support

Activity Description: Executive Management provides leadership, technical support, strategic and policy direction to various functions throughout the department and ensures that policies and procedures put in place are relevant to the structure of agency operations and adhere to strictest government performance and accountability standards.

Activity Description: Human Resources, Training & Staff Development provides services to applicants, employees, and managers in the areas of Time & Attendance, Employee Relations, Labor Law Compliance, Classification, Pay Administration, Continuous Performance Management (formerly the Performance Evaluation System), Drug Testing, Employee Administration, and Staff Development.

**Objective I:** Through the Executive Administration and Program Support activity, to provide leadership, strategic and policy direction while maximizing resources and maintaining the highest level of government performance and accountability standards each year through June 30, 2028.

### Strategies:

- 1.1 Provide oversight and supervision to the Divisions and Bureaus responsible for auditing, budget preparation, financial services, human resources, accounting, and the development of strategic and operational plans.
- 1.2 Participate in bi-monthly meetings with Assistant Secretaries and executive management team members to review/discuss departmental issues.

- 1.3 Develop clear understandable human resource (HR) policies that balance the interest of both management and employees; ensure that HR policies and procedures are maintained, documented, and communicated in a timely and comprehensible manner.

**Performance Indicators:**

- Percentage of indicators in the Office of the Secretary meeting or exceeding targeted standards
- Percentage of the department's employees receiving Continuous Performance Management (CPM) evaluations by the due date

**Activity: Community Partnerships**

Activity Description: Community Partnerships (CP) is a central support unit within the Louisiana Department of Health's (LDH) Office of the Secretary (OS), focused on strengthening community relationships and advancing health outcomes across the state. CP ensures that LDH's practices, protocols, and services are accessible and informed by the voices and lived experiences of Louisiana's people.

Community Partnerships guides the development of agency-wide policies and programs to help LDH better meet community needs. It plays a key role in supporting LDH's Public Health Accreditation Board (PHAB) process, including implementation of standards tied to four of the Ten Essential Public Health Services: informing and educating the public, mobilizing community partnerships, developing supportive policies, and assuring a competent workforce.

Community Partnerships also manages the Review, Advise, and Inform Board (RAIB), a statewide community advisory group that provides ongoing feedback to ensure LDH remains responsive and accountable. Community Partnerships works with LDH offices to co-design tools, trainings, and strategies that support equitable service delivery, cross-agency collaboration, and improved efficiency.

Recognizing that healthcare access accounts for only 20% of health outcomes—with environmental, socioeconomic, and behavioral factors making up the rest—CP supports LDH in developing initiatives grounded in the real-life experiences of Louisiana's communities.

**Activity Goal:** Enhance LDH's capacity to collaborate effectively with communities across Louisiana to drive meaningful improvements in health outcomes.

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

## **Strategies:**

- 2.1 Recruit new RAIB (Review, Advise, and Inform Board) members annually, ensuring representation from each region.
- 2.2 Maintain engagement and communication with existing RAIB members throughout the fiscal year.
- 2.3 Host at least one in-person RAIB meeting annually, with the remaining meetings held virtually to accommodate RAIB members' availability and preferences.
- 2.4 Distribute and collect satisfaction surveys to assess RAIB members' ongoing experience working with LDH.
- 2.5 Recruit and facilitate the participation of LDH offices, bureaus and sections with RAIB, and their engagement of RAIB in the development of their initiatives.
- 2.6 Continue ongoing support of LDH's Public Health Accreditation Board (PHAB).

## **Performance Indicators:**

- Number of RAIB (Review, Advise, and Inform Board) meetings executed annually
- Number of active RAIB members sustained throughout each fiscal year
- Maintain representation from all nine LDH regions throughout the year
- Number of LDH program offices, bureaus and sections engaging with RAIB members annually
- LDH policies, programs, procedures or initiatives influenced by community input annually
- Satisfaction rate of RAIB members, surveyed annually

### **Activity: Governor's Council on Physical Fitness and Sports**

Activity Description: The Governor's Council on Physical Fitness and Sports (Governor's Games) promotes physical fitness and health through participating in competitive sports, workshops and conferences. Its main purpose is to motivate all Louisianans to become and stay physically active by promoting the benefits of physical activity through sports and fitness programs. The Governor's Games offers Olympic style sporting events across the state that provides an opportunity for competition, physical activities for all ages, skill level, and economic demographics. Some of the sporting events include: basketball, baseball, boxing, golf, karate, gymnastics, swimming, volleyball, weightlifting, and track & field. The Governor's Council on Physical Fitness and Sports also hosts "Own Your Own

Health,” a program that allows Louisianans to track their fitness and nutrition levels online by forming teams of two or more people for adults and ten or more for youth. These programs foster and encourage ways for Louisiana residents to become physically fit by getting them involved in competitive activities that require physical fitness. The Fitness Council also provides training, teaching strategies, authentic assessment and best practice information to K-12 teachers in the areas of health and physical education. The primary purpose of this project called, Tour de Fitness is to in-service and equip teachers with developmentally appropriate information regarding smoking cessation, the dangers of tobacco (smokeless and smoking), techniques to make their physical education lessons more physically active, and assessment opportunities to measure physical fitness.

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

**Strategies:**

- 3.1 Work with local school boards and physical education teachers to expand the parish and statewide Elementary Fitness Meets to include every parish in Louisiana.
- 3.2 Sponsor physical fitness and sports workshops, clinics, conferences and other similar activities. An example would be the Athlete Leadership Summit, which is designed to give youth in Louisiana an opportunity to listen to former and current professional athletes talk about the important of education, values, leadership, team work and other items.
- 3.3 Produce high quality sporting events in an Olympic-style atmosphere that will make sporting events and recreational activities attractive to potential competitors.
- 3.4 Solicit corporate sponsors who will invest in the Governor’s Games competitions, which will help finance the expansion of the event and promote commerce in Louisiana.
- 3.5 Collect and disseminate physical fitness and sports information and initiate advertising campaigns promoting physical fitness and sports.
- 3.6 Assist the Department of Education in helping schools in developing health and health and physical fitness programs for students.
- 3.7 Encourage local governments and communities to develop local physical fitness programs and amateur athletic competitions.

**Performance Indicator:**

- Number of participants in the Governor’s Games

## Activity: Financial Services

Activity Description: Fiscal Management performs accounting functions for all LDH agencies, which includes depositing revenue into the State's Treasury, processing expenditures, preparing and issuing financial reports and maintenance of LDH's general ledger on the State's financial system, as well as the cash management functions for the Department.

Activity Description: Planning & Budget administers and facilitates the operation of the budget process and performance accountability activities; provides technical assistance, analyzes budget requests, monitors the legislative process, conducts expenditure analyses; manages and monitors the department's performance accountability and strategic planning information by assisting agencies in integrating agency plans with budget requests, developing goals, objectives, performance measures, and reviewing quarterly performance progress reports.

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

### Strategies:

- 4.1 Provide guidance and assistance to agencies on strategic planning, financial planning, organizational structure, and other legislative or executive information requirements.
- 4.2 Participate in agency related meetings, including regular contact with state agency directors and other personnel to facilitate communication of financial and management practice information
- 4.3 Analyze, compile, and present monthly revenue fiscal statements and expenditure analysis reports to determine the status of departmental agencies revenues and expenditures.
- 4.4 Participate in the National Association of State Human Services Finance Officers and the Government Finance Officers Association activities to ensure information compatibility with other states and to seek innovative concepts and other features that may be applied to the Department for improved operations
- 4.5 Produce the Annual Departmental Budget Request in accordance with guidelines from the Division of Administration
- 4.6 Establish regular communications and ensure that transactions are executed according to management's authority and recorded properly

**Performance Indicators:**

- Percentage of invoices paid within 90 days of receipt
- Percentage of budget related documents submitted in accordance with DOA and Legislative timelines

**Activity: Legal Services**

Activity Description: The Bureau of Legal Services provides a wide array of legal services. These services include, but are not limited to: legal advice and counsel to all sections of the Department; litigation in federal court, state court, administrative tribunals; policy analysis and review; procurement and contract matters; Medicaid recovery and recoupment activities; legislative matters; rule-making compliance and implementation; and legal guidance on personnel and Civil Service issues. The Bureau of Legal Services also assists the agency in statewide departmental operations by participating in management discussions, conducting legal day-to-day operations, conducting legal risk analyses, and providing representation to the various offices of the department.

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

**Strategies:**

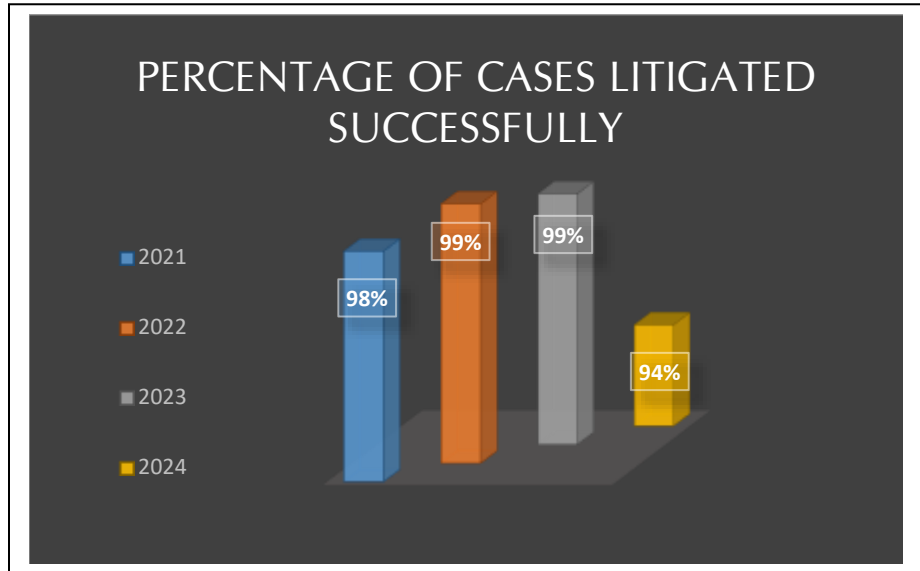
- 5.1 Provide professional, timely, and effective legal advice, counsel, and representation to LDH offices, agencies, and program; provide thorough-researched and accurate legal opinions and memorandums
- 5.2 Provide professional legal representation and litigation services on behalf of LDH in federal courts, state courts, and administrative tribunals
- 5.3 Provide thoroughly-researched policy analyses on various matters to LDH.
- 5.4 Provide timely and thorough procurement activities and contract review
- 5.5 Provide legal recovery activities and recoup monies owed to LDH
- 5.6 Provide effective legal counsel and guidance on Civil Service and personnel actions
- 5.7 Handle all assignments in an efficient, effective and timely manner

**Performance Indicators:**

- Percentage of cases litigated successfully

- Number of cases litigated
- Amount recovered
- Amount recovered

The Bureau of Legal Services provides professional and competent representation for the department and all of its offices and/or facilities before state and federal courts, administrative tribunals, and the Civil Service Commission and/or its referees in the defense/prosecution of litigation or matters filed by or against the Department (this includes new areas of regulatory enforcement, Medicaid appeals and mental health proceedings, interdictions and adult protective services matters).



From 2021 thru 2024, the Bureau of Legal Services has successfully litigated an average of 97% of cases. Data obtained from the Louisiana Performance Accountability System.

### Activity: Internal Audit

Activity Description: Internal Audit is a unit of management that independently appraises activities, examines and evaluates the adequacy and effectiveness of controls within LDH and provides management with a level of assurance regarding risks to the organization and whether or not appropriate internal controls are in place and are functioning as intended.

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

### Strategies:

- 6.1 Build and maintain a quality audit team that provides opportunities for development and advancement of personnel
- 6.2 Use technology to more effectively and efficiently perform our work



- 6.3 Respond to and prioritize requests from executive management for audit services (as resources permit) and emphasize adherence to auditing standards during the planning, field work, and report writing phases of every audit.
- 6.4 Document and test internal controls
- 6.5 Handle all assignments in an efficient, effective and timely manner

**Performance Indicator:**

- Number of audit assessments & reviews

**Activity: Health Standards Section  
(Healthcare Licensure & Certification Survey Process)**

Activity Description: Health Standards Section (HSS) has the primary responsibility for the licensing, certification, recertification, and the processing of complaint investigations of all licensed and certified health care facilities and providers of related services in Louisiana that wish to participate regardless of payor source. This section also provides oversight for the administration and certification of both the certified nurse aide and direct service worker registry. HSS also imposes civil monetary sanctions on non-compliant health care providers and coordinates the Minimum Data Set (MDS) and Outcome and Assessment Information Set (OASIS) datasets submitted by nursing facilities and home health agencies.

Health Standards conducts periodic onsite surveys and complaint surveys in response to consumer complaints against health care facilities. Health Standards advances the state's goal of improved healthcare for residents by bringing to the attention of health care facilities those system failures that have the potential for, or, that have resulted in harm to patients/residents or clients. This allows the facility/provider to review and revise their policies and practices to bring them into alignment with federal and state regulations for the provision of care.

The Health Standards Section (HSS) conducts at least 95% of all complaint surveys triaged as immediate jeopardy within 2 days of receipt of the complaint. Health Standards Section conducts at least 95% of all other state complaints within 30 days of receipt of the complaint and at least 50% of all required periodic licensing surveys. Complaint surveys are considered at a higher priority than periodic licensing surveys.

**Goal:** To license and survey health care facilities providing services to Louisiana residents. To provide leadership and technical support services while maximizing resources to fulfill the Department's mission.

**Objective VII:** Through the Health Standards activity, to perform required state licensing surveys and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid each year through June 30, 2028.

**Strategies:**

- 7.1 Maximize use of technology to comply with survey and license requirements
- 7.2 Review and revise staffing scheduling processes for licensing workload

**Performance Indicators:**

- Percentage of complaint investigations conducted within 30 days after receipt by the Health Standards section
- Percentage of abuse complaint investigations conducted within two days after receipt by the Health Standards section
- Percentage of annual licensing surveys conducted
- Total number of facilities (unduplicated count)
- Number licensing surveys conducted
- Number of certified facilities
- Number of licensed facilities
- Number of provider exclusions
- Number of facilities terminated
- Percentage of facilities out of compliance
- Number of facilities sanctioned



Health Standards Section enforces state licensing standards and federal certification regulations through licensing and certification surveys of health care providers and reviews and investigates complaints made in connection with health care facilities.

Data obtained from the Louisiana Performance Accountability System.



## 09-309 South Central Louisiana Human Services Authority

### **Vision**

To create an atmosphere where people in our community are inspired to reach their fullest potential with access to services and a culture devoted to promoting optimal health and wellness.

### **Mission**

*Helping people, changing lives through education, prevention, intervention and treatment in an effort to enhance quality of life.*

### **Philosophy/Values**

The SCLHSA shall operate as an organized professional entity of the health care system functioning as an integral part of the interdisciplinary health care team dedicated to total patient care in the community.

Our prescribed purpose is to be helpful and innovative in the pursuit of quality behavioral health care for our clients. We serve as an advocate on behalf of our clients and assist in planning a course of care while in treatment and at home.

The SCLHSA endeavors to enable individuals to utilize the health care system to achieve their optimal level of physical, emotional and social well-being. We help individuals and their families deal with problems related to illness, treatment and recovery. By assisting our clients in utilizing the health care system, community agencies and his/her own resources; we hope to provide them with continuity of care while pursuing the goal of wellness.

### **Core Values**

**Respect** –showing regard for individuals’ abilities and worth; valuing their feelings and their views, even if you do not necessarily agree with them.

**Empowering** – people having power and control over their own lives. People get the support they need that is right for them.

**Integrity** – encompassing honesty, keeping one’s word, and consistently adhering to principles of professionalism, even when it is not easy to do so.

**Collaboration** – a partnership; a union; the act of producing or making something together. To commit to the possibility of producing an outcome greater than one entity alone could.

**Quality** – achieving improved health, responsiveness and efficiency by doing the right thing, at the right time, for the right person to obtain the best possible results.

### **Executive Summary**

The Louisiana State Legislature established the South Central Louisiana Human Services Authority (SCLHSA) in 2006 to provide administration, management and operation of mental health, addictive disorders, and developmental disabilities services to the residents of Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, and Terrebonne parishes, covering over 31,297 square miles in South Central Louisiana. Direct oversight of these services was previously provided through the Department of Health and Hospitals (DHH), now known as the Louisiana Department of Health (LDH). SCLHSA is contracted with LDH to provide these services and to adhere to all local, state and federal regulatory requirements associated with the provision of these services.

The full strategic planning process should be conducted at least once every five years. Strategic planning is also completed in preparation for a new major venture such as developing a new department, service or program, etc. These activities should also be conducted every year if the organization is experiencing tremendous change. Action plans should be updated each year during the annual performance analysis review. During implementation of the agency strategic plan or budget planning, the progress should be reviewed at least on an annual basis by the agency and the SCLHSA Board.

SCLHSA allocates its resources according to the following priorities:

- **First Priority** – Persons and families in crisis related to mental illness, addictive disorders or developmental disabilities shall have their crisis resolved and a safe environment restored.
- **Second Priority** – Persons with serious and disabling mental illness, addictive disorders or developmental disabilities shall make use of natural supports and community resources and shall participate in the community.
- **Third Priority** – Persons with mild to moderate needs related to mental illness, addictive disorders or developmental disabilities shall make use of natural supports and community resources and shall participate in the community.
- **Fourth Priority** – Persons not yet identified with specific serious or moderate mental illness, addictive disorders, or developmental disabilities, but who are at significant risk of such disorders due to the presence of established risk factors or the absence of the protective factors.

### **Agency Goals**

#### **Goal I**

To provide core behavioral health services to children and adults and appropriate supports and waiver services to citizens with developmental disabilities by providing person-centered care that promotes quality of life.

## **Goal II**

Create an engaged and motivated workforce by providing programmatic leadership, direction, infrastructure and tools necessary to grow professionals in a manner that expands agency capacity, team member accountability and fiscal integrity.

## **Goal III**

Research and implement steps congruent with current and future federal and state trends in behavioral health structure, clinical best practices and billing opportunities to optimize sustainability of the agency.



### **Program A: Administration**

Administration provides management and oversight of agency services to include fiscal, human resources, clinical, billing, contract monitoring, information technology, community relations, compliance risk management, medical credentialing, quality improvement and special projects. SCLHSA operates five outpatient Behavioral Health with Integrated Primary Care locations and the Developmental Disability waiver and non-waiver services for the region. SCLHSA's Behavioral Health Adult Intensive Outpatient Program, Adult Outpatient Program, Child & Adolescent Outpatient Program, Developmental Disabilities Service Coordination, Integrated Care Services, and CALL Line have been accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

### **Program A Mission**

The mission of South Central Louisiana Human Services Authority (SCLHSA) is helping people, changing lives through education, prevention, intervention and treatment in an effort to enhance quality of life.

### **Program A Goals**

Administratively provide management and oversight of services to the individuals working in our behavioral health and developmental disabilities programs, which provide the core services to the individuals in our catchment area.

**Objective I:** To provide programmatic leadership and direction to the Behavioral Health with Integrated Primary Care and Developmental Disabilities (DD) programs through fiscal year 2031.

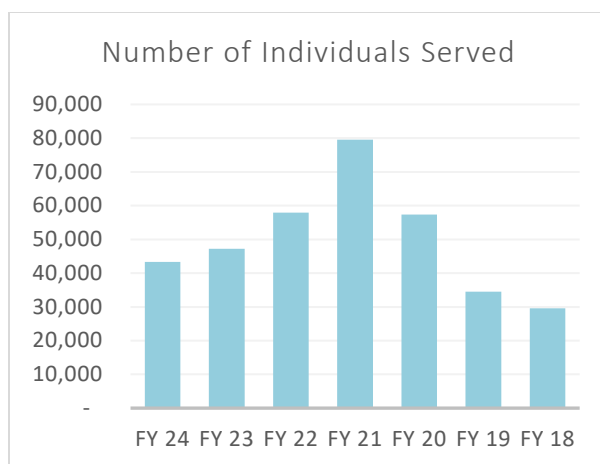
#### **Strategies:**

- 1.1 Develop, implement and monitor guidelines for assessment, support and/or treatment services for individuals with behavioral health with integrated primary care and developmental disabilities with a focus on building community partnerships and early intervention services.

- 1.2 Develop and implement a variety of innovative restructuring activities which focus existing funding toward achievement of quality outcomes.
- 1.3 Maintain compliance with federal and state laws, regulations and other regulatory requirements, in addition to the LDH contract.
- 1.4 Provide advocacy, one-on-one assistance, and collaboration with other agencies to overcome barriers for persons to obtain accessible and affordable services.
- 1.5 Continue ongoing development and training for all team members to enhance skill sets and service provision.
- 1.6 Recruit and retain a qualified team for agency through multiple motivational and pay incentive mechanisms.
- 1.7 Maximize team member placement based on professional/personal strengths, competencies, and qualifications.
- 1.8 Educate workforce on services provided by Behavioral Health with Integrated Primary Care and Developmental Disabilities Programs to assist with cross training for use with future strategies.
- 1.9 Maintain agency communications through a reliable and functional business continuity plan when there is an unplanned event.
- 1.10 Protect agency information from cybersecurity attacks to include unauthorized modification, destruction and exposure.

**Performance Indicators:**

- Total number of individuals served in the SCLHSA. (Output)
- Percentage of SCLHSA clients who state they would continue to receive services at our clinics if given the choice to go elsewhere. (Outcome)
- Total number of individuals served by inpatient Substance Use Disorders in SCLHSA. (Output)
- Percentage for the total turnover.
- Percentage of the total vacancies.
- Percentage of employees reporting satisfaction with their job.
- Percentage of employees agreeing SCLHSA makes the necessary changes to keep up with best practices and healthcare trends.
- Percentage of employees agreeing the Executive Director and/or Executive Team communicates Agency news effectively and in a timely manner.
- Percentage of stakeholders agreeing SCLHSA is successfully achieving its mission.



Number of unique individuals served by SCLHSA

**Objective II:** To provide administrative and support functions to SCLHSA programs in a manner that is responsive to individual needs and results in effective/efficient service delivery each year through June 30, 2031.

**Strategies:**

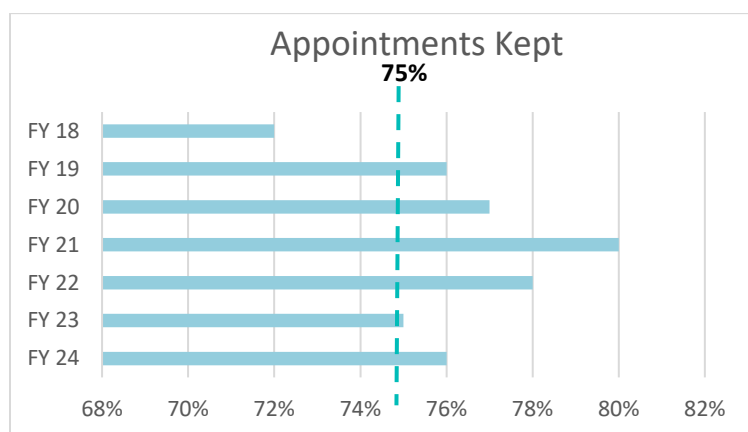
- 2.1 Produce an accurate and timely monthly expenditure report beginning September of each fiscal year through June reflecting the current budgetary position and proposing any necessary actions to the SCLHSA Board and LDH remaining within the appropriations for the fiscal year.
- 2.2 Validate and report the operational and performance data for LDH's Accountability Plan (AP).
- 2.3 Produce monthly reports for our contracts to include the current status and expenditures for each program for the current fiscal year.
- 2.4 Maintain stable Table of Organization (T.O.) in order to provide Core Services outlined in the contract with LDH-OBH.
- 2.5 Analyze and report on productivity.
- 2.6 Management techniques that are efficient, cost-effective, and based on outcomes and consumer satisfaction; evidence to federal, state, provincial, and local governments of commitment to quality of programs and services that receive government funding; and guidance for responsible management and professional growth of personnel.
- 2.7 Review and update fee schedules.
- 2.8 Credential all providers with health plans to capitalize on revenue potential.
- 2.9 Maximize use of eCW reporting mechanism to assist in obtaining data to use for monthly, quarterly and annual reports to Executive Director, LDH, Legislative Auditors, and the SCLHSA Board.



## 2.10 Continuously improving the orientation process for new hires and contractors.

### Performance Indicators:

- Percentages of appointments kept for assessments and ongoing client appointments. (Outcome)
- Percentage of SCLHSA clients who state they would recommend the clinics to family and friends. (Quality)
- Total unique individuals served throughout SCLHSA programs.
- Total services provided throughout SCLHSA programs.
- Maintain an Administrative Activity cost allocation of 14% or less.
- Percentage of total Contract Spending (Professional Services) compared to total contract amount.
- Percentage of total Contract Spending (Social Services) compared to total contract amount.
- Percentage of journal vouchers generated for efficiencies.



Percentages of appointments kept for assessments and ongoing client appointments per eClinicalWorks (EHR)

Compliance was higher during the COVID Pandemic because all visits were virtual.

**Objective III:** Engage with community partners to collaborate and assist in the development of a full regional crisis response continuum.

### Strategies:

- 3.1 Participate in Regional Crisis Coalitions and Crisis Mapping Meetings.
- 3.2 Identify the roles of each component of the crisis system, including the SCLHSA CALL Line.
- 3.3 Develop a referral process from community crisis providers to SCLHSA for continuity of care for current clients and timely access to care for potential new clients.
- 3.4 Assist individuals to navigate the comprehensive continuum of available behavioral health crisis services and providers.
- 3.5 Support LDH Office of Behavioral Health's crisis initiatives.

**Performance Indicators:**

- Number of crisis visits in all SCLHSA Behavioral Health Clinics (BHC). (Output)
- Percentage of total calls to CALL Line that are patched through to the first on-call staff.
- Percentage of CALL Line callers that are contacted for follow up by the BHC by the end of the next business day.
- Percentage of CALL Line referral that were appropriate for the client's identified needs.
- Number of clients that report having their needs met at the conclusion of the call.

**Objective IV:** Establish the infrastructure to develop and implement an Assistive Outpatient Treatment (AOT) Program.

**Strategies:**

- 4.1 Create an AOT Management Team by hiring an AOT Program Director and AOT Case Manager to oversee the treatment planning process for the patient/client and monitor progress in meeting goals and objectives for court review of case on an ongoing basis.
- 4.2 Align with key stakeholders to create an AOT Steering Committee.
- 4.3 Develop policies, procedures, training for stakeholders, and the referral processes.
- 4.4 Identify patients/clients who would benefit from AOT services in Terrebonne Parish to engage in program.
- 4.5 Replicate the AOT program in other parishes

**Performance Indicators:**

- Number of clients in the AOT program.
- Compliance with SAMHSA grant funding and reporting requirements.

**Objective V:** Market SCLHSA programs to businesses, industries, and other providers in the community.

**Strategies:**

- 5.1 Develop and implement Marketing Plan to provide information to the community about services provided by SCLHSA.
- 5.2 Create special populations website linkages to capture data.

**Performance Indicators:**

- Number of visits to website (traffic) on special populations

- Number of targeted populations reached by the Marketing Department

### **Long Term Goals (3-5 years)**

**Goal I:** SCLHSA will research and understand new trends and models of treatment to be competitive in the healthcare market.

**Objective I:** To achieve Certified Community Behavioral Health Center (CCBHC) designation and CARF accreditation by fiscal year 2028.

#### **Strategies:**

- 1.1 Identify the core elements of the CCBHC model and implement steps to begin meeting the criteria.
- 1.2 Visit established CCBHC Programs in the state to review program development, speak to staff involved in service delivery, and gain a comprehensive understanding of implementation practices and operational workflows.
- 1.3 Participate in state collaborative and planning meetings on the State Plan Amendment for CCBHC payment structure.
- 1.4 Hire a CCBHC Director to oversee the development and implementation of the program.
- 1.5 Apply for CARF accreditation as a CCBHC.

**Objective 2:** Expand services into the community to meet the unmet needs of community agencies, partners and/or individuals with barriers to attending clinic based services.

#### **Strategies:**

- 2.1 Research grant opportunities such as the Behavioral Health Partnerships for Early Diversion grants which establish or expand programs that divert adults and youth with a mental illness or a co-occurring disorder from the criminal or juvenile justice system to community-based mental health and substance use disorder services and other supports.
- 2.2 Identify community based service gaps and create a plan to address the needs.
- 2.3 Hire a team, arrange current team members or consider contracts to meet the identified gaps.



### **Program B: Behavioral Health with Integrated Care**

Through the Behavioral Health Services activity, SCLHSA provides Screening/Assessment, plan of care and level of need determination for children, adolescent, adult and senior

populations as well as Treatment Services, including individual/group sessions, family/couple sessions, psychiatric evaluations, psychological testing, medication administration, medication management, crisis stabilization, gambling counseling, breath tests, urine screens and referrals to children, adolescents, adults and senior populations. SCLHSA shall make every effort to ensure our client care and services treat each person as an individual, we are responsive to our client's needs and wishes and our services are of the highest possible quality within the resources available.

The integration of Primary Care in a Behavioral Health Care setting refers to the intentional, ongoing, and committed coordination and collaboration between all providers treating the individual. SCLHSA recognizes the need for patients to take care of both their physical and behavioral health needs in an outpatient setting and is devoted to making these services available in a "one-stop shop" process.

### **Program B Mission**

The mission of South Central Louisiana Human Services Authority (SCLHSA) is helping people, changing lives through education, prevention, intervention and treatment in an effort to enhance quality of life.

### **Program B Goal**

Increase accessibility and capacity by using best practice tools for screening and evidence-based programs for treatment with special populations, ensuring team is adequately trained and model fidelity is maintained.

**Objective I:** Through the Behavioral Health Services activity, South Central Louisiana Human Services Authority (SCLHSA) will establish a recovery and consumer focused system of person centered care utilizing evidenced based practices supported by service outcomes and accountability each year through June 30, 2031.

#### **Strategies:**

- 1.1 Assess current access procedures (adult and youth) to determine best practices based on procedures, staffing, and technical support.
- 1.2 Standardize screening, registration, and intake procedures and related documentation.
- 1.3 Establish standardized admission criteria.
- 1.4 Re-organize resources and procedures to ensure that clients receive psychosocial evaluation and other indicated services within intensity of need times frames: routine – no more than 7 days; urgent - no more than 48 hours; emergent – a.s.a.p. / same day.
- 1.5 Re-engage clients who have dropped out of treatment for inclusion in individual and/or group services.
- 1.6 Monitor the no-show/cancellation rate for scheduled appointments by sending confirmation/reminder letters and/or calling clients one business day prior to scheduled appointments.

