

John Bel Edwards
GOVERNOR



Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana
Louisiana Department of Health
Division of Planning and Budget

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

FROM: W. Jeff Reynolds
LDH Undersecretary

A handwritten signature in black ink, appearing to be "W. Jeff Reynolds", written over the printed name and title.

RE: Annual Management and Program Analysis Report (AMPAR)

DATE: December 4, 2017

In accordance with Louisiana Revised Statutes 36:8, the Louisiana Department of Health is submitting its annual Management and Program Analysis Report (AMPAR) for the 2017 fiscal year. These reports summarize the activities of each agency as it relates to management and program analysis, outstanding accomplishments, areas where we are making significant progress and any specific management or operational issues that may exist.

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

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Annual Management and Program Analysis Report

Fiscal Year 2016-2017

Department: **Louisiana Department of Health (LDH)**
09-300 Jefferson Parish Human Services Authority

Department Head: **Rebekah E. Gee, MD, MPH**
LDH Secretary

Undersecretary: **Jeff Reynolds**

Executive Director: **Alicia English Rhoden**

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

For each accomplishment, please discuss and explain:

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

Accomplishment #1: Centralized Care Coordination

- A. What was achieved?

Jefferson Parish Human Services Authority (JPHSA) has three service delivery areas: Developmental Disabilities Community Services (DDCS); JeffCare (a Federally Qualified Health Center providing fully integrated primary care and behavioral health services); and, Behavioral Health Community Services (BHCS). Multiple programs and service types are offered within each. Recognizing the process of managing and expediting referrals was in need of improvement and to avoid any resurgence of “silos,” JPHSA implemented Centralized Care Coordination (CCC). CCC ensures

referral sources are linked to the programs and services which best meet specific needs. In other words, there is “no wrong door” through which individuals may enter and receive services. Care coordination staff members are responsible for providing appropriate and timely follow-up with referral sources as well as promoting integration of services and supports. As a result of the more efficient process, Baptist Community Ministries (BCM) approached JPHSA with an idea to support the development of its Centralized Care Coordination (CCC) program into a model that can be manualized and taught to other providers, and eventually lead to the establishment of the program as a promising evidence-based practice. JPHSA subsequently submitted a proposal and was awarded a grant from BCM to support this development.

B. Why is this success significant?

The technical assistance and support provided through the grant allows JPHSA to ensure the CCC process truly meets its goals of improving access to all services as well as communication with referral sources. As discussed above, this process allows someone seeking services from one service delivery area within JPHSA to also be assessed for and connected with other potential services; and, the improved monitoring ensures individuals are actually linked with needed services and not just referred and then left to navigate the system on their own. It also enables JPHSA to better track referrals and communicate back to referral sources. Streamlining the process and improving follow-up assists referral sources, i.e. stakeholders with focusing on their own efforts with service recipients and strengthens relationships between JPHSA and its community partners.

C. How was the accomplishment achieved?

JPHSA’s Executive Management Team, under the close guidance of the Executive Director: developed procedures that crossed service areas; established a Centralized Care Coordinator Supervisor position with direct or functional supervision over all care coordinators; set new expectations for an integrated and holistic approach to service delivery; and, required joint case staffing. These actions led to better coordination of care within JPHSA and to better meeting the full scope of needs of service recipients. Additionally, the three Division Directors over the service delivery areas received technical assistance from experts retained through the support of the BCM grant to further develop CCC as well as implement training for staff to support ongoing success.

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

Yes. This accomplishment supports both goals within JPHSA’s strategic plan. The CCC program helps JPHSA provide fully integrated services in a streamlined fashion, thereby helping to improve personal outcomes for service recipients and their families.

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

A goal of the BCM grant is to assist in the further development of this program as a promising, and then evidence-based practice. This will be supported by establishing competencies and performance indicators to monitor improvement in the care of

individuals served by JPHSA, and producing data to this effect.

Accomplishment #2: Expansion of Social Inclusion Program

A. What was achieved?

Through expansion of social inclusion activities and increased outreach, the number of adults with Serious Mental Illness (SMI) participating in Jefferson Parish Human Services Authority (JPHSA) Social Inclusion Program more than doubled between FY16 and FY17. In FY16, 24 individuals were served by this program; in FY17, 51 individuals were served.

B. Why is this success significant?

This program provides the opportunity for adult service recipients to be exposed to new social activities, thereby participating as active members of the community. It is at the core of JPHSA's mission to assist individuals living in Jefferson Parish to live "full, independent, and productive lives to the greatest extent possible for available resources." By allowing these individuals opportunities to engage with their peers as well as with the public, which they may not have otherwise had, their fullness of life, independence, and productivity are fostered and supported.

C. Who benefits and how?

Community inclusion and participation build self-esteem, courage, and resiliency. This program also provides an opportunity for participants to create friendships, which helps to expand their networks and support systems. The community at large also benefits, as social inclusion activities promote independence, and regularly include volunteering, wellness walks, and support of local businesses. One individual who participated in the program in FY17 was able to use the volunteer experience she acquired to get a paying job, with assistance from JPHSA's Supported Employment Program.

D. How was the accomplishment achieved?

Outreach activities were increased, both directly to individuals served by other JPHSA programs, as well as to JPHSA staff members in other programs and divisions to increase awareness of the program and its benefits. Social inclusion staff members regularly attended JeffCare (a Federally Qualified Health Center and program of JPHSA) staff meetings in an effort to remind providers of the program, and also provided educational information and materials to individuals in the JeffCare waiting rooms. The scope of social inclusion activities was also increased. For instance, a meet-and-greet was established once a month at each JPHSA location. Volunteering was also revived. Participants planted flowers at City Park and volunteered at the Jefferson Parish Animal Shelter, among other activities facilitated and supported by JPHSA.

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

This accomplishment directly contributes to the success of Goal I: Provide holistic and integrated services and supports that 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, and/or developmental disabilities, while providing appropriate and best practices to individuals with less severe needs. The Social Inclusion Program is designed to have a positive impact on the quality of life of any individual who participates in it, as discussed above. Moreover, as stated above, this program is limited to individuals who have Serious Mental Illness (SMI).

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

Yes. The Social Inclusion program could certainly be replicated across the state within the nine other Local Governing Entities as there is a great need for social inclusion among individuals with severe SMI. JPHSA is routinely asked by community stakeholders for information on how the program got started and how it is implemented and managed.

Accomplishment #3: Implementation of a “Stores Model” for Ordering Supplies

- A. What was achieved?

A “stores model” was implemented for the order of non-medical supplies across all divisions within Jefferson Parish Human Services Authority (JPHSA). Adoption of the model streamlined the ordering and purchasing process, decreased waste, and significantly increased cost savings. (The agency realized more than 50% savings in the purchase of supplies.) Divisions are provided a single choice for each supply ordered, e.g. pens, paper, paperclips, etc. with items selected based on cost and quality; and, supply orders are limited to one per month to better enable quantity discounts. (Further, the Executive Director reviews and approves/disapproves every purchase request.)

- B. Why is this success significant?

This process of ordering supplies preserves JPHSA’s limited resources both through reduced actual expenditures and in kind through decreased utilization of staff member time. The JPHSA Fiscal Services staff member responsible for purchasing no longer has to spend time pricing items, as the single choice for each supply item is catalogued in a database for quick reference. Moreover, by limiting the ordering of these single item types to once per month, JPHSA is able to benefit from bulk pricing. During FY17, a 32% savings was realized over FY16 in paper orders alone. Paper is one of the most expensive supplies JPHSA regularly purchases. (Additionally, this action proactively supports the Governor’s Executive Order regarding these types of expenditures.)

- C. Who benefits and how?

JPHSA and the individuals it serves benefit from the streamlined process and reduced waste. Decreased ordering requires staff members to plan ahead as far as supply utilization, and encourages staff members to use all supplies on hand prior to ordering more. Funds which were previously expended on supplies at regular prices instead of at

bulk prices can be redirected to support the delivery of services.

D. How was the accomplishment achieved?

An analysis was done of the supplies ordered in FY16, which reviewed frequency of orders made, quantities ordered, type and price of items ordered, and access of staff members to ordering. From there, a single brand/type of each supply was chosen and catalogued into a database as the sole choice for replenishment. Access control was also limited, as each division was instructed to designate a single staff member responsible for submitting purchase requests to the Fiscal Services staff member responsible for purchasing.

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

Yes. In order to provide quality services to individuals in Jefferson Parish, JPHSA is required to be a prudent steward of its resources. By maximizing the utilization of monetary and human resources, JPHSA is able to support, maintain, and ultimately increase the services, supports, and outcomes described in its annual goals.

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

Yes. The legwork has been completed by JPHSA in creating the database of supplies. This is something that could be easily replicated across other entities. When JPHSA did its FY17 peer review with Capital Area Human Services District (CAHSD), this model was given as an example during discussion of maximization of budgetary resources. CAHSD staff members expressed interest in the model, and JPHSA provided them with a copy of the supply database.

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

- ♦ **Please provide a brief analysis of the overall status of your strategic progress.** Jefferson Parish Human Services Authority (JPHSA) remained on target for its stated Strategic Plan Goals and Objectives. Strategies outlined in the current Strategic Plan continued to be effective and were strengthened by a strong commitment to continuous Performance and Quality Improvement throughout every division and program within the Authority.

An opportunity arose to update the Strategic Plan to be effective as of FY18. The goals outlined in the new Strategic Plan better reflect JPHSA's current state of strategic management versus implementation/planning.

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

JPHSA reports continued progress on Strategic Plan Goals based on available quantitative and qualitative data, including client level data, survey research, guided discussion, comparative data, and outcome reporting by each Division Director on

individual Annual Plans in place to support achievement of the Strategic Plan.

Goal I: Provide coordinated 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 and/or developmental disabilities, while providing appropriate and best practices to individuals with less severe needs.

Please note in particular:

- As discussed above, JPHSA developed and implemented a Centralized Care Coordination program and received grant funding in order to streamline referrals, improve feedback with community stakeholders, and ultimately, continue to improve upon the services and supports it provides to individuals in Jefferson Parish.
- As discussed above, JPHSA expanded and increased participation in its Social Inclusion Program in order to improve the quality of life and community participation for individuals with a severe SMI in Jefferson Parish.
- JPHSA worked to develop relationships with community stakeholders including: Jefferson Parish Head Start to accept referrals for behavioral health, developmental disabilities, and primary care services for young children, for which a Cooperative Endeavor Agreement was executed.
- JPHSA's Developmental Disabilities Community Services division participated in a statewide effort to screen individuals on the Request for Services Registry for the New Opportunities Wavier. JPHSA contracted with individuals experienced in working with the developmentally disabled population to complete the Screenings for Urgency of Need for individuals on the Service Registry living in Jefferson Parish. The data gathered by the contractors will allow the state of Louisiana to implement better policy changes and direct resources to support the individuals with the greatest need. The effort also allowed JPHSA to reconnect with individuals with developmental disabilities living in Jefferson Parish and to link these individuals and families to needed JPHSA and other community resources.

Goal II: Improve personal outcomes through effective implementation of best practices and data-driven decision-making.

Please note in particular:

- During FY17, JPHSA staff members were trained in Adverse Childhood Events (ACEs). The Centers for Disease Control and Prevention (CDC) found that childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, as well as lifelong health and opportunity. As such, early experiences are an important public health issue. This training supports integrated care in that ACEs increase the likelihood of an individual developing physical health issues such as diabetes, obesity, and

hypertension. Understanding the impact of these events on child and adolescent individuals allows providers to implement a broader treatment plan focus including health prevention activities to help avoid the development of physical and mental health issues later in life.

- During FY17, JPHSA staff completed an online course as a requisite to in-person training on Screening, Brief Intervention, Referral, and Treatment (SBIRT). SBIRT is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. Per the Substance Abuse and Mental Health Services Administration (SAMHSA), the SBIRT model was incited by an Institute of Medicine recommendation that called for community-based screening for health risk behaviors, including substance use.
- During FY17, staff members were trained in Motivational Interviewing. Per SAMHSA, Motivational Interviewing is a clinical approach that helps people with mental illness and substance use disorders and other chronic conditions such as diabetes, cardiovascular conditions, and asthma make positive behavioral changes to support better health. The approach upholds four principles— expressing empathy and avoiding arguing, developing discrepancy, rolling with resistance, and supporting self-efficacy (service recipient’s belief s/he can successfully make a change).
- During FY17, JPHSA staff members were trained in the Trauma Recovery and Empowerment Model (TREM). Per SAMHSA, TREM is a fully manualized, group-based intervention designed to facilitate trauma recovery among women with histories of exposure to sexual and physical abuse. Drawing on cognitive restructuring, psychoeducational, and skills-training techniques, the 18 to 29 session intervention emphasizes the development of coping skills and social support. It addresses both short-term and long-term consequences of violent victimization, including mental health symptoms, such as posttraumatic stress disorder, depression, and substance abuse.
- During FY17, JPHSA staff members were trained on the Matrix Model, which is a proven effective, evidence-based protocol. The Matrix Model is a comprehensive, multi-format program that covers six key clinical areas including individual/conjoint therapy, early recovery, relapse prevention, family education, social support, and urine testing. It is an integrated therapeutic model incorporating cognitive behavioral therapy, motivational enhancement, couples and family therapy, individual supportive/expressive psychotherapy and psychoeducation, Twelve Step facilitation, group therapy, and social support. It is a federally recognized model and is under review by the National Registry of Effective Programs and Practices (SAMHSA).
- During FY17, JPHSA implemented i2i, an electronic health record interface that allows for easier access and view of real-time data through a user-friendly dashboard. This data provides JPHSA the ability to make informed choices about

the care individuals receive as well as identifies areas where JPHSA excels in providing services or where a Performance and Quality Improvement (PQI) initiative might be needed. (A grant from the Health Resources Services Administration (HRSA) enabled the purchase of the software.)

1. To what do you attribute this success?

JPHSA attributes this success to the following: a supportive and knowledgeable Board of Directors; a committed and forward thinking Executive Director and Executive Management Team; a solid strategic management framework; good infrastructure; focus on staff member development and consistent positive supervision; an engaged staff; ongoing interaction with key stakeholders; ongoing compliance with Council On Accreditation Standards; a deep commitment to continuous Performance and Quality Improvement; consistent and ongoing utilization management; integrated and holistic service delivery; a focus on “customer” service; and, data-based decision-making.

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

Progress is **not** the result of a one-time gain; rather, it is an ongoing process. Continuous Performance and Quality Improvement (PQI) is embedded in JPHSA’s culture. JPHSA utilizes division-specific annual business plans and annual PQI initiatives as well as targeted PQI work groups to support the Strategic Plan and ensure progress. Support from the Board of Directors is essential and ongoing as well.

♦ **Where are you experiencing a significant lack of progress?** None.

1. To what do you attribute this lack of progress? N/A

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

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

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

In the course of carrying out continuous Performance and Quality Improvement activities, JPHSA achieved certain aspects of its Strategic Plan faster than anticipated. In particular, JPHSA’s Strategic Plan focused on fully integrating services. During FY17, it became clear that JPHSA was no longer in the process of integrating services, but had actually succeeded in integrating them and was in a strategic management phase. The implementation of the Centralized Care Coordination program played a significant role in achieving this integration. In light of this success, JPHSA’s Board of Directors revised its vision statement, mission, and

priorities to reflect its forward-looking practices and culture of continual Performance and Quality Improvement in a way which is proactive and **not** reactive. The revised Strategic Plan is effective July 1, 2017.

☐ No. If not, why not?

How does your department ensure that your strategic plan is coordinated throughout the organizational and management levels of the department, regularly reviewed and updated, and utilized for management decision-making and resource allocation?

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

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

Each Division Director is required to develop and implement an annual division-specific business plan in support of the JPHSA Strategic Plan. Directors provide detailed written reports on progress to the Executive Director on a quarterly basis.

Additionally, the JPHSA PQI Committee develops, adopts, and implements annual cross-divisional PQI Initiatives to further support Mission and Priorities and achievement of the Strategic Plan. Quarterly progress reports are delivered during committee meetings and reported in the employee electronic newsletter.

JPHSA uses its employee electronic newsletter – *Have You Heard* – as a key tool for communicating with staff members about: Strategic Plan Goals, Objectives, and Performance Indicators; policies and procedures; employee recognition, and Authority operations. *Have You Heard* is published a minimum of one time each week via the JPHSA email system with special editions provided on an ongoing basis.

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

Regularly scheduled Executive Management Team meetings are used as group

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

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

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

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

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

No department management or operational problem exists.

A. Problem/Issue Description

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

B. Corrective Actions

1. Does the problem or issue identified above require a corrective action by your department?
☐ No. If not, skip questions 2-5 below.
☐ Yes. If so, complete questions 2-5 below.
2. What corrective actions do you recommend to alleviate or resolve the problem or issue?
3. Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)?
4. Are corrective actions underway?
 - a. If so:
 - What is the expected time frame for corrective actions to be implemented and improvements to occur?
 - How much progress has been made and how much additional progress is needed?
 - b. If not:
 - Why has no action been taken regarding this recommendation?
 - What are the obstacles preventing or delaying corrective actions?
 - If those obstacles are removed, how soon could you implement corrective actions and generate improvements?
5. Do corrective actions carry a cost?
☐ No. If not, please explain.
☐ Yes. If so, what investment is required to resolve the problem or issue? (For example, investment may include allocation of operating or capital resources—people, budget, physical plant and equipment, and supplies.) Please discuss the following:
 - a. What are the costs of implementing the corrective actions? Be specific regarding types and amounts of costs.
 - b. How much has been expended so far?
 - c. Can this investment be managed within your existing budget? If so, does this require reallocation of existing resources? If so, how will this reallocation affect other department efforts?
 - d. Will additional personnel or funds be required to implement the recommended actions? If so:
 - Provide specific figures, including proposed means of financing for any additional funds.
 - Have these resources been requested in your budget request for the upcoming fiscal year or in previous department budget requests?

IV. How does your department identify, analyze, and resolve management

issues and evaluate program efficiency and effectiveness?

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

**Internal audit**

JPHSA's Compliance & Performance Support (CPS) Division provides ongoing monitoring of service delivery, business, and administrative functions as well as staff development and supervision activities. Audit tools with identified criteria and standards are utilized; results are reported; and, appropriate Performance and Quality Improvement and/or corrective actions are implemented. Further, the CPS Division audits Authority performance using benchmarks set forth in Council on Accreditation standards. Improvement and/or corrective action plans are developed and executed as needed. The Division monitors progress on plan implementation as well. Each JPHSA Division establishes an annual business plan containing measurable outcomes in support of the Authority's Strategic Plan. Outcomes are tracked and reported on a quarterly basis with Performance and Quality Improvement and/or corrective action initiated as needed. JPHSA's Fiscal Services Department provides ongoing monitoring of Authority resources using standard accounting practices. Further, a fiscal monitor is assigned to each Division for ongoing monitoring of both budgets as well as grants and contracts, using standard accounting practices, and in the case of grants and contracts, the scope of work and deliverables as well as budgets. On-site monitoring of contractors is standard operating procedure with improvement or corrective action initiated as a need is identified.

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

JPHSA is audited on an annual basis through the Office of the Legislative Auditor. The Authority's FY16 audit produced no findings or any recommendations (e.g. management letter), i.e. the audit was clean. The Louisiana Department of Health's Office of Behavioral Health (OBH) and Office for Citizens with Developmental Disabilities (OCDD) audit JPHSA as set forth in the Accountability Plan, i.e. ongoing data reporting, annual peer review, and annual on-site audit. The OCDD audit produced no findings and required no corrective action. The OBH audit included recommendations for contractor performance improvement; corrective action, including technical assistance, was immediately implemented by JPHSA. All actions were completed with positive outcomes. The peer review was done with Capital Area Human Services District with no findings or recommendations.



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

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

☐ Policy, research, planning, and/or quality assurance functions by contract
JPHSA has **no** contracts for policy, research, planning, and/or quality assurance functions.

☒ Program evaluation by in-house staff
Program performance is monitored on an ongoing basis utilizing the JPHSA Strategic Plan, Operational Plan, Division-Specific Annual Business Plans, Annual PQI Initiatives, Utilization Management Plan, Staff Development & Supervision Guidelines, and position-specific expectations. All have clearly stated goals/objectives and performance targets and/or outcome measures. Additionally, the Maintenance of Accreditation Committee (a chartered committee representing all facets of JPHSA) helps ensure adherence to accreditation program and service standards through ongoing monitoring on the division level. And, the Utilization Management Committee helps ensure best use of program resources, i.e. the right services at the right time in the right quantity. Each of the three service area Divisions has a program-specific Utilization Management Plan in place. During FY17, Phase 2 of the Health and Wellness Integration Work Group finalized implementation of the initiatives put forth by Phase 1 of the Work Group, and selected training. Phase 3 of the Work Group began in FY17 and will continue into FY18.

The Executive Director, Executive Management Team, Supervisory Staff, and the CPS Division share responsibility for monitoring and technical assistance. The Executive Director is also required to submit ongoing monitoring reports to the JPHSA Board of Directors as defined by Board policy.

☐ Program evaluation by contract
JPHSA has **no** contracts for program evaluation.

☒ **Performance Progress Reports (Louisiana Performance Accountability System)**
JPHSA collects data, performs statistical analysis, and reports outcomes/outputs into LaPAS on a quarterly basis. Notes of explanation are provided for positive and negative variances of 5% or more from quarterly Performance Indicator targets. Each note outlines any needed corrective action or process improvement

activities. JPHSA also provides data or makes data available to the Louisiana Department of Health (LDH), Office for Citizens with Developmental Disabilities (OCDD), and the Office of Behavioral Health (OBH) on an ongoing basis and as required by contractual agreement. JPHSA is compliant with the LDH Human Services Accountability Plan, which contains an extensive array of outcome/output measures, many of which OCDD and OBH utilize in compiling data for their own LaPAS reports.

**In-house performance accountability system or process**

JPHSA utilizes the following to model its performance accountability process: Council on Accreditation Standards and Rating System; JPHSA Staff Development & Supervision Guidelines in conjunction with the Louisiana Department of State Civil Service Performance Evaluation System; JPHSA's PQI Plan in conjunction with PQI Initiatives; ongoing internal monitoring with appropriate follow-up activity; and, ongoing data collection, mining, and analysis for decision support. The JPHSA PQI Committee meets regularly to discuss progress and any need for Performance and Quality Improvement and/or corrective action. In addition, JeffCare, due to its size and complexity, has a program-specific PQI Committee chaired by JPHSA's Medical Director. Further, the Executive Director meets one-on-one with each member of the Executive Management Team on a quarterly basis for reporting on annual plan progress and any need for Performance and Quality Improvement and/or corrective action. And, to underscore accountability at the individual employee level, a "third level" review, i.e. random audit, of rating and planning documents, is completed to ensure linkage to job descriptions (SF-3) and ongoing documented supervision and coaching.

**Benchmarking for Best Management Practices**

During FY17, JPHSA utilized Greenway Success EHS as its sole electronic health record for behavioral health, developmental disabilities, and primary care services. To enhance data collection and analysis, JPHSA implemented i2i as discussed above. Developmental Disability services data is obtained through the Office for Citizens with Developmental Disabilities software. Comparative studies are enabled through other Local Governing Entities reporting into the LaPAS system as well as through benchmarking against national standards for evidence-based and best practices and through Uniform Data System reporting through the Health Resources Services Administration (HRSA) of the U.S. Department of Health and Human Services. JPHSA's Financial System, Microsoft Dynamics GP, is a highly sophisticated system that allows detailed budget reporting, enabling the measurement of performance against quarterly targets and annual goals as well as identification of trends.

**Performance-based contracting (including contract monitoring)**

All JPHSA contracts are required by policy to have explicit and detailed performance requirements, i.e. Statements of Work with all deliverables,

programmatic requirements, performance/outcome measures, required administrative oversight, and reporting mandates clearly spelled out. Further, mandated monitoring plans all include reporting timeframes, metrics, and assigned clinical/service and financial monitors. JPHSA provides technical assistance to contractors as needed per findings from clinical/service and/or financial monitoring; and, corrective action plans, including timelines, are required for deficiencies that are considered significant or potentially leading to trends. Monitoring occurs both remotely and on-site.



Peer review

The JPHSA Medical Director facilitates ongoing peer reviews among prescribers (physicians and advanced practice registered nurses) as a routine part of practice. Additionally, he leads comprehensive multi-disciplinary peer review in cases of a service recipient suicide or death not associated with a physical disease or chronic condition. JPHSA participates in the Office of Behavioral Health annual peer review with a sister Local Governing Entity. These reviews alternate focus on program and administrative functions. The peer review for FY17 focused on program functions. The Office of Behavioral Health and Office for Citizens with Developmental Disabilities also conduct annual on-site reviews with peers from other Local Governing Entities as participants.



Accreditation review

During FY17, JPHSA maintained accreditation and compliance with Council on Accreditation Standards. As JPHSA was awarded four-year full organization accreditation in FY16, the next review will not take place again until FY20.



Customer/stakeholder feedback

JPHSA participates in annual satisfaction surveys sponsored by the Office of Behavioral Health and the Office for Citizens with Developmental Disabilities. Additionally, JPHSA fields a proprietary survey within its Health Centers on a semi-annual basis in order to identify opportunities for improvement. Comment boxes are available in all Health Centers; and, JPHSA invites confidential feedback on its internet site. JPHSA requires contractors delivering community-based behavioral health services to field satisfaction surveys with their service recipients and to share results with JPHSA. Employees have access to comment boxes in all break rooms, and may also provide the employee-led committee, Esprit de Corps, with suggestions for improvement. The Esprit de Corps Chairperson has direct access to the Executive Director and Executive Management Team. The members of the Board of Directors, per the Policy Governance Model, actively engage in “community linkages” and report the outcomes of these community stakeholder interactions during each Board meeting. Additional feedback is obtained through active participation in the monthly Jefferson Parish Behavioral Health Task Force meetings and in the quarterly Regional Advisory Committee meetings for Behavioral Health and

Developmental Disabilities. JPHSA also participates on the Child and Youth Planning Board and Jefferson Parish Alliance for Concerned Citizens. The Executive Director and the Chief Administrative Assistant make regular calls on local and state elected officials as well as community partners.

☐ Other (please specify):

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

☐ Yes. Proceed to Section C below.

☒ No Skip Section C below.

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

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

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

Name: Elizabeth Riehl

Title: Division Director, Compliance & Performance Support

Agency & Program: Jefferson Parish Human Services Authority

Telephone: 504-838-5215, ext. 263

E-mail: eriehl@jphsa.org

Annual Management and Program Analysis Report

Fiscal Year 2016-2017

Department: **Louisiana Department of Health (LDH)**
09-301 Florida Parishes Human Services Authority

Department Head: **Rebekah E. Gee, MD, MPH**
LDH Secretary

Undersecretary: **Jeff Reynolds**

Executive Director **Richard J. Kramer**

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

For each accomplishment, please discuss and explain:

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

Accomplishment #1: Achieved full three year accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF)

- A. What was achieved?
In January 2017 Florida Parishes Human Services Authority had their reaccreditation survey by the Commission on Accreditation of Rehabilitation Facilities (CARF), the premiere accrediting body for behavioral health services providers.

B. Why is this success significant?

CARF is the premiere accrediting body for behavioral health service providers and accreditation indicates that an agency meets their best practice requirements for client care and business operations. Additionally, contracts with many insurers, including managed Medicaid, require some type of accreditation so continued certification is necessary to provide billable services.

C. Who benefits and how?

The individuals served benefit by assurance that best practices are in place, the employees of the agency benefit by having access to best practices and support to provide services, and the taxpayers of Louisiana benefit by improved efficiency, accountability, and outcomes.

D. How was the accomplishment achieved?

Florida Parishes Human Services Authority staff has continually worked since the initial accreditation three years earlier to ensure that the CARF standards and services were in compliance with requirements of the CARF manual. Management ensured that this was successful through oversight, auditing, training, and support across the agency.

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

Yes, the standards put in place under CARF are a means towards ensuring accomplishment of those same goals.

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

Possessing CARF or other such accreditations is widely recognized across healthcare agencies as a best practice.

Accomplishment #2: Increase in Self-Generated Revenue

A. What was achieved?

Florida Parishes Human Services Authority (FPHSA) was able to increase self-generated revenue by 36% over budget for the fiscal year (projected).

B. Why is this success significant?

This is significant because it allowed the agency to be more efficient with its use of state general fund dollars while retaining the ability to provide critical services.

C. Who benefits and how?

The individuals served by the agency by ensuring continued access to critical healthcare services and the taxpayers of Louisiana by improving the efficiency of the use of state funding.

D. How was the accomplishment achieved?

Much of the increase is due to Medicaid expansion meaning that services provided to individuals who qualified for Medicaid under the expansion requirements were now reimbursable. Additionally, efforts to improve documentation, billing, and other clinic operations have resulted in increases in reimbursement.

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

Yes, this accomplishment allowed for maintenance of the services provided and represents more efficient use of resources.

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

Yes.

Accomplishment #3: Transformation of healthcare delivery models

A. What was achieved?

New evidence based models for outpatient behavioral health treatment including Matrix and Focus on Integrated Treatment (FIT) were introduced to improve client outcomes and staff competency.

B. Why is this success significant?

These programs represent a consistent, evidence based, approach for providing behavioral health services across the agency. This will ensure that services provided are using contemporary treatment modalities and allow for better comparisons of treatment and outcome data in order to monitor success and improve performance.

C. Who benefits and how?

Those served by the behavioral health clinics benefit by being treated with consistent and evidence based methods.

D. How was the accomplishment achieved?

The agency was able to make a commitment to provide the funding for training due to improved collections and availability of budget.

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

The implementation of these modalities contributes to all of the agencies strategic goals and this endeavor was undertaken with their accomplishment as a priority.

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

Yes, using evidence based practices in healthcare is considered a best practice.

Accomplishment #4: Completed the Screening for Urgency of Need (SUN) project

A. What was achieved?

Florida Parishes Human Services Authority (FPHSA) contracted with the Office for Citizens with Developmental Disabilities (OCDD) to have assessments completed for approximately 1,500 individuals on the Request for Services Registry residing in the FPHSA catchment area. The SUN screenings allow professionals to better understand the needs of each individual who is on the waiting list, and make referrals to other available services, where available and if needed.

B. Why is this success significant?

This process allowed for the State of Louisiana to get a better understanding of the needs of the individuals on the registry, whether they are met or unmet currently, and what is needed to meet their needs. This information is critical to ensuring that the funding allocated for developmental disabilities services is appropriate for the level of need in the community.

C. Who benefits and how?

Individuals with developmental disabilities needs as well as Louisiana taxpayers will benefit by improved understanding of needs so that services can be appropriately directed and resources responsibly managed to do so.

D. How was the accomplishment achieved?

A contract was agreed between OCDD and FPHSA. FPHSA then contracted with agencies in the community to complete the assessments and to report the results into a centralized database to FPHSA and OCDD.

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

This accomplishment is meant to improve the services available to stakeholders as well as provide for more efficient utilization of resources so that the overall delivery of all services benefits.

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

Yes, in that the project was meant to capture information that would aid in services delivery and efficient operations while also being a joint effort between OCDD, FPHSA, and community providers.

Accomplishment #5: Coordination with other agencies and stakeholders

A. What was achieved?

Florida Parishes Human Services Authority (FPHSA) has spent much effort in the past fiscal year fostering and improving relationships with community stakeholders

including meetings with private providers, elected officials, law enforcement, and judicial systems to share knowledge and resources to address areas of need in our communities in the fields of developmental disabilities and/or behavioral health. Of note are continued work with St. Tammany Parish and the behavioral health community in developing the Safe Haven project, working with the 22nd Judicial District to serve individuals in drug and behavioral health courts including the introduction of a medically assisted treatment protocol to assist with battling the opioid epidemic. Additionally, FPHSA is represented in the Louisiana Prisoner Reentry initiative to ensure that individuals being released from prison with behavioral health needs are given the best opportunity to succeed by providing access to appropriate treatment and other services.

B. Why is this success significant?

This is significant because our state has a great many needs and limited resources with which to address them. The individuals in need can best be served by coordinating services and pooling resources when appropriate to ensure an efficient and effective continuum of care.

C. Who benefits and how?

The individuals served by the agency by ensuring continued access to critical healthcare services and the taxpayers of Louisiana by improving the efficiency of the use of available resources leading to better outcomes. Better outcomes lead to reduced costs across the system and, most importantly, better quality of life for stakeholders.

D. How was the accomplishment achieved?

This was achieved by making community relationships a priority as provided for in the strategic plan.

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

Yes, goal 3 specifically focuses on coalition building as a means to promote community health.

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

Yes, community collaboration is critical to the success of the mission of any public service agency.

Accomplishment #6: Flooded Denham Springs Behavioral Health Clinic Reopened

A. What was achieved?

The Denham Springs outreach clinic was reopened in November following the August 2016 historic flooding event.

- B. Why is this success significant?
Clients from the Denham Springs area were required to travel to Hammond, La. for treatment due to the flooding of the clinic. Individuals are much more likely to be compliant with treatment if they have greater access to services which, in turn, leads to better outcomes.
- C. Who benefits and how?
Those served by the agency from the Livingston Parish area, and the state of Louisiana due to improved outcomes.
- D. How was the accomplishment achieved?
Work with the landlord to make reopening the clinic a priority and the insurer to replace damaged equipment.
- E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
This contributes to the success of the agency's strategic plan as it allows for services to be appropriately delivered to clients in the Livingston Parish area.
- F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
No.

Accomplishment #7: New Prevention Initiative with Southeastern Louisiana University

- A. What was achieved?
A new prevention program was initiated through a partnership of Florida Parishes Human Services Authority (FPHSA), the Office of Behavioral Health, and Southeastern Louisiana University.
- B. Why is this success significant?
This endeavor represents the first program of its kind in a post-secondary educational setting in Louisiana. The populations in these settings are at increased risk for many substance use issues. It is hoped that this will be a program that can be replicated across the state.
- C. Who benefits and how?
Students at Southeastern Louisiana University benefit by having access to prevention programs which will potentially reduce adverse outcomes associated with substance use in this population.
- D. How was the accomplishment achieved?
Block grant funding for prevention was directed towards this endeavor with collaboration from the Office of Behavioral Health's prevention staff.

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

Yes. This accomplishment contributes to the success of the agency's strategic plan as one of the agency's goals involved the proliferation of prevention services.

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

Results of this pilot program will indicate in the future whether this type of program should be reproduced by other agencies. This model has proven successful in other states, so a positive outcome is expected.

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

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

♦ **Please provide a brief analysis of the overall status of your strategic progress.**

What is your general assessment of overall timeliness and progress toward accomplishment of results targeted in your goals and objectives? What is your general assessment of the effectiveness of your strategies? Are anticipated returns on investment are being realized?

The five-year plan for the agency was developed in June 2016, just prior to the beginning of the new fiscal year. The goals and objectives for the plan are still relevant and appropriate. Having had one fiscal year to review progress towards the goals, it is apparent that the agency's work towards those goals is producing results as anticipated. There is still much work to be done but the progress is evident.

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

Significant progress has been made in (a) access to comprehensive services which improve the quality of life, improvement of the quality and effectiveness of best practices through the implementation of best practices and data-based decision making, (b) promoting healthy lifestyles, and (c) improvement in efficiency and effectiveness.

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

- Is progress largely due to the effects of external factors? Would the same results have been generated without specific department action?
- Is progress directly related to specific department actions? (For example: Have you reallocated resources to emphasize excellence in particular areas? Have you initiated new policies or activities to address particular

issues or needs? Have you utilized technology or other methodologies to achieve economies or improve service delivery?)

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

Progress is attributed to evolution of the agency culture, key staff changes, availability of funding, cooperation with partner agencies, and Medicaid expansion. New staff members in key positions, including the Executive Director, have brought a diversity of experiences to the management team. Availability of funding related to increase in self-generated revenue allowed for the implementation of evidence based treatment protocols could not be implemented in previous years due to budget constraints.

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

It is expected that these changes are part of a transformation of the agency that has been underway but is gaining momentum due to the circumstances listed above.

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

Some lingering aspects of data based decision making are still in need of improvement.

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

Although much progress has been made with availability and use of data for decision making, problems remain with getting timely and accurate data out of the electronic health record. Work with the vendor is ongoing, and the vendor is responsive to our requests but the programming changes necessarily take time to complete. It is expected that this condition will improve as outstanding requests for improvement are completed.

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

It is expected that this condition will improve as outstanding requests for improvement are completed.

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

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

☒ No. **If not, why not?** The five-year plan was developed in June 2016 and the strategic goals and objectives remain appropriate.

♦ **How does your department ensure that your strategic plan is coordinated throughout the organizational and management levels of the department, regularly reviewed and updated, and utilized for management decision-making and resource allocation?**

FPHSA has monthly meetings with its Board of Directors and conducts routine Executive Management Team meetings. The managers of each service area hold regular meetings with their staff at which information related to the agency's overall plan and strategies are discussed. Community input is obtained through surveys and regular Regional Advisory Council meetings.

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

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

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

A. Problem/Issue Description: Staff Recruiting and Retention

1. What is the nature of the problem or issue? Recruiting and retaining staff

continues to be a challenge.

2. Is the problem or issue affecting the progress of your strategic plan? (See Section II above.) The recruiting and retention has not, yet, prohibited progress towards the agency's goals but it does impact the degree to which progress can be made beyond the current level.
3. What organizational unit in the department is experiencing the problem or issue? Direct care positions in the behavioral health clinics are currently the most severely impacted.
4. Who else is affected by the problem? (For example: internal or external customers and other stakeholders.) Persons served must wait longer between appointments due to a limited number of providers. Longer waits between appointments may result in poorer outcomes and more potential for behavioral health crises is individuals whose symptoms are not managed appropriately.
5. How long has the problem or issue existed? This is a long-standing issue that has been a problem at the agency for many years.
6. What are the causes of the problem or issue? How do you know? The disparity in compensation available by competing agencies is a key factor. Many candidates have been selected for and offered positions but turned them down due to rate of pay. Additionally, former staff has left employment to accept better paying jobs elsewhere.
7. What are the consequences, including impacts on performance, of failure to resolve the problem or issue? Failure to resolve the problem will hinder the agency's ability to fulfill its mission and complete the strategic plan goals. Management is encouraged, though, by the recent compensation changes approved by the Department of Civil Service and hope to see a positive impact in the coming months.

B. Corrective Actions

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

☒ No. If not, skip questions 2-5 below.
☐ Yes. If so, complete questions 2-5 below.
2. What corrective actions do you recommend to alleviate or resolve the problem or issue?
3. Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)?
4. Are corrective actions underway?
 - a. If so:
 - What is the expected time frame for corrective actions to be implemented and improvements to occur?
 - How much progress has been made and how much additional progress is needed?

b. If not:

- Why has no action been taken regarding this recommendation?
- What are the obstacles preventing or delaying corrective actions?
- If those obstacles are removed, how soon could you implement corrective actions and generate improvements?

5. Do corrective actions carry a cost?

☐ No. If not, please explain.

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

Please discuss the following:

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

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

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

☒ **Internal audit**
HR, Cash Receipts, Petty Cash

☒ **External audits (Example: audits by the Office of the Legislative Auditor)**
Office of Risk Management; Louisiana Department of State Civil Service;
LDH; DOA; Healthy Louisiana

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

- ☒ **Performance Progress Reports (Louisiana Performance Accountability System)**
The LDH Division of Planning and Budget coordinates and reviews entries of the Louisiana Performance Accountability System (LaPAS) data on a quarterly basis for all LDH agencies. Explanatory Notes are provided for positive and negative variances greater than 5% from quarterly performance indicator targets. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed.
- ☒ **In-house performance accountability system or process**
Performance Based Budgeting activities (including, but not limited to strategic planning, operational planning, and the Louisiana Performance Accountability System) are coordinated by the LDH Division of Planning and Budget. This section reviews all objectives, performance indicators and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed. Also, at the close of a fiscal year, agencies and programs review and evaluate performance during that fiscal year in order to determine if the information gained from this review should be used to improve strategic and operational planning, as well as agency and program management department-wide.
- ☒ **Benchmarking for Best Management Practices**
The LDH Division of Planning and Budget reviews, researches and develops objectives, performance measures and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are compared to benchmarks from leading states involved in performance-based budgeting activities. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed.
- ☒ **Performance-based contracting (including contract monitoring)**
Contracts are required to contain a description of the work to be performed including goals and objectives, deliverables, performance measures and a monitoring plan.
- ☐ Peer review
- ☒ **Accreditation review**
- ☒ **Customer/stakeholder feedback**
- ☒ **Other (please specify):**
Annual Financial Reports

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

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

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

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

1. Title of Report or Program Evaluation:
Office of Risk Management Compliance Review
2. Date completed:
March 1, 2017
3. Subject or purpose and reason for initiation of the analysis or evaluation:
FPHSA Risk Management Policy and Procedure (ORM Requirement)
4. Methodology used for analysis or evaluation:
Audit completed by Sedgwick for ORM
5. Cost (allocation of in-house resources or purchase price):
Not calculated
6. Major Findings and Conclusions:
None
7. Major Recommendations:
None
8. Action taken in response to the report or evaluation:
None

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

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

1. Title of Report or Program Evaluation:
Louisiana Department of Civil Service
2. Date completed:
May 4-5, 2017
3. Subject or purpose and reason for initiation of the analysis or evaluation:
Compliance to State Civil Service requirements
4. Methodology used for analysis or evaluation:
Civil Service policies and rules
5. Cost (allocation of in-house resources or purchase price):
Not calculated
6. Major Findings and Conclusions:
Agency was commended for achieving 100% compliance in 13 of the 19 categories reviewed. The audit showed there were no areas of concern at this time.

7. Major Recommendations:
Agency must ensure that certification for compliance with Civil Service rules is documented for all personnel actions taken by the agency or required by Civil Service rule; 2.) Agency must ensure that all of its actions are accurately and timely reported to Civil Service within 30 days of the action effective date; 3.) Agency must verify extraordinary qualifications/credentials in accordance with Civil Service Rule 6.5(g); 4.) Agency must make the authorization in LA Careers in a timely manner; 5.) Agency must maintain updated position descriptions; 6.) Agency must maintain written justification for all temporary appointments; 7.) Agency must ensure that planning sessions are conducted during the first 3 calendar months following the appointment of a new employee, the permanent movement of an employee into a position having a different position number with significantly different duties, or the beginning of the new performance evaluation year; 8.) Agency must ensure that the evaluating supervisor obtains the second level evaluator's signature approval of

the performance planning and evaluation form within a timely manner.

8. Action taken in response to the report or evaluation:
Agency reviewed requirements with appropriate staff for delegation of certification authority, created a turnaround time table to address reporting of appointments to Civil Service, created a checklist for appointments and promotions to include all Civil Service requirements, and implemented a review process to be conducted to ensure job descriptions are in compliance.
 9. Availability (hard copy, electronic file, website):
Hard copy
 10. Contact person for more information:
Name: Richard Kramer
Title: Executive Director
Agency & Program: Florida Parishes Human Services Authority
Telephone: (985) 543-4333
E-mail: Richard.Kramer@fphsa.org
-
1. Title of Report or Program Evaluation:
Louisiana Performance Accountability System (LaPAS)
 2. Date completed:
October 2016
 3. Subject or purpose and reason for initiation of the analysis or evaluation:
Compliance to LaPAS requirement
 4. Methodology used for analysis or evaluation:
DOA-required methodology; performance indicators developed by FPHSA and approved by DOA
 5. Cost (allocation of in-house resources or purchase price):
Not calculated
 6. Major Findings and Conclusions:
Final numbers not yet reported
 7. Major Recommendations:
Final numbers not yet reported
 8. Action taken in response to the report or evaluation:
Final numbers not yet reported

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

www.doa.louisiana.gov/opb/lapas.htm

10. Contact person for more information:

Name: Richard Kramer

Title: Executive Director

Agency & Program: Florida Parishes Human Services Authority

Telephone: (985) 543-4333

E-mail: Richard.Kramer@fphsa.org

1. Title of Report or Program Evaluation:

LDH-The Human Services Accountability and Implementation Plan (AIP)
Annual On-site Monitoring Final Report

2. Date completed:

March 9, 2017

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

Compliance with MOU with LDH

4. Methodology used for analysis or evaluation:

Accountability and Implementation Plan (AIP)

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

Not calculated

6. Major Findings and Conclusions:

LDH Findings for AIP (OBH): 1.) Agency needs to implement a scientifically sound outreach model; 2.) Agency did not collect the minimum 15% of surveys needed for adults served; 3.) Agency did not collect the minimum of 5% of surveys needed for children served; 4.) Agency does not have policy referring to neither a waiting list nor the development of an actual waiting list with a unique identifier; 5.) Agency does not have policy referring to a mechanism to maintain contact with injecting drug abuser on waiting list or to consult with state's capacity management system to refer IV drug abusers on waiting list within a reasonable geographic area at the earliest possible time; 6.) Agency does not have policy referring to a waiting list in which IV drug users are taken off if they cannot be located or refuse treatment; 7.) Agency does not have policy to demonstrate that scientifically sound outreach models have been conducted from the clinic; 8.) Agency only screens patients for TB and testing services are only made available to those who screen as high risk; 9.) Documentation was missing from charts reviewed to show adherence to agency policy/procedure in regards to tobacco cessation, TB services, post-test counseling for HIV screening, and the establishment of therapeutic measures for preventing and treatment the deterioration of the immune system.

7. Major Recommendations:

LDH Recommendations for AIP (OBH): 1.) Agency to highlight that pregnant women receive priority for services on agency flyer; 2.) Agency should expand the language in policy to provide clarity about linkages and/or partnerships; 3.) Agency needs to update procedures to identify lack of capacity or documentation to demonstrate policy adherence.

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

Actions taken for AIP (OBH): 1.) Agency implemented an outreach model that was approved by OBH; 2.) Agency re-educated clinics on the expectation that surveys are to be conducted twice annually; 3.) Agency will update Admissions procedure to incorporate a waiting list similar to that used for residential services should a waiting list be needed for outpatient services; 4.) Agency procedure to be updated to reflect that TB test is offered to everyone and that any positive testing will be reported to OPH. Agency will also adjust the agency electronic record to capture data that this test has been offered; 5.) Agency requesting that electronic record add a field on the chart face to be able to readily identify priority populations; 6.) Agency to send staff members to become Certified Tobacco Specialists and to make nicotine replacement products available through the contracted pharmacy; 7.) Agency to update workflow to reflect that consents are signed at the time of testing and additional nurses to be trained in conducting HIV testing.

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

Hard copy

10. Contact person for more information:

Name: Richard Kramer

Title: Executive Director

Agency & Program: Florida Parishes Human Services Authority

Telephone: (985) 543-4333

E-mail: Richard.Kramer@fphsa.org

1. Title of Report or Program Evaluation:

Division of Administration Purchasing Card Program Compliance Review

2. Date completed:

December 2016

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

Compliance with Statewide P-Card program policies

4. Methodology used for analysis or evaluation:

Statewide P-Card program policy

5. Cost (allocation of in-house resources or purchase price):
Not calculated
6. Major Findings and Conclusions:
No proof of an annual review of all cardholders, limits, and ensuring appropriate utilization by the Department Head or Approver; 2.) No proof that all mandated monthly reports were being run in WORKS and Vista Intellilink; 3.) No electronic sign-off approvals by cardholder or approver were found in WORKS for 3 transactions; 4.) One cardholder was not receiving monthly billing statements; 5.) No supporting documentation was uploaded in WORKS for 3 transactions; 6.) Agency does not conduct any internal agency training; 7.) The name of one account was found to be the employee's name instead of the agency's name; 8.) Three transactions were made utilizing PayPal.
7. Major Recommendations:
Immediately ensure that the department head and approver review all cardholders, inclusive of date of review and to continue annually; 2.) Agency must generate, review and investigate results of all mandatory monthly audit reports, as well as occasionally generate, review and justify suggested reports; 3.) Agency must ensure that all transactions which have not been electronically approved by cardholder and approver be immediately reviewed and officially approved as an official business purchase; 4.) Agency must immediately ensure that the cardholder and approver are receiving, reviewing and officially approving statements; 5.) Agency must train to ensure that all cardholders and approver are properly informed of required supporting documentation; 6.) Agency must train annually to ensure all cardholders and approver follow all applicable policies and procedures; 7.) Agency must update their policy to include guidelines and procedures for CBA and travel-related expenses; 8.) Agency must update their policy to reflect current changes.
8. Action taken in response to the report or evaluation:
Agency will run reports annually to review and obtain necessary approvals; 2.) Agency will run reports monthly and review as necessary; 3.) Agency uploaded and approved all required items identified by the report; 4.) Agency conducted training in January 2017 and will continue with annual trainings; 5.) Agency updated policy and procedures.
9. Availability (hard copy, electronic file, website):
Hard copy
10. Contact person for more information:
Name: Richard Kramer
Title: Executive Director
Agency & Program: Florida Parishes Human Services Authority
Telephone: (985) 543-4333

E-mail: Richard.Kramer@fphsa.org

1. Title of Report or Program Evaluation:
LDH – Office of Aging and Adult Services
2. Date completed:
June 16, 2017
3. Subject or purpose and reason for initiation of the analysis or evaluation:
LDH Permanent Supportive Housing Program contract requirements
4. Methodology used for analysis or evaluation:
Monitoring by LDH PSH Program Project Coordinator
5. Cost (allocation of in-house resources or purchase price):
Not calculated
6. Major Findings and Conclusions:
2 files lacked current and/or consistent assessment; 2.) 3 files lacked a current and/or consistent plan of care; 3.) 3 files lacked a current and/or consistent crisis plan; 4.) 3 files lacked a current and/or consistent disaster plan; 5.) 1 file contained a plan of care that was found incomplete, missing a signature, and/or missing substantial required information; 6.) 1 file did not contain a signed rights and responsibility/service agreement; 7.) 1 file contained significant gaps in progress notes and/or lacked documentation exemplifying consistent efforts were being made to engage the client.
7. Major Recommendations:
None
8. Action taken in response to the report or evaluation:
A response has not been sent yet and is due August 24, 2017.
9. Availability (hard copy, electronic file, website):
Hard copy
10. Contact person for more information:
Name: Richard Kramer
Title: Executive Director
Agency & Program: Florida Parishes Human Services Authority
Telephone: (985) 543-4333
E-mail: Richard.Kramer@fphsa.org

1. Title of Report or Program Evaluation:
Healthy Louisiana Treatment Record Reviews (AmeriHealth Caritas)
 2. Date completed:
May 2017 (Mandeville location, Hammond location, Residential locations, Bogalusa location)
 3. Subject or purpose and reason for initiation of the analysis or evaluation:
Requirement of the LBHP Partnership
 4. Methodology used for analysis or evaluation:
Review completed by AmeriHealth Caritas
 5. Cost (allocation of in-house resources or purchase price):
Not calculated
 6. Major Findings and Conclusions:
No response received to date
 7. Major Recommendations:
No response received to date
 8. Action taken in response to the report or evaluation:
No response received to date.
 9. Availability (hard copy, electronic file, website):
No response received to date
 10. Contact person for more information:
Name: Richard Kramer
Title: Executive Director
Agency & Program: Florida Parishes Human Services Authority
Telephone: (985) 543-4333
E-mail: Richard.Kramer@fphsa.org
-
1. Title of Report or Program Evaluation:
Cash Receipts Report
 2. Date completed:
Monthly from July through June
 3. Subject or purpose and reason for initiation of the analysis or evaluation:
FPHSA Procedure 150.10 Cash Receipts

4. Methodology used for analysis or evaluation:
FPHSA Procedure 150.10 Cash Receipts
 5. Cost (allocation of in-house resources or purchase price):
Not calculated
 6. Major Findings and Conclusions:
None
 7. Major Recommendations:
No response received to date
 8. Action taken in response to the report or evaluation:
Audit results are discussed at management team meetings and troubleshooting is done.
 9. Availability (hard copy, electronic file, website):
Electronic files
 10. Contact person for more information:
Name: Richard Kramer
Title: Executive Director
Agency & Program: Florida Parishes Human Services Authority
Telephone: (985) 543-4333
E-mail: Richard.Kramer@fphsa.org
-
1. Title of Report or Program Evaluation:
Petty Cash Report
 2. Date completed:
Quarterly from July through June
 3. Subject or purpose and reason for initiation of the analysis or evaluation:
FPHSA Procedure 150.9 Petty Cash
 4. Methodology used for analysis or evaluation:
FPHSA Procedure 150.9 Petty Cash
 5. Cost (allocation of in-house resources or purchase price):
Not calculated
 6. Major Findings and Conclusions:
None

7. Major Recommendations:
None
 8. Action taken in response to the report or evaluation:
Audit results are discussed at management team meetings and troubleshooting is done.
 9. Availability (hard copy, electronic file, website):
Electronic files
 10. Contact person for more information:
Name: Richard Kramer
Title: Executive Director
Agency & Program: Florida Parishes Human Services Authority
Telephone: (985) 543-4333
E-mail: Richard.Kramer@fphsa.org
-
1. Title of Report or Program Evaluation:
Human Resources/Time and Attendance
 2. Date completed:
May (Hammond location) and June (Slidell location)
 3. Subject or purpose and reason for initiation of the analysis or evaluation:
FPHSA Procedure 540.1 Time Administration
 4. Methodology used for analysis or evaluation:
FPHSA Procedure 540.1 Time Administration
 5. Cost (allocation of in-house resources or purchase price):
Not calculated
 6. Major Findings and Conclusions:
None
 7. Major Recommendations:
None
 8. Action taken in response to the report or evaluation:
Audit results are discussed at management team meetings and troubleshooting is done.
 9. Availability (hard copy, electronic file, website):
Electronic files

10. Contact person for more information:
Name: Richard Kramer
Title: Executive Director
Agency & Program: Florida Parishes Human Services Authority
Telephone: (985) 543-4333
E-mail: Richard.Kramer@fphsa.org
1. Title of Report or Program Evaluation:
Human Resources/Payroll
2. Date completed:
June (Slidell location)
3. Subject or purpose and reason for initiation of the analysis or evaluation:
FPHSA Procedure 540.1 Time Administration
4. Methodology used for analysis or evaluation:
FPHSA Procedure 540.1 Time Administration
5. Cost (allocation of in-house resources or purchase price):
Not calculated
6. Major Findings and Conclusions:
None
7. Major Recommendations:
None
8. Action taken in response to the report or evaluation:
Audit results are discussed at management team meetings and troubleshooting is done.
9. Availability (hard copy, electronic file, website):
Electronic files
10. Contact person for more information:
Name: Richard Kramer
Title: Executive Director
Agency & Program: Florida Parishes Human Services Authority
Telephone: (985) 543-4333
E-mail: Richard.Kramer@fphsa.org
1. Title of Report or Program Evaluation:
Contract Monitoring

2. Date completed:
Quarterly
3. Subject or purpose and reason for initiation of the analysis or evaluation:
FPHSA Contract Regulations Policies and Procedures
4. Methodology used for analysis or evaluation:
FPHSA Contract Regulations Policies and Procedures
5. Cost (allocation of in-house resources or purchase price):
Not calculated
6. Major Findings and Conclusions:
None
7. Major Recommendations:
None
8. Action taken in response to the report or evaluation:
None
9. Availability (hard copy, electronic file, website):
Hard copy
10. Contact person for more information:
Name: Richard Kramer
Title: Executive Director
Agency & Program: Florida Parishes Human Services Authority
Telephone: (985) 543-4333
E-mail: Richard.Kramer@fphsa.org

1. Title of Report or Program Evaluation:
Annual Financial Reports
2. Date completed:
October 2016
3. Subject or purpose and reason for initiation of the analysis or evaluation:
Compliance to State requirement
4. Methodology used for analysis or evaluation:
Policies and practices established by DOA or in accordance with Generally Accepted Accounting Principles as prescribed in the Governmental Accounting Standards Board

5. Cost (allocation of in-house resources or purchase price):
Not calculated
6. Major Findings and Conclusions:
None
7. Major Recommendations:
None
8. Action taken in response to the report or evaluation:
None
9. Availability (hard copy, electronic file, website):
Hard copy
10. Contact person for more information:
Name: Richard Kramer
Title: Executive Director
Agency & Program: Florida Parishes Human Services Authority
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Annual Management and Program Analysis Report

Fiscal Year 2016-2017

Department: **Louisiana Department of Health (LDH)**
09-302 Capital Area Human Services District

Department Head: **Rebekah E. Gee, MD, MPH**
LDH Secretary

Undersecretary: **Jeff Reynolds**

Executive Director: **Jan Kasofsky, PhD**

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

For each accomplishment, please discuss and explain:

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

Accomplishment #1: CAHSD Employees Rise Above Flood Waters To Help

A. What was achieved?

As the flood waters rose in Baton Rouge in August 2016, Capital Area Human Services District (CAHSD), too, rose to the occasion, responding immediately with staff and various skills and talents to work around the clock at relief shelters in the community and in the Medical Special Needs Shelters at the Louisiana State University (LSU). In addition, CAHSD clinics opened as soon as they could, even when state offices were closed.

B. Why is this significant?

CAHSD employees who were available on Saturday, August 13, 2016, responded immediately to the call to work at emergency shelters in Baton Rouge at Southern University and at the Leo S. Butler Community Center.

C. Who benefits and how?

On Sunday, August 14, 2017 CAHSD was instrumental in helping establish the Medical Special Needs Shelter at the LSU Field House. CAHSD staff continued to serve the shelters at Southern University, The Baton Rouge River Center, Celtic Studios, and LSU, while also providing mobile mental health intervention services where needed.

D. How was this accomplishment achieved?

The Gonzales Mental Health Clinic, Margaret Dumas Mental Health Clinic, and the Center for Adult Behavioral Health saw clients referred to them and transported by the shelters while the Developmental Disabilities staff helped find housing for clients in group homes who had to be evacuated.

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

Yes.

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

Yes.

Accomplishment #2: “New Beginning” Program Selected for National Award
Prison Program Helps Former Inmates

A. What was achieved?

The Louisiana Department of Public Safety and Corrections’ “New Beginnings” program, which bridges the gap in the continuity of behavioral health care from incarceration to the community setting, is a national award winner.

B. Why is this success significant?

The American Correctional Association selected the program for its 2017 Innovation in Corrections Award, presented at the association’s Winter Conference in San Antonio, January 20th-25th.

C. Who benefits and how?

The participants of this program benefit. Capital Area Human Services District (CAHSD) eight-week Justice-Involved Intensive Outpatient Program (JI-IOP) is designed to meet the needs of individuals with current or recent involvement in the judicial system and who are identified as having mental health, substance use, or co-occurring diagnoses.

D. How was this accomplishment achieved?

CAHSD Peer Support Specialists work with offenders through pre-release discharge planning and post-release case management to facilitate smooth reentry by connecting participants to outpatient treatment, residential programs, training programs, jobs, and the local recover community.

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

Yes.

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

Yes.

Accomplishment #3: Town Hall Meeting: OPIOID ABUSE: An issue of Epidemic Proportions

A. What was achieved?

Capital Area Human Services District (CAHSD) hosted a facilitated, interactive discussion on opioid abuse prevention and treatment during the Behavioral Health Collaborative meeting of healthcare professionals. A panel consisting of law enforcement officials, the coroner, an addiction treatment specialist, and a person in recovery all agreed that opioid use in the United States and locally has reached epidemic proportions.