#### **Performance Indicators:**

- Appropriate level of care, frequency of service and reasonable duration is consistent with best practice level of care tools and clinical Justification and/or other acceptable level of care determination tool. (Outcome)
- Percentage of existing clients (youth) with improved depression symptoms within 6 months of initiating treatment. (Outcome)
- Total number of individuals served outpatient by Substance Use Disorders in SCLHSA. (Output)
- Percentage of adults and adolescents with an addictive disorder who report improvement at discharge. (Outcome)
- Total number of enrollees in prevention programs. (Output)
- Number of patients seen per day in BHC
- Total number of individuals receiving MOUD that engage in counseling
- Total number of individuals served by outpatient mental health in SCLHSA. (Output)
- Number of referrals received by SCLHSA outpatient centers from local stakeholders/community behavior health services. (Outcome)
- Average days access from transition from outpatient treatment into IOP.
- Direct services time for team members is at least 9 hours/week Intensive Outpatient Program
- Percentage of clients who have successfully transferred to and remained in low intensity outpatient for one month following completion of the IOP program
- Percentage of clients that report being satisfied with IOP services

**Objective II:** Integrated Care program to include all patients with behavioral health and medical diagnoses.

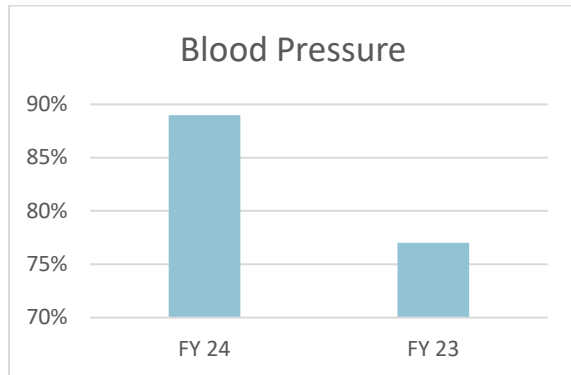
**Strategies:**

- 2.1 Promote Integrated Primary and Behavioral Health Care concept to the patient population.
- 2.2 Develop comprehensive disease management program to include hypertension and diabetes monitoring and education.
- 2.3 Provide medical clearance to patients for substance use disorder treatment.
- 2.4 Provide patients with access to medications for substance use disorder treatment.

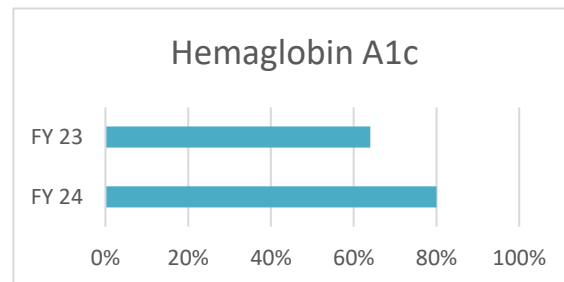
**Performance Indicators:**

- Total number of patients seen per day by the Primary Care Team. (Efficiency)

- Average wait time from check-in to provider start time (in minutes). (Output)
- Percentage of patients who maintain blood pressures within normal limits (<140/90) in the quarter. (Outcome)
- Percentage of patients who maintain their Hgb A1c within normal limits
- Percentage of patients who maintain their LDL cholesterol within normal limits in the quarter
- How was your experience with Primary Care Team?



Percentage of patients who maintain blood pressures within normal limits (<140/90).



Percentage of patients who maintain their Hgb A1c < 7.0.

**Objective III:** Deploy the mobile unit into SCLHSA areas where there is no current brick and mortar agency site to address immediate or unplanned event.

**Strategies:**

- 3.1 Respond to needs and requests as deemed appropriate.
- 3.2 Select sites for Unit to park with use of restrooms, room(s) to be used for individual or group counseling and electrical availability for unit.
- 3.3 Identify team members to participate in mobile unit deployment based on service provision and availability for service dates.
- 3.4 Identify alternative driver for Mobile Unit.

**Performance Indicator:**

- Total number of visits/activities completed on the Mobile Unit.

**Program C: Developmental Disabilities**

SCLHSA Developmental Disabilities (DD) core services consist of serving as the Single Point of Entry (SPOE) into the DD Services System and providing support coordination services to individuals and their families through DD and other available community resources. SCLHSA team

members assess the needs for supports and services, develop individual plans of support, make applicable referrals, and provide ongoing coordination for the client's support plans. Targeted services are centered on Home and Community-Based Services Waiver Programs and federal criteria which allow services to be provided in a home or community-based setting for the recipient who would otherwise require institutional care. The Family Support Program is designed to assist individuals whose needs exceed those normally used resources in the community, and other natural resources available. Individual and Family Supports (IFS) include but are not limited to: respite care, personal assistance services, specialized clothing, such as adult briefs, dental and medical services not covered by other sources, equipment and supplies, communication services, crisis intervention, specialized utility costs, specialized nutrition, and family education. The Flexible Family Funds (FFF) is intended to assist families with children with severe or profound disabilities to offset the extraordinary costs of maintaining their child in their own home.

### **Program C Mission**

The mission of South Central Louisiana Human Services Authority (SCLHSA) is helping people, changing lives through education, prevention, intervention and treatment in an effort to enhance quality of life.

### **Program C Goals**

Provide support to individuals with developmental disabilities to meet their potential and to live in the least restrictive environment by utilizing support services in the most efficient manner in order to maximize capacity.

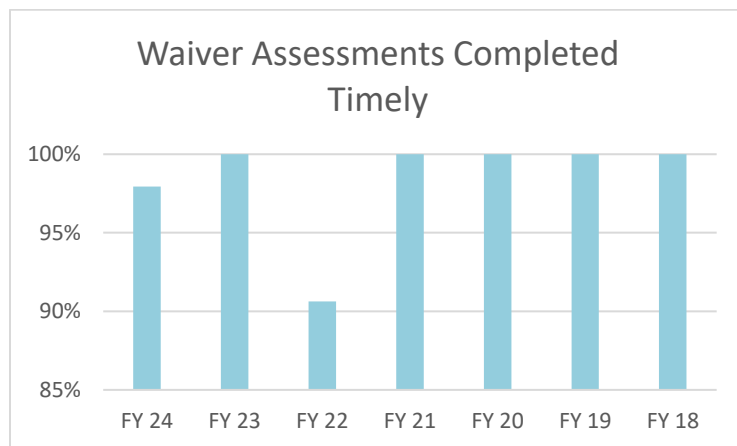
**Objective I:** Through the Developmental Disabilities activity, SCLHSA will foster and facilitate independence for citizens with developmental disabilities through the availability of home and community based services each year through June 30, 2031.

#### **Strategies:**

- 1.1 Provide training and support to encourage providers, individuals with disabilities, and their families to utilize the Tiered Waiver System of service delivery which will allow for individuals to be supported in the most appropriate waiver.
- 1.2 Review all Home and Community-Based Waivers that require annual approval by Local Governing Entity (LGE).
- 1.3 Identify state agencies and community organization resources in order to better support people with developmental disabilities to live full community lives and support partnerships with referrals to these agencies and organizations.
- 1.4 Monitor program utilization, effectiveness, and collect performance indicator data.
- 1.5 Implement policies and procedures for adult waiver participants to have pathways to community employment.
- 1.6 Identify providers in the community to help expand programs that offer behavioral interventions for individuals.
- 1.7 Improve or maintain current level of functioning and placement.
- 1.8 Educate community on services provided by Developmental Disabilities Program.

### Performance Indicators:

- Percentage of home and community based waiver assessments completed timely. (Efficiency)
- Percentage of eligibility determinations determined valid according to the Flexible Family Fund criteria. (Quality)
- Percentage of people employed in community-based employment. (Outcome)
- Number of people receiving (flexible family funds) support. (Output)
- Total number of individuals receiving individual and family support services in SCLHSA. (Output)
- Percentage of IFS participants who remain in community (versus institutions).
- Percentage of new system entry applications received and completed within 45 days.
- Percentage of new applications of adults with developmental disability into an ICF-DD (Intermediate Care Facility for the Developmentally Disabled) completed appropriately.
- Percentage of IFS plan that met participants' goals.
- Percentage of SCLHSA client who state: Overall, the appointment was productive and met their needs.



Percentage of home and community based waiver assessments completed timely Data is collected and reported by OCDD Statistical Resources Inc.



**Vision**

The vision of the Northeast Delta Human Services Authority is to build a unified Northeast Louisiana where individuals are thriving and reaching their full human potential.

**Mission**

The mission of the Northeast Delta Human Services Authority is to serve as a catalyst for individuals with mental health, developmental disabilities, and addictive disorders to help realize their full human potential by offering quality, excellent care with greater accessibility.

**Philosophy/Values**

- Demonstrate that we understand citizens' concerns and provide hope and integrity to the mental health, addictive disorder and developmental disabilities arenas.
- Connect with citizens we serve and help them reach their best potential.
- Focus on commonalities among us rather than differences. Unify around opportunities.
- Accountable for our actions.
- Opportunity for success equal for all citizens regardless of demographics.
- Acknowledge any previous shortcomings and demonstrate how we are improving. Build trust through accountability.
- We are a catalyst and co-advocate with citizens as we engage in personal, family, governmental systems and community transformation.

**3 Tenets**

- Greater access to services
- Excellent customer service
- Quality competent care

**Executive Summary**

Northeast Delta Human Services Authority (NE Delta HSA) serves the parishes of Jackson, Lincoln, Union, Morehouse, West Carroll, East Carroll, Ouachita, Richland, Madison, Caldwell, Franklin, and Tensas and has been in operation since 2014. A governing board comprised of members of the local communities served by the Legislative Governing Entity (LGE) oversees the executive director's administration of programs and financial resources for the authority. Northeast Delta HSA has an ongoing performance improvement process within its operational structure. That system supports the use and development of data and information to make informed decisions about the needs of the citizens we serve and other stakeholders as well as the administration of these services.

Northeast Delta HSA is dedicated to transforming how we provide vital services to our citizens. We bring innovative programs to our citizens, which include integration of behavioral health with primary care services; services for children and adolescents with behavioral disorders that are at risk for experiencing a psychiatric or behavioral emergency; and collaborations with law enforcement agencies that help first responders know how to recognize a mental health issue. We also work to break down barriers that may keep citizens from obtaining treatment, like providing transportation to health clinics in rural areas; and ensuring that we keep the specific needs of the people in our communities at the forefront of our efforts.

Northeast Delta HSA's annual operating budget includes state general funds, self-generated revenue and interagency transfers for programs and services along with federal funding through grant awards. Northeast Delta HSA has maximized the use of self-generated revenue to implement innovative programs and services within the service area.

## **Agency Goals**

### **Goal I**

Improve the outcomes of citizens by expanding access to a network of appropriate, quality prevention and wellness, integrated care and developmental disability services.

### **Goal II**

Provide integrated services that promote holistic care through best practices and strategies; ensure a person centered approach through prevention, treatment, support, education, and advocacy.

### **Goal III**

Evaluate and analyze outcomes to strengthen internal operations to accommodate trending healthcare environments, payments, and electronic health records systems to produce data-driven decisions that best maximize efficiency and effectiveness.

### **Goal IV**

Proactively address risks that impact the behavioral health of our citizens by using collaboration and sound communication practices both internally and with key partners and providers.



### **Activity A: Integrated Care**

Northeast Delta Human Services Authority provides integrated mental health, substance abuse, and primary care services through the systematic coordination of general and behavioral healthcare, which includes integration of behavioral health with primary care services from children/adolescents across the lifespan for the parishes of Jackson, Lincoln,

Union, Morehouse, West Carroll, East Carroll, Ouachita, Richland, Madison, Caldwell, Franklin, and Tensas.

### **Mission**

To produce the best outcomes and provide the most effective approaches to caring for people with multiple healthcare needs.

### **Goals**

- Increase availability of integrated, holistic care for physical and behavioral health disorders
- Improve access to primary care services
- Improve overall health status and outcomes of clients

**Objective I: Northeast Delta HSA Integrated Healthcare Services will provide and offer an integrated, comprehensive care of services for adults and adolescents with Behavioral Health diagnosis.**

#### **Strategies:**

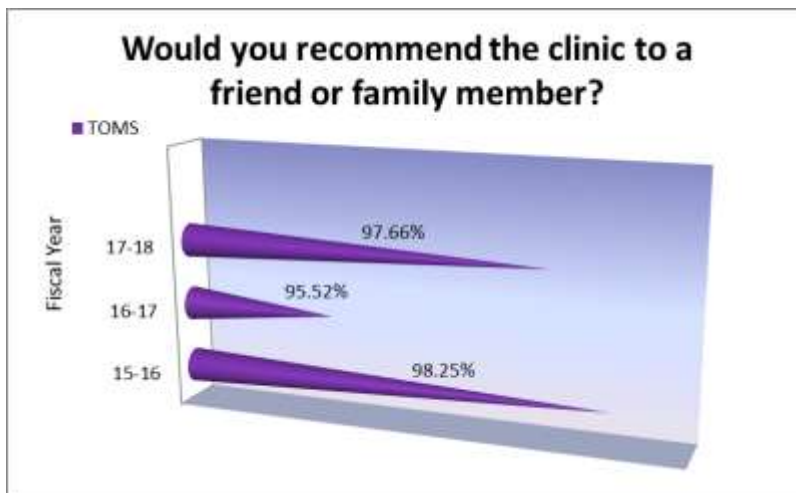
1.1 Increase capacity for identifying, screening, and integrating primary care and behavioral healthcare needs.

1.2 Seek partnerships and billing/reimbursement opportunities to provide integrated services.

1.3 Maintain existing relationships with providers and develop new relationships to identify and address geographic gaps of unserved populations.

#### **Performance Indicators:**

- Output: Number of adults served through Integrated Healthcare Services (inclusive of special initiatives)
- Output: Number of children/adolescents served through Integrated Healthcare Services (inclusive of special initiatives)
- Quality: Percentage of persons served who indicate they would recommend the clinic to a friend or family member



Surveys are entered and pulled quarterly from TOMS with outcomes on a grading scale

**Objective II: Northeast Delta HSA will provide a continuum of quality, competent behavioral health and integrated services that meet the needs of persons served.**

#### **Strategies:**

2.1 Provide customized trainings to ensure quality, culturally competent care and proper identification of co-morbidities for holistic care.

2.2 Coordinate care throughout the region to improve consumer outcomes.

2.3 Utilize consumer feedback data to make informed decisions about effectiveness of programs and processes.

#### **Performance Indicators:**

- Output/Efficiency/Quality: Number of referrals made to partner agencies in the Northeast Delta HSA Integrated Care Network
- Outcome: Percentage of persons served who indicate that staff was sensitive to his/her cultural background (race, religion, language, etc.)
- Outcome: Percentage of successful completions (residential addiction treatment programs, level 3.1 and 3.3)
- Outcome: Percentage of successful completions (inpatient addiction treatment programs, level 3.5)
- Output: Percentage of Consumer Care Resource funds expended

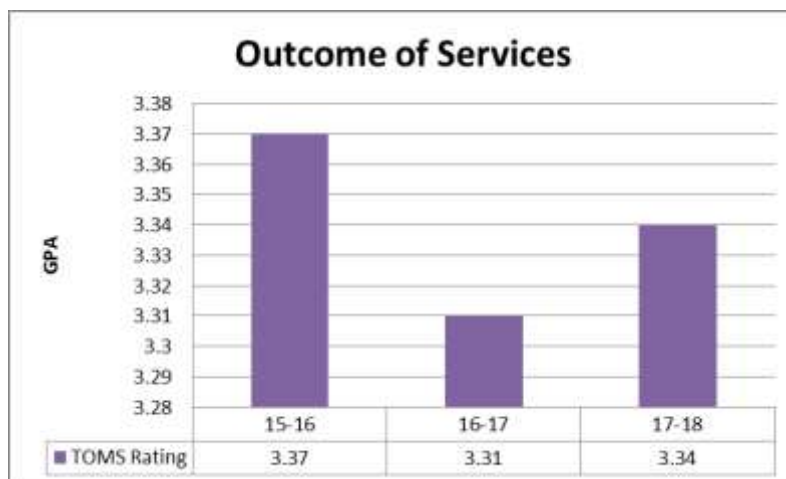
**Objective III: Support critical needs of consumers by leveraging community based services that will encourage recovery and stabilization.**

**Strategies:**

- 3.1 Incorporate peer support and care management services as an integral part of the integrated care network.
- 3.2 Assist consumers with Medicaid application process.
- 3.3 Advocate for consumer primary and behavioral healthcare services based on consumer needs.

**Performance Indicators:**

- Output: Number of persons served in an evidence-based community-based program
- Outcome: Number of persons assisted with Medicaid application
- Outcome/Quality: GPA rating of Outcomes of Services



Surveys from TOMS are GPA rated on service outcomes provided by staff to clients.



**Activity B: Prevention and Wellness**

The Prevention & Wellness department of Northeast Delta HSA utilizes research-based curricula, environmental interventions, harm reduction strategies, coalition building, and data-driven approaches to prevent and reduce risk-taking behaviors among regional youth, adolescents, and the broader population. Through trusted regional and local community

partnerships, we manage and administer evidence-based prevention programs across our 12-parish catchment area.

Northeast Delta HSA partners with local school districts to provide evidence-based prevention programs from Head Start through 12th grade, along with targeted collegiate initiatives. Our collaboration includes active participation in Red Ribbon Week, Alcohol Awareness Week, National Prevention Week, and Anti-Bullying Awareness Day, with schools implementing research-based prevention programs and policies to foster healthy, informed communities.

Our outreach efforts are designed to:

1. Enhance community engagement.
2. Reduce relapse through collaboration with other service providers.
3. Minimize the need for hospitalization and shorten admission duration.
4. Improve social functioning and overall well-being.
5. Promote lifelong stability and recovery by addressing addiction at all levels: socially, emotionally, physically, and intellectually.

Through public education, aggressive prevention campaigns, high-quality treatment services, and various special initiatives, Northeast Delta HSA is committed to addressing substance use prevention and transforming the lives of individuals, families, and communities

The NEDHSA Prevention and Wellness Department has Five major sections:

- A. Mental Health Prevention & Trauma Informed Care/ACEs
- B. Alcohol, Tobacco and Other Drugs (ATOD) Prevention Services
- C. Opioid Prevention & Intervention
- D. Community Coalition Building
- E. Community-Based & Population Wellness

### **Mission**

To develop a comprehensive framework that will utilize PARTNERSHIPS across community sectors to facilitate impactful change.

### **Goals**

- Northeast Delta HSA Prevention and Wellness will serve as a functioning and well-organized health data infrastructure supported by the internal Health Data Informatics department.
- The Northeast Delta HSA Prevention and Wellness unit will be a culturally competent prevention system that elicits, motivates, and coordinates the best efforts, ideas, and resources of all participating stakeholders and partners through coalition work and advocacy.
- Reduce misuse and abuse of alcohol, tobacco, illicit drugs, and prescription drugs, including misuse and abuse of opioids, and negative health behaviors that contribute to addiction across the lifespan.

**Objective I: Maintain a resilient, data infrastructure that ensures long-term accessibility and usability of prevention and wellness program outcomes for state, regional, and community partners, promoting informed decision-making and cross-sectional collaboration.**

**Strategies:**

1.1 Utilize longitudinal youth data to identify trends, inform early intervention strategies, and support evidence-based policy development by fostering collaboration across education, behavioral health, justice, and community organizations.

1.2 Formalize data and communication that promotes transparency, accessibility, and the effective use of program outcomes across all stakeholder groups.

1.3 Cultivate and strengthen local and regional partnerships to expand data-sharing opportunities, enhance interoperability, and support coordinated health initiatives across sectors.

**Performance Indicators:**

- Output & Quality: Number of schools participating in Communities that Care Youth Survey (CCYS)
- Output: Number of participants at annual data sharing stakeholder meeting
- Quality: Number of prevention related presentations with community-level data

**Objective II: Leverage Opportunity Zone coalitions to mobilize action around culturally competent programs and interventions, ensuring that efforts are inclusive, responsive to local needs, and grounded in community voice and cultural relevance.**

**Strategies:**

2.1 Ensure the long-term sustainability and effectiveness of community coalitions by establishing robust structures for ongoing engagement, capacity building, and performance evaluation.

2.2 Develop and maintain an updated annual resource guide utilizing the Strategic Prevention Framework-State Incentive Grant (SPF-SIG) model to support community partners in accessing key tools, resources, and best practices.

2.3 Revise and enhance the Prevention and Wellness communications plan to emphasize positive health outcomes through evidence-based practices and empirically supported behavioral change techniques, ensuring broad reach and community impact.

**Performance Indicators:**

- Output/Quality: Number of participants that attend monthly Northeast Delta HSA sponsored coalition meetings throughout the Northeast Delta HSA region
- Output: Number of people reached through prevention campaigns

**Objective III: Northeast Delta HSA will implement evidence-based programs and environmental strategies to reduce the misuse and abuse of substances, while addressing shared risk and protective factors throughout the lifespan.**

**Strategies:**

3.1 Ensure the consistent implementation of school-based programs with fidelity, aiming for improved health outcomes and increased awareness of the dangers of substance use among students.

3.2 Develop and offer ongoing training opportunities focused on trauma-informed care and the impact of adverse childhood experiences (ACEs) to build capacity among providers and stakeholders.

3.3 Expand and strengthen outreach efforts by incorporating harm reduction strategies to engage at-risk populations and promote healthier choices in the community.

**Performance Indicators:**

- Output: Number of prevention related presentations with community-level data
- Output/Quality: Percent decrease in misperceptions of the effects of alcohol, tobacco, and other drugs (ATODs)



**Activity C: Developmental Disability Services**

The Northeast Delta HSA Developmental Disability Services unit has two core specializations:



Waiver Services - Medicaid Home and Community-Based Waiver programs allow people greater flexibility to choose where they want to live and to use service and supports that best suit their needs. Services are provided in the home or in the community.

Home and Community Based Services - Individual and family support services provide assistance not available from any other resource that will allow people with intellectual and developmental disabilities to live in their own home or with their families in their own community. These services include respite care, personal assistance services, specialized clothing, dental and medical services, equipment and supplies, communication services, crisis intervention, utility costs, specialized nutrition, and family education. These services are also inclusive of Flexible Family Funds that provide a monthly stipend to families of eligible children with severe or profound developmental disabilities from birth through age 18 to help families meet extraordinary costs. Services are provided through contractual agreements by private provider agencies or through individualized agreements with individuals and families who obtain their own service providers.

### **Mission**

To provide person-centered supports and services to people with developmental disabilities that are flexible, meet their needs and allow for maximum independence in the home and community of their choice.

### **Goals**

- Serve as the single point of entry for developmental disabilities services in the northeast region of the state of Louisiana.
- Advocate for people with developmental disabilities to be included and participating in their communities.
- Promote positive health outcomes for people with developmental disabilities.
- Increase access to life-saving vaccinations with events specifically for people with developmental disabilities through our partnership with Genoa Pharmacy.
- Increase accesses to needed behavioral health services for people with developmental disabilities in the Phoenix Clinic.
- Promote positive health outcomes for people with developmental disabilities through the inclusion of NEHDSA Prevention and Wellness initiatives.
- Support the need for people with developmental disabilities to have access to competent, quality care and services to meet their individual goals.

### **Objective I: Facilitate improved outcomes for citizens with intellectual and developmental disabilities.**

#### **Strategies:**

1.1 Provide annual budgeted funding to purchase goods and services for identified needs through support planning with individuals and families.

1.2 Ensure the development of person centered plans of care that are inclusive of personal goals that meet the needs of the participants.

1.3 Ensure the development of person centered plans of care that are inclusive of both natural and community resources.

1.4 Monitor program utilization and effectiveness following policy and standards for use of funding and person centered practices.

**Performance Indicators:**

- Efficiency & Outcome: Percentage of Individual and Family Support Funds expended for individuals and families
- Quality: Percentage of Individual and Family Support Plans that meet the participants' goals
- Quality & Outcome: Percentage of Waiver participants who's Plan of Care meets their needs
- Quality & Outcome: Percentage of Waiver participants who's Plan of Care includes natural and community resources

**Objective II: Promote the delivery of quality supports to increase community capacity allowing people to live in the setting of their choice.**

**Strategies:**

2.1 Ensure the development of person centered plans of care that are inclusive of personal goal.

2.2 Ensure that Family Support funds are as flexible as policy allows to support individualized needs to remain in the home and community.

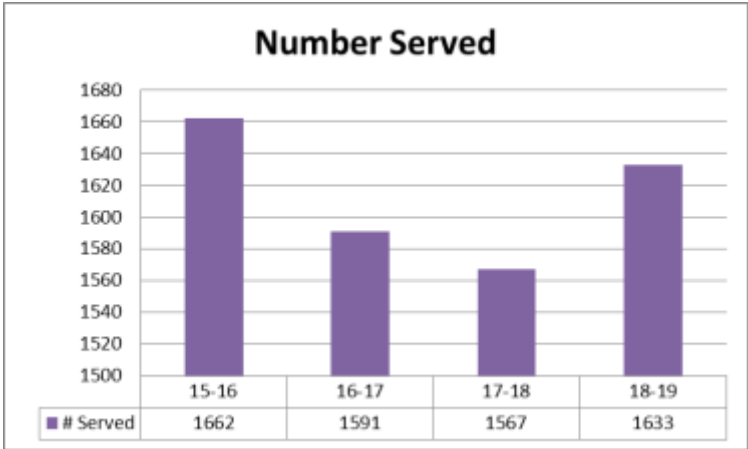
2.3 Ensure that DD staff attend community events to promote services and provide eligibility and referral information with families, organizations, and other agencies throughout the region.

2.4 Ensure that person centered planning is utilized in service planning for recipients of service for quality outcomes.

**Performance Indicators:**

- Output: Number of people receiving DD services per year
- Outcome, Efficiency & Quality: Percentage of Individual & Family Support (FS) plans for which fund guidelines were followed

- Efficiency & Outcome: Percentage of valid Flexible Family Fund (FFF) eligibility determinations (in accordance with FFF promulgation)
- Efficiency & Output: Percentage of new systems entry applications received and completed per policy
- Efficiency & Quality: Percentage of referrals for children receiving Early Steps who request developmental disability services that are processed by age 3



Number Served data is constantly collected and monitored from referral received through Individual & Family Support, Flexible Family Funds as well as Early Steps.



### Activity D: Administrative Functions

Northeast Delta Human Services Authority Administrative function provides executive oversight and support functions to various programs, including accounting and fiscal management, budget development, purchasing & accounts payable, contract development, implementation & management, property control, fleet management, telecommunications management, travel, and information technology.

#### Mission

The mission of Northeast Delta Human Services Authority administrative functions is to coordinate and organize people, resources and systems to effectively and efficiently support the overall mission, vision and tenets of the agency.

#### Goal

The agency’s analytics, business and fiscal operations, compliance, communications and external affairs and human resources operations provide ongoing support for core

opportunities, resources and services offered to the residents of the 12 parishes across northeastern Louisiana.

**Objective I: Provide administrative support to programmatic services to ensure efficient, effective, and quality services.**

**Strategies:**

- 1.1 Perform the functions of accounting and fiscal management, budget development, purchasing & accounts payable, contract development, implementation & management, property control, fleet management, telecommunications management, travel, information technology, and executive oversight that supports Northeast Delta HSA's employees, providers, and consumers.
- 1.2 Incorporate media relations and public relations approaches to engage media outlets as a part of bringing more awareness to the agency generally and to specific agency activities, events, initiatives and programs.
- 1.3 Promote safe work environments and work culture.
- 1.4 Provide technical assistance and training to staff and contract providers in areas affecting quality of care.
- 1.5 Use data collection and analysis to support performance improvement activities and to make decisions based on outcome measurements.
- 1.6 Provide ongoing staff development and training.
- 1.7 Ensure compliance with federal, state, Civil Service, and internal policies and procedures.
- 1.8 Develop efficient and effective onboarding procedures for new hires.

**Performance Indicators:**

- Efficiency: Percentage of contract invoices for which payment is issued within 30 days of agency receipt
- Efficiency & Output: Percentage of state assets in the Asset Management system located/accounted for annually
- Quality: Number of findings in Legislative Auditor Report resulting from misappropriation of resources, fraud, theft, or other illegal or unethical activity.
- Efficiency: Administrative expenditures as a percentage of agency's budget

- Output: Number of impressions with completion of marketing strategies
- Output: Number of social media followers, likes and related engagement
- Output: Number of radio, television and related media interviews
- Quality: Increase in compliance rating for Office of Risk Management annual review
- Quality: Percent increase in raw score for quarterly reviews
- Efficiency: Percent decrease in time period from job requisition approval to the new hire start date
- Quality: Percentage of employee training requirements met
- Quality & Efficiency: Number of errors identified by Division of Administration

**Vision**

A system where adults in need of long-term services and supports can live with dignity and independence in a safe and holistic environment.

**Mission**

The mission of the Office of Aging and Adult Services (OAAS) is to provide access to quality long-term services and supports for older adults and individuals with adult onset disabilities in a manner that supports choice, informal caregiving and effective use of public resources.

**Philosophy**

In carrying out its vision and mission, OAAS seeks to follow these guiding principles:

- To involve stakeholders in the development and implementation of new programs and policies;
- To adopt rules, policies, and procedures that, while consistent with legal requirements, are also easily understandable, practical, and flexible;
- To ensure that programs and services are designed using evidence-based practices and data-driven decision-making;
- 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.

**Executive Summary**

OAAS was formed within the Louisiana Department of Health (LDH) as a healthcare reform initiative, bringing together all of the long-term care programs that serve older adults and individuals with adult-onset disabilities. OAAS aims to develop, provide and enhance services that offer meaningful choices for people in need of long-term care. The office is committed to developing a long-term care system that provides choice, ensures quality, meets the needs of consumers and caregivers, and does so in a fiscally responsible manner.

**Agency Goals****Goal I**

To promote, develop, and streamline health and Long Term Services and Supports (LTSS) delivery systems that improve care and outcomes for the high risk, high cost population served by OAAS and achieve LTSS rebalancing consistent with the Americans with Disabilities Act (ADA) and the U.S. Supreme Court's decision in *Olmstead v. L.C.*

**Goal II**

To timely complete investigations of abuse, neglect, exploitation, and extortion of vulnerable adults in the community and across all LDH 24-hour facilities

### **Goal III**

To administer and manage resident care programs at Villa Feliciana Medical Complex in a manner that ensures compliance with applicable standards of care and to promote policies and practices that improve the quality and cost-effectiveness of privately owned nursing facilities.

### **Goal IV**

To administer and operate OAAS programs in a collaborative, cost-effective manner while achieving high quality outcomes.



## **Program A: Administration, Protection, and Support**

*A brief description of each Activity is listed below.*

### **Program A Mission**

To provide access to quality long-term services and supports in a manner that supports choice, informal caregiving, and effective use of public resources.

### **Program A Goals**

- I. Achieve and maintain a legally compliant and appropriately balanced LTSS system, which assures choice within a sustainable, cost-effective continuum of community-based services and facility-based services.
- II. Improve access, quality and outcomes for populations receiving and at risk of needing long-term supports and services.
- III. Ensure adults who are vulnerable are protected from abuse and neglect while living in community settings.
- IV. Provide specialized facility-based care to persons whose needs are difficult to meet in private facilities.
- V. Administer and operate OAAS programs in a collaborative and cost-effective manner while achieving high quality outcomes.