B. Why is this success significant?

In East Baton Rouge Parish, drug overdose deaths have risen from 64 to 89 from 2014 to 2016. Louisiana is one of eight states that have more opioid prescriptions than it has residents. The observations and opinions shared were based on real experience, and were shared with a diverse audience at CAHSD Town Hall Meeting on April 6, 2017. Citizens, community and media representatives who are concerned about the threat of opioid use and abuse came to learn more about the issues and to share ideas about how to address those issues. The meeting started with a screening of the documentary, "Chasing the Dragon: The Life of an Opiate Addict." This documentary was produced by the Drug Enforcement Administration (DEA) and the Federal Bureau of Investigation (FBI). After the video, the panelists spoke about the realities they have experienced.

C. Who benefits and how?

Those who benefit include families and loved ones with an addiction. DEA Assistant Special Agent in Charge, Brad Byerley, said more people are dying each year from opioids in the U.S. than are dying from automobile accidents. He said the DEA is seeing more cases involving opioids, and the DEA is attacking the threats through a combination of enforcement, regulatory, and educational efforts. Rebecca Nugent, Chemistry

Manager of the Louisiana State Police Crime Lab, said opioid use has risen as more people are prescribed pain relieving opioids such as Vicodin, OxyContin, Percocet, Morphine, and Codeine. She said street opioids, such as heroin, are typically the next step, as they are cheaper and easier to get. East Baton Rouge Parish Coroner William “Beau” Clark, MD said prescription drugs present their own issues, and heroin is particularly dangerous. He said a person knows what they are getting with a prescription drug, but when buying heroin on the streets, “you never know what you’re getting.” He said heroin is often mixed with other harmful drugs or chemicals that can either increase or decrease the potency of the heroin.

D. How was this accomplishment achieved?

This was accomplished through informed families and loved ones of best practice treatment approaches. David Laxton, Clinical Director of Baton Rouge Comprehensive Treatment Center, explained the process that his center uses to medically assess individuals before they are allowed to participate in treatment that includes a combination of counseling, case management, and medications, such as methadone, Suboxone, and Subutex. Anthony Pierre, Jr., a person in recovery, said he celebrated 388 days of sobriety the day of the town hall meeting and recounted his story of alcohol and drug use that led him to stealing money from his dying father.

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

Yes, as the mission of Capital Area Human Services District is to facilitate person-centered recovery by empowering people of all ages with behavioral health needs and developmental disability challenges to strengthen relationships, establish independence, and enhance their ability to improve their physical health and emotional well-being.

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

Yes.

Accomplishment #4: Five Agencies Represented at 19th CIT Training

A. What was achieved?

Capital Area Human Services District (CAHSD) hosted its 19th Crisis Intervention Team (CIT) training the week of April 17, providing a 40-hour seminar to help law enforcement officers better respond to behavioral health crises in the community.

B. Why is this success significant?

Thirty-seven law enforcement officers from five agencies completed the crisis de-escalation course.

C. Who benefits and how?

Since CAHSD started offering CIT training in 2008, more than 1,350 law enforcement

officials from various agencies in the Capital region and Mississippi have participated in the various classes that have been offered.

D. How was this accomplishment achieved?

The course was held at a CAHSD site and was open to law enforcement officials from around the region.

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

Yes.

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

Yes.

Accomplishment #5: DOW Grant and SERV Grant Work In Schools to Provide School Therapist

A. What was achieved?

Capital Area Human Services District (CAHSD) was the proud recipient of a DOW Chemical grant that provides an additional School Based therapist on the east side of Iberville Parish, an area impacted by the Flooding of 2016. The Louisiana Department of Education, also to address the impact of the floods and shootings through a new federal grant, has contracted with the CAHSD School Based Therapy Program to offer its services in three Baton Rouge charter schools: APEX Colligate Academy, BR College Preparatory, and Laurel Oaks Charter School.

B. Why is this success significant?

Dow approached CAHSD about the financial help after reading in the newspaper about our flood recovery and response efforts. After the civil unrest and flooding in the Baton Rouge area in 2016, the Louisiana Department of Education partnered with CAHSD to apply to the U.S. Department of Education for a School Emergency Response to Violence (SERV) grant.

C. Who benefits and how?

The DOW Grant services focus on students affected by the August 2016 flooding as well as the mental health needs of other students. SERV grants are designed to help educational agencies recover from violent and traumatic events in which the learning environments have been disrupted.

D. How was this accomplishment achieved? Social workers were placed in St. Gabriel, La. at East Iberville Elementary and High School and MSA East Academy. APRX Collegiate Academy's Director of Operations Rebecca Armstrong, praised CAHSD for its work, which began in March 2016.

- E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
Yes.
- F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
Yes.

Accomplishment #6: Children's Services: Training and Certification Offered through New Grant

- A. What was achieved?
Capital Area Human Services District (CAHSD) Children's Behavioral Health Services' Program Director Melissa Martin, MSW, LCSW-BACS, and Clinical Psychologist Bryan Gros, PhD, have been selected to receive training for certification in specialized services for youth with co-occurring developmental disabilities and severe emotional disorders.
- B. Why is this success significant?
Their work is part of CAHSD role of offering child/youth behavioral health specialty services that help families who are either recipients of services for developmental disabilities or who are waiting for those services.
- C. Who benefits and how?
According to a recent national report, 58% of children with developmental disabilities, including Autism Spectrum Disorder, need some level of behavioral health supports. Children and their families directly benefit from a well-trained clinical workforce.
- D. How was this accomplishment achieved?
The trainings area a part of a federal grant the State of Louisiana received recently from the Substance Abuse and Mental Health Services Administration (SAMHSA).
- E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
Yes.
- F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
Yes.

II. Is your department Five-Year Strategic Plan/Business Plan on time and on target for accomplishment? To answer this question, you must determine

whether your anticipated outcomes—goals and objectives—are being attained as expected and whether your strategies are working as expected and proceeding on schedule.

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

Capital Area Human Services District (CAHSD) operates under two separate strategic plans. We, as part of the Louisiana Department of Health, participate in the state-wide LaPAS Performance Based Budgeting and Planning process which establishes common goals and objectives by specific programmatic disabilities with pre-set performance standards used to establish funding needs and efficient use of allocated resources. The District is on target with the expected accomplishments set forth in this plan.

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

- ♦ **Where are you making significant progress?** If you are making no significant progress, state "None." However, if you are making significant progress, identify and discuss goals and objectives that are exceeding the timeline for achievement; identify and discuss strategies that are working better than expected. Be specific; discuss the following for each:
 1. To what do you attribute this success? For example:
 - Is progress largely due to the effects of external factors? Would the same results have been generated without specific department action?
 - Is progress directly related to specific department actions? (For example: Have you reallocated resources to emphasize excellence in particular areas? Have you initiated new policies or activities to address particular issues or needs? Have you utilized technology or other methodologies to achieve economies or improve service delivery?)
 - Is progress related to the efforts of multiple departments or agencies? If so, how do you gauge your department's contribution to the joint success?
 - Other? Please specify.
 2. Is this significant progress the result of a one-time gain? Or is progress expected to continue at an accelerated pace?

The Louisiana Department of Health Plan: Over the past several years, Capital Area

Human Services District has refined its goals and objectives in the strategic plan to reflect actual expectations of performance within funding limitations. As a result of innovative and creative leadership and staff who are dedicated to community service, we have been successful in consistently attaining our performance targets with minimal variance.

Capital Area Human Services District Executive and Senior Management staff monitor progress of all programs, evaluate policies and procedures, and implement changes that enhance performance and provide greater success on a continuous basis.

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

None

1. To what do you attribute this lack of progress? For example:
 - Is the lack of progress related to a management decision (perhaps temporary) to pursue excellence in one area at the expense of progress in another area?
 - Is the lack of progress due to budget or other constraint?
 - Is the lack of progress related to an internal or external problem or issue? If so, please describe the problem and any recommended corrective actions in Section III below.
 - Other? Please specify.
2. Is the lack of progress due to a one-time event or set of circumstances? Or will it continue without management intervention or problem resolution?

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

- ☒ Yes. If so, what adjustments have been made and how will they address the situation?
- ☐ No. If not, why not?

The plan was developed as a living document that evolves to meet the ever changing demands of the behavioral health field as we address the changes brought forth through the move to a Statewide Management Organization and requirements for an electronic health record, electronic billing, Commission on Accreditation of Rehabilitation Facilities (CARF) compliance, Healthcare Reform and to reduce or eliminate wait time for clinic access.

- ♦ **How does your department ensure that your strategic plan is coordinated throughout the organizational and management levels of the department, regularly reviewed and updated, and utilized for management decision-making and resource allocation?** Use as much space as needed to explain fully.

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

The Capital Area Human Services District Executive Board requires semi-annual and year end progress reports to ensure progress is made for selected services and initiatives.

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

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

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

A. Problem/Issue Description

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

No significant departmental, management, or operational problems/issues have been identified.

B. Corrective Actions

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

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

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

- ☐ No. If not, please explain.
☐ Yes. If so, what investment is required to resolve the problem or issue? (For example, investment may include allocation of operating or capital resources—people, budget, physical plant and equipment, and supplies.)

Please discuss the following:

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

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

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

- ☒ **Internal audit**
Capital Area Human Services District ensures ongoing monitoring of programmatic and administrative functions.
- ☒ **External audits (Example: audits by the Office of the Legislative Auditor)**
- ☒ **Policy, research, planning, and/or quality assurance functions in-house**
- ☐ Policy, research, planning, and/or quality assurance functions by contract
- ☒ **Program evaluation by in-house staff**
- ☐ Program evaluation by contract
- ☒ **Performance Progress Reports (Louisiana Performance Accountability System)**
Capital Area Human Services District coordinates and reviews entries of the Louisiana Performance Accountability System (LaPAS) data on a quarterly basis. Explanatory Notes are provided for positive and negative variances greater than 5% from quarterly performance indicator targets.
- ☒ **In-house performance accountability system or process**
- ☒ **Benchmarking for Best Management Practices**
- ☒ **Performance-based contracting (including contract monitoring)**
Contracts are required to contain a description of the work to be performed including goals and objectives, deliverables, performance measures and a monitoring plan.
- ☒ **Peer review**
- ☒ **Accreditation review:**
Magellan annual certification/review and CARF accreditation annual reporting and recertification conducted September 2015 and Three-Year Accreditation was achieved with expiration on November 30, 2018.
- ☒ **Customer/stakeholder feedback**
- ☒ **Other (please specify):**
State Licensure (Behavioral Health Services and Public Health-Louisiana

Department of Health)

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

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

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

1. Title of Report or Program Evaluation:
Louisiana Performance Accountability System (LaPAS)
2. Date completed:
Quarterly July 01, 2016 through June 30, 2017
3. Subject or purpose and reason for initiation of the analysis or evaluation:
Legislative requirement
4. Methodology used for analysis or evaluation:
LaPAS: Standard methodology required by the DOA; actual performance indicators developed in conjunction with program offices and approved by the DOA
5. Cost (allocation of in-house resources or purchase price):
LaPAS: Cost uncalculated
6. Major Findings and Conclusions:
LaPAS: None
7. Major Recommendations:
LaPAS: None
8. Action taken in response to the report or evaluation:
LaPAS: None
9. Availability (hard copy, electronic file, website):
LaPAS: www.louisiana.gov/opb/lapas/lapas.htm
10. Contact person for more information:
Name: Jan Kasofsky, PhD
Title: Executive Director
Agency & Program: Capital Area Human Services District
Telephone: 225-922-2700

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Name: Ramona Harris

Title: Accountant Administrator

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Annual Management and Program Analysis Report

Fiscal Year 2016-2017

Department: **Louisiana Department of Health (LDH)**
09-303 Developmental Disabilities Council

Department Head: **Rebekah E. Gee, MD, MPH**
LDH Secretary

Undersecretary: **Jeff Reynolds**

Executive Director: **Sandee Winchell**

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

For each accomplishment, please discuss and explain:

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

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

- A. What was achieved?

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

Through the Council's technical assistance provided to the grassroots Louisiana

Council's Advocacy Network (LaCAN), numerous policies were changed to improve and/or increase community services. Significant policy and practice changes influenced by LaCAN and Council advocacy related to community-based services include the allocation of funding for 627 vacant, mixed waiver slots and funding for Families Helping Families Centers; the restoration of funding for programs and services funded through LINCCA and the State Personal Assistance Services (SPAS); partial restoration of funding for Human Services Districts/Authorities and the Louisiana Rehabilitation Services (LRS); a requirement for Human Services Districts/Authorities to allocate a minimum amount equal to nine percent of its state funds to the Individual and Family Support and Flexible Family Fund programs for people with DD; and, more equal representation of the three service delivery areas of DD, behavioral health and addictive disorders and increased representation of consumers/parents/advocates on the Human Services Districts/Authorities boards.

B. Why is this success significant?

The achievements resulting from Council actions advance our State in providing services supporting individuals with developmental disabilities to live in their own homes, be free from abuse, earn high school diplomas, access the same educational environments, settings and programs, and work in integrated environments,

C. Who benefits and how?

More individuals with developmental disabilities have greater access to the supports and services needed, students with disabilities have additional oversight on the use of restraint and seclusion practices, more students with disabilities were able to exit school with a high school diploma and compete in the workforce, and more people are actively engaged in advocacy related to policy and practices for people with developmental disabilities.

D. How was the accomplishment achieved?

Through the Council's technical assistance provided to two grassroots advocacy networks, Louisiana Citizens for Action Now (LaCAN) and Louisiana Together Educating All Children (LaTEACH), numerous policies were changed to improve and/or increase community services. In addition, multiple training events were held and meetings with key leadership of various agencies collectively resulted in achievement of the accomplishments.

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

Yes. The accomplishments directly contribute to the success of the Council's five-year goals and annual objectives/activities.

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

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

Accomplishment #2: Training and Technical Assistance for Direct Support Professionals

- A. What was achieved?

The Council provided support to a number of capacity building initiatives: One initiative involves training and technical assistance for Direct Support Professionals and their organizations to improve practices related to serving people with significant medical and behavioral needs; Another training increased the capacity of individuals with disabilities and family members of people with disabilities to more effectively serve on boards of organizations and provided information related to the self-direction option for waiver services; Employment First planning for Louisiana benefited by Council contributions of supporting a national expert facilitate an initiative conducted in collaboration with the Governor's Office of Disability Affairs.

- B. Why is this success significant?

These projects have produced incredible results with reducing visits to emergency rooms and reducing the numbers of critical incidents through the use of more person-centered approaches to care and support.

- C. Who benefits and how?

More individuals with developmental disabilities have greater access to the supports and services needed, students with disabilities have additional oversight on the use of restraint and seclusion practices, more students with disabilities were able to exit school with a high school diploma and compete in the workforce, and more people are actively engaged in advocacy related to policy and practices for people with developmental disabilities.

- D. How was the accomplishment achieved?

These accomplishments were achieved through technical assistance provided by the Council.

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

Yes.

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

Yes. Some of these initiatives serve as models to be replicated.

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

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

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

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

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

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

This progress is due to the Council having developed and supported large grassroots advocacy networks and family support agencies over the past twenty years. It is expected that there will continue to be an increase in the influence the Council, self-advocates and family members of individuals with developmental disabilities have on decisions by policy makers. The Council's capacity to educate the general public and policy makers about needed changes to existing policies and/or the impact of pending decisions is well established and growing.

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

1. To what do you attribute this lack of progress? For example:
 - Is the lack of progress related to a management decision (perhaps temporary) to pursue excellence in one area at the expense of progress in another area?
 - Is the lack of progress due to budget or other constraint?
 - Is the lack of progress related to an internal or external problem or issue? If so, please describe the problem and any recommended corrective actions in Section III below.
 - Other? Please specify.
2. Is the lack of progress due to a one-time event or set of circumstances? Or will it continue without management intervention or problem resolution?

None.

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

- ☒ Yes. If so, what adjustments have been made and how will they address the situation?
- ☐ No. If not, why not?

The Council just finalized the second year of action planning for its five-year plan. Each

activity is reviewed for performance outcomes and adjustments are made in response to feedback and outcome data.

- ♦ **How does your department ensure that your strategic plan is coordinated throughout the organizational and management levels of the department, regularly reviewed and updated, and utilized for management decision-making and resource allocation?** Use as much space as needed to explain fully.

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

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

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

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

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

No significant management or operational problems exist.

A. Problem/Issue Description

1. What is the nature of the problem or issue?
2. Is the problem or issue affecting the progress of your strategic plan? (See Section II above.)
3. What organizational unit in the department is experiencing the problem or issue?

4. Who else is affected by the problem? (For example: internal or external customers and other stakeholders.)
5. How long has the problem or issue existed?
6. What are the causes of the problem or issue? How do you know?
7. What are the consequences, including impacts on performance, of failure to resolve the problem or issue?

All Council activities are dependent on federal and state appropriations. The Council consistently takes all actions possible to ensure continuation of allocations. One significant issue is the economy in general and Louisiana's capacity to maintain the contributions to supporting necessary programs in the future.

B. Corrective Actions

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

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

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

- ☐ No. If not, please explain.
☐ Yes. If so, what investment is required to resolve the problem or issue? (For example, investment may include allocation of operating or capital resources—people, budget, physical plant and equipment, and supplies.)

Please discuss the following:

- a. What are the costs of implementing the corrective actions? Be specific regarding types and amounts of costs.
- b. How much has been expended so far?

- c. Can this investment be managed within your existing budget? If so, does this require reallocation of existing resources? If so, how will this reallocation affect other department efforts?
- d. Will additional personnel or funds be required to implement the recommended actions? If so:
 - Provide specific figures, including proposed means of financing for any additional funds.
 - Have these resources been requested in your budget request for the upcoming fiscal year or in previous department budget requests?

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

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



Internal audit

The Office of the Secretary ensures ongoing monitoring of programmatic and administrative functions.

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

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



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

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

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

- ☒ Policy, research, planning, and/or quality assurance functions in-house
Council staff review and evaluate planning procedures and policies on an annual basis to determine needed changes to processes for achieving each Council plan activity and related managerial function.
- ☐ Policy, research, planning, and/or quality assurance functions by contract
- ☒ Program evaluation by in-house staff
Each Council program/activity is reviewed on a monthly basis with quarterly progress notes provided to the Council. Ultimately the Council directs any change in action to specific programs.
- ☐ Program evaluation by contract
- ☒ **Performance Progress Reports (Louisiana Performance Accountability System)**
The LDH Division of Planning and Budget coordinates and reviews entries of the Louisiana Performance Accountability System (LaPAS) data on a quarterly basis for all LDH agencies. Explanatory Notes are provided for positive and negative variances greater than 5% from quarterly performance indicator targets. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed.
- ☒ **In-house performance accountability system or process**
Performance Based Budgeting activities (including, but not limited to strategic planning, operational planning, and the Louisiana Performance Accountability System) are coordinated by the LDH Division of Planning and Budget. This section reviews all objectives, performance indicators and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed. Also, at the close of a fiscal year, agencies and programs review and evaluate performance during that fiscal year in order to determine if the information gained from this review should be used to improve strategic and operational planning, as well as agency and program management department-wide.
- ☒ **Benchmarking for Best Management Practices**
The LDH Division of Planning and Budget reviews, researches and develops objectives, performance measures and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are compared to benchmarks from leading states involved in performance-based budgeting activities. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed.
- ☒ **Performance-based contracting (including contract monitoring)**
Contracts are required to contain a description of the work to be performed including goals and objectives, deliverables, performance measures and a

- ☐ monitoring plan.
- ☐ Peer review
- ☐ Accreditation review
- ☒ **Customer/stakeholder feedback**
Federal grant requires specific feedback related to each initiative. Additional stakeholder feedback is gathered to shape Council Advocacy agendas and target capacity building initiatives.
- ☐ Other (please specify):

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

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

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

1. Title of Report or Program Evaluation:
Program Performance Report (PPR). As required by federal law, the Council submitted a Program Performance Report (PPR) to the federal Department of Health and Human Services, Administration on Developmental Disabilities in December 2016 on its performance in compliance with the federal Developmental Disabilities Assistance and Bill of Rights Act.
2. Date completed:
This report is based on the federal fiscal year – October 1 to September 30, and therefore covered the first quarter of state fiscal year 2016-2017. A report covering the remainder of the state fiscal year will be submitted to the federal government in December 2017.
3. Subject or purpose and reason for initiation of the analysis or evaluation:
This report is required by the federal DD Act, and it is used by the Administration on Developmental Disabilities to determine the Council's compliance with the requirements of the Act, and the Council's effectiveness. The report is done in-house by Council staff and approved by the staff of the Administration on Developmental Disabilities (ADD).
4. Methodology used for analysis or evaluation:
None
5. Cost (allocation of in-house resources or purchase price):
None

6. Major Findings and Conclusions:
None
7. Major Recommendations:
None
8. Action taken in response to the report or evaluation:
None
9. Availability (hard copy, electronic file, website):
The report is available on the Department of Health and Human Services, Administration on Developmental Disabilities' website.
10. Contact person for more information:
Name: Shawn Fleming
Title: Deputy Director
Agency & Program: Developmental Disabilities Council
Telephone: (225) 342-6804 (phone)/ (225) 342-1970 (fax)
E-mail: shawn.fleming@la.gov

Annual Management and Program Analysis Report

Fiscal Year 2016-2017

Department: Louisiana Department of Health (LDH)
09-304 Metropolitan Human Services District

Department Head: Rebekah E. Gee, MD, MPH
LDH Secretary

Undersecretary: Jeff Reynolds

Executive Director: Rochelle Head-Dunham, M.D.

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

For each accomplishment, please discuss and explain:

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

Accomplishment #1: (Care Management/Administration) Quality and Data Management Division:

- A. What was achieved?
The establishment of the Metropolitan Human Services District (MHSD) Quality and Data Management (QDM) division. The mission of this division is to create and maintain a data driven environment that encompasses data management, performance measurement, monitoring the linkage between performance and budgeting, and supporting continuous quality improvement across MHSD.

B. Why is this success significant?

The establishment of QDM is significant because it allows MHSD to function within a data driven environment, produce valid and reliable reporting, maintain compliance with essential reporting, and monitor the linkage between performance and budgeting.

Over the course of FY17, QDM has implemented a reporting system for clinical and administrative performance management and measurement. QDM has made adjustments, modifications and refinements to MHSD's Electronic Health Record (EHR) which serves as the agency's primary data source. Additionally, QDM monitors performance relative to the maintenance of CARF accreditation standards.

C. Who benefits and how?

Persons served, MHSD Board, MHSD personnel, relevant stakeholders, and the public benefit. QDM works to educate personnel and other relevant stakeholders about the District's performance, works closely with executive leadership to identify the practical implications of findings, and assists in corrective action planning and evidence-based decision-making; All of the fore mentioned have a direct and positive impact on clinical care and outcomes.

D. How was the accomplishment achieved?

Using environmental scans, strategic planning, and research, MHSD Executive Management instated the new division, Quality and Data Management.

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

YES

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

YES

Accomplishment #2: (Care Management/Administration) Access to Care

A. What was achieved?

Metropolitan Human Services District (MHSD) significantly increased accessibility to services for those residing in Orleans, Plaquemines, and St. Bernard parishes.

B. Why is this success significant?

Increasing access to services is significant because it can lead to the achievement of ideal health outcomes for persons served and it supports the MHSD's 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."

C. Who benefits and how?

Eligible individuals with Addictive Disorders, Intellectual/Developmental Disabilities

and Mental Illness living in Orleans, Plaquemines, and St. Bernard Parishes.

D. How was the accomplishment achieved?

Using evidenced-based decision-making, MHSD's executive management put into effect several initiatives that contributed to the increase in service accessibility. MHSD has developed and implemented methods that affect accessibility across all MHSD clinics that align with the needs of the individuals whom we serve. The following actions support the achievement:

- MHSD engaged in a SIX SIGMA process improvement exercise that focused on clinic point of entry and registration procedures. The exercise resulted in improved entry into the agency.
- MHSD established a Resource Coordination Unit, a component of the Access Unit which researches, coordinates and maintains, an updated repository of available resource information for recovery support, disseminated both internally and externally to persons seeking assistance. The Unit works with families and persons served in Orleans, Plaquemines and St. Bernard Parish to establish and enhance their support system outside of MHSD Mental Health, Developmental Disabilities, and Substance Abuse services. Areas of responsibility include serving people in need of referral and linkage to internal and external resources, establishing relationships with community stakeholders and partnering providers, monitoring and maintaining resource database, and providing Supported Employment Services, Consumer Care Funding, and Housing Referrals.
- MHSD established a Peer Support Team. The team provides Peer Support Services and supports care coordination. The team has aided in the development of trust and increased communication with MHSD persons served.
- MHSD implemented flexible clinic scheduling via the establishment of walk-in scheduling and evening Addiction Disorder group therapy appointments.
- For the clinic that supports Plaquemines Parish, MHSD increased the amount of prescriber appointments; an action prompted by increased need in that area.

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

YES

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

YES

Accomplishment #3: (Care Management/Administration) Integrative Service Delivery

A. What was achieved?

Development of an integrated system of care (i.e., primary and behavioral health) and service delivery at Metropolitan Human Services District (MHSD).

B. Why is this success significant?

Behavioral health research has made clear that an integrated system of care and service delivery produces outcomes that are more favorable for persons served and is a more cost effective way of operating.

C. Who benefits and how?

Persons served by MHSD will receive services in a more seamless and coordinated continuum of care.

D. How was the accomplishment achieved?

The accomplishment was achieved through planning by MHSD's leadership, modification of staff roles, and the establishment of partnership. The following actions support the achievement:

- Executed a Memorandum of Understanding (MOU) between MHSD and the Daughters' of Charity Federally Qualified Health Center (FQHC). The MOU was in recognition that many persons receiving behavioral health services lack adequate or appropriated primary care health care. While observing freedom of choice for its patients, the MOU allows MHSD to provide timely referral and triaging of individuals needing primary care.
- The MHSD Nursing Division implemented a policy requiring procedures that support the collection of vital signs (Temperature, Pulse, Respiration, Blood Pressure, and Weight). Vitals are checked and recorded for every person served when they arrive for their scheduled visit at a MHSD clinic. Referral and/or coordination with primary care physician occur when vital results warrant a follow-up.
- The MHSD Resource Coordination Unit addresses many of the non-clinical needs that persons served may have and a Peer Support Team assist persons served with establishing and enhancing support systems (including primary care) outside of MHSD behavioral health and developmental disabilities services.
- The MHSD Quality and Data Management Division has worked with leadership to identify standardized (i.e. HEDIS) quality of care measures that focus clinical practice; Measures relative to integrative care are monitored.

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

Yes

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

Yes

Accomplishment #4: Intellectual/Developmental Disabilities

- A. What was achieved?
Metropolitan Human Services District (MHSD) Intellectual/Developmental Disabilities (IDD) program has significantly increased the network of community providers and facilitated greater community engagement.
- B. Why is this success significant?
Increased community involvement is beneficial to the outcomes of IDD persons served.
- C. Who benefits and how?
The residents of Orleans, St. Bernard, and Plaquemines parishes benefit.
- D. How was the accomplishment achieved?
This accomplishment was achieved by coordination and collaborations with community contacts. That is, networking with persons served and community partners. MHSD IDD persons served participated in the following events:
- Interact NOLA - Theater Troupe (challenging negative stigma and perceptions of people with intellectual and developmental disabilities, including bullying, and the importance of People First Language.
 - In collaboration with the ARC of Greater New Orleans
 - Nutrition is for everyone - Cooking Matters: The program's objective was to implement nutrition education interventions, including direct training for people with disabilities and community members across four states, which included Louisiana. www.cookingmatters.org
 - In collaboration with LSU Human Development Center Health Sciences Center
 - American Business Brokerage, Inc. (AMBUS) – A National organization that creates mobility and independence for people with disabilities. www.ambus.org
 - In collaboration with the local chapter to provide therapeutic bicycles to persons served to promote inclusive recreation opportunities that promote participation, integration and inclusion across the communities served by MHSD.
- E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
YES
- F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
YES

Accomplishment #5: (Adult Behavioral Health Services) MHSD Broadened the Array of Outpatient Services Provided

- A. What was achieved?
Metropolitan Human Services District (MHSD) expanded its service array by increasing the types of services (i.e., mental health individual therapy and addiction screening, assessment, and treatment via outpatient individual, group, and family therapy) provided via MHSD clinics.
- B. Why is this success significant?
The expanded service array increases the number and type of evidenced-based services provided via MHSD clinics.
- C. Who benefits and how?
The residents of Orleans, St. Bernard, and Plaquemines parishes benefit. The expanded services are available to adults, transition age youth and adolescents.
- D. How was the accomplishment achieved?
This accomplishment was achieved through the leadership and direction of the MHSD Medical Director. To support the expansion, MHSD provided staff education and, when justifiable, increased the number of MHSD staff that provides outpatient individual, group and family therapy.
- E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
YES
- F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
YES

Accomplishment #6: (Adult Behavioral Health Services) Awarded Medication Assisted Treatment-Prescription Drug and Opioid Addiction Grant

- A. What was achieved?
Metropolitan Human Services District (MHSD) was selected to participate in the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded Medication Assisted Treatment-Prescription Drug and Opioid Addiction (MAT-PDOA) grant.
- B. Why is this success significant?
The grant seeks to address major challenges in substance use disorder (SUD) treatment within Louisiana by expanding/enhancing access to and increasing

awareness of medication-assisted treatment (MAT) services for persons with opioid use disorder seeking or receiving MAT in the Greater New Orleans Area (GNO).

- C. Who benefits and how?
The GNO is identified as having the communities with the highest number of opioid-related admissions and overdoses in the state. This project will 1) increase the numbers of persons in GNO receiving MAT services, 2) make the services available to persons who would not otherwise be able to afford them, and 3) ensure integrated care for individuals with opioid use disorders.
- D. How was the accomplishment achieved?
MHSD was selected to participate through collaborative effort with the Louisiana Department of Health, Office of Behavioral Health.
- E. Does this accomplishment contribute to the success of your strategic plan? (See Section II below.)
Yes
- F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
Yes

Accomplishment #7: (Child and Adolescent Behavioral Health Services) Child and Youth Services Expansion

- A. What was achieved?
Metropolitan Human Services District (MHSD) Child and Youth Program increased partnerships and enhanced prevention programming as part of integrated system of care and service delivery. Specifically, family support, youth support, and prevention programming were expanded.
- B. Why is this success significant?
- The Family Support program reinstituted the Interagency Service Coordination process for children and youth served in the MHSD catchment area. Interagency Service Coordination is a planning and service coordination process that provides multi-agency planning for youth who are receiving services from two or more child-serving agencies. The goal of the Interagency Service Coordination process is to keep referred youth in Orleans, Plaquemines, and St. Bernard parishes in the most family-like setting appropriate to their needs and to reduce the use of out-of-home placement.
 - The Youth Support program expanded its services to include an alternative high school and two therapeutic day programs in Orleans Parish while maintaining ongoing services at two alternative high schools in Orleans parish and two

alternative schools in in Plaquemines and St. Bernard parishes. These services are designed to address behaviorally challenged youth with enrichment programming in the visual arts, career exploration, and soft skills development for the workforce. This accomplishment required program design for the new school and two programs, new agreements with the teams of teachers, and MOUs with three charter management organizations.

- The MHSD Prevention program continued implementation of the Louisiana's High Needs Communities (HNC) Prevention grant in Plaquemines Parish, which led to the development of a strategic prevention framework Action Plan and budget for the newly formed anti-drug coalition. The coalition's objectives are to reduce underage drinking and the misuse of prescription drugs. The formation of the coalition was achieved by the grassroots efforts of individuals in the community with interest in forming a coalition around targeted quality of life issues.

C. Who benefits and how?

Those who benefit include youth who are at risk of out-of-home placement and require interagency service coordination; emotionally challenged youth who benefit from out of school time community supports; and communities that have active anti-drug coalitions.

D. How was the accomplishment achieved?

This accomplishment required program design, MOUs with charter school management organizations, agreements with interagency program partners, and facilitating the formation of individuals for a community prevention action group.

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

YES

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

YES

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

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

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

investment are being realized?

Metropolitan Human Services District (MHSD) has made significant progress towards the accomplishment of the goals outlined in its five-year (FY 2015 – 2019) strategic plan. Strategies, as measured by performance indicators, have generally been shown to be effective. Performance measurement, data analysis and other information indicate a positive ROI (Return on Investment) when monitoring the linkage between performance and district budgeting.

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

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

None. Progress is being made, but progress is within the expected range and is not considered significant.

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

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

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

None. MHSD is not currently experiencing a lack of progress.

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

- ☐ Yes. If so, what adjustments have been made and how will they address the situation?
- ☒ No. If not, why not?

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

♦ **How does your department ensure that your strategic plan is coordinated throughout the organizational and management levels of the department, regularly reviewed and updated, and utilized for management decision-making and resource allocation? Use as much space as needed to explain fully.**

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

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

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

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

A. Problem/Issue Description

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

No significant departmental, management, or operational problems/issues have been identified. Metropolitan Human Services District (MHSD) continues to work toward its goal of providing quality behavioral health care.

B. Corrective Actions

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

☒ No. If not, skip questions 2-5 below.
☐ Yes. If so, complete questions 2-5 below.
2. What corrective actions do you recommend to alleviate or resolve the problem or issue?
3. Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)?
4. Are corrective actions underway?
 - a. If so:
 - What is the expected time frame for corrective actions to be implemented and improvements to occur?
 - How much progress has been made and how much additional progress is needed?
 - b. If not:
 - Why has no action been taken regarding this recommendation?
 - What are the obstacles preventing or delaying corrective actions?
 - If those obstacles are removed, how soon could you implement corrective actions and generate improvements?

5. Do corrective actions carry a cost?

☐ No. If not, please explain.

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

Please discuss the following:

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

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

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

☒ **Internal audit**

The Office of the Secretary ensures ongoing monitoring of programmatic and administrative functions.

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

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

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

The Louisiana Department of Health (LDH) has a designated Audit Coordinator for financial audits. The LDH Audit Coordinator is the designated point of

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

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

- ☐ Policy, research, planning, and/or quality assurance functions in-house
- ☐ Policy, research, planning, and/or quality assurance functions by contract
- ☐ Program evaluation by in-house staff
- ☐ Program evaluation by contract
- ☒ **Performance Progress Reports (Louisiana Performance Accountability System)**
The LDH Division of Planning and Budget coordinates and reviews entries of the Louisiana Performance Accountability System (LaPAS) data on a quarterly basis for all LDH agencies. Explanatory Notes are provided for positive and negative variances greater than 5% from quarterly performance indicator targets. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed.
- ☒ **In-house performance accountability system or process**
Performance Based Budgeting activities (including, but not limited to strategic planning, operational planning, and the Louisiana Performance Accountability System) are coordinated by the LDH Division of Planning and Budget. This section reviews all objectives, performance indicators and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed. Also, at the close of a fiscal year, agencies and programs review and evaluate performance during that fiscal year in order to determine if the information gained from this review should be used to improve strategic and operational planning, as well as agency and program management department-wide.
- ☒ **Benchmarking for Best Management Practices**
The LDH Division of Planning and Budget reviews, researches and develops objectives, performance measures and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are compared to benchmarks from leading states involved in performance-based budgeting activities. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed.

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

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

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

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

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

1. Title of Report or Program Evaluation:
AIP/Accountability & Implementation Plan
2. Date Complete:
12/10/2016
3. Subject or purpose and reason for initiation of the analysis or evaluation:
To guide the delivery of addictive disorders (AD), Developmental Disabilities (DD), and Mental Health (MH) services funded by appropriations from the state.
4. Methodology used for analysis or evaluation:
Site monitoring consisted of a joint OBH and OCDD Review team to include data reviews, chart audits, and interviews with staff.
5. Cost (allocation of in-house resources or purchase price)
Allocation of committed staff time to the process for the day.
6. Major Findings and Conclusions:
None
7. Major Recommendations:
None
8. Action taken in response to the report or evaluation:
MHSD responded as needed in writing with a Plan of Correction (POC) to any

major findings.

9. Availability (hard copy, electronic file, website):
AIP is available in hardcopy and electronic file; report file will be available in same format.
10. Contact person for more information:
Name: Rochelle Head-Dunham, M.D.
Title: Executive Director/Medical Director
Agency & Program: 09-304 Metropolitan Human Services District (MHSD)
Telephone: 504-535-2909
E-mail: Rochelle.Dunham2@la.gov

1. Title of Report:
Independent Financial Audit
2. Date Completed:
June 30, 2016 (for FY16)
3. Subject or purpose and reason for initiation of the analysis or evaluation:
Full independent audit of MHSD as an independent fiscal entity
4. Methodology used for analysis or evaluation:
External audit firm selected by LLA and used standard audit approach including A-133 single audit
5. Cost (allocation of in-house resources or purchase price):
None
6. Major Findings and Conclusions:
No findings – unqualified audit
7. Major Recommendations:
No recommendations for MHSD
8. Action taken in response to the report or evaluation:
MHSD has shared report with its Board and Leadership staff.
9. Availability (hard copy, electronic file, website)
Hard copy and electronic format
10. Contact person for more information:
Name: Rochelle Head-Dunham, M.D.
Title: Executive Director/Medical Director
Agency & Program: 09-304 Metropolitan Human Services District (MHSD)

Telephone: 504-535-2909

E-mail: Rochelle.Dunham2@la.gov

1. Title of Report or Program Evaluation:
MHSD Operations Risk Management Audit
2. Date completed:
March 27, 2017
3. Subject or purpose and reason for initiation of the analysis or evaluation:
Annual Audit/compliance review
4. Methodology used for analysis or evaluation:
Full site visits with auditor; sit down meeting with auditor to review required records.
5. Cost (allocation of in-house resources or purchase price):
N/A
6. Major Findings and Conclusions:
Scored: Pass 98.71, status: compliant
7. Major Recommendations:
Conduct and document employee awareness/training on the agency's Transitional Return to Work Policy once every 5 years after initial training.
8. Action taken in response to the report or evaluation:
Working with HR to document initial training and incorporated the review training in our online training tool RELIAS.
9. Availability (hard copy, electronic file, website):
Hard copy and electronic file available
10. Contact person for more information:
Name: Rochelle Head-Dunham, M.D.
Title: Executive Director/Medical Director
Agency & Program: 09-304 Metropolitan Human Services District (MHSD)
Telephone: 504-535-2909
E-mail: Rochelle.Dunham2@la.gov

Annual Management and Program Analysis Report

Fiscal Year 2016-2017

Department: **Louisiana Department of Health (LDH)**
09-305 Medical Vendor Administration and
09-306 Medical Vendor Payments

Department Head: **Rebekah E. Gee, MD, MPH**
LDH Secretary

Undersecretary: **Jeff Reynolds**

Assistant Secretary: **Jen Steele**
Medicaid Director

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

For each accomplishment, please discuss and explain:

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

Accomplishment #1 - Success of Medicaid Expansion

- A. What was achieved?

The goal of Medicaid expansion was to enroll 375,000 individuals in the New Adult Group in FY2017. By January 2017, there were 393,205 enrollees. The number of participants continued to grow to 431,412 enrollees in June 2017, which exceeded our initial objectives.

B. Why is this success significant?

Success is significant because many of the newly insured are able to get quality healthcare for pre-existing conditions and preventive care that they were not able to afford without this coverage. By June 2017, colon cancer screenings were provided to 10,056 patients; polyps were removed for 2,999 patients; and there were 144 diagnoses of colon cancer as a result. Similarly, 136 breast cancer diagnoses, identified from 14,053 diagnostic breast imaging screenings, helped to save lives. Hypertension, known often as the silent killer, was identified in 6,415 individuals who are now being treated for this disease.

C. Who benefits and how?

By June 2017, 431,412 adults have access to quality healthcare coverage comparable to that of the private sector, with noted wrap around services of dental and optical coverage that they were not categorically eligible for prior to Medicaid Expansion. This is a win-win scenario because improved access to care improves health outcomes and contributes to creating a healthier Louisiana.

D. How was the accomplishment achieved?

Our goal was to have Medicaid member cards in the hands of Medicaid expansion eligible adults on July 1, 2016. We exceeded this goal and had both Medicaid member and health plan cards to those eligible adults by July 1, 2016. To achieve these results, we:

- Automatically enrolled 186,799 existing Medicaid recipients with limited benefits in the State's Medicaid expansion program with no effort on their part.
- Utilized the approval from Centers for Medicaid and Medicare Services (CMS) to enroll state residents with active Supplemental Nutrition Assistance Program (SNAP) benefits into the Medicaid expansion. To date 32,825 enrollees have been certified through SNAP Assisted Enrollment (SAE).
- Participated in statewide educational and enrollment outreach events with Medicaid Application Centers (MACs), Medicaid providers, LDH staff, and the Louisiana Hospital Association (LHA).
- Continued to partner with the Louisiana Department of Corrections (DOC) to provide pre-release Medicaid enrollment for justice-involved individuals.

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

Yes. One objective of the strategic plan is to provide Medicaid eligibility determinations and administer the program within federal regulations by processing applications timely through ongoing process improvement in order to streamline our business processes and eliminate duplicated effort. By finding new and more efficient ways to get Medicaid eligible individuals enrolled we are continuously working towards that objective.

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

Yes. The Department has found the methods used to accomplish implementation of Medicaid Expansion to be highly effective. Stakeholder input, readiness reviews to determine preparedness, and regular status reports from the department heads are crucial.

Accomplishment #2 - Success of Outstation Sites

- A. What was achieved?

By the end of fiscal year 2016, we successfully enrolled 25 Outstation host sites. We more than doubled this number in fiscal year 2017 by growing enrollment from 31 sites to over 50 sites.

- B. Why is this success significant?

Outstation sites provide cost savings to the state reducing the need for additional office space. The host site benefits by having Medicaid staff available to answer questions and give priority processing to host patients and offering on-site application processing in near real time.

- C. Who benefits and how?

- Louisiana Medicaid benefits by:
 - On-site eligibility workers offering near real-time decisions on applications for full benefits reduce the number of more expensive Hospital Presumptive Eligibility (HPE) certifications.
 - Reducing the need for additional office space thus saving the State additional money
 - Reducing the State's share of salaries and benefits for Medicaid Eligibility workers. Hosts are billed 25% of the staff salaries, benefits and equipment. The other 75% is reimbursed by the Federal Government. In addition to the salary savings, LDH saves expenses associated with housing employees. Total invoicing is \$748,430.77 which includes the projected amount of \$151,936.81 for July 2017.
- Benefits to Louisiana Residents:
 - Enrollment options that are accessible at provider locations via the Medicaid Application Centers (MACs), allowing ease of access to health care and eligibility services in one location.
 - Improved levels of service
 - On-site assistance to determine if new applications are required or if streamlined, time-saving processes may be used

- Medicaid Providers continue to benefit by having an experienced, on-site, Medicaid eligibility worker available to:
 - Coordinate with the on-site Medicaid Application Centers (MACs) to assist with enrollment efforts.
 - Provide near-real time eligibility decisions. With the analyst's help provider reimbursement becomes a swifter process. The patient may be released with Medicaid in hand, which is essential for follow-up care and access to prescriptions.
 - Provide priority processing of the Host site's applications.
 - Assist with Medicaid eligibility questions

D. How was the accomplishment achieved?

Louisiana Medicaid took the opportunity to participate in the Outstation Program made available by the Centers for Medicaid and Medicare Services (CMS).

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

Yes. Our strategic plan included goals toward providing a quality workforce with options for outstation to create a more favorable work environment which results in higher levels of service to the residents we serve. The strategies are:

- Strategic alignment of staffing to obtain maximum efficiencies and expedite the processing of applications
- Increased enrollment and retention by removal of barriers

Our goal towards increasing enrollment and retention was also achieved through this effort by removing barriers to apply and simplifying the application process. Through our partnership with the host we take full advantage of data-sharing with agency partners to increase access and maximize resources to identify and enroll potentially eligible individuals. Additionally, we are able to expedite the processing of applications.

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

The creative strategy of on-site eligibility workers helped to positively build the Healthy Louisiana brand, and restore public confidence in Louisiana government. This initiative demonstrates that Louisiana is taking a progressive approach toward improving processes and providing access to care for our residents despite extraordinary challenges. As this program was implemented more than one full year ago we believe it has demonstrated success as a Best Management Practice.

Accomplishment #3 - Hosted Town Hall Meetings across the state to engage providers, stakeholders, and patient advocates

A. What was achieved?

Beginning March 13, 2017, the Medicaid Quality Team led by Dr. SreyRam Kuy hosted town hall meetings in six major cities in Louisiana. Those town hall meetings were designed to solicit input from providers in the selection of Medicaid performance quality measures. The results from each regional town hall meeting, one-on-one meetings with committee members/providers/medical stakeholders, sister agency feedback and other stakeholder engagement were published on the Medicaid Quality website: <http://new.dhh.louisiana.gov/index.cfm/page/2175>.

B. Why is this success significant?

A few of the goals for Medicaid related to quality includes: improving health outcomes by emphasizing primary care and reducing the number of uninsured persons in Louisiana; the promoting preventive health care, condition-specific care and improved utilization of services to enhance quality of health care delivery in the state; and to providing ongoing monitoring and evaluation of performance measures that assess the quality of health care provided through Managed Care Health Plans.

One of the goals for the transition of Louisiana Medicaid from fee-for-service to a managed care system in 2012 was to improve quality of care. Pursuant to these goals, the Bureau of Health Services Financing (BHSF) regularly monitors the performance of Healthy Louisiana Managed Care Organizations (MCOs) on a number of Healthcare Effectiveness Data and Information Set (HEDIS®) quality metrics. HEDIS, established by the National Committee for Quality Assurance (NCQA), is used to evaluate plan performance, improvements and outcomes. These measures reported will include a performance rate or percentage by each plan, baseline data and benchmarks. The HEDIS measures provide useful information on children and adults who are and who are not taking advantage of beneficial and potentially cost-saving preventive medical services. The use of preventive services could help improve the enrollee's health and longevity of life, as well as reduce costs to tax payers.

C. Who benefits and how?

Louisiana citizens, Medicaid enrollees, Medicaid providers, Managed Care Organizations and Louisiana Medicaid benefit from this accomplishment.

D. How was the accomplishment achieved?

This accomplishment was achieved through the efforts of the Medicaid Quality Team led by Dr. SreyRam Kuy and Dr. Harold Brandt. The Quality Team coordinated all town hall meetings, coordinated/led other stakeholder engagement activities, analyzed and published town hall/stakeholder engagement results.

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

Yes. One of the objectives in the strategic plan is to increase preventive healthcare through the Medicaid Managed Care Program activity, and improve quality, performance measurement, and patient experience for managed care members. Strategies include but are not limited to encouraging Medicaid recipients to obtain appropriate preventive and primary care in order to improve their overall health and quality of life, ensuring that those who care for them provide the care through managed care programs; providing health services in the most integrated setting possible; and emphasizing community and home based alternatives where appropriate. A few of the performance indicators used to measure outcomes are: well-child visits in third, fourth, fifth and sixth years of life for managed care members; adolescent well-care visits for managed care members; follow-up care visits for children enrolled in a managed care plan who are prescribed Attention Deficit Hyperactivity Disorder (ADHD) medication; and adults' access to preventive/ambulatory health services for managed care members.

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

Yes. The utilization of a standardized performance measures tool (HEDIS®) as well as standardized benchmarks, ensures best practice in effective, efficient performance monitoring.

Accomplishment #4 - Increase in Electronic Health Record (EHR) Incentive Program Adoption, Implementation and Upgrading

- A. What was achieved?

There was a 46% increase in the number of providers attesting to adopting, implementing and upgrading (AIU) Certified Electronic Health Record Technology (CEHRT).

- B. Why is this success significant?

The EHR Incentive program that was funded by the Centers for Medicaid and Medicare Services (CMS) required all providers planning to participate in the program via AIU do so during the 2016 calendar year. This increase in the number of providers allows for potentially \$63,750 in incentive payments to each provider.

- C. Who benefits and how?

Medicaid providers benefit in two ways. The incentive payment provides some cost-reimbursement to offset the cost of the EHR purchase. Additionally, providers benefit from efficient clinical workflows and improved care coordination capabilities provided by most EHRs. These efficiencies and improvements are then passed on to the patient in the form of improved patient outcomes and potential access online to their EHR data. Louisiana Medicaid also benefits in that the data providers have access to can be used

by Medicaid to identify methods for quality improvement and value-based payment models.

D. How was the accomplishment achieved?

In an effort to drive enrollment, Medicaid staff conducted outreach including newspaper ads, weekly provider newsletters, fax blasts, press releases, remittance advice notifications, EHR vendor fairs, and provided flyers at various Medicaid events. Additionally, the EHR Incentive Program Collaborative Initiative launched and encouraged healthcare consulting entities throughout the state to provide technical assistance to providers to help with the attestation process. Upon successful attestation by providers, collaborators will be given a nominal fee for their assistance.

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

This accomplishment supports the collection of clinical quality measures (CQMs) – which will help advance the Louisiana Department of Health’s vision of performance-based, value-based purchasing.

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

Every employee of the EHR Incentive Payment Section focused on an outreach task. By diversifying the workload, collectively we were able to leverage efficiencies. An added benefit to managing the promotion outreach task in-house was that we were able to forgo over 170k in expenses originally budgeted for the outreach to be performed by a contractor.

The success of the collaborative program was achieved by utilization of multiple statewide partners, all competing to offer services in their respective geographic area, thus expanding the reach over one regional vendor that was historically utilized to provide for similar services.

Accomplishment #5 - Electronic Visit Verification

A. What was achieved?

An Electronic Visit Verification (EVV) system was implemented.

B. Why is this success significant?

The Department faced substantial challenges in efficiently monitoring and verifying that home and community based providers were providing services in a recipient’s home as prescribed in the recipient’s approved plan of care. EVV is a computer-based system that electronically verifies service visit occurrences and documents the precise time services begin and end via smart devices.

C. Who benefits and how?

The EVV system allows the Department to verify that individuals are receiving the services authorized in their plans of care, reduces inappropriate billing/payment, safeguards against fraud, and improves program oversight. There are operational benefits for both the Department and providers. The Department will realize cost benefits through mechanisms described above, in addition to operational benefits. The EVV system allows the Louisiana Department of Health (LDH) employees to access and view all services collected in real time, including check in and check out data. Additionally, providers have expressed concerns regarding additional costs associated with ensuring their employees have access to web-enabled smart devices. These devices are required to use the EVV system. In response, LDH performed a cost/benefit analysis, and concluded that implementation of EVV utilizing web-enabled smart devices is a least cost neutral and in many cases will represent a cost savings to providers. Any costs incurred by the provider should be offset by greatly reducing data entry responsibilities, as provider staff will no longer have to manually enter service data when EVV is implemented. There are a host of operational benefits to providers including system ease of use, direct interaction with current procedures and processing, time savings and increases in efficiency, reduction of administrative work and burden, access to free personnel management reports, significant reduction in the need for manual data entry, and reduction in lag time for reports.

D. How was the accomplishment achieved?

This was achieved through a few years of staff diligently working to ensure the best EVV product was secured for the State. In 2014, a request for proposal (RFP) was released and in 2015 the Department worked with the awardee/EVV contractor to implement the EVV system. The contractor did not complete the required tasks for successful launch and the contract was canceled in August 2015. The Department then implemented two interim projects:

- 1) EVV implementation for Home and Community-Based Services (HCBS) which provides direct care services delivered outside of the home including center based, vocational and transportation on 3/1/2016 through the data and prior authorization contractor.
- 2) Completion of a data bridge between HCBS providers currently using an EVV system and the State's prior authorization system. After working with the initial EVV contractor, researching and documenting, and collaborating across departments, the Division of Administration approved a sole source request to include EVV for in home services in the current prior authorization data contract with Statistical Resources, Inc. (SRI) during the fall of 2016. LDH is currently phasing in EVV for personal care service providers with plans for all to use by March 2018.

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

Yes. As described in part C, implementing an EVV system decreases fraud and abuse

and creates efficiencies for the department as well as providers and consumers which contributes to the success of our strategic plan.

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

Yes. This is an accomplishment and best management practice applicable to Medicaid. H.R.34, the 21st Century Cures Act was signed into law on December 13, 2016. This law requires that states implement an EVV system for Medicaid funded personal care services by January 1, 2019 or the Federal medical assistance percentage shall be reduced for these services.

Accomplishment #6 – Louisiana Statewide Transition Plan for Compliance with CMS’ Home Community Based Services Settings Rule

- A. What was achieved?

The Louisiana Department of Health (LDH) received its initial approval of its Statewide Transition Plan on 3/3/17 and is currently working with the Centers for Medicare and Medicaid Services (CMS) to gain final approval of its plan to ensure all applicable HCBS settings are in compliance with the Rule.

- B. Why is this success significant?

The Centers for Medicare and Medicaid Services (CMS) issued new regulations that require home and community-based services (HCBS) to be provided in community-like settings. The new rules define settings that are not community-like and cannot be used to provide federally-funded home and community based services. The success of approval of the State’s transition plan is significant because it asserts the State is in compliance with the Rule and allows continued funding of services.

- C. Who benefits and how?

The new setting requirement maximizes opportunities for individuals to have access to the benefits of community living and the opportunity to receive services and support in the most integrated setting.

- D. How was the accomplishment achieved?

LDH representatives from Medicaid, the Office of Aging and Adult Services (OAAS), the Office for Citizens with Developmental Disabilities (OCDD), and the Office of Behavioral Health (OBH) worked together to develop the Louisiana Statewide Transition for compliance with the CMS Home and Community-Based Settings Rule and submitted its revised, final version of the plan on 10/26/16.

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

Yes, this accomplishment contributes to the success of our strategic plan by enabling

increased access to HCBS.

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

Yes, this is a Best Management Practice applicable to HCBS.

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

Accomplishment #1- Success of Medicaid Expansion:

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

Due to foresight by management, planning began well in advance of Medicaid expansion's adoption. Thus, allowing us to exceed expected enrollment projections by automatically enrolling a large number of individuals. This planning involved extensive research and intensive coordination with state and federal partners. Because all parties recognized the benefits to the citizens of LA as well as partners, everyone worked strenuously to ensure our strategies were successful.

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

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

- Is this progress largely due to the effects of external factors? Would the same results have been generated without specific department action?

Our success is largely due to the fact that management saw an opportunity to improve health outcomes in Louisiana, poured over policies and strategies from other states, and did not allow themselves to be limited by current processes. Instead new solutions were implemented and benefits to partners were stressed.

- Is progress directly related to specific department actions? (For example:

Have you reallocated resources to emphasize excellence in particular areas? Have you initiated new policies or activities to address particular issues or needs? Have you utilized technology or other methodologies to achieve economies or improve service delivery?)

Actions were taken in many departments simultaneously, the coordination of which ensured our success. These efforts were led by the Louisiana Department of Health (LDH) Secretary's office, Medicaid Director, and Medicaid Expansion Project Director. All Sections within the Bureau of Health Services Financing were engaged to modify systems, forms, policies, procedures, training, etc. in order to meet the July 1, 2017 implementation timeline. Meetings and outreach events were held around the state to educate and bring awareness to providers, partners and Louisiana citizens. Application Centers were offered enhanced reimbursement to submit applications using the Federally Facilitated Marketplace (FFM). Medicaid analysts were placed in hospitals across the state to ensure priority processing for the host sites that were willing to offset the State's share of their salary and related benefits. Supplemental Nutrition Assistance Program (SNAP) Assisted Enrollment was implemented first in Louisiana. This enrollment involves an annotated application and verification based on food stamp data. In addition, individuals previously enrolled in the limited benefits certifications, Take Charge Plus (TCP) and the Greater New Orleans Community Health Connection (GNOCHC) who met program criteria were automatically "flipped" into the New Adult Group based on their current enrollment.

- Is progress related to the efforts of multiple departments or agencies? If so, how do you gauge your department's contribution to the joint success?

The success of Medicaid expansion is contributed to the direct involvement by the LDH Secretary's office and all Sections of the Bureau of Health Services Financing. We enrolled over 32,000 individuals using SNAP Assisted Enrollment using income and household information for the Department of Children and Family Services (DCFS).

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

Enrollment in the new Adult Group has tapered down to approximately 500 new enrollees per day. The benefits to the citizens of Louisiana will not be fully realized immediately however with increased access to care, costs associated with treatment of chronic conditions and overutilization of emergency rooms will decrease.

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

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

“None “

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

- ☐ Yes. If so, what adjustments have been made and how will they address the situation?
- ☒ No. If not, why not?

Our 5-Year Strategic Plan was revised in July 2016. Medicaid expansion initiatives were extremely successful. Due to the forethought of Medicaid management, the Strategic Plan contains goals associated with Medicaid expansion.

♦ **How does your department ensure that your strategic plan is coordinated throughout the organizational and management levels of the department, regularly reviewed and updated, and utilized for management decision-making and resource allocation? Use as much space as needed to explain fully.**

The Medicaid Director requests management and program staff to periodically review the agency's strategic plan to ensure that goals and objectives are shared with staff, monitored and adjusted accordingly.

Accomplishment #2- Success of Outstation Sites:

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

Efforts associated with implementation of Medicaid expansion and Outstation provided an opportunity to meet our Five Year Strategic Plan objectives of providing health care to Louisiana citizens, maximizing revenue opportunities and continuing to meet state and federal guidelines for processing applications. This strategy was successful through partnership with providers, health plans, application centers and others to outreach and educate the citizens of Louisiana on the benefits of health coverage. These partnerships were instrumental in spreading the word about Medicaid expansion which helped to ensure access to care for the previously uninsured.

♦ **Where are you making significant progress?** If you are making no significant progress, state “None.” However, if you are making significant progress, identify and discuss goals and objectives that are exceeding the timeline for achievement; identify

and discuss strategies that are working better than expected. Be specific; discuss the following for each:

Our progress is significant in that the number of enrollees in the new Adult Group continues to increase and the number of Outstation sites has exceeded expectations. The Outstation work site option provides more workplace solutions to stabilize a quality workforce while providing dedicated support to partners.

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

- Is this progress largely due to the effects of external factors? Would the same results have been generated without specific department action?

We attribute our success to the vision of the Louisiana Department of Health (LDH) administrators and their abilities to implement the solutions proposed, and to our partnerships to fill in the gaps. The “Team” worked together to see the initiative through. This included direct contact with potential partners by executive management, regional management and other program managers. In order to successfully monitor and track progress with the Outstation project, managers created a SharePoint site to accurately capture participation, production, and invoicing data outside of our current struggling systems.

- Is progress directly related to specific department actions? (For example: Have you reallocated resources to emphasize excellence in particular areas? Have you initiated new policies or activities to address particular issues or needs? Have you utilized technology or other methodologies to achieve economies or improve service delivery?)

All parties were committed to the success of the Outstation project. They recognized the need and answered the call. Because of limited staffing options, management requested and supported a premium pay incentive to ensure quality staffing at host sites.

- Is progress related to the efforts of multiple departments or agencies? If so, how do you gauge your department’s contribution to the joint success?

Outstation success was a team effort involving staff from the LDH Secretary’s office and all sections of the Bureau of Health Services Financing.

- Other? Please specify.

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

We have successfully met the needs of outstation sites by providing on-site eligibility workers to support near real time eligibility decisions. We do not expect the movement to continue at an accelerated pace, but to stabilize in FY 2018.

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

“None “

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

- ☐ Yes. If so, what adjustments have been made and how will they address the situation?
- ☒ No. If not, why not?

We revised our Five-year Strategic Plan in July 2016. We will continue to monitor and improve by reviewing and standardizing procedures and streamlining processes. The data captured from the site is being used for this analysis.

- ♦ **How does your department ensure that your strategic plan is coordinated throughout the organizational and management levels of the department, regularly reviewed and updated, and utilized for management decision-making and resource allocation?** Use as much space as needed to explain fully.

The Medicaid Director requests management and program staff to periodically review the agency’s strategic plan to ensure that goals and objectives are shared with staff, monitored and adjusted accordingly.

Accomplishment #3 - Hosted Town Halls across the state to engage providers, stakeholders, and patient advocates:

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

The Five-Year Strategic Plan lists goals for better health which are addressed by Medicaid Managed Care to include improving health care quality through monitoring of quality

outcomes. Objective II for the Medicaid Managed Care program is to increase preventive healthcare through the Medicaid Managed Care Program activity, and improve quality, performance measurement, and patient experience for managed care members. Strategies emphasized are:

- Encourage Medicaid recipients to obtain appropriate preventive and primary care in order to improve their overall health and quality of life, and ensure that those who care for them provide the care through managed care programs.
- Provide health services in the most integrated setting possible, and emphasize community and home based alternatives where appropriate.
- Reimburse for a cohesive service delivery model of high quality medically necessary behavioral health services, avoiding unnecessary duplication of services and maximizing the use of federal funding.
- Increase the amount of clinical oversight by nurses/physicians of clinical aspects of patient care for Medicaid enrollees.
- Implement reporting on adult quality and Children's Health Insurance Program Reauthorization Act (CHIPRA) measures and make this data publically available.

The Medicaid Quality section remains on target toward achieving Strategic Plan Goals and Objectives. Strategies outlined in the current Strategic Plan continue to be effective and continue to be strengthened by a strong commitment to continuous Performance and Quality Improvement throughout every program and activity. Our quality strategy includes evidence based quality metrics, which are built around PIPs (performance improvement projects), specified performance measures (primarily HEDIS®), and member satisfaction (Adult and Child Consumer Assessment of Healthcare Providers and Systems (CAHPS) ® 5.0H surveys). The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. Also included are compliance monitoring and EQRO (external quality review organization) audits and evaluation for each plan.

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

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

- so, how do you gauge your department's contribution to the joint success?
- Other? Please specify.
2. Is this significant progress the result of a one-time gain? Or is progress expected to continue at an accelerated pace?

Of the 22 Healthcare Effectiveness Data and Information Set (HEDIS) measures Louisiana Medicaid has tracked since implementation of the program, we have met or exceeded the Southern regional average on 11 metrics; substantially improved from the 2011 fee for service baseline on nine; made slight improvement on one; and regressed on one (ED visits). These successes can be attributed to collaboration between the Louisiana Department of Health (LDH) Medicaid Quality, the Managed Care Organizations, education initiatives, outreach, and provider engagements. This progress is expected to continue and is monitored frequently by the MCOs and reported for annual review and validation by the EQRO and LDH.

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

For Quality performance measures, there is no significant lack of progress noted.

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

- ☒ Yes. If so, what adjustments have been made and how will they address the situation?
- ☐ No. If not, why not?

The five-year strategic plan is being revised to reflect the expanded focus on Quality Improvement services that will improve health outcomes and lower health care costs through performance metrics, value-based purchasing, meaningful use and the collection and exchange of clinical data. The new Louisiana Department of Health (LDH) executive staff has made a committed effort to be as collaborative as possible with essential stakeholders.

- ♦ **How does your department ensure that your strategic plan is coordinated throughout the organizational and management levels of the department, regularly reviewed and updated, and utilized for management decision-making and resource allocation?** Use as much space as needed to explain fully.

The Five-Year Strategic Plan aligns with the Quality Management Strategy required the Centers for Medicare & Medicaid Services (42 CFR Part 438, Subpart D). The Medicaid Quality Team monitors reports and implements performance and quality

improvement activities with regard to strategic plan goals, objectives, and performance indicators. Current performance improvement projects for the health plans include ADHD (Attention Deficit Hyperactivity Disorder) and Prematurity. The plans are given latitude on exactly how their Performance Improvement Project (PIP) is organized and functions, but receive direction, guidance and assistance from Medicaid when/where needed. A broad range of venues are utilized including individual supervision, work groups, division staff meetings, all staff meetings, newsletters, and standardized data reports.

Accomplishment #4 - Increase in EHR Incentive Program Adoption, Implementation and Upgrading:

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

In addition, when the five-year strategic plan was developed, focus was solely on increasing adoption and meaningful use of certified electronic health records technology (CEHRT) among Medicaid providers as well as increasing provider participation in LaHIE, Louisiana's state-designated health information exchange.

However, Louisiana Medicaid's vision has moved beyond increasing adoption and meaningful use of CERHT. LDH leadership has a long-term vision of performance-based, value-based purchasing. In order to achieve the vision, robust adoption and interoperability of CEHRT among all provider types is required. Although efforts are still focused on increasing adoption and health information exchange connectivity, primary focus has shifted to enabling the collection and exchange of accurate, reliable patient level clinical data.

- ♦ **Where are you making significant progress?** If you are making no significant progress, state "None." However, if you are making significant progress, identify and discuss goals and objectives that are exceeding the timeline for achievement; identify and discuss strategies that are working better than expected. Be specific; discuss the following for each:
 1. To what do you attribute this success? For example:
 - Is progress largely due to the effects of external factors? Would the same results have been generated without specific department action?
 - Is progress directly related to specific department actions? (For example: Have you reallocated resources to emphasize excellence in particular areas? Have you initiated new policies or activities to address particular issues or needs? Have you utilized technology or other methodologies to achieve economies or improve service delivery?)
 - Is progress related to the efforts of multiple departments or agencies? If so, how do you gauge your department's contribution to the joint success?

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

Louisiana Medicaid received Health Information Technology for Economic and Clinical Health Act (HITECH) funding from the Centers for Medicare & Medicaid Services (CMS) to help facilitate LDH's capacity to measure provider performance as well as improve its ability to access and aggregate data from multiple sources. Continued increases in Electronic Health Record (HER) adoption and Health Information Exchange (HIE) connectivity are prerequisites for shifting to the agency's goal of value-based purchasing. Interoperability among EHRs, state HIEs, and healthcare payment systems is expected to continue at an accelerated pace.

LDH has been the beneficiary of multiple subject matter expert stakeholders and new agency leadership, to formulate a Health Information Technology (HIT) strategy that includes developing systems to access and aggregate clinical data. Stakeholders include Kelly Cronin and Tom Novak from the Office of the National Coordinator, a new HITECH Advisory Committee composed of the most experienced HIT individuals in the State, and the National Governors' Association. The Department has received rejuvenation and unparalleled guidance from LDH Secretary Dr. Rebekah Gee, Chief Information Officer Dr. Esteban Gershanik and HIT Coordinator Dr. Alicia Guidry. All stakeholders are deeply invested in accelerating the pace of progress and have unbridled passion for improving our healthcare model.

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

The most significant lack of progress is the ability to converge around a statewide uniform strategy for collection and exchange of clinical data that meets all stakeholders' objectives and is achievable based on budget constraints.

Internal factors include heavy employee turnover that mitigates relationships with stakeholders, limits transfer of knowledge, and budget constraints that limit statewide initiatives.

External factors include lack of a governance model that supports statewide initiatives, coordinates guidance, and increases stakeholder buy-in.

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

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

☐ No. If not, why not?

The five-year strategic plan is being revised to reflect the expanded focus on Quality Improvement services that will improve health outcomes and lower health care costs through performance metrics, value-based purchasing, meaningful use and the collection and exchange of clinical data. The new LDH executive staff has made a committed effort to be as collaborative as possible with essential stakeholders

- ♦ **How does your department ensure that your strategic plan is coordinated throughout the organizational and management levels of the department, regularly reviewed and updated, and utilized for management decision-making and resource allocation?** Use as much space as needed to explain fully.

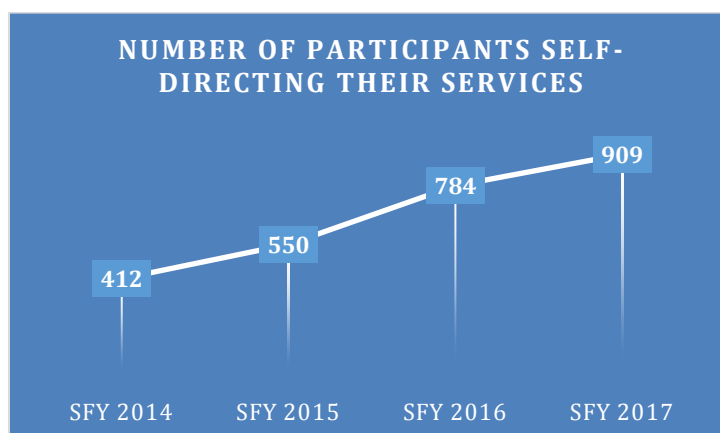
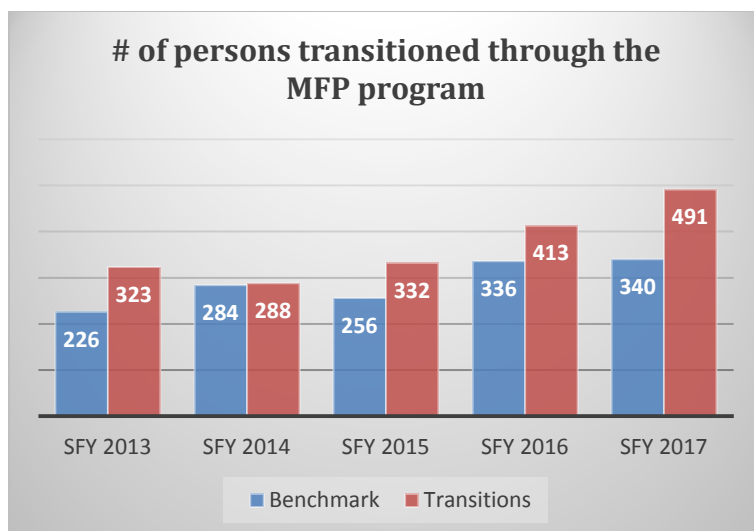
Our five-year strategic plan feeds into and aligns with the Centers for Medicare & Medicaid Services (CMS) required State Medicaid Health Information Technology Plan. Annual Implementation Advanced Planning Document (IAPD) funding is contingent on HIT State Medicaid Health Plan (SMHP) alignment and is formally submitted to CMS after internal approval from the Medicaid Medical Director and Chief Information Officer.

Accomplishments #5 & #6 – Electronic Visit Verification & Louisiana Statewide Transition Plan for Compliance with CMS’ Home and Community Based Services Settings Rule

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

Our five-year strategic plan involves improving quality of services, decreasing fragmentation, refocusing the system to increase access and choice while decreasing reliance on more expensive institutional care.

1) The State continues to make progress in promoting choice among individuals served by transitioning people out of institutions through the Money Follows the Person (MFP) grant and 2) having the capacity to allow an increased number of individuals to self-direct their services (see below charts).



The State has also made progress in creating efficiencies to improve access and quality such as:

3) Implementing an Electronic Visit Verification system in addition to

4) Replacing an outdated, isolated, and unsupported incident management system with a system that allows the Office of Aging and Adult Services, Office of Citizens with Developmental Disabilities, Health Standards Section, direct service providers, support coordinators, nursing homes, and Intermediate Care Facility – Developmentally Disabled (ICF/DD) workers to use a single incident management system. The new system allows for a consolidated, consistent reporting and analytics mechanism in addition to real time data sharing among agencies which improve efficiencies with response times, programmatic assessment, strategic planning, and compliance with the Centers for Medicare & Medicaid Services assurances while aiding in resolving incidents more efficiently to prevent further similar incidents.

- ♦ **Where are you making significant progress?** If you are making no significant progress, state “None.” However, if you are making significant progress, identify and discuss goals and objectives that are exceeding the timeline for achievement; identify

and discuss strategies that are working better than expected. Be specific; discuss the following for each:

1. To what do you attribute this success? For example:
 - Is progress largely due to the effects of external factors? Would the same results have been generated without specific department action?
 - The State received continued funding through the Money Follows the Person (MFP) grant which allowed for an increased number of transitions to occur.
 - The Louisiana Department of Health (LDH) initially awarded its fiscal management contract to a contractor that was not able to fulfill obligations which resulted in termination of the contract. LDH staff worked quickly to re-negotiate a contract with the previous vendor in order to preserve self-direction as an option for our waivers.
 - LDH was able to secure a sole source Electronic Visit Verification contract to implement.
 - LDH was able to secure a contract to develop and implement a new Incident Management System to replace the outdated, isolated, and unsupported system.
 - Is progress directly related to specific department actions? (For example: Have you reallocated resources to emphasize excellence in particular areas? Have you initiated new policies or activities to address particular issues or needs? Have you utilized technology or other methodologies to achieve economies or improve service delivery?)

Resources have been allocated to ensure successful transitions of individuals from institutional facilities to community based settings through the Money Follows the Person (MFP) grant.

The demand for the program continues to grow and the Department has allowed for resources to be in place to accommodate the growth and continued success.

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

The successes were achieved through collaboration with the Office of Citizens with Developmental Disabilities and the Office of Aging and Adult Services.

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

Progress is expected to continue as long as funding is available.

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

There has been a lack of significant progress in rebalancing and decreasing reliance on institutional care which has not significantly increased the percentage of Medicaid spending that goes toward home and community based services as compared to spending on institutional services has not significantly increased.

The lack of progress is due to a combination of circumstances: lack of funding to fill waiver slots, consistently increasing institutional spending for nursing homes, services in intermediate care facilities and disproportionate share hospital payments that inhibits the State’s ability to achieve this goal. The State also proposed to restructure the delivery of Long Term Supports and Services (LTSS) by placing long term care populations and services in Medicaid managed care to make progress towards achieving this goal; however, this plan was not approved. The move to managed care would support rebalancing as it provides incentives to managed care organizations to place people in most appropriate, cost effective settings.

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

- ☐ Yes. If so, what adjustments have been made and how will they address the situation?
- ☒ No. If not, why not?

The Strategic Plan has not been updated recently to account for successes and shortfalls.

- ♦ **How does your department ensure that your strategic plan is coordinated throughout the organizational and management levels of the department, regularly reviewed and updated, and utilized for management decision-making and resource allocation?** Use as much space as needed to explain fully.

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

review and evaluate performance during that fiscal year in order to determine if the information gained from this review should be used to improve strategic and operational planning, or program management operations.

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

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

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

Funding for Home and Community Based Services

A. Problem/Issue Description

1. What is the nature of the problem or issue?

The nature of the problem is that Home and Community-Based Services have not been funded to the extent necessary to significantly increase the proportion of spending as compared to institutional spending. Institutional spending mandates also exist in the State of Louisiana which creates barriers to significantly increase the proportion of spending.

2. Is the problem or issue affecting the progress of your strategic plan? (See Section II above.)

Yes

3. What organizational unit in the department is experiencing the problem or issue?

The Office for Citizens with Developmental Disabilities, Office of Aging and Adult Services, and Medicaid are experiencing the problem.

4. Who else is affected by the problem? (For example: internal or external customers and other stakeholders.)

The approximately 40,000 people on the Medicaid Request for Services Registry awaiting Home and Community Based waiver services and their families are affected.

5. How long has the problem or issue existed?

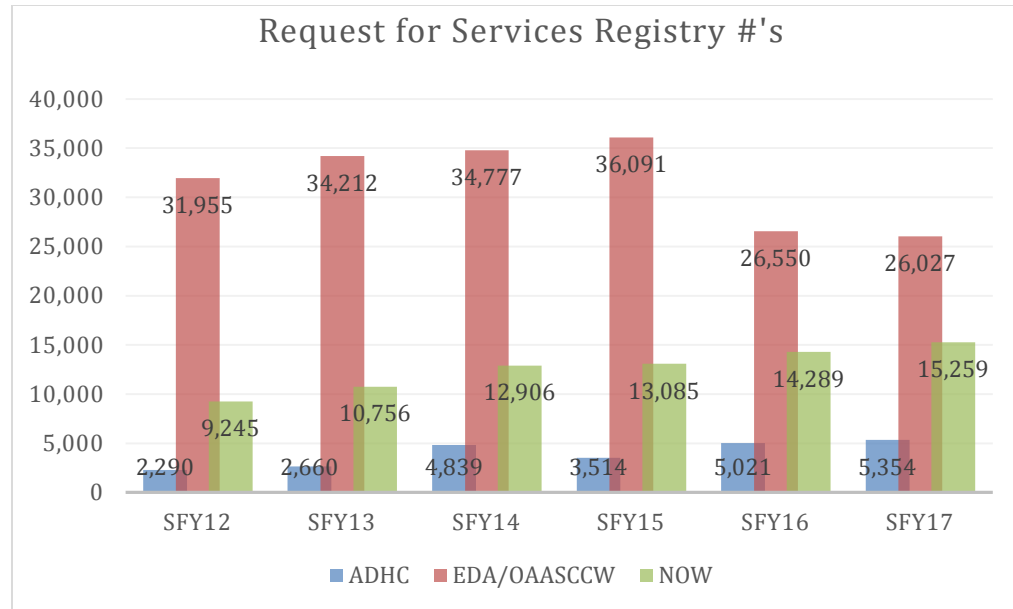
As described in, “*Framing the Future Together: Long Term Care Financing*” (a report to the House of Representatives in 2013), historically, Louisiana has relied almost exclusively on institutional care and was one of the most heavily institutionalized states in the nation. In the year 2000, the U.S Supreme Court ruled in the Olmstead case that states must provide alternatives to institutional care for persons with disabilities, based on the Americans with Disabilities Act. The Advocacy Center filed a follow-up suit in Louisiana, the Barthelemy case, which paved the way for the growth in Home and Community-Based services. Progress has been made in shifting resources and services from institutional to community based care, but progress has been at a standstill or reversed in recent years.

6. What are the causes of the problem or issue? How do you know?

The causes are external factors such as fiscal condition of the State, State legislation, rules and mandates.

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

Surveys show that most people prefer to receive long term care at home or in a community based setting, and the demand for services continues to grow as shown by the number of persons on the waiting lists to receive services (see chart below).



*2016 decrease due to registry list clean-up (deaths and non-response to validation of the registry)

B. Corrective Actions

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

☒ No. If not, skip questions 2-5 below.

☐ Yes. If so, complete questions 2-5 below.

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

5. Do corrective actions carry a cost?

☐ No. If not, please explain.

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

Please discuss the following:

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

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

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

☒ **Internal audit**

The Louisiana Department of Health (LDH) Office of the Secretary ensures ongoing monitoring of programmatic and administrative functions.

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

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

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

The Louisiana Department of Health (LDH) has a designated Audit Coordinator for financial audits. The LDH Audit Coordinator is the designated point of contact for all correspondence and communication related to financial audits of

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

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

- ☐ Policy, research, planning, and/or quality assurance functions in-house
- ☐ Policy, research, planning, and/or quality assurance functions by contract
- ☐ Program evaluation by in-house staff
- ☐ Program evaluation by contract
- ☒ **Performance Progress Reports (Louisiana Performance Accountability System)**
The Louisiana Department of Health (LDH) Division of Planning and Budget coordinates and reviews entries of the Louisiana Performance Accountability System (LaPAS) data on a quarterly basis for all LDH agencies. Explanatory notes are provided for positive and negative variances greater than 5% from quarterly performance indicator targets. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed.
- ☒ **In-house performance accountability system or process**
Performance Based Budgeting activities (including, but not limited to strategic planning, operational planning, and the Louisiana Performance Accountability System) are coordinated by the Louisiana Department of Health (LDH) Division of Planning and Budget. This section reviews all objectives, performance indicators and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed. Also, at the close of a fiscal year, agencies and programs review and evaluate performance during that fiscal year in order to determine if the information gained from this review should be used to improve strategic and operational planning, as well as agency and program management department-wide.
- ☒ **Benchmarking for Best Management Practices**
The Louisiana Department of Health (LDH) Division of Planning and Budget reviews, researches and develops objectives, performance measures and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are compared to benchmarks from leading states involved in performance-based budgeting activities. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed.

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

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

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

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

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

1. Title of Report or Program Evaluation:
Waiver Self-Direction Survey
2. Date completed:
Completed every year
3. Subject or purpose and reason for initiation of the analysis or evaluation:
Determine levels of satisfaction with services received through the fiscal agent.
4. Methodology used for analysis or evaluation:
The fiscal agent solicited feedback from program participants and administrators through satisfaction surveys.
5. Cost (allocation of in-house resources or purchase price):
This report is completed by the fiscal agent, included in contract cost.
6. Major Findings and Conclusions:
Results indicated high levels of satisfaction.
7. Major Recommendations:
N/A
8. Action taken in response to the report or evaluation:
Some frustrations around communication, payroll processes, and enrollment delays were revealed. These areas were added to the contractor's area of growth opportunities.

9. Availability (hard copy, electronic file, website) :
Electronic file
10. Contact person for more information:
Name: Toni Bennett
Title: Program Manager 2
Agency & Program: MVA-Waiver and Compliance
Telephone: (225) 342-6332
Email: Toni Bennett, toni.bennett@la.gov

Annual Management and Program Analysis Report

Fiscal Year 2016-2017

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

Department Head: **Rebekah E. Gee, MD, MPH**
LDH Secretary

Undersecretary: Jeff Reynolds

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

For each accomplishment, please discuss and explain:

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

Accomplishment #1: The Louisiana Department of Health and Department of Corrections Team up to Provide Health Care Coverage for Newly Released Offenders

- A. What was achieved?

Because of Medicaid expansion, the Louisiana Department of Health (LDH) and the Louisiana Department of Corrections (DOC) are helping incarcerated individuals enroll into Medicaid, with coverage beginning once the individual's sentence is completed and they transition out of prison.

Phase one of the pre-release enrollment initiative was implemented in January for offenders in the seven DOC state facilities. As of February 27, 2017, 230 offenders have been linked to a health plan, and it is expected that approximately 2,800 offenders qualified for coverage annually, with about 30 percent of these former offenders being eligible for case management.

B. Why is this success significant?

Under Medicaid expansion, states such as Louisiana can use enhanced federal funding to make health care coverage available to individuals who are transitioning out of prison. Numerous studies show that access to mental health, substance use and other health care services helps former offenders better integrate back into their communities, lessening the likelihood of these individuals committing future crimes.

According to the Louisiana Department of Public Safety and Corrections Secretary James M. LeBlanc, nearly a quarter of the state's offenders have serious mental health issues, and 75 percent have substance use disorders.

Nationwide, as well as in Louisiana, offenders enter prison with high rates of mental illness, substance use disorders, chronic health conditions and infectious diseases. While incarcerated, offenders receive care, but studies show that almost all offenders who leave prison do not have health care coverage, nor are they likely to find employment that offers coverage. Because continuity of care is critical to better health, this is an especially vulnerable population.

C. Who benefits and how?

Previously incarcerated Louisiana citizens and the community, as a whole, benefit from this achievement, as continuity of care is critical to better health. Having health coverage also contributes to reduced use of emergency rooms this population typically uses for basic care. This is also a key solution to reducing Louisiana's high incarceration rate, reducing the state's recidivism rate, keeping citizens safe, and saving taxpayer money.

D. How was the accomplishment achieved?

The Louisiana Department of Health (LDH) and the Louisiana Department of Corrections (DOC) began planning for this program in late 2015, scheduling implementation in phases beginning with the seven state correctional facilities. LDH and DOC developed an automated enrollment process that allowed the agencies to share information about offenders who were set for release within the next nine months, and got them enrolled in Medicaid and linked to a health plan prior to their release. This enrollment process ensured that the health plan insurance cards were mailed to DOC in time for release so that the former offender would know who to contact for access to care after release.

Louisiana Department of Corrections also identified offenders who had a high need for health care services for the Healthy Louisiana plans to perform case management activities immediately prior to an inmates release to ensure a more seamless transition of care. This included offenders who used a wheelchair, or had a serious mental illness, co-occurring substance use disorders, two or more medical conditions, HIV or other chronic health conditions.

As these individuals were identified, information was shared with the Medicaid managed care plans which then developed care plans that included doctor appointments and prescriptions. This information was then included as a component of the prison discharge planning.

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

Yes, the mission of the Louisiana Department of Health is to protect and promote health statewide and to ensure access to medical, preventive and rehabilitative services for all state residents.

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

Yes. This accomplishment represents a Best Management Practice as it demonstrates successful collaboration between two state agencies. It also illustrates how joint endeavors can help address many of the barriers to improving health care.

Accomplishment #2: The Trump Administration Names Louisiana One of the Toughest States on Fighting Medicaid Fraud

- A. What was achieved?

The Trump Administration's Office of Inspector General Department of Health and Human Services audit found that Louisiana's Medicaid program complied with the Federal fraud reporting requirements, has the proper procedures in place to report fraud, and is not in need of any recommendations for improvement.

- B. Why is this success significant?

Louisiana is one of only four states to pass this audit since 2014. This is the direct result of diligent oversight by the Louisiana Department of Health (LDH) to make certain that taxpayer dollars were not misused and abused. Specifically, the audit reviewed Louisiana Medicaid's financial and management anti-fraud policies and practices. These policies and practices that are in place ensure that credible cases of Medicaid fraud are detected, that actions are taken to stop payments to suspicious providers, and that referrals are made to the Attorney General's Office for investigation and prosecution, when applicable.

In addition, as stewards of limited taxpayer dollars, preventing Medicaid fraud is a top priority of LDH. As demonstrated by this successful audit, the LDH is ruthless in its efforts to stop criminals who are intent on defrauding the Medicaid program. The Department has improved the systems that detect fraud, and all alleged fraud cases are referred to the state's attorney general.

- C. Who benefits and how?

The State of Louisiana and its citizens benefit from this accomplishment. Louisiana is operating under very difficult financial times, and Medicaid fraud is often targeted as a problem area. This news should help put to rest the fears of those who often criticize the State's efforts, as we are sending a clear message that when it comes to getting tough on Medicaid fraud Louisiana is among an elite group of states leading the way by doing the right thing.

D. How was the accomplishment achieved?

In its audit review, the U.S. Office of the Inspector General reviewed 225 cases of providers who were suspected of fraud and abuse. In 100 percent of the cases, the Louisiana Department of Health (LDH) was found to have made the proper decision regarding referring a provider suspected of fraud to the Louisiana Attorney General. Within LDH and its partner managed care organizations, there are multiple systems in place to detect and prevent fraud. These include state-of-the-art software that uses pattern matching algorithms and predictive analytics to look for duplicate charges and other potentially fraudulent billing practices. In addition, each managed care organization has its own program integrity units that work with the Department to coordinate data and information that is critical to fraud prevention.

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

Yes. One of the objectives in the strategic plan for the Office of the Secretary is to appraise activities and agency operations in an effort to safeguard the Department against fraud, waste and abuse.

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

Yes, this represents a Best Management Practice. This accomplishment represents a Best Management Practice as it demonstrates successful collaboration between two entities.

Accomplishment #3: Own Your Own Health Challenge Partnered with NBC Fit For Life Biggest Loser Weight Loss Challenge

A. What was achieved?

Arklatex-NBC Fit For Life Biggest Loser Weight Loss Challenge joined Own Your Own Health (OYOH). Shreveport television station KTAL-NBC6, Robert "Super-Mann" Blount, and Own Your Own Health hosted the three-month Weight Loss Challenge which began February 20 and end on May 20, 2017. The Ark-La-Tex is a U.S. socio-economic region where Arkansas, Louisiana, Texas, and Oklahoma abut. The region contains portions of Northwest Louisiana, Northeast Texas, South Arkansas, and the Little Dixie area of Oklahoma.

B. Why is this success significant?

Like the Biggest Loser, an American competition reality show that debuted on NBC in 2004, the Own Your Own Health (OYOH) challenge encourages Louisiana to develop active lifestyles and eating habits. The TV show featured obese or overweight contestants competing to win a cash prize by losing the highest percentage of weight relative to their initial weight.

The OYOH competition featured Robert “Super-Mann” Blount, a Bodybuilding promoter and former co-chairman of the National Physique Committee for the state of Georgia. Blount designed fitness and nutrition schedules for the contestants to help them stay on track and reach their weight loss goals. Contestants were also able to share their training and eating regimens on the OYOH website so the general public could help chart their journey, encourage and help them reach their goals.

C. Who benefits and how?

The people of Louisiana benefit from this accomplishment. Own Your Own Health is a physical activity and nutrition tracking program designed to help Louisianans combat obesity and its related chronic illnesses by taking small but effective steps to eating right and exercising daily.

D. How was this accomplishment achieved?

Five contestants were selected at the NBC6/Fit for Life Health & Wellness Expo on Saturday, February 11. Each challenger was monitored by Robert “Super-Mann” Blount and Optimum Fitness. The contestants were also tracked on the Own Your Own Health Physical Activity and Nutrition tracking system and provided free healthy meals by Panera Bread restaurant.

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

Yes, Own Your Own Health and the Governor's Council on Physical Fitness and Sports play a vital role in the promotion of physical activity and wellness throughout the state of Louisiana. This accomplishment supports the Office of the Secretary Governor's Council on Physical Fitness and Sports strategic plan objective: To offer competitive sporting events, workshops and conferences that will educate people about the importance of physical fitness and to work with non-profit health oriented organizations to educate all age groups in Louisiana about the value of staying physically active.

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

Yes, this accomplishment represents a Best Management Practice, as it demonstrates successful collaboration between two entities in helping to improve and encourage healthy lifestyles.

Accomplishment #4: Louisiana Department of Health Launches Online Data Tool

A. What was achieved?

The Louisiana Department of Health’s Center for Population Health Informatics and the U.S. Centers for Disease Control and Prevention’s National Tracking Network partnered to create Health Data, a public data portal that provides longitudinal analyses of Louisiana health data. This portal is fully interactive and allows users to access health, population, environmental and exposure data and visualizations in one place.

Users can access the Health Data portal at <http://healthdata.dhh.la.gov> and all data are publicly available. More information on health data resources is available at ldh.louisiana.gov/cphi, where users can also request custom data or visualizations.

B. Why is this success significant?

This new site developed by the Louisiana Department of Health is significant because it can provide information like the number of uninsured Louisianans, the rates of those with chronic illnesses or obesity, environmental statistics and even which communities have access to healthy foods. The data can even be downloaded and continually curated to ensure the best and most current information is available. New data sources will be added as they are identified.

C. Who benefits and how?

Those who will benefit from this accomplishment include the general public, researchers, scientists, educators, students, health officials or any individuals seeking to learn more about the health issues affecting their community. The site is accessible to the general public, and has proved to be especially useful to researchers, scientists, educators, students, health officials and individuals seeking to learn more about the health issues affecting their community.

Also, by allowing free and ready access to health data, residents can become more aware of the health issues facing Louisiana and community workers and health researchers will have the information they need to better understand and improve the health of Louisiana's families and communities.

D. How was the accomplishment achieved?

This accomplishment was achieved through partnership between the Louisiana Department of Health's Center for Population Health Informatics and the U.S. Centers for Disease Control and Prevention's National Tracking Network. The goal was to create a site that makes it easy for researchers and anyone else who is interested in Louisiana's health care data to find and analyze data. Those who access the site can search for specific topics of interest and view tables, graphs and maps to explore datasets geographically and over time.

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

Yes, the goals of the Louisiana Department of Health are to provide quality services, protect and promote health practices, develop and stimulate services by others, and to utilize available resources in the most effective manner.

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

Yes, this accomplishment represents a Best Management Practice, as it demonstrates successful collaboration between two entities to help improve and encourage healthy living.

Accomplishment #5: Approval from the Centers Medicare and Medicaid Services (CMS) for Revised Complaint Process

A. What was achieved?

The Health Standards Section streamlined the process for the complaint process through checklists and organization of required documentation.

B. Why is this success significant?

This accomplishment is significant because it provided for a more efficient and effective process, ensured compliance to regulations, lessened the time it took to write reports, and allowed for enhanced reporting of outcomes.

C. Who benefits and how?

This accomplishment benefits the clients we served, providers, and also the Health Standards Section.

D. How was the accomplishment achieved?

This accomplishment was achieved by pilot process, education to staff, and review of data and results.

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

Yes, it allows for successful data manipulation and analysis through SPSS (Statistical Package for the Social Science) for the Centers Medicare and Medicaid Services and for quarterly performance indicator reporting for the Louisiana Department of Health.

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

No, this may not be applicable to other agencies.

II. Is your department Five-Year Strategic Plan/Business Plan on time and on target for accomplishment?**♦ Please provide a brief analysis of the overall status of your strategic progress.**

What is your general assessment of overall timeliness and progress toward accomplishment of results targeted in your goals and objectives? What is your general assessment of the effectiveness of your strategies? Are anticipated returns on investment are being realized?

Strategic Plan: Yes, the strategic plan for the Department is on time for accomplishment. Our 5-Year Strategic Plan, which was revised in July 2016, provides: (1) a general picture of intended performance across the agency, (2) a general discussion of strategies and resources the agency will use to achieve its goals, and (3) general confidence and

reliability that agency performance information will be credible.

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

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

The Health Standards Section continues to meet the mandates of the Centers for Medicare and Medicaid Services (CMS) compliance and workload as evidence in the success shown through state performance standards. This is also evident in the results shown on departmental performance indicators. The number of deficiencies overturned during the administrative appeal process is minimal which leads to the ability to ensure strong evidence is provided when citing deficient practice. The section has been repeatedly rewarded by CMS by the acquisition of monies to fund the enhancement of IT equipment and other equipment needed to enhance work product. This reward is obtained due to the achievement above and beyond the projected workload expectations.

- ♦ **Where are you making significant progress?** If you are making no significant progress, state "None." However, if you are making significant progress, identify and discuss goals and objectives that are exceeding the timeline for achievement; identify and discuss strategies that are working better than expected. Be specific; discuss the following for each:
 1. To what do you attribute this success? For example:
 - Is progress largely due to the effects of external factors? Would the same results have been generated without specific department action?
 - Is progress directly related to specific department actions? (For example: Have you reallocated resources to emphasize excellence in particular areas? Have you initiated new policies or activities to address particular issues or needs? Have you utilized technology or other methodologies to achieve economies or improve service delivery?)
 - Is progress related to the efforts of multiple departments or agencies? If so, how do you gauge your department's contribution to the joint success?
 - Other? Please specify.
 2. Is this significant progress the result of a one-time gain? Or is progress expected to continue at an accelerated pace?

Health Standards Section: Significant progress has been made in completion of routine licensing surveys for the Home and Community Based Service programs. This was due to

improvements in workflow processes at the program desk level, cross training of staff, the initiation of the improved complaint process, and by staff training to ensure productive offsite planning and to remain focused on major areas of negative outcomes and system failures. Significant progress has also been made on the handling of public records requests; the number of requests increases each year. Staff resources have been dedicated to this body of work. This enhances the knowledge base of the person handling these requests, allows them to establish systematic processes to handle and monitor these requests, and ensures consistency with the handling of these documents

- ♦ **Where are you experiencing a significant lack of progress?** If you are experiencing no significant lack of progress, state “None.” However, if you are experiencing a significant lack of progress, identify and discuss goals and objectives that may fall significantly short of the targeted outcome; identify and discuss strategies that are not working well. Be specific; discuss the following for each:
 1. To what do you attribute this lack of progress? For example:
 - Is the lack of progress related to a management decision (perhaps temporary) to pursue excellence in one area at the expense of progress in another area?
 - Is the lack of progress due to budget or other constraint?
 - Is the lack of progress related to an internal or external problem or issue? If so, please describe the problem and any recommended corrective actions in Section III below.
 - Other? Please specify.
 2. Is the lack of progress due to a one-time event or set of circumstances? Or will it continue without management intervention or problem resolution?

Health Standards Section: The Behavioral Health licensing program in the Health Standards Section has shown the most concerning over the past year. Given the numerous rule changes, the challenges with determining exactly who is or is not part of these licensed providers, the numerous entities that are involved in some part with the oversight of this program, and tripling of the provider group have given the most challenges. There is a lack of resources to handle this growth and the initial licensing of this huge increase in numbers from less than 200 to now almost 500 with approximately another 200 on the horizon to be brought into the fold. There have been many challenges to bring all of these interest groups together to provide a single point of entry for regulatory oversight. The Health Standards Section continues to work with the Office of Behavioral Health and Medicaid on this challenge. The number of new providers brought into the group leads to more complaint investigations and then more annual surveys that are required and more administrative paperwork that goes with the management and oversight of any program. Given the current lack of additional resources, this has proven to be an overwhelming workload on already strained resources.

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

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

Adjustments within each office/section are made on a continuous basis to efficiently address critical needs/issues of each office. The scheduling uses a tier priority system varying between onsite inspections versus desk reviews.

☐ No. If not, why not?

- ♦ **How does your department ensure that your strategic plan is coordinated throughout the organizational and management levels of the department, regularly reviewed and updated, and utilized for management decision-making and resource allocation?** Use as much space as needed to explain fully.

On a Department-wide level, Performance Based Budgeting activities (including, but not limited to, strategic planning, operational planning, and the Louisiana Performance Accountability System) are coordinated by the Louisiana Department of Health Division of Planning and Budget. This section reviews (and sometime develops) objectives, performance indicators and strategies for programs within the Office of the Secretary, other LDH agencies, and for some Local Governing Entities (LGEs). Each agency/LGE, with input from Executive Management, develops its own Operational Plan and Strategic Plan. Plans are then submitted to the Office of the Secretary for review and feedback. Recommendations are made directly to the Assistant Secretaries or the Secretary, if modifications or additions are needed. Also, at the close of a fiscal year, agencies review and evaluate performance during that fiscal year in order to determine if the information gained from this review should be used to improve strategic and operational planning, or program management operations.

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

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

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

No significant department or operational problems exist.

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

A. Problem/Issue Description

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

B. Corrective Actions

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

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

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

5. Do corrective actions carry a cost?

☐ No. If not, please explain.
☐ Yes. If so, what investment is required to resolve the problem or issue? (For

example, investment may include allocation of operating or capital resources—people, budget, physical plant and equipment, and supplies.)

Please discuss the following:

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

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

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



Internal audit

The Office of the Secretary ensures ongoing monitoring of programmatic and administrative functions.

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

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



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

The Louisiana Department of Health (LDH) has a designated Audit Coordinator for financial audits. The LDH Audit Coordinator is the designated point of contact for all correspondence and communication related to financial audits of LDH agencies. The Audit Coordinator is involved all written communication related to audits and is kept informed about all relevant verbal communication between agency personnel and the Louisiana Legislative Auditor (LLA) staff. The LLA conducts performance audits, program evaluations, and other studies

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- ☒ **Benchmarking for Best Management Practices**
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Contracts are required to contain a description of the work to be performed including goals and objectives, deliverables, performance measures and a monitoring plan.

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

The Health Standards Section in the Office of the Secretary addresses the status of programs via performance indicator review; feedback through our informal dispute resolution processes is afforded to all providers; and complainants, through the continuous quality improvement process; and guidelines established for the review of survey activity through the CMS State Performance Standards Review process for certification, survey, and CLIA.

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

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

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

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

Annual Management and Program Analysis Report

Fiscal Year 2016-2017

Department: **Louisiana Department of Health (LDH)**
09-309 South Central La. Human Services Authority

Department Head: **Rebekah E. Gee, MD, MPH**
LDH Secretary

Undersecretary: **Jeff Reynolds**

Executive Director: **Lisa Schilling**

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

For each accomplishment, please discuss and explain:

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

Accomplishment #1: Integration of Primary Care into Behavioral Health Care

- A. What was achieved?
The South Central Louisiana Human Services Authority (SCLHSA) successfully integrated Primary Care into its Behavioral Health Care setting in 2014. The overall goal of this integration was to improve and promote overall health within the general population. SCLHSA recognized the need for patients to take care of both their physical and behavioral health needs. The mind and the body cannot be separated; symptoms and illness in one impacts the health of the other. Both physical health and behavioral health benefit from prevention efforts, screening tests, routine check-ups,

and treatment. Our philosophy of holistic care recognizes and respects the role of individuals and their families in the health care experience and we strive to provide our patients with person centered treatment that reflects their total mind and body needs. SCLHSA decided to take this approach one step further and create a “Health Home” through which our patients could benefit from input by outside stakeholders and providers as well.

B. Why is this success significant?

The Affordable Care Act of 2010, Section 2703 (1945 of the Social Security Act), created an optional Medicaid State Plan benefit for states to establish Health Homes to coordinate care for people with Medicaid who have chronic conditions. The Centers for Medicare & Medicaid Services (CMS) expects states health home providers to operate under a "whole-person" philosophy. Health Homes providers are charged with integrating and coordinating all primary, acute, behavioral health, and long-term services and supports to treat the whole person.

C. Who benefits and how?

The patient is the beneficiary of an integrated approach to care. A medical home (aka person-centered medical home) or patient-centered medical home (PCMH) is a care model that involves the coordinated care of individual's overall health care needs and where individuals are active in their own care. The SCLHSA Health Home offers coordinated care to individuals with multiple chronic health conditions, including mental health and substance use disorders. The Health Home is a team-based clinical approach that includes the patient, his or her providers, and family members, when appropriate. The Health Home builds linkages to community supports and resources as well as enhances coordination and integration of primary and behavioral health care to better meet the needs of people with multiple chronic illnesses.

D. How was the accomplishment achieved?

SCLHSA implemented Primary Care Services in 2014 as a way to service all of our patient needs in a “one-stop shop”. SCLHSA’s treatment philosophy is based on the recovery process. The goal of the Health Home process is to guide clients in understanding their potential to heal themselves by collaborating with the client, family members and other individuals. SCLHSA’s Health Home is responsible for providing primary care and comprehensively addressing multiple areas of need including psychological, physical vocational, social, financial and spiritual needs. The team consists of a primary care nurse practitioner, medical assistant and case manager along with the capability to consult with a psychiatrist (child or adult), registered nurse, psychologist, etc. at each site. This collaboration forms a supportive network enabling clients to make positive changes and manage their behavior in order to achieve their highest possible quality of life. The integration of primary care and behavioral health care provides another step in the continuum to recovery and resiliency.

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

The addition of primary care services to the SCLHSA treatment protocol serves to emphasize the agency mission statement “To promote overall health within the general population by increasing public awareness and access for individuals with behavioral health and developmental disabilities to integrated primary care and community based services while promoting wellness, recovery and independence through education and the choice of a broad range of programmatic and community resources.” Specifically, the Health Home program coincides with the following goal of the SCLHSA Strategic Plan:

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

SCLHSA’s Health Home is a care management service model whereby all of an individual’s caregivers communicate with one another so that a patient’s needs are addressed in a comprehensive manner. This is done primarily through a care manager who oversees and provides access to all of the services an individual needs to assure that they receive everything necessary to stay healthy, out of the emergency room and out of the hospital. Health records are shared among providers so that services are not duplicated or neglected. Health Home services are provided through a network of organizations – providers, health plans and community-based organizations. When all the services are considered collectively, they become a virtual Health Home.

- F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
- Patients can achieve both improved physical and behavioral health by concurrently addressing their expressed needs. For years, physical and mental health treatment has been provided in separate locations and systems. SCLHSA’s Health Home is a new evidence-based model that uses a person-centered approach developed from research supporting the integration of health care. Benefits include: Care Coordination; Health Promotion; Individual and Family Support; referral to Community and Social Support Resources (if needed); Transitional care and Follow-up services from In-patient to other settings; connection to Doctors and Counselors; help understanding routine labs, testing and medication. This total care concept will eventually lead to a reduction in emergency room visits and hospitalizations costs of care by improving patient outcomes through treating a patient’s total health care needs.

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

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

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

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

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

During FY 2016-2017, South Central Louisiana Human Services Authority has made huge strides in demonstrating compliance with its Strategic Goals which were created with input from the SCLHSA Board of Directors, Local Providers and SCLHSA staff. The four following goals represent the community’s perspective on where our agency needs to continue to concentrate its efforts:

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

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

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

Goal 4: Maintain CARF Accreditation by committing to quality improvement, focusing on the unique needs of each person we serve, and

monitoring the results of services we provide.

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

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

None.

1. To what do you attribute this lack of progress? For example:
 - Is the lack of progress related to a management decision (perhaps temporary) to pursue excellence in one area at the expense of progress in another area?
 - Is the lack of progress due to budget or other constraint?
 - Is the lack of progress related to an internal or external problem or issue? If so, please describe the problem and any recommended corrective actions in Section III below.
 - Other? Please specify.
 2. Is the lack of progress due to a one-time event or set of circumstances? Or will it continue without management intervention or problem resolution?
- ♦ **Has your department revised its strategic plan to build on your successes and address shortfalls?**
 - ☐ Yes. If so, what adjustments have been made and how will they address the situation?
 - ☐ No. If not, why not?

South Central Louisiana Human Services Authority's implemented additional Strategies specific to: expansion of eligibility criteria, strengthened collaboration with community partners/stakeholders; intensified focus on evidence-based and best practices for treatment/services delivery; increased access to social support systems; increased monitoring; increased technical assistance to contractors; and, pervasive performance and quality improvement activities. All strategies were geared to assure

sustainability, increase capacity, and continue the delivery of high quality effective services and supports. The Authority also honed performance Indicators, retaining some trending data with the bulk of the attention focused on the development of true and meaningful outcome measures.

- ♦ **How does your department ensure that your strategic plan is coordinated throughout the organizational and management levels of the department, regularly reviewed and updated, and utilized for management decision-making and resource allocation?** Use as much space as needed to explain fully.

The South Central Louisiana Human Services Authority, a Local Governing Entity, adheres to the Carver Policy Governance Model. The Board of Directors establishes the Authority's Mission, Vision, and Priorities, and selects an Executive Director to provide ongoing administration and operational management of the Authority. The Executive Director presents the Board of Directors with monthly updates and an annual Ends Policy Monitoring Report detailing progress toward the organization's Strategic Plan Goals and Objectives.

As an organization that has adopted and actively practices both Accountable Care and Performance and Performance Improvement models/philosophies, South Central Louisiana Human Services Authority continuously communicates, monitors, reports, and implements corrective action/process improvement activities with regard to Strategic Plan Goals, Objectives, and Performance Indicators via a broad range of venues (from individual supervision to performance reporting available to staff).

Each Service Director assists the Authority with developing an annual organizational specific business plan in support of the South Central Louisiana Human Services Authority Strategic Plan. Each Director is also required to provide monthly progress reports to the Executive Director and other members of the Executive Management Team. Additionally, the Executive Management Team develops, adopts, and implements cross-divisional annual Performance Improvement Initiatives (PI) to further insure South Central Louisiana Human Services Authority will meet and/or exceed Strategic Plan Goals and Objectives and to support the successful sustainability of the Authority. As with the business plan, quarterly progress reports are delivered in this case by the full Executive Management Team to the Board.

South Central Louisiana Human Services Authority informs employees about Strategic Plan Goals, Objectives, and Performance Indicators via monthly Manager Meetings and, Directors involve staff in data collection, analysis, and reporting of Performance Indicator outcomes. Clinic Managers lead discussion about the Performance Improvement Plan during staff meetings (held on a weekly basis), reporting progress, obtaining staff input, and emphasizing accountability for reaching goals and objectives.

The Executive Director schedules quarterly All-Staff Videoconference meetings each year with the entire agency. Performance improvement is a routine part of the agenda. Further, the Executive Director bases a significant portion of the Division Directors' annual performance reviews on their contributions to the South Central Louisiana Human Services

Authority Strategic Plan and Performance Improvement Initiatives as well as on their degree of success in accomplishing individual and organizational goals and objectives.

Monthly Executive Management Team (EMT) meetings and occasional planning retreats are used as both group supervision and as forums for discussion of progress on meeting/exceeding goals and for development of corrective action and/or performance improvement plans. The Executive Director holds the Executive Management Team accountable on both an individual and group basis for the successful implementation of the South Central Louisiana Human Services Authority Strategic Plan, Division-specific Plans, and Performance Improvement Initiatives.

Each South Central Louisiana Human Services Authority staff member has job-specific performance factors and expectations included in his/her annual planning document to support Authority Goals. Managers and Supervisors are expected to meet with individual staff members reporting to them as outlined in South Central Louisiana Human Services Authority's Staff Development and Supervision Guidelines (weekly for new employees, monthly for established employees, and as needed for employees in need of performance improvement) to review and discuss progress toward meeting expectations. Continued and open discussion is encouraged.

South Central Louisiana Human Services Authority leadership approaches implementation of the Authority Strategic Plan as comprehensive and ongoing performance improvement that involves all Divisions (horizontal integration), and all staff members (vertical integration). Monitoring and reporting are integral parts of the process as are compliance and process improvement activities.

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

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

There is no significant department management or operational problems to report.

A. Problem/Issue Description

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

B. Corrective Actions

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

☒ No. If not, skip questions 2-5 below.

☐ Yes. If so, complete questions 2-5 below.

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

☐ No. If not, please explain.

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

Please discuss the following:

- a. What are the costs of implementing the corrective actions? Be specific regarding types and amounts of costs.
- b. How much has been expended so far?
- c. Can this investment be managed within your existing budget? If so,

does this require reallocation of existing resources? If so, how will this reallocation affect other department efforts?

- d. Will additional personnel or funds be required to implement the recommended actions? If so:
- Provide specific figures, including proposed means of financing for any additional funds.
 - Have these resources been requested in your budget request for the upcoming fiscal year or in previous department budget requests?

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

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

- ☒ **Internal audit**
South Central Louisiana Human Services Authority's (SCLHSA) Administrative Services Division provides ongoing monitoring of clinical and administrative functions. Audit tools, with identified criteria and targets are utilized; results are reported; and, appropriate process improvement and/or corrective actions are executed. Further, South Central Louisiana Human Services Authority developed process improvement and fiscal functions to audit Authority performance using benchmarks set forth in the Council on Accreditation of Rehabilitation Facilities (CARF) standards and to implement process improvement and/or corrective action as needed. A member of the Executive Management Team oversees each of these areas to assure there is no duplication of effort.
- ☒ **External audits (Example: audits by the Office of the Legislative Auditor)**
South Central Louisiana Human Services Authority is audited on an annual basis through the Office of the Legislative Auditor as well as by the Louisiana Department of Health - Office of Behavioral Health Licensing Standards and the Louisiana Department of State Civil Service.
- ☒ **Policy, research, planning, and/or quality assurance functions in-house**
The South Central Louisiana Human Services Authority's Executive Management Team provides these functions with oversight from the SCLHSA Deputy Director.
- ☒ **Policy, research, planning, and/or quality assurance functions by contract**
The South Central Louisiana Human Services Authority Adult, Child and Prevention Services Contract Monitors meet monthly with all contracted services for review of contract objectives and to gather service data information. The contract agency or individual has the opportunity to share any issues with service provision or funding at that time.

- ☒ **Program evaluation by in-house staff**

Performance is monitored on an ongoing basis utilizing the South Central Louisiana Human Services Authority's Strategic Plan, Operational Plan, Performance Improvement Plan, Risk Management Plan, and position-specific performance expectations. All have clearly stated expectations and performance targets. The Executive Director, Executive Management Team, and the Supervisory Staff share responsibility for oversight of these functions. Outcomes are reported on no less than a quarterly basis.
- ☒ **Program evaluation by contract**

The South Central Louisiana Human Services Authority Contract Committee meets on a quarterly basis for review of contract objectives, service data information and financial projections for the fiscal year. Contract monitors have the opportunity to share any issues with service provision or funding at that time. Additionally, each contractor is given the results of the quarterly meetings should there be any identified needs for improvement. SCLHSA also requires that its contractors fill out a survey on the previous service year and offer comments on ways to improve the contractual relationship. Suggestions are reviewed and changes may be implemented to the contract process for performance improvement purposes.
- ☒ **Performance Progress Reports (Louisiana Performance Accountability System)**

The South Central Louisiana Human Services Authority coordinates and reviews entries of the Louisiana Performance Accountability System (LaPAS) data on a quarterly basis. Explanatory Notes are provided for positive and negative variances greater than 5% from quarterly performance indicator targets. Recommendations are made directly to the LDH - Division of Planning and Budget if modifications or additions are needed.
- ☒ **In-house performance accountability system or process**

South Central Louisiana Human Services Authority utilizes: the Louisiana Department of Health Accountability and Implementation Plan, the Commission on Accreditation of Rehabilitation Facilities (CARF), Performance Improvement model, Staff Development and Supervision Guidelines in conjunction with the Louisiana Department of Civil Service Performance Planning and Review system; ongoing internal monitoring and auditing mechanisms including corrective action and/or process improvement action plans with assigned accountability.
- ☒ **Benchmarking for Best Management Practices**

South Central Louisiana Human Services Authority has an active and robust decision-support function supported by the availability of live data from its electronic health record, state and other internal data warehouses. Data analysis includes comparative studies to benchmark against national statistics and

internally set goals/targets. Studies range from individual service provider productivity to billing denial rates. South Central Louisiana Human Services Authority also utilizes benchmarks set forth in the Accountability Implementation Plan and Council on Accreditation of Rehabilitation Facilities (CARF) for ongoing performance and quality improvement initiatives.

- ☒ **Performance-based contracting (including contract monitoring)**
All South Central Louisiana Human Services Authority contracts have explicit performance requirements and include mandatory reporting and development of corrective action and/or process improvement plans if the need is indicated.
- ☒ **Peer review**
South Central Louisiana Human Services Authority's Performance Improvement Program uses peer review as part of the ongoing performance and quality improvement initiative. The Authority's Medical Director and the Medical Director at each clinic site leads comprehensive multi-disciplinary peer review in cases. The Authority has initiated an ongoing peer review process to be conducted annually as part of the compliance standards implemented for the Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation process.
- ☒ **Accreditation review**
South Central Louisiana Human Services Authority is implementing an Authority-wide plan for re-accreditation readiness with the Commission on Accreditation of Rehabilitation Facilities (CARF). Communication between the Authority and CARF is ongoing and a formal application was filed. As stated previously, South Central Louisiana Human Services Authority has active process improvement functions that focus on meeting and/or exceeding requirements set forth in CARF Standards, the Healthy Louisiana Plans and the Louisiana Department of Health.
- ☒ **Customer/stakeholder feedback**
South Central Louisiana Human Services Authority participates in satisfaction surveys sponsored by the Louisiana Department of Health's Office of Behavioral Health and the Office of Citizens with Developmental Disabilities. Additionally, South Central Louisiana Human Services Authority fields a proprietary survey within its Behavioral Health Clinics on a quarterly basis to gain additional information for the identification of opportunities for improvement. The Authority has initiated satisfaction surveys for all contractors as part of standard contractual requirements. The members of the Board of Directors, per the Carver Policy Governance Model, participate in an annual survey process and actively engage in "community linkages" and report the results of these interactions with community stakeholders during monthly Board meetings.
- ☐ Other (please specify):

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

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

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

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

The South Central Louisiana Human Services Authority monitors and evaluates its operations and programs on an ongoing basis as described throughout this report and has a well-developed decision-support function in place. Data is analyzed (including trending and projecting future performance) and discussions are held during Executive Management Team meetings. Findings are shared during individual and group supervision and at all-staff meetings, as appropriate. Corrective action and/or process improvement plans are developed and executed as needed, and are monitored by the Executive Management Team on a routine basis and by the Executive Director as necessary.

Information concerning South Central Louisiana Human Services Authority's internal reports may be obtained by contacting:

Lisa Schilling
Executive Director
South Central Louisiana Human Services Authority (SCLHSA)
985-876-8885
lisa.schilling@la.gov

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South Central Louisiana Human Services Authority (SCLHSA)
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Annual Management and Program Analysis Report

Fiscal Year 2016-2017

Department: **Louisiana Department of Health (LDH)**
09-310 Northeast Delta Human Services Authority

Department Head: **Rebekah E. Gee, MD, MPH**
LDH Secretary

Undersecretary: **Jeff Reynolds**

Executive Director: **Dr. Monteic A. Sizer**

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

In FY 2016-17, Northeast Delta Human Services Authority (NEDHSA) realized several outstanding accomplishments, defined by its 5-Year Strategic Plan and its overarching Mission & Vision. NEDHSA implemented its work using the three tenets it established that guide the agency's professional conduct and action: greater access to services, excellent customer service and quality, competent care. Much of the work in FY 2016-17 focused on deepening the established breadth of work that the agency has initiated over the past four fiscal years.

For each accomplishment, please discuss and explain:

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

Accomplishment #1: Behavioral Health**A. What was achieved?**

Northeast Delta Human Services Authority (NEDHSA) has implemented an abundance of initiatives during the past year that stem from our integrative behavioral health and primary care approach. These initiatives bolster this innovative approach and help move the needle toward better health for our regional citizens. Some of these initiatives included:

NEDHSA Integrative Behavioral Health and Primary Care Model was named as a finalist for the 2017 State Transformation in Action Recognition (STAR)

The Northeast Delta HSA Integrative Behavioral Health and Primary Care Model was named as a finalist for the 2017 State Transformation in Action Recognition (STAR) award at the 71st Annual Meeting of the Southern Legislative Conference (SLC). NEDHSA's integrative model was one of only five programs selected among the 16-state body that the Council of State Governments' SLC represents.

Winner of Massachusetts Institute of Technology J-PAL Health Care Delivery Innovation Competition

The Abdul Latif Jameel Poverty Action Lab (J-PAL), a research center at the Massachusetts Institute of Technology (MIT) that focuses on the reduction of poverty, selected Northeast Delta Human Services Authority (NEDHSA) in fall 2016 as a winner of its inaugural Health Care Delivery Innovation Competition. The competition identifies innovative programs with the potential to serve as national models and supports the development of large-scale randomized controlled trials to evaluate these programs' impact. NEDHSA was one of four organizations selected nationally. Working with renowned MIT J-PAL academic researchers, J-PAL's work in northeast Louisiana with NEDHSA is bolstering our integrative behavioral health and primary care model to best serve our regional clients.

Ruston Symposium: Law Enforcement and Mental Health

Northeast Delta Human Services Authority (NEDHSA) sponsored a public symposium, in partnership with the National Alliance on Mental Illness – Ruston Chapter (NAMI Ruston), where experts discussed solutions to help reduce the high rate of incarceration and recidivism among citizens who suffer from serious mental illnesses and addictions.

NEDHSA is aiming to catalyze and improve coordinated care for people in crises situations who suffer from mental health issues and addictive disorders. With this goal in mind, we are engaging with law enforcement leadership and hospital systems to address the need for increased psychiatric inpatient care and the protocol for people in crisis who come in contact with police. We are working with judicial systems and rural hospital representatives to find innovative ways to use existing resources and further improve coordination of care, which in turn will improve services for some of our highest-need citizens.

Northeast Delta Human Services Authority (NEDHSA) Awarded Three-Year CARF Re-Accreditation

NEDHSA earned CARF re-accreditation this year. This latest accreditation is the second consecutive three-year accreditation that the international accrediting body, CARF, has given to NEDHSA for the following programs:

- Intensive Outpatient Program for Alcohol and Other Drugs (Adults)
- Outpatient Program for Alcohol and Other Drugs (Adults)
- Outpatient Program for Mental Health (Adults)
- Outpatient Program for Alcohol and Other Drugs (Children/Adolescents)
- Outpatient Program for Mental Health (Children/Adolescents)

This accreditation decision represents the highest level of accreditation that can be awarded to an organization and shows the organization's substantial conformance to the CARF standards. An organization receiving a Three-Year Accreditation has put itself through a rigorous peer review process and has demonstrated to a team of surveyors during an on-site visit that its programs and services are of the highest quality, measurable, and accountable.

Prevention Program and Services

Northeast Delta Human Services Authority (NEDHSA) Prevention program uses research-based curriculums, environmental strategies, coalition-building and other proactive and data-driven strategies to prevent and reduce risk-taking behaviors.