### **Activity 1: Executive Administration**

This Activity provides executive management, support, and direction to OAAS. OAAS operates LDH programs for older adults and individuals with adult onset disabilities. These programs include a 24-hour facility (Villa Feliciana Medical Complex), Adult Protective Services, Traumatic Head and Spinal Cord Injury Trust Fund, and operation of several community-based long-term care programs, which expend approximately \$505 million in Medicaid funds (FY 24). OAAS also performs medical certification for nursing facility care totaling \$1.37 billion in Medicaid funds (FY 24). The Executive Administration Activity is also responsible for providing programmatic expertise on aging and disability issues to

LDH Executive Management, carrying out legislative directives, and directing implementation of LTSS reforms and program improvements. Not listed as separate activities but still within the purview of Executive Administration, OAAS also manages two non-Medicaid independent living services programs.

**Objective I:** Ensure that OAAS operates in compliance with all legal requirements, that the Office accomplishes its goals and objectives to improve the quality of life and quality of care of persons needing LTSS in a collaborative, efficient and sustainable way, reaching or exceeding appropriate national benchmarks by June 30, 2031.

**Strategies:**

- 1.1 Continue efforts to ensure OAAS policies, procedures, and work processes are efficient, effective, and compliant with all state and federal requirements.
- 1.2 Make judicious and accountable use of external and private sector resources through performance-based contracts, interagency agreements, and Memoranda of Understanding.
- 1.3 Implement, where possible, work process automation and system integration with the statewide enterprise architecture to support long-term care system access, quality management, and accountability.
- 1.4 Recruit, retain, and develop staff with skill sets necessary to respond to changes in LTSS and healthcare policy, technology, and delivery systems; and to support best-practice research, policy improvement, new program development, performance-based contracting, provider training and technical assistance, performance analysis, program and performance monitoring, quality management, and data-based decision-making.

**Performance Indicators:**

- Percentage of OAAS Performance Indicators that meet or exceed performance targets
- Administrative cost as percentage of service cost

**Activity 2: Elderly and Adults with Disabilities Long Term Care**

This Activity manages and operates community-based long term care programs for older adults and individuals with adult-onset disabilities, including Medicaid Home and Community Based Services (HCBS) waivers (Community Choices Waiver (CCW) and Adult Day Health Care (ADHC) Waiver), Medicaid State Plan Service – Long Term Personal Care Services (LT-PCS), the Program of All-Inclusive Care for the Elderly (PACE), the LDH Permanent Supportive Housing (PSH) Program, the Nursing Home Resident Trust Fund, the Compliance and Audit Team (CAT), the Money Follows the Person (MFP) Demonstration



Grant and the My Choice Louisiana (MCL) initiative. This Activity also operates nursing facility admissions, e.g., certification of individual applicants for nursing facility care. This Activity provides state and regional office operations necessary to provide program planning, access, monitoring, quality assurance/improvement, and accountability for these programs as required under state and federal rules, statutes, and program requirements.

This Activity optimizes the use of community-based care while decreasing reliance on more expensive nursing facility care. It does so by operating a variety of home and community-based long-term care programs that serve Medicaid participants at a lower average cost per person than Medicaid nursing facility care. A challenge addressed by this Activity is that demand for community-based LTSS will continue to grow as the population ages, therefore expenditures on programs operated through this Activity are subject to increase. For this reason, the goal in delivering LTSS to this population is to slow the rate of increase rather than seeking net decreases in spending, and to serve as many people as possible within available resources. Maximization of federal funding is also an important strategy for addressing increased demand for the services provided through this Activity. This Activity is also responsible for researching, developing, and implementing more integrated approaches to care delivery for the high-risk populations of individuals dually eligible for Medicare and Medicaid and individuals with adult-onset disabilities.

Programs and strategies used in this Activity are also a direct outgrowth of Louisiana's Olmstead plan, which calls for implementation of a broad array of community-based services and a multifaceted strategy for transitioning individuals from nursing facilities to the community. The strategies used in this Activity are also consistent with best practices used by states that have achieved a cost effective "rebalancing" from institutional to community-based LTSS. The major programs operated through this Activity have proven effective in preventing institutionalization, with only a small percentage of program participants transitioning to nursing facility care. Since FY 2007, transitions from HCBS to long-term nursing facility, residence remains very low, at only 2% per quarter.

**Objective II:** Optimize the use of community-based care while decreasing reliance on more expensive nursing facility care to meet or exceed national averages for nursing home versus community-based spending by June 30, 2031.

**Strategies:**

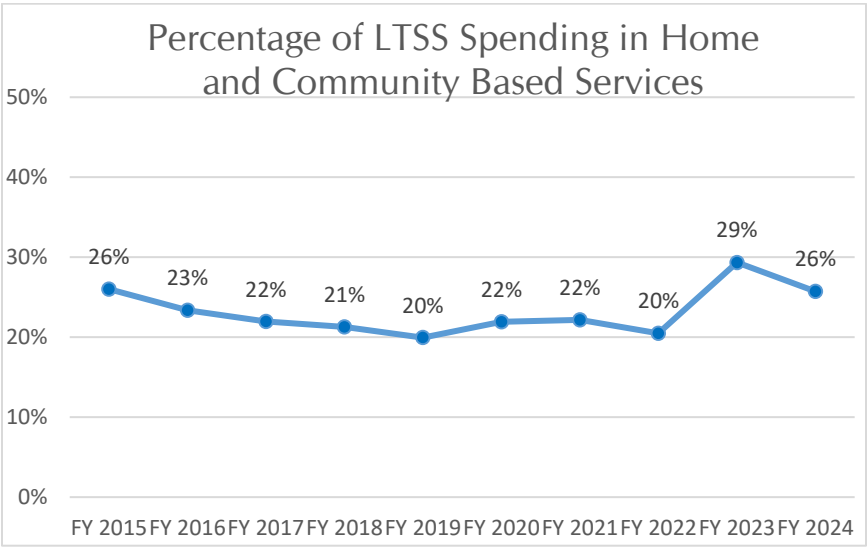
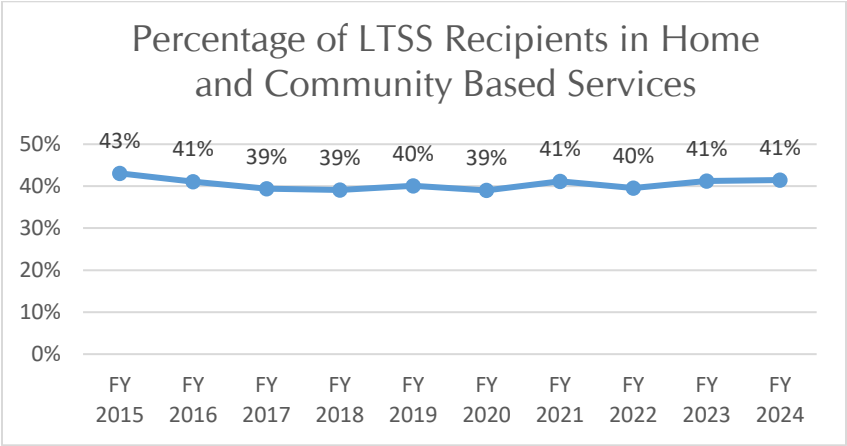
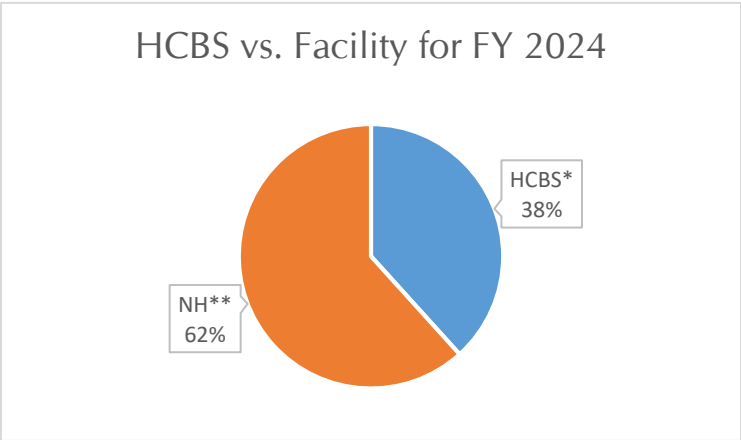
- 2.1 Maintain a diverse and flexible array of cost-effective services to achieve quality outcomes and serve as many individuals as possible within available budgetary resources.
- 2.2 Improve access to and coordination of Medicaid and non-Medicaid health and LTSS resources through implementation of more fully integrated delivery systems.
- 2.3 Assure the sustainability of nursing home facility transition and diversions through the MFP demonstration, including transitions and diversions of individuals with Serious Mental Illness (SMI) as called for in the state's agreement with the U.S. Department of Justice through the MCL Program.

- 2.4 Build upon the evidence-based, measurement-driven quality improvement, quality management, and accountability strategies currently in place for LTSS services and make performance and outcome data more readily available to multiple end-users.
- 2.5 Continue to pursue opportunities to maximize federal funding and match when such opportunities arise and are consistent with the mission and goals of LDH and OAAS.

**Performance Indicators:**

- Percentage of Medicaid spending for elderly and disabled adult long-term care that goes towards community-based services as compared to nursing homes
- Average expenditure per person for community-based long-term care as a percentage of the average expenditure per person for nursing home care
- Percentage of participants receiving Medicaid long term care in the community rather than in nursing homes
- Program operation cost as a percentage of Medicaid service cost.

HCBS vs. Nursing Facility Recipients and Spending for FY24



Data source: State Fiscal Year 2024 Year End Financial Report and Medicaid Data Warehouse

**Objective III:** Through the Elderly and Adults with Disabilities Long-Term Care Activity, expedite access to a flexible array of HCBS through June 30, 2031.

**Strategies:**

- 3.1 Maintain a diverse and flexible array of cost-effective services to achieve quality outcomes and serve as many individuals as possible within available budgetary resources.
- 3.2 Maintain fair and accountable allocation of resources for home and community-based services based on individual acuity as determined through objective and comprehensive assessment.

**Performance Indicators:**

- Number on registries for OAAS HCBS waivers
- Percentage on registries for OAAS HCBS waivers who are receiving other Medicaid LTC
- Number served in all OAAS HCBS programs

**Objective IV:** To facilitate timely access to nursing facility admissions for eligible applicants by utilizing technology advancements for eligible applicants through June 30, 2031.

**Strategies:**

- 4.1 Ensure that the Level I Pre-Admission Screening and Resident Review process appropriately identifies individuals with serious mental illness, intellectual disability, or a related condition who need further evaluation by the Office of Behavioral Health and/or the Office of Citizens with Developmental Disabilities.
- 4.2 Continue to automate and streamline the admission review process and requests for continued stay.

**Performance Indicator:**

- Percentage of nursing facilities admissions applications determined within established timeframes for OAAS access systems.

**Activity 3: Permanent Supportive Housing (PSH)**

This Activity provides supportive services to help people with disabilities – particularly those who are homeless, institutionalized, or at risk for institutionalization or homelessness – have successful tenancies in mainstream affordable housing. OAAS operates the LDH PSH program under Cooperative Endeavour Agreements with the Louisiana Office of Community Development (OCD) and Louisiana Housing Corporation (LHC). Louisiana's LDH PSH program is a cross-disability program that facilitates access to stable housing and preventive services for a population that otherwise makes disproportionate use of high cost emergency and nursing facility services. Louisiana's LDH PSH program is considered a model for cross-disability implementation at the state level and has been evaluated by the

Robert Wood Johnson Foundation and others for purposes of replication in other states and communities.

**Objective V:** Through statewide expansion of the Permanent Supportive Housing Activity, stabilize and reduce acute and institutional care for over 3,500 households of older adults and persons with disabilities through June 30, 2031.

**Strategies:**

- 5.1 Provide access to affordable, community-based housing.
- 5.2 Oversee application process and waiting list to ensure program eligibility and to meet overarching policy goals of LDH.
- 5.3 Closely coordinate housing referral and placement to decrease instances of homelessness and unnecessary institutionalization.
- 5.4 Provide individualized services to support housing acquisition and retention and facilitate access to appropriate medical and social services.
- 5.5 Assist participants with obtaining Supplemental Security Income and Medicaid eligibility.
- 5.6 Complete statewide program expansion.
- 5.7 Implement plan for sustainability of PSH administrative functions once Community Development Block Grant funds are exhausted.

**Performance Indicators:**

- Percentage of participants who remain stabilized in the community
- Percentage of participants who obtain a source of, or increase in, income

**Activity 4: Traumatic Brain and Spinal Cord Injury (TBSCI) Trust Fund**

The THBCI Trust Fund allows survivors of traumatic head and spinal cord injury to avoid unnecessary and costly institutionalization by providing resources or services that they are not otherwise eligible for through any other funding source. The Trust Fund promotes the health of eligible Louisiana residents by providing services, such as specially designed medical beds, maintenance therapies, and remote in-home client monitoring systems that prevent or delay the onset or progression of diseases and excess disability associated with such injuries. The TBSCI Trust Fund was established in the 1993 Regular Session of the Louisiana Legislature as a special fund in the state treasury consisting of monies collected from an additional fee imposed on three specific motor vehicle violations (Driving While Intoxicated/Driving Under the Influence /Operating Under the Influence, reckless operation and speeding).

**Objective VI:** To assist survivors of traumatic brain and/or spinal cord injuries with improving their level of functioning and independence in their community while maximizing the use of their funds; and to serve as many as possible at the current level of funding by aligning policy and procedures with the mission of the program.

**Strategies:**

- 6.1 Achieve better coordination of care between the TBHSCI Trust Fund program, Medicaid-related programs, and other programs where similar services may be provided.
- 6.2 Continue to revise policies, procedures and statutes to more effectively serve additional people within available levels of funding.

**Performance Indicators:**

- Percentage of TBSCI Trust Fund expenditures going to direct services
- Number of people served by the TBSCI Trust Fund
- Number of people on the waiting list for TBSCI Trust Fund assistance

**Activity 5: Adult Protective Services**

Adult Protective Services (APS) is committed to preserving and protecting the rights of adults who are vulnerable with disabilities in need of assistance due to abuse, neglect, self-neglect and/or exploitation in accordance with the provisions of LA R.S. 14:403.2 and LA R.S. 15:1501-1511.

This Activity assists and enables adults who are vulnerable ages 18-59, emancipated minors, and participants who reside in LDH administered facilities to live free from harm due to abuse, neglect, exploitation, or extortion. Services include but are not limited to:

- Receiving and screening information on allegations of abuse, neglect, exploitation and/or extortion;
- Conducting investigations and assessments of those allegations to determine if the situation and condition of the alleged victim warrants corrective or other action;
- Stabilizing the situation;
- Developing and implementing plans for preventive or corrective actions;
- Referring for necessary on-going services and/or to case management;
- Ensuring services are obtained;
- Initiating and/or referring for necessary civil legal remedies; and
- Referring cases as needed or required to law enforcement and/or the district attorney and cooperating in court proceedings.

**Objective VII:** The Adult Protective Services Activity, through the application of best practice standards and the policies established by LDH, will promote safety, independence, and quality of life for adults with disabilities who are at risk of abuse, neglect, exploitation or extortion through June 30, 2031.

**Strategies:**

- 7.1 Manage resources to ensure adequate staffing to serve the targeted population.

- 7.2 Create and implement policies to ensure that the program is held to high standards of integrity.
- 7.3 Provide training, supervision, and consultation to staff who conduct community and facility investigations.
- 7.4 Use the centralized reporting system to ensure standardized screening, triaging, and case assignment protocols.
- 7.5 Use standardized practices to collect and analyze information when determining whether or not maltreatment has occurred.
- 7.6 Follow the policies and procedures related to open case reviews and case closures to ensure safety risks are being reduced or removed.
- 7.7 Collect and analyze data related to performance.
- 7.8 Utilize systems to allow for collaboration and consultation with other professionals who are interested in the amelioration of abuse to vulnerable adults.

**Performance Indicators:**

- Percentage of investigations completed within established timeframes
- Percentage of cases requiring a service plan that were closed
- Number of clients served



**Program B: Villa Feliciana Medical Complex**

Villa Feliciana Medical Complex (Villa) is a 24-hour long-term care facility that provides quality, comprehensive, in-patient health care services. Villa works to prevent the progression of diseases through appropriate medical care, proper nutrition, exercise, therapy, regular check-ups and routine screenings.

Villa contributes to the state goals by decreasing the percentage of avoidable expenditures for the care of citizens who have acute and chronic medical conditions through the provision of comprehensive facility-based services. Villa reduces fragmentation of care, duplication of efforts and unnecessary medical treatments, emergency room visits, and hospitalizations. Villa serves as a training site for students from several Louisiana Technical Colleges, thereby helping to address healthcare labor shortages.

Villa serves as a safety net facility. Many residents have no other placement options due to their acuity level and their need for effective disease management not generally offered by private long-term care facilities. Villa provides care to patients from Eastern Louisiana Mental Health System (ELMHS) including forensic patients who require more medical care

than ELMHS can provide. Villa is occasionally named in court-ordered placements for individuals on parole or on medical leave from the Department of Corrections.

Villa provides on-site medical services specifically structured to meet special health care needs. For example:

- Villa provides care to residents under judicial commitment who require long-term care in a secure environment.
- Villa is the only facility in Louisiana that provides in-patient care for clients with tuberculosis (TB). Most of Villa's TB residents have been court-ordered to Villa due to their non-compliance with their treatment regimen in their local community. They remain at Villa until their treatment is complete and they are no longer a public health threat.

### **Program B Mission**

Villa is a state owned and operated Medicare and Medicaid certified long-term care facility with a mission of providing specialized care and rehabilitative services to medically complex residents.

### **Program B Goals**

- I. Provide management leadership and administrative support necessary for the delivery of resident care services.
- II. Administer and manage resident care in a manner that ensures compliance with applicable standards of care.
- III. Provide quality health care services to residents through the identification of need and efficient and effective delivery of services.

**Objective I:** To provide high quality medical services and achieve excellent resident outcomes in a cost effective manner through June 30, 2031.

#### **Strategies:**

- 1.1 Identify residents' medical needs.
- 1.2 Train direct-care staff in specialty areas.
- 1.3 Conduct periodic physical plant inspections to insure all needs are identified and documented.
- 1.4 Maintain education requirements for professional staff.
- 1.5 Maintain suggested staffing for resident care.

#### **Performance Indicators:**

- Percent compliance with CMS license and certification standards
- Staff/client ratio

**Objective II:** To provide management leadership and administrative support necessary for the delivery of resident care services and to provide for the efficient and effective use of



resources in meeting all mandated regulatory requirements each year through June 30, 2031.

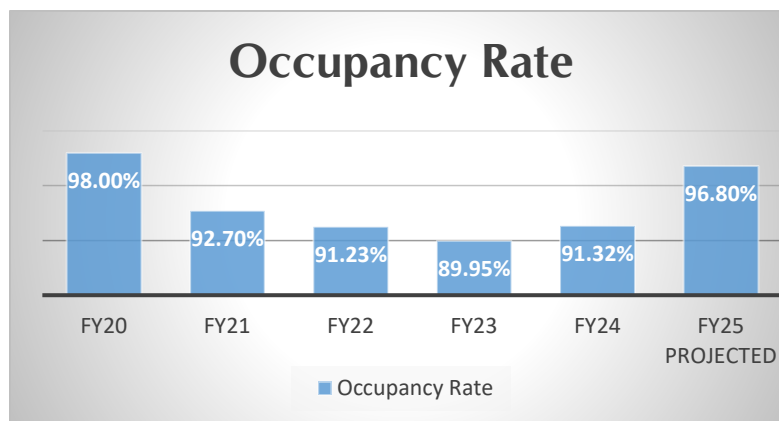
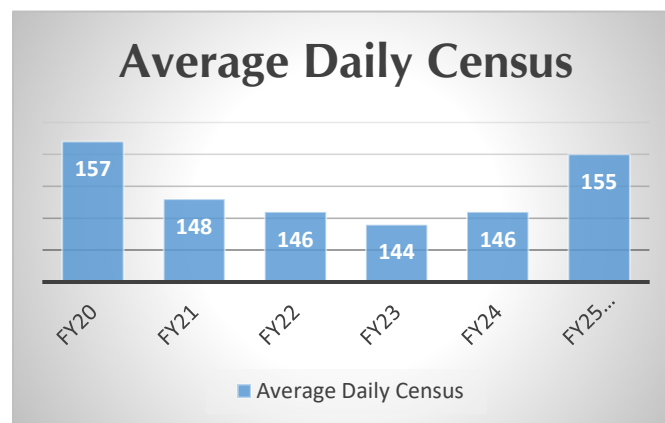
**Strategies:**

- 2.1 Comply with all requirements mandated by external entities
- 2.2 Adhere to sound management practices that promote the efficient and cost effective care of facility residents.
- 2.3 Maintain a resident census sufficient to fund all facility expenditures.

**Performance Indicators:**

- Cost per client day
- Average daily census/Occupancy Rate
- Total clients served

**Census and Occupancy Rate Data**



Average Daily Census and Occupancy Rates lower in FY21 due to COVID-19 Public Health Emergency



## 09-324 Louisiana Emergency Response Network

### **Vision**

The vision of Louisiana Emergency Response Network (LERN) is to build and maintain Louisiana's care coordination systems for trauma and time-sensitive illness (stroke & heart attack) and facilitate readiness of healthcare providers during all disaster response.

### **Mission**

The mission of the Louisiana Emergency Response Network is to defend the public health, safety, and welfare by protecting the people of the state of Louisiana from unnecessary deaths and morbidity due to trauma and time-sensitive illness.

### **Philosophy/Values**

The Louisiana Emergency Response Network, as a statewide comprehensive and integrated system for trauma, stroke, and STEMI (ST Elevation Myocardial Infarction), is dedicated to providing access to high quality, definitive care for all in the state of Louisiana. LERN is committed to proactively building integrated systems that are responsive to the provider communities and citizens around the state. LERN is driven by the basic principle that any preventable death resulting from treatment delay is unacceptable.

### **Executive Summary**

The Louisiana Emergency Response Network is charged with developing a statewide comprehensive and integrated network that decreases deaths and incidents of morbidity and mortality due to trauma and time-sensitive illness in Louisiana. It is a system also designated to serve as a vital healthcare resource in the face of larger scale emergencies and natural disasters. LERN continues the development and implementation of systems for trauma, stroke, STEMI and disaster response. In the vast majority of cases, the difference between life and death hinges on a well-coordinated team response and specialized medical training plus the public awareness and modern technology to tie it all together. It is vitally important going forward that LERN is funded to a level that facilitates our ability to quantify our return on investment for these systems we labored to build over the past years.

Louisiana Emergency Response Network continues to build upon lessons learned past natural and man-made disasters. Disaster planning and response are an integral part of LERN's day-to-day operations. LERN assists in everything from small scale Mass Casualty Events (MCI) via routing patients to definitive care, sending electronic notifications via collaboration with the Designated Regional Coordinator Network (DRC Network) to larger events by leading the Emergency Medical Services Tactical Operations Unit (EMS-TOC). LERN stands ready to serve when called upon. LERN participates in regional drills throughout the state with key stakeholders, and provides MCI education in an effort to ensure success and facilitate a coordinated, efficient response during disasters – be it large or small scale.

Louisiana Emergency Response Network was granted the necessary funding to begin the implementation of a system that coordinates the patient's day-to-day emergent care needs with the closest most appropriate facility and the resources to provide definitive trauma and time-sensitive care. Over the past 14 years we have increased the number of trauma centers in the state from two to fourteen, added the development and implementation of stroke, STEMI and Burn systems to our responsibility and assumed an expanded role in Disaster Response. From 2006 through 2019, LERN operated with the same seven FTEs initially allocated in 2006 when the agency started. In 2020 LERN added a Health Data Manager to our team. LERN manages the State Trauma Registry, the State EMS Registry, the State Stroke Registry, the State STEMI Registry and the LERN Call Center Registry. The addition of the Health Data Analyst to help manage these registries has been vital in informing our decision making. The LERN Board is grateful to the current administration for recognizing the need to further expand LERN's staff by approving two job appointments – for a Statewide Education Manager and a Disaster Preparedness Manager. These additional employees will help LERN fulfill our mission.

Louisiana Emergency Response Network's nine Regional Commissions, consisting of greater than one hundred and sixty volunteers, continue to engage local pre-hospital providers, doctors and nurses, and homeland security professionals in the development and implementation of trauma, stroke, and STEMI systems in their region. Through these commissions, partnerships between public and private health care entities continue their collaboration to meet the mission of LERN. These committed individuals working together demonstrate Louisiana's commitment to implement best-in-class, evidence-based trauma, STEMI, and stroke care systems.

Louisiana Emergency Response Network's partnerships facilitate the use of LERN's pre-hospital destination protocol which is designed to deliver trauma, burn, stroke and STEMI patients to definitive care. LERN will continue to refine integration with the Governor's Office of Homeland Security, specifically ESF-8, to ensure that the communication and information sharing systems between state emergency operations centers and regional response systems are comprehensive and effective.

## Goals

- Goal I** Decrease risk adjusted trauma-related deaths and incidents of morbidity and mortality due to trauma in Louisiana.
- Goal II** Maximize the return on investment (ROI) of state dollars and supplement of general fund dollars with alternative funding sources.
- Goal III** Ensure that all citizens gain access to the statewide networks for trauma and time sensitive related illnesses.
- Goal IV** Establish and codify protocols that specify the role of LERN in ESF-8 activities.

## Program A: Louisiana Emergency Response Network

### Program A Mission

To defend the public health, safety, and welfare by protecting the people of the state of Louisiana from unnecessary deaths and morbidity due to trauma and time-sensitive illness.

### Goal I

Decrease risk adjusted trauma-related deaths and incidents of morbidity and mortality due to trauma in Louisiana.

**Objective I:** Decrease the age adjusted death rate due to trauma in Louisiana by 5% by 2031.

#### Strategies:

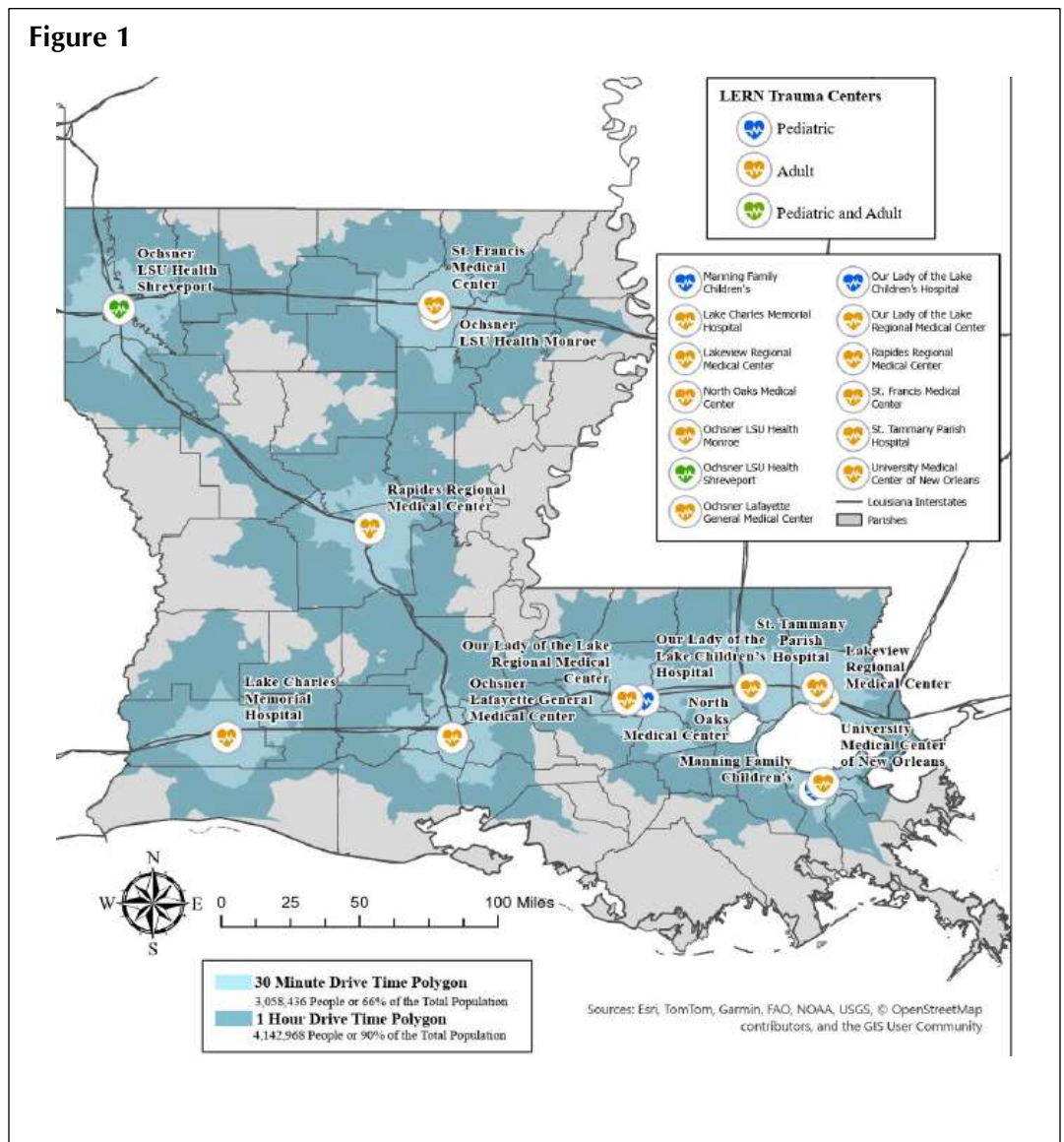
- 1.1 Utilize the expertise of the LERN Trauma Medical Director to facilitate the Establishment of a verified trauma center in each of the Louisiana Department of Health (LDH) regions by 2028.
- 1.2 Operate first class Communication Center to efficiently route injured patients to definitive care hospitals.
- 1.3 Conduct annual strategic prioritization meetings to review the LERN strategic priorities and update action steps to achieve goals.
- 1.4 Provide Trauma nursing education in each LDH region.
- 1.5 Support dissemination of the Rural Trauma Team Development Course (RTTDC) to rural areas of the state.
- 1.6 Implement Adult trauma transfer guideline to facilitate timely transfer of injured patients.