NEDHSA Prevention services include: Information dissemination, formation and implementation of community coalitions, community education, alternative activities for youth, school-based interventions, tobacco retailer compliance checks and an EAP program (Employee Assistance Program). Following are a few major initiatives recently rolled out within the NEDHSA Prevention section:

Union Parish Alliance for Community Transformation Coalition

Stemming from a Louisiana Department of Health (LDH) Partnership for Success fund award, Northeast Delta Human Services Authority recently managed the formation of a collaborative coalition to address underage drinking and prescription pill use in Union Parish. The U-ACT (Union Parish Alliance for Community Transformation) Coalition works to reduce the incidence of underage drinking and other data-driven priorities in Union Parish. This award not only targets substance abuse, but also aims to have an indirect positive impact on depression, suicide, teen pregnancy, school failure and violence.

Opportunity Zone

The Northeast Delta Human Services Authority (NEDHSA) Opportunity Zone is a strategic initiative designed to help transform fragile south Monroe communities. This initiative seeks to increase access to NEDHSA services and promote healthy community behaviors. The NEDHSA Opportunity

Zone grew out of the agency's regional faith-based mental health community summits. The Opportunity Zone is one of several NEDHSA-initiated regional coalitions that aim to reduce mental health and addiction prevalence, improve primary healthcare outcomes, reduce crime rates, enhance school and academic performance, equip faith and community leaders, increase job opportunities and establish and support public policies.

Second Opportunity Workforce Solutions Program

Northeast Delta Human Services Authority (NEDHSA) Second Opportunity Workforce Solutions (SOWS) program provides supportive employment services to citizens who are clients of NEDHSA and its integrative behavioral and primary healthcare network, including citizens who are non-violent criminal offenders and those who are being released from incarceration. This program addresses access to employment, which is a social determinant that significantly affects a person's health and ability to thrive in society. SOWS uses evidence-based practices to develop Individual Outcome Plans which reinforce a client's treatment progress. Job readiness skills will be provided to assist participants in achieving and maintaining employment in their community of choice.

B. Why is this success significant?

Initiatives that are implemented within the Northeast Delta Human Services Authority (NEDHSA) Integrative Behavioral Health and Primary Care Model ensure that our citizens have access to the care they need, no matter where they enter the health care system.

C. Who benefits and how?

This nationally-recognized, integrative approach includes collaborative work with regional partners in prevention, education, business and in regional municipalities/parishes to serve our citizens. Northeast Delta Human Services Authority (NEDHSA) works diligently to reduce barriers to quality healthcare that arise from negative societal health determinants such as poverty, joblessness and access to adequate housing.

D. How was the accomplishment achieved?

Northeast Delta Human Services Authority (NEDHSA) consistently works to understand the unique health care needs of the citizens of northeast Louisiana, and then actively puts programs and services in place that meet citizens' needs and fill healthcare gaps.

E. Does this accomplishment contribute to the success of your strategic plan?

Yes (See Section II below.)

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

Yes, we believe that our approaches are in line with best practices and in keeping

with our vision, mission and 3 tenets.

Accomplishment #2: Developmental Disabilities

A. What was achieved?

Northeast Delta Human Services Authority (NEDHSA) Developmental Disability (DD) Department achieved providing and/or authorizing services for approximately 1700 people with developmental disabilities in the northeast region of Louisiana. These services are specifically designed to support people with disabilities to locate the supports that need to live in the settings they choose primarily in their own homes in their chosen community. Types of services include: eligibility determination, in-home supports, home modifications, equipment, a monthly cash stipend to assist with extraordinary costs for caring for children with significant disabilities, and assistance with locating out of home living settings when requested.

The NEDHSA DD unit also provided ongoing education and support to the providers within the region regarding the approved application for the state's Medicaid Waiver programs requirements. These requirements include further inclusion of all services provided through the Waiver programs, to ensure that people receiving services are not segregated away from their community. All providers received responses and feedback from the DD department on the self-assessments submitted, indicating the current status of service providers in the region. Technical assistance and one-on-one trainings were provided to these agencies needing direction on the state's interpretation of the expectations of the Centers for Medicare & Medicaid Services rules.

This year has included ongoing promotion of employment for people with developmental disabilities throughout the community and with providers of services. Inclusion of information regarding employment opportunities and planning was a part of every quarterly provider meeting hosted by NEDHSA with an emphasis on working with recipients, local employers, Louisiana Workforce Commission, and Louisiana Rehabilitation Services.

B. Why is this success significant?

Our success is significant as we fulfil our mission to those within our region and throughout the state by continuing to provide essential services to those with developmental disabilities amidst an ongoing state crisis for funding services. Northeast Delta Human Services Authority (NEDHSA) continues to prove our commitment to people with developmental disabilities by minimizing the impact to those who need it. We also find it significant that our training and assistance to providers to offer a better service and to remain in compliance with the federal standards required of our state, improves the overall quality of services to our customers. The support of NEDHSA to the state initiative for employment for all represents our desire for anyone that wants to work to be given the opportunity to work; this improves life for everyone.

C. Who benefits and how?

Citizens with developmental disabilities in the northeast region benefit from the activities of Northeast Delta Human Services Authority. As more people receive supports and are able to live successfully in their communities by being engaged, active, and participating in life, the more the community as a whole benefits. Those engaged in their communities show the value of all people and share the overall desire for people to be accepted in spite of their differences.

D. How was the accomplishment achieved?

These accomplishments were achieved by the support of administration and actions of staff that see their role as advocates for people with disabilities as primary to their job duty. It was accomplished due to the commitment of the agency to provide supports and services despite monetary challenges and barriers of acceptance in the community, by working with customers who have shared their experiences with others in support of having the life they choose because they were respected and heard.

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

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

These accomplishments clearly represent the mission and 3 tenets of Northeast Delta Human Services Authority (NEDHSA). NEDHSA serves as a catalyst for individuals with mental health, developmental disabilities, and addictive disorders to realize their full human potential by offering quality, excellent care with greater accessibility.

Accomplishment #3: Human Resources

A. What was achieved?

1. The Northeast Delta Human Services Authority (NEDHSA) Human Resources Department was compliance in obtaining zero violations for Civil Service rules during the HR Drop in review for FY 16-17.
2. The NEDHSA Safety/Risk Management team received a compliance rating from the annual Risk Management Audit for FY 16-17.
3. The Human Resources (HR) Department achieved a 100% turn-in rating in PES Evaluation for FY 16-17.

B. Why is this success significant?

1. The Human Resources Department ensures that Civil Service regulations and agency policies are followed and carried out appropriately.

2. The agency received a non-compliance rating for FY15-16 and implemented some drastic changes to the safety manual/policy resulting in the success of the safety audit for 16-17.
3. The Human Resources Department established a 95% rate of submission as a target to ensure that the agency's PES evaluations are conducted and submitted in a timely manner. Our agency/department not only met, but exceeded the target rate.

C. Who benefits and how?

This achievement benefits the agency, supervisors and employees, by displaying a sense of accountability and responsibility from supervisors to their perspective subordinates annual performance duties. It also displays that Human Resources is following all Civil Service guidelines for personnel management.

D. How was the accomplishment achieved?

This accomplishment was achieved, by ensuring that any action or process within the Human Resources Department is supported by Civil Service rules and agency policies and procedures.

Also, the Human Resources Department set up a pre-submission date 2 weeks prior to the Civil Service submission date and sent out weekly reminders to supervisors to ensure they submit the evaluations by the pre-submission date given.

Creation of the revised safety manual and program was completed by involving all safety coordinators within the agency as well as receiving assistance from the agency's Risk Services Consultant. She provided trainings and reviewed key safety manual programs to ensure that each section was accurate and in accordance with Office of Risk Management.

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

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

Yes and the Human Resources Department will continue to improve in areas that were noted for corrections during the HR Review.

Accomplishment #4: Fiscal Operations

A. What was achieved?

- Self-generated revenues increased by \$35k from \$599k in FY16 to \$634k

in FY17

- Reduced aging receivables
- Louisiana Legislative Auditors (LLA's) evaluated certain controls The Northeast Delta Human Services Authority (NEDHSA) uses to ensure accurate financial reporting and transparency, compliance with applicable laws and regulations, and overall accountability over public funds for the period of July 2015 to May 2017. The LLA's concluded that NEDHSA controls over movable property, LaCarte purchasing card expenditures, fuel card expenditures, and contract expenditures provide reasonable assurance of accountability over public funds. The LLA's also noted a significant decrease in unbilled revenues from 2015 fiscal audit.
- Fiscal department is now fully staff, with the addition of a budget analyst, certified medical coder and an additional billing specialist.

B. Why is this success significant?

Each of these successes helps the agency achieve its Three Tenets:

- Greater access to services. By increasing revenues and timely billing, The Northeast Delta Human Services Authority (NEDHSA) is able to provide clients with greater access to services.
- Excellent customer services. Additional staff allows the fiscal department to process transactions and respond to requests in a more timely and efficient manner.
- Quality, competent care. Our clients, staff, contractors, and LDH leadership are assured that NEDHSA is a strong steward of public funds.

C. Who benefits and how?

The Northeast Delta Human Services Authority (NEDHSA) staff, clients, the Northeast Louisiana community, and the State of Louisiana benefit from these accomplishments. The workloads of current staff are reduced as NEDHSA is able to hire additional staff. This also leads to clients gaining greater access to services, which benefits the local community as individuals receive the necessary mental health, developmental disabilities, and addictive disorder care needed to realize their full human potential. As our clients are able to receive the care they need, the State of Louisiana benefits from reduced costs and strain on hospital emergency rooms, law enforcement, corrections, emergency housing, etc.

D. How was the accomplishment achieved?

These accomplishments were achieved through teamwork and dedication to The Northeast Delta Human Services Authority (NEDHSA) mission and its clients. Additionally, the fiscal department spent a large portion of the year diligently working old claims and strategically processing new claims, which lead to the increased revenue, reduction in aged receivables, and the significant decrease in unbilled revenues. Also, the implementation of new policies and procedures for fee setting, LaCarte purchasing card, fuel card, and contracts aided in the

favorable legislative audit.

- E. Does this accomplishment contribute to the success of your strategic plan? Yes
(See Section II below.)
- F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
Yes
- II. Is your department Five-Year Strategic Plan/Business Plan on time and on target for accomplishment?** To answer this question, you must determine whether your anticipated outcomes—goals and objectives—are being attained as expected and whether your strategies are working as expected and proceeding on schedule.

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

The Northeast Delta Human Services Authority strategic plan goals are being implemented in our general operations. Continued progress is being tracked, documented and reported. Expansion of services and quality of care are strong indicators of our achievement in meeting the performance standards. Overall, improvements have been reported in addiction disorder treatment services, addiction completion rates, and self-reported data on health statuses.

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

None – Our agency is tracking above average on many indicators, but not significantly higher than anticipated. We consider this a measure of stability in our ability to project with increased accuracy and managing the expectations of meeting our goals.

1. To what do you attribute this success?

For example:

- Is progress largely due to the effects of external factors? Would the same results have been generated without specific department action?
- Is progress directly related to specific department actions? (For example: Have you reallocated resources to emphasize excellence in

particular areas? Have you initiated new policies or activities to address particular issues or needs? Have you utilized technology or other methodologies to achieve economies or improve service delivery?)

- Is progress related to the efforts of multiple departments or agencies? If so, how do you gauge your department's contribution to the joint success?
 - Other? Please specify.
2. Is this significant progress the result of a one-time gain? Or is progress expected to continue at an accelerated pace?
- ♦ **Where are you experiencing a significant lack of progress?** If you are experiencing no significant lack of progress, state "None." However, if you are experiencing a significant lack of progress, identify and discuss goals and objectives that may fall significantly short of the targeted outcome; identify and discuss strategies that are not working well. Be specific; discuss the following for each:

None – The Northeast Delta Human Services Authority is meeting the prescribed benchmarks.

1. To what do you attribute this lack of progress? For example:
 - Is the lack of progress related to a management decision (perhaps temporary) to pursue excellence in one area at the expense of progress in another area?
 - Is the lack of progress due to budget or other constraint?
 - Is the lack of progress related to an internal or external problem or issue? If so, please describe the problem and any recommended corrective actions in Section III below.
 - Other? Please specify.
 2. Is the lack of progress due to a one-time event or set of circumstances? Or will it continue without management intervention or problem resolution?
- ♦ **Has your department revised its strategic plan to build on your successes and address shortfalls?**

- ☐ Yes. If so, what adjustments have been made and how will they address the situation?
- ☒ No. If not, why not?

The Northeast Delta Human Services Authority (NEDHSA) is in the 2nd year of implementing the strategic plan and as the end of the fiscal year reports are being completed, we will revisit the plan to make sure it properly reflects the goals and objectives of our agency, and captures areas for improvement for the upcoming years.

- ♦ **How does your department ensure that your strategic plan is coordinated throughout the organizational and management levels of the department, regularly reviewed and updated, and utilized for management decision-making and resource allocation?**

The Northeast Delta Human Services Authority 5-Year Strategic Plan is centrally located on the agency's intranet for all employees to view. A large percentage of the performance indicators are also reported in LaPAS and through the Human Services Accountability & Implementation Plan (AIP) reviews. Each department of our agency has quarterly performance improvement committee meetings to discuss the performance indicators and strategies to enhance our delivery of services. As leadership makes data driven decisions about management and funding, we consider the performance indicators to help us determine how to streamline our funds and processes for improved outcomes.

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

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

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

A. Problem/Issue Description – Developmental Disabilities

1. What is the nature of the problem or issue?
Problem: Fiscal uncertainty based on broader state budget uncertainties and outside resources for people with Developmental Disabilities (DD) is an overall issue for DD service programs through the Northeast Delta Human Services Authority.
2. Is the problem or issue affecting the progress of your strategic plan?
No (See Section II above.)
3. What organizational unit in the department is experiencing the problem or issue?

Developmental Disabilities Unit

4. Who else is affected by the problem? (For example: internal or external customers and other stakeholders.)
Customers of developmental disability services and stakeholders are affected.
5. How long has the problem or issue existed?
Approximately 2-3 years
6. What are the causes of the problem or issue? How do you know?
State budget issues affect direct state services. Federally matched dollars provided to the state that cannot be matched locally due to limited funding.
7. What are the consequences, including impacts on performance, of failure to resolve the problem or issue?
It affects the number of persons we are able to serve; however, consumers are still being served. We strive to serve as many as possible and would like to provide to all that could benefit from our services.

B. Corrective Actions

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

☒ No. If not, skip questions 2-5 below.
☐ Yes. If so, complete questions 2-5 below.
2. What corrective actions do you recommend to alleviate or resolve the problem or issue?
3. Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)?
4. Are corrective actions underway?
 - a. If so:
 - What is the expected time frame for corrective actions to be implemented and improvements to occur?
 - How much progress has been made and how much additional progress is needed?
 - b. If not:
 - Why has no action been taken regarding this recommendation?
 - What are the obstacles preventing or delaying corrective actions?
 - If those obstacles are removed, how soon could you implement corrective actions and generate improvements?

5. Do corrective actions carry a cost?

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

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

A. Problem/Issue Description – Fiscal Department

1. What is the nature of the problem or issue?
Not billing for services provided (a Louisiana Legislative Audit finding).
2. Is the problem or issue affecting the progress of your strategic plan?
No
3. What organizational unit in the department is experiencing the problem or issue?
This is a billing, clinical, and human resources issue.
4. Who else is affected by the problem? (For example: internal or external customers and other stakeholders.)
Northeast Delta Human Services Authority staff and clients are affected.
5. How long has the problem or issue existed?
Northeast Delta Human Services Authority (NEDHSA) has not been able to bill for services provided by Licensed Master Social Workers

(LMSWs), since becoming a Local Governing Entity in 2013. The Louisiana Department of Health (LDH) hired LMSWs to treat mental health and addiction patients under the former regional services delivery model. Those LMSWs were transferred from LDH, according to state law, as Civil Service employees when NEDHSA came into existence. Some of the LMSWs that were transferred never had a clinical caseload, thus, billing for services wouldn't apply to these few. The Delta region has arguably the highest indigent population in the state, therefore the LMSWs largely saw indigent patients for years prior to Louisiana accepting the Affordable Care Act which became effective in July 2016. There was very limited State Generated Revenue these LMSWs could have earned. Additionally, NEDHSA has not hired an LMSW since August 2014.

NEDHSA has not generated billing statements since the inception of the new Electronic Health Records (EHR) system in December of 2015. Billing statements were sent out in January 2016 from NEDHSA's legacy system. However, billing statements had to be stopped due to continued problems with the current EHR.

6. What are the causes of the problem or issue? How do you know?
 - Licensed Master Social Workers do not have the clinical credentials required by the Healthy Louisiana plans to bill for mental health services.
 - Northeast Delta Human Services Authority current Electronic Health Record (Remarkable Health) has experienced difficulties in generating private pay billing statements in the system.
7. What are the consequences, including impacts on performance, of failure to resolve the problem or issue?
 - Continuing to allow Licensed Master Social Workers (LMSWs) to provide non-billable services hinders Northeast Delta Human Services Authority (NEDHSA) ability to reach its full potential for self-generating revenues. However, NEDHSA has not hired a LMSW since August 2014 and LMSWs have largely seen indigent patients.
 - Good business practices require that billing statements are sent in a timely manner, to reduce the risk that accounts will become delinquent and/or uncollectible.

B. Corrective Actions

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

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

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

- In order to ensure that services provided to Medicaid clients are billed in accordance to the requirement of the Healthy Louisiana plans, Northeast Delta Human Services Authority (NEDHSA) has already restructured its hiring practices of Licensed Master Social Workers (LMSW). NEDHSA has not hired a LMSW since August of 2014. On April 19, 2017, NEDHSA's Human Resources Department reminded all LMSW staff providing non-billable mental health services of the minimum requirements of providing outpatient clinical/therapy services according to the state's Medicaid program. NEDHSA, with guidance from the state Civil Service, has already started to institute modifications to eliminate the Social Worker 3 position (LMSW). NEDHSA's executive management sent notification to remaining LMSWs about the upcoming changes. These modifications will, in effect, require all NEDHSA employees providing outpatient mental health (clinical/therapy) services to be qualified as Licensed Mental Health Professional (LMHP). Staff currently working as a Social Worker 3 and providing non-billable services will have until April 19, 2018 to obtain one of the licensures to qualify as a LMHP. The LMSWs previously providing mental health services have been instructed to no longer provide mental health services until they become a LMHP. Since these changes were implemented, one LMSW has retired, three are in administrative positions, and the others are providing addiction only treatment or related assessments.
- To ensure patient services are accurately billed and collected in a timely manner, Northeast Delta Human Services Authority (NEDHSA) executive management team is diligently working with the Electronic Health Records vendor's senior leadership team to expedite mitigating the technical fixes required in order to generate accurate billing statements. NEDHSA's executive management has been assured by Remarkable Health's senior leadership that NEDHSA's billing system issues are a top priority for the company and that they are actively working to resolve all issues associated with the billing statements. NEDHSA's executive management team feels confident that the billing statement issues will be resolved soon. On May 2, 2017, NEDHSA staff mailed notifications to patients

indicating that billing statements would resume and to inform them of their financial obligation for outstanding balances. The corrected billing statements are scheduled to be sent in August 2017. NEDHSA recognizes the importance of billing for services in a timely manner. However, the agency wants to ensure that we are not sacrificing accuracy in an effort to advance distribution of billing statements.

3. Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)?

No

4. Are corrective actions underway?

a. If so:

- What is the expected time frame for corrective actions to be implemented and improvements to occur?
 - Staff currently working as a Social Worker 3 (LMSW) and providing non-billable services will have until April 19, 2018 to obtain one of the licensures to qualify as a Licensed Medical Health Professional (LMHP)
 - The fiscal department plans to mail out the first billing statements in August 2017.
- How much progress has been made and how much additional progress is needed?
 - Staff currently working as a Social Worker 3 (LMSW) and providing non-billable services will have until April 19, 2018 to obtain one of the licensures to qualify as a Licensed Medical Health Professional (LMHP)
 - The fiscal department plans to mail out the first billing statements in August 2017.

b. If not:

- Why has no action been taken regarding this recommendation?
- What are the obstacles preventing or delaying corrective actions?
- If those obstacles are removed, how soon could you implement corrective actions and generate improvements?

5. Do corrective actions carry a cost?

☒ No. If not, please explain.

- There is no cost to the agency to require Licensed Master Social Workers (LMSW) to become properly licensed. However, there will be a cost to the employee.
- Generating billing statements was a basic requirement of the current Electronic Health Record. Therefore, no additional costs are expected to be incurred.

☐ Yes. If so, what investment is required to resolve the problem or issue?

(For example, investment may include allocation of operating or capital resources—people, budget, physical plant and equipment, and supplies.)

Please discuss the following:

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

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

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

☒ **Internal audit**

Northeast Delta Human Services Authority (NEDHSA) executive management team ensures ongoing monitoring of programmatic and administrative functions.

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

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

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

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

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

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

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

☒ **Program evaluation by in-house staff**

Evaluations of clinical services by Corporate Compliance staff using Treatment Record Review, Review of Consumer Complaints, Critical Incident Analysis, and TeleSage Outcomes Measurement System (TOMS)

☐ Program evaluation by contract

☒ **Performance Progress Reports (Louisiana Performance Accountability System)**

The Louisiana Department of Health (LDH) Division of Planning and Budget coordinates and reviews entries of the Louisiana Performance Accountability System (LaPAS) data on a quarterly basis for all LDH

agencies. Explanatory Notes are provided for positive and negative variances greater than 5% from quarterly performance indicator targets. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed.

- ☒ **In-house performance accountability system or process**
Performance Based Budgeting activities (including, but not limited to strategic planning, operational planning, and the Louisiana Performance Accountability System) are coordinated by the Louisiana Department of Health (LDH) Division of Planning and Budget. This section reviews all objectives, performance indicators and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed. Also, at the close of a fiscal year, agencies and programs review and evaluate performance during that fiscal year in order to determine if the information gained from this review should be used to improve strategic and operational planning, as well as agency and program management department-wide.
- ☒ **Benchmarking for Best Management Practices**
The Louisiana Department of Health (LDH) Division of Planning and Budget reviews, researches and develops objectives, performance measures and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are compared to benchmarks from leading states involved in performance-based budgeting activities. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed.
- ☒ **Performance-based contracting (including contract monitoring)**
Contracts are required to contain a description of the work to be performed including goals and objectives, deliverables, performance measures and a monitoring plan.
- ☒ **Peer review**
SAPT Block Grant Annual Peer Reviews
- ☒ **Accreditation review**
CARF
- ☒ **Customer/stakeholder feedback**
Consumer Satisfaction Surveys/C'est Bon
- ☐ Other (please specify):

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

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

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

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

Annual Management and Program Analysis Report

Fiscal Year 2016-2017

Department: Louisiana Department of Health (LDH)
09-320 Office of Aging and Adult Services

Department Head: Rebekah E. Gee, MD, MPH
LDH Secretary

Undersecretary: Jeff Reynolds

Executive Director: Tara A. LeBlanc

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

For each accomplishment, please discuss and explain:

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

Accomplishment #1: Office of Aging and Adult Services Response to 2016 Flood Event/Disaster

- A. What was achieved?
During the immediate response to the August 2016 floods, the Office of Aging and Adult Services (OAAS) successfully managed emergency tracking of persons receiving OAAS services in the community and coordinated emergency nursing facility placement for individuals affected by the floods.

This emergency marked the first time OAAS worked on-site at the Medical Special

Needs Shelter (MSNS) in the role of discharge planning. In that role, OAAS staff reconnected patients to community-based services and facilitated nursing facility placement when appropriate. Since OAAS staff manages the nursing facility admission process, staff was able to quickly train medical staff at the MSNS to provide information regarding medical eligibility, locate potential facilities, make the determination of medical eligibility, facilitate Medicaid determination of financial eligibility, and coordinate transportation. A total of 58 MSNS patients were placed and subsequently tracked by OAAS so they could be assisted in returning to the community if appropriate.

All Home and Community-Based Services (HCBS) participants were notified of high water, the importance of being prepared to evacuate and staying in contact with OAAS. OAAS staff was able to account for 100% of HCBS waiver participants.

B. Why is this success significant?

OAAS assistance in discharge planning and placement was important to the Medical Special Needs Shelter (MSNS) being able to close on schedule. If all patients had not been placed by that time, the MSNS would have had to remain open for a few patients or make other temporary placement arrangements until all patients were placed.

In the community, OAAS was able to track the whereabouts of 100% of affected waiver participants. The agency's emergency response plan was tested and proved successful even without advance notice in this disaster.

C. Who benefits and how?

Louisiana citizens who had to rely on the Medical Special Needs Shelters (MSNS) benefited not only from treatment, but were safely placed until they could move back into permanent residences. OAAS is tracking all 58 MSNS discharges placed and are assisting the seven individuals who remain nursing facilities to transition.

All waiver participants were notified about emergency situations, and 100% of waiver participants were tracked until they returned to their permanent residences.

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

Yes, it is consistent with the agency vision of assisting older adults and persons with disabilities to live with dignity and independence in a safe environment.

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

OAAS efforts have been recognized by our Medical Special Needs Shelter partners, and the OAAS role in discharge planning has been incorporated into planning for future disaster response.

Accomplishment #2: Establishment of the Disaster Case Management Program

A. What was achieved?

In partnership with the Office of Community Development Disaster Recovery Unit (OCD-DRU), the Office of Aging and Adult Services (OAAS) received a \$64,000,000 Federal Emergency Management Agency (FEMA) grant to provide disaster case management services to the 52 Louisiana parishes that were declared for FEMA Individual Assistance (IA) as a result of March and August 2016 flood events. This is the first time that the Louisiana Department of Health, through OAAS, is serving as the management agency for the Disaster Case Management program. The program grant has an initial two-year term with the possibility of a no cost extension.

B. Why is this success significant?

This program is significant in that it links households, including elders and those with long-term disabilities, to available resources to assist in their overall disaster recovery efforts. These populations tend to have a harder time accessing resources and navigating systems, and disaster case managers provide this much needed service.

C. Who benefits and how?

Any household affected by the two significant flooding events are eligible for these services. There are no income limits; the household must only demonstrate disaster related needs. However, a large portion of those who sign up tend to be low income and often have access and functional needs. Households are linked to services that include but are not limited to rebuild and repair, housing assistance, community resources, and the Louisiana Department of Health services.

D. How was the accomplishment achieved?

Based on our already established relationship through OAAS's Permanent Supportive Housing program, the Office of Community Development Disaster Recovery Unit (OCD-DRU) approached OAAS to partner on the grant submission, implementation and overall daily management of the Disaster Case Management Program.

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

Yes, it provides disaster related services to assist elderly and those with disabilities to live with dignity and independence in a safe environment.

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

FEMA has indicated that they regard management of Disaster Case Management through the Louisiana Department of Health as a best-practice for this grant.

Accomplishment #3: Participation in U. S. Department of Health and Human Services Administration on Community Living (ACL) National Adult Maltreatment Reporting Systems (NAMRS):

A. What was achieved?

The Office of Aging and Adult Services (OAAS) Adult Protective Services (APS) program participated in the first annual submission of data to the U.S. Department of Health and Human Services (HHS), Administration on Community Living's (ACL) National Adult Maltreatment Reporting System (NAMRS).

B. Why is this success significant?

The National Adult Maltreatment Reporting System is the first ever nationwide reporting system for states' adult protection services programs. The system will collect comprehensive nationwide data from state Adult Protective Services (APS) programs on information such as: how many cases are reported; what types of abuse allegations are reported; how many cases are substantiated after investigation; the age, gender, living arrangement, cognitive and other impairments, etc. of victims and abusers; what interventions are used; and what determinations are used for case closure.

APS successfully submitted data at the commencement of the annual project for both the adult and elderly protective services populations.

C. Who benefits and how?

The project will have direct benefit to victims of abuse. The national reporting systems help ensure the collection of reliable data for the purposes of conducting data analysis. Adult Protective Services administrators and policy makers will use the data to understand the scope of adult protective services and for implementing policies and interventions to protect victims of abuse.

D. How was the accomplishment achieved?

Over a two-year period, the Adult Protective Services (APS) National Adult Maltreatment Reporting System (NAMRS) Project Team participated in phone conferences, webinars, and in-person trainings organized by the Administration on Community Living's NAMRS Project Team. Then in February 2017, APS successfully submitted Louisiana's data to the U.S. Department of Health and Human Services, Administration on Community Living.

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

This accomplishment contributes to the Office of Aging and Adult Services (OAAS) Strategic goal, "To timely complete investigations of adult abuse, neglect, exploitation, and extortion in the community." By improving training, quality management, data, and reporting, and by participating in national initiatives, OAAS protective services is better able to fulfill its mission to serve adults with disabilities and enable them to live free from harm due to abuse.

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

Yes, participation in federally sponsored nationwide data collection serves to help

executive branch departments or agencies assess scope and program needs.

Accomplishment #4: Electronic Visit Verification (EVV):

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

In FY 2016-2017, in-home community services providers began using a state-level Electronic Visit Verification (EVV) system developed by the Louisiana Department of Health contractor, Statistical Resources Incorporated (SRI). The GPS-enabled system has been designed to allow in-home workers to use a smart device to clock in at the beginning of a shift and to clock out at the end of a shift, capturing exact times and locations of service delivery.

As of June 2017, approximately 188 workers have signed up to be trained for the new EVV system and several agencies are actually using the system for service documentation and billing. All in-home workers will be using the system by early calendar year 2018.

- B. Why is this success significant?

Electronic Visit Verification provides the State and provider agencies with real-time oversight at the individual worker level. It reduces opportunities for fraud and simplifies documentation and billing. It also increases recipient safety by alerting agencies to situations where a worker is not providing services as scheduled and needed by the participant.

- C. Who benefits and how?

Recipients benefit in that Electronic Visit Verification (EVV) allows for more oversight and better management of workers by provider agencies to assure that workers are providing home-based services as planned. Provider agencies benefit from the increased efficiency of documentation and billing as well as from the real-time access to data about worker whereabouts. The state and tax payers benefit from being able to efficiently verify that individuals are receiving services authorized in the plans of care, from the reduction of inappropriate billing and payment, and from the fact that EVV safeguards against fraud and improves program oversight.

- D. How was the accomplishment achieved?

Successful implementation has been achieved through multi-agency collaboration within the Louisiana Department of Health (LDH) and through the willingness of LDH agencies and its contractor to accommodate provider requests in the design of the Electronic Visit Verification system.

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

Yes, it contributes to the agency goal to administer and operate the Office of Aging and Adult Services programs in a cost-effective manner while achieving high quality

outcomes.

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

Yes, Electronic Visit Verification will be a federal requirement in 2019, and the Office of Aging and Adult Services/Louisiana Department of Health will be in compliance well ahead of that requirement with a system that is exemplary in that it provides state-level access to data and reporting.

Accomplishment #5: National Attention to Louisiana's Permanent Supportive Housing Program

- A. What was achieved?

Louisiana's Permanent Supportive Housing Program was recognized as a national model by multiple organizations in 2017, including the National Governor's Association (NGA), the Center for Budget and Policy Priorities (CBPP), the National Academy for State Health Policy (NASHP), and the Centers for Medicare & Medicaid Services (CMS) Innovation Accelerator Program (IAP). It was the subject of a policy brief distributed nationally by NASHP, a fact sheet distributed nationally by the CMS IAP. It was also featured in the Housing as Healthcare Road Map distributed by the National Governor's Association, and was the subject of four national webinars.

- B. Why is this success significant?

Besides bringing positive attention to the State of Louisiana, recognition at this level serves to solidify federal support for the maintenance and expansion of Permanent Supportive Housing.

- C. Who benefits and how?

Recipients of Permanent Supportive Housing (PSH) benefit. The benefit of PSH to Louisiana is that PSH reduces homelessness and institutionalization and reduces emergent care utilization and hospitalizations.

- D. How was the accomplishment achieved?

Louisiana's PSH program is a partnership between the Louisiana Department of Health and the Louisiana Housing Corporation/Housing Authority (LHC/HA). Service sustainability has been accomplished by covering tenancy supports under Medicaid.

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

Yes. It is consistent with the agency goal, "To promote and develop health and Long Term Supports and Services (LTSS) delivery systems that improve care and outcomes for the high risk, high cost population served by the Office of Aging and Adult Services 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.*"

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

It represents a national best-practice that should continue to be an interagency priority for the Louisiana Department of Health and the Louisiana Housing Corporation/Housing Authority.

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

The Office of Aging and Adult Services continues to make progress in many areas related to its strategic goals and objectives.

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

The Office of Aging and Adult Services continues to improve the cost-effectiveness of its home and community-based programs compared to nursing facility services. The Office has also implemented effective controls to address fraud, abuse, or waste.

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

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

The expansion of Electronic Visit Verification (EVV) in this fiscal year is the most

recent accomplishment in addressing fraud, waste, and abuse. In addition to highlighted accomplishments, ongoing initiatives such as the Money Follows the Person Demonstration (MFP) and Permanent Supportive Housing continue to contribute to system rebalancing.

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

1. To what do you attribute this lack of progress? For example:
 - Is the lack of progress related to a management decision (perhaps temporary) to pursue excellence in one area at the expense of progress in another area?
 - Is the lack of progress due to budget or other constraint?
 - Is the lack of progress related to an internal or external problem or issue? If so, please describe the problem and any recommended corrective actions in Section III below.
 - Other? Please specify.
2. Is the lack of progress due to a one-time event or set of circumstances? Or will it continue without management intervention or problem resolution?

Budget constraints continue to limit the expansion of community-based waiver services, and the program waiting lists reached 30,000 in FY 2017. Medicaid spending for nursing facility care continues to rise. Furthermore, delivery of long term services and supports alone is not sufficient to address the significant chronic care needs of the population served by the Office of Aging and Adult Services, a problem which contributes to the state’s low ranking on various national health and LTSS scorecards.

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

- ☐ Yes. If so, what adjustments have been made and how will they address the situation?
- ☒ No. If not, why not?

The Office of Aging and Adult Services made substantial revisions to its strategic plan in fiscal year 2016, and it is not necessary to make additional revisions at this time.

- ♦ **How does your department ensure that your strategic plan is coordinated throughout the organizational and management levels of the department, regularly reviewed and updated, and utilized for management decision-making and resource allocation?** Use as much space as needed to explain fully.

The vision that the Office of Aging and Adult Services (OAAS) maintains on

increasing access to home and community-based services as a sustainable, cost-effective alternative to nursing home care, in addition to improving access, efficiency, and quality in all OAAS programs, is key to integration of the OAAS strategic plan in other departmental processes such as budget and business plan development. Whether it takes the form of AMPAR reporting, Louisiana Performance Accountability System (LAPAS) performance indicators, “transformative” business objectives, or budget explanations/justifications, OAAS strategic goals and objectives are clear, consistent over time and administrative changes, and understood by all OAAS staff. OAAS has been fortunate in having access to data that allows management and staff to monitor program outcomes, often against national goals and benchmarks. This allows OAAS to adjust strategies as needed to attain Office objectives. Because OAAS administers Medicaid funded programs, OAAS works very closely with that agency and with other offices in the Louisiana Department of Health to assure strategies and goals are aligned.

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

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

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

No significant department management or operational problems exist.

A. Problem/Issue Description

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

B. Corrective Actions

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

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

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

3. Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)?

4. Are corrective actions underway?

- a. If so:

- What is the expected time frame for corrective actions to be implemented and improvements to occur?
- How much progress has been made and how much additional progress is needed?

- b. If not:

- Why has no action been taken regarding this recommendation?
- What are the obstacles preventing or delaying corrective actions?
- If those obstacles are removed, how soon could you implement corrective actions and generate improvements?

5. Do corrective actions carry a cost?

- ☐ No. If not, please explain.
- ☐ Yes. If so, what investment is required to resolve the problem or issue? (For example, investment may include allocation of operating or capital resources—people, budget, physical plant and equipment, and supplies.)

Please discuss the following:

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

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

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

☒ **Internal audit**

The Office of Aging and Adult Services executive management ensures ongoing monitoring of programmatic and administrative functions.

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

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

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

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

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

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

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

☐ Program evaluation by in-house staff

☐ Program evaluation by contract

☒ **Performance Progress Reports (Louisiana Performance Accountability System)**

The Louisiana Department of Health (LDH) Division of Planning and Budget coordinates and reviews entries of the Louisiana Performance Accountability System (LaPAS) data on a quarterly basis for all LDH agencies. Explanatory Notes are provided for positive and negative variances greater than 5% from quarterly performance indicator targets. Recommendations are made directly to the Assistant Secretaries or Secretary if modifications or additions are needed.

- ☒ **In-house performance accountability system or process**
Performance Based Budgeting activities (including, but not limited to strategic planning, operational planning, and the Louisiana Performance Accountability System) are coordinated by the Louisiana Department of Health Division of Planning and Budget. This section reviews all objectives, performance indicators and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are made directly to the Assistant Secretaries or Secretary if modifications or additions are needed. Also, at the close of a fiscal year, agencies and programs review and evaluate performance during that fiscal year in order to determine if the information gained from this review should be used to improve strategic and operational planning, as well as agency and program management department-wide.
- ☒ **Benchmarking for Best Management Practices**
The Louisiana Department of Health Division of Planning and Budget reviews, researches and develops objectives, performance measures and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are compared to benchmarks from leading states involved in performance-based budgeting activities. Recommendations are made directly to the Assistant Secretaries or Secretary if modifications or additions are needed.
- ☒ **Performance-based contracting (including contract monitoring)**
Contracts are required to contain a description of the work to be performed including goals and objectives, deliverables, performance measures and a monitoring plan.
- ☐ Peer review
- ☐ Accreditation review
- ☐ Customer/stakeholder feedback
- ☐ Other (please specify):

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

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

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

1. Title of Report or Program Evaluation
2. Date completed
3. Subject or purpose and reason for initiation of the analysis or evaluation
4. Methodology used for analysis or evaluation
5. Cost (allocation of in-house resources or purchase price)

6. Major Findings and Conclusions
7. Major Recommendations
8. Action taken in response to the report or evaluation
9. Availability (hard copy, electronic file, website)
10. Contact person for more information, including
 - Name:
 - Title:
 - Agency & Program:
 - Telephone:
 - E-mail:

Annual Management and Program Analysis Report

Fiscal Year 2016-2017

Department: **Louisiana Department of Health (LDH)**
09-324 Louisiana Emergency Response Network Board

Department Head: **Rebekah E. Gee, MD, MPH**
LDH Secretary

Undersecretary: **Jeff Reynolds**

Executive Director: **Paige Hargrove**

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

For each accomplishment, please discuss and explain:

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

Accomplishment #1: Level III Trauma Center Verification

- A. What was achieved?
Lakeview Regional Medical Center was surveyed by the American College of Surgeons (ACS) for Level III Trauma Center Verification; they had no deficiencies at the exit interview, and should receive the final report in September or October 2016.
- B. Why is this success significant?
This will be the first Level III Trauma Center in the state and will bring the total number of trauma centers to 6. In 2011, Louisiana only had 2 trauma centers.

C. Who benefits and how?

The citizens of Louisiana benefit, especially those living on the North shore. The Level III Trauma Center serves communities that do not have immediate access to a Level I or II institution. For those living on the Northshore, it is approximately a 35 to 40 minute commute to the Level II Trauma Center at North Oaks in Hammond and about an hour commute to the Level I Trauma Center in New Orleans – depending on traffic. Level III Trauma Centers provide prompt assessment, resuscitation, emergency operations, and stabilization and also arrange for transfer to a facility that can provide definitive trauma care when needed.

D. How was the accomplishment achieved?

The decision for Lakeview Regional Medical Center to make trauma center development part of their strategic plan was due in part to Louisiana Emergency Response Network Board (LERN) identifying needs across the state and asking the administration to make the commitment to the community. After this, the LERN Trauma Medical Director provided monthly consultation to prepare for a successful survey.

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

This accomplishment exceeds the LERN Board's strategic initiative to establish at least one ACS verified trauma center in each region of the state. There is already a Level II Trauma Center in Region 9 – North Oaks Medical Center.

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

Yes – identify gaps and build consensus on the desired goal; then provide support via a subject matter expert in order to work through the many obstacles that are present with any big project.

Accomplishment #2: Promulgated Rule Codifying the Trauma Program Recognition

A. What was achieved?

Established trauma program requirements and a trauma program verification process (LAC 48:I.Chapter 197).

B. Why is this success significant?

This is significant because after the LERN Board adopts a new policy, we must formally declare a new statutory or administrative law after its enactment via rule promulgation.

C. Who benefits and how?

Hospitals and injured patients benefit due to expanded access to trauma care in the state.

D. How was the accomplishment achieved?

This was achieved by evaluating existing program/process and making adjustments based on findings. Changes to the trauma program and the rule were vetted through the LERN Executive Committee prior to adoption by the full board. Once approved by the LERN Board, we followed the administrative procedure act as required by the LERN legislation.

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

Yes, the development of trauma programs brings LERN closer to achieving a trauma center in each region of the state.

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

No, I think other branches already evaluate programs, make adjustments, and promulgated rules as required.

Accomplishment #3: New Stroke Destination Protocol

A. What was achieved?

The LERN Board adopted a new Stroke Destination Protocol and is in the process of promulgating it into rule.

B. Why is this success significant?

This is significant because the endovascular trials of 2015 demonstrated the efficacy of endovascular thrombectomy (EVT). EVT is a type of surgery to remove a blood clot from inside an artery or vein). The American Stroke Association and the Brain Attack Coalition recommended a revision of pre-hospital stroke protocols seeking to balance the benefits of rapid, early access to EVT for patients with suspected Large Vessel Occlusion (LVO) with the potential harm of delayed initiation of Intravenous alteplase; Alteplase injection is used to dissolve blood clots that have formed in the blood vessels. It is used immediately after symptoms of a heart attack occur to improve patient survival. It is also used after symptoms of a stroke and to treat blood clots in the lungs (pulmonary embolism). The new LERN Stroke Destination protocol does this.

C. Who benefits and how?

Patients with a LVO stroke who are within 15 minute transport time of an endovascular capable hospital benefit from the new protocol. Also, any other patient with a LVO Stroke benefits due to the education provided to EMS regarding assessment and identification of LVO. These patients can be treated with tPA (Tissue plasminogen activator is a protein involved in the breakdown of blood clots) at the closest LERN Level I, II, or III stroke center and then transferred to an endovascular capable hospital. These hospitals are identified on the ESF-8 portal.

D. How was the accomplishment achieved?

This was achieved through the leadership of the LERN Stroke Medical Director – Dr. Sheryl Martin-Schild. She vetted the idea with the Stroke Champions in each of the

nine LDH regions and came to a consensus agreement. This was vetted and reviewed by the nine LERN regional commissions and the LERN Executive Committee prior to presenting to the LERN Board for approval. Once approved, a go-live date was established and statewide education was done by the LERN Tri-regional coordinators and EMS agencies across the state.

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

Yes, it contributes to the stroke strategic plan to develop a statewide system of stroke care to improve outcomes for Louisiana citizens regardless of where they live in the state. The Statewide System will include recommendations from the Statewide Workgroup relative to:

- Public recognition of stroke symptoms and community education
- Emergency/timely evaluation of all strokes
- EMS transfer protocols to facilitate timely administration of tPA and safe inter-facility transfer.

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

Yes, it is important to stay abreast of the latest science of industry standards and make changes as appropriate. It is also a best practice to vet changes with stakeholders, as this can result in acceptance.

Accomplishment #4: Hemorrhage Control Training

- A. What was achieved?

Louisiana Emergency Response Network Board (LERN) began providing hemorrhage control training to law enforcement officers across the state. Since January 2017, LERN has trained 394 officers and provided each officer with a tourniquet.

- B. Why is this success significant?

Considering police are required to clear a scene of the threat before EMS can enter the hot zone, it is important for law enforcement to know how to stop bleeding and apply a tourniquet to themselves, their partners or any citizen. A person who is bleeding can die of blood loss in five minutes. Uncontrolled bleeding is the number one cause of preventable death from trauma.

- C. Who benefits and how?

Law enforcement officers across the state benefit by the knowledge gained and by the attainment of a Combat Application Tourniquet (C-A-T) from LERN.

- D. How was the accomplishment achieved?

This was accomplished by partnering with the Level 1 Trauma Center in New Orleans and with Dr. Norman McSwain, who was the Trauma Director of the Spirit of Charity Level I Trauma Center before his death in 2015. Dr. McSwain was a participant in the Hartford Consensus document which studied the shootings in Sandy Hook,

Connecticut. It was found that many of the children died of blood loss and their deaths could have been prevented. After this, Dr. McSwain developed a hemorrhage control course at the University Medical Center (UMC) Spirit of Charity Trauma Center. LERN contracted with UMC to assist in the education and fund the tourniquets for our law enforcement.

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

Yes, it contributes to the trauma strategic priority to provide trauma training opportunities to all level providers statewide.

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

Yes

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

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

Yes, we are progressing towards meeting the goals and objectives set forth by our strategic priorities. Returns on investment are being met, but without a comprehensive trauma, stroke and STEMI (ST-Elevation Myocardial Infarction) registry it is impossible to demonstrate outcomes; STEMI is a very serious type of heart attack during which one of the heart's major arteries that supplies oxygen and nutrient-rich blood to the heart muscle is blocked.

Goal 1: Decrease risk adjusted trauma-related deaths and incidents of morbidity and mortality due to trauma in Louisiana.

- Louisiana has the 11th highest mortality rate in the United States – 75.72 deaths/100,000 population. This is down from 2007 when Louisiana had the 5th highest mortality rate in the United States.
- The LERN Board and staff updated the Build Out plan which was based on the 2009 ACS Consultative visit. LERN conducts annual strategic planning sessions with the Executive Committee.
- We do not have a comprehensive trauma registry. We now have 9 hospitals submitting data to the state trauma registry. This is up from 7 in the 2016 calendar year.
- We now have 5 designated trauma centers in the state.

- University Health Shreveport – Level I Trauma Center
- University Medical Center New Orleans – Level I Trauma Center
- Rapides Regional Medical Center – Level 2 Trauma Center
- Our Lady of the Lake Regional Medical Center – Level 2 Trauma Center
- North Oaks Medical Center – Level 2 Trauma Center
- We have three other hospitals working towards trauma center designation
- LERN is leading an effort for the trauma centers to participate in the American College of Surgeons Trauma Quality Improvement Program. This is a goal for FY18.

All of these efforts are improving morbidity and mortality, but we need a comprehensive registry to provide valid data.

Goal 2: Maximize the return on investment (ROI) of state dollars and supplement of general fund dollars with alternative funding sources.

- This is the one area where we have not made significant progress. The Low Income Needy Care Collaborative Agreement (LINCCA) will continue for the Communication Center Staffing contract in order to leverage state general fund dollars.
- We received to grants to help support the trauma and EMS registries.
- Anticipated returns on investment are being realized in terms of efficient use of resources. Due to the LERN Call Center routing, secondary transfers have been significantly reduced. Minimizing secondary transfers saves money by reducing duplication is services and improves trauma patient outcomes.

Goal 3: Ensure that all citizens gain access to the statewide networks for trauma and time sensitive related illnesses.

- LERN has participation agreements with 98.3% of the Tier 3 hospitals in the state.
- The expansion of the number of trauma centers from 2 in 2011 to 5 in 2017 provides 55.4% of the population with access to a trauma center within a 60 minute drive time. This is up from 31.8% in 2011.
- LERN developed a Trauma Program status for those hospitals working towards trauma center designation. Three hospitals have attested to meeting trauma program status:
 - Lafayette General Hospital (Level II Trauma Program)
 - Lakeview Regional Medical Center (Level III Trauma Program – has survey in June of 2017, await verification results from the ACS)
 - St. Tammany Parish Hospital (Level III Trauma Program)
- When considering the five Verified Trauma Centers and the three trauma programs, 67.3% of the population has access to a trauma center within a 60 minute drive time.
- When the LERN Board's vision of a verified trauma center in each of the LDH regions is achieved, 82.7% of the population will have access to a

trauma center within a 60 minute drive time.

- 100% of the population has access to the LERN Call Center for assistance with direction to the most appropriate resourced hospital for trauma, stroke or STEMI.
- LERN established criteria for four levels of stroke hospitals. These levels are used by the public and EMS to access the appropriate hospital for stroke care. A level 4 stroke center does NOT have the capability of taking care of stroke patients. LERN has built a network of stroke centers that provides the public access to either a Level I, II, or III stroke center to 99.3% of the population.
- LERN established criteria for STEMI Receiving centers which require 24/7/365 access to a cardiac catheterization lab. There are 38 STEMI Receiving Centers in the state. These 38 hospitals provide 96.6% of the population with access to a STEMI Receiving Center within a 60 minute drive time.
- Also, LERN continued education efforts across the state. For the 2016 calendar year, those courses included:
 - Trauma Nurse Core Curriculum (TNCC) = 27 classes, 289 students
 - Emergency Nurse Pediatric Course (ENPC) = 10 classes, 92 students
 - 12 Lead EKG Course = 17 classes, 545 students
 - 12 course Stroke Webinar Series = 326 participants
 - Rural Trauma Team Development Course = 1 class, 31 students
 - Trauma Care After Resuscitation = 2 classes, 60 students
 - Pediatric Care After Resuscitation = 2 classes, 60 students
 - Hemorrhage Control Training = 286 law enforcement agents
- EMS Registry continues to be developed. We now have 30 EMS agencies participating in the registry. We are sharing data from the EMS Registry with LDH for an opioid surveillance project. We submitted data to NEMESIS (National EMS Information System) again this year per our goal.

Goal 4: Establish and codify protocols that specify the role of LERN in ESF-8 activities.

- Expanded LERN's role in the ESF-8 to include manager of the EMS Tactical Operations Center during a disaster.
 - LERN has been included in disaster drills throughout the state.
- ♦ **Where are you making significant progress?** If you are making no significant progress, state "None." However, if you are making significant progress, identify and discuss goals and objectives that are exceeding the timeline for achievement; identify and discuss strategies that are working better than expected. Be specific; discuss the following for each:
1. To what do you attribute this success? For example:
 - Is progress largely due to the effects of external factors? Would the same results have been generated without specific department action?

Louisiana Emergency Response Network Board (LERN) has been successful in all areas except funding. Specifically, we have been very successful in the expansion of the

trauma system and development of the stroke system. The same results would not have occurred without LERN leadership. Contracting with subject matter experts continues to augment the effectiveness of the LERN staff. LERN continues to collaborate with local, regional and state level stakeholders to continue to build the statewide trauma & time sensitive illness network. We have made significant progress in cementing LERNs leadership in the ESF-8 network. This was achieved through collaboration with LDH and the Regional DRC networks.

- Is progress directly related to specific department actions? (For example: Have you reallocated resources to emphasize excellence in particular areas? Have you initiated new policies or activities to address particular issues or needs? Have you utilized technology or other methodologies to achieve economies or improve service delivery?)

Yes – Progress is directly related to specific department Louisiana Emergency Response Network Board (LERN) actions. LERN has initiated, supported and implemented every aspect of the Stroke and STEMI system to date. LERN trauma outreach and education continues to engage stakeholders across the state and facilitates an educated work force. We have reallocated resources to have a more direct focus on outreach and education for the four tiers of LERNs mission: Trauma, Stroke, STEMI, and All Disasters-Response. Participation in drills across the state has resulted in more efficient and safer management of mass casualties. LERN also collaborated with UMC-New Orleans (Level I Trauma Center) to provide hemorrhage control education to law enforcement across the state. To date, all state troopers have been trained and provided a tourniquet. At the local level, so far in 2017 we have conducted 11 classes and 394 local law enforcement agents have been trained and received tourniquets.

- Is progress related to the efforts of multiple departments or agencies? If so, how do you gauge your department's contribution to the joint success?

Specific department actions have directly related to the success of LERN. Examples include: Continued support from the LDH Secretary and Under Secretary as it relates to funding; Bureau of Health Informatics continues to provide stroke data as available; and the LDH Office of Public Health Vital Records division provides mortality data related to trauma, stroke and STEMI; and collaboration with LDH Office of Community Preparedness on disaster response has been very helpful.

- Other? Please specify.

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

Progress is not the result of a onetime gain; building and maintaining systems of care takes time and is a long term commitment. Progress is expected to continue at a steady pace.

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

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

Louisiana Emergency Response Network Board (LERN) has made little progress lessening or eliminating our reliance on State General Fund dollars. Although LERN has received some grant funds, we have not been successful in identifying larger grants that fit LERN’s mission and strategy. Despite no increase in funding, LERN still made significant progress last fiscal year. We understand the funding alternatives utilized by other state trauma systems and we understand existing state dedications that could serve as practical alternative sources of recurring funding for LERN.

Data collection/registry development for STEMI (ST-Elevation Myocardial Infarction - a very serious type of heart attack during which one of the heart's major arteries that supplies oxygen and nutrient-rich blood to the heart muscle is blocked) and Trauma has been difficult, but we are making gains. We now have voluntary participation in the trauma registry from nine hospitals. This is up for six hospitals over the previous year. LERN does not have the authority to mandate data collection. Hospitals have a hard time collecting data due to competing priorities. It cost money to hire a data entry person. To deal with STEMI data collection, LERN has had success getting hospitals that already use ACTION Registry (a risk-adjusted, outcomes-based quality improvement program that focuses exclusively on high-risk STEMI/NSTEMI patients) to agree to submit their data to a state report; this does not cost the hospitals any additional money.

For trauma, we are focusing our efforts on those facilities working to become trauma centers.

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

The problem will continue until we are in a position where we can successfully pursue passing legislation to fund the system. Most trauma systems are funded via

fees or fines associated with DUI, traffic violations or vehicle registration. The registry will continue to be an issue until, as a state, we legislate mandated participation.

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

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

In July of 2016, our strategic priorities were streamlined and the goals/action plans were adjusted to ensure that we achieve each of our priorities.

☐ No. If not, why not?

- ♦ **How does your department ensure that your strategic plan is coordinated throughout the organizational and management levels of the department, regularly reviewed and updated, and utilized for management decision-making and resource allocation?** Use as much space as needed to explain fully.

The Executive Director provides a report to the LERN Board of Directors (BOD) at least quarterly. This report includes progress to goals for each strategic priority. The strategic plan is completely re-evaluated annually by the LERN BOD. The LERN Regional Commissions are informed through the Tri-Regional Nurses and the LERN Administrative & Medical Directors.

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

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

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

There is no significant department management or operational problem to report.

A. Problem/Issue Description

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

B. Corrective Actions

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

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

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

- ☐ No. If not, please explain.
- ☐ Yes. If so, what investment is required to resolve the problem or issue? (For example, investment may include allocation of operating or capital resources—people, budget, physical plant and equipment, and supplies.) Please discuss the following:

- a. What are the costs of implementing the corrective actions? Be specific regarding types and amounts of costs.

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

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

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

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

The Centers for Medicare & Medicaid (CMS) also conducts audits and reviews LDH and its agencies for compliance with program standards and accountability for funds received to administer programs.
- ☒ **Policy, research, planning, and/or quality assurance functions in-house**
Quality Assurance calls in the LERN Call Center on a monthly basis.
- ☒ **Policy, research, planning, and/or quality assurance functions by contract**
Review of literature, other best practices, review of other state trauma programs, is performed by LERN staff and consultants, used to guide the implementation and continued development of the LERN Trauma and Time Sensitive Illness Network.
- ☒ **Program evaluation by in-house staff**

Performance Improvement meeting bi-monthly, led by Dr. Michael Sutherland, LERN Trauma Medical Director. Monthly Stroke PI Call as required, led by Dr. Sheryl Martin-Schild.

- ☒ **Program evaluation by contract**
Communications Center staffing provided by contract with AMR; data is input to the Louisiana State owned Image Trend system. This system software provides data on calls, time to definitive care, mechanism of injury and transport time. We also track secondary transfers as a performance indicator for the LERN Call Center. LaHidd data and the Level III Stroke data base are used to evaluate the stroke program.
- ☒ **Performance Progress Reports (Louisiana Performance Accountability System)**
The LDH Division of Planning and Budget coordinates and reviews entries of the Louisiana Performance Accountability System (LaPAS) data on a quarterly basis for all LDH agencies. Explanatory Notes are provided for positive and negative variances greater than 5% from quarterly performance indicator targets. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed. LERN reports these metrics quarterly.
- ☒ **In-house performance accountability system or process**
Performance Based Budgeting activities (including, but not limited to strategic planning, operational planning, and the Louisiana Performance Accountability System) are coordinated by the LDH Division of Planning and Budget. This section reviews all objectives, performance indicators and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed. Also, at the close of a fiscal year, agencies and programs review and evaluate performance during that fiscal year in order to determine if the information gained from this review should be used to improve strategic and operational planning, as well as agency and program management department-wide.
- ☒ **Benchmarking for Best Management Practices**
The LDH Division of Planning and Budget reviews, researches and develops objectives, performance measures and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are compared to benchmarks from leading states involved in performance-based budgeting activities. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed. LERN compares state trauma registry data with NTDB data. STEMI Regional Report is compared to national benchmark. Stroke Registry (Level III) centers are compared to the aggregate and reports are sent to hospitals quarterly. Benchmarks are based on national standards.

- ☒ **Performance-based contracting (including contract monitoring)**
Contracts are required to contain a description of the work to be performed including goals and objectives, deliverables, performance measures and a monitoring plan.
- ☒ **Peer review**
The LERN Communicators are required to perform peer review audits on two calls per shift.
- ☐ Accreditation review
- ☒ **Customer/stakeholder feedback**
Case Review process
- ☐ Other (please specify):

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

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

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

1. Title of Report or Program Evaluation:
LERN Annual Report FY15-16
2. Date completed:
March 2017
3. Subject or purpose and reason for initiation of the analysis or evaluation:
Required by LERN Legislation La.R.S.40:2845
4. Methodology used for analysis or evaluation:
Data included in the report is obtained from call center data, from the trauma registry, stroke registry, and education tracking log.
5. Cost (allocation of in-house resources or purchase price):
None
6. Major Findings and Conclusions:
None
7. Major Recommendations:

None

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

None

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

Available on the LERN Website <http://lern.la.gov/about-lern/annual-report/> --

This can also be provided by hard copy.

10. Contact person for more information:

Name: Paige Hargrove, RN, BSN

Title: Executive Director

Agency & Program: Louisiana Emergency Response Network

Telephone: (225)756-3440

E-mail: Paige.Hargrove@la.gov

Annual Management and Program Analysis Report

Fiscal Year 2016-2017

Department: **Louisiana Department of Health (LDH)**
09-325 Acadiana Area Human Services District

Department Head: **Rebekah E. Gee, MD, MPH**
LDH Secretary

Undersecretary: **Jeff Reynolds**

Executive Director: **Brad Farmer**

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

For each accomplishment, please discuss and explain:

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

Accomplishment #1: Patient Assistance Program (PAP)

- A. What was achieved?
Acadiana Area Human Services District (AAHSD) pharmacy generated over \$1.76M in Patient Assistance Program (PAP) medication for clients last fiscal year (2016). AAHSD's State General Fund expenditures for pharmacy were 4.04% of total pharmacy expenditures for FY17.

B. Why is this success significant?

The Patient Assistance Program is designed to assist clients in obtaining their medications at little to no cost to the client or Acadiana Area Human Services District.

C. Who benefits and how?

Clients benefit from this as they receive needed medications they otherwise may not be able to afford/obtain. Acadiana Area Human Services District is able to utilize resources to provide medications to other clients who otherwise may not be able to afford/obtain medications and may not qualify for Patient Assistance Program medications.

D. How was the accomplishment achieved?

The Patient Assistance Program staff works under the supervision of the Acadiana Area Human Services District Pharmacy Director. The Pharmacy Director and Medical Director maintain close communication to ensure the success of this program.

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

Yes. The mission of the Acadiana Area Human Services District (AAHSD) 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.

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

Yes

Accomplishment #2: Louisiana Spirit Team

A. What was achieved?

Acadiana Area Human Services District sponsored a Louisiana Spirit Team (in partnership with the Louisiana Department of Health & Office of Behavioral Health) to work with citizens in Acadiana.

B. Why is this success significant?

As a result of this historic flooding event, all seven parishes (Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin and Vermilion parishes) within our service area were declared Federal disaster areas due to the flooding in August 2016.

C. Who benefits and how?

All citizens who reside in the declared Federal disaster areas benefit from crisis counseling and case management type services.

D. How was the accomplishment achieved?

The Louisiana Spirit team was funded by the U.S. Department of Homeland Security-

Federal Emergency Management Agency (FEMA).

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

Yes. The mission of the Acadiana Area Human Services District (AAHSD) 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.

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

Yes.

Accomplishment #3: Now Opportunities Waiver Registry

- A. What was achieved?

Acadiana Area Human Services District partnered with the Office for Citizens with Developmental Disabilities, Medical Resources and Guidance and Cadence of Acadiana to screen 1,900 individuals within the service area who are on the New Opportunities Waiver (NOW) Registry.

- B. Why is this success significant?

It helped determine the needs of the individuals who have been on the registry to get a better idea of what services and supports are actually needed. It will also help the Office for Citizens with Developmental Disabilities and Acadiana Area Human Services District determine how to provide more efficient and cost effective programs in the future.

- C. Who benefits and how?

Individuals with developmental disabilities (and their families), who have been on the New Opportunities Waiver registry, benefit. It informed them of possible services currently available while they are on the registry, and gave them information as to who to contact if needs emerge in the future.

- D. How was the accomplishment achieved?

Acadiana Area Human Services District (AAHSD) contracted with two Support Coordination Agencies (Medical Resources & Guidance and Cadence of Acadiana). These agencies interviewed those participants within the AAHSD from October 2016 to June 2017; weekly contact was made to assist the agencies with issues and questions.

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

Yes. The mission of the Acadiana Area Human Services District (AAHSD) 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.

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

Accomplishment #4: Camp We Can Do

- A. What was achieved?

Acadiana Area Human Services District Assisted in funding a staff person at “Camp We Can Do.” Camp We Can Do is a camp for people with special needs that welcomes all types of disabilities.

- B. Why is this success significant?

This assistance allowed individuals with developmental disabilities to attend a summer camp by the Lafayette Parks and Recreation Department. The staff allowed the kids to enjoy therapeutic assistance while attending a summer camp.

- C. Who benefits and how?

Children with developmental disabilities were allowed to attend a summer camp with other individuals (with and without disabilities); it allowed them to participate in a program with their peers.

- D. How was the accomplishment achieved?

This was accomplished by using Family Supports funds through the Acadiana Area Human Services District Developmental Disabilities section and in conjunction with having a staff member hired and trained by the Lafayette Parks and Recreation Department. The Mission of Lafayette Parks and Recreation Department is to enhance the quality of life in our community by providing high quality, cost-effective services that meet the needs and expectations of the public.

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

Yes. The mission of the Acadiana Area Human Services District (AAHSD) 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.

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

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

Acadiana Area Human Services District revised its Five-Year Strategic Plan in June 2016. Thus far, our goals and objectives are being met and the plan is on target for successful completion.

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

Acadiana Area Human Services District is progressing towards accomplishing goals and objectives, such as: developing clear policy objectives; providing behavioral health treatment services as part of the State's continuum of care; improving accessibility; increasing stakeholders' involvement; and, providing quality services and supports. These strategies are effective in ensuring persons served receive the highest quality care.

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

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

Acadiana Area Human Services District is on target for making the progress that was projected in our Five-Year Strategic Plan. Progress is due largely to reorganizing our internal structure, developing new policies and procedures, utilizing the expertise of the Governing Board, conducting staff training, and implementing a team structure and

approach to management. We are continually working to improve policies/systems and making necessary changes to become more effective and efficient.

Progress is expected to continue on an 'on-target pace' as we conduct regular ongoing meetings of teams (Accreditation, Health/Safety, Quality Improvement, and Senior Management), participate in ongoing external reviews, and conduct ongoing internal reviews. Our efforts so far have not been 'one-time events,' but the building of infrastructure and operating systems to ensure ongoing success.

- ♦ **Where are you experiencing a significant lack of progress?** If you are experiencing no significant lack of progress, state "None." However, if you are experiencing a significant lack of progress, identify and discuss goals and objectives that may fall significantly short of the targeted outcome; identify and discuss strategies that are not working well. Be specific; discuss the following for each:
 1. To what do you attribute this lack of progress? For example:
 - Is the lack of progress related to a management decision (perhaps temporary) to pursue excellence in one area at the expense of progress in another area?
 - Is the lack of progress due to budget or other constraint?
 - Is the lack of progress related to an internal or external problem or issue? If so, please describe the problem and any recommended corrective actions in Section III below.
 - Other? Please specify.
 2. Is the lack of progress due to a one-time event or set of circumstances? Or will it continue without management intervention or problem resolution?

None

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

- ☐ Yes. If so, what adjustments have been made and how will they address the situation?
- ☒ No. If not, why not?

The Acadiana Area Human Services District revised Five-Year Strategic Plan was completed in July 2016, and gave a clear overview of goals and objectives to accomplish. The plan fully encompasses administrative and programmatic issues for ongoing review/improvement.

- ♦ **How does your department ensure that your strategic plan is coordinated throughout the organizational and management levels of the department, regularly reviewed and updated, and utilized for management decision-making and resource allocation?** Use as much space as needed to explain fully.

All senior managers gave input into the development of the strategic plan and received a copy of the final version. Senior managers shared their insight with their departments and staff. This strategic plan, along with the annual management report, is made available to all staff and is included as public information on our agency website, so the community at large and other interested stakeholders can be fully informed as to these plans. Our Five-Year Strategic Plan was also shared with our Governing Board.

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

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

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

No department management or operational problems exist.

A. Problem/Issue Description

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

B. Corrective Actions

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

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

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

☐ No. If not, please explain.

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

Please discuss the following:

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

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

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

☐ Internal audit

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

- ☒ **Policy, research, planning, and/or quality assurance functions in-house**
 QI Team reviews client quarterly
- ☐ Policy, research, planning, and/or quality assurance functions by contract
- ☐ Program evaluation by in-house staff
- ☐ Program evaluation by contract
- ☒ **Performance Progress Reports (Louisiana Performance Accountability System)**
 LAPAS Reports
- ☐ In-house performance accountability system or process
- ☐ Benchmarking for Best Management Practices
- ☒ **Performance-based contracting (including contract monitoring)**
 Contracts are required to contain a description of the work to be performed including goals and objectives, deliverables, performance measures and a monitoring plan.
- ☒ **Peer review**
 Medical Doctors and the Office for Citizens with Developmental Disabilities peer review process
- ☒ **Accreditation review**
 AAHSD received a 3-year accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF)
- ☒ **Customer/stakeholder feedback**
 Completes an annual Stakeholder Survey
- ☒ **Other (please specify):**
 Human Services Accountability and Implementation Plan (AIP) monitoring visits by the Office of Behavioral Health and the Office for Citizens with Developmental Disabilities

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

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

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

1. Title of Report or Program Evaluation

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

Acadiana Area Human Services District Management Report

1. Title of Report or Program Evaluation:
Acadiana Area Human Services District (AAHSD) Management Report
2. Date completed:
June 2017
3. Subject or purpose and reason for initiation of the analysis or evaluation:
The AAHSD Management Report is offered as partial fulfillment of the standards set forth by Commission on Accreditation of Rehabilitation Facilities (CARF) and is designed to summarize the results of the program plans; quality assessment; goals and objectives; the data collected in the areas of effectiveness, efficiency, service access, and consumer satisfaction; and from other operating systems and to provide a synopsis of 'significant events'.
4. Methodology used for analysis or evaluation:
Review of AAHSD systems including: Corporate Compliance, Health and Safety (including Accessibility), Human Resources, Information Management, Outcomes Management System, Quality Improvement, and Risk Management.
5. Cost (allocation of in-house resources or purchase price):
In house resources
6. Major Findings and Conclusions:
 - AAHSD's 2017/2018 budget has been developed and submitted per Division of Administration (DOA) requirements.
 - New AAHSD policies have been approved by State Civil Service.
 - Agency supervisors completed Civil Service Performance Evaluations on employees as required.

- Successful completion of reviews by the office of State Civil Service and the Office of Risk Management. Both of these reviews were completed with minimal to no findings.
- AAHSD has conducted and/or participated in numerous public events, health fairs, community forums, and other professional forums.
- AAHSD completed our second Legislative Audit during this timeframe. All fiscal systems were reviewed and found to be in substantial compliance with all rules/regulations. There were no findings and no management letter was issued.
- Successful completion of a review from the Louisiana Department of Health regarding the Accountability Plan (formerly the AIP). This process reviews policies, procedures, clinical records, and contractual performance indicators for all behavioral health and developmental disabilities services.
- AAHSD has supported other organizations in their efforts to provide crisis services to the community – either through education/training opportunities, funding and/or referrals.
- AAHSD Board training and strategic planning session was completed in May 2017 at which time the Board will review its effort during this past year and will adjust/develop their goals for the upcoming year. The overarching themes for the 2017 training will be accountability, transparency, and value.

This report was made available to the Governing Board, all staff, and copies were available in all service locations for clients/visitors. A copy was sent to senior officials at the Louisiana Department of Health, as well as the entire Acadiana Delegation. Additionally, this report is posted on our website for public view.

7. Major Recommendations:
None
8. Action taken in response to the report or evaluation:
None
9. Availability (hard copy, electronic file, website):
Located in the policy and procedure manual and website
10. Contact person for more information:
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Annual Management and Program Analysis Report

Fiscal Year 2016-2017

Department: Louisiana Department of Health (LDH)
09-326 Office of Public Health

Department Head: Rebekah E. Gee, MD, MPH
LDH Secretary

Undersecretary: Jeff Reynolds

Assistant Secretary: Parham Jaber, MD, MPH

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

For each accomplishment, please discuss and explain:

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

Accomplishment #1: Critical Reproductive Health Services:

- A. What was achieved?

The Louisiana Department of Health (LDH) Office of Public Health (OPH) Bureau of Family Health has successfully contributed to the state increasing access to critical reproductive health services by: 1) elevating the quality of reproductive health services in parish health units by implementing new evidence-based clinical protocols, including increasing competencies in contraceptive counseling and insertion of long acting reversible contraceptives; 2) working to improve access to available services by increasing the productivity of the parish health unit clinics

through intensive training, technical assistance, and quality improvement activities; 3) advancing the parish health unit network's ability to monitor and improve clinical performance through the use of sophisticated data reports generated from the Electronic Health Record; 4) elevating the quality and availability of best-practice reproductive health services in primary care settings through a targeted reproductive health integration initiative designed to provide community health clinics with training and technical assistance to become Title X sub-recipient sites, as well as by conducting outreach and training for residency programs, the Louisiana Primary Care Association, and the Louisiana Rural Health Association; 5) partnering with LDH-Medicaid, in part through the Centers for Disease Control (CDC) 6|18 Initiative, to develop policies and implementation plans, as well as conduct data analyses, to increase access to the full range of contraception including long-acting reversible methods such as Intrauterine Devices (IUDs) and implants; 6) actively contributed to state Zika Action Plan and response activities as subject matter experts on unintended pregnancy, contraception, and reproductive health counseling, contributing to strategy development, provider outreach and training, patient and provider messaging, and Medicaid Informational Bulletin development. 7) securing two grant awards for five years of funding from the Centers for Disease Control and Prevention to re-establish violence and injury prevention programming statewide and to participate in the nationwide violent death surveillance system known as the National Violent Death Reporting System, 8) completed an assessment of reproductive health screening services for women of childbearing ages in the 10 methadone treatment programs across the state and provided information to the Office of Behavioral Health State Opioid Treatment Authority for program planning, and 9) contributed to the development of a substance abuse toolkit developed for the Center for Medicare and Medicaid Services (CMS) innovator accelerator project on addressing neonatal abstinence.

B. Why is this success significant?

Critical Reproductive Health Services

Maximizing access to high quality reproductive health services in Louisiana is essential to improving the state's health and well-being, particularly by improving birth outcomes, preventing unintended pregnancy, and addressing the high rate of sexually transmitted infections. In addition, efforts to increase the efficiency, quality, and utilization of OPH reproductive health services is essential to ensure that OPH remains a sustainable, viable clinical provider of choice.

C. Who benefits and how?

The citizens of Louisiana will benefit by increased access to high quality reproductive health services. OPH will benefit by ensuring that services are state-of-the-art, efficient, and better supported by self-generated revenue.

D. How was the accomplishment achieved?

The accomplishments achieved to date set the stage for impact on priority

reproductive health outcomes. This was achieved through staff who have aggressively sought to understand, prepare for, and respond to the changing healthcare landscape of coverage and quality. Partnerships across the Department, OPH programs, and with external collaborators have been essential to the success of the Reproductive Health Services program. However, the actualization of the intended health outcomes will depend on continued successful implementation of the established work plans.

Injury programming has been re-established through close collaboration with national subject matter experts and a commitment from the BFH to work in this area since it aligns with other investments related to health and safety of families.

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

Yes. Reproductive Health is one of OPH's current agency "Big Bets."

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

The collaboration between OPH and Medicaid to develop the plans for expanded services has been a productive and valuable model of synergy between programs. In addition, the Bureau of Family Health RHP plan demonstrates the strength of aligning of public health programs with national standards for clinical quality (HEDIS, CHIPRA, Healthy People 2020). Practice changes in Public Health Units realized through clinical quality improvement should certainly, when fully realized, represent a best management practice.

Accomplishment #2: Re-establishment of Injury Prevention Programming:

- A. What was achieved?

The Bureau of Family Health (BFH) has successfully re-established injury prevention programming within the Office of Public Health (OPH) by 1) organizing injury prevention stakeholders, 2) improving injury surveillance capacity, 3) assessing current injury prevention programming across the state, and 4) successfully competing for two major violence and injury prevention federal grant opportunities. Louisiana had previously been funded by the Centers for Disease Control (CDC) for injury prevention efforts, but funding was discontinued in 2011. The State continued with injury prevention efforts through investment of HRSA Maternal and Child Health Title V Block grant, Preventive Block Grant funds and CDC Rape Prevention Education funds awarded to and managed by the BFH. Given the level of investment and priorities to promote health and safety of Louisiana families, the most strategic positioning of injury work within OPH was squarely within the BFH. In 2014, the BFH became more involved with the southeastern regional injury network organization. With dedicated attention from staff and assistance of colleagues at the federal level and in other states, the BFH was able to purposefully rebuild a solid injury prevention program. In 2016,

the BFH successfully secured two grants funded by the Centers for Disease Control and Prevention (CDC), the CORE State Violence and Injury Prevention Program (CORE SVIPP) and National Violent Death Reporting System (NVDRS). The Core VIPP will focus on the three areas of child abuse and neglect, motor vehicle accidents, intimate partner violence/sexual assault, traumatic brain injury (TBI), youth violence, and substance use misuse and abuse. The NVDRS helps state and local officials understand when and how violent deaths occur by linking data from medical examiner, coroner, law enforcement, toxicology, and vital statistics records. It is the only data system for homicide and suicide that links law enforcement data with data from non-law enforcement sources. Using these data, public health practitioners and violence prevention professionals can develop tailored prevention and intervention efforts to reduce violent deaths.

B. Why is this success significant?

Using these data, public health practitioners and violence prevention professionals can develop tailored prevention and intervention efforts to reduce violent deaths.

C. Who benefits and how?

Unintentional and intentional injury is a leading cause of death and debilitating injuries for Louisiana residents. Funding to improve surveillance capacity and increase collaboration with prevention stakeholders should ensure a more informed and coordinated response to prevention statewide.

D. How was the accomplishment achieved?

Injury programming has been re-established through close collaboration with national subject matter experts and a commitment from the BFH to work in this area since it aligns with other investments related to health and safety of families.

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

Yes. It aligns with other investments related to health and safety of families.

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

The Injury Prevention programming was just re-established during the last fiscal year.

Accomplishment #3: Sexually Transmitted Disease/Human Immunodeficiency Virus Reduction Strategy:

A. What was achieved?

In 2016, the Sexually Transmitted Disease/Human Immunodeficiency Virus (STD/HIV) Program, called SHP, developed a focused plan of action to reduce STD/HIV morbidity across the state called the STD/HIV Reduction Strategy. This

strategy focused on three goal areas: 1) Direct Care Services, 2.) Patient Awareness and Education, and 3.) Community Awareness and Engagement. A primary objective of the Community Awareness and Engagement goal area was the establishment of STD/HIV Regional Task Forces in each of the nine Office of Public Health (OPH) regions. These Task Forces were charged with creating and expanding strong community partnerships, along with developing a network of community-based services, focused on reducing STD/HIV morbidity and mortality. In 2013, SHP, in collaboration with local community leaders, key stakeholders, OPH staff and the Centers for Disease Control (CDC) federal assignees, implemented a very successful Shreveport Syphilis Response Task Force. The success of the Shreveport Syphilis Task Force initiative, with a 19% decrease in early syphilis noted from 2014 through June 2015, served as a precedent for expansion of this Task Force concept statewide in 2016.

B. Why is this success significant?

The successful establishment of STD/HIV Regional Task Forces in all nine Office of Public Health (OPH) regions was significant because it represented a tangible, vested partnership, between OPH, the community, and consumers served by this agency. With a clear focus on reducing poor health outcomes associated with the STD/HIV epidemics and improving the health and well-being of citizens in each area of the state, these Task Forces, led by OPH Regional Medical Directors, engaged traditional and non-traditional community partners to disseminate information, formulate regional work plans and address local community needs.

C. Who benefits and how?

Many groups and individuals have benefitted from the STD Reduction Strategy and formation of the Regional Task Forces: 1.) The number of congenital syphilis cases decreased 11% (from 54 cases in 2015 to 48 in 2016), effectively reducing the number of mothers and babies affected by complications of this disease, 2.) The number of individuals screened for syphilis tripled across the state with the implementation of rapid syphilis testing at community-based organizations (6,536 tests in 2016 compared to 2,116 in 2015), which presented opportunities for timely diagnosis and treatment of new infections and reduced the risk of transmission of this disease, 3.) Expanded extra-genital gonorrhea (GC) and chlamydia (CT) testing, with more than 166 cases of GC or CT detected and treated that would have been missed if this type of testing were not available; and 4.) Over 100 health care providers, several Schools of Nursing, and faith-based organizations received targeted STD/HIV education and outreach offered by OPH/STD/HIV staff and partners.

D. How was the accomplishment achieved?

Regional Task Force accomplishments were achieved through successful public/private partnership and pooling of resources among local, state, and federal partnerships. The Regional Task Forces meet quarterly to review STD/HIV regional data, share updates on reduction activities on a local and state level, and identify

strategies to address emerging community-level concerns.

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

Yes. The accomplishment of establishing Regional Task Forces throughout the state directly contributes to the success of the STD/HIV Reduction Strategy and is a direct reflection of the success of the STD/HIV Program, as a whole. Formulation of these Task Forces was a cornerstone of the Reduction Strategy necessary to increase awareness of the STD/HIV epidemic in local communities around the state. Along with increasing awareness, there was an increased investment and engagement of community leaders in the effort to reduce disease morbidity and mortality in local communities. These local responses collectively generated a statewide response which resulted in increased community awareness, increased STD/HIV screening and testing and a reduction in the number of congenital syphilis cases for the first time in 6 years.

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

Yes. The Regional Task Force structure is an excellent conduit for broad dissemination of information, facilitating public/private partnership to mobilize efforts or initiatives and an effective means to optimize limited resources for population-level impact.

Accomplishment #4: Expanded Continuum of Care Collaborative:

- A. What was achieved?

The Sexually Transmitted Disease/Human Immunodeficiency Virus (STD/HIV) Program, called SHP, was awarded funds through two competitive grant applications to the National Centers for Disease Control and Prevention (known as PS15-1506 and PS15-1509 nationally or the Expanded Continuum of Care Collaborative or EC3 locally) to expand comprehensive STD/HIV screenings, to increase knowledge and utilization of highly effective biomedical HIV prevention methods such as pre-exposure prophylaxis (PrEP) and post exposure prophylaxis (PEP) among communities most at risk for HIV infection, and to increase engagement in regular HIV care and viral suppression among those living with HIV. The EC3 project also seeks to increase the capacity of staff and the program to address HIV related racial disparities in the aforementioned key outcomes. The project began in October 2015 and significant progress has been achieved to date including over 2,000 high risk individuals receiving comprehensive STD and HIV screenings, over three million exposures to educational materials related to PrEP and PEP, approximately 300 medical providers being educated on PrEP and PEP, and 80 high risk people being linked to PrEP Providers and receiving PrEP prescriptions. Additionally, the entire SHP staff and the staff of community based organizations and HIV care clinics contracted to provide services for these projects were extensively trained on understanding and addressing institutional racism, homophobia and transphobia as

those structural factors present significant barriers to effective STD/HIV prevention, care and treatment. The EC3 project will continue through September of 2019.

B. Why is this success significant?

Comprehensive STD/HIV screening (which includes syphilis screening and genital, oral and rectal screening for gonorrhea and chlamydia, as well as screening for acute and established HIV infection) is paramount to reducing the burden of those epidemics in Louisiana. Further, PrEP and PEP are over 90% effective at prevention the acquisition of HIV for HIV negative individuals, and achieving and maintaining viral suppression for people living with HIV not only improves their overall health, it also effectively prevents transmission of the virus to others even in the absence of other preventative measures. The combination of efforts of the EC3 project should have favorable long-term impacts on HIV and STD rates in the state.

C. Who benefits and how?

People who are HIV negative but at increased risk of acquiring HIV infection, as well as people already living with HIV and their sex partners have benefited and will continue to benefit from the project.

D. How was the accomplishment achieved?

The EC3 project has been successful due to SHP's highly experienced programmatic staff and the willingness and dedication of highly skilled community partners, as well as the program's strong and mature HIV surveillance system which allowed for the use of those data for continuous quality improvement of the project.

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

Yes. These activities are directly related to the program's goals: 1) decrease new STD and HIV infections, 2) increase the proportion of persons living with HIV who are linked to HIV medical care, and who are virally suppressed, and 2) to reduce HIV health disparities based on race/ethnicity, gender identity and sexual orientation.

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

Yes. The management and monitoring of the EC3 project is carried out by a cross-unit collaborative of key staff and this practice could be replicated for addressing other health issues in the state. Making trainings related to understanding and addressing institutional racism, homophobia and transphobia available to staff and requiring their participation is also a management practice that is highly applicable and could be replicated for addressing other health issues in Louisiana.

Accomplishment #5: Louisiana Immunization Network for Kids Statewide (LINKS):

A. What was achieved?

Louisiana Immunization Network for Kids Statewide (LINKS), the state's immunization information system, continues to broaden its capabilities affording benefits to vaccine providers and information for the public. LINKS is used to facilitate vaccine delivery, accountability, demographics, recommendations, and overall healthcare performance.

In 2017, LINKS was successfully used for the first time to electronically enroll the state's 740 Vaccines for Children (VFC) Providers. LINKS is key to accurately and efficiently managing vaccine by public health and providers. In the past year, the Louisiana VFC Program provided over 1,221,867 vaccines valued at \$72,269,948.03 from the federal government to children in every community in the State. VFC Providers are informed of urgent information and program updates through LINKS' blast-fax capability.

Information from LINKS was also used by providers for quality improvement. In addition to compliance visits, eligible VFC providers receive an AFIX (Assessment, Feedback, Incentives, and eXchange) visit where vaccine-coverage rates are assessed and a Vaccine Coverage Rate Report Card is presented with results of the assessment. Awareness of rates provides incentive for improvement and focuses efforts to meet targets. This feedback has been especially effective for providers and improvement activities of school-based health clinics to increase HPV vaccination rates.

The Immunization Program uses LINKS information for reminder recall. In 2017, the successful child reminder recall was expanded to include postcard reminders for persons 65-70 years of age.

Information from LINKS is proving critical in determining potential vaccine disparities in the State.

LINKS' school nurse module is used in an annual school assessment of vaccination rates of kindergartners and sixth graders in public and non-public schools in Louisiana. For the first time, beginning in school year 2017, this data will be mapped by parish (county) and shared with the public. Communities, partners, and stakeholders can then examine health data, set goals, and develop and implement plans to improve rates for better health. Making this de-identified data available accelerates the translation of evidence into action.

B. Why is this success significant?

LINKS benefits individuals and is a valuable source of information for local public health professionals, vaccine providers, and the public to work together toward reducing vaccine preventable diseases and improving vaccination rates in Louisiana.

C. Who benefits and how?

Children, parents, families, providers, and communities as a whole benefit from this confidential, population-based, computerized database that records all immunization

doses administered by participating providers to persons in Louisiana.

- At the point of clinical care, LINKS provides consolidated immunization histories for use by a vaccination provider in determining appropriate and up-to-date patient vaccinations.
- At the population level, LINKS provides aggregate data on vaccinations for use in surveillance and program operations, and in guiding public-health action with the goals of improving vaccination rates and reducing vaccine-preventable diseases, ultimately preventing disability and death in individuals and interrupting disease transmission in Louisiana communities.

D. How was the accomplishment achieved?

The OPH has achieved success with LINKS by spending 21% of federal funding and significant staff time on LINKS activities to securely maintain the systems and continue to make improvements. Staff participate on national IIS boards and associations. LINKS remains a priority for the Louisiana Department of Health.

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

Yes. LINKS planning includes capabilities to the Immunization Program's 2017 Goals, including:

- Maintain data quality to remain a trusted source of immunization information
- Provide information to direct programmatic activities and inform the public
- Increase the number of interfaces with providers, including community pharmacies
- Complete reminder recall on a regular schedule
- LINKS will continue to promote MyIR to securely provide better customer service so current immunization information to individuals is available while complying with confidentiality requirements
- Continue efforts for cloud hosting for performance improvement
- Participate in cutting edge, cross-jurisdictional immunization data exchange through the Public Health Immunization Data Exchange (PHIZ) Pilot Project

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

Yes. LINKS demonstrates commitment of the Louisiana Department of Health (LDH) and the Office of Public Health (OPH) to broaden capabilities benefitting health care providers and program operations and informing the public. This experience will be beneficial to other executive-branch departments and agencies in the state. On April 11, 2017, LINKS received the American Immunization Registry Association (AIRA) Centers of Excellence Award for "Innovative Approaches to Increasing or Demonstrating Value of Immunization Information System (IIS)." LINKS has recently worked to expand IIS participation by demonstrating the value of the IIS. Working in collaboration with many partners, such as Medicaid, the Louisiana Board of Pharmacy and the Louisiana Chapter of the AAP, the immunization program has not only

demonstrated the incredible value of LINKS to the health of Louisiana citizens but also expanded LINKS participation beyond the usual immunization providers (pediatricians and family practice physicians) to include other, non-traditional immunization providers, such as specialty physicians and pharmacists.

Accomplishment #6: Lifting of Federal Moratorium for Women, Infants and Children Vendors:

A. What was achieved?

The U.S. Department of Agriculture's Food and Nutrition Service (FNS) fully lifted the federal moratorium on the authorization of new vendors in the Louisiana Special Supplemental Nutrition Program for Women, Infants and Children (WIC). The Louisiana WIC staff has worked together with FNS, devoting considerable time and resources to implementing corrective actions designed to preserve and promote high standards of integrity in the WIC Program.

B. Why is this success significant?

On May 2, 2014, FNS notified the Louisiana Department of Health that it would impose a federal moratorium on the authorization of new WIC vendors until Louisiana could ensure the effective use of federal funds by making necessary improvements to its vendor management system. With few exceptions, OPH's Bureau of Nutrition Services (BONS) was not allowed to accept new WIC vendors resulting in a decrease to approved vendor population from over 700 to approximately 500. With the Moratorium lifted, BONS will now be able to accept and process applications from Grocery Stores that have been patiently awaiting a chance to participate in the program and provide quality and healthy foods to our WIC participants.

C. Who benefits and how?

The Louisiana WIC program and its participants will benefit as BONS will be able to bring on new vendors in new locations to provide more access for the participants to choose where they shop and ensure they can obtain the foods that are prescribed through the WIC Program. The Louisiana retail grocer population will benefit with an opportunity to participate or expand current participation into the program.

D. How was the accomplishment achieved?

The Louisiana Department of Health (LDH) and Office of Public Health leadership worked hand-in-hand with federal partners to ensure that federal dollars received were used effectively and efficiently. This was accomplished by making necessary improvements to the vendor management system.

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

Through the revamping of the Vendor Operations policies and procedures, it is expected that Nutrition Services will increase its efficiencies and compliance of WIC Vendor Operations in order to provide the highest level of service to ensure robust cost

containment and effective vendor management. By improving the program's level of capability to serve the needs of the industry and the public, this reorganization supports the goals of the OPH Strategic Plan.

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

Yes.

Accomplishment #7: Zika Surveillance and Epidemiologic Response:

- A. What was achieved?

The state of Louisiana has a long history of endemic arboviral disease transmission, starting with Yellow Fever in the 1800s and continuing to West Nile Virus in the present day. During January 2016, Louisiana was identified as being one of the relatively few states at increased risk for local transmission of Zika. Factors contributing to this designation include: multiyear surveillance of travel-associated Dengue and Chikungunya cases; year-round abundance of *Aedes aegypti* and *Aedes albopictus*; a substantial proportion of the population experiencing poor living conditions; and increased vector breeding sites (such as Port cities, historic underground hibernation sites in aged sewer/water systems, public drainage canals with standing water, above ground cemeteries, and a high number of vacant lots, abandoned/undeveloped properties, and waste tires).

In 2016 the Infectious Disease Epidemiology Section (IDEpi) applied for and was successfully awarded a total of \$5.78 million through CDC's Epidemiology and Laboratory Capacity for Infectious Diseases Cooperative Agreement (ELC) grant to support activities including epidemiologic surveillance and investigation, participation in the U.S. Zika Pregnancy Registry, strengthening human and ecologic laboratory capacity and also mosquito monitoring and vector control, to protect Louisianans from Zika virus.

IDEpi collected pertinent clinical and epidemiologic information for all suspect Zika cases and issue testing recommendations to healthcare providers, coordinate with the State Office of Public Health laboratory in the shipment of specimens, and communication/interpretation of results to provider and the patient. IDEpi monitored all suspect Zika cases to verify they were provided information to monitor for symptoms, take precautions to avoid exposure to local mosquito populations (stay indoors in screened, air-conditioned rooms, use personal repellents, consider mosquito reduction activities around the home) and ensure that all their questions regarding their infection were answered. IDEpi will continue to follow up with all Zika virus disease cases to enhance surveillance for severe clinical manifestations (congenital infection with microcephaly or other birth defects, Guillain-Barre syndrome, other neurologic syndromes, deaths, etc.) and Zika virus infections among children. Weekly summary reports on all surveillance activities were produced for public and private distribution.

B. Why is this success significant?

The Infectious Disease Epidemiology Section (IDEpi) has been consulted and completed follow-up on over 820 patients, coordinated shipment and testing of 650 patients of which only 49 cases laboratory-identified as travel-associated Zika virus infections among returning travelers to Louisiana. IDEpi has maintained a robust Zika surveillance system and strong communications and collaborations with internal and external partners.

C. Who benefits and how?

Stakeholders for these activities include urgent care clinics, acute care hospitals, birthing hospitals, obstetricians, pediatricians, infectious disease and maternal-child healthcare professionals, and vector control professionals. Stakeholders remain engaged and ready to collaborate with Infectious Disease Epidemiology (IDEpi) to address Zika virus infections, monitor for birth defects and other health outcomes, and plan for services for pregnant women and families and improve prevention. IDEpi provides situational awareness and counseling on guidelines for diagnosis and management of persons with laboratory evidence of Zika. Mosquito abatement districts receive guidance on epidemiologic investigations and tools for surveillance of mosquito pools and/or insecticide resistance monitoring. Without rapid surveillance, testing, institution of preventive measures and vector control, Zika would likely be allowed to spread via local transmission in Louisiana mosquitoes. As a result, all Louisiana citizens are considered important beneficiaries of this activity's success.

D. How was the accomplishment achieved?

The Infectious Disease Epidemiology Section (IDEpi) and the State OPH Lab strengthened collaboration and communication by implementing a shared database; training staff in new laboratory and epidemiology protocols to evaluate clinical inquiries for arboviral testing and utilize testing algorithms; and enhancing the state's laboratory diagnostic capacity with purchased equipment, supplies, and the purchase of STARLIMS software. IDEpi also coordinated efforts with the State Medical Entomologist to purchase \$117,000 of vector control equipment for use by mosquito abatement districts and control operators statewide.

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

Yes.

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

No.

Accomplishment #8: Enhanced Mumps Surveillance During an Outbreak:

A. What was achieved?

An enhanced protocol was established for the complete and efficient investigation of suspected mumps cases associated with an outbreak at a Louisiana university.

B. Why is this success significant?

This success is significant because the Infectious Disease Epidemiology Section (IDEpi) now has an efficient workflow in place for both case-based and outbreak surveillance for mumps. This means that as suspected cases continue to be reported, there are Surveillance Epidemiologists trained on how to evaluate each report so that cases can be tested and results reported out as quickly as possible. The timely reporting of results means that epidemiologists can follow up with cases sooner to evaluate common exposures and identify specific at-risk groups. The identification of at-risk groups is how IDEpi is able to determine where to target interventions to limit the spread and length of the outbreak.

C. Who benefits and how?

Because the goal of enhanced surveillance for any infectious disease is to reduce the disease burden in a population, all citizens of Louisiana benefit from the success of this activity. However, there are several specific groups that benefit in additional ways. All of the suspected cases and close contacts benefit because they can get accurate results quickly and recommendations can be made in a timely manner to help prevent secondary cases of disease. Physicians and other external partners benefit because they can get additional guidance on suspected cases and rapid testing where they may not usually have the means to test or may have to wait weeks for less trustworthy results from a reference lab. The Centers for Disease Control (CDC) benefits because they receive additional key variables and specimens they would not usually receive to compare the strain identified with strains seen in other outbreaks across the country. Finally, the Louisiana Department of Health (LDH) benefits because IDEpi is able to perform a more complete investigation and identify at risk groups in order to help limit the number of cases and spread of disease.

D. How was the accomplishment achieved?

This accomplishment was achieved through collaboration between IDEpi, the Immunization Program, and the OPH Lab to determine what each program needed to complete their part of an outbreak investigation. Once all program requirements were identified, a comprehensive workflow was established to ensure that all steps were completed while minimizing the possibility for duplicate efforts and human error. Documents were distributed to all necessary parties detailing the workflow, who was responsible for each step, and what was necessary to complete each step as efficiently and completely as possible.

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

Yes.

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

No.

Accomplishment #9: Implementation of Birth Data Quality Surveillance Process:

- A. What was achieved?

The recently-formed Quality Management Unit has begun the formal implementation of birth data quality surveillance. This consists of statistical analysis of data quality issues highlighted by the National Center for Health Statistics (NCHS) for each birth hospital in Louisiana. This analysis was then compared to previous statistics for each hospital and developed into an action plan to coach stakeholders responsible with the goal of improving processes at each birthing hospital with the goal of continued improvement of data quality over time.

- B. Why is this success significant?

In previous years, the sustained monitoring of birth data quality issues by facility was not feasible with the limited resources available to field staff. Data quality issues were addressed as identified, but long-term analysis and comparison while building relationships with contacts was impractical prior to the reorganization of Vital Records positions.

- C. Who benefits and how?

The improvement of birth quality data benefits the National Center for Health Statistics and Centers for Disease Control and Prevention (CDC) researchers who rely on timely and complete data from state vital records jurisdictions. This research is in turn used to directly improve understanding of health issues concerning birth (e.g., racial disparities among teen pregnancies, risk of birth defects, effectiveness of prenatal care) and used to improve understanding of health issues among healthcare providers, in turn improving birth outcomes.

- D. How was the accomplishment achieved?

Vital Records recently underwent a civil service restructure to shift some resources from paper-driven registration processes to a quality improvement-focused mission. This allowed for a more focused application of strategic goals to improve the quality of vital event data over time. Specifically, reports generated with the assistance of the National Center for Health Statistics were analyzed and disseminated among Vital Records field staff to review previous quality issues for each birth hospital in comparison to current statistical issues for each quarter. Each hospital was then contacted individually to review practices that could potentially be altered to improve the quality of vital event data.

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

Yes. A primary goal of Vital Records is to continue to improve the quality and timeliness of vital event data. This initiative is directly in support of that goal.

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

Yes. The implementation of the birth data quality surveillance system is a form of data-driven quality improvement that can be measured and compared to improve the utility of data contained in Louisiana vital records.

Accomplishment #10: Strategic National Stockpile Operational Readiness Review (ORR) and Technical Assistance Completion:

- A. What was achieved?

The Strategic National Stockpile (SNS) is a federal program that serves as the United States' national Repository of medications, vaccines, medical supplies and equipment. In the event of a national emergency, the SNS has the capability to supplement and re-supply local health authorities that may be overwhelmed by the crisis, with items in a time frame of 12 hours or less. The SNS is jointly run by the Centers for Disease Control and Prevention (CDC) and the department of Homeland Security. The CDC recently released a new scoring process entitled the Operational Readiness Review (ORR) where all states are scored on their operational readiness in times of a Chemical, Biological, Radiological, Nuclear, or Explosive (CBRNE) event. States would receive scores that had a range of Early (0-25%), Established (26-50%), Intermediate (51-75%), or Advanced (75-100%). The expectation was that all states receive at least an Established level of readiness by 2020. Louisiana exceeded the national expectation of Established and scored an overall level of Advanced (88.9%).

- B. Why is this success significant?

Success in this area is significant because it serves as a federal benchmark of the state's overall readiness for public health emergencies. Louisiana's efforts in emergency preparedness are trend setting and are seen once again by the Advanced level achieved in the Operational Readiness Review (ORR) process. Louisiana ranks 3rd in the nation in Emergency Preparedness and has been known to have special visits from high ranking officials from the CDC to brief them on our best practices.

- C. Who benefits and how?

The citizens of Louisiana will benefit by increased community preparedness in a man-made or natural disaster or event.

- D. How was the accomplishment achieved?

This accomplishment was achieved through staff who has aggressively sought to understand and prepare the state for emerging infectious diseases and Chemical, Biological, Radiological, Nuclear, and Explosive Events (CBRNE) that may occur in the future.

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

Yes. The Strategic National Stockpile makes up 10% of the Public Health Emergency Preparedness (PHEP) grant and success is essential to sustain and maintain grant deliverables and future funding.

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

Yes. The collaboration between Hospital Preparedness Program (HPP) and PHEP to maintain and develop community and emergency preparedness has been a valuable model of collaboration between programs. In addition, the success of the Operational Readiness Review demonstrates the strength of aligning public health programs with national standards of the National Health Security Index in so much that high level administration of the Centers for Disease Control has visited Louisiana to glean and discuss our planning and operational readiness as examples of best practices for the nation.

Accomplishment #11: Public Health Emergency Preparedness-Zika:

- A. What was achieved?

The Bureau for Community Preparedness (BCP) has utilized state and federal funding to achieve a multi-pronged approach with the mission of strengthening the public's knowledge and toolbox in the fight against Zika virus. In this fiscal year, through our regional OPH network, residents statewide have received Zika educational materials with actionable risk reduction strategies. To date, there has not been a local transmission of Zika in the State of Louisiana, and the risk of this occurring is reduced by these education and prevention efforts. Staff was hired and identified for each region to serve as Zika Preparedness Outreach Coordinators (ZPOCs). These individuals assist the regional emergency preparedness team in infectious disease preparedness with a special emphasis on Zika.

- B. Why is this success significant?

The successes of the Bureau for Community Preparedness (BCP) state and federal funded Zika prevention efforts are evident in both immediate as well as far-reaching ways. Immediate impacts include gaining knowledge about the Zika virus as well as increased awareness of risk reducing strategies and behaviors. Most importantly an increase in acting on prevention knowledge gained, i.e. emptying standing water, using mosquito dunks and repellent, practicing safer sex.

Far-reaching impacts of BCP's state-funded Zika prevention efforts to individuals are preventing or reducing Zika infection and microcephaly. The state's positive take away is that for every instance of Zika-related microcephaly that does not occur, this equates to approximately 10 million dollars of life time savings in possibly state-supported healthcare costs. Zika prevention funding yields big returns to Louisiana and its people!

C. Who benefits and how?

Pregnant women and their partners are major targets of our outreach, as are travelers to or from countries with active Zika transmission. These print materials focus on the basics of how infection is acquired; through the bite of an infected mosquito and through sexual contact with an infected person. The materials also give actionable ways to reduce the risk of exposure to Zika: mosquito repellent, clothing protectant, empty containers of standing water, mosquito dunks, condoms, etc. There are also various materials directed at other community members. The Bureau for Community Preparedness (BCP) distributes flyers, posters and booklets directed at families, homeowners, travelers, gay partners, healthcare providers and even a "Mosquitos are Bad" coloring book for kids. In addition to print materials, BCP has procured Zika Prevention Kits that are being disseminated through our Zika Preparedness Outreach Coordinators to pregnant women around the State of Louisiana. The kit contains full-sized bottles of mosquito repellent, clothing protectant, dunks for standing water, condoms, and a flyer with information on how to use these items correctly in an attractive bag with the Louisiana Department of Health (LDH) Zika web link on the front.

To increase awareness and recognition of Zika prevention efforts, BCP also has attention-grabbing refrigerator magnets for distribution to the public whenever there is opportunity. The magnet pictures the LDH "Fight the Bite" mosquito with the Zika information web link.

D. How was the accomplishment achieved?

Educational materials and prevention kits have been distributed through community events, healthcare providers and through proactive outreach by the Office of Public Health. These items include action instructions to reduce the risk of Zika transmission, infection and its serious consequences such as microcephaly. Zika education and awareness print materials and prevention kits were procured through various sources. These have been and are still being disseminated.

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

Yes. This accomplishment propels the state's preparedness for Zika and other all-hazards emergencies by ensuring that citizens are educated and prepared.

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

Yes. This project demonstrates how effective collaboration on the Federal and state level to leverage resources can prepare communities. Louisiana, like other Zika high-risk states (Texas and Florida), utilized its own resources to ensure the safety of citizens and visitors.

Accomplishment #12: Facilitation of the Project Public Health Ready Re-Recognition Process for Region 1 and Region 6:

A. What was achieved?

The National Association of County and City Health Officials' (NACCHO) Project Public Health Ready (PPHR) criteria include the most current Federal preparedness initiatives which are divided into three goals: all-hazard preparedness planning, workforce capacity development, and demonstration of readiness through exercises or real world response. The Bureau of Community Preparedness diligently worked with the Office of Public Health Region 1 and Region 6 during the Re-Recognition process. These regions were initially awarded PPHR Recognition in 2012.

B. Why is this success significant?

This success is significant because it validates the health department's continuous ability to successfully meet a standard of rigorous requirements in all-hazard preparedness planning, workforce capacity development, and demonstration of readiness through exercises or real world response. Moreover, this success symbolizes the health department's commitment to quality. The Office of Public Health Regions 1 and 6 were previously awarded this status and it is anticipated they will receive Project Public Health Ready Re-Recognition.

C. Who benefits and how?

The beneficiaries are the citizens of Region 1 and Region 6, in addition to visitors, businesses, and community partners. This status is also helpful in maintaining and augmenting statewide emergency planning for all state regions.

D. How was the accomplishment achieved?

The accomplishment occurred through relationships and collaboration with agency officials, community partners, and other stakeholders within the Regions and state. These relationships are critical to leveraging expedient preparedness resources in capacity and capability building.

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

Yes. This accomplishment is significant as the agency prepares for other accreditation processes inclusive but not limited to Public Health Accreditation Board (PHAB).

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

Yes. Project Public Health Ready is a benchmark that aims to protect the public's health and increase the public health infrastructure by equipping local health departments with sustainable tools to plan, train, and exercise using a continuous improvement model.

Accomplishment #13: Region 1 Retail Food Inspection Inventory Blitz

A. What was achieved?

In November of 2016, the Bureau of Sanitarian Services (BSS) resolved a twenty five percent backlog of retail food inspections accumulating in the New Orleans territory due to high staff turnover. From December 2016 through February 2017, BSS organized a state-wide blitz, bringing in experienced sanitarians to New Orleans, who was able to adjust their normal workload in three waves to stagger the impact to other regions; this effort efficiently addressed the backlog in New Orleans. In order to afford staff time with their families during the holidays, our staff worked extra-long days to make their time and stay in New Orleans as cost-effective as possible. In three weeks, 16 sanitarians from across the state performed 829 retail food inspections. Further, this was accomplished at a mere cost of \$31.48 per inspection (or \$26, 099 for the entire effort).

B. Why is this success significant?

This effort is significant to our success by reducing food-borne illness, protecting food safety, and protecting the public. New Orleans is a tourist destination and major economic engine. Therefore, it is important to keep it protected. The Retail Food Program prevents and minimizes food-borne disease outbreaks through consulting, monitoring, issuance of permits and regulation of food establishments and the standardization of licensed sanitarians. Timely inspections of these establishments play a key role in keeping food borne illness occurrences down by timely correction of violations that may cause a food borne illness outbreak.

C. Who benefits and how?

According to the Louisiana Office of Tourism (2016) and the 2010 U.S. Census for Louisiana, over 50 million citizens and visitors (approximately 4.5 million citizens and 46.7 million domestic and international visitors) benefit from better customer service, educated regulatory personnel and standardized application of the Sanitary Code.

D. How was the accomplishment achieved?

The accomplishment was achieved by garnering the support of all regions to offer assistance of their staff and upper administration financially supporting this effort. In three week long waves, 16 sanitarians from across the state performed 829 retail food inspections; inspections started as early as possible in the mornings and finished late in the afternoon.

E. Does this accomplishment contribute to the success of your strategic plan/Business Plan?

Yes, this contributes to the Office of Public Health Strategic Priorities by creating internal collaborations between regions and by ensuring timely inspections of retail

food establishments and by creating financial stability. Finding cost effective solutions to solve regulatory stresses creates financial stability for the program.

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

Yes. The ability to address a backlog in state services using workers from across the state can be an effective and efficient approach if planned for appropriately.

Accomplishment #14: Extensive Professional Development

A. What was achieved?

Professional development trainings were developed and delivered to increase the technical expertise of the Sanitarian inspectors and to provide standardization and quality control in the inspection process. A total of 320 hours of training were provided within Sanitarian Services.

- Developed customized courses for Ethics and for Excellent Customer Service to specifically address situations that Sanitarians experience. Training was delivered to 235 Sanitarians.
- Assisted in development of an intensive 2 day retail food risk based inspection training sponsored by Food and Drug Administration inspectors. Training was delivered to 90 field Sanitarians.
- Developed and delivered a 2 day specialized training for Onsite Wastewater Technical Assistance. Training was delivered to 145 Sanitarians throughout the state in all nine regions.

B. Why is this success significant?

This success is significant because training and education are the foundations to any robust and standardized regulatory program. Providing employees skills and tools to deliver better customer service to the public is key to achieving our mission to serve, educate, and regulate. Technical trainings improve regulatory knowledge, confidence and consistency of enforcement.

C. Who benefits and how?

The 24 million citizens and visitors to the State of Louisiana benefit from better customer service, educated regulatory personnel and standardized application of the Sanitary Code.

D. How was the accomplishment achieved?

Sanitarian Services partnered with Louisiana's Civil Service's Comprehensive Public Training Program (CPTP) team to develop and deliver Ethics and Customer Service trainings specifically for regulatory programs and personnel. These courses were conducted in each of the nine regions of the State.

Sanitarian Services applied for and was awarded specialized training from the Food and Drug Administration for sanitarians working in the retail food program. Three FDA trainers came to Louisiana and conducted 2-day trainings in North and South locations of the State.

Sanitarian Services Chief of Field Operations created and conducted 2-day (classroom and field exercises) trainings in eight regions. Regional Sanitarian Directors collaborated with onsite wastewater industry leaders to host and participate in "hands on" field training for the practical and technical aspects of approved wastewater disposal methods. This not only was a knowledge share, it enhanced relationships with industry partners and customers.

- E. Does this accomplishment contribute to the success of your strategic plan/Business Plan?

Yes, two strategic priorities of the Office of Public Health are promoted in this accomplishment: Internal/External Collaboration and Workforce Development.

The mission of the Retail Food Program and the Onsite Wastewater Program is to prevent and minimize food/water-borne disease outbreaks through education, monitoring, issuance of permits and regulation of food/wastewater facilities and the standardization of licensed sanitarians. The trainings professionally developed our Sanitarians to better deliver services and to more accurately cite violations. In addition, collaboration with Onsite Wastewater manufacturers and installers, allowed our teams to work together to focus on knowledge sharing.

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

Yes. A well balanced and robust training program is always a Best Management Practice.

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

- ♦ **Please provide a brief analysis of the overall status of your strategic progress.** What is your general assessment of overall timeliness and progress toward

accomplishment of results targeted in your goals and objectives? What is your general assessment of the effectiveness of your strategies? Are anticipated returns on investment are being realized?

Bureau of Nutrition Services

The Bureau of Nutrition Services Five-Year Strategic plan centers on its vision:

Becoming the best in class service provider within two years by creating sustainable and evolving processes that stabilize operations, increase program integrity, and promote growth in participation, retention, and breastfeeding through leveraging technology, raising business acumen, and promoting statewide socioeconomic ethical accountability.

Our Strategic Plan is on schedule with significant Return on Investment to include recognition at every level of government and the lifting of the Federal Vendor Moratorium.

Vital Records and Statistics

Vital Records achievements during the previous fiscal year align with the goal to improve customer service timeliness and experience through the online vital records amendment portal. In addition, the portal represents a step towards the goal of greater efficiency and reduced manual processes for vital record processing.

Center for Community Preparedness

Louisiana's emergency preparedness efforts contribute to the overall success of the agency's core function of emergency preparedness. Louisiana's efforts in emergency preparedness are considered best practices and have been spotlighted in the Center for Disease Control's publications, *"Public Health Preparedness: Strengthening the Nation's Emergency Response State by State"* and *"Trust for America's Health: Ready or Not? Protecting the Public from Diseases, Disasters, and Bioterrorism."* The Department's all-hazards preparedness approach to disasters has been tested through many exercises and real-world events.

Once tested, the agency reviews, reevaluates and updates plans according to those lessons learned and national standards. This process has proven effective in moving the state towards being a leader in emergency preparedness planning and response.

It should be noted that the American College of Emergency Physicians report released in January 2014 ranked Louisiana 3rd in Disaster Preparedness. Louisiana was seen as having strong plans and protocols to serve medical fragile patients as well as above average rates of nurses who received emergency training. Further in the Preparedness Report Released in January 2015, Louisiana met all indicators in the following:

- ▶ Laboratories: Biological and Chemical
- ▶ Response Readiness: Emergency Operations Coordination
- ▶ Administrative Preparedness

- ♦ **Where are you making significant progress?** If you are making no significant

progress, state “None.” However, if you are making significant progress, identify and discuss goals and objectives that are exceeding the timeline for achievement; identify and discuss strategies that are working better than expected. Be specific; discuss the following for each:

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

Bureau of Nutrition Services

Significant progress has been made gaining credibility from the United States Department of Agriculture (USDA) as a significant improved and stable program. The culmination of strengthening governance, monitoring, and setting realistic expectation within our Women, Infants, and Children (WIC) community led to authorization of new vendors allowed on the program for the first time in three years.

Internally, staff expectations have been raised as well as we continue moving from the bottom through the Moratorium lift to best in class.

Collaboration with our USDA Southwest Region (SWR) partners—as well as—internal LDH and OPH staff has ensured that the obstacles were quickly recognized and overcome.

The “work smarter, not harder” mindset is now driving synergistic and practical problem solving increasing service delivery.

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

1. To what do you attribute this lack of progress? For example:
 - Is the lack of progress related to a management decision (perhaps temporary) to pursue excellence in one area at the expense of progress in

- another area?
- Is the lack of progress due to budget or other constraint?
 - Is the lack of progress related to an internal or external problem or issue? If so, please describe the problem and any recommended corrective actions in Section III below.
 - Other? Please specify.
2. Is the lack of progress due to a one-time event or set of circumstances? Or will it continue without management intervention or problem resolution?

Bureau Of Nutrition Services

Lack of progress and delay was and is still being felt because filling of key the United States Department of Agriculture Food and Nutrition Services (FNS) positions were delayed, or haven't been filled; this leaves gaps in leadership and direction.

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

- ☒ Yes. If so, what adjustments have been made and how will they address the situation?
- ☐ No. If not, why not? Not applicable

The Office of Public Health's strategic plan revision remains important to both the Louisiana Department of Health leadership and OPH staff; it is a constant reminder that the agency is moving forward in its commitment and mission and goals:

- ♦ Focus on accountability
 - ♦ Need for new approaches
 - ♦ Effective utilization of resources
 - ♦ Importance of continuing learning and improvement
- ♦ **How does your department ensure that your strategic plan is coordinated throughout the organizational and management levels of the department, regularly reviewed and updated, and utilized for management decision-making and resource allocation?** Use as much space as needed to explain fully.

The formulation of the OPH strategic plan adheres to management strategies implemented by the Executive Management Team. These strategies, at a minimum, include:

- ♦ **Training:** Ongoing training is provided to ensure staff develops the necessary skills to understand and apply the concepts of the OPH strategic plan.
- ♦ **Input:** Gathering input from all levels of the agency's functional areas. Discussions are conducted with Team Leaders and participants representing functional areas essential to support agency priorities.

- ♦ **Communication:** Receiving and sending information at the central office.
- ♦ **Performance measurement:** Formulation of objectives that are specific, measurable, attainable, results oriented and time-bound. Performance indicators are formulated to ensure monitoring of progress in goal/objective attainment.
- ♦ **Evaluation:** The Strategic Plan has been revised, as warranted, to reflect fiscal, managerial and programmatic changes. These revisions will be conducted using the same strategies as the original plan, as warranted. Plan revisions utilize strategies that are pertinent to the task at hand.

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

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

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

No department management or operational problems exist.

A. Problem/Issue Description

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

B. Corrective Actions

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

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

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

- ☐ No. If not, please explain.
- ☐ Yes. If so, what investment is required to resolve the problem or issue? (For example, investment may include allocation of operating or capital resources—people, budget, physical plant and equipment, and supplies.)

Please discuss the following:

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

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

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

☒ **Internal audit**

The Office of Public Health executive management ensures ongoing monitoring of programmatic and administrative functions.

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

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

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

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

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

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

☒ **Performance Progress Reports (Louisiana Performance Accountability System)**

The Louisiana Department of Health (LDH) Division of Planning and Budget coordinates and reviews entries of the Louisiana Performance Accountability System (LaPAS) data on a quarterly basis for all LDH agencies. Explanatory Notes are provided for positive and negative variances greater than 5% from

quarterly performance indicator targets. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed.



In-house performance accountability system or process

Performance Based Budgeting activities (including, but not limited to strategic planning, operational planning, and the Louisiana Performance Accountability System) are coordinated by the Louisiana Department of Health (LDH) Division of Planning and Budget. This section reviews all objectives, performance indicators and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed. Also, at the close of a fiscal year, agencies and programs review and evaluate performance during that fiscal year in order to determine if the information gained from this review should be used to improve strategic and operational planning, as well as agency and program management department-wide.



Benchmarking for Best Management Practices

The Louisiana Department of Health (LDH) Division of Planning and Budget reviews, researches and develops objectives, performance measures and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are compared to benchmarks from leading states involved in performance-based budgeting activities. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed.



Performance-based contracting (including contract monitoring)

Contracts are required to contain a description of the work to be performed including goals and objectives, deliverables, performance measures and a monitoring plan.



Peer review



Accreditation review



Customer/stakeholder feedback



Other (please specify):

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



Yes. Proceed to Section C below.



No Skip Section C below.

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

1. Title of Report or Program Evaluation
2. Date completed

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

Bureau of Family Health

1. Title of Report or Program Evaluation: Targeted Chart Review
2. Date Completed:
Quarterly audits with central office review
3. Subject or purpose and reason for initiation of the analysis or evaluation:
Chart reviews are a standard quality assurance practice in direct service
4. Methodology used for analysis or evaluation:
Review tool designed by program which is commensurate with industry standards and reflects Quality Family Planning (QFP) Guidelines
5. Cost (allocation of in-house resources or purchase price):
Staff costs: Nurse Consultant time and field staff time; there was no cost for the report itself.
6. Major Findings and Conclusions:
Top Opportunities for Improvement Noted:
 1. All documents which required signature and dates completed
 2. Visit Type documented
 3. Any required referral & follow-up documented
 4. Most current forms used
 5. Medicaid eligibility verification document available from date of visit (if appropriate)
7. Major Recommendations:
All areas have implemented corrective actions to correct and monitor these activities. All indicators have demonstrated steady improvement each quarter.
8. Action taken in response to the report or evaluation:

Nurse Consultant provided regional technical assistance to all regions regarding results and corrective action plan.

9. Availability (hard copy, electronic file, website):
Electronic version is available.
10. Contact person for more information, including
Name: Gail Gibson
Title: Office of Public Health, Bureau of Family Health Nurse Consultant
Agency & Program: Office of Public Health
Telephone: 504-568-3504
E-mail: gail.gibson@la.gov

Bureau of Family Health

1. Title of Report or Program Evaluation: Clinic Flow Analysis
2. Date completed:
Automated quarterly reports provided to field staff by Bureau of Family Health Reproductive Health Program.
3. Subject or purpose and reason for initiation of the analysis or evaluation:
Clinic flow analyses are a standard quality improvement practice in direct service and are a cornerstone of the program's goal to improve productivity and patient experience.
4. Methodology used for analysis or evaluation:
Review tool was designed by program, which is commensurate with industry standards.
5. Cost (allocation of in-house resources or purchase price):
Staff costs: Nurse Consultant time; CQI Coordinator time; and field staff time; there was no cost for the report itself.
6. Major Findings and Conclusions:
Top Opportunities for Improvement Noted: The data collected in these analyses show a need to continue monitoring and improving clinic flow in order to increase productivity and patient experience.
7. Major Recommendations:
The bottlenecks and opportunities for improvement included:
 1. Staff utilization (esp. Registered Nurses & support staff)
 2. Space utilization (includes both use and availability of space for clinic)
 3. Scheduling
 4. Registration process

8. Action taken in response to the report or evaluation:
Nurse Consultant provided regional technical assistance to all regions regarding results and corrective action plan.
9. Availability (hard copy, electronic file, website):
Electronic version is available.
10. Contact person for more information, including
Name: Gail Gibson
Title: Office of Public Health, Bureau of Family Health Nurse Consultant
Agency & Program: Office of Public Health
Telephone: 504-568-3504
E-mail: gail.gibson@la.gov

In addition to the reports above, an annual comprehensive site assessment is completed in the fall according to the Federal Title X quality assurance tool.