#### Performance Indicators:

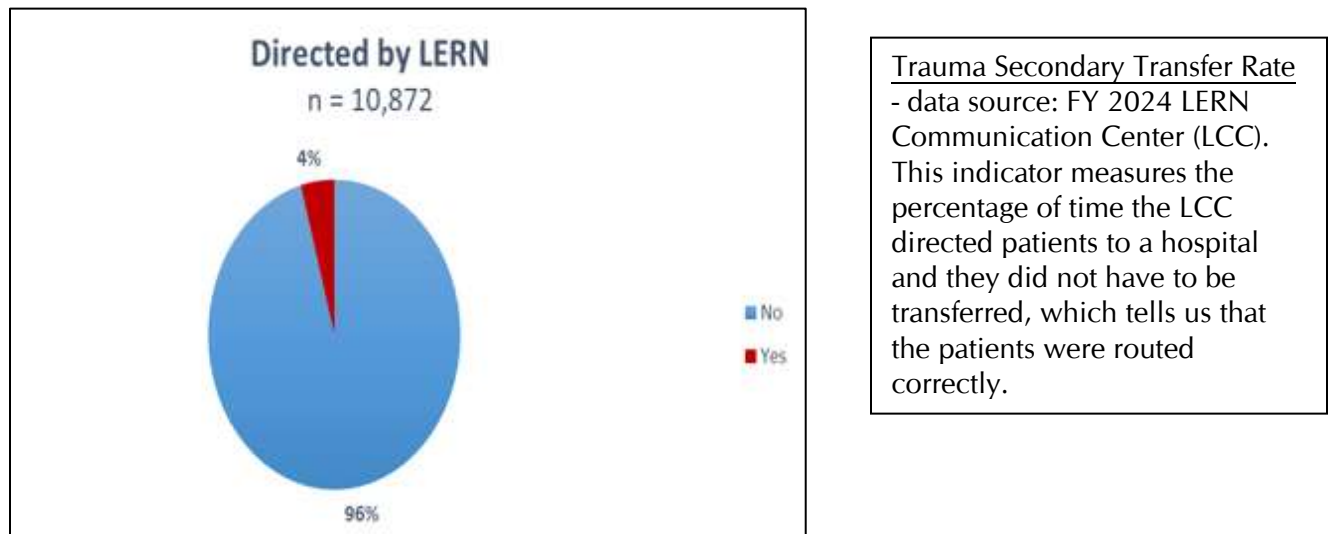
- Number of state designated trauma centers. (General Performance Indicator). Figure 1 indicates the current verified trauma centers in Louisiana.
- Percentage of Louisiana citizens with access to a Level I, II, or III trauma center within a 60 minute drive time. (General Performance Indicator)

- Number of LERN directed/facilitated TNCC and ENPC classes in all 9 LDH regions annually. (General Performance Indicator)
- Percentage of time where traumatically injured patients that were directed to an Emergency Department for definitive care did not require transfer to another facility for higher level resources – goal is 95% annually. (Figure 2 indicates CY 24 performance); (Key indicator)
- Percentage of trauma patients directed from the pre-hospital setting by the LERN Communication Center (LCC) meeting Injury Pattern or Vital Signs/Mental Status criteria in the LERN Destination Protocol: Trauma protocol who are transported to a trauma center/trauma program. (Key indicator)

Number of state designated trauma centers. (General Performance Indicator). Figure 1 indicates the current verified trauma centers in Louisiana.



**Figure 2:**



**Goal II:**

Maximize the return on investment (ROI) of state dollars and supplement of general fund dollars with alternative funding sources.

**Objective II:** Pursue practical opportunities to secure additional, dedicated, state funding that expands LERN's operational capacity to better meet the statewide demand for its services.

**Strategies:**

- 2.1 Research other states mechanisms to fund trauma systems with quarterly testing of redundancy plan.
- 2.2 Identify grant sources to secure federal and private foundation dollars to support LERN's mission.
- 2.3 Work with legislature to pass bill for dedicated funding.

**Performance Indicator:**

- Non-state dollars generated to support LERN activities. (General Performance Indicator)

**Goal III:**

Ensure that all citizens gain access to the statewide networks for trauma and time sensitive related illnesses.

**Objective III:** Develop a statewide system of stroke and STEMI care to improve outcomes for Louisiana citizens regardless of where they live in the state.

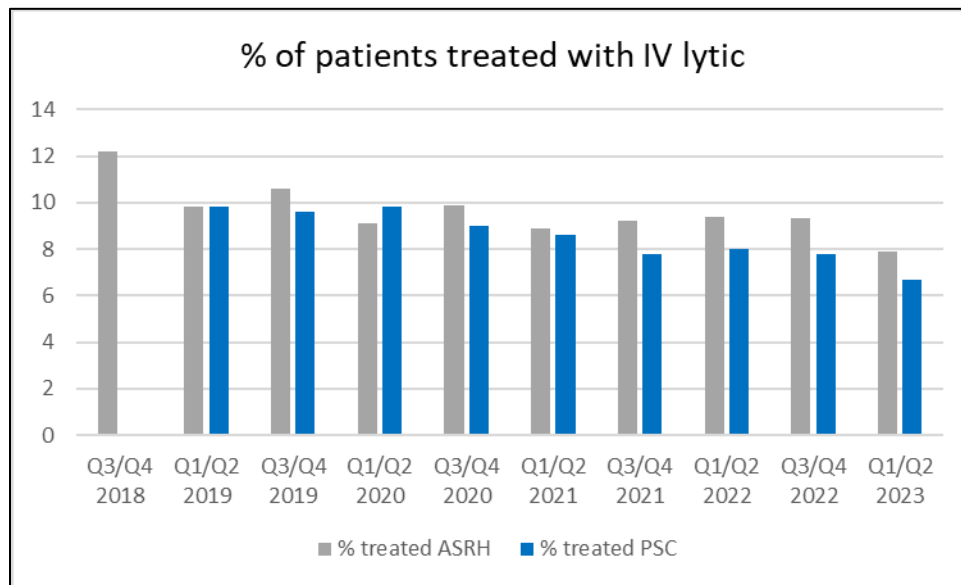
**Strategies:**

- 3.1 Utilize LERN medical directors for trauma, stroke, and STEMI for annual review and updating of LERN Board approved destination protocols as indicated.
- 3.2 Maintain 100% compliance with required data collection from all participating stroke and STEMI centers.
- 3.3 Provide support and remediation to help prevent demotion of Acute Stroke Ready Hospitals to Referral Centers.
- 3.4 Reduce Door-In-Door Out (DIDO) to less than 90 minutes for patients transferring for thrombectomy.
- 3.5 Research tele-health opportunities to improve access to trauma specialty services in rural Louisiana.

**Performance Indicators:**

- Door-to-Needle time for Acute Stroke Ready Hospitals. (Key)
- Number of Comprehensive, Primary Stroke and Thrombectomy Certified Stroke Centers in Louisiana. (General Performance Indicator)
- Percentage of patients with Acute Ischemic Stroke who are treated with tPA. (General Performance Indicator)
- Door to PCI time for STEMI Receiving Centers (Key)

**Figure 3:**



Source:

Louisiana Inpatient  
Hospital Discharge  
Data.

#### **Goal IV:**

Establish and codify protocols that specify the role of LERN in ESF-8 activities.

**Objective I:** Adoption of LERN MCI procedures by each LDH region as indicated by inclusion in their regional disaster plans.

#### **Strategies:**

- 4.1 Utilize the regional commission structure and regional partners to ensure involvement in one MCI/Disaster drill annually in each region of the state.
- 4.2 Continue EMS education on MCI procedures statewide.
- 4.3 Continue LERN's role in ESF-8 activities as manager of EMS Tactical Operations Center.
- 4.4 Conduct annually a tri-regional EMS education day for EMS, fire, law enforcement or other agencies. Education to include pertinent topics related to the regional makeup of the system.

#### **Performance Indicator:**

- Percentage of LDH regions participating with LERN in regional MCI drills. (General Performance Indicator)





## 09-325 Acadiana Area Human Services District

### **Mission:**

To improve the quality of life for the residents of Acadiana who have behavioral health and/or intellectual/developmental disabilities.

### **Vision:**

To become the preeminent provider of community-based supports and human services which promote the independence, respect, and inclusion of all residents dealing with issues of behavioral health and/or intellectual/developmental disabilities.

### **Philosophy/Values:**

Accountability – To be good stewards of our resources and to exceed all contractual, legal, and regulatory requirements in providing services.

Transparency – To operate in such a manner as to be above reproach in all of our governance and operational processes.

Value – To achieve optimal outcomes by implementing cost-effective, evidence-based practices in a timely manner.

### **Executive Summary**

The Louisiana State Legislature established the Acadiana Area Human Services District (AAHSD) under the provisions of the Louisiana revised statutes (LSA-RS): R.S. 373 to provide administration, management, and operation of behavioral health (addictive disorders and mental health) and developmental disabilities services to the residents of Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, and Vermilion parishes. Direct oversight of these services was previously provided through the Louisiana Department of Health (LDH).

Governance of AAHSD is by a ten (10) member Board of Directors. The Board is comprised of one resident from each parish as appointed by their parish governing authority, and three residents from the 'region' as appointed by the Governor. Each board member must possess experience in the area(s) of behavioral health or developmental disabilities and represent

parents, family members, consumers, advocacy groups, or serve as a professional in one of the areas. All board members serve without compensation (reimbursement for travel/mileage is allowed, as funds are available).

Administration of the AAHSD is headed by an Executive Director, who is selected by the Board of Directors and is supported in administration and day-to-day operations by a Senior Management Team. This leadership team strives to foster a culture of accountability and collaboration in an environment focused on evidence-based and best practices and the ongoing assessment of needs throughout the community. Success is defined by positive individual and programmatic outcomes, consumer satisfaction, and increased efficiencies and cost-effectiveness in the provision of services.

### **Agency Goals**

1. To provide comprehensive services and supports which improve the quality of life and community participation for persons in crisis and/or with serious and persistent mental illness, emotional and behavioral disorders, addictive disorders, co-occurring disorders, and/or developmental disabilities.
2. To improve individual outcomes through effective implementation of evidenced-based and best practices and data-driven decision-making.
3. To promote healthy, safe lives for people by providing leadership in educating the community on the importance of prevention, early detection and intervention, and by facilitating coalition building to address localized community problems.



#### **Activity A: Administration**

Acadiana Area Human Services District has only one program: Acadiana Area Human Services District (AAHSD). This agency provides services for behavioral health (addictive disorders and mental health) and developmental disabilities.

### **Administration Mission**

To improve the quality of life for the residents of Acadiana who have behavioral health and/or intellectual/developmental disabilities.

## **Administration Goal**

To develop clear policy objectives, well-defined local roles and responsibilities, and measures to ensure accountability of the provision of quality services to consumers.

**Objective I:** To provide programmatic leadership and direction to the programs of behavioral health (addictive disorders and mental health) and developmental disabilities services under AAHSD; to continue the operational activity of the AAHSD administrative office in relation to the Readiness Assessment Criteria and other regulatory/licensure processes and according to the terms of the Memorandum of Understanding (MOU) each year through June 30, 2031.

### **Strategies:**

- 1.1: Maintain compliance with Federal and State regulations governing behavioral health and developmental disabilities services; to include financial monitoring/reporting.
- 1.2: Maintain appropriate credentialing for organization and individual providers as outlined by SMO.
- 1.3: Maintain appropriate national accreditation as outlined by SMO.
- 1.4: Produce an accurate and timely monthly expenditure report reflecting the current budgetary position and proposing any necessary adjustments. To also produce monthly contract reports to include the current status and expenditures for each program.
- 1.5: Actively seek input from stakeholders and consumers to identify service gaps and to initiate program development or modification as appropriate. Input will be gathered on an ongoing basis in a variety of means, to include at least an annual 'community forum'.
- 1.6: Provide ongoing staff development activities to enhance skill sets and maintain appropriate credentials for service provision.

### **Performance Indicators:**

- Percentage of Acadiana Area Human Services District clients who state they would continue to receive services at our clinics if given the choice to go elsewhere
- Percentage of Acadiana Area Human Services District clients who state they would recommend the clinics to family and friends
- Total number of individuals served in the Acadiana Area Human Services District.
- Total number of enrollees in prevention programs

## Activity B: Behavioral Health

Acadiana Area Human Services District (AAHSD) has only one program: Acadiana Area Human Services District. This agency provides services for behavioral health (addictive disorders and mental health) and developmental disabilities.

### Behavioral Health Mission

To improve the quality of life for the residents of Acadiana who have behavioral health and/or intellectual/developmental disabilities.

### Behavioral Health Goals

- Goal 1** To provide behavioral health treatment services as part of the State's continuum of care (per the Human Services Accountability and Implementation Plan) in Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, and Vermilion parishes.
- Goal 2** To improve accessibility for emergency and non-emergency behavioral health services.
- Goal 3** To increase stakeholders' involvement in planning, education, and decision-making within the range of services offered by AAHSD.
- Objective I:** Each year through June 30, 2031, AAHSD will work as part of the State's continuum of care that centers on behavioral disorders, addictive disorders, and co-occurring disorders.

### Strategies:

- 1.1: AAHSD will assume administrative, fiscal, and programmatic responsibilities for all community-based behavioral health services within its seven-parish area, as agreed upon through contract with LDH.
- 1.2: Implement an effective fiscal and programmatic monitoring system that ensures the quality, quantity, and appropriateness of services delivered by all contract providers.
- 1.3: Assess current access procedures comparative to national models to determine best practices based upon procedures, staffing patterns, and technical support.

- 1.4: Establish and implement standardized screening, registration, admission, and intake procedures (along with relevant documentation).
- 1.5: Actively seek input from stakeholders and consumers to identify service gaps and to initiate program development or modification as appropriate. Input will be gathered on an ongoing basis in a variety of means, to include at least an annual 'community forum'.
- 1.6: Maintain close working relationship with and support the work of the 'regional advisory committee' in their efforts to advocate for consumers and families.

**Performance Indicators:**

- Number of adults served with MH services in all Acadiana Area Human Services District Behavioral Health clinics
- Number of children/adolescents served with MH services in all Acadiana Area Human Services District Behavioral Health clinics
- Percentage of adults receiving MH services who report that they would choose services in this agency if given a choice to receive services elsewhere
- Percentage of MH clients who would recommend services in this agency to others.
- Percentage of MH cash subsidy slots utilized
- Total number of individuals served by outpatient mental health in Acadiana Area Human Services District
- Total number of individuals served by inpatient Addictive Disorders in Acadiana Area Human Services District
- Total numbers of individuals served by outpatient Addictive Disorders in Acadiana Area Human Services District

**Objective II:** Each year through June 30, 2031, AAHSD will provide best practices and evidence-based practices to individuals, families, and groups.

**Strategies:**

- 2.1: Implement behavioral health treatment and recovery support services from an effective practice perspective within clinics and through contract providers.
- 2.2: Implement an effective fiscal and programmatic monitoring system that ensures the quality, quantity, and appropriateness of services delivered by all contract providers.
- 2.3: Develop and implement a meaningful/relevant QI process to systematically review the quality, appropriateness, and utilization of the services provided.

**Performance Indicators:**

- Percentage of successful completions (24-hour residential programs) - AD Program
- Primary Inpatient Adult: Percentage of individuals successfully completing the program -AD program

**Activity C: Developmental Disabilities**

Acadiana Area Human Services District (AAHSD) has only one program: Acadiana Area Human Services District. This agency provides services for behavioral health (addictive disorders and mental health) and developmental disabilities.

**Developmental Disabilities Mission**

To improve the quality of life for the residents of Acadiana who have behavioral health and/or intellectual/developmental disabilities.

**Developmental Disabilities Goals**

- Goal 1** To provide access to appropriate, comprehensive community based supports for individuals with disabilities, their families and/or support system(s) such that they will be able to be maintained within their communities.
- Goal 2** To provide quality services and supports information and opportunities for choice for individuals with developmental disabilities and their families.
- Goal 3** To increase stakeholders' involvement in planning, education, and decision-making within the range of services offered by AAHSD.

**Objective I:** Foster and facilitate independence for persons with disabilities through the availability of home and community based services each year through June 30, 2031.

**Strategies:**

- 1.1: Serve as the Single Point of Entry (SPOE) into the Developmental Disabilities (DD) Services System providing support coordination services to individuals and their families through community resources.

- 1.2: Identify State agencies and community organization resources in order to better support people with developmental disabilities to live full community lives and support partnerships with and referrals to these agencies and/or organizations.
- 1.3: Monitor program utilization, effectiveness, and collect performance indicator data.
- 1.4: Develop and implement policies and procedures for adult waiver participants to have pathways to community employment.
- 1.5: Meet quarterly with service providers and families to discuss goals and services and to resolve barriers to achieving goals.

**Performance Indicators:**

- Number of people receiving individual and family support services
- Number of people receiving flexible family fund services
- Percentage of eligibility determinations determined valid according to the Flexible Family Fund promulgation

**Objective II:** Each year through June 30, 2031, AAHSD will conduct targeted collaboration with consumers, family members and community partners to identify individuals with disabilities who may be eligible for supports offered through AAHSD.

**Strategies:**

- 2.1: Community Education & Awareness events sponsored by AAHSD to educate individuals, family member, community organizations, school systems and the medical community regarding service access.
- 2.2: Actively seek input from stakeholders and consumers to identify service gaps and to initiate program development or modification as appropriate. Input will be gathered on an ongoing basis in a variety of means, to include at least an annual community forum.

**Performance Indicator:**

- Number of persons receiving Developmental Disabilities (DD) services per year

**Vision**

The Louisiana Department of Health (LDH) Office of Public Health (OPH), characterized by a trained and highly motivated workforce, will employ science-based best practices to ensure that all people in Louisiana have the opportunity to grow, develop, and live in an environment that promotes the physical, behavioral and social health of individuals, families and communities.

Public Health professionals are motivated daily by how individuals and communities are working together to improve their health. As custodians of the public's trust and money, we strive to stay connected to what is most important to improve the health of individuals and families.

**Mission**

The mission of the LDH OPH is to protect and promote the health and wellness of all individuals and communities in Louisiana. We accomplish this through education, promotion of healthy lifestyles, preventing disease and injury, enforcing regulations that protect the environment, sharing vital information and assuring preventive services to uninsured and underserved individuals and families.

**Philosophy/Values**

- The Office of Public Health defines health as physical, mental, and social well-being.
- We are dedicated to assisting and serving all people with compassion and dignity.
- We value, respect, and promote diversity.
- We value individuals and communities as core partners in protecting and promoting health.
- We value the unique perspectives and contributions of all employees.
- We are committed to fostering an environment where all employees are empowered to challenge current progresses and assumptions in an effort to continually improve quality and performance.
- We demonstrate integrity, accountability, professionalism, and transparency.

**Executive Summary**

The Office of Public Health is responsible for protecting and promoting the health and wellness of all individuals and communities in Louisiana through promotion of healthy lifestyles; prevention of disease and injury; safeguarding water, food, and the environment; leading the state's health data strategy; and ensuring readiness for hurricanes, disasters, and threats to Louisiana in conjunction with other state departments.

Office of Public Health's departments (referred to as "Bureaus") are organized under four distinct "Centers," each led by a Deputy Assistant Secretary. This structure allows all OPH programs to benefit from direction and guidance of senior leadership that comprises the OPH Executive Management Team. The structure coalesces Bureaus with similar mission under one leader and



facilitates effective collaboration within the Office. The Assistant Secretary is at the helm, overseeing the four Deputy Assistant Secretaries and respective centers: Center of Community and Preventive Health, Center for Finance and Operations, Center for Community Preparedness and Health Protection, and Center for Environmental Health. In addition, the Assistant Secretary provides oversight to a cadre of professional staff including the Legislative and Regulatory Affairs section, a Senior Advisor, Special Projects Manager, and Communications Specialist. This enhanced organizational structure affords OPH the opportunity to aspire to its vision and to accomplish its mission as encompassed by the Assistant Secretary's value strategy of maintaining health and preventing illness.

The Center for Community and Preventive Health (CCPH) administers and manages a variety of programs and services designed to improve public health measures in Louisiana. Programs and services this center offers through OPH include preventative health and screenings, health needs assessments, maternal and child health surveillance, health care policy laboratory testing services, infectious disease reporting, and nutrition programs.

The Center for Finance and Operations (CFO) is responsible for the day-to-day operations of OPH, including managing the budget. In addition, vital records and statistics are provided to the public and health data is collected, analyzed, and disseminated. Outputs of the CFO include the implementation of population health data reporting and online tools such as the respiratory virus dashboard and the Louisiana Opioid Data and Surveillance System. CFO also monitors the agency's performance and maintains OPH's public health accreditation.

The Center for Community Preparedness and Health Protection (CCPHP) works with community leaders to improve our state's health statistics in obesity, diabetes, heart disease, tobacco use and other chronic diseases. CCPHP also plans the state's response to public health emergencies. Further, it is responsible for ensuring the preparedness and resiliency of the state public health organizations for all potential public health emergencies, including terrorism, pandemic influenza, Ebola, Zika, and natural disasters. It is also responsible for using an all-hazards approach to integrate state and local public health jurisdictions for response to public health threats.

The Center for Environmental Health (CEH) protects the public from environmental health hazards and ensures the safety of Louisiana's food and water supply. The Center oversees inspections of food establishments, water systems, and other public facilities to reduce health risks and promote compliance with safety standards. It reviews and permits construction and modifications to drinking water systems, wastewater facilities, and public swimming pools. CEH also conducts environmental sampling and testing to monitor for contaminants and safeguard public health. Laboratory testing services support timely detection of threats and inform decisions by state officials, healthcare providers, and public health programs. Through regulation, surveillance, and response, CEH helps maintain a healthy and safe environment for all Louisianans.

The successful implementation of the OPH Strategic Plan reaffirms the goals, objectives and strategies and creates a framework that demonstrates a commitment to the mission, vision, and values of the agency. The accomplishments of the goals and objectives set forth in the OPH Strategic Plan are exemplified in the cross functionality of the OPH programmatic work. The OPH Strategic Plan has been a critical tool to demonstrate how the effective work of OPH has provided

residents a healthier Louisiana. Significantly, OPH's achievement of national, voluntary public health agency accreditation by the Public Health Accreditation Board (PHAB) solidifies its stature among other accredited health departments as exemplary in advancing public health performance. Accredited health departments share the benefit of greater accountability and transparency, improved management processes by leadership, and enhanced quality improvement and performance improvement opportunities.

To be effective, public health must balance investment in new approaches with support for core functions of public health, namely assessment, assurance, and policy development. Public Health accreditation and Public Health 3.0 serve as an impetus for the value strategy through quality improvement, systems strengthening, and cross-sector collaboration. In addition, the agency emphasizes the support and development of the dedicated and talented public health workforce, our greatest asset.

## **Agency Goals**

### **Goal I**

Increase operational capacity and infrastructure to ensure efficient and effective utilization of resources.

### **Goal II**

Operate as a cross-functional, cohesive agency throughout all programs, services, and regions, while being reliable and responsive, and meeting national standards.

### **Goal III**

Develop, maintain, and facilitate partnerships to align efforts and overall impact on health and wellness of individuals and communities.

### **Goal IV**

Attract and retain competent and diverse workforce to maximize productivity, deliver high-quality service, and improve outcomes.

### **Goal V**

Lead and continually improve a public health system that identifies and reduces inequities to improve health outcomes and quality of life in Louisiana.

### **Goal VI**

Leverage health information technology and maintain a modern IT infrastructure to maximize use and integration of data to drive decision-making.

## **Program A: Public Health Services**

The Office of Public Health (OPH) has one appropriated program titled Public Health Services. This program focuses on fifteen specific program objective areas including the following: vital records and statistics, emergency medical services, community preparedness, family health, immunizations, nutrition services, STI/HIV, infectious disease epidemiology, laboratory services, environmental epidemiology and toxicology, primary care & rural health, chronic disease prevention and health promotion, sanitarian services, and engineering services. Goals, objectives, strategies, and performance information are included for each program objective area.

### **Program A Mission**

The mission of Public Health Services is to protect and improve the health and well-being of Louisiana's residents, visitors, and native-born Louisianans who no longer reside in the state by:

- Improving the health of Louisiana residents by promoting healthy lifestyles, providing preventive health education and data necessary to enable individuals and communities to assume responsibility for their own health, and assuring the availability of essential preventive health services.
- Operating a centralized vital event registry that provides efficient access to, collection, and archival of vital event records.
- Collecting, analyzing, and reporting statistics needed to determine and improve population health status.
- Protecting the health of Louisiana residents and its visitors by providing educational resources, regulatory oversight, and preventive measures necessary to reduce the incidence of food/water-borne illnesses and other preventable diseases/conditions most commonly associated with unsafe food, water, milk, seafood, molluscan shellfish, drugs, cosmetics, onsite wastewater, biomedical waste, public institutions, commercial body art, commercial tanning, and beach recreational waters.
- Preventing illness and death that can occur from waterborne disease outbreaks or exposure to contaminated drinking water or raw sewage.
- Improving the health of Louisiana residents by assisting public water systems with delivering safe and affordable drinking water.

### **Program A Goal**

The Office of Public Health (OPH) promotes the physical, mental, and social health of infants, children, adolescents, women, families and communities through the development, implementation and management of public health services for the residents of Louisiana. OPH engages in communicable disease control, chronic disease and injury prevention, environmental public health, maternal, child, and family health, access to and linkage with essential health care services, and emergency preparedness. The agency will continue to deliver Maternal Child Health Services, Nutrition Services (Women, Infants and Children, WIC Services), Family Planning Services, Children Special Health Services, Immunization Services, Tuberculosis Services and Genetic Disease Monitoring Services. Foundational to these services are OPH's strong capacities

in assessment and surveillance via health information/statistics, policy development and support, community partnership development, effective health communications, and performance management.

**Objective I:** Public Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2031.

**Strategies:**

- 1.1 Collaborate with and provide educational opportunities to individuals and organizations charged with originating vital records.
- 1.2 Promulgate clear, concise administrative rules and written guidelines for use by individuals and organizations charged with originating vital records.
- 1.3 Continue to improve the electronic event registration system.

**Performance Indicators:**

- Percentage of emergency document requests filled within 24 hours
- Percentage of mail requests filled within two weeks
- Percentage of counter services customers served within 30 minutes

**General Performance Information:**

- Birth record intake
- Death record intake
- Marriage record intake
- Divorce record intake
- Abortion record intake
- Fetal death record intake
- Total number of birth, death, fetal death, marriage, divorce, abortion and still birth certificates sold

**Objective II:** Public Health Services, through its Emergency Medical Services (EMS) activity, will mobilize partnerships, develop policies and plans, enforce laws and regulations, and assure that EMS practitioners and providers comply with current statutes through June 30, 2031.

**Strategies:**

- 2.1 Maximize productivity, deliver high quality services, and improve outcomes by mobilizing partnerships, developing policies and plans, enforcing laws and regulations, and assuring that EMS practitioners and providers comply with current statutes.
- 2.2 Ensure quality education programs are available to the potential workforce by providing quality assurance measures.

- 2.3 Provide credentialing to EMS Practitioners and Providers in a timely manner.
- 2.4 Administer the National Registry Psychomotor Examination to eligible candidates who seek to attain certification and licensure as Emergency Medical Technician (EMT).
- 2.5 Process affirmative criminal background investigations on behalf of the EMS Commission.
- 2.6 Assist telecommunicators in registering for the required telecommunications training in the Information Management System.
- 2.7 Monitor and enforce compliance with Act 234 of the 2023 Legislative Session by ensuring that educational facilities possess automated extern

**Performance Indicators:**

- Percentage of EMS Education Programs that have undergone Quality Assurance Measures (e.g., scholastic audits, site visits)
- Percentage of National Registry of Emergency Medical Technicians (NREMT) Psychomotor Exam applications processed within 2 business days of completion of the application
- Percentage of EMS Practitioner applications processed within 2 business days of completion of application
- Percentage of EMS Provider license renewal applications processed within 30 days of the expiration of the current license
- Percentage of affirmative criminal background investigations initiated on behalf of the EMS Certification Commission
- Percentage of telecommunicators registering completion/maintenance of required telecommunications training in the Bureau of EMS Information Management System

**Objective III:** Public Health Services, through its Bureau of Community Preparedness, will develop effective public health emergency management and response programs statewide that will decrease morbidity and mortality during emergencies and disaster events as well as develop effective public health emergency management and response programs each year through June 30, 2031.

**Strategies:**

- 3.1 Ensure that Louisiana meets the Centers for Disease Control and Prevention's Operational Readiness Review (ORR) for Strategic National Stockpile planning.

**Performance Indicator:**

- Obtain a minimal level (43%) of established (CDC's expected level of effectiveness) in the development /maintenance of state

and local public health emergency management and response programs.

**Objective IV:** Public health services, through its Bureau of Family Health, will promote optimal health for all Louisiana women, children, teens and families each year through June 30, 2031.

**Strategies:**

- 4.1 Provide reliable data to monitor health and well-being, guide programs, and inform public policy.
- 4.2 Provide preventive and educational services that are grounded in best practices and evidence to promote optimal health and well-being.
- 4.3 Improve access to medical, behavioral health and supportive services, and community health through policy and educational initiatives.
- 4.4 Partner with communities, government, and academia to advance common goals.

**Performance Indicators:**

- Number of Maternal, Infant, Early Childhood home visits, including Nurse-Family Partnership (NFP) and Parents as Teachers (PAT)
- Number of students with a signed consent to allow access to School-Based Health Center (SBHC) services
- Percentage of patients receiving a preventive health visit at least once in the last measurement year
- Percentage of School-Based Health Centers participating in a continuous quality improvement initiative that demonstrate an improvement in their targeted quality improvement measure

**General Performance Information:**

- Percentage of students who receive an annual risk assessment
- Percentage of infants born to mothers beginning prenatal care in the first trimester
- Percentage of children with special health care needs receiving care in a Medical Home
- Number of Adolescent School-Based Health Centers
- Percentage of OPH-affiliated School-Based Health Centers that participate in an annual continuous quality improvement initiative
- Number of patient visits to Adolescent School-Based Health Centers

- Percentage of students aged > 12 years with documentation of a screening for clinical depression using an age appropriate, standardized tool and follow-up plan documented if positive screen
- Percentage of students with a BMI (Body Mass Index) greater than 85% receiving nutrition and physical activity counseling

**Objective V:** Public Health Services, through its Immunization Program activity, will control or eliminate preventable diseases by providing vaccine to susceptible persons each year through June 30, 2031.

**Strategies:**

- 5.1 Continue to conduct annual immunization evaluations using the immunization information system, Louisiana Immunization Network (LINKS) to inform and focus efforts to improve immunization coverage rates.
- 5.2 Participate in national collaborations and continue regular and ongoing in-service training to all Immunization Program staff.
- 5.3 Conduct routine announced and unannounced visits to Vaccine for Children providers to assure compliance with vaccine storage and handling mandates to maintain vaccine effectiveness.
- 5.4 Continue to support and maintain collaborative relationships with the Louisiana Shots for Tots Coalition and other work group efforts to improve childhood immunization levels. (The coalition should include partnerships between public health and private organizations both inside and outside of the health care sector.)
- 5.5 Provide vaccines to public and private providers through the Louisiana Vaccines for Children (VFC) Program meeting all national VFC participation requirements.
- 5.6 Recruit private provider participation in VFC and LINKS.
- 5.7 Continue collaborative efforts with LDH Medicaid, community organizations, and private providers to increase the number of community providers using LINKS to promote timely immunizations of all Louisiana children.
- 5.8 Maintain collaborative efforts with the Department of Education to ensure compliance with the State Immunization requirements for school entry requirements for first-time enterers and adolescents.

**Performance Indicators:**

- Percent of children, 19 to 35 months of age, up to date for 4-Diphtheria-Tetanus- Pertussis; 3-Polio; 1-Measles-Mumps-Rubella; 3-Haemophilus influenza type b; 3-

Hepatitis B; 1-Varicella; and 4-Pneumococcal Conjugate Type B vaccines

- Percent of kindergartners up to date with 4-Diphtheria-Tetanus-Pertussis; 3-Polio; 2-Measles-Mumps-Rubella; 3-Hepatitis B; 2-Varicella
- Percent of 6th graders, 11-12 years of age, up to date with 1 Meningitis, 1 Tetanus diphtheria a cellular pertussis, 2-Varicella; 3-Hepatitis B; 2-Measles-Mumps-Rubella
- Percent of adolescents, 13 to 17 years of age, up to date for Human papillomavirus completed series (2-HPV for < 15 years or 3-HPV  $\geq$  15 years)

**General Performance Information:**

- Percentage of 11th graders or at age 16 years of age with 2 Meningococcal conjugate vaccine (MenACWY)
- Percentage of persons 6 months of age and older with Flu vaccination last flu season

**Objective VI:** Public health services, through its Nutrition Services activity, will provide nutrition education, breastfeeding support, and supplemental foods to eligible women, infants and children until the age of five while serving as an adjunct to health care during critical times of growth and development and to seniors 60 years and older to improve health status and prevent health problems in all population groups served through Nutrition Services Programs each year through June 30, 2031.

**Strategies:**

- 6.1 Identify additional WIC providers for the most underserved areas of the State in order to serve as many eligible participants as allowed by the annual USDA grant.
- 6.2 Continue to build upon and expand activities outlined in the WIC State Agency's USDA-approved Breastfeeding Peer Counselor Program based on the biennial USDA grant.
- 6.3 Investigate new technologies to provide high quality clinical services, food distribution, and shopping experiences to WIC and Commodity Supplemental Food Program (CSFP) participants.
- 6.4 Engage in outreach activities through the CSFP grant sub recipient/local agency, to meet the yearly USDA assigned caseload and provide benefits to underserved areas of the State.



### **Performance Indicators:**

- Number of monthly WIC participants
- Number of monthly CSFP participants served
- Percentage of postpartum women enrolled in WIC who breastfeed

### **General Performance Information:**

- Percentage of WIC eligible clients served

**Objective VII:** Public Health Services, through its Infectious Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2031.

### **Strategies:**

#### *Tuberculosis*

- 7.1 Evaluate TB performance indicators on a patient-by-patient basis assuring efficient and effective contact management.
- 7.2 Evaluate TB performance indicators on a case-by-case basis assuring completion of treatment in 12 months.
- 7.3 Evaluate TB performance indicators on a case-by-case basis, assuring conversion of sputum culture within two months of start of treatment.

#### *STI/HIV/Viral Hepatitis*

- 7.4 Conduct disease surveillance, monitor, and report on characteristics and trends of HIV, Hepatitis and STIs in Louisiana. This is done in order to take public health action, to inform intervention planning and resource allocation, and to assess progress in reducing HIV, Hepatitis and STIs.
- 7.5 Evaluate the effectiveness, accessibility, and quality of HIV, Hepatitis and STI, prevention, identification, and treatment.
- 7.6 Inform, educate, and empower people and communities about HIV, Hepatitis and STI, in order to promote behaviors and environments that eliminate or reduce the risk of acquisition and transmission.
- 7.7 Promulgate policies and best practices for the prevention, identification, and treatment of HIV, Hepatitis and STI.
- 7.8 Conduct disease investigation to notify persons of exposure to HIV and STI and assure testing and treatment.
- 7.9 Link people to needed HIV, Hepatitis and STI-related medical care and prevention services.
- 7.10 Support and promote targeted testing and routine screening for HIV and STI.
- 7.11 Conduct science-based and community-informed planning for HIV and STI.

**Performance Indicators:***Tuberculosis*

- Percentage of TB infected contacts who complete treatment
- Percentage of culture confirmed cases completing treatment within 12 months
- Percentage of pulmonary culture confirmed cases converting sputum culture within two months

**Performance Indicators:***STI/HIV/Viral Hepatitis*

- Percentage of newly diagnosed HIV clients linked to HIV-related medical care within 30 days of diagnosis
- Percentage of persons living with HIV whose most recent viral load in the past 12 months was < 200 copies/mL
- Percentage of primary and secondary syphilis cases treated within 14 days of specimen collection

**General Performance Information:***STI/HIV/Viral Hepatitis*

- Number of people living with HIV in Louisiana
- Number of new HIV diagnoses in Louisiana
- Number of HIV tests conducted at publicly-funded sites
- Number of primary and secondary syphilis cases

**Objective VIII:** Public Health Services, through the Infectious Disease Epidemiology (IDEpi) activity, will conduct surveillance of infectious diseases to decrease the burden of infectious diseases (excluding TB, STI and HIV), conduct outbreak investigations and maintain public health preparedness against infectious diseases each year through June 30, 2031.

**Strategies:**

- 8.1 Study the distribution and determinants of infectious diseases in the community through disease reporting.
- 8.2 Conduct infectious disease outbreak investigations.
- 8.3 Institute infectious disease prevention and control measures across community settings.
- 8.4 Maintain a state of public health preparedness against the threat of communicable diseases following disasters or bioterrorism events.
- 8.5 Coordinate special programs that prevent the spread of communicable diseases.
- 8.6 Train public health staff and healthcare providers on infectious disease prevention and control.

- 8.7 Issue regular updates on disease activity for select conditions of heightened public health interest for dissemination to the public.
- 8.8 Maintain the web-based Infectious Disease Reporting Information System (IDRIS) including integration of electronic laboratory reports.
- 8.9 Conduct syndromic surveillance utilizing Essence, the Centers for Disease Control and Prevention's syndromic surveillance system, to rapidly identify potential disease clusters.
- 8.10 Maintain antimicrobial resistance surveillance across Louisiana acute care hospitals.
- 8.11 Maintain enhanced surveillance for arboviral diseases throughout Louisiana and coordinate with mosquito control districts to guide mosquito abatement activities in response to human arboviral cases.
- 8.12 Conduct epidemiologic investigations for select cases of food-borne and water-borne disease, including submission of clinical specimens to the OPH Laboratory for molecular testing as needed for outbreak detection purposes.
- 8.13 Maintain a robust system for monitoring influenza and other respiratory viruses and conducting virologic surveillance.

#### **Performance Indicators:**

- Initiate investigation within 10 working days of report to IDEpi
- Completed case investigation within 10 working days of starting investigation
- Percent of outbreaks with determined etiology
- Yearly mortality count attributed to unsafe water, food and sewage
- Number of food, water, sewage-borne illnesses reported

**Objective IX:** Public Health Services, through its Laboratory Services activity, will assure timely testing and reporting of laboratory results of the following:

- the testing of environmental samples for chemical, microbiological pollutants, and contaminants in water, food, milk and dairy, and molluscan and shellfish samples;
- the testing of clinical samples for surveillance and diagnosis of a variety of pathogenic agents/organisms that may cause outbreaks or pose a danger to public health; and screening babies born in Louisiana for genetic disorders;
- the testing for rabies (referral);
- the testing of samples for chemical and bioterrorism agents;
- the testing of microbiological contaminants in food; and
- the creation and operation of a Wastewater Laboratory for monitoring wastewater for pathogenic substances.

#### **Strategies:**

- 9.1 Maintain current accreditations and certifications to ensure quality of testing results.
- 9.2 Provide ISO/IEC 17025:2017 accredited food testing for the Food and Drug Program.
- 9.3 Maintain a Laboratory Response Network bioterrorism response BSL3 laboratory in Louisiana for both clinical and environmental samples.
- 9.4 Maintain a state of readiness and provide rapid testing capability for evaluation and response to emergency events that may affect the quality of drinking water and/or public health.
- 9.5 Investigate approved alternate technologies for improving the analysis speed, accuracy, and efficiency in laboratory test methods.
- 9.6 Maintain or increase diagnostic capability for infectious disease testing.
- 9.7 Maintain or increase, as needs require, clinical and food testing of suspect outbreak samples in partnership with Infectious Disease Epidemiology.
- 9.8 Improve enhanced testing, as needs require, provide Infectious Disease Epidemiology up to date information necessary by performing Whole Genome Sequencing (WGS).

**Performance Indicators:**

- At least 95% of specimens submitted to the OPH Laboratory meet acceptance criteria for testing
- Number of tests
- Number of test methods

**General Performance Information:**

- Number of lab specimens tested

**Objective X:** Public Health Services, through its Section of Environmental Epidemiology and Toxicology activity (SEET), will identify toxic chemicals and other environmental and occupational hazards; conduct environmental health surveillance; evaluate and analyze the extent of human exposure and/or the adverse health effects caused by them; make recommendations to prevent and reduce exposure ; and promote public understanding of the health effects of chemicals and other environmental and occupational hazards each year through June 30, 2031.

**Strategies:**

SEET is Louisiana’s statewide public health program for preventing environmental and occupational exposures and promoting a healthy environment for all residents to live, work, and play. . The program includes the following sub-programs: Indoor Environmental Quality Education, Environmental Health Advisories, Pesticide Surveillance, Disease Cluster Investigations, Occupational Health Surveillance, Chemical Emergency Events Exposure Assessment, Environmental Public Health Tracking, Private Well Initiative, and Public Health Assessment

- 10.1 Mitigate environmental risks that are important to the long-term health and well-being of Louisiana's residents.
- 10.2 Review approximately 8,500 annual notifications of chemical incidents from the National Response Center, the Louisiana State Police and the Poison Center to evaluate the public health threat of these events and notify affected communities, hospitals, and physicians about the event and chemicals involved.
- 10.3 Investigate disease clusters (e.g. cancer, reproductive, neurological, and respiratory diseases) reported by residents and public officials.
- 10.4 Make recommendations for the issuance of seafood consumption and other advisories in collaboration with the Louisiana Departments of Environmental Quality, Wildlife and Fisheries, and Agriculture and Forestry. Conducts selected blood mercury screenings and seafood consumption surveys for targeted communities.
- 10.5 Generate and develop strategies for disseminating environmental health messages to key public groups (childcare providers, healthcare providers, academicians, students, primary and secondary educators, community based organizations and residents) utilizing appropriate communication channels.
- 10.6 Develop an environmental public health tracking network focused on Louisiana that presents health, exposure, population data (e.g., Census Bureau), environmental hazard information and data of community interest. The surveillance develops public health indicators using Centers for Disease Control and Prevention guidance; cleans, processes, identifies and improves data quality, adds and updates data through existing data partnerships, provides higher geographic resolution where possible, and increases agency data transparency to the public through data sharing by applying health privacy protection standards. Provides online queries and displays of these data as graphs, maps and tables. In-depth projects based on acquired surveillance data apply advanced methods in statistical analysis and geographic information systems to identify at risk populations and potential activities for environmental exposure. In partnership with the Bureau of Health Informatics, agency and external partners, SEET has enhanced and innovated Louisiana's environmental public health tracking network (<http://ldh.la.gov/tracking>). It currently includes an integrated, updated and interactive website and Data Explorer with dual, linked views. End users have the ability to search, download and print data and images Data available on this network currently include health indicators: asthma, heart attack, heat stress, cancer, reproductive and birth outcomes, carbon monoxide poisoning, occupational health, and other health outcomes of state interest. Environmental data include outdoor air, drinking water quality, and climate- related such as wildfire, excessive rainfall, and drought with the capacity to add additional environmental indicators of state and local interest. To expand the program reach and impact, SEET partners to move data and science activities into public health interventions and outreach/communications.

- 10.7 Projects set forth strategies for linking hazard, exposure and health data to advance environmental health knowledge, environmental epidemiology and tracking science.
- 10.8 Analyze environmental and health data about chemical contamination at Superfund sites and other hazardous waste sites to determine whether contact with contaminants might cause harm to people. Recommend actions to reduce exposure and/or provide further information, such as health studies or surveillance. Approximately 3-4 health consultations are written per year.
- 10.9 Obtain and evaluate all laboratory reports for heavy metal (arsenic, cadmium, lead and mercury) and carbon monoxide exposures that are reportable conditions. Investigate all cases meeting elevated criteria for source of exposure and provide educational materials.
- 10.10 Respond to public inquiries on indoor environmental quality and provide follow-up information within two business days. Provide telephone consultations, environmental educational material, and targeted outreach to communities, local school administrators, staff, students, and parents about the benefits of improved Indoor Environmental Quality (IEQ). Respond to over 750 calls annually with most of them regarding mold issues in residential and public buildings.
- 10.11 Reduce injuries, illnesses, and deaths among Louisiana workers through the collection, interpretation, and dissemination of state-specific surveillance data that can be used to target outreach and prevention activities and inform policy recommendations. This is accomplished by compiling, analyzing, and interpreting occupational health surveillance data from multiple data sources to identify trends and high risk occupations and industries; collaborating with a diverse range of local and state agencies and other organizations to develop and implement prevention strategies; and translating findings from surveillance data analyses and case findings into practical interventions, prevention strategies, and policy recommendations by presenting findings in a variety of formats using various communication channels.
- 10.12 Continue to execute a Louisiana Fatality and Control Assessment Evaluation (FACE) Program built upon the National Institute for Occupational Safety and Health (NIOSH) FACE model. This includes the maintenance of a multisource surveillance system of work-related traumatic injury fatalities occurring in Louisiana, and the performance of case-based investigations, using recommended procedures, for NIOSH FACE targeted cases and Louisiana-level targeted cases. NIOSH target cases may change for year-to-year. Louisiana-level targeted cases will be determined using state death record data. Engage with outside agencies and organizations to develop and implement prevention strategies, and collaborate with partners to develop the appropriate methods for communicating occupational safety and health messages to target audiences.
- 10.13 Continue to implement and develop the Heat Related Illness (HRI) Prevention Program This program emphasizes workers, but is comprehensive of the entire population. The program will continue to maintain a multisource surveillance system of heat-related morbidity and mortality.

Collaborative work with inter- and intra-agency partners to present public-facing dashboards displaying syndromic surveillance data of HRI emergency department visits and data about heat-related deaths during the warm season will continue.

- 10.14 Case follow-back and investigations capture exposure and work-related information. Surveillance system provides comprehensive and timely data to characterize non-occupational and occupational heat-related illness including identification of high-risk industries and occupational groups, worker characteristics, and risk factors. Support and conduct innovative and novel data analysis projects that leverage surveillance data, subject matter expertise, and unique partnerships. Convene and facilitate education and training opportunities for target audiences (e.g., healthcare providers, employers, and workers).
- 10.15 Obtain and investigate all reported pesticide exposures that meet state reportable disease criteria. Review health and exposure information for cases, compile state statistics, and make recommendations to prevent and reduce pesticide exposure. OPH has an interagency agreement with the Louisiana Department of Agriculture and Forestry (LDAF), to jointly investigate pesticide exposure complaints filed with LDAF and to notify residents who are hypersensitive to pesticides.
- 10.16 Implement services that increase access to safe conditions for private water wells and other sources not protected by the U.S. Environmental Protection Agency's Safe Drinking Water Act. This is accomplished by identifying, securing, and analyzing environmental health datasets to address, prevent and control potential health hazards. The Private Well Initiative (PWI) program develops strategic partnerships to make data available to the public and environmental health practitioners. PWI's Louisiana Private Well Owner Network was created to educate private well stakeholders on the importance of water sampling, well maintenance and stewardship and connect them to resources to increase access to safe water.
- 10.17 Provides free and personalized asthma and Healthy Homes education services encompassing both the clinical and environmental management of asthma. In addition to health education, virtual home visits are provided serving families and individuals of all ages. The Bringing Respiratory Health Equity for Asthmatics Through Healthier Environments (BREATHE) program is focused on promoting healthy homes to improve asthma outcomes in vulnerable Louisiana communities.
- 10.18 Aims to eliminate childhood lead poisoning by preventing exposure, managing elevated blood lead levels, and advocating for lead-free environments. The Louisiana Childhood Lead Poisoning Prevention Program uses a holistic approach that includes increasing blood lead testing, enhancing surveillance systems, and connecting lead-exposed children to necessary services.

**Performance Indicators:**

- Number of health consults and technical assists

- Number of emergency reports screened from the Louisiana State Police, National Response Center and the Poison Center

**General Performance Information:**

- Number of indoor environmental quality phone consults

**Objective XI:** Public health services, through its Bureau of Chronic Disease Prevention and Healthcare Access, will improve the health of Louisiana by preventing chronic diseases and their risk factors through: promoting healthy behaviors; utilizing evidence-based interventions and leveraging resources through collaborative private and public partnerships to maximize health outcomes among our residents; and expand and sustain access to primary and preventive health services in rural and underserved communities of Louisiana each year through June 30, 2031.

**Strategies:**

- 11.1 Reduce disease, disability and death related to tobacco use by increasing statewide initiatives, cessation programs, school programs, media campaigns/marketing, and educational programs.
- 11.2 Reduce disease, disability, and death from chronic diseases by increasing statewide initiatives in schools, worksites, communities, and healthcare settings.
- 11.3 Sustain and increase access to primary care provided in rural communities and increase rural communities' capacity to make informed health-related decisions.
- 11.4 Support recruitment and retention of primary health care providers in Health Professional Shortage Areas (HPSA) across the state.
- 11.5 Support the designation of HPSA that enable state government, agency, and community access to over 36 federal programs.
- 11.6 Increase critical access hospitals publicly reporting data to Hospital Compare on relevant process of care quality measures inpatient and outpatient care, and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) patient experience of care survey results.

**Performance Indicators:**

- Number of registered callers to the Louisiana Tobacco Quitline
- Percentage of organizations designated as "Wellspots" reporting implementation of comprehensive tobacco or smoke-free workplace policies
- Number of healthcare providers that have received education through conferences or State Office of Rural Health (SORH) trainings
- Number of National Health Services Corps providers practicing in Louisiana



- Percentage of State Loan Repayment Program funds awarded to new and existing primary health service providers recruited and retained to work in Health Professional Shortage Areas
- Percentage of HPSA analyzed and submitted to the Health Resources and Services Administration for the National Shortage Designation Update.

**General Performance Information:**

- Number of monthly callers to the Louisiana Tobacco Quitline
- Number of worksites implementing worksite wellness programs
- Number of healthcare providers that have received education through conferences or SORH trainings
- Number of parishes and/or areas designated as HPSAs by the Federal Government
- Percentage of HPSA analyzed and submitted to the Health Resources and Services Administration for the National Shortage Designation Update
- Number of National Health Services Corps providers practicing in Louisiana
- Percentage of State Loan Repayment Program funds awarded to new and existing primary health service providers recruited and retained to work in Health Professional Shortage Areas
- Number of Critical Access Hospitals (CAHs) reporting HCAHPS data
- Percentage of Federally Qualified Health Centers (FQHCs) receiving technical assistance (TA)
- Percentage of Rural Health Clinics (RHCs) receiving technical assistance (TA)

**Objective XII:** Public Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures, which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2031.

**Strategies:**

- 12.1 Deliver inspection services, through improved logistics, to more efficiently utilize field staff and travel resources.
- 12.2 Establish training modules to develop new and existing sanitarians both technically as well as professionally.

- 12.3 Identify and establish partnerships with federal agencies, other states, local government or the private sector to more effectively identify new strategies to obtain greater efficiencies through consolidating efforts.

**Performance Indicators:**

- Percentage of permitted facilities in compliance quarterly due to inspections
- Percentage of required samples in compliance
- Percentage of sewage systems properly installed

**General Performance Information:**

- Number of food-related complaints received from the public

**Objective XIII:** Public Health Services, through its engineering and loan activities, will provide a regulatory framework to ensure that the public is not exposed to contaminated drinking water or to raw sewage, which can cause mass illness or deaths each year through June 30, 2031.

**Strategies:**

- 13.1 Enforce compliance with federal regulations and the State Sanitary Code by: performing plan reviews, conducting sanitary surveys of drinking water systems, monitoring and testing drinking water quality, training and certifying operators of water and wastewater systems, performing public education, and staffing the ESF 12 Water and Wastewater Utilities desk at Governor's Office of Homeland Security and Emergency Preparedness.
- 13.2 Administer the loan program effectively and efficiently to provide the maximum amount of Capitalization Grant Dollars for low-interest loans to Louisiana public water systems.
- 13.3 Administer the Technical Assistance program effectively and efficiently to provide technical assistance to as many public water systems with a population of 10,000 or less as possible.
- 13.4 Administer the Capacity Development Program effectively and efficiently to provide public water systems with the tools and financial assistance they need to obtain and maintain technical, financial, and managerial capacity needed to ensure a supply of safe drinking water for Louisiana residents.

**Performance Indicators:**

- Percent of the population served by community water systems that receive drinking water that meets all applicable health-based drinking water standards

- Percentage of community water systems that have undergone a Class 1 sanitary survey within the past three years as required by state and federal regulations
- Percentage of water and sewer plans reviewed within 60 days of receipt of submittal
- Number of Louisiana public water systems provided financial and technical assistance

**General Performance Information:**

- Percentage of Surface Water systems monitored annually for chemical compliance.
- Total number of CEU hours received by certified public water and community sewage operators from LDH approved training courses
- Number of low-interest loans made
- Number of public water systems provided technical assistance
- Number of water systems provided capacity development technical assistance



## Office of the Surgeon General

The Office of the Surgeon General is charged with crafting health policy, including healthcare workforce development; advocating for wellness and disease prevention; and coordinating with other state agencies and institutions to improve health outcomes in Louisiana.

### **Vision**

To advocate for wellness and disease prevention to improve health outcomes for all residents in Louisiana.

### **Mission**

To lead and coordinate the Louisiana Department of Health's (LDH) efforts to provide clinical and medical guidance and evidence-based recommendations that improve health outcomes for all residents of Louisiana—across all populations and age groups.

### **Philosophy**

The Office of the Surgeon General, in partnership with LDH, is committed to protecting and promoting the health of Louisiana's residents and ensuring access to medical, preventative, and rehabilitative services, especially for the state's most vulnerable populations.

### **Goal**

The goal of the Office of the Surgeon General is to serve as the State's leading advocate for wellness and disease prevention for all residents and visitors in Louisiana.



## Program A: Office of the Surgeon General

*The Office of the Surgeon General comprises a single program. Therefore, the mission and goals of the budget unit and the program are identical.*

### **Program Mission**

The mission of the Office of the Surgeon General is lead and coordinate the Louisiana Department of Health's (LDH) efforts to provide clinical and medical guidance and evidence-based recommendations that improve health outcomes for all residents of Louisiana—across all populations and age groups.

## **Program Goal**

The goal of the Office of the Surgeon General is to serve as the State's leading advocate for wellness and disease prevention for all residents and visitors in Louisiana.

**Objective I:** The Office of the Surgeon General will work to increase public understanding of health issues and available services.

### **Strategies:**

- 1.1 Participate in Community Outreach with state organizations.
- 1.2 Conduct media outreach via radio, television and public service announcements (PSAs).
- 1.3 Initiate and participate in press briefings.

### **Performance Indicators:**

- Number of public health campaigns launched annually
- Engagement rates on social media platforms (likes, shares, comments)
- Pre- and post-campaign surveys assessing health knowledge changes

**Objective II:** The Office of the Surgeon General will work to improve the legislative process on healthcare issues.

### **Strategies:**

- 2.1 Build and maintain strong relationships with legislators
- 2.2 Provide clear, evidence-based policy recommendations
- 2.3 Collaborate with state and national health advocacy coalitions

### **Performance Indicators:**

- Engagement with boards on legislative initiatives with process creation for conflict resolution outside legislative sessions.
- Frequency and impact of Surgeon General's commentary on healthcare on healthcare related bills to serve as grounding point for debate in legislative sessions
- Number of arbitration efforts between conflicting boards
- Identification of potential unintended consequences of proposed healthcare legislation

**Objective III:** The Office of the Surgeon General will work to strengthen Louisiana’s healthcare workforce.

**Strategies:**

- 2.4 Enhance Medical student academic success and clinical training.
- 2.5 Improve retention of Louisiana-trained students in the state’s healthcare workforce.
- 2.6 Partner with university systems to train and deploy healthcare professionals to areas with care gaps.

**Performance Indicator:**

- Number of partnerships with medical schools to establish pathways into public health and clinical careers

**Objective IV:** The Office of the Surgeon General, through its Emergency Preparedness and Response activity, will maintain a core state-level management team that interfaces directly with all LDH Regions for disaster planning and response during times of emergencies.

**Strategies:**

- 4.1 Maintain an ESF-8 (Emergency Support Function – Public Health and Medical Services) Lead aligned with the Governor’s Office of Homeland Security and Emergency Preparedness (GOHSEP). The Emergency Support Function 8 (ESF-8) relates to Public Health and Medical Services and is a component of the National Response Framework that coordinates Federal assistance to state, tribal, and local governments in responding to public health and medical emergencies.
- 4.2 Develop and keep updated Contingency Surge Contracts for disaster events.
- 4.3 Maintain a core state-level management team coordinating directly with all 9 LDH Regions.
- 4.4 Align the ESF-8 core team with the Louisiana Emergency Response Network (LERN), Louisiana Hospital Association (LHA), and other critical partners to plan for all hazards and coordinate patient movement during mass casualty incidents or facility evacuations.

**Performance Indicators:**

- Number of trainings and exercises conducted under the Louisiana Hospital Preparedness Program (HPP) Budget Period

- Percentage of regions with core representation from hospitals, Emergency Medical Services (EMS), public health and emergency management entities.

**Vision**

People can, and do, recover from mental illness and addictive disorders. Through the delivery of timely and person-centered clinically effective behavioral health and healthcare and supports, citizens of Louisiana will experience positive behavioral health outcomes and contribute meaningfully to our State's growth and development.

**Mission**

The Office of Behavioral Health's (OBH) mission is to work collaboratively with partners to develop and implement a comprehensive integrated system of behavioral health and healthcare, social support, and prevention services that promote recovery and resilience for all citizens of Louisiana. OBH assures public behavioral health services are accessible, family-driven, have a positive impact, are culturally and clinically competent, and are delivered in partnership with all stakeholders.

**Philosophy/Values**

The Office of Behavioral Health believes we can make a difference in the lives of children and adults in the state of Louisiana through a trauma-informed and recovery-oriented system of care. People recover from both mental illness and addictive disorders when given the proper care and a supportive environment, including culturally and linguistically diverse services.

Behavioral health healthcare, social supports, and prevention services assist and enable individuals to exercise self-determination in their lives, allowing them to achieve their maximum potential through increased independence, productivity, and inclusion in their communities. It is OBH's conviction that the community where the person chooses to live and work is an appropriate place to provide treatment, supports, and services that are family-driven. OBH believes care and supports that may enable children to live in stable home environments with enduring relationships regardless of the severity of presenting challenges is important. The use of existing natural supports and community resources must be promoted.

**Executive Summary**

OBH is committed to the efficient and effective use of the state's scarce behavioral health resources to adequately provide for the peace, health, safety, and general welfare of the public, by ensuring:

- Accountability of efficient and effective services through quality and performance measures, statewide standards for monitoring quality of service and performance, and reporting of quality of service and performance information.



- Integration of behavioral health and primary healthcare and continued collaboration with agency contract providers, advocacy groups, Local Governing Entities, regional support networks, and public and private agencies in order to reduce duplication in service delivery and promote complementary services among all entities that provide behavioral health services to adults and children throughout the state.

OBH will continue to develop goals, objectives, and priorities for the creation of innovative programs that promote and improve the behavioral health of the citizens of the state and seek to achieve increased access to services and for underserved groups, increased quality of services and better outcomes, cost-effectiveness and efficiency of services and programs, interagency collaboration, and promotion of emerging best practices and increased quality of care in the delivery of behavioral health services.

The transformational priorities for the agency, which reflect the agency's mission and vision and carry the highest potential impact, are:

- **Increased Access to Behavioral Health Services**

The Office of Behavioral Health will lead efforts to increase access to behavioral health services by promoting early identification of behavioral health concerns, especially through leveraging integration to help physicians and behavioral health specialists collaborate to identify and treat behavioral health concerns (inclusive of trauma exposure) at the earliest opportunity. Strategies may include supporting maternal behavioral healthcare, as well as increasing access to high-quality evidence-based behavioral therapies for young children, such as, Early Childhood Supports and Services programs for children 0-5years of age.

Additional strategies employed to address the increased focus on the behavioral health system will be the continued 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 will also include further utilization of provider types such as provisionally licensed social workers.

Additionally, OBH will heighten awareness of the new three digit 988 helpline number to increase access to community resources for those experiencing an emotional crisis.

- **Substance Use Disorder System Enhancements**

The Office of Behavioral Health recognizes the impact of Substance Use Disorders (SUDs) on Louisiana's individuals, families, and communities, and strives to enhance policies, regulations and protocols to reduce the prevalence of SUDs. OBH will focus on several priority areas to achieve this goal. These include enhancement of Pregnant and Parenting Women (PPW) residential treatment access to care and expansion of training for Recognized Peer Support Specialist, to enhance the workforce.

- **Inpatient Psychiatric Hospital Needs and Forensic Partnerships**

The Office of Behavioral Health is committed to providing access to treatment in the least restrictive and least costly setting possible for all clients, and optimizing clients to flow throughout the system, as each moves toward recovery in their own homes and communities, whenever possible. ELMHS and Central Louisiana State Hospital (CLSH) currently maintain 100% utilization of existing bed space; OBH will pursue strategic and financially feasible measures to provide necessary inpatient, jail-based, and community resources in order to accommodate the increasing forensic population. These measures may include partnerships hospitals to provide services to civil clients, and increasing resources in order to accommodate jail-based competency restoration in lieu of state hospital restoration.

The Office of Behavioral Health will increase collaboration with the DOC to provide services to reduce recidivism and to monitor compliance of consent decree requirements. This includes determining if patients were evaluated in a timely manner, received twice weekly competency restoration sessions while in jail, and were placed within the established guidelines. Through collaboration with the staff at Eastern Louisiana Mental Health System (ELMHS), compliance with the consent decree will be achieved.

An ongoing priority of OBH will be to increase communication and partnerships with justice-involved populations through the courts, and the Department of Corrections (DOC), and local parish jails regarding the services provided by OBH and Medicaid managed care including pursuing and implementation of an 1115 reentry waiver.

## **Agency Goals:**

### **Goal I**

To serve children and adults with extensive behavioral health needs including mental health and/or addictive disorders by providing oversight and guidance of behavioral health services in the Medicaid Healthy Louisiana plans.