Sexually Transmitted Disease/Human Immunodeficiency Virus

1. Title of Report or Program Evaluation: 2016 Targeted Evaluation Plan (TEP)
2. Date completed:
January - December 2016 (in progress)
3. Subject or purpose and reason for initiation of the analysis or evaluation:
The purpose of the 2016 Sexually Transmitted Disease/Human Immunodeficiency Virus (STD/HIV) Program Targeted Evaluation Plan was to evaluate the effectiveness of the program's implementation of nucleic acid amplification tests (NAATs) for the detection of rectal and pharyngeal gonorrhea and chlamydia (GC/CT) in the 63 parish health units (PHUs) providing Sexually Transmitted Disease services throughout the state.
4. Methodology used for analysis or evaluation:
Four parish health units (PHUs) were selected as pilot sites to implement rectal and pharyngeal testing. Staff was trained and the Louisiana state lab completed validation activities to process rectal and pharyngeal nucleic acid amplification test (NAAT) specimens. Rectal and pharyngeal testing began at these pilot sites in February, 2016, with anticipation to expand to all parish health units (PHUs) by December 31, 2016. This project was evaluated based on the following: 1) the number of pilot and non-pilot parish health units clinical staff trained, 2) the number of pilot and non-pilot PHUs successfully implementing rectal and pharyngeal gonorrhea and chlamydia (GC/CT)

testing, 3) the number of rectal and pharyngeal GC/CT samples collected, 4) the number of positive rectal and pharyngeal tests detected, and 5) the number of individuals with positive rectal and pharyngeal GC/CT tests that had negative urine, urethral, or cervical GC/CT at the same visit.

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

As of August 11, 2016, testing/lab processing costs were approximately \$15,756.

6. Major Findings and Conclusions:

As of August 11, 2016, 1,313 rectal and pharyngeal tests had been successfully collected and tested at the pilot sites. There were 78 positive Gonorrhea (GC) detected and 42 positive Chlamydia (CT) detected using this method of testing. Of the individuals testing positive with rectal and pharyngeal GC/CT testing, 42 cases of GC and 23 cases of CT would have been missed if rectal and/or pharyngeal testing had not been done. Among these individuals testing positive, a higher positivity rate was noted in rectal vs. pharyngeal testing and there was more positivity in males compared to females tested.

7. Major Recommendations:

Based on the results of this Targeted Evaluation Plan, it is recommended that rectal and pharyngeal testing be offered at parish health units to clients reporting sexual exposure at these sites. There is conclusive evidence of GC and CT infections that may be undetected, undiagnosed, and left untreated without this method of testing available.

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

Based on the successful implementation and significant findings of this Targeted Evaluation Plan, Sexually Transmitted Disease/Human Immunodeficiency Virus (STD/HIV) Program has requested additional state general funding to expand the availability of rectal and pharyngeal testing at all parish health units providing STD services in the state. Sexually Transmitted Disease/Human Immunodeficiency Virus (STD/HIV) Program is also working with the Medicaid program to explore the feasibility of reimbursement for this type of additional testing across the state.

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

Hard copy or electronic file is available.

10. Contact person for more information, including:

Name: DeAnn Gruber

Title: Director, Bureau of Infectious Diseases

Agency & Program: Louisiana Department of Health - Office of Public Health, STD/HIV Program

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Bureau of Nutrition Services

1. Title of Report or Program Evaluation:
Louisiana Legislative Auditor (LLA) Single Audit for Year Ended June 30, 2016
2. Date completed:
December 30, 2016
3. Subject or purpose and reason for initiation of the analysis or evaluation:
Regular Audit
4. Methodology used for analysis or evaluation:
LLA's Standard Audit Procedures
5. Cost (allocation of in-house resources or purchase price): None
6. Major Findings and Conclusions:
For the second consecutive year, the Louisiana Department of Health, Office of Public Health (OPH) did not verify that contracted local agency sub-recipients of the Special Supplemental Nutrition Program for Woman, Infants, and Children (WIC) Program received an audit in accordance with federal regulations when appropriate and did not issue management decisions on applicable findings. For the second consecutive year, OPH did not implement cost containment requirements and adequately monitor the WIC (CFDA 10.557) program vendors.
7. Major Recommendations:
Management should implement procedures to ensure sub-recipient audit reports are obtained and reviewed, management decisions are issued timely, and, if applicable, sub-recipients have taken timely and appropriate corrective action as required by federal regulations. Management should also implement procedures to evaluate each sub-recipient's risk of noncompliance with federal regulations to determine the appropriate sub-recipient monitoring that should be performed.

The Office of Public Health management should continue to work with United States Department of Agriculture Food and Nutrition Service to evaluate federal guidelines and OPH policies and procedures to ensure that cost containment requirements are implemented and vendors are monitored appropriately to ensure compliance with federal regulations.
8. Action taken in response to the report or evaluation:
OPH drafted policies and procedures to address this issue, and monitors/audits cash payments to each sub-recipient. Policy 13.3 LDH Audit Requirements for Contracts was approved with an effective date of October 6, 2016. In addition to the updated policy, the New Orleans Fiscal Office periodically provides OPH program staff with a Business Objects Report of SFY cash basis payments made to each sub-recipient as identified in the purchase order. If the sub-recipient's

total payments are \$750,000 or more, it will be highlighted on the report for audit follow up by the program staff. On May 17, 2017, the United States Department of Agriculture (USDA) issued a letter to the LDH New Orleans Fiscal Office advising that its Food and Nutrition Service (FNS) division had reviewed LDH's efforts to correct the issues in this finding and found that LDH's actions were sufficient to resolve the problems. Therefore, the USDA advised that it had closed its file on this audit.

The Louisiana Department of Health and the Office of Public Health (OPH) Bureau of Nutrition Services (BONS) worked closely with the USDA to address the outstanding issues with the Vendor Monitoring and Cost Containment Requirements. The BONS Director led efforts that resulted in the development of new and effective policies and procedures for all aspects of Woman, Infants, and Children (WIC) Vendor Management including: development of new vendor agreements and a comprehensive vendor guide, an approved peer group and cost containment system, and appropriate identification and oversight of "Above 50% Vendors". These interim and permanent Vendor Monitoring policies and procedures not only required USDA approval, they also required changes in the Louisiana Administrative Code (LAC) to include a new selection criteria, sanction schedules and administrative review procedures. The USDA approved these interim and permanent Vendor Monitoring policies and procedures on September 28, 2016; and immediately following, the required LAC changes were initiated on October 1, 2016. The new and improved policies and procedures were put in place October 1, 2016; and, all interim policies and procedures continue to be reviewed, revised, and authorized jointly by a BONS and USDA working group until finalized and approved. On May 17, 2017, the USDA issued a letter to the LDH New Orleans Fiscal Office advising that its Food and Nutrition Service (FNS) division had reviewed LDH's efforts to correct this finding and found that LDH's actions were sufficient to resolve the problems. Therefore, the USDA advised that it had closed its file on this audit.

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

[http://app.lla.state.la.us/PublicReports.nsf/0/AC5221467E72831D862580EB004E4C29/\\$FILE/00012F94.pdf](http://app.lla.state.la.us/PublicReports.nsf/0/AC5221467E72831D862580EB004E4C29/$FILE/00012F94.pdf)

10. Contact person for more information, including

Name: Bruce Boyea

Title: Program Manager 3

Agency & Program: LDH/OPH/ Bureau of Nutrition Services

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Annual Management and Program Analysis Report

Fiscal Year 2016-2017

Department: **Louisiana Department of Health (LDH)**
09-330 Office of Behavioral Health

Department Head: **Rebekah E. Gee, MD, MPH**
LDH Secretary

Undersecretary: **Jeff Reynolds**

Assistant Secretary: **James E. Hussey, M.D.**

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

For each accomplishment, please discuss and explain:

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

Accomplishment #1: Enhance Knowledge, Skills and Attitudes about Medication Assisted Treatment (MAT) to physicians, BH stakeholders and the community at large

- A. What was achieved?
During FY16, the Office of Behavioral Health (OBH) partnered with the Louisiana Board of Examiners (LBME), the Louisiana State Medical Society (LSMS), the National American Association for the Treatment of Opioid (ATTOD) and the State's Opioid Treatment Authority, to provide community training opportunities that will heighten awareness, knowledge, skills and attitudes about acute pain management protocols for prescribing pain medication and the impact of opioids on Louisiana's

citizen's and the community at large.

B. Why is this success significant?

Louisiana is one of the top states related to painkiller prescription frequency. It has been estimated that, on average, Louisiana physicians write 108 prescriptions per 100 persons per year. Only five states average more prescriptions a year (i.e., Mississippi, Alabama, West Virginia, Oklahoma, Tennessee, Kentucky). High rates of painkiller prescribing behavior result in concomitant overdose deaths. It has been estimated that for every 6,750 prescriptions written, there will be one predicted overdose death. According to prescription data available through this system, Louisiana has consistently ranked as a top opioid prescribing state. Most states prescribe fewer than 88 narcotic prescriptions per 100 persons. Over the last six years, since the Prescription Monitoring Program (PMP) began monitoring narcotic prescribing behavior, Louisiana has averaged 122 prescriptions per 100 persons (See Figure 3). This rate is 28% percent higher than the national average (87.44).

C. Who benefits and how?

Physicians and the community at large will benefit from this education and training. If physicians understand evidenced based prescribing practices and proper standards of care, this can potentially create a reduction of illicit drug use and abuse in the state. In addition, this practice will reduce the potential for diversion and reduce opioid overdose death rates. Overall overdose deaths in Louisiana have steadily increased since 1999. Unlike the rest of the nation, Louisiana posted a brief period between 2008 and 2012 that saw a decrease in overdose deaths; however, it should be noted that overdose rates experienced in this window were still almost three times as high as rates experienced a decade earlier. Further, the age-adjusted rates per 100,000 have consistently been higher than national averages in all recent years except 2012. For comparison, Louisiana posted an age-adjusted overdose rate that was 17% higher than the national average in 2015 (19.0 and 16.3 respectively).

D. How was accomplishment achieved?

- OBH provided a Lunch and Learn to address the impact of opioid use on Louisiana citizens. (Combating the Opioid epidemic and Coping with Recovery during a Disaster).
- OBH partnered with Louisiana Board of Medical Examiners (LBME) to require continuing education on opioid prescribing best practices.
- OBH partnered with Louisiana State Medical Society (LSMS) to provide training on opioid prescribing best practices. (Opioid Prescribing: Safe Practice, Changing Lives, Clinicians making a Difference)
- OBH provided presentations at the LDH Opioid Crisis Symposium
- OBH provided presentation at the National American Association for the Treatment of Opioid (ATTOD) Conference

E. Does this accomplishment contribute to the success of your strategic plan?

Yes. OBH 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 Medication Assisted Treatment (MAT) services, treatment capacity for pregnant women, reduction of prescription drug/opioid overdose-related deaths, increased use of early Screening, Brief Interventions and Referral to Treatment (SBIRT) for pregnant women, and development of residential treatment programs for pregnant women and children at risk of Neonatal Abstinence Syndrome (NAS). Achievement of these goals result in increased access to care; increased utilization of evidence based practices; as well as a shift toward outcomes-based health care.

- F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
OBH's approach to provided education, training and outreach to the community is considered a standard model to increase adult learning transfer.

Accomplishment #2: Transformation Transfer Initiative (TTI) Grant

- A. What was achieved?

The Office of Behavioral Health (OBH) and the Office for citizens with Developmental Disabilities (OCDD) collaboratively applied and were awarded a National Association of State Mental Health Program Directors (NASMHPD) Transformational Transfer Initiative grant. Grant funds are intended to support a cross-system training and education initiative to provide a "certification" in behavioral health services to youth with co-occurring Developmental Disabilities, for behavioral health clinicians and agencies.

- B. Why is this success significant?

The initiative aligns with the transformational goals of both OBH and OCDD, to increase services and supports to youth in their homes and communities and reduce institutionalization, and to increase the ability of the behavioral health system to effectively serve youth with complex needs. This initiative will engage the existing infrastructure of behavioral health services for youth, and assist those providers with the additional expertise they need to make these services more accessible and effective for youth with Intellectual Developmental Disability / Autism Spectrum Disorder (IDD/ASD) across all the levels of care.

- C. Who benefits and how?

The initiative aims to infuse expertise in developmental disabilities (IDD/ASD) across all levels of care in our behavioral health system for children and adolescents and training initiatives for BH providers increase their ability/willingness to serve youth with co-occurring BH/DD. To accomplish this, the training/certification initiative is engaging with select providers/groups of providers in the following levels of care: Psychiatric Residential Treatment Facility (PRTF), Therapeutic Group Home (TGH, teams from the Wraparound Agencies/Family Support Organization in the CSoC program, behavioral health clinics/providers within the LGEs, mental health rehabilitation agencies who

provide community-based counseling and skills training, and licensed clinicians providing outpatient services. The initiative is targeting providers serving the following regions: 1 (Orleans), 2 (Baton Rouge), 9 (Florida Parishes), and 10 (Jefferson).

D. How was the accomplishment achieved?

At this point in the initiative, the OCDD training team has completed or is near completion of the didactic portion of the training with the participants: PRTF (Northlake), TGH (Seaside/Provisions, Baton Rouge locations), 4 mental health rehab agencies (1 in Florida Parishes, 1 in BR, 2 serving Nola/Jeff), 1 LGE clinic (Florida Parishes). And, the training team and participants are actively planning and moving into the coaching/mentoring portion of the initiative. In this next phase of the initiative, the OCDD team will be working with the participating providers to identify existing clients or referrals who would likely benefit from these services and they will provide consultation/mentoring during treatment.

E. Does this accomplishment contribute to the success of your strategic plan?

Yes. OBH 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 Medication Assisted Treatment (MAT) services, treatment capacity for pregnant women, reduction of prescription drug/opioid overdose-related deaths, increased use of early Screening, Brief Interventions and Referral to Treatment (SBIRT) for pregnant women, and development of residential treatment programs for pregnant women and children at risk of Neonatal Abstinence Syndrome (NAS).

The OBH/OCDD TTI Grant Team have provided a monthly report to NASMHPD regarding their activities throughout each month. The team is actively preparing their upcoming monthly report due on August 2nd, as well as the "Snapshot" report due on August 16th. The latter is essentially a summary of what has been done thus far regarding the grant, how things are currently going with the implementation of the grant, and how the team plans to have sustainability with regards to the training and services provided by the initiative.

This accomplishment is reflective of improved access to behavioral health services, and addresses residential and inpatient psychiatric hospital needs, by working collaboratively with OCDD around addressing needs of those youth with both intellectual disability and challenging behavioral health concerns.

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

No, however the OBH/OCDD TTI Grant Team is working together to develop a care coordination training for multiple entities (e.g., Department of Children and Family Services (DCFS), Regional Placement Specialist (RPS), Wraparound Agency (WAA), Managed Care Organization (MCO) care managers, etc.) to collaboratively understand

care coordination for youth with co-occurring BH/DD needs.

Accomplishment #3: Expanding the Use of Evidence-Based Programs in the treatment of Individuals with Early Serious Mental Illness and a First Episode Psychosis

A. What was achieved?

Substance Abuse and Mental Health Services Administration (SAMHSA) is directed by Congress through its FFY 2016 Omnibus bill, Public Law 114-113, to set aside 10 percent of the Community Mental Health Services (CMHS) block grant allocation for each state to support evidence-based programs that provide treatment for those with early serious mental illness (SMI) and a first episode psychosis (FEP) – an increase from the previous 5% set aside that was mandated in FFY 2014. To address this need, Louisiana built upon the activities achieved in prior fiscal years which included the completion of a needs assessment, funding for Peer Support Specialists (PSS) within each of the 10 LGEs and the completion of broad-based training throughout the state on the tenants of service provision to individuals experiencing early SMI including psychosis. Through these activities, Louisiana was able to improve service provision to individuals with new psychosis while identifying and training those areas of the state with the interest and capacity to implement a full-fidelity FEP program. Three Local Governing Entities (LGEs), Jefferson Parish Human Services Authority (JPHSA), Capital Area Human Services District (CAHSD), and Florida Parishes Human Services Authority (FPHSA) made the commitment to implement FEP programs utilizing the NAVIGATE model (formerly RAISE), which is an evidence-based model of coordinated treatment. These LGEs participated in the 2-day NAVIGATE training which occurred in June 2016, and have continued to participate in ongoing consultation activities with the NAVIGATE trainers which are scheduled to continue through September 2017. The calls are scheduled as follows:

- Director/Family Education Specialists – bi-monthly for the first 6 months switching to monthly the last 6 months.
- Individual Resiliency Trainer (IRT) Specialists – bi-monthly for the first 6 months, switching to monthly the last 6 months
- Supported Employment and Education (SEE) Specialists - bi-monthly for the first 6 months, switching to monthly the last 6 months
- Prescriber – monthly for 12 months

In addition to the implementation of FEP programming within 3 of the state's 10 LGEs, The Office of Behavioral Health (OBH) has also contracted with an FEP program in New Orleans called EPIC-NOLA. This program is operated through Sinfonia Family Services of Louisiana, a Medicaid-affiliated community behavioral health provider. The FEP program has been implemented in conjunction with Tulane University and is modeled off of the Yale STEP program. This program, which had established itself prior to OBH's support, is fully staffed and operational with OBH support allowing for the provision of services to those who are without a payor source (no Medicaid or private insurance). This contract began in February, 2017.

All other locations in the state have chosen to maintain a public health model for program

implementation. Through this public health approach, LGEs will continue to provide peer support services (PSS) to individuals experiencing their first episode of psychosis. The goal of the Louisiana plan for FEP implementation in these areas of the state is to increase capacity of the system to effectively serve individuals experiencing first episode psychosis through trainings while supporting the identification of individuals experiencing FEP and moving them into traditional treatment, thereby shortening the individual's duration of untreated psychosis.

Training – In previous years, a training series was developed in conjunction with consultants from Rutgers University who had conducted the Needs Assessment. A series of webinars and face-to-face trainings were initially provided to LGEs throughout the state on topics related to FEP. While 164 individuals participated in the initial phase of training, this number rose to 468 including the second phase of implementation which included additional training by staff from Rutgers University and NAVIGATE-specific training. These trainings conducted during the second phase of implementation included the following:

- Psychiatric Rehabilitation Readiness Determination Profile (PRRDP) Training – The PRRDP is an instrument developed by Rutgers University that assists in understanding the factors impacting the change process. Knowledge of this process enables providers to more effectively work with the individuals they serve. This day-long, face to face training was held in 3 areas of the state; 68 individuals participated in this training including Peer Support Services (PSS), LGE staff, and Assertive Community Treatment (ACT) providers.
- NAVIGATE Team Overview – This webinar provided an overview to individuals throughout the state on the NAVIGATE model of treatment for individuals experiencing FEP; 105 individuals participated in this training including PSS, LGE and hospital clinicians as well as private providers.
- FEP Prescriber Training – This face to face training provided an overview of best prescriptive practices for individuals experiencing FEP. The training was held in 5 areas of the state and attended by a total of 107 behavioral health clinicians from the LGEs, hospital systems, and various private providers.
- 2 Day NAVIGATE Training – This training was targeted towards those staff members working within an LGE-sponsored NAVIGATE team. Through this process, specific sessions were provided to those individuals functioning as Team Leaders/Family Education Clinicians, Individual Resiliency Trainers, and Supported Employment and Education Specialists. LGE staff, administrators and PSS participated for a total attendance of 24 individuals.

The goal of the Louisiana plan for FEP implementation is to increase capacity of the system to effectively serve and identify individuals experiencing FEP throughout the state while identifying and providing training to those locations capable of implementing Coordinated Specialty Care (CSC) programs. Louisiana has implemented the following

programs:

NAVIGATE – Three (3) LGEs have decided to implement this evidence based model of coordinated treatment. These LGEs include Jefferson Parish Human Services Authority (JPHSA), Capital Area Human Services District (CAHSD), and Florida Parishes Human Services Authority (FPHSA).

YALE-STEP - OBH has also contracted with an FEP program in New Orleans called EPIC-NOLA. This program is operated through Sinfonia Family Services of Louisiana, a Medicaid-affiliated community behavioral health provider. The FEP program has been implemented in conjunction with Tulane University and is modeled off of the Yale STEP program.

Public Health Model - Through this public health approach, LGEs will continue to provide peer support services (PSS) to individuals experiencing their first episode of psychosis. The goal of the Louisiana plan for FEP implementation in these areas of the state is to increase capacity of the system to effectively serve individuals experiencing first episode psychosis through trainings while supporting the identification of individuals experiencing FEP and moving them into traditional treatment, thereby shortening the individual's duration of untreated psychosis.

B. Why is this success significant?

Through this plan, the state has been successful in providing the foundation for first episode psychosis implementation to LGEs throughout the state. Three LGEs were identified and trained in the NAVIGATE model of CSC which is an evidenced based model for serving individuals with FEP. Additionally, OBH has contracted with an FEP program in New Orleans called EPIC-NOLA. This program is operated through Sinfonia Family Services of Louisiana, a Medicaid-affiliated community behavioral health provider. The FEP program has been implemented in conjunction with Tulane University and is modeled off of the Yale STEP program. Each of the programs is providing services to individuals experiencing FEP with a total number of 91 individuals served year to date.

C. Who benefits and how?

Research on first episode psychosis programs have shown that that treating people with first episode psychosis with a team-based, coordinated specialty care approach produces better clinical and functional outcomes than typical community care. These outcomes include higher retention in treatment and length of service, improvement in symptoms, interpersonal relationships, quality of life, and involvement in work and school. These outcomes are most effective for people who receive care soon after psychotic symptoms begin.

D. How was the accomplishment achieved?

The ongoing success and accomplishments of implementing the first episode psychosis program has been achieved through the training of staff throughout the system of care and inclusion of LGEs in the development of the program.

- E. Does this accomplishment contribute to the success of your strategic plan?
Yes, the implementation of first episode psychosis programming supports the OBH Business Plan through the continued refinement and improvement of the system of care and promotion of an evidence based practice.
- F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
Yes, this accomplishment represents a best management practice which should be shared for the purpose of further collaboration with those entities who serve the same population.

Accomplishment #4: Continued statewide implementation and refinement of the Coordinated System of Care (CSoC) for children and youth:

- A. What was achieved?
FY 2017 was the second full year of statewide implementation of a Coordinated System of Care (CSoC), which began in 2012 as the result of a Centers for Medicare and Medicaid Services (CMS) waiver. Throughout the course of the fiscal year, enrollment numbers continued to increase. As of June 30, 2017, 2,174 children and youth were enrolled in CSoC, with a maximum enrollment of 2,400 children and youth at any given time. A total of 10,248 children, youth and their families have been served in CSoC from implementation in March of 2012 to the end of FY 2017.
- B. Why is this success significant?
The CSoC implementation results from a multi-year collaborative planning effort between the Louisiana Department of Health (LDH), the Department of Children and Family Services (DCFS), the Office of Juvenile Justice (OJJ) and the Department of Education (DOE). CSoC uses an evidence-informed approach to support young people with significant behavioral health challenges who are in or at risk of out-of-home placement to remain with their families, in the community, which research demonstrates results in more positive outcomes over time. It also makes better use of state resources, by leveraging additional Medicaid funding, to enhance available services for high-risk children and youth within the State of Louisiana. The successful implementation of CSoC is particularly significant because it represents true partnership across the child-serving state agencies to ensure that youth who are at highest risk and in greatest need, and their families, receive timely access to appropriate services and supports.
- C. Who benefits and how?
CSoC serves children and youth aged 0 through 21 with significant behavioral health challenges or co-occurring disorders that are in or at imminent risk of out-of-home placement. Children and youth with complex behavioral health challenges and their families benefit from a coordinated approach to care. New behavioral health services that were previously not part of the service array in Louisiana are now available as part of the Medicaid State Plan Amendments and Waivers that support CSoC. These new services include an organized planning process for young people with significant emotional and behavioral challenges, called Wraparound, which helps to ensure that individual and

family needs are identified and addressed with an array of specialized services and natural supports. These efforts are proven to result in a reduced need for costlier out-of-home placement options. Families and young people also benefit from other specialized services which include: Parent Support and Training, Youth Support and Training, Independent Living/Skills Building and Short-term Respite.

D. How was the accomplishment achieved?

During 2009, LDH, DCFS, OJJ and DOE began collaboration on a multi-year planning process to develop a common vision and goals to improve behavioral health outcomes and reduce out-of-home placements among children and youth with significant mental health and/or substance use disorders. During the planning phase, eighteen (18) stakeholder workgroups participated in designing the initial CSoC. Subsequently, Governor Bobby Jindal issued Executive Order BJ-2001-5 on March 3, 2011, to formally established a policy-level Governance Board with members including leadership of LDH, DCFS, OJJ and DOE, a representative of the Governor's office, two family representatives, an advocate representative, and a youth representative. This board is charged with providing oversight to the development and implementation of CSoC. Each of the four collaborating agencies (LDH, DCFS, OJJ and DOE) also assigned staff to form a unified CSoC team, housed at OBH headquarters, to participate in development of the Medicaid State Plan Amendments and Waivers necessary to support service development, enhancement, and support and guidance for CSoC implementation. OBH used a community driven process to select initial regions for statewide implementation.

To support the availability of CSoC in each region, a community process selected a Wraparound Agency (WAA) that would serve as the locus for treatment and care coordination for every enrolled youth.

During FY2017:

- As of June 30, 2017 CSoC has served 10,248 youth and children, with the fiscal year end enrollment of 2,174 children/youth. Fiscal year end enrollment ranges from 126 to 389 per region as follows: Greater New Orleans (389), Baton Rouge (220) Covington (245), Thibodaux (277), Lafayette (126), Lake Charles (177), Alexandria (162), Shreveport (191), and Monroe (387).
- The CSoC team is composed of a CSoC Director with over thirteen years of experience leading system of care efforts, a Family Lead and two additional team members who provided guidance and technical assistance to the WAAs and Family Support Organization (FSO) in each region in order to ensure that the appropriate certification and training requirements were completed.
- The CSoC team was also responsible for the oversight and monitoring of quality measures and waiver performance measures.
- Quarterly meetings of the CSoC Governance Board were held to review progress, provide guidance, and establish policy as needed. Governor John Bel Edwards continued the CSoC Governance Board with signing of a new Executive Order JBE 16-31 on June 28, 2016.
- The Statewide Coordinating Council (SCC) provided community level input to the CSoC

Governance Board.

- WAAs in each region ensured that youth with complex needs benefited from a coordinated care planning process that produced a single plan of care that was created with the youth, their family, natural supports and all agencies and providers involved with the youth and family.
- During FY16 and FY17, the CSoC Team contracted with two national wraparound trainers to support the on-going skill development of the WAA supervisors/coaches and facilitators. The goal of these trainings is to assure these WAA staff have the knowledge, skills and experience needed to deliver high fidelity wraparound to the children, youth and families of Louisiana.
- Outcomes data reflects positive trends for the children, youth and families enrolled in CSoC.
 - An analysis of the global Child and Adolescent Needs and Strengths (CANS) Assessment scores beginning at initial intake and then at discharge for 570 children/youth discharged in the third quarter of FY17 revealed that 78.6% of children and youth demonstrated improved functioning in their homes and communities.
 - The CANS school module which evaluates school functioning showed the following results:
 - 76.48% showed improved school function
 - 67.68% showed improved school attendance
 - 73.81% showed improved school behavior
 - The use of Home and Community Based Services, one of the factors that contributes to children and youth being able to stay successfully in their homes and communities, has shown a steady increase since implementation of CSoC.
 - In addition, the number of children, youth and families connecting to natural supports evidenced by their participation on child and family (CFT) teams continues to grow. In the third quarter of FY 17, the WAAs report that 87.3% of their Child and Family Teams had a natural and/or informal member (this number excludes family members living with the child).
 - One of the primary goals of CSoC is to maintain children and youth safely in their homes and communities. In the last quarter of FY 17, the living situation at discharge from CSoC for 91.98% of children and youth was to a home and community based setting.
 - Another goal of CSoC is to decrease the use of inpatient psychiatric hospitalization. Data from Medicaid claims during the period of January 1, 2017 – March 31, 2017 revealed a decrease in utilization of inpatient psychiatric hospitalization for CSoC youth who were enrolled in CSoC for more than 90 days. Review included use of inpatient psychiatric hospitalization 90 days **before enrollment** in CSoC and 90 days **post discharge** from CSoC. The data reveals a 75% decrease in the use of inpatient psychiatric hospitalization in the 90 days post discharge from CSoC.

- E. Does this accomplishment contribute to the success of your strategic plan/Business Plan?
 Yes. The CSoC initiative was included in the Office of Behavioral Health's (OBH) business and strategic plans as a top priority.

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

Yes. There are several aspects of the CSoC initiative that represent best practices from a national perspective:

The formation of the Governance Board through Executive Order No. BJ 2011-5 and continuance through JBE 16-31 represents a significant accomplishment. Across the country, there are very few states that have a Governor endorsed and supported CSoC initiative and policy-making Board. This collaboration and breaking down of historic silos between agencies has resulted in improved services for children and families and for enhanced collaboration across multiple efforts and initiatives.

The CSoC Governance Board consists of leadership from all four child and family serving agencies: LDH, OJJ, DCFS and DOE. This collaboration increases understanding and familiarity of the mandates and requirements of each state agency and helps all members develop a deeper understanding and appreciation for of each child-serving agency. In addition, the Board has a representative from the Governor's office, two family members of children with emotional and/or behavioral challenges, as well as a mental health advocate, ensuring that CSoC at all levels is promoting family voice, choice and access.

Developing Medicaid state plan amendments and waivers and leveraging braided funding across child-serving state agencies to support service development and expansion is an example of best practices in the system of care field. This also represents a higher level of coordination across agencies which results in less fragmentation, duplication and redundancy.

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

Significant progress has been experienced in the continued development and implementation of network access monitoring and compliance tools and activities related to specialized behavioral health providers.

- ♦ **Please provide a brief analysis of the overall status of your strategic progress.** What is your general assessment of overall timeliness and progress toward accomplishment of results targeted in your goals and objectives? What is your general assessment of the effectiveness of your strategies? Are anticipated returns on investment are being realized?
- ♦ **Where are you making significant progress?** If you are making no significant progress, state "None." However, if you are making significant progress, identify and discuss goals and objectives that are exceeding the timeline for achievement; identify

and discuss strategies that are working better than expected. Be specific; discuss the following for each:

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

Area of Significant Progress #1: Specialized Behavioral Health Services Provider Network Monitoring

Specialized Behavioral Health Services (SBHS) were integrated into Healthy Louisiana on December 1, 2015, so the infancy stage of this implementation spanned into FY17, inclusive of our first anniversary. Great strides have been made in the area of Network Monitoring, in spite of the complex transition from a single Statewide Management Organization to a managed care network of six independent health plan organizations. OBH completed the initial development of a comprehensive SBHS Provider Network Monitoring Plan at the end of FY16, and has continued to update and amend the Plan and associated policies in order to most appropriately assess compliance by the Healthy Louisiana Managed Care Organizations (MCOs) and the CSoC Contractor with network related contract requirements and deliverables inclusive of meeting contractual access standards, appointment availability and network sufficiency for its members. The monitoring plan had to not only incorporate the ability to effectively monitor 6 health plans with limited staff, and a minimal budget, but also accounts for access and sufficiency requirements evidenced in CMS' recently published Medicaid Managed Care Rule.

OBH staff implemented a series of "secret shopper" calls in mid FY17 in order to assess the accuracy of access as published in the Health Plans provider directories. We also began the implementation of both administrative desk reviews and on-site visits at both the MCO/Contractor-level and the provider level, performed by OBH staff utilizing monitoring tools specifically designed to assess compliance in meeting LDH standards for provider networks in the delivery of SBHS.

Significant progress has also been made in the area of network reporting, as OBH provided extensive feedback and technical assistance, including multiple conference calls and individualized onsite visits to each of the MCOs, in an effort to educate the Health

Plans on effective and accurate reporting, especially in light of the many nuances and complexities of a SBHS network such as their utilization of unlicensed and peer providers for certain services, including evidence informed and promising practices. We continue to work with the MCOs in a collaborative, hands-on effort in order to achieve our goal of utilizing these reports in order to analyze, track and trend data related to adequacy of SBHS provider types, access to levels of care, prescriber sufficiency, cultural competency and provider density.

This information will assist OBH in determining where gaps in service exist, and where resources should be dedicated for the further development of the SBHS workforce.

1. To what do you attribute this success?

OBH has made great efforts in order to closely collaborate with MCOs, as well as providers and stakeholders, so that we can properly identify barriers, as well as successes realized through the early phase of integration, and use that information to better inform our monitoring and technical assistance strategies. In July of 2016, the OBH Quality and Provider Network Sections convened as a committee to review the Health Plan Network Reports. OBH provided extensive individualized (MCO-specific) feedback and guidance to the MCOs. In addition, gap analysis reports and network development plans based on the reported data were requested, where it appeared shortages may be apparent.

As a result of our review of the initial network reports, LDH's weekly "MCO Touch Base Calls" began to focus on accuracy of the MCOs provider registries and their network reporting. OBH provided resources and technical assistance to the MCOs, both via conference calls and on-site. OBH also further collaborated with Medicaid MMIS and Provider Network staff ensure guides and technical aids are as simple and streamlined as possible to meet the needs and requests of the MCOs. In February and March of 2017, a series of onsite visits was conducted with each of the MCOs in order to walk through MCO Utilization Management systems and Provider Network systems and processes; one objective of the visits was to help bridge the gap associated with practical knowledge about Louisiana's behavioral health provider types, services, and overall expectations for reporting

In FY17, LDH began to reevaluate the management structure for SBHS Managed Care, and in December of 2016, OBH revisited the operational plan associated with the roles of both Medicaid and OBH, in order to determine the most efficient and effective way for LDH to manage the behavioral health components of Healthy Louisiana. During the development of this Operational Plan, it was determined that the majority of responsibilities associated with SBHS under Healthy Louisiana would shift from Medicaid Behavioral Health to OBH as the programmatic experts for these services. This determination was made in an effort to approve efficiency and accountability as specifically related to the behavioral health deliverables for which the MCOs are responsible.

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

While we did make significant progress during FY17, we expect progress to continue, and at an accelerated rate based upon the Operational Plan which will allow OBH more leeway and authority in our monitoring and accountability related efforts. Additionally, the progress we have made with the MCOs will continue to be realized as the program matures, and the accuracy of their own reporting and honed monitoring efforts will be further developed.

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

1. To what do you attribute this lack of progress? For example:
 - Is the lack of progress related to a management decision (perhaps temporary) to pursue excellence in one area at the expense of progress in another area?
 - Is the lack of progress due to budget or other constraint?
 - Is the lack of progress related to an internal or external problem or issue? If so, please describe the problem and any recommended corrective actions in Section III below.
 - Other? Please specify.
2. Is the lack of progress due to a one-time event or set of circumstances? Or will it continue without management intervention or problem resolution?

None

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

- ☐ Yes. If so, what adjustments have been made and how will they address the situation?
- ☒ No. If not, why not?

While we did revise our Strategic Plan in FY16, which included a focus on network adequacy monitoring policies and programs to ensure we not only identify areas of need, but also have the tools necessary to exact change in those areas.

- ♦ **How does your department ensure that your strategic plan is coordinated throughout the organizational and management levels of the department, regularly reviewed and updated, and utilized for management decision-making**

and resource allocation? Use as much space as needed to explain fully.

Agency-level goals and objectives included in the strategic plan are further translated into comprehensive work plans which describe the action steps that will be taken to accomplish the objective, associated timelines, and person responsible for each action step; these work plans are reviewed and updated on a regular basis by gathering input from all levels of the agency's functional areas. Discussions are conducted with Team Leaders and participants representing functional areas essential to support agency priorities. Further, agency goals and objectives are embedded in the performance planning and evaluation process for employees.

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

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

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

Operational Problem or Issue #1: Lack of Access for Adults Requiring Certain Residential Levels of Care in an Institution of Mental Disease Due to New Regulations by the Centers for Medicare and Medicaid Services

A. Problem/Issue Description:

1. What is the nature of the problem or issue?

Due to the new Medicaid Managed Care Rule, published May 6, 2016, which states in part...Under the Social Security Act (https://www.ssa.gov/OP_Home/ssact/title19/1900.htm), Medicaid beneficiaries aged 21 to 64 are not eligible for medical assistance (and thus federal Medicaid dollars or Federal financial participation (FFP) while they are patients in an institution of mental disease (IMD). Thus, it would not be appropriate for a Managed Care Organization (MCO) to receive Medicaid reimbursement for a month for which an enrollee is a patient in an IMD the entire month. FFP in capitation payments will only be provided if the enrollee received inpatient services in an IMD for a period of no more than 15 days.

Thus, Medicaid will lose federal match dollars and be required to pay with State General Fund dollars for all services, not just substance use disorder (SUD) services during the month a 21-64 year old member receives SUD residential treatment for more than 15 days in an IMD; this includes all days of the month the SUD treatment was received (not just after the first 15 days).

2. Is the problem or issue affecting the progress of your strategic plan?

Yes. These regulations impede access to inpatient and residential mental health and substance use disorder (SUD) treatment services at a critical time in Louisiana's efforts to implement Medicaid behavioral health reform and provide SUD treatment to confront Louisiana's opioid epidemic. If relief from these regulations is not provided through Section 1115 demonstration authority, the progress Louisiana has made to divert individuals from repeat, costly behavioral health admissions at general hospitals to more appropriate and cost-effective behavioral health treatment facilities will be reversed.

3. What organizational unit in the department is experiencing the problem or issue?

The Office of Behavioral Health (OBH) and Medicaid are working together to address this issue. It affects all managed care network provider facilities with more than 16 beds and where there is a current need for institutionalization for more than 50 percent of all the patients in the facility results from mental illness.

4. Who else is affected by the problem?

Nationally, all Medicaid delivery systems utilizing managed care entities for management of benefits and services.

5. How long has the problem or issue existed?

The institution of mental disease (IMD) exclusion has been part of the Medicaid program since Medicaid's enactment in 1965, and has remained largely intact since 1988. The intent was to promote the expansion of smaller, community-based mental health and substance abuse centers. Changes would require an act of Congress. Since the inception of behavioral health managed care in 2012 under the Louisiana Behavioral Health Partnership, and later under Healthy Louisiana, the Louisiana Department of Health (LDH) managed care contracts and capitation rate setting methodology have permitted the Managed Care Organizations (MCOs) to offer state plan-covered behavioral health services (inpatient psychiatric care and residential SUD services) in IMD settings regardless of the length of stay "in lieu of" providing those services in state-plan provider settings as long as the use of

the IMD setting was determined by LDH's actuary to be a cost-effective alternative to the state-plan covered setting. This was regularly permitted with the Centers for Medicare & Medicaid Services (CMS) capitation rate setting policy at the time, and has been the key to LDH's ability through our MCO partners and their network providers to expand access to community-based residential treatment programs. On May 6, 2016, CMS published a new Medicaid managed care regulation, reversing what had been long-standing capitation rate setting policy on the use of IMDs as cost-effective "in lieu of" settings. Specifically, the rule prohibits LDH from claiming federal financial participation for a monthly capitation payment made by LDH to an MCO when a member's stay in the IMD is longer than 15 days during the month. Prior to the rule, LDH could encourage MCOs to develop provider networks that include IMDs, without regard to length of stay, in order to provide the access to cost-effective mental health and SUD services that had not been achieved in Medicaid Fee-For-Service (FFS).

The effective date for each state is dependent on the contract rating period due to multi-year managed care contracts for rating periods for Medicaid managed care contracts beginning before July 1, 2018; states must comply with requirements no later than the rating period for Medicaid managed care contract starting on or after July 1, 2018. Louisiana expects our rating period to be updated in early 2018 and with that, this new rule to take effect.

6. What are the causes of the problem or issue?

The Centers for Medicare & Medicaid Services (CMS) regulations is the cause of the problem.

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

Lack of access to vital, cost effective, and medically appropriate mental health and substance use disorder (SUD) treatment services, and increased cost for the limited hospital based services that would remain. For example, with the new regulations, if the detoxification is provided in a residential setting that has greater than 16 beds and qualifies as an institution of mental disease (IMD), the new regulations require the state to reprice the stay to reflect a more expensive and potentially less clinically appropriate inpatient withdrawal management setting. When smaller community settings (with less than 16 beds) are not available to Managed Care Organizations (MCOs), the new regulations require the state and federal government to pay more through capitation rates than the cost of the most economic and efficient setting for the delivery of covered behavioral health services.

Implementing the limitations of the Medicaid managed care final rule has the potential to undo Louisiana's progress with behavioral health reform by

reducing access to community-based residential treatment service providers, creating a critical access problem in the State for SUD services, and increasing costs to the State and federal governments. The infrastructure of the current Louisiana SUD residential program consists of several large residential treatment programs because Medicaid did not reimburse for SUD treatment prior to 2012 and, once Medicaid reimbursement began in 2012, the Centers for Medicare & Medicaid Services' long-standing policy for "in lieu of" services in capitation rate setting negated the need for Louisiana to encourage providers to build smaller facilities. There simply are not enough providers in the State with less than 16 beds to address the extent of the opioid epidemic in Louisiana, particularly now that the State has expanded Medicaid eligibility (effective July 1, 2016) and such services are available to more than 400,000 expansion eligible individuals. Removing Medicaid funding at this juncture would cripple the State's ability to address the surge of behavioral health needs adequately. Over time, the State will work with providers to address the infrastructure issues; however, those efforts are not an immediate solution to the very pressing and real behavioral health service and access needs of Louisiana's Medicaid population. The goal of the Demonstration is also to avoid shifting Medicaid costs from an integrated Medicaid managed care delivery model to hospital uncompensated care costs eligible for reimbursement under IMD disproportionate share hospital (DSH) funds.

B. Corrective Actions

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

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

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

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve experimental, pilot, or demonstration projects that promote the objectives of the Medicaid and Children's Health Insurance Program (CHIP) programs. The purpose of these demonstrations, which give states additional flexibility to design and improve their programs, is to demonstrate and evaluate policy approaches for things such as providing services not typically covered by Medicaid. Generally, section 1115 demonstrations are approved for an initial five-year period and can be extended for an additional three years.

Section 1115 waiver is an administrative option for substance use disorder (SUD) residential services. Services provided to individuals in an IMD are excluded as medical assistance under a state plan, however states can request authority for federal financial participation (FFP) for those expenditures if their 1115 waiver demonstrates specific programmatic expectations including: (1) comprehensive

evidence-based benefit design, (2) appropriate standards of care, (3) strong network development plan, (4) care coordination design, (5) program integrity safeguards, (6) benefit management, (7) strategies to address prescription drug abuse and opioid use disorder, (8) services for adolescents and youth with SUD, and (9) reporting on quality measures.

To the extent that the waiver is consistent with expectations for a transformed SUD treatment system, CMS would specifically allow FFP for costs not otherwise match able to provide coverage for services furnished to individuals residing in IMD for short-term acute SUD treatment. Short-term acute SUD treatment may occur in inpatient settings and/or residential settings.

Louisiana is in the process of finalization of a Section 1115 waiver application for submission to the Centers for Medicare & Medicaid Services (CMS).

3. Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)?

This specific issue has not been identified in previous AMPAR submissions.

4. Are corrective actions underway?

Yes. The Louisiana Department of Health (LDH) is applying for a demonstration waiver that would permit the agency through our contracted Medicaid managed care organizations to continue to provide medically necessary mental health and SUD services in the most appropriate setting for the member, regardless of length of stay, in a manner that is most cost effective to state and federal taxpayers.

5. Do corrective actions carry a cost?

☒ No. If not, please explain.

☐ Yes. If so, what investment is required to resolve the problem or issue?

No, the waiver is required to be budget neutral.

Operational Problem or Issue #2: Maximizing Current Resources for Hospital Based Treatment Program

A. Problem/Issue Description:

1. What is the nature of the problem or issue?

Eastern Louisiana Mental Health System (ELMHS) is the state's only freestanding psychiatric facilities that includes a division solely designated for the provision of inpatient psychiatric treatment to forensic clients who are

deemed Not Guilty By Reason of Insanity (NGBRI), or who are ordered to receive hospital-based competency restoration services; this facility includes the Forensic, Civil Intermediate, and Hospital-Affiliated Community Services divisions. ELMHS must have the ability to provide placement for those individuals who are NGBRI, Incompetent to Proceed to Trial (IPT), Judicial Civil (JC), and Unable to be Restored to Competence (648B), or who are court-ordered to receive competency restoration services. The intent of these services is to provide placement of all clients in the most cost-effective and compliant manner, and to allow clients to flow throughout the system as they move toward recovery. Without increased capacity, LDH, along with the State of Louisiana as a whole, will more than likely be under constant threat of civil rights litigation.

2. Is the problem or issue affecting the progress of your strategic plan?

Yes, compliance with forensic consent decree factors is included in the current OBH Strategic Plan.

3. What organizational unit in the department is experiencing the problem or issue?

ELMHS and those fiscal and forensic staff located within OBH Headquarters.

4. Who else is affected by the problem?

The clients, their families, the community, the Department of Corrections, as well as the State as a whole, are impacted by this issue.

5. How long has the problem or issue existed?

Overall forensic admissions increased by 30% from FY 2012 to FY 2015; competency restoration admissions have increased by 41%, and all others increased by 8%. In FY 2015, forensic admissions made up 30% of the total; The number of admissions for hospital-based competency restoration services increased by 54.02% from prior to the onset of the federal consent decree of 2010 regarding the responsibility of LDH for the timely admission of those clients that went into effect on July 1, 2011; As of June 23, 2016, there was a waiting list of 10 NGBRI and seven ITP clients for admission to ELMHS. The demand for beds to accommodate judicial admissions is projected to increase by 3-4% each year, from 289 clients in 2016 to 398 clients in 2025. Over the past three years, an average of 24 clients were admitted per month, which exceeded the initial projected demand of 14 clients per month.

6. What are the causes of the problem or issue?

ELMHS' resources may not have been sufficient to timely admit the client types mentioned above in order to comply with federal law. There are several factors that have impeded the program's ability to effectively move clients throughout the system: the increasing demand for bed placement to accommodate judicial admissions; the majority of civil clients admitted for inpatient psychiatric treatment at ELMHS are indigent, which has resulted in a decrease in Federal Funds and Self-generated Revenues; higher acuity levels of clients who require specialized medical care; and the lack of resources to properly manage and coordinate statewide referrals for intermediate bed placement.

Beginning in 2015, lawsuits (Cooper and Jackson) were filed by plaintiffs who have either been adjudicated NGBRI or are IPT detainees who have been determined mentally incapable to stand trial. The plaintiffs argued that the state is violating their due process rights, the Americans with Disabilities Act (ADA) and the Rehab Act by not transferring them from jail to ELMHS timely. The lawsuits received a provisional 60-day dismissal by the judge because both LDH and the advocates reached a conceptual agreement to increase the number of available beds for these client types. However, there are several factors that have impeded the program's ability to effectively move clients throughout the system: the increasing demand for bed placement to accommodate judicial admissions; the majority of civil clients admitted for inpatient psychiatric treatment at ELMHS are indigent, which has resulted in a decrease in Federal Funds and Self-generated Revenues; higher acuity levels of clients who require specialized medical care; and the lack of resources to properly manage and coordinate statewide referrals for intermediate bed placement.

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

ELMHS needs additional resources to keep up with the demand for admissions of all legal status types, in order to remain in compliance with the PT Consent Decree requirements, as well as the requirements of the Cooper/Jackson Case.

B. Corrective Actions

1. Does the problem or issue identified above require a corrective action by your department?
☐ No. If not, skip questions 2-5 below.
☒ Yes. If so, complete questions 2-5 below.
2. What corrective actions do you recommend to alleviate or resolve the problem or issue?

OBH analyzed the bed and funding structure of the ELMHS system in order to determine the most efficient and cost-effective way to meet the mandates of the agreement with the advocates, and to help insulate LDH and the State from future litigation. The result was a redesign of the system that allowed the agency to maximize all available funding to increase the number of beds at the least cost to the state. The plan consists of two phases: Phase I will result in a net bed increase of 86, which includes expanding civil bed capacity by 40 on the ELMHS Jackson campus that will allow 648B clients who currently reside in forensic beds to be transferred to civil beds, thereby allowing forensic clients that are on the waiting list to be admitted to the hospital. The plan also increases Forensic Supervised Transitional Residential Aftercare (FSTRA) program beds - 26 first-level step-down beds on the ELMHS campus, and 20 second-level beds in the community setting – that will allow forensic clients to transition out of the hospital to make room for those who are on the waiting list. In Phase II, ELMHS projects the need for an additional 60 civil beds and 20 community beds once Phase I is complete.

3. Has this recommendation been made in previous management and program analysis reports?

Yes, this issue was also presented in the FY15 and FY16 AMPAR submissions by OBH.

4. Are corrective actions underway?

Yes. In August 2016 the Joint Legislative Committee on the Budget (JLCB) approved Phase I of the system redesign and expansion to increase beds by 86 and add 76 positions. The hiring process and physical plant modifications started immediately thereafter in order to begin phase-in of the beds. At this time, ELMHS has made progress in building improvements as well as program restructuring. Admissions to the ELMHS Acute Unit halted on October 17, 2016 to better accommodate the needs of the forensic population. ELMHS is currently on target with their restructuring goals. The expansion of bed capacity also began in FY16 and is currently underway. ELMHS is currently meeting the requirements of the Consent Decree and those of the Settlement Agreement entered following the Cooper/Jackson case.

Phase II will be proposed for FY 2019, which will allow OBH time to fully implement Phase I and to collect the necessary data to support Phase II.

5. Do corrective actions carry a cost?

- ☐ No. If not, please explain.
☒ Yes. If so, what investment is required to resolve the problem or issue?

OBH is maximizing all available funding for the purposes of meeting the mandates of the recent settlement to increase the number of available beds for individuals currently in the correction system, and to place them in a timely manner. The total cost for Phase I is \$10,553,564, of which, \$3,980,804 is SGF and \$6,572,760 is federal (UCC/DSH). OBH will maximize DSH/UCC funding on the 40 new civilly-licensed beds as well as on 50 of the current civilly-licensed beds. In addition, ELMHS will utilize 100% SGF to operate the 26 new on-campus FSTRA beds and 20 new FSTRA beds in the community. The SGF match required to draw down the additional federal dollars are included within OBH's existing FY 2017 budget. For Phase II, approximately \$6M will be requested in IAT/UCC budget authority for the UCC federal portion. ELMHS does not anticipate that additional SGF will be requested for Phase II due to the change in funding source for 648B beds that will now draw UCC/DSH.

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

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



Internal audit

The Office of Behavioral Health (OBH) executive management team ensures ongoing monitoring of programmatic and administrative functions.

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

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



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

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

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

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

- ☒ **Performance Progress Reports (Louisiana Performance Accountability System)**

The LDH Division of Planning and Budget coordinates and reviews entries of the Louisiana Performance Accountability System (LaPAS) data on a quarterly basis for all LDH agencies. Explanatory Notes are provided for positive and negative variances greater than 5% from quarterly performance indicator targets. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed.

- ☒ **In-house performance accountability system or process**

Performance Based Budgeting activities (including, but not limited to strategic planning, operational planning, and the Louisiana Performance Accountability System) are coordinated by the LDH Division of Planning and Budget. This section reviews all objectives, performance indicators and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed. Also, at the close of a fiscal year, agencies and programs review and evaluate performance during that fiscal year in order to determine if the information gained from this review should be used to improve strategic and operational planning, as well as agency and program management department-wide.

- ☒ **Benchmarking for Best Management Practices**

The LDH Division of Planning and Budget reviews, researches and develops objectives, performance measures and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are compared to benchmarks from leading states involved in performance-based budgeting activities. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed.

- ☒ **Performance-based contracting (including contract monitoring)**

Contracts are required to contain a description of the work to be performed including goals and objectives, deliverables, performance measures and a monitoring plan.

- ☐ Peer review

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

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

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

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

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

1. Title of Report:
Prevention Management Information System Reporting on Prevention Services (Quarterly and Annual)
2. Date completed:
July 1, 2016 – June 30, 2017
3. Subject / purpose and reason for initiation of the analysis or evaluation:
The Office of Behavioral Health (OBH) is committed to providing quality, cost-effective prevention and treatment services. In an effort to demonstrate accountability and transparency, OBH Prevention Services has developed a report to capture prevention services provided through the Prevention Portion of the SAPT is the primary funding source for prevention services. It requires 20% of the grant be set aside for primary prevention services. An important issue for prevention services is consumer confidence and transparency of our use of available resources. It is our challenge to be efficient in the use of these

resources. This report is a continuing process to measure the number of services we provide and the populations that are served.

4. Methodology used for analysis or evaluation:
The data in this report is from the Prevention Management Information System (PMIS), the primary reporting system for the SAPT for prevention services.
5. Cost (allocation of in-house resources or purchase price):
There is no cost associated with this report. This report is generated in-house. OBH Program Staff use data from PMIS to generate this document. Data is entered into PMIS by the LGE prevention staff, their contract providers statewide and OBH staff.
6. Major Findings and Conclusions:
During FY 2017, Prevention Services provided evidence-based services to 79,546 enrollees.

FY 2017 block grant funded one-time services provided to the general population reached 2,937,629 participants. This number reflects the number of individuals that are impacted by PSAs, billboards, and other media campaigns. This number included the combined services provided by Prevention Staff and Prevention Contract Providers.

7. Major Recommendations:
The positive outcome assessment (see above) indicates that current strategies should be continued and reinforced.
8. Action taken in response to the report or evaluation:
No actions other than the recommended (above) were pertinent.
9. Availability (hard copy, electronic file, website):
The report is distributed via e-mail and is available by hard copy upon request.
10. Contact Person:
Name: Dr. Leslie Brougham Freeman
Title: Director of Prevention Services
Agency & Program: LA Department of Health, Office of Behavioral Health
Telephone: 225.342.5705
Email: Leslie.BroughamFreeman@la.gov

1. Title of Report or Program Evaluation:
Synar Report: Youth Access to Tobacco in Louisiana
2. Date Completed:
December 21, 2016

3. Subject / purpose and reason for initiation of the analysis or evaluation:
The Office of Behavioral Health (OBH) conducts this annual Synar Report to examine the current level of accessibility of tobacco products to minors as pursuant to Federal Government guidelines. SAMHSA is the enforcing agency. An amended Synar Regulation, issued by SAMHSA in January 1996, requires each state receiving federal grant funding to conduct annual random, unannounced inspections of retail outlets to assess the extent of tobacco sales to minors.
4. Methodology used for analysis or evaluation:
The study design is a cross-sectional survey of compliance, with compliance defined as the refusal to sell tobacco to minors and the prevention of entry of a minor to outlets restricted to youth. A stratified random sample of outlets are identified and surveyed by a team of one youth operative and two adult agents Office of Alcohol and Tobacco Control (OATC). The youth operative attempts to purchase tobacco from unrestricted outlets and tests the access of restricted outlets. The adult agents record characteristics of outlets, inspection events, and outcomes, and cite non-compliant outlets and clerks. Information about outlets, inspectors, and the inspection event are entered into an electronic data system via laptop at the time of inspection.
5. Cost (allocation of in-house resources or purchase price):
OBH contracted with OATC to conduct the random, unannounced inspections of tobacco outlets identified by the random sample at a cost of \$73,125.00 (\$65.00 per compliance check x 1125 checks). The total cost to prepare and complete the Annual Synar Report was \$70,000.00.
6. Major Findings and Conclusions:
The objective of this study was to estimate the non-compliance rate for tobacco sales in Louisiana among youth under age 18. Annual targets were established to decrease the state's non-compliance rate to 20% by FY 2002. However, Louisiana achieved 20.3% non-compliance in FY 1999, only two years after the start of the Louisiana Synar Initiative, and three years ahead of the scheduled target date. The current rate of tobacco sales to minors in FY 2017 is 14.1%.
7. Major Recommendations:
OBH complied with all major recommendations made by the federal Center for Substance Abuse Prevention for the FY 2017 report and will adhere to any future recommendations, as warranted.
8. Actions taken in response to the report or evaluation:
An annual report is generated by SAMHSA including a Table listing the Synar Retailer Violations (RVRs). Louisiana was ranked among the top states in compliance, in the FY 2013 report (most recent on file). The SAMHSA report can be viewed at <https://store.samhsa.gov/shin/content//SYNAR-14/SYNAR-14.pdf>. Our goal is to continue implementing current strategies since they've

proven to be successful.

9. Availability (hard copy, electronic file, website):
The FY 2017 Annual Synar Report is available by hardcopy, and may be accessed online at <http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/1390>.
10. Contact Person:
Name: Dr. Leslie Brougham Freeman
Title: Director of Prevention Services
Agency & Program: LA Department of Health, Office of Behavioral Health
Telephone: 225.342.5705
Email: Leslie.BroughamFreeman@la.gov
1. Title of Report or Program Evaluation:
Louisiana Behavioral Health Partnership (LBHP) Transparency Report (Act 158)
2. Date completed:
June 30, 2017
3. Subject or purpose and reason for initiation of the analysis or evaluation:
The charge of Act 158 of the 2015 Regular Legislative Session was to provide transparency relative to Medicaid managed care programs. Within the Office of Behavioral Health (OBH), this involves the Coordinated System of Care (CSoC) program. Magellan Health Services of Louisiana, Inc. (Magellan) administers the CSoC program. This report outlines responses to the requests made by the legislature in Act 158 relative to Magellan's management of care within the CSoC program.
4. Methodology used for analysis or evaluation:
Act 158 details the types of information and data elements that are to be included in the report. Data was collected using Magellan's systems and compiled and checked by OBH for the report. The Department's contractor for encounter validation, Myers and Stauffer, independently reviewed the data submitted by Magellan as a means of third party validation.
5. Cost (allocation of in-house resources or purchase price):
In-house Business Intelligence staff was tasked with validation and data mining relative to the production of the report. The Managed Care Contractor also contributed to data reporting as per the requirements and funding allocated through its contract.
6. Major Findings and Conclusions:
The measures included in the report were used to demonstrate that the following outcomes expressed in the legislation were achieved:
 - 1) Continued implementation of CSoC;

- 2) Improved access, quality and efficiency of behavioral health services;
 - 4) Seamless coordination of behavioral health services with the comprehensive healthcare system without losing attention to the special skills of behavioral health professionals;
 - 5) Advancement of resiliency, recovery and a consumer-focused system of person-centered care; and
 - 6) Implementation of best practices and evidence-based practices that are effective and supported by data collected from measuring outcomes, quality and accountability.
7. Major Recommendations:
Not applicable.
 8. Action taken in response to the report or evaluation:
Report distributed to the Senate and House Committees on Health and Welfare and posted to the LDH OBH website.
 9. Availability (hard copy, electronic file, website):
Available by electronic file and on the LDH OBH website
<http://ldh.louisiana.gov/index.cfm/newsroom/detail/4268>
 10. Contact Person:
Name: Karen Stubbs
Title: Deputy Assistant Secretary
Agency & Program: LA Department of Health, Office of Behavioral Health
Telephone: 225.342.1868
Email: Karen.Stubbs@la.gov
 1. Title of Report or Program Evaluation:
SAMHSA Block Grant Annual Reporting (SAPT and CMHS)
 2. Date completed:
Louisiana's CMHS and SAPT Behavioral Health reports must be submitted to SAMHSA no later than December 1st of each year. Some components of reporting are completed quarterly with an annual review prior December 1. If OBH misses the statutory date for submitting the reports, it will not receive any federal Block Grant funds for that federal fiscal year.
 3. Subject/purpose and reason for initiation of the analysis or evaluation:
Title XIX, Part B, Subpart III of the Public Health Service Act (42 U.S.C. 300x-52(a)) requires SAMHSA to determine the extent to which States and Jurisdictions have implemented the State plan for the preceding fiscal year. States and Jurisdictions are required to prepare annual reporting for submission that consists of multiple components which include data submissions, performance indicators and fiscal tables. The annual reporting needs to include the purposes for

which the CMHS and SAPT funds were expended, recipients of grant funds, authorized activities funded, and services purchased with such funds. CMHS and SAPT reports are not combined.