### **Goal II**

To assure that all Louisiana citizens with serious behavioral health challenges have access to needed forensic, residential, and other “safety net” services and promote use of contemporary, evidence-informed treatment, support, and prevention services.

### **Goal III**

To support the refinement and enhancement of a comprehensive system and associated service array for children, youth and families that appropriately addresses their behavioral health needs that is based on contemporary, best practice principles of care.



### **Program A: Behavioral Health Administration and Community Oversight**

*Program Description: The Office of Behavioral Health Administration and Community Oversight Program consists of results-oriented managerial, fiscal and supportive functions, including business intelligence, quality management, and evaluation and research, which are necessary to advance state behavioral health care goals, adhere to state and federal funding requirements, monitor the operations of Medicaid-related specialized behavioral health services (SBHS) and support the provision of behavioral health services for uninsured adults and children.*

### **Program A Mission**

The mission of the Behavioral Health Administration and Community Oversight Program is to monitor and manage a comprehensive system of contemporary, innovative, and evidence-based prevention, treatment and recovery support services for Louisiana citizens with serious behavioral health challenges, as well as external monitoring of specialized behavioral health services through clinical analysis and behavioral health subject matter expertise. Additional functions include quality strategy and compliance, planning, monitoring, and providing accountability in the delivery of mental health and addictive disorders services by statewide partners.

### **Program A Goal:**

#### **Goal 1**

The Behavioral Health Administration and Community Oversight Program will ensure that Louisiana citizens receive appropriate public behavioral health services through fiscal and programmatic oversight and monitoring activities, including the assurance that critical functions of specialized behavioral health services administered in a Medicaid managed care environment are being performed within expected standards. Specifically, the agency will continue to manage, monitor and enhance the Louisiana 988 Helpline and the Louisiana Crisis Response System (LA-CRS).

**Objective I:** By FY 2031, increase the number of Louisiana callers using the three digit 988 helpline number by 10%, from a baseline of 36,774 annually.

**Strategies:**

1.1 LDH/OBH will develop marketing materials that will:

- 1.2
  - 1.2.1 Destigmatize seeking behavioral health assistance and establish 988 as a go-to resource for behavioral health support.
  - 1.2.2 Increase awareness and appropriate use of 988 in Louisiana.
- 1.3 OBH will promote 988 through various marketing approaches such as:
  - 1.3.1 Public service announcements using radio, television, and/or print.
  - 1.3.2 Billboards in various high traffic areas.
  - 1.3.3 Social media (Facebook, Instagram etc.,) efforts by LDH/OBH, mental health providers, advocates, peer providers, influencers, etc.
- 1.4 OBH will collaborate with internal and external partners to expand its public relations campaign and continue raising awareness of 988 statewide.
  - 1.4.1 OBH and the crisis centers will participate in community events statewide to provide information on 988.
  - 1.4.2 OBH will identify organizations to collaborate with to reach populations at risk for suicide.
  - 1.4.3 OBH will conduct presentations at conferences, meetings, etc.
  - 1.4.4 OBH will respond to requests for interviews from media organizations.

**Performance Indicator:**

- Number of calls to 988 originating in Louisiana

**Objective II:** By FY 2031, increase by 30% the number of individuals served through Medicaid Louisiana Crisis Response Services (LA-CRS) program.).

**Strategies:**

- 2.1 Implement a Crisis Hub acting as a call center providing dispatch to Medicaid funded mobile crisis response service and coordinating referral to other appropriate Medicaid crisis response services.
- 2.2 Develop marketing and outreach campaign to promote awareness and availability of Medicaid funded crisis response services in partnership with the Crisis Hub.
- 2.3 Provide crisis response training through a contracted vendor to develop and enhance required crisis skillset in the workforce.

**Performance Indicators:**

- By 2031, develop creative materials related to the Louisiana Crisis Response System (LA-CRS) Awareness Campaign including an LA-

CRS logo, specialized website landing page directing individuals on accessing crisis services, 3 digital/social media advertisements, 2 radio spots, 1 print advertisement, 1 transit advertisement, 3 outdoor advertisements, 3 brochures and 5 videos with testimonials.

- Based on an established baseline of call volume to be determined in FY2026, increase by 20% the number of calls received by the Crisis Hub.

## **Goal 2**

The Office of Behavioral Health (OBH) will ensure accessibility by increasing access to behavioral health services for Louisiana residents to support the specialized behavioral health needs of people throughout the state at differing stages of life.

**Objective I:** By FY 2031, implement the Early Childhood Supports and Services (ECSS) program with statewide access.

### **Strategies:**

- 1.1 Award contract to a statewide management entity for statewide implementation and management of ECSS.
- 1.2 Through the OBH-contracted statewide management entity, recruit at least one regional ECSS provider to serve each LDH-OBH Region by December 2025.
- 1.3 With support and oversight from the OBH-contracted statewide management entity, regional ECSS provider sites begin providing services to children ages 0-5 and their families (services to begin on a rolling basis as new ECSS providers come online, in late 2025 through early 2026).
- 1.4 With support and oversight from the OBH-contracted statewide management entity, regional ECSS provider sites expand capacity to serve more children and families, with broader geographic reach throughout the regions they serve (2026 and beyond).

### **Performance Indicators:**

- Establishment of at least one ECSS site delivering services to children 0-5 and their families in each LDH-OBH region.
- Number of persons served in ECSS programs across the state.

**Objective II:** Workforce Development – Workforce Development – Through FY 2031, OBH will expand the Medicaid behavioral health workforce through adding

300 provisionally licensed clinicians and licensed master's level social workers from a baseline of 409 to the workforce.

**Strategies:**

- 2.1 Allow Medicaid psychotherapy services to be provided by provisionally licensed professional counselors (PLPCs), provisionally licensed marriage and family therapists (PLMFTs) and licensed master's level social workers (LMSWs).
- 2.2 Provide awareness and outreach to the public about Medicaid approval of these new clinician types in the workforce.
- 2.3 Provide stakeholder engagement opportunities to draw awareness through the Louisiana professional boards.
- 2.4 Track workforce growth through data.

**Performance Indicators:**

- Distribute five (5) public service announcements about the implementation of the provisionally licensed workforce development initiative, by FY 2026.
- Increase the number of Medicaid members receiving psychotherapy services from provisionally licensed clinicians by 35% from a baseline of 1969 members, by FY 2028.

**Objective III:** By FY 2031, increase the number of licensed pregnant and parenting women (PPW) specialty residential substance use treatment providers from six (6) to eight (8) programs.

**Strategies:**

- 3.1 Identify providers in regions without PPW providers.
- 3.2 Negotiate funding to cover services for uninsured and underinsured, along with children.
- 3.3 Monitor licensing and Medicaid enrollment process, providing support as needed.
- 3.4 Attend the open house at launch and monitor enrollments within the first 90 days to troubleshoot issues and operations.
- 3.5 Add facility to LDH website and other resource documents.

**Performance Indicator:**

- Number of licensed PPW residential substance use treatment providers in Louisiana (baseline of 6)

**Objective IV:** By FY 2031, OBH will increase the number of Peers Trained per year by a 10% per year, from a baseline of 144 annually.

**Strategies:**

- 4.1 Continue utilization of the Louisiana Core Peer Training Curriculum developed with national subject matter experts to include additions and modifications as deemed necessary to ensure current and accurate training materials are provided in accordance with federal standards.
- 4.2 Continue utilization of Louisiana Recognized Family Peer Support Specialist developed with national subject matter experts to support the expansion of the Peer Support Specialists workforce and the youth crisis system.
- 4.3 Modify and obtain necessary approvals to modify any rules, state plan amendments, policies, and/or service definitions to allow for the increased utilization of Medicaid Peer Support Services.
- 4.4 Successful provision of training models to ensure access to training for Peers who are seeking to obtain recognition as Peer Support Specialist.

**Performance Indicator:**

- Number of Peers successfully completing the Peer Support Specialist trainings and obtaining designation as Recognized Peer Support Specialist and/or Recognized Family Peer Support Specialist.

**Program B: Hospital-Based Treatment**

*Program Description: Hospital Based Treatment Services refer to the State Psychiatric Hospital Program, which provides an array of services to persons in need of acute, intermediate or long-term psychiatric inpatient care, including special treatment populations, such as those persons who are forensically involved. The state psychiatric hospitals are coordinated with community emergency services, treatments, and supports, and provide inpatient evaluation, diagnosis, treatment, and rehabilitation. Treatment services include individual, family, and group psychotherapy, recreational and occupational therapy, art and music therapy, work therapy, speech and hearing therapy, nutritional counseling, dental services, pastoral care services, and limited diagnostic medical services. The Hospital Based Treatment Program operates two hospitals: Central Louisiana State Hospital (CLSH) and Eastern Louisiana Mental Health System (ELMHS).*

**Program B Mission**

The mission of the Hospital-Based Treatment Program is to provide comprehensive, integrated, evidence-informed treatment and support services enabling persons to function at their optimal level thus promoting recovery.



## **Program B Goal**

### **Goal 1**

The Hospital-Based Treatment Program will promote recovery through the efficient use of evidence-informed care and successful transition to community-based services.

**Objective I:** Through FY 2031, OBH will improve behavioral health outcomes of inpatient care by maintaining an annual 30 days readmission rate within the national norm.

#### **Strategies:**

- 1.1 Begin discharge planning at time of admission.
- 1.2 Consult the client, family, community, and hospital team for input on discharge planning, when possible.

#### **Performance Indicator:**

- Percentage of adults discharged from a state hospital and readmitted within 30 days of discharge (Statewide)

**Objective II:** During FY 2031, the rate of the use of physical restraints will be below national norm, as reported by The Joint Commission ORYX report.

#### **Strategy:**

- 2.1 Limit use of restraints as a last resort only in cases where an immediate safety risk to the client or others is present.

#### **Performance Indicator:**

- Ratio of hours patients spent in restraint for every 1,000 inpatient hours

## 09-340 Office for Citizens with Developmental Disabilities

### **Vision**

A society that promotes partnerships and relationships which empower people with developmental disabilities to live fully integrated and valued lives

### **Mission**

The Office for Citizens with Developmental Disabilities (OCDD) is committed to ensuring quality services and supports, offering information and opportunities that provide choices to people of Louisiana with developmental disabilities and their families.

### **Philosophy/Values**

Essential to the achievement of the Office's vision and mission are the following core values that guide the Developmental Disabilities Services System:

- Accountability – People set goals, plan what needs to be done, do the work, monitor progress, report results, evaluate, exchange feedback and take responsibility for their actions.
- Choice – People have the opportunity to learn about options and use this information to make their decisions.
- Clarity – Openness, honesty and accountability are fundamental in all services, supports and information. All information is known and understood by everyone.
- Dignity – People are valued, and the system supports their sense of pride and self-respect.
- Empowerment – People act on issues they define as important.
- Inclusion – People take part in their communities of choice including taking part in policies and program planning.
- Partnership – People work together in shared decision making to achieve common values and goals.
- Person/Family Driven Services System – People are at the center of the system and their needs and preferences determine how services are provided.
- Quality – People achieve desired outcomes.

These values are at the center of the OCDD's philosophy and form the foundation for the following guiding principles, which provide our Office direction and are the basis from which all decisions are made:

- Developmental disabilities are a natural part of the human experience that does not diminish the rights of people to have control and choice over their own lives and fully participate in their communities or locations of choice.
- The OCDD values all people and protects their rights and privileges as citizens of Louisiana and the United States of America.
- People have the power to make decisions about services and supports, how they are

delivered and by whom. The necessary services, supports and information are received promptly.

- Services and supports are designed to allow people to remain in their most integrated communities or locations of choice, support people to achieve valued outcomes, develop meaningful relationships and attain quality of life as defined by the person.
- Services are flexible, and personal outcomes and goals are considered in the development of individualized supports for each person.
- Family supports enable people to live in stable environments with lasting relationships while existing natural supports and community resources are promoted and utilized.
- The needs of the entire family and the natural support system are considered in the development of services and supports.
- The OCDD system values and respects services agencies and workers who provide supports.
- The OCDD system is easy to navigate and user friendly. People are able to access services, supports and information through a single point of entry that is person-centered. The services system is a seamless, flexible and responsive system of various services and supports through various stages of life.
- The OCDD promotes cost-effective delivery of services.
- The OCDD is always seeking continuous improvement by which there is meaningful and consistent involvement by people supported and their families in policy development, agenda and priority setting.

### **Executive Summary**

Following its vision and mission, the Office for Citizens with Developmental Disabilities (OCDD) has taken steps to align its services system with national evidence-based best practices. Initiatives have focused on offering choice, managing cost, and improving quality of services. Developing partnerships with and soliciting input from people with developmental disabilities, their families, service providers, and other stakeholders have been critical to the success of the Office's system change.

Initiatives have resulted in a more efficient and comprehensive network of supports and services for people with developmental disabilities and their families. There is a more cohesive stakeholder contingency; service delivery is coordinated in a more unified manner; public sector expertise has been utilized to strengthen community capacity; fewer people are served in large facilities; and more people are living and working in integrated and appropriate settings of their choice.

Our strategic planning for the next five years will utilize this foundation to build the system envisioned by OCDD's philosophy and guiding principles. We will build on our system access to assure fair and timely delivery of services based on need as well as the development and funding of community living and work opportunities. We will build on a planning process that identifies and balances needs and preferences and provides a mechanism for provision of the identified supports through individualized, cost-effective allocation of resources. Lastly, we will continue implementation of a quality management system in a manner that measures quality based on outcomes and provides an ongoing cycle of improvement that responds quickly to the changing needs of people and our society.

## Agency Goals

### Goal I

To provide a Developmental Disabilities Services System that affords people access to information about what services and supports are available and how to access the services.

### Goal II

To provide a person-centered system that supports person-centered thinking and planning approaches such that supports identified via needs-based assessments are provided in a manner that focuses on the person's goals and desires and addresses quality of life.

### Goal III

To increase the capacity of the Developmental Disabilities Services System to provide opportunities for people to live, work, and learn in integrated community settings.



## Program A: Administration (1000)

### Program A Mission

The mission of Administration is to provide effective and responsive leadership in the administration and enhancement of the Developmental Disabilities Services System in order for people with developmental disabilities and their families to receive information, opportunities for choice, and quality supports and services. The mission of the OCDD Resource Center is to collaborate with private providers to assist with identification of support needs, as well as develop activities/interventions/products that improve their ability to achieve positive outcomes for persons with developmental disabilities.

### Program A Goals

To provide system design, policy direction, and operational oversight to the Developmental Disabilities Services System in a manner that promotes person-centeredness, evidence-based practices, accountability, cost effectiveness, and system responsiveness.

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.

### Objective I:

To provide programmatic leadership and direction to Louisiana's Developmental Disabilities Services System in a manner that is responsive to citizens' needs and results in effective/efficient service delivery during FY 2026-2027 through FY 2030-2031.

#### Strategies:

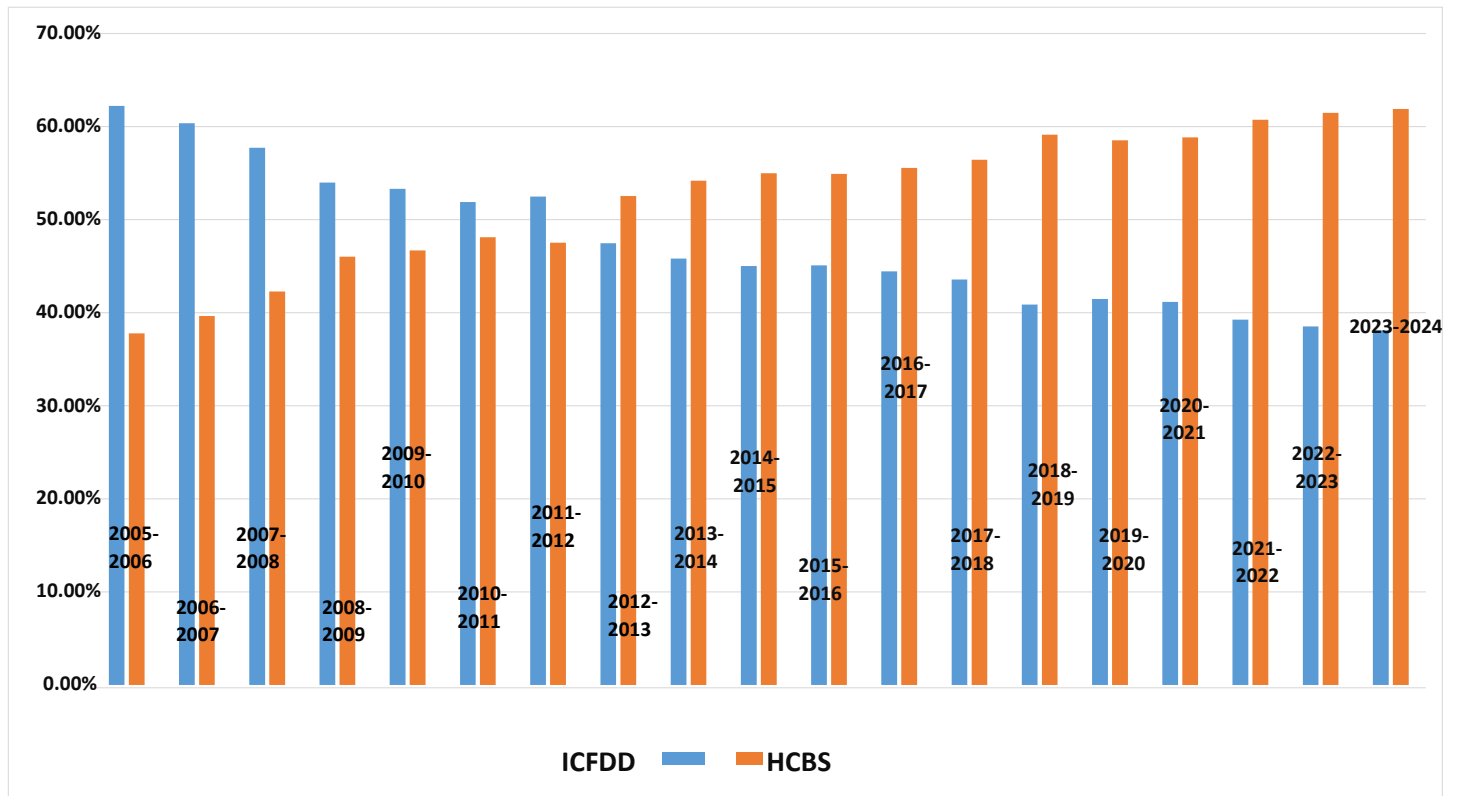
- 1.1 Build partnerships with community organizations to expand the capacity for supporting individuals with complex medical and behavioral needs in community living situations.

- 1.2 Provide effective management of community service and waiver programs through OCDD Central Office oversight of regional delivery of developmental disability services in order to optimize the use of community-based services while decreasing reliance on institutional services.
- 1.3 Develop and implement a variety of innovative rebalancing/restructuring activities that focus existing funding toward achievement of quality outcomes targeted to individual needs.
- 1.4 Provide advocacy, one-on-one assistance, and collaboration with other agencies to overcome barriers for persons with developmental disabilities to obtain accessible, affordable and safe housing.

**Performance Indicators:**

- Percentage of New Opportunities Waiver (NOW) participants making progress toward or achieving personal goals (from quarterly quality review tool)
- Total number of HCBS and ICF/IID recipients
- Total HCBS and ICF/IID expenditures
- Percentage of recipients of HCBS
- Percentage of recipients of ICF/IID services
- Percentage of expenditures for HCBS
- Percentage of expenditures for ICF/IID services
- Percentage of budgeted community funding expended
- Number of re-admissions to an institutional setting (public or private ICF/IID, nursing facility, acute care hospital, psychiatric hospital) for more than 30 days within one year of transition as My Place Louisiana participant
- Percentage of individuals transitioned as a My Place Louisiana participant who do not return to an institutional setting (public or private ICF/IID, nursing facility, acute care hospital, psychiatric hospital) for more than 30 days within one year of transition
- Percentage of progress toward My Place Louisiana transitions annual benchmark of number of persons transitioned

## Louisiana ICF/IID Recipients vs. DD HCBS Recipients (FY 2006 – 2024)



Data Source: Medicaid MARS Data Warehouse

### Objective II:

To provide administrative and support functions to Louisiana's Developmental Disabilities Services System in a manner that is responsive to citizens' needs and results in effective/efficient service delivery during FY 2026-2027 through FY 2030-2031.

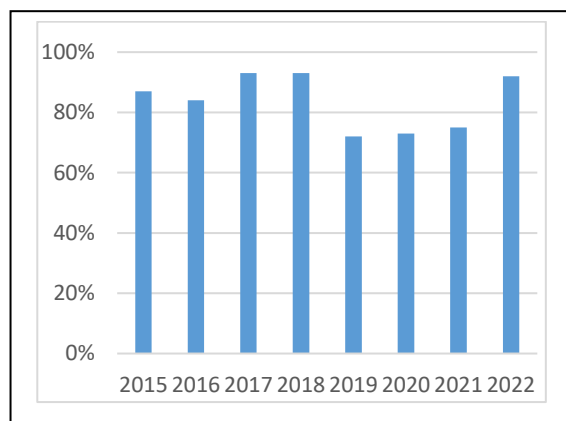
#### Strategies:

- 2.1 Produce an accurate and timely monthly expenditure report beginning September of each fiscal year through June reflecting the current budgetary position and proposing any necessary actions to the Assistant Secretary for remaining within the appropriations for the fiscal year.
- 2.2 Participate in the National Core Indicators (NCI) Project for individuals, families, and providers and develop quality improvement strategies for prioritized areas of concern by comparison of Louisiana results with national average of participating states.

- 2.3 Conduct annual survey of Local Governing Entities utilizing Human Services Accountability Plan (AP) performance indicators and data.
- 2.4 Produce monthly contract reports to include the status and expenditures for each OCDD contract for the current fiscal year.
- 2.5 Implement an integrated, full-scale data-driven quality enhancement system.
- 2.6 Coordinate *Partners in Quality* (PIQ) process (transition and technical assistance) for all individuals transitioning from Supports and Services Center.
- 2.7 Provides ongoing review and oversight for all Cooperative Endeavor Agreements

**Performance Indicators:**

- Percentage of months in the designated period that monthly expenditure reports were delivered accurately and timely
- Percentage of months in the fiscal year that a monthly contract report was produced reflecting status of Office contracts
- Percentage of people surveyed reporting they had overall satisfaction with services received
- Percentage of people surveyed reporting that they had choice in the services they received
- Percentage of Local Governing Entities (LGEs) receiving an annual validation visit (from review of reports of validation visits)
- Percentage of individuals reporting satisfaction across the *Partners in Quality* (PIQ) assessed living situations
- Percentage of individuals reporting satisfaction across the *Partners in Quality* (PIQ) assessed work/day areas



**Louisiana DD Service Recipients  
who report that they have a  
choice in the services they receive  
(FY 2015 – 2022)**

**Data Source: National Core Indicators  
(NCI) Survey**

### **Objective III (Statewide Resource Center)**

To increase capacity-building activities for private community providers, creating private sector community infrastructure to meet the complex needs and support diversion of individuals from public residential services during FY 2026-2027 through FY 2030-2031.

#### **Strategies:**

- 3.1 Provide professional support/consultation to individuals with complex medical/behavioral needs residing in the community.
- 3.2 Provide capacity-building activities for private community providers to enhance their ability to support individuals with complex medical/behavioral needs.
- 3.3 Partner with community stakeholders to improve crisis response and oversight of individuals with life-threatening conditions and who pose a risk to public safety.

#### **Performance Indicators:**

- Percentage of individuals served by the Resource Center's medical/nursing, allied health, and behavioral health professionals who remain in their most integrated setting
- Number of providers receiving Resource Center services
- Number of Resource Center training events
- Number of Resource Center technical assistance sessions
- Number of Resource Center consultations
- Percentage of customers that report satisfaction with Resource Center services



### **Program B: Community Support (2000)**

#### **Program B Mission**

The mission of Community Supports is to effectively and efficiently implement the Office's community-based programs in a manner that is responsive to people with developmental disabilities and their families and that promotes independence, participation, inclusion, and productivity at home and in the community through an array of services and supports that include utilization of natural supports.

#### **Program B Goals**

##### **Goal I**

To develop and manage in a fiscally responsible way the delivery of an array of community-based supports and services so that people with developmental disabilities achieve their person-



centered or family-driven outcomes in the pursuit of quality of life, well-being, and meaningful relationships.

## **Goal II**

To increase community capacity and competence in a manner consistent with evidence-based practice and national standards of care in order to meet the identified needs of people with developmental disabilities, including the capacity of families, government agencies, and community organizations and businesses, as well as the capacity of those providing specialized disability supports and services.

### **Objective I:**

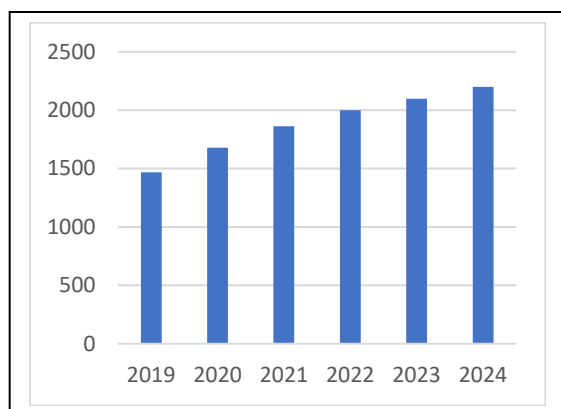
To provide effective and efficient management, delivery, and expansion of waiver and state-funded community programs and to optimize the use of natural and typical community resources in order to promote and maximize home and community life and prevent and reduce institutional care during FY 2026-2027 through FY 2030-2031.

#### **Strategies:**

- 1.1 Combine OCDD's four current HCBS waivers (NOW, ROW, CC, and SW) into one single waiver.
- 1.2 Implement an electronic plan of care format that encompasses person-centered practices.
- 1.3 Provide processes, training and support to providers, individuals with disabilities, and their families to access and utilize natural, community and generic supports and resources that best meet their needs and lead to people being a part of, not separate from, their communities.
- 1.4 Develop processes that enhance pathways to community employment for people with developmental disabilities.

#### **Performance Indicators:**

- Percentage of available I/DD Waiver opportunities utilized
- Percentage of waiver participants who have remained in the community and do not require admission to a more restrictive setting
- Number of individuals participating in HCBS Waivers who utilize self-direction
- Number of persons in individual integrated employment
- Number of years on DD Request for Services Register (RFSR) for individuals with unmet "urgent/emergent" needs based on Screening for Urgency of Need (SUN) score
- Number of individuals with developmental disabilities supported through a HCBS waiver
- Number of available I/DD Waiver opportunities



**Number of individuals participating in home and community-based waivers who use the self-direction option**

**Data source: Statistical Resources Inc. (SRI)**

## **Objective II:**

To provide supports to infants and toddlers with disabilities and their families in order to increase participation in family and community activities, to minimize the potential for developmental delay, to reduce educational costs by minimizing the need for special education/related services after reaching school age, and to improve child outcomes to the level of current national standards during FY 2026-2027 through FY 2030-2031.

### **Strategies:**

- 2.1 Identify eligible infants and toddlers through community early childhood network outreach activities.
- 2.2 Assure that eligible infants and toddlers and their families are supported by qualified, trained providers.
- 2.3 Continue the implementation of the EarlySteps state systemic improvement plan focused on improving child outcomes through supports that are focused on family concerns, priorities and resources and provided through a team-based approach.
- 2.4 Conduct quality assurance reviews to assure that Individualized Family Service Plans are developed within 45 days of referral.
- 2.5 Conduct quality assurance reviews to assure that Individualized Family Service Plans are implemented within 30 days of parent consent of the plan.
- 2.6 Provide team-based service delivery that supports families in meeting their children's needs in family and community settings across the state's early care and education network.
- 2.7 Assure that training is easily accessible within the system.
- 2.8 Assure that families are referred to Families Helping Families and other appropriate community resources for information and support based on their identified priorities.

**Performance Indicators:**

- Percentage of infants and toddlers in the state who are identified as eligible for EarlySteps
- Percentage of Individual Family Services Plan developed within 45 days of referral for eligible infants and family
- Percentage of Individual Family Services Plans implemented within 30 days of parental consent on the Individual Family Services Plan
- Percentage of families referred for entry to developmental disability services whose applications are processed by Local Governing Entities
- The percentage of children exiting EarlySteps at the level of their typical peers.
- Percentage of families reporting that early intervention improved their ability to help their child develop and learn

**Program F: Pinecrest Supports and Services Center (6000)****Program F Mission**

The mission of Pinecrest Supports and Services Center is to support people with intellectual and developmental disabilities to reach treatment goals and to return to more integrated community living settings. Pinecrest Supports and Services Center specializes in the treatment of people with comorbid intellectual and developmental disabilities and complex medical, behavioral, and psychiatric support needs.

**Program F Goals****Goal I:**

To provide specialized residential services to individuals with developmental disabilities and comorbid complex medical/behavioral/psychiatric needs in a manner that supports the goal of returning or transitioning individuals to community-based options.

**Goal II:**

To provide services in a manner that is efficient, effective and supports choice, dignity and quality of life.

**Objective I:**

To further decrease reliance on public residential supports and services during FY 2026-2027 through FY 2030-2031.

**Strategies:**

- 1.1 Conduct person-centered planning, including a needs-based assessment, for all individuals residing in the center to determine if community living is indicated by needs and wishes.

- 1.2 Transition individuals to private-provider options where applicable and appropriate.
- 1.3 Inform individuals and their families of community options, services and supports that are available to them.

**Performance Indicators:**

- Number of people transitioned to private provider community options according to assessment/support team recommendations
- Number of re-admissions to center within one year of transition
- Percentage of Conditions of Participation in compliance during Health Standards Reviews

**Objective II:**

To increase successful re-entry into traditional community settings for individuals with developmental disabilities who require specialized therapeutic, psychiatric and behavioral supports/stabilization during FY 2026-2027 through FY 2030-2031.

**Strategy:**

- 2.1 Focus on specialized, therapeutic psychiatric and behavioral supports/stabilization initiatives to increase the rate of successful re-entry into traditional community settings for individuals with developmental disabilities who have comorbid complex medical/behavioral/psychiatric needs.

**Performance Indicators:**

- Percentage of individuals discharged who do not return to the facility (Pinecrest Supports and Services Center) within one year of discharge
- Average length of stay (years) in the facility (Pinecrest Supports and Services Center) for individuals admitted within the last five years



**Program G: Central Louisiana Supports and Services Center (6000)**

**Program G Mission**

The mission of Central Louisiana Supports and Services Center is to support people with intellectual and developmental disabilities to reach their maximum capacity in life.

**Program G Goals**

**Goal I:**

To provide high quality medical services and achieve excellent resident outcomes in a cost effective manner.

**Goal II:**

To provide services in a manner that is efficient, effective and supports choice, dignity and quality of life.

**Objective I:**

To increase the potential of each resident through active treatment (residential services, therapeutic services, medical services, social services, transitional services and nutritional services).

**Strategies:**

- 1.1 Conduct person-centered planning, including a variety of inter-disciplinary assessments to devise and Individualized Program Plan.
- 1.2 Meet the residents where they are in all areas and to use the IPP to focus on growth of quality of life.
- 1.3 Support the resident and family to create a life that is full of quality.

**Performance Indicators:**

- Number of people participating in daily active treatment.
- Number of residents that show improvement in at least one of the six listed domains (residential services, therapeutic services, medical services, social services, transitional services and nutritional services).

**Objective II:**

To increase the quality of life for each resident through the participation in active treatment.

**Strategy:**

- 2.1 Focus on specialized, therapeutic initiatives to increase the rate of successful daily active treatment.

**Performance Indicator:**

- Percentage of Conditions of Participation in compliance during Health Standards Reviews

**Program H: Auxiliary Administration (A1000)****Program H Mission**

The mission is to support people with developmental disabilities with quality of life and the attainment of personal goals.

## **Program H Goal**

### **Goal I:**

To provide individually determined supports and services to residents of the supports and services center through a growing and diverse range of community options and resources operated and/or provided by the center.

### **Objective I:**

To provide residents of the supports and services center with opportunities for paid work and/or therapeutic activities, as recommended by their support teams during FY 2026-2027 through FY 2030-2031.

#### **Strategy:**

1.1 Develop/secure paid work opportunities.

#### **Performance Indicator:**

- Percentage of individuals of the LDH-operated supports and services center who have paid work and/or therapeutic activities as recommended

## 09-350 Office on Women's Health and Community Health

### **Vision**

The vision of the Office on Women's Health and Community Health is a Louisiana where every woman receives exceptional healthcare, enabling her to lead a fulfilling and healthy life. We envision health conscious communities, where women are empowered to take charge of their health and are supported in their journey towards wellness. Through collaborative efforts and strategic initiatives, we strive to create a healthier and more equitable future for the State of Louisiana as a whole.

### **Mission**

The mission of the Office on Women's Health and Community Health is to empower women and communities across Louisiana to make informed decisions regarding healthcare. Through collaboration, advocacy and education, we strive to address health disparities, improve access to quality care, and foster a culture of wellness that champions women's health as a priority.

### **Philosophy/Values**

At the Office on Women's Health and Community Health (OWHCH), we believe that every woman deserves the opportunity to thrive in health and in life. Our work is grounded in the belief that quality health care is a fundamental right and that community informed solutions are essential to improving the overall outcomes of women's health.

#### **Our Core Values:**

- Empowerment – We uplift women with the knowledge, tools, and resources to make informed healthcare decisions for themselves and their families.
- Collaboration – We foster partnerships across sectors, listening to and working alongside communities, stakeholders, and our sister agencies to drive change.
- Integrity – We lead with transparency, accountability, and respect, ensuring our actions reflect the trust communities place in us.
- Compassion – We recognize the lived experiences of the women we serve and prioritize listening, understanding, and meeting people where they are.

### **Executive Summary**

The Office on Women's Health and Community Health (OWHCH) is dedicated to creating a healthcare landscape where every woman can access the care, support, and education she needs to thrive. Our priorities are centered on improving maternal health outcomes, expanding access to preventive care and mental health resources, and addressing the underlying conditions that impact wellness. We believe that real progress is possible when we center the voices of women through community engagement, partnerships, data-driven initiatives, and cross-agency collaboration.

In the coming years, OWHCH will focus on:

- Evolving maternal health through statewide initiatives and targeted funding opportunities;
- Elevating awareness of women's health needs through campaigns and education;
- Expanding innovative programs that improve care coordination, telehealth access, and culturally competent services.

## **Agency Goals**

Goal I - Reduce maternal and infant mortality rates by expanding access to quality prenatal, postpartum, and reproductive care especially in underserved and rural communities.

Goal II - Create and sustain a policy environment where women's health is prioritized, protected, and advanced especially in areas like reproductive health, maternal care, mental health and access to healthcare, and disease preventions.

Goal III - Boost awareness and utilization of preventative services like screenings and annual wellness visits to reduce the burden of chronic diseases.

Goal IV - Collaborate with local organizations, health care providers, and faith based groups to build trust and deliver holistic health initiatives at the community level.

## **Program A: Administration and Support**

The administrative and supportive functions of OWHCH provide the operational foundation of the agency, ensuring its programs and initiatives run efficiently. These functions support grant administration, legislative reporting, budget development, fiscal management and stakeholder engagement activities.

### **Program A Mission**

The mission of the Administration and Support program is to provide organizational support that enables programmatic success, fosters cross-agency coordination, and upholds the integrity of our mission to advance women's health.

### **Program A Goals**

- I. Maintain accurate and transparent financial processes to support budget management, timely procurement, and compliance with state and federal regulations.
- II. Advance and align women's health policy initiatives by providing administrative support and coordination to ensure departmental consistency.
- III. Facilitate timely communication and logistical support for stakeholder meetings, legislative updates, and community education.



## **Activity I: Grant Administration and Development**

This activity supports the identification, development, and management of grant opportunities that align with the mission and strategic priorities of the Office on Women's Health and Community Health. It includes researching funding opportunities, coordinating internal and external partnerships, preparing application materials, and ensuring compliance with all grant reporting and administrative requirements.

**Objective I:** Expand OWHCH's funding capacity by pursuing federal and state grants that align with the office's mission and programmatic priorities.

### **Strategies:**

- 1.1 Identify and assess at least three funding opportunities per year.
- 1.2 Build and maintain collaborative relationships with internal LDH agencies and external partners for co-applications.
- 1.3 Provide technical assistance and coordination support throughout the grant application, submission, and reporting lifecycle.

### **Performance Indicators:**

- Output- Number of funding opportunities identified and evaluated annually
- Output- Number of grant applications submitted (as lead or partner)

## **Activity II: Policy Research and Development**

**Objective II:** Support the creation, coordination, and advancement of policies that promote women's health and align with departmental priorities.

### **Strategies:**

- 2.1 Facilitate quarterly internal meetings with relevant LDH offices.
- 2.2 Conduct policy scans and needs assessments to identify priority areas for development or revision.
- 2.3 Provide technical writing and administrative support for the development of policy briefs and stakeholder guidance.

### **Performance Indicator:**

- Output - Number of interagency policy coordination meetings conducted

## **Activity III: Legislative and Governmental Relations**

**Objective III:** Ensure the timely and accurate submission of all legislative reports and respond to legislative inquiries in a manner that reflects the priorities and progress of OWHCH.

### **Strategies:**

- 3.1 Maintain a calendar of legislative report due dates and requirements.
- 3.2 Coordinate with program leads to collect and synthesize required data and narrative content.
- 3.3 Provide timely responses to legislative requests and coordinate briefings when appropriate.

**Performance Indicator:**

- Efficiency/Output - Number of legislative reports submitted on or before deadline

## **Program B: Education and Outreach**

The Education and Outreach program is a collaborative initiative led by the Office on Women's Health and Community Health (OWHCH) in partnership with community health organizations. This program is designed to increase awareness, knowledge and engagement around critical women's health topics such as maternal health, chronic disease prevention, mental health, nutrition, and access to care. This program uses workshops and health fairs to ensure accessibility and engagement.

Through partnerships with local clinics, neighborhood coalitions, self-advocacy and preventative care, it also serves as a pipeline to connect women and families with essential services, screenings, and supports.

### **Program B Mission**

The mission of the Education and Outreach program is to empower women and families through accessible health education, community engagement, and strategic partnerships that improve maternal and infant outcomes, promote preventive care and influence health policy.

### **Program B Goals**

- I. Deliver accessible education on key women's health topics, including chronic disease prevention, mental wellness and nutrition.
- II. Educate communities on risk factors, healthy behaviors, and early signs of illness to improve long term health outcomes.
- III. Collaborate with local health providers, schools, faith based-groups, and organizations to expand reach.

### **Activity I: Community Engagement**

**Objective I:** Strengthen community partnerships and increase public awareness of women's health initiatives by conducting engagement activities that reflect health priorities and promote access to available programs and services.

**Strategies:**

- 1.1 Partner with community leaders and Community Based Organizations (CBOs) to facilitate open dialogue on women's health needs.
- 1.2 Support stakeholders with communication toolkits and technical assistance.
- 1.3 Disseminate resources at events, clinics, schools and through digital platforms.
- 1.4 Integrate qualitative and quantitative tools (surveys, town halls, focus groups) into engagement events to gather actionable insights on women's health priorities.

**Performance Indicator:**

- Output - Number of priority areas identified through community input

**Activity II: Health Literacy and Resource Distribution**

**Objective II:** To improve health outcomes by increasing awareness, understanding, and access to accurate health information and available resources among women, families, and providers across Louisiana.

**Strategies:**

- 2.1 Launch multimedia campaigns focused on priority issues such as perinatal mental health, preventive screenings, chronic disease management, and reproductive wellness.
- 2.2 Build and promote a centralized website or portal where community members and providers can easily access information, services, and campaign content.
- 2.2 Provide downloadable campaign materials and toolkits for easy integration into outreach.

**Performance Indicator:**

- Output - Number of educational resources/multimedia campaigns developed



## 09-375 Imperial Calcasieu Human Services Authority



### **Vision**

Imperial Calcasieu Human Services Authority (ImCal HSA) strives to provide the highest quality care and supports available to ensure an improved quality of life for those we serve.

### **Mission**

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.

### **Philosophy/Values**

The Imperial Calcasieu Human Services Authority shall adhere to the principles of effectiveness, efficiency, and egalitarianism. The ImCal HSA shall maintain objective data derived from evidence-based practices and implementation efforts that rationally explain its efforts to maximize all resources within its control. Individuals receiving services will have access to evidence-based services that are responsive to their needs and cost effective so that:

- a) Individuals with acute illnesses are able to rapidly resume optimal functioning;
- b) Individuals with chronic illness may live in a safe environment that encourages personal growth;
- c) Youth and Families' strengths and resilience are enhanced;
- d) The voice of and collaboration with Individuals in the community is enhanced;

The Imperial Calcasieu Human Services Authority will make 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.

### **Executive Summary**

The Louisiana Legislature, the Louisiana Department of Health (LDH) and its program offices have created a statewide integrated human services delivery system with local accountability and management to provide behavioral health and developmental disabilities services. The

Imperial Calcasieu Human Services Authority was established in 2008 under the provisions of the Louisiana revised statutes (LSA-RS): RS. 373 to provide administration, management, and operation of mental health, addictive disorders, and developmental disabilities services to the residents of Allen, Beauregard, Calcasieu, Cameron and Jefferson Davis Parishes. Direct oversight of these services was previously provided through the Louisiana Department of Health (LDH) Offices of Behavioral Health and Citizens with Developmental Disabilities.

Governance of Imperial Calcasieu HSA is by an eight (8) member Board of Directors. The Board is comprised of one resident from each parish as appointed by their parish governing authority, and three residents from the southwest Louisiana area as appointed by the Governor. Each board member must possess personal or professional experience in the area(s) of behavioral health or developmental disabilities and represent parents, family members, consumers, advocacy groups, or serve as a professional in one of the areas. All board members serve without compensation (reimbursement for travel mileage is allowed, as funds are available).

Administration of the ImCal HSA is headed by an Executive Director, who is selected by the Board of Directors and is supported in administration and day-to-day operations by the Executive Management Team. It is the policy of ImCal HSA to administer, monitor, and continually improve community-based quality care using strengths-based, person-centered approaches consistent with a recovery and resiliency model of care. Success is defined by positive individual and programmatic outcomes, consumer satisfaction, and increased efficiencies and cost-effectiveness in the provision of services. Leadership shall continually review its mission and vision, seeking input from the persons served and other stakeholders, in order to ensure the needs of the community guide the direction of ImCal HSA.

The Imperial Calcasieu Human Services Authority serves a five parish area including Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis and has service sites in Lake Charles, Oberlin, DeRidder, Jennings and Sulphur. This area has a population of approximately 300,000 persons (from 2012 US Census estimates). Of this population, Imperial Calcasieu HSA has the responsibility to care for those who are indigent within ImCal HSA service sites.

## **Agency Goals**

**Goal I:** To increase public awareness and to provide access to care for individuals and their families who are in need of behavioral health and developmental disabilities services.

**Goal II:** To ensure that services provided are responsive to client needs, based on evidence-based best practices, and that programs afford the client a continuum of care taking into consideration cultural diversity and abide by all State and Federal guidelines.

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

**Objective I:** Through its administrative activity, Imperial Calcasieu Human Services Authority will provide for the management and operational activities of services for substance use disorders, mental health and developmental disabilities.

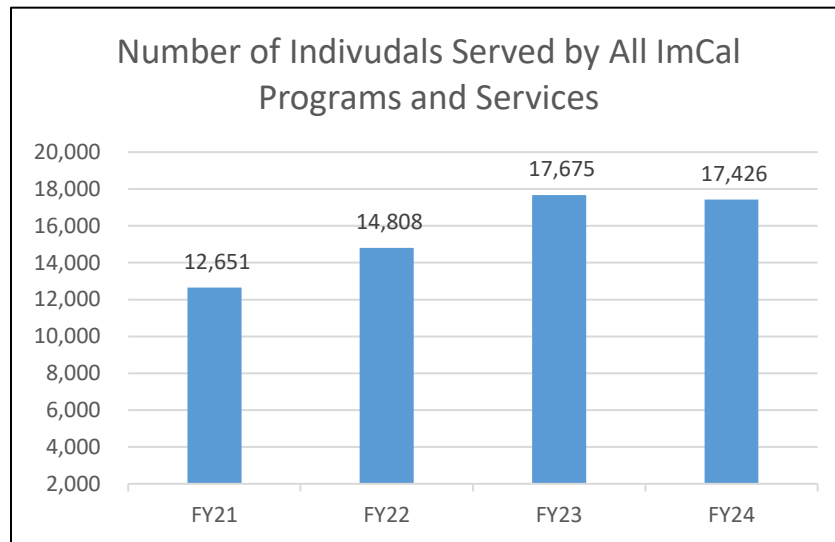
**Strategies:**

- 1.1 Develop and implement long-range, strategic and operational plans, service design, resource allocation, and organizational policies in keeping with the mission and vision of the agency.
- 1.2 Ensure that services are provided in accordance with applicable licensure requirements, law, rules, and regulations and that the highest level of ethical standards are adhered to in all functions of operations and assure that changes in regulations and requirements are addressed appropriately in ImCal policy on an ongoing basis.
- 1.3 Produce accurate and timely expenditure reports reflecting the current budgetary position and proposing any necessary adjustments, in addition produce monthly reports to include the current status and expenditures for each program and contract.
- 1.4 Develop and implement an outcomes driven performance improvement plan to facilitate growth and enhancement of ImCal HSA's governance, management, clinical, and support functions.
- 1.5 Plan and implement a safety management program within the framework of Office of Risk Management guidelines, to assure the safety of all clients, staff, and visitors of ImCal HSA facilities and offices.
- 1.6 Establish and maintain a cultural sensitivity plan that is responsive to the diversity of its stakeholders with respect to culture, age, gender, sexual orientation, spiritual beliefs, socioeconomic status and language.
- 1.7 Maintain a workforce development program to ensure staff has the educational resources and training needed to provide the highest quality level of service.

**Performance Indicators:**

1. Total number of individuals served by behavioral health treatment and prevention programs and developmental disabilities programs directly operated by or funded by Imperial Calcasieu Human Services Authority.
2. Total number of individuals served by substance use disorder programs directly operated by or funded by Imperial Calcasieu Human Services Authority.
3. Total number of individuals served by mental health programs directly operated by or funded by Imperial Calcasieu Human Services Authority.
4. Percentage of Imperial Calcasieu Human Services Authority clients who state they would continue to receive services at our clinics if given the choice to go elsewhere.
5. Percentage of Imperial Calcasieu Human Services Authority clients who state they would recommend the clinics to family and friends.

This graph shows the number of individuals reached by all ImCal services, including those operated directly and those funded by ImCal, through its Behavioral Health and Developmental Disabilities Divisions.



**Objective II:** Through its behavioral health activity, Imperial Calcasieu Human Services Authority will extend quality mental health and substance use disorder treatment and prevention services to children/adolescents and adults within the Authority target population, with client satisfaction feedback that meets threshold.

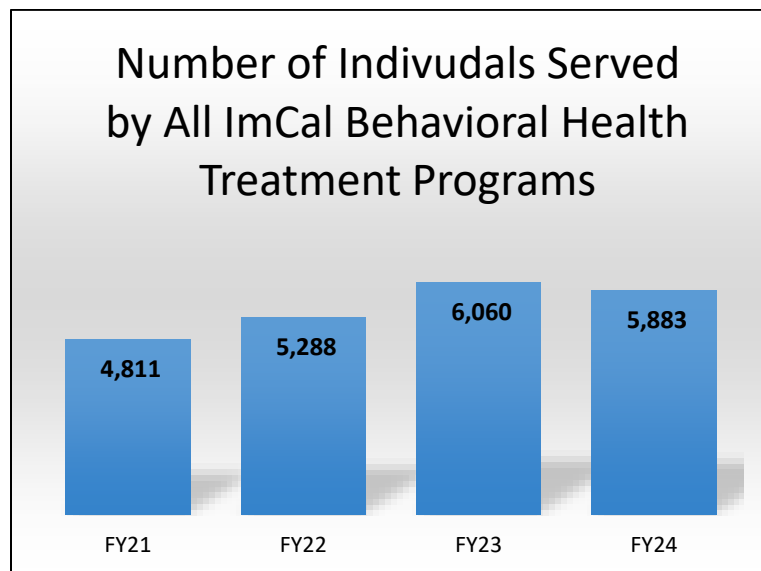
**Strategies:**

- 2.1 Assume administrative, fiscal, and programmatic responsibilities for all community-based behavioral health services within its five-parish area, as agreed upon through a contract with LDH.
- 2.2 Implement an effective fiscal and programmatic monitoring system that ensures the quality, quantity, and appropriateness of services delivered by all contract providers.
- 2.3 Assess current access procedures comparative to national models to determine best practices based upon procedures, staffing patterns, and technical support.
- 2.4 Implement standardized screening, registration, admission, and intake procedures along with relevant documentation.
- 2.5 Actively seek input from stakeholders and consumers to identify service gaps and to initiate program development or modification as appropriate. Input will be gathered on an ongoing basis in a variety of means, to include at least an annual community forum.
- 2.6 Maintain close working relationship with and support the work of the ImCal HSA BH Regional Advisory Council in their efforts to advocate for consumers and families.

**Performance Indicators:**

1. Number of adults receiving mental health services in ImCal HSA-operated behavioral health clinics.

2. Number of children/adolescents receiving mental health services in ImCal HSA-operated behavioral health clinics.
3. Number of adults receiving substance use disorder services in ImCal HSA-operated clinics.
4. Number of children/adolescents receiving substance use disorder services in ImCal HSA-operated behavioral health clinics.
5. Number of individuals enrolled in primary care services provided through the ImHealthy Program.
6. Number of individuals enrolled in Medication Assisted Treatment for opioid use disorder.
7. Percentage of MH cash subsidy slots utilized.
8. Number of persons served by prevention and outreach services. .



This graph shows the number of individuals served by treatment programs operated directly by ImCal and those funded by ImCal, through its Behavioral Health Division.

**Objective III:** Through its developmental disabilities activity, Imperial Calcasieu Human Services Authority will provide core services for individuals with developmental disabilities which consist of serving as the Single Point of Entry (SPOE) into the Developmental Disabilities (DD) Services System and providing support coordination services to individuals and their families through DD and other available community resources.

**Strategies:**

- 3.1 Serve as the Single Point of Entry (SPOE) into the Developmental Disabilities Services System providing support coordination services to individuals and their families through community resources.
- 3.2 Identify State agencies and community organization resources in order to better support people with developmental disabilities to live full community lives and support partnerships with and referrals to these agencies and/or organizations.

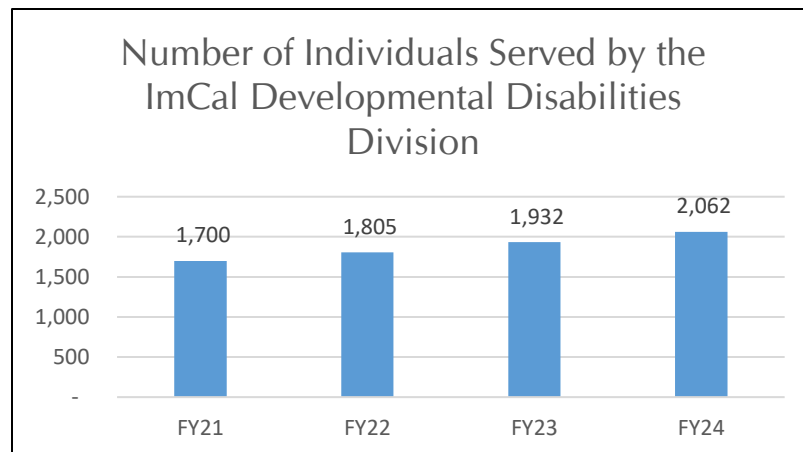


- 3.3 Monitor program utilization, effectiveness, and collect performance indicator data.
- 3.4 Develop and implement policies and procedures for adult waiver participants to have paths to community employment.
- 3.5 Meet quarterly with service providers and families to discuss goals and services and to resolve barriers to achieving goals.
- 3.6 Maintain a close working relationship with and support the work of the ImCal HSA DD Regional Advisory Council, to include public input into the regional planning process and comment on regulations proposed by OCDD.
- 3.7 Collaborate with the ImCal DD Regional Advisory Committee to develop outreach plans. Such outreach plans shall provide for public dissemination of information regarding developmental disabilities and the services available through ImCal HSA.

**Performance Indicators:**

1. Number of persons receiving DD services per year.
2. Number of people receiving individual and family support services.
3. Number of people receiving flexible family fund services.
4. Percentage of eligibility determinations determined valid according to the Flexible Family Fund promulgation.

This graph shows the number of individuals served through the Developmental Disabilities Division.





## **09-376 Central Louisiana Human Services District**



### **Vision**

The vision of the Central Louisiana Human Services District (CLHSD) is to provide access to care to all people in its catchment area (Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon and Winn parishes) who are in need of behavioral (mental health and addiction) and developmental disabilities programs and services.

### **Mission**

CLHSD's mission is to increase public awareness of behavioral health disorders and to provide access for individuals with behavioral health and developmental disabilities to integrated community-based services while promoting wellness, recovery and independence through education and the choice of a broad range of programmatic and community resources.

### **Philosophy**

CLHSD believes the people served by the District have the right to comprehensive and integrated health care of their choice that meets their individual needs and achieves the best possible outcome in terms of their recovery. CLHSD delivers and or contracts for services that take into account the cultural and social diversity of its consumers and meets their needs and those of their family and community.

We profess that helping young children and their parents manage difficulties early in life may prevent/curtail the development of disorders and that early intervention and prevention strategies minimize risk of illness and reduces, decreases, and/or curtails the cost of treatment. Our preferred treatment milieu is community based.

### **Organizational Goals**

- I. To increase public awareness and to provide access to care for individuals and their families who are in need of behavioral health and developmental disabilities services.
- 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 abiding by District, Departmental, 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.

## **Executive Summary**

### **Our Business**

House Bill 930 of the 2008 Legislative Session, signed into law as Act 373, mandates that the administration of the Louisiana mental health, addictive disorders, and developmental disability health care systems change from a centrally controlled set of Regions by the Louisiana Department of Health (LDH), to a system of independent healthcare districts or locally controlled authorities.

These districts and authorities are referred to as Local Governing Entities (LGEs). This law expands and creates standards for Human Services Districts to be locally governed and operated and to become the primary providers of behavioral health and developmental disability services on an LGE-by-LGE platform.

Each LGE is governed by a board and managed with input from the community. The Board is comprised of one resident from each parish as appointed by their parish governing authority, and three residents from the area as appointed by the Governor. Each board member must possess experience in the area(s) of behavioral health or developmental disabilities and represent parents, family members, consumers, advocacy groups, or serve as a professional in one of the areas. The human services district is headed by an Executive Director, who is selected by the Board.

LDH oversight of the LGEs is managed through a contract between LDH and each LGE. LDH through its program offices, the Office of Behavioral Health (OBH) and the Office for Citizens with Developmental Disabilities (OCDD) monitors performance through a statewide Accountability Plan (AP). According to existing guidelines, success is defined by positive individual and programmatic outcomes, consumer satisfaction, increased efficiencies and cost-effectiveness in the provision of services.

LDH's Office of Behavioral Health (OBH) remains as one of its responsibilities to be the single recipient of Federal Block Grant funds for these areas. As part of their oversight role LDH ensures compliance with federal guidelines and requirements for all LGEs that receive Block Grant funding. The LGEs must maintain Behavioral Health Regional Advisory Councils, officially linked to the State Planning and Advisory Council, to qualify for Block Grant funding.

Per Act 373 of the 2008 Legislative Session, all regions that convert to an LGE must successfully complete a readiness process that demonstrates their capability to assume the responsibility for high quality service delivery and governance. CLHSD successfully completed the process May 15, 2014.

### **Areas Served**

- CLHSD serves Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon and Winn parishes. This service area covers approximately 71,000 square miles (approximately 17% of State total) and has a population of approximately 297,000 persons (from 2020 US Census estimates).
- All eight (8) parishes in the CLHSD service area are designated as Medically Underserved Areas. Medically Underserved Areas/Populations are areas or populations identified by the Louisiana Department of Health Surgeon General's Office, <https://wellaheadla.com/as> having: too few primary care providers to population ratios, increased homelessness, migrant farm workers, Native Americans, or Medicaid-eligible. Avoyelles, Catahoula, Concordia, Grant, Rapides, LaSalle, Vernon, and Winn parishes are CLHSD service areas are designated as mental health shortage areas. Mental Health HPSAs are based on a psychiatrist to population ratio of 1:30,000.

## Persons Served

- CLHSD ensures the provision of behavioral health and developmental disability services for the residents of Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon and Winn parishes.
- CLHSD admissions age profile, according to the District Electronic Health Records (E.H.R.) demographics reporting on April 28, 2025, the following percentages of the total persons served by age are as follows: Ages 0-17 is 254, Ages 18-older is 2,346.
- During FY 2024 the Developmental Disabilities activities yielded 1209 clients served by CLHSD. The Individual Family Support Services (FSS) demographics show a total of 188 clients. The Flexible Family Fund Services (FFF) Participant Data Base profile shows 116 adults. A manual count of the Waiver Services program for FY 2021 yielded 905 people served district wide.

## CLHSD Model

- Priorities are centered around client needs.
- Resources target people served and those in need of services.
- Restoration of community life is achieved through heightened awareness of natural supports- family, school and church- and community resources.
- Resilience skills are fostered through prevention resources, early intervention strategies relapse prevention and education.

## Priorities

Under the leadership of the Executive Director, CLHSD pledges to invest its resources in addressing the following priorities:

1. Individuals and families in CLHSD affected by Mental Illness, Addictive Disorders or Developmental Disabilities shall live full, independent and productive lives to the greatest extent possible within available resources.
2. Persons and families in crisis related to mental illness, addictive disorders or developmental disabilities shall have their crisis resolved and a safe environment restored (*People We Serve*).

### *People in Crisis*

-  Assessment of people who need urgent assistance
-  Assist OBH in developing the Coordinated Crisis System of Care in our area

3. Persons not yet identified with specific serious or moderate mental illness, addictive disorders, or developmental disabilities who are at significant risk of such disorders due to the presence of proven risk factors or the absence of proven protective factors (*People We Need to Serve*).

#### *People at Risk*

- + Evidenced Based Prevention Services for Children and Adults
- + Healthy Initiatives Coalitions and other Educational Events
- + Mental Health and Drug Courts
- + Mobile Outreach

4. Persons with serious and disabling mental illness, addictive disorders or developmental disabilities shall be made aware and have access to the use of natural supports and community resources and shall participate in the community (*Building Community Coalitions*).

#### *Awareness and Access*

- + Identify all current community providers (District, contracts, others)
- + Increase knowledge of available services (Clients, community, leaders)
- + Make connections to expand services
- + Improve transportation options
- + Public Forums
- + Attendance on community board, coalitions, councils
- + Use of media to promote missions and services

5. Persons with mild to moderate needs related to mental illness, addictive disorders or developmental disabilities shall be made aware and have access to the use of natural supports and community resources and shall participate in the community (*Strengthening Protective Factors*).

#### *Awareness and Access*

- + Continuously Identify active community providers (District, contracts, others)
- + Increase knowledge of available services (Clients, community, leaders)
- + Make connections to expand services
- + Improve transportation options
- + Public Forums
- + Attendance on community board, coalitions, councils
- + Use of media to promote missions and services

## **ACTIVITY A: ADMINISTRATION**

### **Mission**

The mission of the Administration Activity is to ensure the functioning of the organization at an optimum level of performance in administrative and programmatic quality, while meeting federal, state and other regulatory authorities' guidelines.

**Goal 1** The Goal of the Administration activity is to oversee and direct the provision of behavioral health and developmental disabilities services in the District.

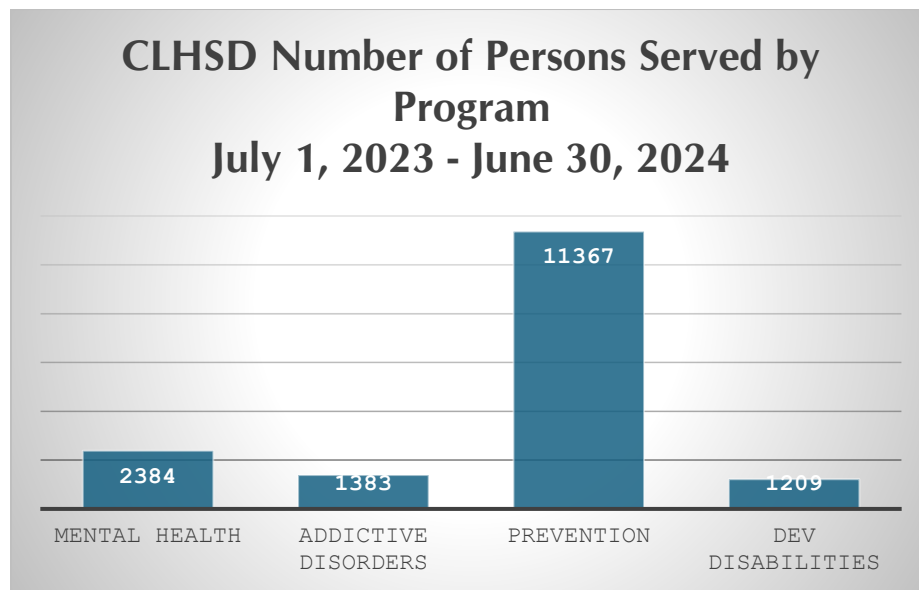
**Objective 1** Through the Administration activity, Central Louisiana Human Services District (CLHSD) will oversee and direct the management and operational activities of Behavioral Health (Mental Health and Addictive Disorders) and Developmental Disabilities.