4. Methodology used for analysis or evaluation:

OBH Quality staff work in collaboration with OBH analytics, program and fiscal staff and LGEs in the development of the annual reports. Some data is submitted quarterly; annual reporting submissions require several months of preparation and typically begin in August of each year.

OBH Analytics staff problem solve, plan, and develop methodologies for data report analysis. OBH Analytics staff analyze performance/outcome data and prepare and disseminate monitoring and performance reports/dashboards. Additionally, they produce standard URS (Uniform Reporting System; Client Level Data Uploads) tables, performance indicators, and reporting tables. In order to complete data based reports, OBH Analytics staff maintain the operation of the OBH Data Warehouse, maintain the OBH Client Level Data Manual, and oversee LGEs' EHR data submissions. LGE data submissions are continuous, and are sent to the OBH Data Warehouse on a semi-monthly basis.

Most components of the December 1 reporting are submitted via SAMHSA's online portal, Web Block Grant Application System (WebBGAS). Other submissions are completed through their respective SAMHSA sponsored online portals.

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

There is no cost associated with these reports. These reports are generated in-house; OBH program staff use data from the OBH Data Warehouse to generate client level data based reports.

6. Major Findings and Conclusions:

The primary purpose of the reports is to track and monitor fiscal, program, service and client variables/indicators across time. No major findings/conclusions.

7. Major Recommendations:

No major recommendations.

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

Data-based decision making relative to programs and services.

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

The data is submitted directly into SAMHSA portals. SAMHSA makes the client level data reporting available to the public in PDF format. The Annual Report from SAMHSA's WebBGAS system is distributed via email to the Louisiana Behavioral Health Advisory Council and upon request.

10. Contact Person:

Name: Missy Graves

Title: Block Grant State Planner

Agency & Program: LA Department of Health, Office of Behavioral Health

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Annual Management and Program Analysis Report

Fiscal Year 2016-2017

Department: **Louisiana Department of Health (LDH)**
340 Office for Citizens with Developmental Disabilities

Department Head: **Rebekah E. Gee, MD, MPH**
LDH Secretary

Undersecretary: **Jeff Reynolds**

Assistant Secretary: **Mark A. Thomas**

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

For each accomplishment, please discuss and explain:

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

Accomplishment #1: CMS Approval of Residential Options Waiver (ROW) Amendment

- A. What was achieved?

The Office for Citizens with Developmental Disabilities (OCDD) submitted and received the Center for Medicare & Medicaid Services (CMS) approval to amend the Residential Options Waiver (ROW), which created an opportunity for people who had an OCDD Statement of Approval (SOA) and who were receiving services via the Community Choices Waiver (CCW) or Adult Day Health Care waiver (ADHC) to

transition to the ROW. This amendment will improve access to developmental disabilities services for these individuals and contribute to more efficient operation of the state's Home and Community-Based Services (HCBS) waiver delivery system.

B. Why is this success significant?

This change will result in the transition of approximately 235 individuals who will have greater access to services specifically designed to support their needs as persons with developmental disabilities. This change required the Center for Medicare & Medicaid Services approval to implement.

C. Who benefits and how?

Program participants will have access to services which are not available through either the Adult Day Health Care (ADHC) Waiver or the Children's Choice Waiver (CCW) and are specifically designed to meet the needs of persons with developmental disabilities.

- The participant-directed option is now available to those individuals transitioning from the ADHC waiver where it was not an option before.
- The Residential Options Waiver (ROW) offers participants the opportunity to secure more services with a higher expenditure cap, than has been available in either the ADHC or CCW waivers.
- Participants will have access to supports which focus on Active Treatment to build skills and independence for persons with developmental disabilities rather than sitter services.

D. How was the accomplishment achieved?

- The Office for Citizens with Developmental Disabilities (OCDD) and Office of Aging and Adult Services (OAAS) through a cross-office work group planned and implemented the strategies required to accomplish the desired outcome.
- Public forums and statewide training were held to introduce and provide status updates to impacted participants, families, stakeholder groups, providers and advocacy groups.
- OCDD worked with Medicaid Program Supports and Waivers to submit and provide additional information and clarity to the Center for Medicare & Medicaid Services for approval.

E. Does this accomplishment contribute to the success of your strategic plan?

Yes, the approval aligns with the goals III and IV of OCDD's Strategic Plan.

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

Yes. This accomplishment works to ensure individuals are served in the most appropriate waiver services.

Accomplishment #2: CMS Approval of Five-Year New Opportunities Waiver (NOW) Renewal Application

- A. What was achieved?

The New Opportunities Waiver (NOW) was renewed for an additional five years beginning January 1, 2017. The most significant change made was to move from a document review of plan of care documents to determine compliance with the Centers for Medicare & Medicaid (CMS) required performance indicators to more vigorous monitoring of support coordination activities, including a personal interview with participants. This shift in monitoring supports the Office for Citizens with Developmental Disabilities (OCDD) move to a full-scale data-driven quality process by requiring personal interviews with a statistically significant number of participants to gauge quality of services provided.

- B. Why is this success significant?

Renewal by the Centers for Medicare & Medicaid of the New Opportunities Waiver (NOW) was required to continue the program. The shift in the method of monitoring the quality of program outcomes should result in more accurate identification of problems or concerns which can be remediated through required corrective action processes.

- C. Who benefits and how?

- Program participants will continue to receive the New Opportunities Waiver (NOW) services since the renewal was approved.
- Program participants will benefit from the new monitoring approach as issues at the service level will be identified and corrective action will be required by those agencies providing less than acceptable services, both Support Coordination and providers.
- Support coordination agencies will be able to approve certain plans of care and will be held accountable for the quality of the plans approved.
- Local Governing Entities (LGEs) will be able to visit participants and obtain true feedback on quality of services. This will maintain LGEs involvement with participants and provide better oversight of Support Coordination agencies.

- D. How was the accomplishment achieved?

- The Office for Citizens with Developmental Disabilities (OCDD) worked with Medicaid Program Supports and Waivers to produce a renewal application that the

Centers for Medicare & Medicaid would approve.

- The Support Coordination monitoring process is currently being implemented.

E. Does this accomplishment contribute to the success of your strategic plan?

Yes, this accomplishment aligns with goals III and IV of OCDD's strategic plan.

- Continuation of the New Opportunities Waiver, which is required in order to move to a tiered waiver approach, is critical to the success of our Strategic Plan.
- Our Strategic Plan includes moving to a data-driven quality process. Support Coordination monitoring supports a data-driven quality process, versus review of Plans of Care by the Local Governing Entities without feedback from the participant.

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

Yes. Participant in-person interviews with a statistically significant sample size can provide a more robust understanding in the quality of services delivered which is not available through the review of documents or surveys.

Accomplishment #3: Downsize to closure of former North Lake Supports and Services Center

A. What was achieved?

North Lake Supports and Services Center was initially privatized October 1, 2012 through a Cooperative Endeavor Agreement (CEA) between the Louisiana Department of Health (LDH) and Evergreen Life Services. One of the goals of the privatization was to downsize the facility to closure within five years, and this goal was accomplished December 20, 2016, which was ten (10) months prior to the end of the CEA. All individuals were moved into smaller Intermediate Care Facilities for Persons with Developmental Disabilities (ICFs/DD), community-based settings, Home and Community-Based Waiver Services (HCBS), or other living settings of their choice.

B. Why is this success significant?

This accomplishment is significant because at the time of privatization, North Lake Supports and Services Center was the second largest state-operated ICF/DD in the State of Louisiana. The people previously supported in the large facility are now receiving more cost-effective services in the community with private provider agencies. Moves by the majority of individuals to lesser restrictive living settings are consistent with national trends, and are more supportive of their lives in the community at large. Satisfaction surveys for those individuals moving from the large settings indicate that 89% of people have expressed overall satisfaction with services one year after being

discharged from North Lake.

C. Who benefits and how?

People with developmental disabilities who resided in the facility and their families benefited from the effort since individuals now have the ability to receive supports in their community. Living in smaller settings and more community oriented situations supports individuals to be more engaged and more active participants in their communities. The larger system benefits as well because these smaller living situations are less costly than the larger institutional settings.

D. How was the accomplishment achieved?

The accomplishment was achieved due to the early fulfillment of the Cooperative Endeavor Agreement between the Office for Citizens with Developmental Disabilities (OCDD) and Evergreen Life Services, which included the downsizing to closure of the facility. The 214 people who were living at the facility were safely transitioned to smaller Intermediate Care Facilities for Persons with Developmental Disabilities (ICFs/DD) and community-based living settings or other settings of their choice. This was achieved through the efforts of staff with Evergreen Life Services, OCDD, the Local Governing Entities (LGEs), support coordination agencies, as well as the staff of the participating providers, the individuals who had been living at the facility and their families, friends and/or advocates. Additionally, people who moved from the large ICF/DD setting into either smaller ICFs/DD or home and community-based settings were provided assistance through OCDD's Resource Center's designated transition and technical support staff to aid in their transition to lesser restricted living settings. These transition staff ensured that needed supports were in place for the person moving into either smaller ICFs/DD or home and community-based living settings by providing follow-up and assistance for at least one-year post move.

E. Does this accomplishment contribute to the success of your strategic plan?

Yes. This accomplishment aligns with OCDD's strategic plan goals III and VI: provision of increased opportunities for living, working and learning in a more integrated setting; and, the reduced use of institutional-based supports.

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

Yes. It is noted in the Strategic Plan's Executive Summary that "Nationally, the predominant residential service setting for people with developmental disabilities has changed from large to small options." While "the change from large to small residential setting has happened more slowly in Louisiana than in the rest of the nation," this closure represents one more step by OCDD toward that national trend.

Accomplishment #4: Developmental Disabilities (DD) Council Partnership: Completion of Pilot Provider Partnership

A. What was achieved?

This initiative was conducted in collaboration with the Developmental Disabilities (DD) Council, the agency that has dedicated funds for this project. Provider staff received training in person-centered thinking, positive behavior supports, medical/nursing needs, and nutritional/physical supports followed by intensive technical assistance related to supporting individuals with complex medical or behavioral health needs through the initiative. The initiative involves commitment on part of the provider to a year-long partnership with the DD Council and the Office for Citizens with Developmental Disabilities (OCDD), and provider agencies receive reimbursement for completion of training, implementation of recommendations for enhanced quality services and improved outcomes for participants. The Partnership was initiated with a pilot provider on June 6, 2016 (executive level training and orientation date) with completion of the Direct Support Professional intensive training between June 21, 2016 and September 29, 2016. Intensive technical assistance was delivered to the provider between September 2016 and June 2017 with a focus on key agency-wide recommendations to enhance the provider's ability to support individuals with complex needs along with mentoring and on-the-job training in implementation for a select number of participants. Significant improved outcomes have occurred as follows: a) Emergency room visits decreased significantly from an average of 1.83 a month to 0.1 a month (only one ER visit in the year since the partnership began); b) Critical Incidents decreased from an average of 6.8 a month to 1.17 a month with most centering on illnesses that could not be anticipated and no behavioral incidents in the year since the partnership began; c) Enhanced family relationships and other community connections for all identified participants; d) Increased independence or supports aimed at increasing independence for 80% of the identified participants; e) Actions towards competitive employment for 40% of identified participants; and f) No staff injuries, complaints or turnover for staff involved in the project.

B. Why is this success significant?

The success of the pilot provider partnership highlights the outcomes that are possible for individuals when provider agencies are provided with foundational training and key tools for implementing agency changes aimed at supporting individuals with complex needs. It also assisted in defining and formalizing needed training, tools, and support that can be spread to other provider agencies, as well as provided data and information regarding recommendations for systems change considerations based on lessons learned in the project.

C. Who benefits and how?

The provider and the participants supported by the provider benefit most directly with enhanced outcomes evidenced including significant improvement in quality of life. As

the project shapes systems recommendations and as OCDD is able to develop methods for expansion and sustainability, the larger Developmental Disabilities Services System and all participants and their families will benefit through improved supports and outcomes. As individuals experience improved outcomes, cost shifting and avoidance may occur as individuals will need to access more costly, acute services less often and some individuals will gain independence resulting in less reliance on paid services.

D. How was the accomplishment achieved?

The Office for Citizens with Developmental Disabilities (OCDD) partnered with the DD Council to achieve this goal. The DD Council allocated funding for this project with the pilot component being funded in year one and with subsequent providers joining the project later in year one and into additional fiscal years (FYs). Applications were taken by the DD Council for interested providers, and the DD Council choose providers based upon application information. OCDD designated teams including a team lead, person-centered thinking and planning expert, behavioral health professional, nurse, and allied health professionals for each provider agency. This team partnered formally with the agency's executive team throughout the project. The agency identified direct support professionals (DSP) who work with individuals with complex needs for participation as well as key participants in need of enhanced supports. Intensive training and technical assistance were provided along with guidance to develop agency protocols and quality practices to sustain enhanced outcomes.

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

Yes. Components are aligned with goals II, III, and IV of OCDD's Strategic Plan.

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

Yes. OCDD uses evidence-based approaches in person-centered thinking, positive behavioral supports and intensive medical and allied health supports within its training content and support approaches. Tools developed for provider agencies support the implementation of these evidenced-based approaches. Supporting individuals with complex needs in community-based settings is consistent with national best practices.

Accomplishment #5: Implementation of Provider Visits and Calls from OCDD Leadership Team

A. What was achieved?

The Office for Citizens with Developmental Disabilities (OCDD) leadership initiated bi-monthly provider calls and face-to-face visits with provider agencies across the state at the request of providers. Through these calls and visits, providers were routinely updated with changes occurring within OCDD, other Louisiana Department of Health offices (Health Standards, Program Integrity, Medicaid Program Supports and

Waivers), and the Medicaid Data Contractor Statistical Resources Inc. (SRI). The bi-monthly calls provided a forum for providers to submit topics and questions which affect OCDD programs. Questions and answers as well as links to important websites were posted on the OCDD website so providers could access information at any time. Members of OCDD Executive Management Team visited home and community-based provider agencies, vocational provider agencies, Intermediate Care Facilities for Persons with Developmental Disabilities (ICFs/DD) providers, and Support Coordination agencies at the request of each agency over the past year. The purpose of these provider visits was to ensure providers understand the major initiatives from OCDD, as well as to allow OCDD to hear best practices from providers and what is working as well as any system challenges they are facing.

B. Why is this success significant?

This initiative helped to create an atmosphere of transparency as well as support to the provider community. Providers could submit topics for which additional information or clarification was needed. It also allowed the same message to be heard by all participants (LGEs, Support Coordination, ICFs/DD, and provider agencies) which helped eliminate confusion and inconsistent interpretations across agencies.

C. Who benefits and how?

The follow benefit from the initiative:

- The benefit to OCDD was the discovery of topics that are important to providers and gaining the ability to provide the same message to all.
- LGEs, Support Coordination, and providers benefit because they all receive the same information as it pertains to statewide issues and concerns. This limits confusion and inconsistent messages, especially through posting of questions and answers (Q&A).
- Providers benefit because they are given information on resources to assist them in the delivery of services.
- Participants in developmental disability programs ultimately benefit when useful information is given, which offers guidance to providers on the requirements of the program and resources.

D. How was the accomplishment achieved?

- Members of OCDD's executive management team conducted nineteen one-on-one statewide provider visits, which started in June 2016.
- In addition to the face-to-face visits, the leadership team also attended 12 larger provider meetings and/or conferences, which at all events the total combined attendance was more than 971 providers.
- Provider calls were held beginning July 2016. A total of eight (8) calls were held in FY 2016-2017 (July 2016, August 2016, September 2016, October 2016, November

2016, January 2017, March 2017, and May 2017). Each provider call averaged 175 to 250 providers participating.

- The Q&As for each call, as well as websites referenced, were posted on the OCDD website in the Provider Bi-Monthly Call section.

E. Does this accomplishment contribute to the success of your strategic plan?

Yes. Three of OCDD's Strategic Plan goals are supported by this initiative: goals II, III, and IV.

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

Yes. Routine engagement of state-level agencies and provider groups ensures that consistent information is relayed to agencies that must work together in delivery of services.

Accomplishment #6: Louisiana Workforce Commission Collaboration

A. What was achieved?

In 2016, the Office for Citizens with Developmental Disabilities (OCDD) began strengthening its relationship with providers by conducting statewide one-on-one personalized visits over the course of one year with nineteen providers. Currently 652 providers deliver services to individuals with developmental disabilities. From these visits, providers expressed that one of their biggest challenges in providing quality services related to workforce issues within the health care industry. Providers repeatedly stated that there is a statewide shortage of workers to fill critical direct support workers (DSW)/professionals (DSP) positions within their organizations. Recruitment for this occupation is somewhat difficult due to the complexities and responsibilities that the position carries. There is also a high rate of turnover because the majority of providers often pay minimum wage or slightly above due to several unfunded federal mandates. Based on this information, OCDD reached out to key leadership and staff at the Louisiana Workforce Commission (LWC) to exchange information and ideas on how to address these provider concerns and develop tangible solutions. In collaboration, both departments worked together to host four successful regional provider workforce summits. The summits outlined the goal of the initiative and explained the benefits of using LWC services including the value of a customized recruiting event (arrange, set up hiring event, prescreen, etc.) to hire direct support workers or other staff members. Hands-on interactive assistance was given aboard LWC's mobile unit. A call to action was given so providers could self-identify themselves for participation in a pilot project with LWC. Both agencies also partnered together to educate and provide outreach to potential/interested individuals who wanted to pursue employment opportunities as direct support workers, professionals, or personal care attendants to address and meet the workforce shortage in this particular health care industry, which was identified as being difficult to recruit/hire.

B. Why is this success significant?

This success is significant because Louisiana is proactively taking steps to address the DSW worker shortage in the state, which is an issue of prominence across the country. Louisiana workforce officials were unaware of the shortage and challenges by this industry prior to this initiative. These individuals play a key role in delivering services and helping individuals with disabilities to live independently. DSWs or DSPs are people who work directly with individuals with developmental and physical disabilities with the aim of assisting individuals to become integrated into their community or the least restrictive environment. A DSW/DSP is a person who assists/prompts an individual with a disability to lead a self-directed life and contribute to the community; this can include assisting with activities of daily living (ADL), such as feeding, bathing, dressing, grooming, work, and leisure activities, if needed. They also encourage attitudes and behaviors that enhance community inclusion. A DSW/DSP may provide supports to a person with a disability at home, work, school, church, and other community places. A DSW/DSP also acts as an advocate for the individual with the disability, in communicating his/her needs, self-expression and goals. By having an adequate job pool of candidates to fill these critical vacancies with providers across the state and reducing the turnover rate of DSWs, individuals served by the developmental disabilities system will see less disruption in their life. With individuals coming off the Request for Services Registry waiting list, based on the recent efforts to screen individuals to determine level of need, it is also imperative that there are DSWs in the workforce to provide services to these individuals who have been determined to be urgent or emergent need.

C. Who benefits and how?

Home and Community Based Service (HCBS) providers and Intermediate Care Facilities for Persons with Developmental Disabilities (ICFs/DD) providers benefit because they now have access to the no cost tools and resources, and staff of the Louisiana Workforce Commission (LWC). Their human resource staff members also have the training to recruit, hire and retain the most qualified DSWs and other critical staff positions for which they have vacancies. Providers also have access to key points of contacts to LWC staff in their respective areas. Potential individuals or job seekers who want to work in this health care field now have greater information and knowledge regarding what it takes to work as a DSW/DSP and support individuals with developmental disabilities and the aging population. Lastly, individuals with developmental disabilities benefit from the continuity or stability with their workers by having workers who meet and understand the criteria of the job and have received the proper training.

D. How was the accomplishment achieved?

Numerous meetings were held, research and guidance on national best practices were explored, and a provider survey was administered, all to gain better insight into the provider workforce problem. These efforts lead to a joint collaboration, in which the Louisiana Department of Health (LDH) and LWC hosted four regional provider

workforce summits. The goal of the summits was to help raise awareness of LWC's no cost resources and services, including online job tools such as Helping Individuals Reach Employment (HiRE[®]) and local Business and Career Solution Centers in their area. Additionally, information is available on how to post jobs, what it means to be a direct support worker, and job expectations/requirements and qualifications to address the business and workforce needs identified by providers. The expected outcomes are for providers to streamline and improve the following: hiring practices, retention rates, costs of bring staff onboard, and identification of training opportunities based on the information that they have now received. These efforts will also indirectly help to improve the quality of care of the individuals within the LDH system by offering continuity in care, trained workers, and a better quality of life for the person being supported and the DSW.

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

Yes, this initiative supports OCDD's strategic plan goals III and IV. These efforts will strengthen the Developmental Disabilities Services System in a manner, which will help providers build community capacity by hiring and retaining the most appropriate staff to carry out the mission of not only their organization but OCDD's as well by offering continuity in the delivery of services to individual's receiving home and community-based services and residing in intermediate care facilities. It also affords providers with an avenue to be fiscally responsible by taking advantage of the no cost services to save on onboarding and training expenses.

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

Yes, if other executive branch departments or agencies have identified employment or workforce gaps with their existing vendors or providers, it would be worth pursuing a dialogue with the LWC on how their no cost services and resources could possibly play a role in helping to improve or meet their respective organizations' objectives.

Accomplishment #7: EarlySteps Expenditure Reduction and Improved System Performance

- A. What was achieved?

1. Improved performance in one of the primary program areas in that 60% of the children exiting EarlySteps improved in their development such that they were functioning at the level of their typical peers at exit of the program.
2. Continued successful implementation of family cost participation in EarlySteps services. (Families with income above 300% of the Federal Poverty Level (FPL) contribute a portion of the cost for some services received and exceeded estimated revenue projected for FY 2016-2017 by 14%.)

B. Why is this success significant?

1. One of the stated purposes of the early intervention program is to minimize the potential for developmental delay in young children. This result indicates the benefit of early intervention through its positive impact on a child's development such that children entered early intervention below the level of their same-age peers, but improved their performance to a level at or above their same-age peers.
2. Implementation of cost participation was designed to support the sustainability of the program. In FY 2016-2017, an increased number of children were referred and found eligible for the program.

C. Who benefits and how?

1. Families and children benefit through the successful development of their children. In addition, another stated purpose of early intervention is to minimize the need for future special education services for children. By attaining developmental milestones, this risk is minimized for a child and family as well as to state service systems.
2. Effective service utilization benefits all children in the system by efficiently and effectively designing services, making services more available to everyone who is eligible, and eliminating delivery of unnecessary services. The early intervention system benefits overall in that stable revenue can continue to support the program without further cost containment measures.

D. How was the accomplishment achieved?

1. Beginning in FY 2012-2013, EarlySteps developed a system improvement plan to improve child outcomes through team-based supports that are focused on family priorities. The process used by the State of Louisiana did not accurately show the benefits of early intervention due to a measurement process which did not demonstrate sufficient sensitivity to measure child improvement from entry to exit. In the past, Louisiana reported 45% of children exited at the level of their typical peers, preliminary results of the new measurement process indicate that 60% of children exit at the level of their typical peers. In addition, the new measurement shows that the percentage of children who do not demonstrate improvement or who regress in development decreased by 75%.
2. EarlySteps staff utilized the resources of its Central Finance Office (CFO) contractor to develop the cost participation system and to improve the process by which family cost is calculated and collected. The CFO has assisted other states in utilizing the process. Stakeholders were involved regularly in the implementation of the changes through regional meetings and regular updates. Materials were developed to assist in implementation; increased revenue and improved collections are anticipated for FY 2017-2018.

E. Does this accomplishment contribute to the success of your strategic plan?

1. Yes, this accomplishment contributes to OCDD's strategic plan goal III. Reaching/exceeding the targets set for this accomplishment demonstrates the benefit of the program in that a significant number of children exiting EarlySteps improved in their development such that they were functioning at the level of their typical peers at exit of the program.
 2. Yes, a major focus for EarlySteps is providing quality services and reducing costs. The eligibility change allowed EarlySteps to reduce costs for services. Additional revenue generated from cost participation will support program operations moving forward.
- F. Does this accomplishment or its methodology represent a Best Management Practice that should be shared with other executive branch departments or agencies?
1. Yes, the training model used for regional training was based on nationally available content which was individualized for EarlySteps. The calculation process for the improved measures was reviewed with other states who use the same evaluation procedures and who have demonstrated improved child performance at system exit. The training included features of Implementation Science, which incorporates follow-up activities to sustain changes in performance.
 2. Yes, EarlySteps used the model from other states and worked with the Office of Special Education Programs to accomplish the development and implementation of cost participation.

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

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

The Office for Citizens with Developmental Disabilities (OCDD) is making timely progress in its five-year Strategic Plan/Business Plan, particularly with those initiatives that support the following strategic plan goals: 1) 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; 2) 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; 3) To increase the capacity of the Developmental Disabilities Services System to provide opportunities for people to live, work, and learn in integrated community settings; 4) 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; 5) To implement an integrated, full-scale data-driven quality enhancement system; and 6) To rebalance the Developmental Disabilities Services System in an efficient and equitable manner such that resources are allocated to enable people to live in the most integrated setting appropriate to their needs. These initiatives also support OCDD's Business Plan Priorities which relate to system transformation, as well as effective and efficient delivery of services. Effective utilization of available funding enabled Office accomplishments in FY 2016-2017. Progress on objectives remained steady, and current strategies were effective. OCDD continues to build on successes in the areas of customer responsiveness, rebalancing, person-centered thinking, early intervention, waiting list prioritization, supports for people with complex behavioral needs, and employment. The success of these initiatives in FY 2016-2017 has moved the Office toward goals/objectives outlined in both OCDD's Strategic Plan and Business Plan.

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

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

Development of Tiered Waiver System for Developmental Disability Population

The Office for Citizens with Developmental Disabilities (OCDD) currently operates four Home and Community-Based Services (HCBS) waivers, including the New Opportunities Waiver (NOW), Residential Options Waiver (ROW), Children's Choice Waiver (CCW), and Supports Waiver (SW). There are approximately 11,000 individuals receiving services through these four waivers.

Through stakeholder engagement efforts, it was identified that it is difficult for individuals and providers to navigate the four separate waivers, and it was proposed that there be a consolidation of the four developmental disability waivers. Therefore,

Louisiana is proposing consolidation of the four current waivers into one comprehensive developmental disabilities waiver with a target implementation date of January 2020. (See Section III: *Management of four separate Developmental Disability Waiver Services*.) OCDD has developed a process to modify the current HCBS waivers and establish a “tiered” waiver system, which will result in people receiving the most appropriate waiver for their needs, rather than initially moving to the most expensive NOW waiver. Rule changes and waiver amendments will be submitted related to these options in FY 2017-2018, and OCDD will seek Centers for Medicare & Medicaid Services (CMS) approval following public input.

The current proposed modifications include: 1) modifying the method for distribution of waiver opportunities (slots) [i.e., Children will receive Children’s Choice Waiver option only and adults will be considered in the following order for waiver services: Supports Waiver (employment), Residential Options Waiver (shared support and/or living with family or host family), New Opportunities Waiver (for those with most complex support needs requiring intensive supports).]; 2) increasing the age for children to remain in Children’s Choice Waiver to age 22, which is consistent with current Early Periodic Screening and Diagnostic Treatment (EPSDT) services available in Medicaid, with individuals having an option to move to the Supports Waiver or remain in Children’s Choice at age 19. As noted above, these proposed modifications must be published for public comment, which will occur in FY 2016-2017, and receive CMS approval prior to implementation.

1. To what do you attribute this success?

The Office for Citizens with Developmental Disabilities (OCDD) has continued to work closely with all involved stakeholders with a focus on development of processes that will ultimately have the best outcomes for individuals receiving services. Historically, advocates for people with developmental disabilities have focused efforts on receiving additional New Opportunities Waiver (NOW) slots to support people who are waiting. Because the average cost of this waiver is approximately \$51,000/year, it is not reasonable to work toward providing this waiver to the over 14,000 people who are waiting for services. Additionally, analysis of waiver expenditures for individuals receiving the NOW indicates that many individuals do not need this comprehensive waiver and all supports available, when they could likely be supported in a lower cost waiver. Therefore, modifications are needed to the current process that will be fiscally responsible but continue to support people based on their needs. OCDD and involved stakeholders believe that the initial phased-in approach to a tiered waiver concept and the ultimate movement to a consolidated tiered waiver will accomplish this goal.

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

This is not a result of a one-time gain; it is the accumulation of years of research and work with stakeholders to make significant system transformations that are

responsive to all parties. A dedicated work plan with specific time frames has been outlined for this process, and it is anticipated that set timeframes for implementation of phased-in approach to a tiered waiver will be met by January 2018, and implementation of consolidated tiered waiver by January 2020.

Intermediate Care Facility Programmatic Unit

The Office for Citizens with Developmental Disabilities (OCDD) currently provides programmatic oversight of all developmental disabilities residential services with the exception of private Intermediate Care Facilities for Persons with Developmental Disabilities (ICFs/DD). To meet the intent of the Developmental Disability Law and to facilitate enhanced quality of life outcomes for individuals residing in ICFs/DD (particularly those with behavioral and medical challenges), OCDD is developing a program to engage private ICF/DD provider agencies in a partnering to ensure programmatic oversight of their residential ICF/DD programs. Not to serve as a strictly regulatory agency, such as the Health Standards Section, OCDD intends to provide oversight to ensure that supports and services are planned and provided in a truly person-centered manner and that supports and services are having the desired outcomes. Additionally, the Office will provide technical assistance, guidance, and training to facilitate the successful partnering with private ICF/DD provider agencies.

Through the allocation of time and resources from within the Office, a complete draft of the Programmatic Unit Handbook is being completed. Additionally, the staff for the Programmatic Unit has been identified from other areas within the OCDD service system as the Office continues with its transformation of the service system. OCDD is working with Civil Service to get approval of the reallocation of the identified staff from their current positions to the Programmatic Unit. Further, these staff persons, with approval of their current supervisors, are nearing the completion of identified Comprehensive Public Training Program (CPTP) course work that will assist in the development of their general skills in facilitation and team work. These skills will be used as they are further trained and mentored to develop competence in the delivery of the primary core areas of identified training throughout their assigned regions.

1. To what do you attribute this success?

The success attained thus far is largely due to OCDD's commitment to the Programmatic Unit through the reallocation of resources from a number of different areas within the Office to provide the necessary staff to fulfill the goals of the Programmatic Unit. The Programmatic Unit will further enhance the Office's efforts to meet its goals related to providing person-centered planning and enhancing the service system's ability to support people with complex behavioral, mental health and/or medical needs within their service setting.

OCDD also completed a preliminary survey with families of people who moved from the large Cooperative Endeavor ICF/DD facilities to gather their input for possible topics for future areas of training and things to look for during on-site observations based on their personal experiences post-move with their family

member's current providers of ICF/DD services.

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

Progress is expected to continue at an accelerated rate. The development of the Handbook and processes, training and procedural guidelines for the Programmatic Unit are nearing completion. Once the guidelines and modules are completed, the Operational Procedures will be developed based on the processes. Training on the roles and responsibilities of the Unit staff, as well as the expectations for the providers, will be provided as soon as the approval of the Unit's Handbook and modules are completed and approved by the OCDD Executive Management Team. An aggressive schedule for the completion of the development of core training modules, train the trainer in-service, orientation to the handbook and to expectations relative to the Unit, development of and provision of provider interest surveys, and the delivery of training in the primary core areas, among others is anticipated over the coming fiscal year.

Request for Services Registry Prioritization Project

The Office for Citizens with Developmental Disabilities (OCDD) has completed development of a tool (Screening of Urgency of Need tool) to screen all individuals on the Request for Services Registry (RFSR) to determine if they have met or unmet needs and the urgency of any identified unmet needs. Rule changes have been made to modify the current emergency waiver process to utilize this tool and developed processes with the current New Opportunities Waiver (NOW). A pilot process was initiated in FY 2015-2016 and completed in FY 2016-2017 to complete a Screening of Urgency of Need (SUN) on all individuals receiving the Supports Waiver and on the RFSR "waiting list" for the NOW. Findings indicate that only 6% of individuals screened have unmet needs that are *emergent* or *urgent* in nature, meaning they will need supports within the next six months. The remaining 94% of individuals screened either have no unmet needs or have unmet needs that will require supports in the next one to five years. OCDD received funding in the FY 2016-2017 budget to allow for screening of all individuals on the NOW RFSR utilizing the SUN tool. Screening of these individuals began in October 2016 and continues. Initial data results indicate that 15% of individuals screened have unmet needs that are *emergent or urgent* in nature, meaning they will need supports within in the next six (6) months. The remaining 85% of individuals screened either have no unmet needs or have unmet needs that will require supports in the next one to five years. Information received from these screenings will inform further development of the consolidated tiered waiver noted above, as well as future funding requests that will be tied to individuals' needs.

1. To what do you attribute this success?

OCDD has worked closely with all involved stakeholders in the development of the RFSR screening process over the past two to three years. Stakeholders were closely involved in development of the SUN tool, and many advocates have

provided written statements showing support for this modified process, including the Developmental Disabilities Council, self-advocates, and family members of individuals with developmental disabilities. Additionally, OCDD has dedicated significant staff resources to development, training, and ongoing data collection/monitoring of this process in order to ensure success.

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

Progress is expected to continue at an accelerated pace. OCDD will be receiving monthly data related to individuals screened on the RFSR and will provide ongoing data analysis through the Business Analytics section to begin immediately informing future process development. This is one step in OCDD's overall System Transformation, and Office resources will continue to be dedicated to this project.

Supporting Individuals with Complex Behavioral Health Needs to Live in their Community

The Office for Citizens with Developmental Disabilities (OCDD) Resource Center Community Support Teams (CSTs) and Community Psychologists have continued to shift services to supporting individuals with the most complex behavioral needs and currently act as a service of last resort. Presentation of behavioral health needs and/or legal involvement represent the primary reason(s) for high cost institutionalization within the OCDD system. A performance indicator (PI Code 24259) is included in OCDD's Strategic Plan and Operational Plan to monitor success with this initiative. This year the efforts of the OCDD CSTs and Community Psychologists to support individuals referred with complex behavioral health needs resulted in maintenance of community living for 96% of the individuals supported. These results represent significant positive outcomes for these individuals and speak to the success and importance of this OCDD effort.

1. To what do you attribute this success?

The OCDD Resource Center employs clinicians with expertise in supporting and treating individuals with developmental disabilities and complex behavioral/medical support needs and utilizes a multi-disciplinary approach to providing consultation, training, and services that improves the ability of caregivers and providers to achieve positive outcomes for persons with complex needs.

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

Progress is expected to continue. With implementation of triage initiatives, Resource Center staff can provide services to a greater number of individuals and provider agencies. With implementation of crisis/diversion initiatives, Resource Center professionals in collaboration with the Local Governing Entities can initiate a consultation prior to escalation of a crisis such that one's community connection is maintained, or within a timeframe that increases the likelihood of diversion to the most integrated setting.

Enhanced Training for Community Professionals and Providers to Improve Capacity to Support Individuals with Complex Needs

The Office for Citizens with Developmental Disabilities (OCDD) Resource Center utilizes the professional expertise of staff to develop and conduct training and technical assistance activities with community providers and professionals to enhance the ability of these providers and professionals to support individuals with complex medical and behavioral support needs. These activities are offered at the initiation of both the Office and actual provider/professional request. A performance indicator (PI Code 24696) is included in OCDD's Strategic Plan and Operational Plan to monitor success with this initiative. This fiscal year's efforts resulted in 98% satisfaction from the providers and professionals. Additionally, this fiscal year OCDD entered into a joint Transformation Transfer Initiative (TTI) grant with the Office of Behavioral Health (OBH) to develop expertise among behavioral health professionals to provide treatment for persons with co-occurring developmental disabilities and mental health needs. The TTI grant has engaged eight behavioral health provider agencies across the levels of care in the behavioral health system. Initial training has been completed for six of the eight agencies with the remaining scheduled to be completed in the coming months. The second phase of the grant will involve intensive mentoring and technical assistance with each provider to modify assessment and treatment practices for individuals with these co-occurring needs.

1. To what do you attribute this success?

OCDD employs clinicians with expertise in supporting and treating individuals with developmental disabilities and complex behavioral and medical support needs. OCDD and OBH have developed more formal partnership approaches to address the needs of individuals with co-occurring needs.

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

Progress is expected to continue at its current pace. Feedback is obtained from customers at the time of each training event; this feedback and suggestions for additional training allow OCDD to be responsive to customers' training needs. Outcomes of the TTI grant will be used to develop joint proposals from OCDD and OBH regarding continued training and certification for community professionals.

Development of an integrated, full-scale data-driven quality process

Over the years, the Office for Citizens with Developmental Disabilities (OCDD) has strived to improve the way it provides services and supports to participants and their families. OCDD has worked toward establishing a full-scale, data-driven quality system though out the Office, but has struggled with a number of components. Progress has not been significant until FY 2016-2017.

1. To what do you attribute this success?

The following note areas of progress which are contributing to the overall quality system:

- The OCDD Performance Review Committee has been reinstated and began meeting in November 2016. The committee has recommended to all OCDD stakeholders that OCDD change its quality process to a results-based accountability model. This model will better align with OCDD's mission and vision. There has been a shift to outcomes which tell the Office if the participants served are better off as a result of the services provided. The performance review committee has been identifying all data being collected across the agency and evaluating the utility for operations. It is currently working on establishing the data system that ensures assessment of outcomes for individuals with developmental disabilities that align with the new established model. The committee has also begun to review and analyze data across various programs within OCDD. Once the new performance measures are identified and the new incident management application is fully developed and implemented, the OCDD Quality Section will continue working closely with the OCDD Business Analytic Section to develop the integrated, full-scale, quality enhanced data-driven system.
- Since other OCDD priorities have been developed/implemented, allocation of Business Analytic and IT staff to support project infrastructure are now in place.
- The Quality Enhancement System and Plan (QESP) approval process has been revised. The workgroup formed to revise the QESP Approval Process made significant progress as the objectives were met to: 1) analyze and modify the major components used to score and rate a QESP, 2) develop a corresponding QESP Manual to assist providers with the development of their QESPs, 3) develop a companion Provider Quality Application to record and track data results, and 4) amend the operational instructions to include changes made to both the components and the QESP approval process. The progress made was due in large part to the efforts of Quality Specialists on the work group who worked to revise the operational instructions and to develop an additional tool (i.e., QESP Manual) that would not only be useful to them, but also assist providers who struggle to develop a QESP that effectively serves the agency in terms of meeting the requirements of the QESP Approval Process and helping them to address their identified performance improvement needs. The workgroup utilized the Information Technology (IT) staff to develop the Provider Quality Application in the Participant Services Database which will capture and report data related to the scoring and rating of QESPs. Also, it will determine if the timeliness standards have been met for both the Quality Specialists and providers. In addition, it will provide alerts to notify the Quality Specialist when a provider's QESP is due. Since the database is in the Participant Services Database, it gives Central Office access to the QESP Approval Process data for the LGEs and providers statewide.

- Plans are being implemented to incorporate the Independent Human Services Accountability and Implementation Plan (AIP) database into the participant services database.
- Plans are being made to redesign the complaints database. A workgroup has been formed and the first meeting is scheduled to occur on August 8, 2017.
- In July 2016, the Department of Administration, on behalf of the Department of Health, signed a contract with Mediware Human & Social Services, Inc. to configure a commercial off the shelf (COTS) software solution to replace Online Tracking Incident System (OTIS). A joint work team consisting of OCDD with Office of Aging and Adult Services, Adult Protective Services, Health Standards, Medicaid, and Office of Behavioral Health kicked off the project in October 2016. The name of the replacement application will be Statewide Information Management System (SIMS). The SIMS application will become a part of the Quality Integrated database through application exchange processes. Configuration and customization phases remain on track, with the Go Live phase anticipated in September through November 2017.

With the above-mentioned resources in place, the quality system is expected to be implemented by January 1, 2018.

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

Progress is expected to continue at an accelerated pace. The OCDD Performance Review Committee will monitor progress and ensure that the plans remain on track.

EarlySteps' Success in Exceeding Performance Standards related to Development and Implementation of Individual Family Services Plans

One of the primary program purposes of EarlySteps is to enhance the capacity of families to meet the needs of their infants and toddlers with disabilities. A key measure of success for meeting this need is timely service delivery to eligible infants and toddlers. Performance is measured through two indicators:

Development of Individual Family Service Plans (IFSPs) within 45 days of referral:

A focus on improving the State's compliance related to this requirement has been in place since 2008. A performance indicator (PI Code 24664) is included in the Office for Citizens with Developmental Disabilities (OCDD) Strategic Plan and Operational Plan to monitor compliance with this requirement. The current performance standard for this indicator is 97%. In FY 2016-2017, this standard was exceeded with achievement of 99%.

1. To what do you attribute this success? EarlySteps can generate reports from its

data system and closely track timelines for completion of IFSPs by its entry offices. When performance is less than 100%, monitoring is triggered to determine the reason for the delay. The system now tracks delays which are due to family reasons as compared to system or internal office reasons; if the delay is due to a system reason, a finding is issued and the entry office receives technical assistance in managing its timelines.

2. **Is this significant progress the result of a one-time gain? Or is progress expected to continue at an accelerated pace?** Progress has been steady and is expected to be maintained.

Implementation of Individual Family Services Plans within 30 days of parent consent:

A focus on improving the State's compliance related to this requirement has been in place since 2008. A performance indicator (PI Code 24665) is included in the Office for Citizens with Developmental Disabilities (OCDD) Strategic Plan and Operational Plan to monitor compliance with this requirement. The current performance standard for this indicator is 94%. In FY 2016-2017, our progress was noted at 93%.

1. **To what do you attribute this success?**

Since 2007, EarlySteps has conducted provider recruitment and enrollment activities to increase the availability of providers around the state. Lack of provider availability is the main reason for a delay in meeting the 30-day timeline. Availability impacts regions in central and north Louisiana specifically. In addition, support coordinators are required to have team meetings and contact the regional coordinator if there are problems with provider availability. With an increased number of providers in place and the addition of the follow-up by the support coordinator, the performance standard has been met. Early in FY 2014-2015, EarlySteps formed a workgroup to specifically address this need. Provider recruitment and policy changes to support alternate means of meeting child/family outcomes (such as a telehealth model) are being explored. A data system update and training materials were developed to better support the activity and provide effective measurement to monitor continued progress. In 2016, approximately 150 support coordinators were trained to manage data regarding provider availability. Regional staff are monitoring performance quarterly to ensure that the decision process is implemented consistently.

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

Since 2004 when EarlySteps began collecting data for this indicator, steady progress has been shown; it is expected to continue due to increased availability of providers.

Person-Centered Initiative

The Office for Citizens with Developmental Disabilities (OCDD) planning values are

consistent with person-centered thinking, and the Office has been recognized nationally as an example of best practice in terms of its published *Guidelines for Support Planning*. Louisiana OCDD's ability to implement a person-centered approach to planning inclusive of resource allocation was a major factor in the Office's invitation to the National Home and Community-Based Services conference in 2015. OCDD developed the *Guidelines for Support Planning* in conjunction with Resource Allocation to ensure that person-centered values drove planning for individuals rather than simple cost. Person-centered planning determines the individual's vision and goals and sets how he/she spends his/her time and the people and places important to the individual. Resource Allocation assists in determining and planning for the amount and type of support the individual needs to see the important people, do the important things, go the important places, and move closer to his/her vision and goals. OCDD identified challenges in implementation of person-centered thinking and planning approaches and a drift from the *Guidelines for Support Planning* requirements in its Systems Transformation initiative which began in 2012. This effort was shortly after merged with the exploration of Managed Long-Term Supports and Services (MLTSS). OCDD did not undertake any outside efforts to address support coordination or person-centered issues due to the changes that would occur in these areas in any implementation of MLTSS (i.e., It was not prudent to invest resources to correct a problem in a system that at the time was targeted for a major reformation.). With the decision to halt and re-evaluate MLTSS, OCDD has engaged stakeholders across LGEs, providers, support coordination, advocacy groups, and participants/families to evaluate the current implementation of its person-centered approaches and to develop actions to address any needed changes, training/competency building, and accountability. OCDD is nearing completion of a modified planning format with automation of the format already in progress for completed sections. Training protocols and content have been developed to address the inclusion of Person-Centered Thinking tools in the planning and implementation of supports for all individuals receiving home and community-based services. Identification of enhanced opportunities for individual (and family) driven planning approaches has occurred and is being built into the new system design.

1. To what do you attribute this success?

OCDD has initiated a formal Person-Centered Workgroup composed of stakeholders including advocates, providers, Local Governing Entities, and support coordination staff. Family informational sessions and input have also occurred. The workgroup used information including data about program outcomes and challenges, participant and family input, and new federal requirements to develop the following: 1) an improved needs-based assessment process, 2) a more person-driven planning process and document, and 3) a training, certification and mentoring process to infuse the developmental disabilities service system with person-centered thinking skills and tools. Louisiana has received national recognition for its *Guidelines for Support Planning* in the New Opportunities Waiver which sets a good foundation for improvements in this arena. The new initiative and workgroup provide additional resources and focus to ensure ongoing quality improvements as well as improved implementation and sustainability of person-centered practices.

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

Progress is expected to continue at an accelerated pace. OCDD will roll out Person-Centered Thinking training in the upcoming fiscal year. The new planning format will be implemented with enhanced individual (and family) driven practices in place. Automated processes will be implemented as IT supports and resources allow.

Initial Approval of State-Wide Transition Plan for Home and Community-Based Services Settings Rule

In January of 2010, the Centers for Medicare & Medicaid Services (CMS) issued the Home and Community Based Services Settings Rule. The final rule addresses several sections of Medicaid law under which states may use federal Medicaid funds to pay for home and community based services. The rule supports enhanced quality in HCBS programs, adds protections for individuals receiving services, and reflects CMS' intent to ensure that individuals have full access to the benefits of community living and are able to receive services in the most integrated setting. This rule required states to develop a state-wide transition plan to detail how the state and its provider agencies would come into compliance with the regulations outlined in the rule within a five-year period. The Office for Citizens with Developmental Disabilities (OCDD) has completed necessary activities to receive initial approval on Louisiana's State-Wide Transition Plan (STP). Several activities must be completed to achieve final approval from CMS on the STP including completion of the site-specific assessment/ validation analysis and implementation of the corrective action strategies. OCDD will focus on these areas during FY 2017-2018.

1. To what do you attribute this success?

OCDD has worked closely with all involved stakeholders in the development of provider self-assessments, individual experience surveys, validation processes, and overall systemic review of agency rules/regulations/policies to address required components of the CMS regulation through the State-Wide Transition Plan (STP). Additionally, OCDD has dedicated significant staff resources to the development, training, and ongoing data collection/monitoring of the process to ensure success.

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

Progress is expected to continue at an accelerated pace. OCDD will continue to work closely with individuals and/or their families, Local Governing Entities, Support Coordination Agencies and Service Providers to achieve final approval on the State-Wide Transition Plan (STP) by CMS as well as the identified outcomes within the STP. This is one step in OCDD's overall System Transformation, and OCDD resources will continue to be dedicated to the project.

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

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

1. To what do you attribute this lack of progress? For example:
 - Is the lack of progress related to a management decision (perhaps temporary) to pursue excellence in one area at the expense of progress in another area?
 - Is the lack of progress due to budget or other constraint?
 - Is the lack of progress related to an internal or external problem or issue? If so, please describe the problem and any recommended corrective actions in Section III below.
 - Other? Please specify.
2. Is the lack of progress due to a one-time event or set of circumstances? Or will it continue without management intervention or problem resolution?

Reducing the Waiting Time on the Request for Services Registry (RFSR)

The current Office for Citizens with Developmental Disabilities (OCDD) Request for Services Registry (RFSR) includes individuals who have requested and are waiting for the New Opportunities Waiver (NOW). The RFSR has remained lengthy despite efforts to fund additional opportunities and repeated reform initiatives over the past several years. Performance Indicators (PI Code 24648, 24649, and 24650) are included in OCDD’s Strategic Plan and Operational Plan to monitor progress related to established standards. The Office has been unable to reach Performance Standards related to these indicators for many years, and unless significant process changes occur, including addition of waiver opportunities (slots) and modifications to lower cost waivers that will have a fiscal impact, the waiting time will continue to escalate.

1. To what do you attribute the lack of progress?

No additional state appropriations for waiver opportunities (slots) have been funded by the Louisiana legislature for several years. Thus, as more individuals request waiver services and are added to the RFSR without any new opportunities being offered, the natural trend is for more persons to wait longer and the overall average wait time for the RFSR to increase over time. This is the trend which has been demonstrated in the data for the three performance indicators listed above. In FY 2016-2017, the trend continued with no additional developmental disabilities waiver slots being funded and, consequently, the wait time increased for persons on the registry who were waiting for developmental disabilities waiver services. Additionally, most of the individuals who are “waiting” for services are waiting for the NOW, when other less costly waivers may meet their needs. Without system reform, the requests were primarily for additional NOW slots, which have the highest average annual cost, making it difficult in fiscally challenging times to provide waiver opportunities.

2. Is this lack of progress due to a one-time event or set of circumstances?

The lack of progress is due to a set of circumstances, which are described above in question number 1. As noted in Section II, narratives related to a consolidated waiver and the Request for Services Registry, OCDD is recommending systems changes to most appropriately address the RFSR and provide services to individuals who need more timely support.

Enhanced Support for Individuals with High-Risk Needs

Crisis referrals for longer term placement at the Office for Citizens with Developmental Disabilities (OCDD) Support and Service Centers had decreased and stabilized between 2012 and 2014. Referrals began to increase in the last two years with an increasing number of individuals referred who are in high risk situations with complex needs (over 40% in psychiatric treatment facilities and another 17% in jail). Supporting these individuals at OCDD's remaining Supports and Services Center (SSC) has brought considerable challenges. Additionally, other developmental disability support and living options are also challenged in successfully supporting these individuals without access to additional supports/ treatment. A final complicating consideration is an increase in readmissions to the SSC following discharge, along with difficulties in transitioning to other options once admitted to the SSC.

1. To what do you attribute this lack of progress?

Significant changes have occurred across multiple agencies/systems including: privatization of some services, challenges related to fiscal needs within all agencies, and move of many services to managed care. While many positive changes have occurred following these systems modifications for many people receiving services, individuals with needs crossing systems present complexities that are often outside the existing options available within a single system/agency. Collaboration and coordination across systems is challenging and often not clearly outlined in process and expectations, and impact on some groups with changes as outlined were not always able to be foreseen.

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

The lack of progress is due to a set of circumstances. The Louisiana Department of Health is supporting OCDD and its sister agencies (Office of Behavioral Health and Medicaid) in collaboration with other departments (Department of Children and Family Services, Office of Juvenile Justice, and Department of Education) to develop proposals for better meeting the needs of the individuals with coordinated cross agency options.

Information Technology (IT) Upgrades/Modernization Project

The Office for Citizens with Developmental Disabilities (OCDD) Information Technology system has become outdated and no longer keeps up with Office

needs/advances. The system requires serious upgrades in servers and software to handle the increased workload and dynamic applications. Updated hardware is also needed to assist staff in fully utilizing applications/data systems.

1. To what do you attribute this lack of progress?

The lack of progress in the IT Upgrades and Modernization Project is due to not being able to acquire funding for the state match for the IT Modernization Grant that has been secured through Medicaid. The project is also hampered by the current state IT structure that puts IT resources and personnel outside of OCDD. Although they have been helpful, the immediate needs to make determinations about the project have to be routed through outside resources.

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

This problem will continue until both funding and personnel are assigned to the project.

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

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

☐ No. If not, why not?

Yes. The Office for Citizens with Developmental Disabilities (OCDD) Strategic Plan has been updated for FY 2018 through 2022. Updates include revisions to program objectives, strategies and indicators to reflect Office direction, to build on successes, to provide strategies in areas where success has not been as substantial or where changes in program direction indicate such, and to improve performance assessment.

♦ How does your department ensure that your strategic plan is coordinated throughout the organizational and management levels of the department, regularly reviewed and updated, and utilized for management decision-making and resource allocation? Use as much space as needed to explain fully.

On a Department-wide level, Performance Based Budgeting activities (including, but not limited to, strategic planning, operational planning, and the Louisiana Performance Accountability System) are coordinated by the Louisiana Department of Health Division of Planning and Budget. This section reviews (and sometime develops) objectives, performance indicators and strategies for programs within the Office of the Secretary, other LDH agencies, and for some Local Governing Entities (LGEs). Each agency/LGE, with input from Executive Management, develops its own Operational Plan and Strategic Plan. Plans are then submitted to the Office of the Secretary for review and feedback. Recommendations are made directly to the Assistant Secretaries or the Secretary, if modifications or additions are needed. Also, at the close of a fiscal year, agencies review and evaluate performance during that fiscal year in order to determine if the information gained from this review should be used to improve strategic and operational planning, or program management operations.

Within OCDD, objectives are assigned to specific staff members who are responsible for management and oversight of the accomplishment of each objective and related performance indicators. Additionally, a variety of management tools (i.e., databases, project charters, etc.) and task/initiative specific workgroups/committees are utilized to track, review, and provide feedback for utilization in decision making and resource allocation. Progress or lack of progress (along with support/resources needed to achieve assigned objective) is reported to OCDD Executive Management. Performance data is also reported in Louisiana Performance Accountability System (LaPAS) and available for both management and stakeholder review.

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

Management of four separate Developmental Disability Waiver Services

A. Problem/Issue Description

1. **What is the nature of the problem or issue?** Current Developmental Disability Waiver Services are distributed across four 1915 (c) waivers with different services in each waiver. This design is confusing for participants and unwieldy for staff.
2. **Is the problem or issue affecting the progress of your strategic plan?** Yes. One of the goals of the Office for Citizens with Developmental Disabilities (OCDD) Strategic Plan is to afford people with information about available services and supports and how to access the services system. The four different waiver options make it difficult to provide clear information and often cause confusion for those seeking services and supports in that applicants are uncertain of which option will best meet their specific needs.
3. **What organizational unit in the department is experiencing the problem or issue?** OCDD and Local Governing Entities are affected by this problem.
4. **Who else is affected by the problem?** Individuals who are applying for services or already participants and their families, support coordinators, private providers and stakeholder groups are impacted by this problem.
5. **How long has the problem or issue existed?** The first waiver was titled the Mentally Retarded and Developmentally Disabled Waiver (MRDD Waiver). The Children's Choice Waiver was added in February 2001; the New Opportunities Waiver (NOW) replaced the MRDD Waiver in April 2003. The Supports Waiver followed in July 2006, and the Residential Options Waiver (ROW) in October 2009. As new waivers were added and existing waivers amended to add new services, the problems began and have continued to escalate.
6. **What are the causes of the problem or issue? How do you know?** Four different Home and Community-Based Services (HCBS) waivers serving one population (individuals with developmental disabilities) without the consistency

needed to maximize services, simplify service coordination, and avoid confusion has caused the problem. It is evident through observation of day-to-day coordination/delivery of waiver services in Central Office and Local Governing Entities, as well as feedback from applicants/families and other stakeholders.

7. **What are the consequences, including impacts on performance, of failure to resolve the problem or issue?** Consequences include continued confusion about services offered by the four waivers, improper utilization of available services, along with continued difficulty in management of waiver services.

B. Corrective Actions

1. **Does the problem or issue identified above require a corrective action by your department?** Yes
2. **What corrective actions do you recommend to alleviate or resolve the problem or issue?** Consolidation of the four Developmental Disability Waivers into a single waiver is indicated.
3. **Has this recommendation been made in previous management and program analysis reports?** Yes, this recommendation was initiated in the FY 2014-2015 AMPAR.
4. **Are corrective actions underway?** Yes. OCDD is working to develop a tiered HCBS waiver system which will modify processes to allow individuals to be supported in the most appropriate waiver. The target for FY 2017-2018 is to have waiver amendments completed and approved by the Centers for Medicare & Medicaid Services (CMS) for full implementation of the system. The move to a tiered waiver within the four current HCBS waivers is the precursor to the larger system change of moving to a consolidated waiver. The target for implementation of the full consolidated tiered waiver system is FY 2019-2020. (See Section II: *Consolidated Tiered Waiver Development.*)
5. **Do corrective actions carry a cost?** Yes. The move to a tiered waiver system is being implemented with no additional costs. There is an expected cost avoidance over time because the average waiver cost per person would be expected to decrease following implementation, thus making the program more sustainable. However, implementation of the consolidated waiver is anticipated to have an initial cost increase due to modification of service packages in each tier of service.

Unmanageable Number of People on the Request for Services Registry (RFSR)

A. Problem/Issue Description

1. **What is the nature of the problem or issue?** The Developmental Disability Request for Services Registry (RFSR) has an unmanageable number of people waiting for services and has no prioritization system to allow individuals with the most immediate needs to be served most quickly.
2. **Is the problem or issue affecting the progress of your strategic plan?** Yes.
3. **What organizational unit in the department is experiencing the problem or**

issue? The Office for Citizens with Developmental Disabilities (OCDD) and Local Governing Entities are experiencing the problem.

4. **Who else is affected by the problem?** Individuals who are applying for services and their families, support coordinators, private providers and stakeholder groups are impacted by this problem.
5. **How long has the problem or issue existed?** This has been a problem for many years. The RFSR (also known as the waiver “waiting list”) has been the subject of repeated reform initiatives over the past several years attempting to reduce time spent waiting for waiver services.
6. **What are the causes of the problem or issue?** Insufficient funds to increase the number of waiver opportunities (slots) needed to provide additional services and reduce the waiting list. Additionally, not having a process for evaluation and prioritization of those currently on the waiting list make it likely that the numbers are not accurate. Once put in place such a system will likely result in lower numbers and a better system of serving those with the greatest need first.
7. **What are the consequences, including impacts on performance, of failure to resolve the problem or issue?** Individuals and their families continue to wait for needed services while the “waiting list” continues to grow. This is a particularly significant problem for those individuals/families who are experiencing urgent situations and who are at risk of institutionalization or hospitalization due to lack of services availability.

B. Corrective Actions

1. **Does the problem or issue identified above require a corrective action by your department?** Yes
2. **What corrective actions do you recommend to alleviate or resolve the problem or issue?** Improving processes/tools for managing the RFSR to include re-screening/prioritization of individuals currently on the waiting list and periodic updates to maintain accuracy are recommended. These actions will result in a more accurate list which will likely result in lower numbers and, more importantly, result in those with greatest need receiving services first.
3. **Has this recommendation been made in previous management and program analysis reports?** Yes. The problem has been addressed in different ways in annual reports over the past several years. The unmanageable number of individuals on the RFSR waiting for developmental disability services has been a long-standing problem. While strides have been made over the years with the addition of new waivers and validation of waiting list information, the problem continues to the dismay of both OCDD and the people waiting for services.
4. **Are corrective actions underway?** Yes. During an analysis of documentation for individuals on the RFSR, OCDD discovered that one-third of individuals on RFSR were already receiving other Medicaid Long-Term Supports and Services (LTSS) or comparable alternatives and over eighty percent were Medicaid eligible and could qualify for in-home supports through the Medicaid State Plan but were not accessing them. This analysis, along with input from OCDD’s Core

Stakeholder group, formed the basis for the creation of a RFSR prioritization tool, which will assist with identification of met or unmet needs for individuals who are waiting. The Screening of Urgency of Need (SUN) tool was developed and piloted with people who already have a Support Coordinator. Utilizing funding in FY 2016-2017 budget, OCDD initiated screening for individuals on the RFSR. (See Section II: *Request for Services Registry Prioritization Project*.)