**Strategies:**

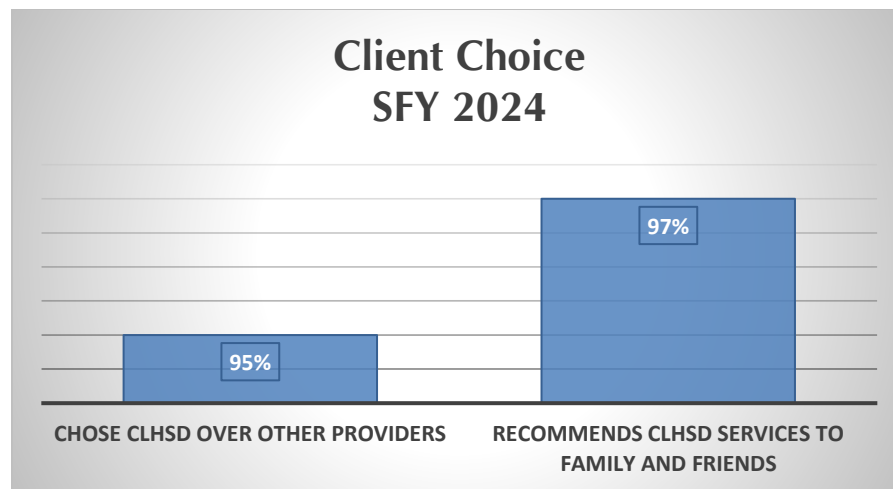
- Strategy 1.1: The Executive Director and management staff will establish strategic planning, policy and procedures, training and oversight. The Executive Director and management staff will monitor compliance with state and federal regulations, accreditation standards, grant requirements, and standards of care for the CLHSD administration, behavioral health, and developmental disabilities services.
- Strategy 1.2: Conduct routine and periodic monitoring/assessments and provide feedback, technical assistance and consultation geared toward maintaining compliance with Federal and State regulations governing behavioral health and developmental disabilities programs
- Strategy 1.3: Performs functions of fiscal management, budget planning and implementation, property control, risk management, human resources, staff development and training, Information Technology, performance improvement, and executive management that directs and supports the agency's mission.
- Strategy 1.4: Implements a workforce development plan that includes recruitment, retention, and appropriate training for staff to meet service goals.
- Strategy 1.5: Manage processes for all audits, performance monitoring, and reviews conducted by entities such as the Office of Risk Management, Louisiana Property Assistance, Civil Service, Legislative Auditor, Health Standards, etc.
- Strategy 1.6: Conduct annual client satisfaction surveys to identify potential need for intervention.
- Strategy 1.7: Improve treatment outcomes and client satisfaction.
- Strategy 1.8: Actively seek input from stakeholders and consumers to identify service gaps and to initiate program development or modification as appropriate.

### Performance Indicators:

- Percentage of Central Louisiana Human Services District (CLHSD) clients who state they would continue to receive services through CLHSD, contracts and clinics, if given the choice to go elsewhere.
- Percentage of Central Louisiana Human Services District (CLHSD) clients who state they would recommend CLHSD programs to family and friends.
- Total number of individuals served in the Central Louisiana Human Services District (CLHSD).
- Annual increase in staff productivity measured by the volume of services provided.
- Percentage of Compliance as measured by the ORM Annual Compliance Review.
- Percentage of Behavioral Health Clinics in compliance with state standards of care.



Source: Contracts, DD Participant DataBase, Clinics' Manual Count



Source: C'EST BON Consumer Survey for CLHSD (Clinics)

## Objective 2

To utilize technology to maintain and advance efficiency of program services, administrative functions and fiscal operations of the district by using performance improvement strategies that include performance analysis, measurement and reporting.

### Strategies:

- Strategy 2: Use Tele-health technology to maximize existing prescriber and Licensed Mental Health Provider resources.
- Strategic 2.1: Use data collection and analysis to support performance improvement activities and to make decisions based on outcome measurements.
- Strategy 2.2 Use electronic health records information to provide a standard format for assessment, diagnosis and treatment planning for people served.
- Strategy 2.3 Use electronic health records technology to ensure compliance with the requirements needed to support effective treatment planning and outcomes.
- Strategy 2.4 Utilize information collected by technology-based systems to analyze performance and use information as a tool for Executive Team decisions or as warranted.
- Strategy 2.5 Use on-line technology to conduct quarterly client satisfaction surveys to identify potential needs for intervention.
- Strategy 2.7: Use on-line technology/web-based applications to ensure ease of access and monitoring of payroll and attendance records.



Strategy 2.8: Use an electronic billing system to facilitate staff efficiency, timeliness of billing, and to promote billing's accuracy.

### **Performance Indicators**

- Percentage of District programs using an Electronic Health Record (EHR) to manage/improve programmatic outcomes, scheduling clinical appointments, and facilitate billing timeliness and accuracy.
- Percentage of district clinics using the TOMS' website to manage satisfaction surveys and programmatic outcomes.
- Number of Tele- health sites Districtwide.

## **ACTIVITY B: BEHAVIORAL HEALTH**

### **Mission**

The mission of the Behavioral Health Activity is to provide the people we serve with access to a comprehensive, integrated, person-family centered system of prevention and treatment services that promote recovery and resilience, have a positive impact on the individual and its community and are culturally and clinically competent and are delivered in partnership with all stakeholders.

### **Goal 1**

The Behavioral Health Activity's goal is to provide behavioral health (Mental Health and Substance Abuse) treatment services as part of the State's continuum of care (per the Human Services Accountability and Implementation Plan) in Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon and Winn parishes.

**Objective 1** Through the Behavioral Health activity, Central Louisiana Human Services District (CLHSD) will provide quality behavioral health services to children, adolescents, adults and their families in the District (including prevention and flexible family funds). Also, the CLHSD will monitor behavioral health services (outpatient and inpatient) including contract providers, to ensure quality standards are met throughout the continuum of care. Customer feedback will be used as one of the measuring tools.

### **Strategies:**

Strategy 1.1: Assume administrative, fiscal, and programmatic responsibilities community-based behavioral health services and Prevention programs/activities within its eight-parish area, as agreed upon through a contract with LDH

Strategy 1.2: Implement an effective fiscal and programmatic monitoring system that ensures the quality, quantity, and appropriateness of services delivered by all contract providers.

Strategy 1.3: Provide standardized screening, registration, and admission procedures (along with relevant documentation).

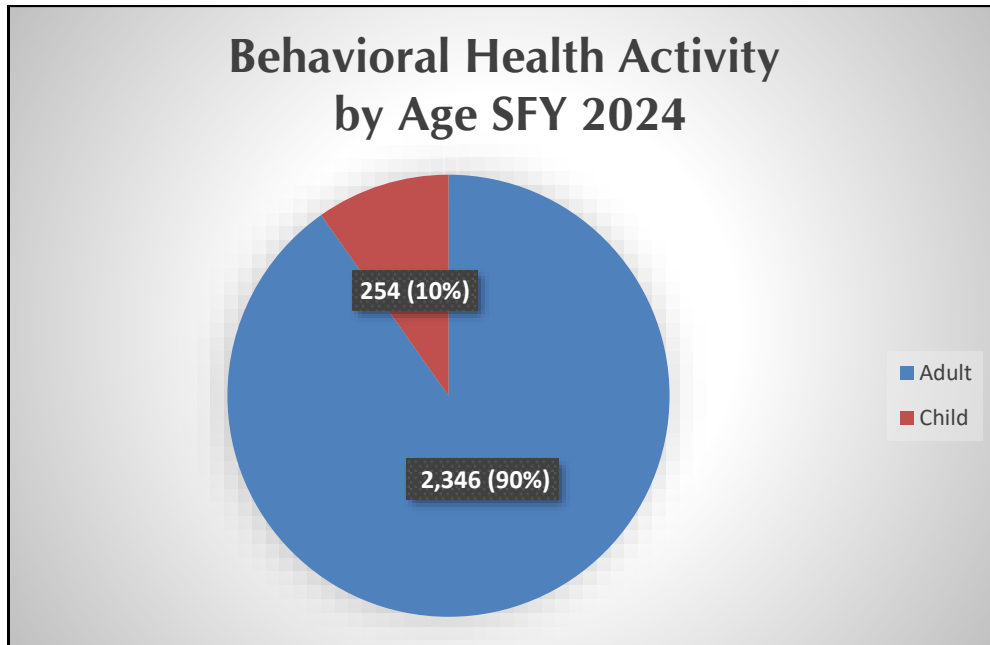
Strategy 1.4: Actively seek input from stakeholders and consumers to identify service gaps and to initiate program development or modification as appropriate. Input will be gathered on an ongoing basis in a variety of means, to include at least an annual 'community forum'.

Strategy 1.5: Maintain close working relationship with and support the work of the 'regional advisory council' in their efforts to advocate for consumers and families.

Strategy 1.6: Implement Mobile Outreach Service to rural communities within the CLHSD.

**Performance Indicators:**

- Number of adults receiving Mental Health services in all CLHSD Behavioral Health Clinics.
- Number of children/adolescents receiving Mental Health services in all CLHSD Behavioral Health programs.
- Number of adults served in outpatient Addictive Disorders programs in the CLHSD.
- Percentage of adults receiving Mental Health services who report that they would choose to continue to receive services from CLHSD if given a choice to receive services elsewhere.
- Percentage of Mental Health clients who would recommend CLHSD services to others.
- Percentage of MH cash subsidy slots utilized.
- Total number of individuals served by outpatient Addictive Disorders in Central Louisiana Human Services District.
- Total number of individuals served in Central Louisiana Human Services District clinics and programs.
- Total number of enrollees in prevention programs in CLHSD geographic area.



Data Source: LaPAS FY 2024

## ACTIVITY C: DEVELOPMENTAL DISABILITIES

### Mission

The mission of the Office for Citizens with Developmental Disabilities (OCDD) activity is to assess the need for support and services of developmentally disabled clients and to develop individual plans that will meet those needs, including referrals and coordination of appropriate services.

**Goal 1** OCDD goal is to provide access to appropriate, comprehensive community-based supports through waivers, family support and flexible family fund programs for individuals with disabilities, their families and/or support system(s) such that they will be able to be maintained within their communities.

**Objective 1** Through the Developmental Disabilities activity the CLHSD will promote and facilitate independence for citizens with disabilities via the availability of home and community-based services.

### Strategies:

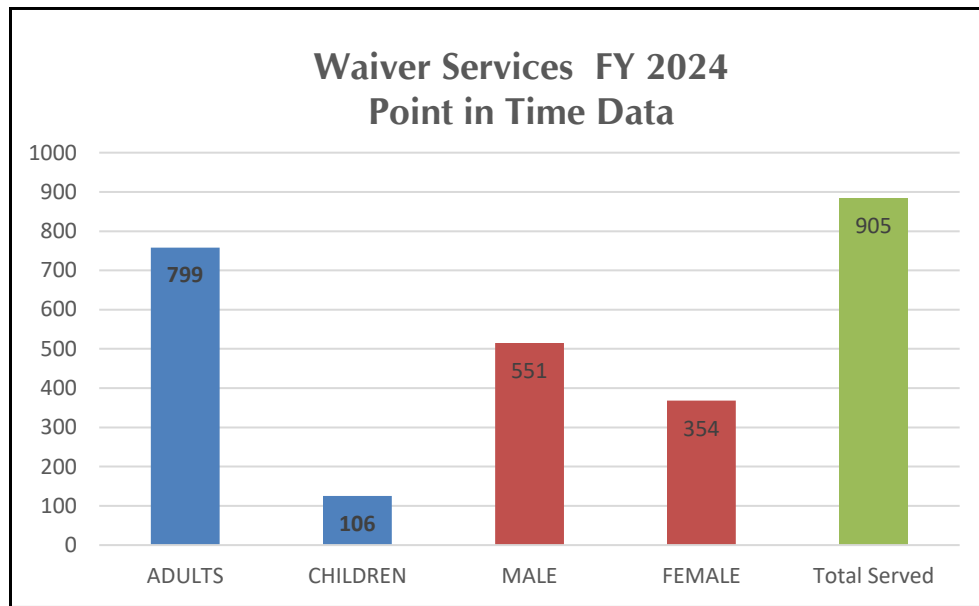
Strategy 1.1: Serve as the Single Point of Entry (SPOE) into the Developmental Disabilities Services System providing support coordination services to individuals and their families through community resources.

- Strategy 1.2: Identify State agencies and community organization resources to better support people with developmental disabilities to live full community lives and support partnerships with and referrals to these agencies and/or organizations.
- Strategy 1.3: Monitor program utilization, effectiveness, and collect performance indicator data.
- Strategy 1.4: Develop and implement policies and procedures for adult waiver participants to have paths to community employment.
- Strategy 1.5: Meet quarterly with service providers and families to discuss goals and services and to resolve barriers to achieving goals.
- Strategy 1.6: Maintain communication with the Regional Advisory Committee, to include public input into the regional planning process and comment on regulations proposed by OCDD.
- Strategy 1.7: As per stated regulations, OCDD will provide the Advisory Committee with timely information on the budget, in addition to information on the implementation of all services and quality assurance reports.
- Strategy 1.8: Collaborate with the Regional Advisory Committee to develop outreach plans. Such outreach plans shall provide for public dissemination of information regarding developmental disabilities and the services available through CLHSD. The state advisory committee shall coordinate with all regional advisory committees and shall use data provided by the regional advisory committees in the deliberations of the committee.
- Strategy 1.9: To conduct Community Education and Awareness events sponsored by CLHSD to educate individuals, family members, community organizations, school systems and the medical community regarding service access.
- Strategy 2.0: To actively seek input from stakeholders and consumers to identify service gaps and to initiate program development or modification as appropriate. Input will be gathered on an ongoing basis in a variety of means, to include at least an annual 'community forum.

### **Performance Indicators:**

- Number of people receiving individual and family support services.
- Number of people receiving Flexible Family Fund (FFF) services.
- Percentage of eligibility determinations determined to be valid according to the Flexible Family Fund provisions.

- Number of individuals certified for Waiver services.
- Number of people receiving developmental disabilities services in CLHSD.



Source: Developmental Disabilities Staff Manual Count

**Vision (ENDs)**

The Northwest Louisiana Human Service District exists so that individuals with mental health, addictive disorders, and developmental disabilities residing in the parishes of Bienville, Bossier, Caddo, Claiborne, DeSoto, Natchitoches, Red River, Sabine and Webster are empowered, and self-determination is valued such that individuals live a satisfying, hopeful, and contributing life.

**Mission**

The mission of the Northwest Louisiana Human Services District is to increase public awareness of and to provide access for individuals with behavioral health and developmental disabilities to integrated community based services while promoting wellness, recovery and independence through education and the choice of a broad range of programmatic and community resources.

**Philosophy/Values**

The Northwest Louisiana Human Services District was formed to provide local governance and direction for behavioral health and developmental disability services for nine Louisiana parishes. The Board of Directors consists of representatives from each of the parishes making up the district and three representatives appointed by the Governor of Louisiana. The Executive Director, hired by the Board of Directors, is responsible for achieving the ENDs as defined by the Board. The Carver Policy Governance Model is used to define the role and relationship of the Board, and the Executive Director through the use of Policy Governance. The Board-defined ENDs are implemented by the Executive Director with policy-driven input and monitoring by the Board of Directors.

The Board of Directors governs with an emphasis on:

- 1) Outward vision rather than internal preoccupation
- 2) Encouragement of diversity in viewpoints
- 3) Strategic leadership rather than administrative detail
- 4) Clear distinction of board and executive director roles
- 5) Collective rather than individual decisions
- 6) Future rather than past or present
- 7) Proactively rather than reactively.

The Northwest Louisiana Human Services District uses best practices in implementing, evaluating, monitoring, modifying existing services so that quality is assured, services meet the needs of those served, the variety of services available adequately address the range of health issues identified, and/or that services are further developed to address service gaps and sustainability of programs.

## **Executive Summary**

The Northwest Louisiana Human Services District (NLHSD) provides a mechanism for the provision of services through a local governing board focused on directing the resources available in a more cost-effective way. The Board maximizes available resources by participation in the State Budgeting/Grant allocation process, legislative advocacy, collection of self-generating funds, and developing new resources when possible.

Participation in the state's Medicaid managed care model, Healthy Louisiana, helps integrate services and self-generate funds needed to offset underfunding concerns. Healthy Louisiana is designed to increase access to community-based services, improve quality of care and health outcomes, and reduce utilization of more restrictive and crisis driven services such as emergency departments, hospitalizations, out-of-home placements and institutionalizations. As efficiencies are created through integrated care, District clinics are able to provide appropriate levels of care as determined by the parameters set forth in the managed care plan, and are able to self-generate additional funds by billing insurance companies for many of the services provided by the District.

The state's Medicaid managed care plan and the expansion of Louisiana Medicaid through the Affordable Care Act in 2016 has moved a significant percentage of clients from an uninsured status to full Medicaid coverage. This has given a significant number of individuals more access to services but, with Medicaid reimbursement being well below the cost of providing those services, our District remains the only safety net service provider in our service area focused on meeting the needs of both the uninsured and the underinsured Behavioral Health populations.

## **Agency Goals**

**Goal I:** Align the activities and services of the District with other state agencies and organizations so that the impact of services provided within the service area of the District is maximized.

**Goal II:** Assure compliance with the contract between LDH and the District.

**Goal III:** Provide core services in a cost-effective and efficient manner.

**Goal IV:** Identify and implement services that meet the unique needs of the District and achieve the ENDs established by the NLHSD Board of Directors.

## Program A: Administration

The Northwest Louisiana Human Services District (NLHSD) was created by Act 373 in the 2008 Legislative Session to serve the parishes of Caddo, Bossier, Webster, Claiborne, Bienville, Red River, Desoto, Sabine and Natchitoches. The Northwest Louisiana Human Services District began operations as a District July 1, 2014. The district is one of ten human service delivery systems with local accountability and management to provide behavioral health and developmental disabilities services. Together, they make up a group of statewide, integrated, local human service delivery systems that are frequently referred to as local governmental entities, or LGEs. The District's administrative program is responsible for all governance, management and operational activities of the District so that behavioral health and developmental disability services are efficiently and effectively provided in the nine-parish service area.

### **Mission**

To increase public awareness of and to provide access for individuals with behavioral health and developmental disabilities to integrated community based services while promoting wellness, recovery and independence through education and the choice of a broad range of programmatic and community resources.

### **Goals**

**Goal 1:** To assure the services of the NLHSD are being performed within the expectations set forth in the NLHSD Board Governance Policy Manual. This includes assuring individuals have access to evidence-based, cost-effective services that are responsive to their needs so that:

- a. Individuals with acute illnesses may rapidly resume optimal functioning.
- b. Individuals with chronic illness may focus on hope, empowerment, and personal growth so that self-determination leads to safe choices and positive lifestyle decisions.
- c. Youth, adults and family strengths are emphasized and recovery and resilience are enhanced.

**Goal 2:** Maintain a trained and effective leadership team at the Board and District level

**Objective I:** Through administrative activity, Northwest Louisiana Human Services District will provide for the management and operational activities of services for addictive disorders, developmental disabilities and behavioral health.

### **Strategies:**

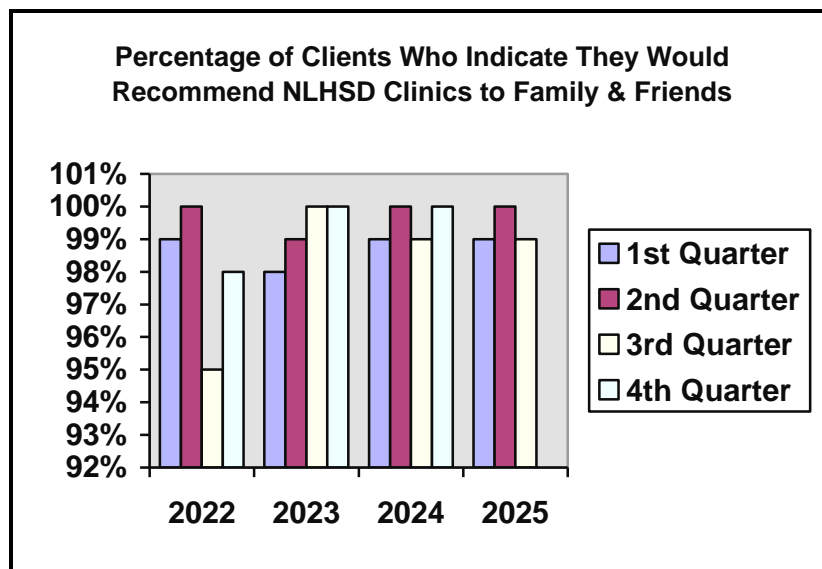
- 1.1.1 Ensure communication with and support to the Board with regard to its work regarding governance policies.



- 1.1.2 Develop District operational policies and procedures which support and build upon Board Governance Policies.
- 1.1.3 Provide programmatic leadership and direction to the programs of behavioral health (addictive disorders and mental health) and developmental disabilities services.
- 1.1.4 Educate staff on how services support the Board ENDs.
- 1.1.5 Modify services and develop metrics for measuring success in meeting END's expectations.
- 1.1.6 Conduct client satisfaction surveys to identify potential need for intervention.

### Performance Indicators:

- Percentage of clients who indicate they would continue to receive services at NLHSD clinics if given the choice to go elsewhere (25303)
- Percentage of clients who indicate they would recommend NLHSD clinics to family and friends (25304)
- Total number of individuals served in the Northwest Louisiana Human Services District (25317)



Data obtained from the Louisiana Performance Accountability System (LaPAS)

## Program B: Behavioral Health

Mental Health: Northwest Louisiana Human Services District catchment area provides for mental health outpatient clinic services for children, adolescents, adults and those with co-occurring disorders. Clinic based services include Information/Referral, Screening/Assessment/Evaluation, Community Psychiatric Supports and Treatment (CPST), Individual, Family and Group Counseling, Medication Management, Nursing Services, Peer Support and Wellness Recovery Action Plan (Wrap) Services, Pharmacy Services and Interagency Service Coordination. Contracted services include evidence-based practice Assertive Community Treatment Services, Case Management Services, Homeless Outreach, Mobile Crisis Services, Consumer Care Resources, Transportation and Supported Housing. Service delivery includes full participation in the specialized behavioral health services through the Healthy Louisiana Plans. All Behavioral Health clinics in the Northwest Louisiana Human Services District participate as Medicaid Application Centers for persons requesting services.

Addictive Disorders: Alcohol and drug abuse continues to be a major health problem in our state as well as in the Northwest Louisiana Human Services District catchment area. The resources available are not sufficient to meet the growing need for treatment and prevention services. Northwest Louisiana Human Services District falls into this category when considering the vast geography covered in the service area which limits inpatient service options. The same is true for outpatient services. The program has made significant strides to prioritize services to meet these crucial needs by encouraging and supporting the awareness and understanding of alcoholism and drug addiction amongst the citizens of our state. The basic premise of addictive disorder services is to develop ideas and programs that can help increase public awareness, treat adults and youth who need AD services and prevent the abuse of alcohol and drug addiction as well as compulsive gambling. The largest barrier to success for addictive disorder programs is the ability to maintain patient gains made in outpatient and inpatient treatment. Sometimes the impulse to abuse substance and/or to participate in dysfunctional behavior is too great and the gains from treatment can be wiped out in an instant. The need to provide education on prevention at an early age is key to deterring abuse and the subsequent need for treatment. AD and prevention service providers focus their attention on providing comprehensive, fully integrated prevention and treatment services. We actively seek the assistance of partnerships and collaborations to fully meet the needs of individuals, families and communities. The needs of the individuals, families and communities requiring addictive disorder services and the consequences they suffer are the impetus to incorporate addictive disorders practices in the health care debate. The goal remains to seamlessly integrate these practices into the comprehensive health care system without losing attention to the special needs of individuals, families, communities requiring substance abuse intervention. Clinic based services provided include Information/Referral, Screening/Assessment, Nursing Services, Individual, Group and Intensive Outpatient Treatment. Contract services include Primary Prevention, Medical Detox, Residential Adult Treatment, Inpatient Adolescent Treatment and Gambling Treatment (Outpatient, Intensive Outpatient and Inpatient).

### **Mission**

To increase public awareness of and to provide access to care and support to improve the quality of life of individuals with mental illness and addictive disorders through a broad range of programmatic and community based wellness and recovery promoting services.

## **Goals**

**Goal 1:** Maintain Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation to ensure quality outcomes for the persons we serve, maintain ability to receive Medicaid reimbursement and utilize techniques that are efficient, cost-effective, and based on outcomes and consumer satisfaction.

**Goal 2:** Maximize financial viability so that the District is less dependent on State General Funds (SGF) and Block Grant Funds for the provision of services.

**Objective I:** To ensure access to quality wellness and recovery oriented mental health, substance use and prevention services for children, adolescents and adults in the NLHSD service area through use of strong partnership with providers, use of best practices and use of utilization management data such that access to care and client satisfaction thresholds are achieved.

### **Strategies:**

- 1.1.1 Stay current on CARF accreditation standards through training and updated policies/procedures that support current accreditation standards.
- 1.1.2 Utilize ICANotes reporting systems to assess business activities and modify processes as needed to improve efficiencies.
- 1.1.3 Implement and expand billable services when feasible.
- 1.1.4 Enhance client engagement to improve client outcomes, reduce no-show rates and increase productivity through the use of evidence based practices, an automated telephone/email/text system for reminder calls and re-engagement sessions with clients.

### **Performance Indicators:**

- Number of adults receiving mental health services in all NLHSD behavioral health clinics (25305)
- Number of children/adolescents receiving mental health services in all NLHSD behavioral health clinics (25306)
- Percentage of adults receiving mental health services who report that they would choose to continue to receive services from NLHSD if given a choice to receive services elsewhere (25307)

- Percentage of mental health clients who would recommend NLHSD services to others (25308)
- Percentage of mental health Flexible Family Fund slots utilized (25309)
- Percentage of individuals successfully completing the 24-hour residential addictive disorders treatment program (25310)
- Percentage of individuals successfully completing the Primary Inpatient Adolescent addictive disorders treatment program (25312)
- Total number of individuals served by outpatient mental health in Northwest Louisiana Human Services District (25318)
- Total number of individuals served by inpatient Addictive Disorders in Northwest Louisiana Human Services District (25319)
- Total number of individuals served by outpatient Addictive Disorders in Northwest Louisiana Human Services District (25320)
- Total number of enrollees in prevention programs (25321)

### **Program C: Developmental Disabilities**

Developmental Disabilities core services consist of serving as the Single Point of Entry (SPOE) into the Developmental Disabilities (DD) Services System and providing support coordination services to individuals and their families through DD and other available community resources. Staff members assess the needs for support and services, develop individual plans of support, make applicable referrals, and provide ongoing coordination for individual support plans. Targeted services are centered on Home and Community-Based Services Waiver programs and Federal criteria which allow services to be provided in a home or community-based setting for the recipient who would otherwise require institutional care.

The Family Support Program is designed to assist individuals whose needs exceed those normally met by use of existing resources in the community, and other natural resources available.

Individual and Family Supports services include but are not limited to: respite care, personal care assistance, specialized clothing, such as adult briefs, dental and medical services, equipment and supplies, communication devices, crisis intervention, specialized utility costs, specialized nutrition, and family education.

The Flexible Family Fund Program is designed to enable families to keep their children with severe disabilities in the home. It is designed to offset the extraordinary costs of maintaining their child in their own home. The program provides a monthly stipend to families of children who have qualifying exceptionalities identified through their local educational authority.

### **Mission**

Provide access for individuals with developmental disabilities to integrated community based services while supporting individuals to achieve their personal outcomes, meet their needs and promote their independence through a broad range of programmatic and community resources in Northwest Louisiana.

### **Goals**

**Goal 1:** Ensure the health and safety of individuals receiving home and community based waiver services.

**Goal 2:** Ensure state general fund dollars are used in an efficient and effective manner to best serve individuals with developmental disabilities.

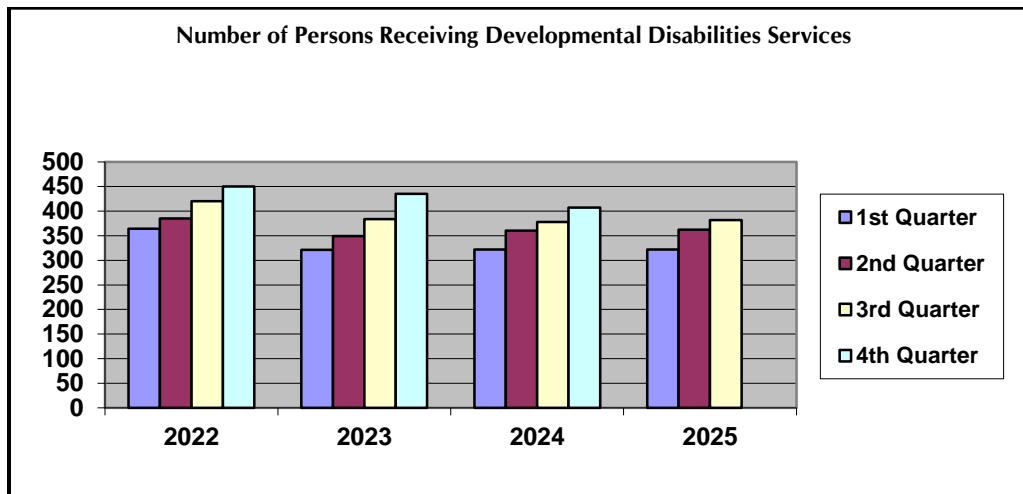
**Objective 1:** Through the Developmental Disabilities activity, to foster and facilitate independence for citizens with disabilities through the availability of home and community based services.

### **Strategies:**

- 1.1.1 Serve as the Single Point of Entry (SPOE) into the Developmental Disabilities Services System providing support and coordination services to individuals and their families through community resources.
- 1.1.2 Family Support Committee will meet monthly to review requests for state general funding.
- 1.1.3 Ensure critical incidents are addressed in a timely manner in accordance with policy.
- 1.1.4 Ensure waiver cases are maintained properly in accordance with policy.
- 1.1.5 Monitor current recipients each quarter to ensure current eligibility for Flexible Family Funds.
- 1.1.6 Identify agencies, community organizations, and other available resources that can assist in supporting people with developmental disabilities to live full and productive lives in the community.

## Performance Indicators:

- Number of persons receiving individual and family support services (25313)
- Number of persons receiving Flexible Family Fund services (25314)
- Percentage of eligibility determinations determined valid according to the Flexible Family Fund Provisions (25315)
- Number of persons receiving developmental disability services (25316)



Data obtained from the Louisiana Performance Accountability System (LaPAS)