5. **Do corrective actions carry a cost?** Yes. The cost of conducting a prioritization screening for all individuals on the RFSR (\$3.5 million) was allocated in the FY 2016-2017 budget. Funding in the amount of \$83K has been requested for FY 2017-2018 (and will be included in subsequent budgets) for screening of individuals who are added to the RFSR and for individuals on the registry whose needs/status change. All individuals on the RFSR must be screened for full implementation of the process to occur, and it is anticipated that this will be completed in December 2017. While there are upfront costs, the goal and expectation is cost savings/avoidance in years to come, more cost-effective options, and a more sustainable waiver.

Ongoing cost associated with facilities that have been closed, vacated or privatized

A. Problem/Issue Description

1. **What is the nature of the problem or issue?** Over the past eleven years, eight former supports and services centers have either privatized operations or have closed. However, the Office for Citizens with Developmental Disabilities (OCDD) continues to bear responsibility for the ongoing costs associated with six of these eight facilities. These costs may include acquisitions and major repairs, the payment of risk management premiums, building and grounds maintenance, utilities, and/or loss prevention/security. Other ongoing, or legacy costs, include group insurance benefits for retirees. No State General Fund (Direct) funds have been provided for these mandated expenditures. Each year the general appropriation act appropriates pooled Interagency Transfers (IAT)-Revenues derived from the operations at the Pinecrest facility for these expenditures. In addition, OCDD continues to be responsible for the maintenance of the grounds at the former North Lake Supports and Services Center Facility.
2. **Is the problem or issue affecting the progress of your strategic plan?** Yes. Although indirectly, this issue is affecting OCDD's progress in implementing its Strategic Plan in that the fiscal resources required to maintain the vacated properties could be better utilized to further OCDD's progress toward one or more of its Strategic Plan goals.
3. **What organizational unit in the department is experiencing the problem or issue?** OCDD is managing the problem by continuing to allocate necessary resources to manage the costs associated with maintaining the properties and fulfilling Office of Risk Management (ORM) and other state requirements.
4. **Who else is affected by the problem?** The OCDD budget authority is affected by this problem. There are also additional indirect impacts of these required

expenditures on participants/families in that resources are diverted away from service delivery.

5. **How long has the problem or issue existed?** It was identified in FY 2010.
6. **What are the causes of the problem or issue? How do you know?** The problem is caused by mandatory duties related to state-owned property insured by Office of Risk Management (ORM). Also, though vacated, the properties remain the property of the State and efforts must be made to keep the physical plant in good condition and prevent theft or destruction of property.
7. **What are the consequences, including impacts on performance, of failure to resolve the problem or issue?** The consequence of this issue is a continued expenditure of funds to maintain properties that are no longer used by OCDD. These expenditures may cause shortfalls in future fiscal years.

B. Corrective Actions

1. **Does the problem or issue identified above require a corrective action by your department?** Yes.
2. **What corrective actions do you recommend to alleviate or resolve the problem or issue?** The Louisiana Department of Health (LDH) should pursue an alternative use for the facilities, including, but not limited to the following: 1) the transfer of state-owned property to other state, parish, or local governing departments/offices for an alternative public good; and 2) the utilization of state-owned property as revenue generating property. If not, the state may propose to sell the properties. Note that sections of all facilities contain asbestos that will require abatement. All such actions above may require an amendment to rule or law.
3. **Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)?** Yes. Similar recommendations have been made in this annual report since the FY 2009-2010 submittal.
4. **Are corrective actions underway?** Yes. The Office is working to identify potential alternate uses for all properties not occupied or those planning to be vacated due to ongoing downsizing efforts. In regard to OCDD efforts to find a proposed best use for former facilities:
 - Act 142 of the 2017 Regular Session of the Legislature authorized LDH to transfer land and improvements occupied by the former Acadiana Employment Services Center in Opelousas to the St. Landry Parish School Board.
 - Act 350 of the 2017 Regular Session of the Legislature authorized the transfer of certain parcels of the former Northwest Supports and Services Center in Bossier Parish.
5. **Do corrective actions carry a cost?** No, there would be no direct costs related to researching and developing amendments to existing legislation as these actions would be completed by existing staff. However, as mentioned above, failure to

correct the restriction will result in long-term costs to the state for maintaining unoccupied buildings/facilities.

Community settings lack adequately trained professionals and direct support staff to deliver needed (1) behavioral services, including qualified persons to deliver applied behavior analysis to people with autism, and (2) services and supports, including skilled nursing services, to individuals who are medically fragile

A. Problem/Issue Description

1. **What is the nature of the problem or issue?** There continues to be a lack of adequately trained professionals and direct support staff to deliver needed behavioral and medical/nursing services to individuals with complex needs in community settings, including a lack of qualified professionals to deliver applied behavior analytic therapies to persons with autism. There is a shortage of trained staff to provide services and supports for individuals with significant medical needs, including skilled nursing services for individuals who are medically fragile and reside in community settings.

Adequate behavioral supports can be very effective in improving quality of life and reducing behavioral symptoms/challenges for individuals with developmental disabilities. Applied behavior analysis can be very effective and can significantly alter the course of autism for many individuals. Complex medical support needs, particularly those requiring nursing supports throughout significant periods of the day, can be managed in community settings; however, it is very difficult to locate and secure trained staff to meet these needs. Continued challenges in this area contribute to institutional admissions, hospital admissions, emergency room use, increased illnesses, increased medication usage and costs, and other negative health outcomes.

While specific departmental and the Office for Citizens with Developmental Disabilities (OCDD) initiatives have been implemented in this fiscal year to continue addressing this barrier and improvements have occurred in some areas, a general problem continues to exist. It is believed that a multi-faceted and multi-year approach is required to resolve the problem.

2. **Is the problem or issue affecting the progress of your strategic plan?** Yes. Lack of professional supports in community settings has continued to be the primary contributor to admissions to the supports and service center and other more restrictive settings, with requests for admissions resulting when community providers are unable to meet behavioral and psychiatric needs of people whom they are serving in community settings and in smaller numbers those with complex medical needs. Lack of trained autism professionals negatively impacts the ability to develop new autism services, which can prevent more severe negative developmental outcomes. The inability to teach functional behavioral skills adequately detracts from community participation objectives (i.e., that individuals with disabilities are participating fully in communities). Continued movement from Intermediate Care Facility for Persons with Developmental Disabilities (ICF/DD) settings to community-based living arrangements is also hampered due to the challenges in securing needed behavioral and medical/

nursing supports for individuals with complex needs.

3. **What organizational unit in the department is experiencing the problem or issue?** OCDD and the Local Governing Entities have been impacted by this problem for many years. The Office of Behavioral Health (OBH) and Medicaid are also experiencing some impact due to this problem.
4. **Who else is affected by the problem?** Individuals supported and their families, support coordinators, and private providers who serve persons with developmental disabilities in community homes, family homes, and supported independent living settings are impacted by this problem. Hospitals are impacted when individuals with co-occurring needs present at the emergency room due to difficulty accessing other needed services. Behavioral Health professionals and agencies are impacted as they are now receiving referrals for individuals with co-occurring needs for which they may not feel adequately trained to deliver treatment. Managed care entities are also impacted due to expectations related to developing a network of providers for the provision of needed health and behavioral health services in an environment where access to needed specialized training is a challenge.
5. **How long has the problem or issue existed?** The problem has been longstanding over many years.
6. **What are the causes of the problem or issue? How do you know?** Many factors contribute to the problem beginning with a historic lack of training of persons equipped to deliver these services. Many professional training programs offer no training in developmental disabilities. National reports continue to indicate that there is a general shortage of behavioral health professionals in many areas of the country with access for those with co-occurring developmental disabilities and behavioral health needs even more challenging. The cost of providing nursing services in individual settings and challenges in terms of isolation in these arrangements negatively impact the access to needed medical/nursing supports. Both the increasing number of persons with developmental disabilities now being served in the community and the downsizing of institutional services, generally considered to be positive and progressive developments in developmental disabilities services, have contributed to an increased need for medical/nursing and behavioral/psychiatric supports in the community. In addition, private Supported Independent Living (SIL) providers serving persons in waiver settings and private community home providers generally conduct and are required to conduct very little training with direct support staff on positive behavior supports and medical/nursing needs.
7. **What are the consequences, including impacts on performance, of failure to resolve the problem or issue?** Consequences include a significant number of people with developmental disabilities having unmet needs, a continued need for costly institutional admissions to the higher treatment cost supports and service center, continued high utilization of high cost acute services, and an inadequate number of practitioners to positively impact the developmental trajectories of children with autism, other behavioral challenges and/or complex medical needs leading to increasing service costs over the course of their lifespan.

B. Corrective Actions

1. **Does the problem or issue identified above require a corrective action by your department?** Yes.
2. **What corrective actions do you recommend to alleviate or resolve the problem or issue?** The following are recommended actions to alleviate the problem:
 - Continue with expansion of Partnership with the Louisiana Developmental Disabilities Council to offer a formal incentive-based training, technical assistance and consultation opportunity to community waiver providers supporting individuals with complex needs.
 - Continue exploration enhanced Individual and Family Support (IFS) services and the associated rate for individuals with complex needs. Evaluate benefits of inclusion of behavioral and medical therapeutic respite options via the OCDD consolidated waiver and research development of specialized shared living waiver models for individuals with complex medical and behavioral needs.
 - Continue implementation of opportunities for partnering with university programs that provide training as well as individual clinicians resulting in additional needed professionals, growing the service provider pool.
 - Continue implementation of statewide access to training for direct support workers through the Money Follows the Person (MFP) Rebalancing Demonstration (My Place Louisiana) program with additional development of specialized/customized approaches for providers and evaluate opportunities for expansion of access to needed training.
 - Continue OCDD developed and sponsored professional continuing education opportunities.
 - Complete Transformation Transfer Initiative grant in partnership with OBH and develop proposed recommendations for professional and network development to enhance access to needed behavioral health services for individuals with co-occurring mental health and developmental disability needs.
 - Develop statewide guidelines for meeting complex health, behavioral health and allied health needs for individuals with developmental disabilities.
3. **Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)?** Yes. A recommendation has been included in this annual report since FY 2007-2008. Some recommendations have been implemented, while others remain and new recommendations are included. Many of these recommendations require sustained implementation over a period of time to effect needed systems issues and improve outcomes.
4. **Are corrective actions underway?** Yes. The following actions are underway:

- Partnership with the Louisiana Developmental Disabilities Council began in June 2016 and will continue through FY 2019.
 - OCDD's statewide Positive Behavioral Supports (PBS) curriculum for direct service workers has been expanded to include statewide certified trainers and has been incorporated into the OCDD Resource Center transformation as an ongoing option with local accessibility.
 - OCDD continues its statewide offering of Medical/Nursing Direct Service Worker (DSW) training via Money-Follows-the-Person (MFP) Rebalancing Demonstration.
 - OCDD continues to offer Board Certified Behavior Analysts (BCBA) continuing education opportunities as well as other behavioral and psychological continuing education options.
 - OCDD continues to provide consultation and technical assistance via the OCDD Resource Center.
 - OCDD continues to work with Medicaid to support Applied Behavior Analysis (ABA) services via the State Plan and has increased routine coordination with Office of Behavioral Health (OBH) related to mental health needs for individuals with developmental disabilities.
 - Joint Transformation Transfer Initiative with OBH to build capacity of behavioral health professionals to support/treat individuals with co-occurring mental health and developmental disability needs.
5. **Do corrective actions carry a cost?** Most of these actions do not carry a cost. Implementation of training and capacity building efforts approved in the MFP Rebalancing Demonstration (My Place Louisiana) Operational Protocol are funded with federal demonstration dollars through FY 2020. While other corrective actions could carry a cost in so far as additional clinicians and/or technical assistance staff are recruited into state service systems, they do not carry a cost as most new positions in OCDD are existing positions diverted from institutional services. They do not incur a cost when the focus is on community, non-public capacity building. Costs are associated with new services such as Applied Behavior Analysis and enhanced waiver services. However, costs are likely offset by costs associated with failure to implement corrective actions as: 1) failure to intervene at the community level can result in extensive additional institutional treatment costs and 2) failure to intervene with persons with autism at an early age does result in extensive lifelong service costs that are estimated at over one million dollars per person and incurred by families and the taxpayer. The Developmental Disabilities (DD) Council partnership is funded solely through funds dedicated to this purpose by the DD Council; the Transformation Transfer Initiative is funded via grant dollars from the National Association of State Mental Health Directors and Substance Abuse and Mental Health Services Administration (SAMHSA).

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

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

☒ **Internal audit**

The Office for Citizens with Developmental Disabilities (OCDD) executive management ensures ongoing monitoring of programmatic and administrative functions.

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

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

Within OCDD, the agency provides ongoing monitoring of its administrative and fiscal functions through a variety of audit/monitoring tools; as appropriate, results are reported to Executive Management Team (EMT).

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

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

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

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

The Office for Citizens with Developmental Disabilities (OCDD) quality and clinical staff review best practices on an on-going basis in addition to performing on-going review of Office's practices and performance; the OCDD Performance Review Committee provides oversight of Office's quality management/assurance processes

- ☒ **Policy, research, planning, and/or quality assurance functions by contract**
Through contract, Mediware provides a critical incident data management system.
- ☒ **Program evaluation by in-house staff**
The Office for Citizens with Developmental Disabilities (OCDD) provides ongoing monitoring of its clinical and programmatic functions through a variety of audit/monitoring tools; as appropriate, results are reported to Executive Management Team. LGEs provide OCDD with Monthly Performance Data Reports (e.g., service requests, persons served, referrals/ consultations, and funding) specific to system participants. The EarlySteps program provides an Annual Performance Report Summary to the US Department of Education and in turn the state receives a status determination.
- ☒ **Program evaluation by contract**
The National Core Indicators (NCI) Project evaluates standard measures used across states to assess the outcomes of services provided to individuals and their families; indicators address key areas of concern including employment, rights, service planning, community inclusion choice and health and safety (see section C. below).
- ☒ **Performance Progress Reports (Louisiana Performance Accountability System)**
The Louisiana Department of Health (LDH) Division of Planning and Budget coordinates and reviews entries of the Louisiana Performance Accountability System (LaPAS) data on a quarterly basis for all LDH agencies. Explanatory Notes are provided for positive and negative variances greater than 5% from quarterly performance indicator targets. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed.
- ☒ **In-house performance accountability system or process**
Performance Based Budgeting activities (including, but not limited to strategic planning, operational planning, and the Louisiana Performance Accountability System) are coordinated by the Louisiana Department of Health (LDH) Division of Planning and Budget. This section reviews all objectives, performance indicators and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed. Also, at the close of a fiscal year, agencies and programs review and evaluate performance during that fiscal year in order to determine if the information gained from this review should be used to improve strategic and operational planning, as well as agency and program management department-wide.
- ☒ **Benchmarking for Best Management Practices**
The Louisiana Department of Health (LDH) Division of Planning and Budget reviews, researches and develops objectives, performance measures and

strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are compared to benchmarks from leading states involved in performance-based budgeting activities. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed.

- ☒ **Performance-based contracting (including contract monitoring)**
Contracts are required to contain a description of the work to be performed including goals and objectives, deliverables, performance measures and a monitoring plan.
- ☐ Peer review
- ☐ Accreditation review
- ☒ **Customer/stakeholder feedback**
Customer/stakeholder feedback is received from National Core Indicator (NCI) surveys to participants and families (see section C. below) and through periodic stakeholder meetings to solicit input on a variety of initiatives.
- ☐ Other (please specify):

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

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

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

1. Title of Report or Program Evaluation:

Reports prepared by Human Services Research Institute and the National Association of State Directors of Developmental Disabilities Services:

- *National Core Indicators Adult Consumer Survey 2015-16 Final Report:*
This report provides an aggregated summary of the results of *interviews* with adults receiving any developmental disability services in any setting and provides comparisons between Louisiana and the national average of other participating states.
- *National Core Indicators Family Guardian Survey 2015-16 Final Report:*
This report provides an aggregated summary of the results of the survey which was *mailed* to families of adults receiving developmental disability services in any setting other than the family home and provides comparisons between Louisiana and the national average of other participating states.

- National Core Indicators Adult Family Survey 2015-16 Final Report: This report provides an aggregated summary of the results of the survey which was *mailed* to families of adults receiving developmental disability services and who reside with their families and provides comparisons between Louisiana and the national average of other participating states.
- National Core Indicators Child Family Survey 2015-16 Final Report: This report provides an aggregated summary of the results of the survey which was *mailed* to families of children living and receiving developmental disability services in the family home and provides comparisons between Louisiana and the national average of other participating states.

2. Date completed:

Surveys and interviews were completed between January and June 2016. Final reports prepared by Human Services Research Institute and the National Association of State Directors of Developmental Disabilities Services were published in December 2016.

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

Surveys and interviews were conducted to evaluate the effectiveness of the Louisiana Developmental Disabilities Services System. Interview questions concerned satisfaction, quality of care and quality of life. Analyses compared Louisiana statewide results with results of other states participating in the National Core Indicators Project.

4. Methodology used for analysis or evaluation:

The primary tools used for this evaluation were family surveys and consumer interview questions. Analyses reported both the number and percentage of responses to each question. Comparisons were reported among the participating states.

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

The three family mail-out surveys were printed by State Printing for \$7,345.14 and mailed by Office of State Mail Operations for \$8,421.48. All other activities were performed using OCDD material resources and Central Office and Resource Center personnel. Approximately 250 hours of staff time were used to obtain the random sample and verify contact information for families for the mail-out surveys and participant interviews. Scheduling interviews, completing background information, and interviewing individuals took approximately 1,400 hours of staff time. Entering family survey data and consumer interview data into the NCI database took approximately 185 hours of staff time. Postage cost for a Business Reply Permit and return postage cost were approximately \$2,177. Finally, travel costs to conduct 400 interviews were approximately \$6,000.

6. Major Findings and Conclusions:

Final analysis of the reports produced by NCI has not been completed by OCDD. Preliminary review suggests feedback from family members of service participants remains consistent with previous years. OCDD Quality Section

will continue to analyze the data and provide the OCDD Performance Review Committee with detailed feedback about areas of improvement and areas that require attention to improve.

7. Major Recommendations:

Acquire information/explanations/causes related to areas that fell below average and develop/implement strategies to improve issues identified. Tie consumer feedback to Office initiatives designed to strengthen the system in order to demonstrate to consumers that feedback is used constructively and does impact state and federal decisions regarding the direction of services.

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

Information from the surveys was cross-walked to Centers for Medicare & Medicaid Services (CMS) measures for the HCBS Settings rule, which addresses community participation and employment goals for persons with developmental disabilities who are receiving home and community-based services.

OCDD's quality improvement process includes review of NCI data as well as data from other sources such as: data on regional performance indicators as part of the Human Services Accountability and Implementation Plan and data from Early Steps and HCBS waiver performance indicators. The data is reviewed by an OCDD workgroup consisting of programmatic and quality staff. When trends and patterns are noted, quality improvement projects are developed and implemented upon approval of the OCDD Assistant Secretary.

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

Available in electronic file on the National Core Indicators website:
www.nationalcoreindicators.org

10. Contact person for more information:

Name: Dolores Sarna

Title: Program Manager 2

Agency & Program: OCDD, Quality Management Section

Telephone: 225-342-5714

E-mail: Dolores.Sarna@LA.GOV

National Core Indicators Project - Since FY 2008-2009, the Louisiana Office for Citizens with Developmental Disabilities (OCDD) has participated in the National Core Indicators (NCI) Project. Currently, forty-six states and the District of Columbia participate in the NCI Project, which is co-sponsored by the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute (HSRI). The core indicators are standard measures used across states to assess the outcomes of services provided to individuals and their families. Indicators address key areas of concern including employment, rights, service planning, community inclusion choice and health and safety. Annually, OCDD mails surveys to a random sample of the families of children and adults with developmental disabilities participating in various developmental disability programs. The number of

surveys that are mailed is calculated to achieve a return rate that provides a total of 1,200 completed surveys. Additionally, the OCDD Resource Centers deploy personnel to conduct face-to-face interviews with 400 randomly selected adults with developmental disabilities who consent to participate in the survey. OCDD has experienced a diminishing rate of return of surveys, which has resulted in this office pulling larger samples and mailing more survey packets in order to achieve the target of a minimum of 1,200 completed surveys. During the reporting year, NCI was in the process of piloting a direct-response survey that the random sample of families who were chosen to participate in the adult family, family guardian and child family mail surveys could complete on-line via a unique mini-URL link. Implementation across all surveys and all states is planned for the FY 2016-2017 survey cycle.

Annual Management and Program Analysis Report

Fiscal Year 2016-2017

Department: **Louisiana Department of Health**
09-375 Imperial Calcasieu Human Services Authority

Department Head: **Rebekah E. Gee, MD, MPH**
LDH Secretary

Undersecretary: **Jeff Reynold**

Executive Director: **Tanya M. McGee**

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

For each accomplishment, please discuss and explain:

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

Accomplishment #1: Successful Completion of Request for Services Registry Project

- A. What was achieved?
Imperial Calcasieu Human Services Authority (ImCal) entered into a Cooperative Endeavor Agreement with the Louisiana Department of Health's Office for Citizens with Developmental Disabilities (OCDD) in an effort to assist OCDD with the Request for Services Registry (RFSR) project. ImCal was tasked with completing a Screening of Urgency of Need (SUN) assessment with all individuals currently on the New

Opportunities Waiver (NOW) Request for Services Registry (RFSR) who are located in the ImCal catchment area and who were willing to cooperate with the process. Even with the many barriers, set-backs and obstacles that occurred in this project, ImCal was successful in meeting the deliverables as outlined in the Cooperative Endeavor Agreement with OCDD.

B. Why is this success significant?

ImCal was tasked with contacting 1,033 individuals from the 5-parish area who are currently on the NOW RFSR and schedule them for a SUN assessment. In lieu of sub-contracting this project out to a private entity, ImCal chose to complete the project in-house. The project was scheduled to start in October of 2016, but was delayed due to contracting obstacles. ImCal was given the “all-clear” by OCDD to begin the project in January 2017 which afforded ImCal less than 6 months to contact the 1,033 individuals and conduct SUN assessments on those willing to participate. Staff within ImCal’s Developmental Disabilities completed the SUN assessments for this project after hours, on state holidays and on weekends in order to ensure the project by deadline.

C. Who benefits and how?

ImCal’s active participation and successful completion of this project benefitted the Louisiana Department of Health’s Office for Citizens with Developmental Disabilities. Without the help of the Local Governing Entities, this project would not have been completed by deadline.

Out of the original list of 1,033 individuals on the New Opportunities Waiver (NOW) waitlist, 611 received a SUN assessment, 252 were un-locatable, and the remaining refused to participate or were removed from the list for various reasons such as, moved out of state, were incarcerated, currently on another waiver, etc. All individuals who were contacted about the RFSR project benefitted from this project, as they were informed of additional resources available to them within the Developmental Disabilities system. Many of the individuals have been on a waitlist for so long that they were unaware of current resources that are available to them now, such as Act 378 services. Act 378 of 1989 called for a system of community and family supports to be available for families of children and adults with disabilities in their own homes based on their individual needs in order to avoid out-of-home placement.

D. How was the accomplishment achieved?

Through a Cooperative Endeavor Agreement with the Louisiana Department of Health OCDD, ImCal completed this project in-house. ImCal hired part-time WAE staff (When Actually Employed; this term is used to describe a reemployed annuitant who works on an intermittent basis for no more than 1,040 hours during each service year and whose appointment is not to exceed one year) and offered paid overtime to full-time staff to complete the SUN assessments for individuals on the RFSR.

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

Yes and No; this project was initiated by the OCDD and was a part of the greater Louisiana Department of Health's plan, but was not a goal specific to our agency.

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

Accomplishment #2: Medicaid Expansion

- A. What was achieved?

Imperial Calcasieu Human Services Authority (ImCal) was instrumental in the Southwest Louisiana area for assisting individuals in the Medicaid application process after Governor John Bel Edwards approved Medicaid expansion in our state. Imperial Calcasieu Human Services Authority has a Certified Medicaid Application Center (MAC) within its Behavioral Health Division. ImCal has a policy which states that all individuals seeking mental health and addiction services at the agency who are not insured and fall within the federal poverty guidelines are required to apply for Medicaid. This policy insures that the state general fund dollar is the dollar of last resort. The influx of individuals in the Southwest Louisiana community who are newly qualified for Medicaid under the expansion called for ImCal to open their MAC to the general public. This allowed for individuals in our community, regardless of their affiliation with our behavioral health clinics, to enroll in Medicaid.

- B. Why is this success significant?

This was significant in assisting the Louisiana Department of Health in meeting targets for enrolling new Medicaid recipients into the program. Prior to expansion, approximately 40% of ImCal's behavioral health clients were enrolled in Medicaid. With the successful opening of the MAC and enrolling individuals, approximately 80% of ImCal's behavioral health clients are now enrolled in Medicaid.

- C. Who benefits and how?

Residents of Southwest Louisiana benefit, as they now have access to expanded healthcare and preventative health services within their local community. These services improve their daily functioning and enhance their quality of life.

- D. How was the accomplishment achieved?

ImCal utilized funds within a contract with Volunteers of America to hire a full-time MAC employee in order to handle the influx of applications.

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

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

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

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

Imperial Calcasieu Human Services Authority is on time and on target to meet the goals and objectives set within our five year strategic plan. The mission of Imperial Calcasieu Human Services Authority is that citizens with mental health, addictions, and developmental challenges residing in the parishes of Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis are empowered, and self-determination is valued such that individuals live a satisfying, hopeful, and contributing life. This mission is accomplished through our Administrative, Behavioral Health and Developmental Disability activities. Imperial Calcasieu Human Services Authority makes use of best practices in implementing, evaluating, monitoring, modifying existing services so that quality is assured, services meet the needs of those served, and the variety of services available adequately address the range of behavioral health issues identified and are further developed to address service gaps.

Imperial Calcasieu Human Services Authority Agency Goals:

- I. To increase public awareness and to provide access to care for individuals and their families who are in need of behavioral health and developmental disabilities services.
 - 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 while abiding by all State and Federal guidelines.
 - III. To promote healthy, safe lives for people by providing leadership in educating the community on the importance of prevention, early detection and intervention, and by facilitating coalition building to address localized community problems.
- ♦ **Where are you making significant progress?** If you are making no significant progress, state “None.” However, if you are making significant progress, identify and discuss goals and objectives that are exceeding the timeline for achievement; identify and discuss strategies that are working better than expected. Be specific; discuss the following for each:
 1. To what do you attribute this success? For example:
 - Is progress largely due to the effects of external factors? Would the same

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

None, however Imperial Calcasieu Human Services Authority continues to make steady progress in all three Program Activity areas. Outside of the two accomplishments described in Section I above, while we have not significantly exceeded any stated objectives and strategies, we have made steady and efficient progress in all objectives and strategies as indicated in our 5-year plan.

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

1. To what do you attribute this lack of progress? For example:
 - Is the lack of progress related to a management decision (perhaps temporary) to pursue excellence in one area at the expense of progress in another area?
 - Is the lack of progress due to budget or other constraint?
 - Is the lack of progress related to an internal or external problem or issue? If so, please describe the problem and any recommended corrective actions in Section III below.
 - Other? Please specify.
2. Is the lack of progress due to a one-time event or set of circumstances? Or will it continue without management intervention or problem resolution?

None.

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

- ☐ Yes. If so, what adjustments have been made and how will they address the situation?
- ☒ No. If not, why not?

Imperial Calcasieu Human Services Authority has made steady and efficient progress

in all objectives and strategies as indicated in our 5-year plan.

- ♦ **How does your department ensure that your strategic plan is coordinated throughout the organizational and management levels of the department, regularly reviewed and updated, and utilized for management decision-making and resource allocation?** Use as much space as needed to explain fully.

Imperial Calcasieu Human Services Authority executive management team utilizes the 5-year Strategic Plan to develop our annual operational goals and objectives within the Annual Business Plan as well as develop its annual budget. Performance measurement data outlined within the 5-Year Strategic Plan is collected quarterly and shared with the executive management team; performance measures are adjusted as needed.

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

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

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

Recruitment and Retention of Professional and Qualified Staff

A. Problem/Issue Description

1. What is the nature of the problem or issue?
Imperial Calcasieu Human Services Authority struggles with recruitment and retention of licensed professional staff and limited access to funds to compete with the private sector.
2. Is the problem or issue affecting the progress of your strategic plan? (See Section II above.)
Not at this time.
3. What organizational unit in the department is experiencing the problem or issue?
The Behavioral Health Division within Imperial Calcasieu Human Services

Authority is experiencing the problem.

4. Who else is affected by the problem? (For example: internal or external customers and other stakeholders.)
The individuals served by Imperial Calcasieu Human Services Authority are affected by waiting lists to access services.
5. How long has the problem or issue existed?
The problem has existed since the inception of Imperial Calcasieu Human Services Authority.
6. What are the causes of the problem or issue? How do you know?
The cause of the problem appears to be recruitment and retention of licensed professional staff and limited access to funds to compete with the private sector.
7. What are the consequences, including impacts on performance, of failure to resolve the problem or issue? Imperial Calcasieu Human Services Authority will continue to struggle filling vacancies and providing needed services to the community.

B. Corrective Actions

1. Does the problem or issue identified above require a corrective action by your department?
☒ No. If not, skip questions 2-5 below.
☐ Yes. If so, complete questions 2-5 below.
2. What corrective actions do you recommend to alleviate or resolve the problem or issue?
3. Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)?
4. Are corrective actions underway?
 - a. If so:
 - What is the expected time frame for corrective actions to be implemented and improvements to occur?
 - How much progress has been made and how much additional progress is needed?
 - b. If not:
 - Why has no action been taken regarding this recommendation?
 - What are the obstacles preventing or delaying corrective actions?
 - If those obstacles are removed, how soon could you implement corrective actions and generate improvements?

5. Do corrective actions carry a cost?

☐ No. If not, please explain.

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

Please discuss the following:

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

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

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

☒ **Internal audit**

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

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

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

☐ Program evaluation by in-house staff

☐ Program evaluation by contract

☒ **Performance Progress Reports (Louisiana Performance Accountability System)**

☒ **In-house performance accountability system or process**

☐ Benchmarking for Best Management Practices

☐ Performance-based contracting (including contract monitoring)

☒ **Peer review**

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

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

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

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

1. Title of Report or Program Evaluation:
Louisiana State Civil Service Audit
2. Date completed:
October 28, 2016
3. Subject or purpose and reason for initiation of the analysis or evaluation:
The mandated Civil Service Audit occurs every 2 years, and the Drop in Review is conducted within the alternating year within that 2 year cycle.
4. Methodology used for analysis or evaluation:
Review of personnel records, human resource policies and HR staff interviews.
5. Cost (allocation of in-house resources or purchase price)
There was no cost to Imperial Calcasieu Human Services Authority.
6. Major Findings and Conclusions:
Imperial Calcasieu Human Services Authority had one Rule Violation which was failure to have documentation on the extraordinary qualifications of a new hire brought in under a 6.5g. We also had one documentation violation which was failure to authorize a new hire within 30 days of hire within the LA Careers system. However, the agency was commended for 100% compliance within the employee Performance Evaluation System (PES).
7. Major Recommendations:
There were no major recommendations, but areas of improvement include appropriate documentation to support a 6.5g hire and assurance that personnel actions are authorized timely in LA Careers.
8. Action taken in response to the report or evaluation:
Human Resource staff reviewed policy and procedures related to the appropriate

documentation of qualifications of new hires, and implemented a check list to be completed for each personnel action.

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

Electronic file is available upon request.

10. Contact person for more information,

Name: Sheryl Meek

Title: Program Monitor, Corporate Compliance Officer

Agency & Program: Imperial Calcasieu Human Services Authority

Telephone: (337) 475-3100

E-mail: sheryl.meek@la.gov

1. Title of Report or Program Evaluation:

Louisiana State Legislative Audit

2. Date completed:

April 6, 2017

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

The Louisiana Legislative Auditors conducted procedures at the Imperial Calcasieu Human Services Authority (ImCal) to evaluate certain internal controls ImCal uses to ensure accurate financial reporting and transparency, to comply with applicable laws and regulations, and to provide overall accountability for public funds.

4. Methodology used for analysis or evaluation:

The Auditors evaluated ImCal's operations and system of internal controls through inquiry, observation, and review of its policies and procedures, including a review of the laws and regulations applicable to ImCal. Based on the documentation of ImCal's controls and our understanding of related laws and regulations, we performed procedures on selected controls and transactions focusing on ImCal's participation in the Louisiana Behavioral Health Partnership (LBHP).

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

\$33,794

6. Major Findings and Conclusions:

2 Major Findings

- 1) Bank reconciliations are inadequate, including patient accounts receivable. While Fiscal Administration does reconcile bank statements to the agency billing clearinghouse, discrepancies have been identified by fiscal staff during the reconciliation process back to the patient accounts within the electronic health

record (EHR). As indicated in the Auditor's report, ImCal's fiscal staff notifies the billing department of the discrepancies found, but there is no follow up to ensure discrepancies are tracked and addressed by billing staff.

- 2) Inadequate controls over accounts receivable. Multiple organizational changes within the Louisiana Department of Health - Office of Behavioral Health have created challenges for our agency, particularly with obtaining access to tools used to track and monitor accounts receivable. While ImCal has struggled to implement a new system for accounts receivable tracking, ImCal's Administration agrees with the legislative auditors on the importance of tracking and monitoring patient accounts receivable.

7. Major Recommendations:

In response to inadequate bank reconciliations, ImCal's Administration should implement a process by which all discrepancies found by Fiscal Administration are provided to billing staff and then followed-up for correction. In response to both findings, ImCal's Administration should pull together a committee of Executive Management, Fiscal and Billing staff to evaluate the current practice of Revenue Cycle Management (RCM) within the Agency in an effort to improve the internal controls over accounts receivables.

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

Action for finding #1

- Imperial Calcasieu Human Services Authority (ImCal) Administration will implement a process by which all discrepancies found by Fiscal Administration are provided to billing staff. All discrepancies will be included on a report provided to the billing department each month. Discrepancies will be tracked as outstanding until the billing department provides a response to the discrepancy report showing what the nature of the discrepancy is, how the discrepancy was corrected, who completed the correction, and the status of the final disposition.
- The report response from the billing department will be provided to Fiscal Administration monthly to make any necessary adjustments to revenue tracking. Any individual discrepancy that is not adequately explained and/or corrected in the discrepancy report response will be carried over to the next month as outstanding. Outstanding items will remain on the discrepancy report until they are resolved and documented.
- Monthly review and approval of the bank reconciliations, including discrepancy reports that include responses from the billing department, will be reviewed and approved by Paul Duguid, ImCal's Chief Financial Officer.

- This process will be documented with new Standard Operating Procedures and training of fiscal and accounts receivable staff will be conducted as necessary. Documentation of discrepancy reports and responses will be maintained by Fiscal Administration staff.

Action to finding #2

- The Revenue Cycle Management (RCM) committee is currently evaluating several approaches to implement better controls, including informatics solutions to employ customized reporting and querying solutions in the agency electronic health record (EHR), software solutions for accounts receivable tracking that will be able to freely communicate with agency EHR via the use of shared ontologies and enhanced manual processes by which changes to patient accounts are documented and communicated between the billing department and fiscal staff.
- ImCal's Administration seeks to implement a process for auditing and reporting for adjustments made within patient accounts which would affect collections, including but not limited to payer source changes, changes to pertinent client demographic information, contractual adjustments, write offs, uncollectible accounts, and error corrections. These reports will include changes to account balances, which would be used to update accounts receivable tracking reports to ensure accuracy in determining and aging accounts receivable.
- ImCal's Administration will implement policies and procedures that standardize the Revenue Cycle Management process, including how billing processes are conducted and monitored in the agency electronic health record to reduce error rates or other adjustments affecting account receivable balances and delineate the process for documenting any adjustments.
- Further, communication between the billing department and Fiscal Administration will be enhanced to ensure that movement of patient accounting reports and updates to account receivables tracking are completed monthly and that concerns or questions are addressed in a timely fashion.

9. Availability (hard copy, electronic file, website):
<http://www.lla.la.gov> OR electronic file is available upon request.

10. Contact person for more information:

Name: Sheryl Meek

Title: Program Monitor, Corporate Compliance Officer

Agency & Program: Imperial Calcasieu Human Services Authority

Telephone: (337) 475-3100

E-mail: sheryl.meek@la.gov

1. Title of Report or Program Evaluation:
Office of Risk Management (ORM) Safety Audit
2. Date completed:
March 23, 2017
3. Subject or purpose and reason for initiation of the analysis or evaluation:
Mandated Safety Audit conducted by ORM/Sedgwick
4. Methodology used for analysis or evaluation:
Review of policy and procedures, safety manuals, inspection certificates, safety training logs, incident reports, and a walk-through of all Imperial Calcasieu Human Services Authority (ImCal) sites.
5. Cost (allocation of in-house resources or purchase price):
No cost to Imperial Calcasieu Human Services Authority (ImCal)
6. Major Findings and Conclusions:
ImCal scored 78.45% with a status of "Compliant"
7. Major Recommendations:
Nine recommendations were noted
 - 1) The review of the safety rules needs to be documented more clearly.
 - 2) The topic(s) discussed during a safety meeting need to be specifically listed on the safety meeting documentation. The agency stated it had no new tasks or equipment or employees with unsatisfactory safety performance during the audit period in question.
 - 3) Document the review of the safety rules clearly and concisely. Ensure that the topic(s) discussed during a safety meeting are specifically listed on the safety meeting documentation.
 - 4) The agency needs to ensure all new hires take mandated training courses within the 90-day period.
 - 5) The type of vehicle(s) employees are being authorized to drive needs to be indicated on each of the employees' DA2054 forms.
 - 6) The agency's program needs to be updated to address postage.
 - 7) The security procedures need to be updated to clearly state when employees and visitors have access to the building/site.
 - 8) The agency is not providing clear documentation that the preventative maintenance on equipment is being performed.
 - 9) The agency must have a copy of a contractor's LO/TO program available for review.
8. Action taken in response to the report or evaluation:

Imperial Calcasieu Human Services Authority Administration, Corporate Compliance and Safety staff reviewed policy and procedures and implemented checklists to ensure compliance with recommendations.

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

Electronic file is available upon request.

10. Contact person for more information:

Name: Sheryl Meek

Title: Program Monitor, Corporate Compliance Officer

Agency & Program: Imperial Calcasieu Human Services Authority

Telephone: (337) 475-3100

E-mail: sheryl.meek@la.gov

Annual Management and Program Analysis Report

Fiscal Year 2016-2017

Department: **Louisiana Department of Health (LDH)**
09-376 Central Louisiana Human Services District

Department Head: **Rebekah E. Gee, MD, MPH**
LDH Secretary

Undersecretary: **Jeff Reynolds**

Executive Director: **Michael R. DeCaire, Ph.D.**

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

For each accomplishment, please discuss and explain:

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

Accomplishment #1: Increased Self-Generated Revenue

- A. What was achieved?
Central Louisiana Human Services District (CLHSD) increased its self-generated revenue by 385%, from approximately \$250K to over \$1.1M.
- B. Why is this success significant?
This is significant because of the amount involved.

C. Who benefits and how?

The state, the Louisiana Department of Health (LDH), and the District benefit, because it eases the burden on state general fund at all three levels. It also helps the District absorb budget cuts without having to eliminate programs.

D. How was the accomplishment achieved?

- 1) Medicaid expansion resulting in approximately 600 additional covered clients.
- 2) Credentialing with both Medicaid and non-Medicaid health plans and additional Medicare plans, and aligning clinicians with health plans which they are credentialed to receive reimbursement.
- 3) Allocating sufficient resources by reassigning existing resources and converting vacant positions to create accounting positions to create a billing department.
- 4) Improved proficiency of clinic staff (schedulers and fee assessors) through training and specific issue resolution.
- 5) Improved production of clinical staff by conducting performance audits and addressing production with individual clinicians.
- 6) Substantial decrease in denial/rejection of claims by reducing the claims error rates through training.
- 7) Numerous changes to the electronic health record (EHR) and training of staff to improve efficiency and decrease coding errors.
- 8) Targeted scheduling interventions to reduce “no-show” rate.

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

Yes. The strategic plan that was created for Central Louisiana Human Services District, was done at the time the District actually transitioned from a Region to a District. The District has completed the transition and is moving forward in its new incarnation. Thus, the strategic plan will be revised. However, self-generated revenue and the need to produce it and increase it will always be a vital part of the strategic plan.

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

I am not certain that this methodology is a Best Management Practice, but it certainly illustrates the need to employ a multi-faceted approach to such a complex issue very well (organizationally and individually; internally and externally; administratively and clinically).

Accomplishment #2: Increasing Public Awareness of the District and its Services

A. What was achieved?

The public’s awareness of the Central Louisiana Human Services District and its services has improved.

B. Why is this success significant?

This is significant because the identity of the three separate systems (mental health, addictive disorders, and developmental disabilities) providing services to the Region

became unclear when it transitioned to and became the District, coupled with contractors providing services for the District that the Region used to provide itself. The integration requires the three service delivery systems to re-identify themselves to the public and to assure the public that the District is still what they previously knew the Region to be.

C. Who benefits and how?

The state, the Louisiana Department of Health, the District and all of the citizens needing services provided by the District (both within the 8-parish District and statewide that includes residential addictive disorders treatment for adolescents and adults).

D. How was the accomplishment achieved?

- 1) Converted a vacant position to accommodate the need for community outreach and marketing.
- 2) Developed a strategic marketing plan which includes all sectors (education, law enforcement, corrections, judiciary, primary care, specialty care (i.e. OB/GYN), social services, medical/surgical and psychiatric hospitals, outpatient mental health and addictive disorders, police juries, and non-profit agencies.
- 3) Ongoing participation at the 8 parish monthly Healthy Initiatives Coalition meetings.
- 4) Display booths and participation in periodic conferences/events (e.g. Health Disparities Forum, Out of the Darkness Walk, Town Hall Meetings, REC2U, Good Food Project, etc.).
- 5) Television Media- District staff appeared on morning news programs such as Early Jam and Jambalaya to provide information and educate.
- 6) Social Media- the District created a Facebook page and routinely posts about its services and community events.
- 7) Website- the District did not have a website, so we created one. The website lists all of the Board members and Administrative staff, all of the clinic locations and services offered with contact information, all of the contracted services provided and the locations and contact information, all of the Healthy Initiatives Coalition meetings, and all of the community events occurring each month in all 8 parishes, along with website links to local and state organizations/agencies.
- 8) Community partnerships/linkages- the District has partnered with the courts through Mental Health Court, law enforcement through Crisis Intervention Training (CIT), the university (LSUA) through service delivery to the students, and several others.

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

Yes. The more people know about the District and its services, the more likely we will be able to meet their needs.

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

I am not certain that this methodology is a Best Management Practice, but it certainly

illustrates the need to employ a multi-faceted approach to such a complex issue very well (organizationally and individually; internally and externally; administratively).

Accomplishment #3: Improved Employee Morale

A. What was achieved?

The morale of Central Louisiana Human Services District (CLHSD) staff was vastly improved.

B. Why is this success significant?

This is significant because the staff morale was very low when the new executive director, Dr. Michael R. DeCaire, started at CLHSD.

C. Who benefits and how?

The state, the Louisiana Department of Health, the District and all of the citizens being provided services by the District all benefit from increased productivity; decreased absenteeism (only 1% of work hours due to sick leave and only 2% of work hours due to annual leave); higher quality work product; greater attention to detail; increased creativity; increased safety- less likely workplace issues/conflicts (staff and client); and decreased liability.

D. How was the accomplishment achieved?

New employees want to work for employers who are able to create and foster a work culture that is positive, uplifting, encouraging, acknowledging, rewarding, and leads them to believe that they are a part of something that is good and worthwhile. Existing employees want their work environment to be free from the drama and toxicity that exists and brings them down, which cumulatively results in a far worse work product. So, with these motives in mind, Dr. Michael R. DeCaire coached, mentored, and trained, to resolve these problems and also:

- 1) Met routinely with all employees and shared with them his plans for the District, and gave them thanks and praise for their contributions (productivity reports), and explained to them the vision of our strategic plan and how it will benefit them and the District.
- 2) When employees separated, ensured that they were replaced with individuals whose personalities, qualifications, and skill sets would contribute to a positive work environment.
- 3) Reassigned staff offices to improve departmental cohesion and reassigned supervisory-subordinate relationships where those relationships were not beneficial or complementary.
- 4) Routinely acknowledged employees regular and extraordinary contributions and extracurricular activities (e.g. volunteer of the year award).
- 5) Cooked for the Administrative staff on a monthly basis and routinely brought treats (donuts, ice cream, etc.) for the office.
- 6) Provided holiday meals for all staff.

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

Yes. The more the workplace appeals to the staff, the more likely they are to make significant contributions to the goals of the District.

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

I am not certain that this methodology is a Best Management Practice, but it certainly illustrates the need to employ a multi-faceted approach to such a complex issue very well (organizationally and individually; internally and externally; administratively).

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

The strategic plan that was created for Central Louisiana Human Services District (CLHSD) was done at the time the District actually transitioned from a Region to a District. The District has completed the transition and is moving forward in its new incarnation. When Dr. Michael DeCaire began as Executive Director last year, the AMPAR was due a couple of weeks later, and he did not have sufficient time to do everything necessary to revise/update the strategic plan. However, since last year Dr. DeCaire began implementing elements that would become a part of the strategic plan (Accomplishment 1, 2, and 3 above) and developed an updated strategic plan.

The updated/revised strategic plan consists of the following:

- 1) Increasing self-generated revenue.
- 2) Increasing public awareness and becoming a community leader.
- 3) Improving morale.
- 4) Acquiring a better electronic health record that is a combination product (i.e. health record and payment management system in one).
- 5) Continue to expand credentialing with health plans.
- 6) Acquiring office space sufficient to house our Pineville clinic operations, Developmental Disabilities operations, and our Administrative operations under one roof.
- 7) Reviewing all contracts and services provided to determine if the service fits well within the framework and function of the District or if there would be a better fit with another service.
- 8) Establishing relationships with community institutions/agencies that are aligned with the District's mission/goals/objectives, in order to better meet the needs of the community.
- 9) Revising all contracts (formatting, language and content- statement of work, deliverables, performance indicators/measures), so as to be clear enough for all vendors to understand exactly what is expected of them, and to remove any ambiguity

on the part of the contract monitors, so that they know exactly what the vendors are and are not required to do. In addition, contract monitoring forms will be developed which exactly mirror the statement of work, deliverables, and performance indicators/measures.

10) Preparing for site visits and surveys.

11) Ensuring that the District's Board composition and Developmental Disabilities funding meets the requirements of Act 73 of the 2017 Regular Legislative Session.

♦ **Please provide a brief analysis of the overall status of your strategic progress.**

What is your general assessment of overall timeliness and progress toward accomplishment of results targeted in your goals and objectives? What is your general assessment of the effectiveness of your strategies? Are anticipated returns on investment are being realized?

The overall timeliness and progress toward accomplishment of the strategic plan objectives and goals is ahead of schedule in some areas (e.g. self-generated revenue, improving morale, and expanded credentialing with health plans); right on track in other areas (e.g. increasing public awareness and becoming a community leader); acquiring a better electronic health record that is a combination product; reviewing all contracts and services provided to determine if the service fits well within the framework and function of Central Louisiana Human Services District (CLHSD) or if there would be a better fit with another service; establishing relationships with community institutions/agencies that are aligned with the District's mission/goals/objectives in order to better meet the needs of the community; preparing for site visits and surveys; and ensuring that the District's Board composition and Developmental Disabilities funding meets the requirements of Act 73 of the 2017 Regular Legislative Session; and the remaining two components (acquiring office space sufficient to house our Pineville clinic operations, Developmental Disabilities operations, and our Administrative operations under one roof and revising all contracts) of the strategic plan are about to be undertaken.

The strategies being employed are achieving exactly what was intended and the returns are being realized.

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

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

- Is progress largely due to the effects of external factors? Would the same results have been generated without specific department action?
- Is progress directly related to specific department actions? (For example: Have you reallocated resources to emphasize excellence in particular areas? Have you initiated new policies or activities to address particular

issues or needs? Have you utilized technology or other methodologies to achieve economies or improve service delivery?)

- Is progress related to the efforts of multiple departments or agencies? If so, how do you gauge your department's contribution to the joint success?
 - Other? Please specify.
2. Is this significant progress the result of a one-time gain? Or is progress expected to continue at an accelerated pace?

All of the areas where significant progress is being made are identified above under accomplishments 1, 2, and 3, and the answers to questions 1 and 2 are included.

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

1. To what do you attribute this lack of progress? For example:
 - Is the lack of progress related to a management decision (perhaps temporary) to pursue excellence in one area at the expense of progress in another area?
 - Is the lack of progress due to budget or other constraint?
 - Is the lack of progress related to an internal or external problem or issue? If so, please describe the problem and any recommended corrective actions in Section III below.
 - Other? Please specify.
2. Is the lack of progress due to a one-time event or set of circumstances? Or will it continue without management intervention or problem resolution?

NONE

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

- ☒ Yes. If so, what adjustments have been made and how will they address the situation?
- ☐ No. If not, why not?

The strategic plan has been updated/revised as stated above.

- ♦ **How does your department ensure that your strategic plan is coordinated throughout the organizational and management levels of the department, regularly reviewed and updated, and utilized for management decision-making and resource allocation?** Use as much space as needed to explain fully.

Central Louisiana Human Services District (CLHSD) employs an Executive

Management Team (EMT) and Workgroups to identify issues, needs, requirements, and regulations that need to be addressed and these discussions include whether or not those areas need to be included in the strategic plan. The EMT serves to coordinate the strategic plan components relevant to their department, and the Workgroups serve to implement the strategic plan within and across departments.

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

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

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

No significant department management or operational problems exist.

A. Problem/Issue Description

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

B. Corrective Actions

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

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

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

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

☐ No. If not, please explain.
☐ Yes. If so, what investment is required to resolve the problem or issue? (For example, investment may include allocation of operating or capital resources—people, budget, physical plant and equipment, and supplies.)
 Please discuss the following:

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

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

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



Internal audit

Central Louisiana Human Services District (CLHSD) executive management team ensures ongoing monitoring of programmatic and administrative functions.

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

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

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

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

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

- ☒ **Performance Progress Reports (Louisiana Performance Accountability System)**
The Louisiana Department of Health (LDH) Division of Planning and Budget coordinates and reviews entries of the Louisiana Performance Accountability System (LaPAS) data on a quarterly basis for all LDH agencies. Explanatory Notes are provided for positive and negative variances greater than 5% from quarterly performance indicator targets. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed.

- ☒ **In-house performance accountability system or process**
Performance Based Budgeting activities (including, but not limited to strategic planning, operational planning, and the Louisiana Performance Accountability System) are coordinated by the Louisiana Department of Health (LDH) Division of Planning and Budget. This section reviews all objectives, performance indicators and strategies for the Office of the Secretary, as well as

each LDH agency. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed. Also, at the close of a fiscal year, agencies and programs review and evaluate performance during that fiscal year in order to determine if the information gained from this review should be used to improve strategic and operational planning, as well as agency and program management department-wide.

☒ **Benchmarking for Best Management Practices**

The Louisiana Department of Health (LDH) Division of Planning and Budget reviews, researches and develops objectives, performance measures and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are compared to benchmarks from leading states involved in performance-based budgeting activities. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed.

☒ **Performance-based contracting (including contract monitoring)**

Contracts are required to contain a description of the work to be performed including goals and objectives, deliverables, performance measures and a monitoring plan.

☒ Peer review

☒ Accreditation review

☒ Customer/stakeholder feedback

☐ Other (please specify):

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

☐ Yes. Proceed to Section C below.

☒ No Skip Section C below.

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

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

Agency & Program:
Telephone:
E-mail:

Annual Management and Program Analysis Report

Fiscal Year 2016-2017

Department: **Louisiana Department of Health (LDH)**
09-377 Northwest Louisiana Human Services District

Department Head: **Rebekah E. Gee, MD, MPH**
LDH Secretary

Undersecretary: **Jeff Reynolds**

Executive Director: **Doug Efferson**

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

For each accomplishment, please discuss and explain:

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

Accomplishment #1: Increased Self-Generated Revenues 115% over the Past Three Years

- A. What was achieved?
Northwest Louisiana Human Services District (NLHSD) increased Self-Generated Revenue (SGR) collections for the past three consecutive fiscal years, including a 32% increase this fiscal year over the previous fiscal year.
- B. Why is this success significant?
NLHSD has continued the trend of increasing self-generated revenues each fiscal year

for three years; despite the closure of three behavioral health clinics in 2016 and the loss of two full-time physicians during fiscal year 2017 (FY17), NLHSD was able to increase self-generated revenues 34% to \$766,338 in FY15, another 23% to \$939,221 in FY16, and now another 32% to \$1,236,666 in FY17.

C. Who benefits and how?

The State of Louisiana benefits by having self-generated revenue collections that better match budgeted expectations. NLHSD benefits by better meeting budget expectations.

D. How was the accomplishment achieved?

This increase is the direct result of improved clinic billing processes and expanded third-party billing.

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

Yes

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

Yes

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

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

Yes, the strategic plan for Northwest Louisiana Human Services District (NLHSD) is on time and on target for accomplishment. Key elements of the Five-year Strategic Plan focus on the successful management of governance, leadership, and district processes so that available funding supports the most services possible to the parishes we serve. In this regard, NLHSD is meeting targets. The inability to retain two full-time physicians due to pay issues resulted in a reduction in the volume of behavioral health services being provided when compared to the previous fiscal year. This has resulted in Behavioral Health volumes that are below the expected performance standard. There is an opportunity to recover these volumes when the state finances stabilize and additional funding can be re-directed to Behavioral Health services.

- ♦ **Where are you making significant progress?** If you are making no significant progress, state “None.” However, if you are making significant progress, identify and

discuss goals and objectives that are exceeding the timeline for achievement; identify and discuss strategies that are working better than expected. Be specific; discuss the following for each:

The Recruitment of Board Members

1. To what do you attribute this success?

The board of directors updated their governance policy manual to include a clearly defined recruitment process for board members. This process resulted in the successful recruitment of four new board members during the year as other board members rotated off of the board.

- Is progress largely due to the effects of external factors?
No. Progress was due to a change in an internal policy and process.
- Would the same results have been generated without specific department action?
No.
- Is progress directly related to specific department actions?
Yes. We updated our board governance manual to include board members rotating off of the board to work proactively in identifying a replacement board member before their term was done.
- Is progress related to the efforts of multiple departments or agencies?
No. Progress was specific to our district policies and processes.
- Other? None.

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

Yes. Now that most of our board vacancies are filled, progress is plateaued and should be sustainable over time.

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

Maintaining Behavioral Health Volumes

1. To what do you attribute this lack of progress?

The loss of two full-time physicians due to pay issues and the multiple mid-year budget reductions impacted our ability to generate behavioral health volumes at the level of previous years or at the expected performance standard.

- Is the lack of progress related to a management decision (perhaps temporary) to pursue excellence in one area at the expense of progress in another area? No
 - Is the lack of progress due to budget or other constraint? Yes
 - Is the lack of progress related to an internal or external problem or issue? If so, please describe the problem and any recommended corrective actions in Section III below. No.
 - Other? None.
2. Is the lack of progress due to a one-time event or set of circumstances? Or will it continue without management intervention or problem resolution?
The lack of progress is due to a set of circumstances that has been unavoidable. There is an opportunity to recover these behavioral health volumes when the state finances stabilize and additional funding can be re-directed to Behavioral Health services. In the meantime, volume standards are being reduced for fiscal year 2018 to meet the new funding norm.
- ♦ **Has your department revised its strategic plan to build on your successes and address shortfalls?**
- ☒ Yes. If so, what adjustments have been made and how will they address the situation?
- Volume expectations for Behavioral Health services have been reduced for fiscal year 2018 to meet what can be expected with two less physicians and no increase in funding.
- ☐ No. If not, why not?
- ♦ **How does your department ensure that your strategic plan is coordinated throughout the organizational and management levels of the department, regularly reviewed and updated, and utilized for management decision-making and resource allocation?**

The areas of focus for the strategic plan were developed based on stakeholder input and an update of the District's End Statement by the Northwest Louisiana Human Services District (NLHSD) Board of Directors. The NLHSD Senior Leadership Team then adjusted the goals and objectives of the plan based on input from management staff. The final draft has been disseminated to staff via e-mail and posted on the NLHSD shared folder for all staff to reference when needed. Review of the plan is set to occur twice a year with a summary report to the Board of Directors for their review and input. se as much space as needed to explain fully.

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

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

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

There is no significant department management or operational problems to report.

A. Problem/Issue Description

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

B. Corrective Actions

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

☐ No. If not, skip questions 2-5 below.
☐ Yes. If so, complete questions 2-5 below.
2. What corrective actions do you recommend to alleviate or resolve the problem or issue?
3. Has this recommendation been made in previous management and program analysis reports? If so, for how long (how many annual reports)?
4. Are corrective actions underway?
 - a. If so:
 - What is the expected time frame for corrective actions to be implemented and improvements to occur?

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

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

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



Internal audit

Northwest Louisiana Human Services District (NLHSD) executive management team ensures ongoing monitoring of programmatic and administrative functions.

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

policies.

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

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

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

- ☐ Policy, research, planning, and/or quality assurance functions in-house
☐ Policy, research, planning, and/or quality assurance functions by contract
☐ Program evaluation by in-house staff
☐ Program evaluation by contract
- ☒ **Performance Progress Reports (Louisiana Performance Accountability System)**
The Louisiana Department of Health (LDH) Division of Planning and Budget coordinates and reviews entries of the Louisiana Performance Accountability System (LaPAS) data on a quarterly basis for all LDH agencies. Explanatory Notes are provided for positive and negative variances greater than 5% from quarterly performance indicator targets. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed.
- ☒ **In-house performance accountability system or process**
Performance Based Budgeting activities (including, but not limited to strategic planning, operational planning, and the Louisiana Performance Accountability System) are coordinated by the Louisiana Department of Health (LDH) Division of Planning and Budget. This section reviews all objectives, performance indicators and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed. Also, at the close of a fiscal year, agencies and programs review and evaluate performance during that fiscal year in order to determine if the information gained from this review should be used to improve strategic and operational planning, as well as agency and program management department-wide.

- ☒ **Benchmarking for Best Management Practices**
The Louisiana Department of Health (LDH) Division of Planning and Budget reviews, researches and develops objectives, performance measures and strategies for the Office of the Secretary, as well as each LDH agency. Recommendations are compared to benchmarks from leading states involved in performance-based budgeting activities. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed.
- ☒ **Performance-based contracting (including contract monitoring)**
Contracts are required to contain a description of the work to be performed including goals and objectives, deliverables, performance measures and a monitoring plan.
- ☐ Peer review
- ☒ **Accreditation review**
Northwest Louisiana Human Services District (NLHSD) currently operates under a 3-Year CARF (Commission on Accreditation of Rehabilitation Facilities) Accreditation. This accreditation includes an annual conformance review process.
- ☒ **Customer/stakeholder feedback**
Northwest Louisiana Human Services District (NLHSD) solicits input from LaPAS and C'est Bon surveys, comments on the NLHSD website, verbal and written comments during public forums, and stakeholder surveys distributed during the NLHSD Board's annual strategic planning process.
- ☐ Other (please specify):

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

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

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

1. Title of Report or Program Evaluation
2. Date completed
3. Subject or purpose and reason for initiation of the analysis or evaluation
4. Methodology used for analysis or evaluation
5. Cost (allocation of in-house resources or purchase price)
6. Major Findings and Conclusions

7. Major Recommendations
8. Action taken in response to the report or evaluation
9. Availability (hard copy, electronic file, website)
10. Contact person for more information, including
 - Name:
 - Title:
 - Agency & Program:
 - Telephone:
 - E-mail: