

# A Five Year Strategic Plan



FY 2014-2015 through  
FY 2018-2019

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*Secretary*

*Produced by the DHH Division  
of Planning and Budget  
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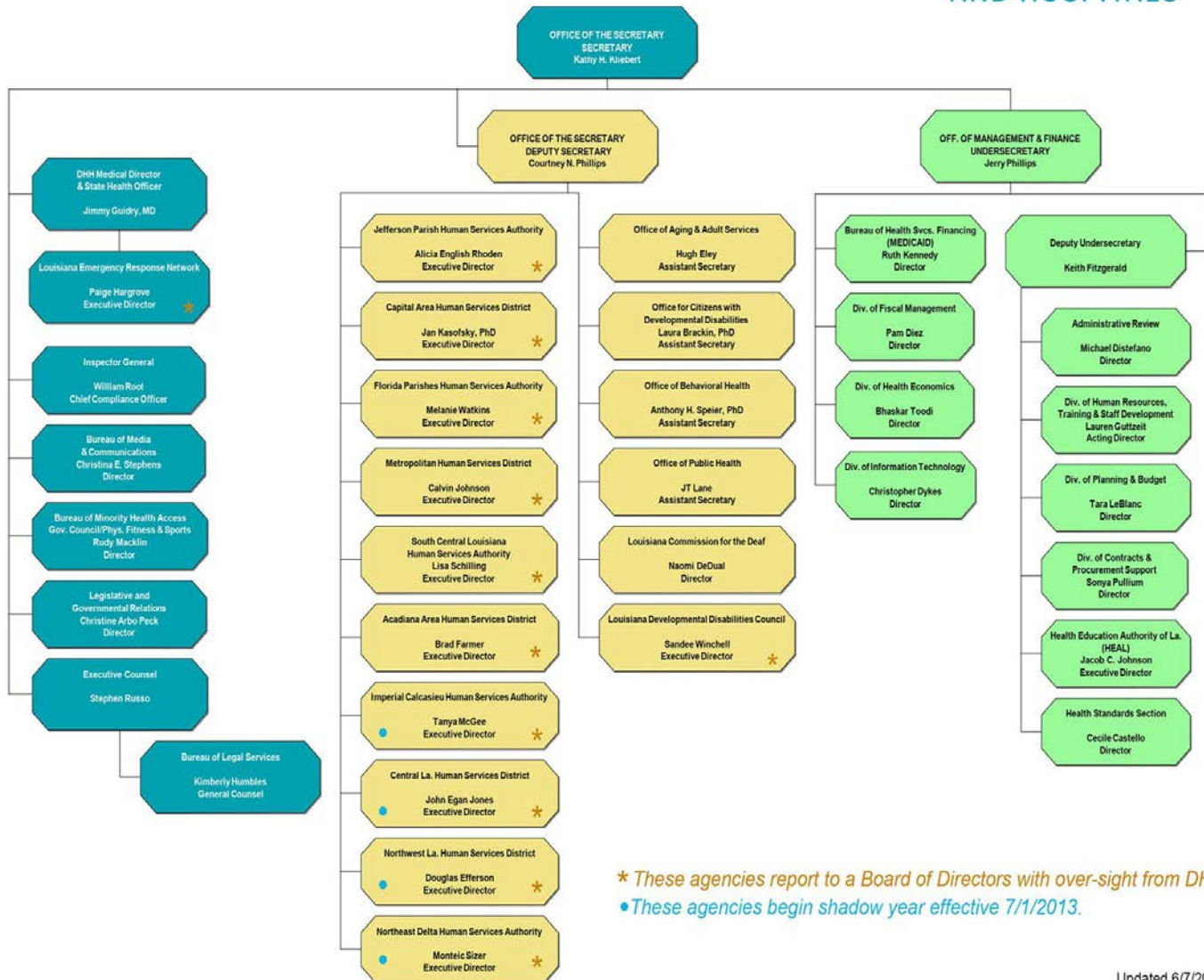
  
**DEPARTMENT OF HEALTH**  
AND HOSPITALS

# **Department of Health and Hospitals Strategic Plan**

**FY 2014-2015 through FY 2018-2019**

- Vision**            The vision of the Department is a future where all the people of Louisiana will have the opportunity to grow, develop, and live in an environment that is nurturing, supportive and safe, and that promotes and supports the physical, mental and social health of individuals, families, and communities.
- Mission**           The mission of the Department of Health and Hospitals is to protect and promote health and to ensure access to medical, preventive and rehabilitative services for all citizens of the State of Louisiana.
- Philosophy**        The Department of Health and Hospitals is dedicated to fulfilling its mission through direct provision of quality services, the development and stimulation of services of others, and the utilization of available resources in the most effective manner.
- Goals**              To accomplish its mission, the Department of Health and Hospitals has set three goals. The Department's goals are to:
- I.    Ensure access to medical services, preventive services, and rehabilitative and habilitative services for eligible people who are in need of such while respecting the budgetary constraints set by the legislature;
  - II.   Protect the health needs of the people of Louisiana and promote effective health practices; and
  - III. Ensure that appropriate and quality health care services are provided to the citizens of Louisiana.

# ORGANIZATIONAL CHART



Updated 6/7/2013

**5-Year Strategic Plan**  
FY 2014-2015 through FY 2018-2019

**Agency Listing**

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09-300	Jefferson Parish Human Services Authority
09-301	Florida Parishes Human Services Authority
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09-303	Developmental Disabilities Council
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09-305	Bureau of Health Services Financing (Medical Vendor Administration)
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## Jefferson Parish Human Services Authority

### **Vision**

Jefferson Parish Human Services Authority (JPHSA) envisions a Jefferson Parish in which individuals and families will live full, healthy, independent and productive lives to the greatest extent possible with available resources.

### **Mission**

Individuals and families in Jefferson Parish affected by Mental Illness, Addictive Disorders or Developmental Disabilities shall live full, independent and productive lives to the greatest extent possible for available resources, including the integration of primary care into clinical services.

### **Philosophy**

Jefferson Parish Human Services Authority has embraced shared philosophies of person-centered, holistic, and recovery-oriented service planning and delivery within a culture committed:

- To assist each individual served with overcoming barriers to achieving his or her full potential;
- To offer relevant and integrated services representative of best and evidence-based practices with a focus on positive outcomes;
- To maintain service delivery environments that are both welcoming and safe; and,
- To practice the Authority's Service Statement – we promise courtesy, empathy, and respect in meeting the expectations of those we serve and each other – during daily interpersonal interactions.

Jefferson Parish Human Services Authority operates within a context of performance and continuous quality improvement and practices data-based decision-making to assure effective and efficient use of available resources and to best position the Authority for long-term sustainability.

### **Executive Summary**

In 1989, the Louisiana State Legislature passed RS 28:831, the enabling legislation that established Jefferson Parish Human Services Authority as a Local Governing Entity responsible for the administration, management and operation of mental health, addictive disorders, and developmental disabilities services for the residents of Jefferson Parish, Louisiana.

Governance of JPHSA is by a 12-member Board of Directors with nine members appointed by the Jefferson Parish Council and the remaining three members appointed by the Governor of Louisiana. Each Board member must possess experience in the area of mental health, addictive disorders, or

developmental disabilities and represent parents, consumers, advocacy groups, or serve as a professional in one of the areas. All members serve without compensation.

The Board operates under a policy governance model with an ends statement, i.e. mission and means limitations policies in place for an Executive Director to follow. The Board governs with an emphasis on: outward vision rather than an internal preoccupation; encouragement of diversity in viewpoints; strategic leadership more than administrative detail; clear distinction between Board and Chief Executive roles; collective rather than individual decisions; future rather than past or present; and, actively rather than reactively. During Fiscal Year 2012-2013, the Board amended the Authority's Mission Statement to include integration of primary care into clinical services as a directive to utilize a holistic approach in supporting the overall health of the Jefferson Parish community.

The JPHSA Executive Director, selected by the Board, is supported in administration and day-to-day operations by an Executive Management Team. This leadership strives to foster a culture of accountability and collaboration in an environment focused on evidence-based and best practices, ongoing assessment of needs, and continuous performance and quality improvement. Success is defined by positive outcomes and customer satisfaction along with maximized efficiency and cost-effectiveness in the provision of services and supports.

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

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

## Strategic Links

### ***Substance Abuse and Mental Health Services Administration***

“Recovery is defined as a process of change through which individuals improve their health and wellness, live a self directed life **and** strive to reach their full potential.” Major dimensions of recovery are defined as health, home, purpose and community.

Health: overcoming or managing one's diseases as well as living in a physically and emotionally way.

Home: a stable and safe place to live.

Purpose: meaningful daily activities, such as a job, school, volunteerism, family caretaking or creative endeavors and the independence, income and resources to participate in society.

Community: relationships and social networks that support friendship, love and hope.

### ***Healthy People 2020***

Objective MHMD HP 2020-6: Increase the proportion of children with mental problems who receive treatment.

Objective MHMD HP 2020-12: Increase the proportion of persons with serious mental illness who are employed.

Objective MHMD HP 2020-13: Increase the proportion of adults with mental disorder who receive treatment.

### ***Institute of Medicine Report***

Goal 1: Assuring the system is patient centered.

Goal 2: Enhancing measurement and quality improvements in infrastructure.

Goal 3: Improving linkages across the systems of care.

Goal 4: Increasing involvement in National Health Information Infrastructure.

### ***National Alliance for the Mentally Ill (NAMI)***

“75% of the most frequent users of health and criminal justice services were diagnosed with a mental illness or substance abuse problem.”

“Lack of housing causes people with severe mental illness to cycle among hospitals, shelters or jails at very high costs.”

“Investments in supportive housing and mental health services also save money: a New York study of 10,000 people with mental illness showed that after supportive housing and services, there was a 60% drop in state hospital use and an 80% drop in the number of public hospital in-patient days.”

### ***Parish Children and Youth Services Planning Boards Act (Act 555)***

For the purposes of encouraging positive youth development, diversion of youth from the criminal justice system, reduction in commitments of youth to state institutions, promoting efficiency and economy in the delivery of youth services, and providing community response to the growing rate of juvenile delinquency, the legislature authorizes a program of state subsidies to assist parishes, on a voluntary basis, in the development, implementation, and operation of comprehensive, community-based youth service programs.

The purpose of the children and youth planning boards is to assist in the assessment, alignment, coordination, prioritization, and measurement of all available services and programs that address the needs of children and youth. This includes children and youth at risk for, or identified with, social, emotional, or developmental problems, including, but not limited to educational failure, abuse, neglect, exposure to violence, juvenile or parental mental illness, juvenile or parental substance abuse, poverty, developmental disabilities and delinquency. The boards are intended to encourage collaborative efforts among local stakeholders for assessing the physical, social, behavioral, and educational needs of children and youth in their respective communities and for assisting in the development of comprehensive plans to address such needs.

### ***Substance Abuse and Mental Health Services Administration***

Assertive Community Treatment has been endorsed as an essential treatment for severe mental illness in the Surgeon General’s Report on Mental Health.

In the new federal performance indicators system developed by the Substance Abuse and Mental Health Services Administration, accessibility to Assertive Community Treatment services is one of the three best practice measures of the quality of a state’s mental health system.

***Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (CSAP)***

CSAP promotes the use of data-driven decision-making in determining which evidence-based programs, practices, and policies work best to keep citizens healthy. The goal of the CSAP initiative is to create prevention prepared communities where individuals, families, schools, workplaces, and communities take action to promote emotional health and prevent and reduce mental illness, substance abuse including tobacco, and suicide across the lifespan.

***Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (CSAT)***

CSAT promotes the quality and availability of community-based substance abuse treatment services to improve lives of individuals and families affected by alcohol and drug abuse by ensuring access to clinically sound, cost-effective addiction treatment. Because no single treatment approach is effective for all persons, CSAT supports the effort to provide multiple treatment modalities, to evaluate effectiveness, and to use evaluation results to enhance treatment and recovery approaches.

***Substance Abuse and Mental Health Services Administration (SAMHSA)  
Understanding Health Reform: Integrated Care and Why You Should Care***

“Studies conducted in the last decade show that people with mental health and/or addiction disorders die at a younger age than those in the general population. Causes of these premature deaths are likely to include treatable health conditions such as heart disease and diabetes.”

“Integration of primary care and behavioral health care will allow health professionals to coordinate diagnoses and treatments so that they can complement each other. Integrated care should result in fewer medical tests and eliminate repetition of even such simple procedures as blood draws.”

“An important result of integrated health care delivery for everyone will be the ability for all health care information to be accessible from one place.”

***National Council for Community Behavioral Healthcare***

***Background Paper: Behavioral Health/Primary Care Integration Models, Competencies, and Infrastructure, May 2003***

***Why Pursue Integration?***

- Because it is the right thing to do.
- Because many people in the broader community now receive their behavioral healthcare in a primary care setting, and the gap between the medical and behavioral healthcare systems must be bridged.
- Because there is the opportunity for quality improvement of care within the primary care and specialty behavioral healthcare settings.
- Because many people being served by public behavioral health services need better access to primary care.
- Because community health centers serve people who need better access to behavioral healthcare.
- Because behavioral health clinicians are a resource for assisting people with all types of chronic health conditions.
- Because there are changes underway in the financing of both healthcare and behavioral healthcare systems.



### ***American Academy of Pediatrics – Mental Health Initiatives***

“The need for primary care clinicians to manage children with mental health concerns only will continue to increase in the future...Primary care clinicians are, and will continue to be, an important first resource for parents who are worried about their child’s behavioral problems.”

### ***American Association on Intellectual and Developmental Disabilities (AAIDD)***

People with intellectual and/or developmental disabilities must be able to live the lives they choose and have a good quality of life.

A good quality of life exists for individuals with intellectual and developmental disabilities when they:

- Receive the support, encouragement, opportunity and resources to explore and define how they want to live their lives;
- Choose and receive the services and supports that will help them live meaningful lives;
- Direct the services and supports they receive;
- Lead a life rich with friendships;
- Have their rights, dignity and privacy protected;
- Are allowed to take risks in their choices; and,
- Are assured of health and safety.

Public agencies, private organizations, and individuals providing services and supports must:

- Be responsible and accountable to individuals and their families;
- Continuously improve their efforts to support individuals in leading meaningful lives;
- Be recognized when they make meaningful contributions to the quality of life for individuals;
- Be replaced when they fail to make meaningful contributions to quality of life for individuals; and,
- Be part of a program of ongoing monitoring, independent of the service provider, to ensure desired outcomes and the satisfaction of the people served and their families.

### ***Developmental Disabilities Council***

The Developmental Disabilities Council ensures that all individuals with disabilities benefit from supports and opportunities in their communities so they can achieve quality of ~~live~~ **life** in conformance with their wishes.

### ***Individuals with Disabilities Education Act (IDEA)***

Ensuring educational and related services to children with disabilities from birth to 21 years of age, IDEA states that disability is a natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society. The IDEA makes certain that educational services result in equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities.

### ***Louisiana Act 378, Family Support Act of 1989***

Individuals and families with developmental disabilities need supports and services which are person- and family-centered, flexible, and determined by their preferences, goals and priorities. No matter the severity of the disability or degree of support needed, supports and services must be provided so the individual may live in a stable family environment within the community. Services and supports must be responsive to individuals and families, and result in individuals having greater independence, community participation, and productivity similar to other citizens without disabilities in community domains such as employment, volunteer service, participation in neighborhood activities, home ownership, and education.

### ***Human Resources Policies Benefiting Women and Families, Act 1078***

With regard to employees who provide services and to support staff, JPHSA has an array of authority-wide Human Resources policies that support female employees, and hence, their families. All policies are reviewed on a regular basis and updated as needed. Additionally, the Human Resources Director monitors state and federal guidelines/mandates as well as internal feedback from front-line staff and management to assure compliance and to stimulate process improvement.

With regard to individuals served, as reflected in this strategic plan, JPHSA utilizes a person- and family-centered approach to the provision of services and supports; and, recognizes 1) families as the foundation of lifelong love and care; and, 2) the need for families to be supported and strengthened. Evidence, too, the operation of activities within the JPHSA program – Child & Youth Clinic- and Community-based Behavioral Health Services – with focus on children, infancy through adolescence, and the family unit; and, including services specifically geared to benefit women in the parent role.

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

The Jefferson Parish Human Services Authority program includes the following activities: Behavioral Health Community-based and Specialty Services; Integrated Primary Care and Behavioral Health Clinic-based Services; Developmental Disabilities Community Services; and, Business Management/ Performance & Quality Improvement Services.

***Behavioral Health Community-based and Specialty Services:*** provides community-based treatment and support services for adults, children and adolescents with serious mental illness, emotional and behavioral disorders, and/or addictive disorders. Treatment and support services include the development, expansion, and provision of housing, employment, mobile crisis services and in-home treatments and supports, as well as, linkage to additional community resources. Services prevent psychiatric hospitalization, facilitate independence, and maximize individual recovery and resiliency.

***Integrated Primary Care and Behavioral Health Clinic-based Services:*** provides adults, children, adolescents, and their families with inter- and outer-agency coordinated care through collaborations that aid in the provision of Integrated Primary Care and Behavioral Health services that improve health outcomes, reduce costly and restrictive inpatient or out-of-home placement, and address key health factors such as self-care and reduction of unhealthy behaviors. Clinic-based care for individuals discharged from hospitals is facilitated by care managers; follow-up services are determined by primary care needs and a best practice level of care system for behavioral health needs; and, services are individualized by a multidisciplinary treatment team that includes the adult, child, or adolescent, and the family served.

***Developmental Disabilities Community Services:*** provides a single point of entry for individuals with Developmental Disabilities. Supports and services are person- and family-centered and planned to assist individuals with developmental disabilities to have full participation and inclusion in their community. Developmental Disabilities Community Services encourages full community participation and inclusion by focusing on increasing independence, promoting equal employment, supporting educational goals, assisting with increasing skill development, and decreasing challenging behaviors that may lead to institutionalization or services in a more restrictive setting.

***Business Management/Performance & Quality Improvement Services:*** provides accreditation maintenance; quality management (monitoring, auditing, corrective action and/or improvement activities); utilization review and management (right service at the right time for the right duration with the right provider and record review); decision support (data collection, mining and analysis); outcomes reporting; managed care contracting and credentialing; service billing and denial management; contract and grants administration; fiscal/accounting services; facilities management; risk prevention and safety inspection; information technology management (network, hardware, and software); human resources management and internal consulting; training; and, benefits management. JPHSA nurtures a culture of service quality, efficiency, and efficacy as well as maximization of resources and capacity.

## **Authority Goals**

### ***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.

### ***Goal II***

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

## **Objective I:**

Through Behavioral Health Community-based and Specialty Services, decrease the disabling effects of mental illness and/or addictive disorders to enable adults ages 21 and older who are receiving services to live successfully in the community by the end of FY 2018-2019.

### **Strategies:**

- 1.1 Monitor community-based providers to insure adherence to best practices.
- 1.2 Provide intensive technical assistance to maximize community-based provider effectiveness and facilitate linkages to available resources.
- 1.3 Insure community-based providers implement Performance & Quality Improvement (PQI) plans.

### **Performance Indicators:**

- Percent of adults receiving community-based services who remain in the community without a hospitalization. (Key)
- Percent of adults receiving community-based services who remain in stable housing. (Key)

## **Objective II:**

Through Behavioral Health Community-based and Specialty Services, provide a continuum of best and evidence-based practices to assist children and adolescents under age 21 who are receiving services to live productive lives in the community, increase academic success, and reduce out-of-home placement and utilization of the juvenile justice system by the end of FY 2018-2019.

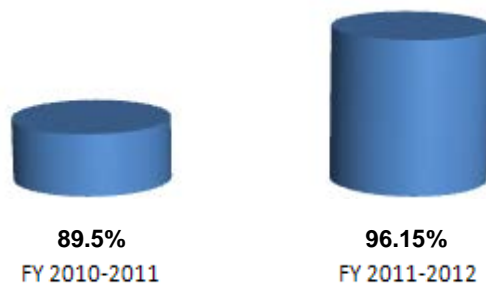
**Strategies:**

- 2.1 Deliver evidence-based and best practice behavioral health community-based services for children and adolescents.
- 2.2 Measure functional and symptom improvements of children and adolescents who have received services.
- 2.3 Collaborate with child-serving agencies to enhance availability of resources to serve youth, while decreasing duplication of funding efforts.

**Performance Indicators:**

- Percent of individuals completing Multi-Systemic Therapy (MST) free from arrests. (Supportive)
- Percent of individuals completing Multi-Systemic Therapy (MST) in school or working. (Supportive)
- Percent of youth who completed Functional Family Therapy (FFT) to show improvement in behavior problems. (Supportive)

**Performance Indicator Name: Percent of individuals completing Multi-Systemic Therapy (MST) in school or working (23819)**



This performance indicator is used to measure improvement in symptoms and the successful functioning of child and adolescents in the community.

**Objective III:**

Through Integrated Primary Care and Behavioral Health Clinic-based Services, increase access to integrated services among adult individuals age 21 and older with serious mental illness and/or addictive disorders and foster recovery and wellness behaviors of goal setting, symptom control, and personal responsibility by the end of FY 2018-2019.

**Strategies:**

- 3.1 Increase capacity for integrated primary care and behavioral health services.
- 3.2 Increase use of Care Management as a best practice for primary care, behavioral health care, and integrated care.

- 3.3 Increase use of treatment modalities shown to be effective in promoting symptom control, goal setting and personal responsibility.

**Performance Indicators:**

- Number of adults who receive primary care services. (Key)
- Number of adults who receive behavioral health services. (Key)
- Number of adults who have documented contact with a care manager. (Key)
- Percent of adults who report improvement in or maintenance of depressive symptoms. (Key)
- Percent of adults who report improvement in or maintenance of recovery behaviors of goal setting, knowledge of symptom control, and responsibility for recovery. (Key)

**Objective IV:**

Through Integrated Primary Care and Behavioral Health Clinic-Based Services, provide a continuum of best and evidence-based practices to assist children and adolescents under age 21 to better quality of life by improving emotional well-being, improving family functioning, improving academic success, reducing suspensions and expulsions, reducing out-of-home placement, and reducing involvement with the juvenile justice system by the end of FY 2018-2019.

**Strategies:**

- 4.1 Deliver evidence-based and best practice clinic-based services for children and adolescents.
- 4.2 Measure functional and symptom improvements of children and adolescents who have received services.

**Performance Indicators:**

- Number of children and adolescents who receive primary care services. (Key)
- Number of children and adolescents who receive behavioral health services. (Key)
- Percent of children and adolescents who report improvement in or maintenance of depressive symptoms. (Key)
- Percent of children and adolescents who report improvement in or maintenance of attention deficit symptoms. (Key)

**Objective V:**

Through Developmental Disabilities Community Services, promote independence, participation, employment and productivity, personal responsibility, and quality of life in the community, thus preventing institutionalization and assuring individuals and families receiving family and support services remain in their communities by the end of FY 2018-2019.

**Strategies:**

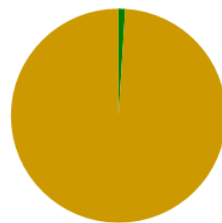
- 5.1 Implement best practices for person/family-centered planning, team functioning and leadership.
- 5.2 Promote vocational supports or path to employment with transition and working-age adults.
- 5.3 Improve the development, implementation and quality of comprehensive plans of support via service monitoring and ongoing plan evaluation.

- 5.4 Streamline the review of comprehensive plans of support, critical incidents, resource allocations, and other key home and community-based waiver priorities.

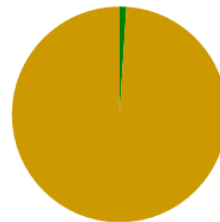
**Performance Indicators:**

- Percent of Individual and Family Support recipients who remain in the community vs. institution. (Key)
- Percent of persons with a developmental disability employed in community-based employment. (Key)
- Number of people (unduplicated) receiving state-funded developmental disabilities community-based services. (Key)
- Percent of available home and community-based waiver slots utilized. (Key)
- Percent of individuals participating in home and community-based waivers utilizing self-direction. (Key)
- Percent of individuals with a developmental disability surveyed who reported overall satisfaction with the services they received. (General)

**Performance Indicator Name: Percent of Individual and Family Support recipients who remain in the community vs. institution (22936)**



**99.60%**  
**FY 2010-2011**



**97.70%**  
**FY 2011-2012**

This outcome measure is used to monitor program quality and effectiveness in achieving family and child preservation and the successful functioning of adults in the community.

**Objective VI:**

Through the Business Management/Performance & Quality Improvement Services activity, optimize resources through leadership, direction and increased operational efficiency while maintaining the highest level of performance and accountability through FY 2018-2019.

**Strategies:**

- 6.1 Increase revenue by decreasing number of days to submit claims for billable clinic-based or community-based services.
- 6.2 Adhere to JPHSA Staff Development & Supervision Guidelines to promote retention and positive levels of satisfaction among staff.
- 6.3 Monitor productivity levels among service providers and initiate performance improvement activities as indicated.

- 6.4 Meet or exceed Council on Accreditation standards and acculturate Performance & Quality Improvement throughout JPHSA.

**Performance Indicator:**

- Average number of days from date of service to claim submission. (Key)
- Percent compliance with Performance Evaluation System (PES) evaluations completed within required timeframe. (General)
- Percent of Behavioral Health Clinic service recipients surveyed who reported they had overall satisfaction with the services they received. (General)
- Percent of JPHSA Annual Performance & Quality Improvement Initiatives achieved. (General)

# 09-301

## Florida Parishes Human Services Authority



[www.fphsa.org](http://www.fphsa.org)

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

### **Vision**

*The vision of Florida Parishes Human Services Authority (FPHSA) is to provide the highest quality of services possible for people in our community who have addictive disorders, developmental disabilities, and/or mental illness and to seek to continually expand and improve those services so that they may lead rich and productive lives among relatives, friends, and neighbors.*

### **Mission**

*The mission of Florida Parishes Human Services Authority (FPHSA) is to provide the quality support services needed to help people with addictions, developmental disabilities, and/or mental illness lead a satisfying and productive life in our community.*

### **Philosophy**

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

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

### **Executive Summary**

*The Florida Parishes Human Services Authority Program is a local governing entity/political subdivision of this state created by the Louisiana Legislature to directly operate and manage community-based addictive disorders, developmental disabilities, and mental health services in the parishes of Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington. Functions and funds relative to the operation of these services were transferred to FPHSA from the Department of Health*



*and Hospitals (DHH). Some funds relative to these functions are also appropriated directly to FPHSA. To increase responsiveness to local human service needs, FPHSA is governed by a board composed of members appointed by the respective parish governing authority and ratified by a plurality of the legislative delegation representing the five parishes which are included in the authority. The program has three major activities: addictive disorders, developmental disabilities, and mental health services. Also included is the activity of executive administration.*

## **Authority Goals**

### **Goal I**

*To assure comprehensive services and supports which improve the quality of life and community participation for persons with serious and persistent addictive disorders, developmental disabilities, and/or mental illness, while providing effective limited intervention to individuals with less severe needs.*

### **Goal II**

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

### **Goal III**

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

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

The Florida Parishes Human Services Authority has one program: Florida Parishes Human Services Authority. The three major activities are: addictive disorders, developmental disabilities, and/or mental health services. Also included is the activity of executive administration.

Note: The FPHSA Board of Directors and administration assure consistency of its goals with DHH in the areas of prevention, treatment, support and advocacy for persons with serious and persistent addictive disorders, developmental disabilities, and/or mental illness.

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

- Activity 1-Addictive Disorders Services - Addictive Disorders Services (ADS) provides an accessible system of prevention and addiction treatment services available in each of the five parishes served by FPHSA. Primary Prevention is an anticipatory process that prepares and supports individuals and systems in the creation and reinforcement of healthy behaviors and lifestyles. Alcohol, tobacco, and other drug problem prevention focuses on risk and protective factors associated with the use of these substances, concentrating on areas where research and experience suggest that success in reducing abuse and addiction is most likely. Evidence-based programs are currently administered to students in schools in all of the five parishes. ADS addictions treatment promotes and supports healthy lifestyles for individuals, families, and communities by providing substance abuse/dependence and compulsive problem gambling treatment through a comprehensive system of care. Levels of care include outpatient and primary inpatient/residential Level III.5. Outpatient clinics provide both intensive outpatient treatment consisting of a minimum of nine hours per week at a minimum of three days per

week for adults 21 years and older and a minimum of six hours per week at a minimum of three days per week for those less than 21 years and non-intensive treatment including aftercare, counseling, and supportive services. Primary inpatient/residential Level III.5 is a twenty-four hours a day, seven days a week modality providing non-acute care and includes a planned and professionally implemented regime for persons suffering from alcohol and/or other addiction problems.

- Activity 2-Developmental Disabilities Services - Developmental Disabilities Services (DDS) focuses on community-based services which assist individuals and families to maintain their family member in the home or community close to natural supports. DDS is the single point of entry into community-based services which include Support Coordination, Family Support, Flexible Family Fund, Residential Living Option, and local oversight and operation of the Home and Community Based (HCB) waivers. A developmental disability may be a physical or cognitive impairment, must occur prior to the age of 22, not solely be attributed to mental illness, and significantly impair three or more activities of daily living. The Entry Services unit determines whether the individual meets criteria for participation in the system. Support Coordination is offered to individuals to obtain needed services through an assessment of their needs, and development of an Individual Support Plan (ISP) which identifies and provides access to natural community supports and system-funded services (such as Medicaid) to meet needs and preferences. Information and referral to other agencies is provided on an ongoing basis. Family Support services are provided to enable a family to maintain their family member in their home or an individual in their own home. Crisis Intervention and Diversion services include crisis funding, coordination for those involved in court and/or DHH custody, crisis admission to residential living options, transition coordination, and referral to immediate support services. Services are developed using a person-centered approach. Flexible Family Fund (formerly Cash Subsidy) is a flat monthly stipend provided to families of children from birth through age 17 with severe developmental disabilities. Funding helps these families meet the extraordinary cost of services and equipment to maintain a developmentally-disabled child in the home. Residential Living Options include a broad range of group living providing 24-hour supports such as community homes and institutions. The DDS Home and Community Based (HCB) waivers include the New Opportunities Waiver (NOW), the Children's Choice Waiver (CCW), the Supports Waiver (SW), and the Residential Options Waiver (ROW). Referrals for residential placement are of last resort and per the request of the family and/or individual. Pre-admission Screening Resident Review (PASRR) is the review of all nursing home admissions within the FPHSA area of persons with developmental disabilities to determine appropriateness of nursing home environment in meeting their needs and to identify their need for specialized services and/or services of a lesser intensity. DDS strives to provide supports and services in order to maintain persons with developmental disabilities in the home with family or in a home of their own.
- Activity 3-Executive Administration - Florida Parishes Human Services Authority (FPHSA) is a local governing entity/political subdivision of this state with the mission to direct the operation and management of public community-based programs and services relative to addictive disorders (including Alcohol Drug Unit and Fontainebleau Treatment Center), developmental disabilities, and mental health in the FPHSA catchment area. FPHSA was created to pool funding dollars in the areas of addictive disorders, developmental disabilities, and mental health services and to bring spending and operational decisions down to the local level. FPHSA's geographical service area includes the parishes of Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington. The Authority is governed by a nine-member Board of Directors representing the five-parish area. FPHSA, through its Board, directs the operation

and management of community-based programs. The Executive Administration oversees the budget, contracting, and purchasing processes, ensuring that the agency optimizes tax-payer dollars; develops, implements, and monitors agency compliance with policies and procedures modeled after state and national best-practices; assesses staff training needs and fosters workforce development by connecting employees with appropriate training opportunities; reduces or eliminates inefficiencies by analyzing and improving on agency processes; keeps pace with the rest of the state by early adoption of technological improvements; and ensures agency adherence to state and federal regulations. A goal of Executive Administration is to avoid duplication, to streamline service delivery, and to improve the quality of care and service delivery to the individuals who are served.

- Activity 4-Mental Health Services - Mental Health Services (MHS) provides community-based mental health services in out-patient settings at three mental health centers located in the FPHSA catchment area. In addition to clinic-based services, outreach services are provided at several different locations across the five-parish service area to enhance access to services. MHS are provided to adults with severe and persistent mental illness as well as children and adolescents. MHS uses a person-centered approach that is individualized, educational, and supportive to assist individuals in their recovery. The clinic services include: crisis assessments; behavioral health assessments; psychiatric evaluations; psychological evaluations; individual, family, and group therapy; medication management; and provision of psychiatric medications to indigent individuals as deemed appropriate. In addition, supportive services are provided through contract providers in the community as an extension of the service delivery system and continuum of care. Some of the supportive services and community-based interventions provided by contract providers include the following: crisis phone line for after-hours access; case management services; consumer care resources; and Interagency Services Coordination (ISC) to develop plans for “wraparound services” in an effort to maintain youth in the community and to avert out-of-home and out-of-school placements. These services are coordinated and every effort is made to avoid duplication of services, not only within the agency, but with other community stakeholders. This philosophy and promotion of coordination and collaboration of service delivery helps to maximize use of limited resources, both staff time and funding for contracted services.

## **Objective I:**

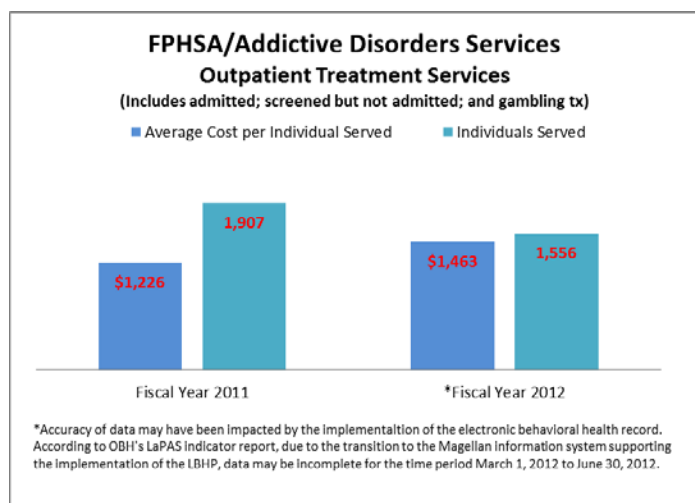
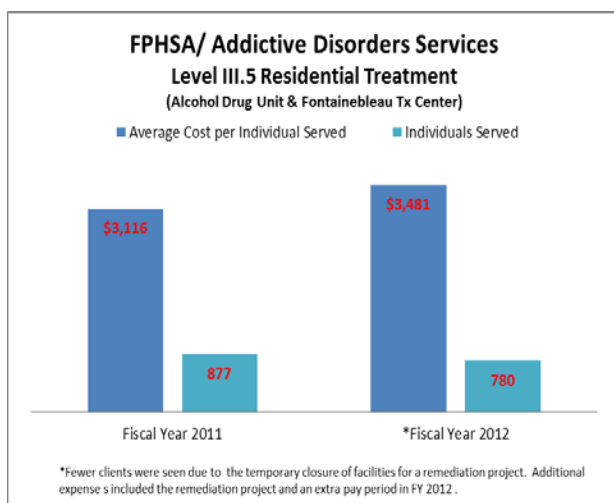
**Florida Parishes Human Services Authority/Addictive Disorders Services (ADS) will provide quality treatment services to individuals with addictive disorders and prevention services in a cost effective manner.**

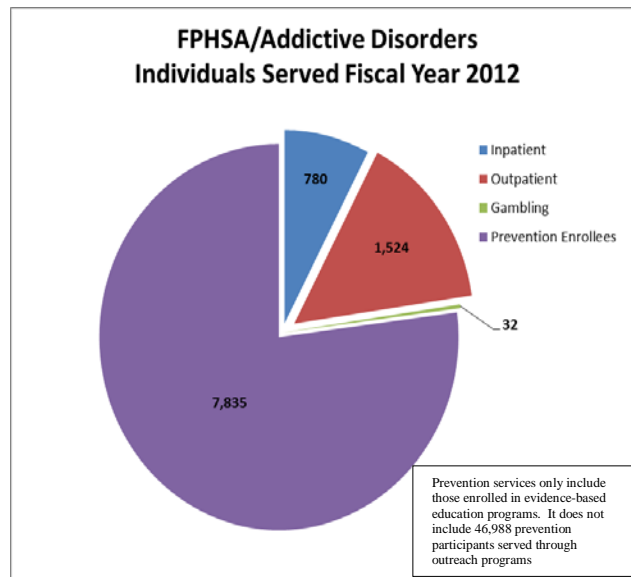
### **Strategies:**

- 1.1: Meet monthly with ADS facility managers and service providers to review performance goals and successes as well as develop/review/revise action steps for reaching goals.*
- 1.2: Annually seek input from stakeholders and consumers to identify service gaps and initiate program modifications if indicated or initiate collaborations/partnerships in response to survey results.*

### **Performance Indicators:**

- New/Outcome: Percentage of adult individuals who stay in outpatient addictive disorders treatment for at least six weeks.
- 21038/Outcome: Percentage of individuals successfully completing the Level III.5 Adult residential treatment program (ADU/FTC).
- 21039/Outcome: Average daily census (Level III.5 Adult residential treatment).
- 21045/Efficiency: Average cost per client day (Level III.5 Adult residential treatment).
- 23828/Efficiency: Average cost per individual served in outpatient addictive disorders treatment services.
- 23829/Efficiency: Average cost per individual served in Level III.5 Adult (ADU/FTC) addictive disorders residential treatment services.
- 23830/Efficiency: Average cost per individual served in addictive disorders prevention programs.
- New/Output: Per capita number of persons served in addictive disorders outpatient clinics.
- 23825/Output: Total number of individuals served in prevention programs.
- New/Output: Total number of persons registered in evidence-based educational (prevention) programming (enrollees). (Does not include merchants educated through Synar)
- 23831/Output: Total number of merchants educated through Synar services.
- 23832/Efficiency: Cost per registered (enrollee) in evidence-based educational (prevention) programs.





## Objective II:

**Each year through June 30, 2019, Florida Parishes Human Services Authority/Developmental Disabilities Services (DDS) will provide services that emphasize person-centered individual and family supports to people with developmental disabilities. Delivery of services will result in an increased percentage of people within the FPHSA catchment area that remain in the community rather than being institutionalized.**

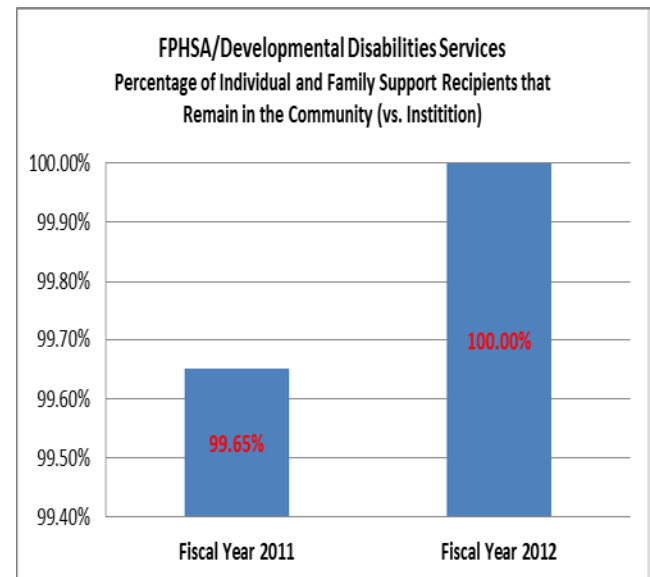
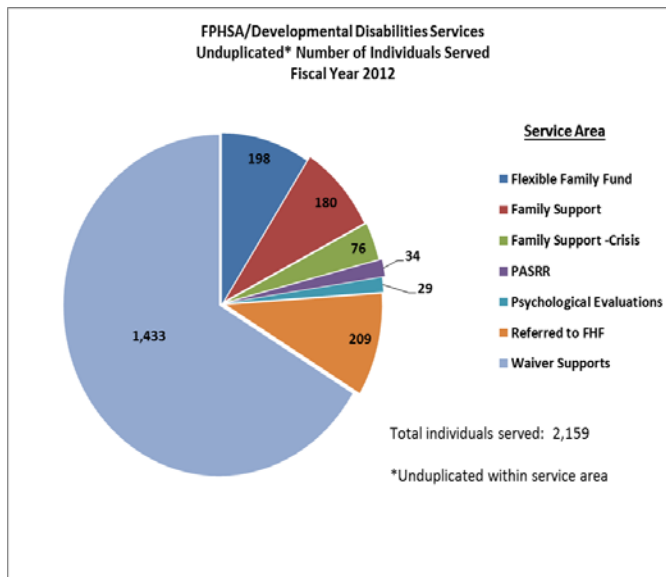
### Strategies:

- 2.1: *Utilize person-centered planning to assist individuals and families in identifying supports needed to remain in the community.*
- 2.2: *Provide quarterly review of services to the individual to discuss goals and services and to resolve barriers to achieve goals.*
- 2.3: *Develop and implement a needs assessment to identify the services needed for an individual to remain in the community.*

### Performance Indicators:

- 21022/Output: Total unduplicated number of individuals receiving developmental disabilities community-based services.
- 21023/Output: Total unduplicated number of individuals receiving individual and family support services.
- 23833/Output: Total number of individuals receiving Flexible Family Fund (FFF) services.

- 23834/Output: Total unduplicated number of individuals receiving individual and family support crisis services.
- 23835/Output: Total unduplicated number of individuals receiving Pre-admission Screening and Annual Resident Review (PASRR) services.
- 23836/Output: Total unduplicated number of individuals referred by FPHSA/DDS to Families Helping Families (FHF) services.
- 23837/Output: Average cost per individual receiving individual and family support services.
- 23838/Output: Average cost per individual receiving Flexible Family Fund services (variance in average cost is due to a lapse in time from those exiting the program and another entering the program-Monthly stipend is \$258 per qualifying child).
- 23839/Output: Average cost per individual receiving individual and family support crisis services.
- 23840/Output: Average cost per individual receiving Pre-admission Screening and Annual Resident Review (PASRR) services.
- 23841/Output: Average cost per individual referred by FPHSA/DDS to Families Helping Families (FHF) services.
- 23842/Outcome: Percentage of Flexible Family Fund (FFF) recipients that remain in the community (vs. institution).
- 23843/Outcome: Percentage of individual and family support recipients that remain in the community (vs. institution).
- 24950/Input: Percentage of Waiver participants with a current Statement of Approval (Comprehensive Plan of Care (CPOC) begin date within the quarter).
- 24951/Outcome: Percentage of Waiver participants discharged due to admission to an institution.
- 25073/Output: Total unduplicated number of individuals served through waiver supports and services (includes New Opportunities Waiver (NOW), Children's Choice Waiver (CC), Supports Waiver (SW), and Residential Options Waiver (ROW)).



### Objective III:

Each year through June 30, 2019, Florida Parishes Human Services Authority/Executive Administration will increase the efficiency of the operation and management of public, community-based services related to addictive disorders, developmental disabilities, and mental health in the parishes of Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington.

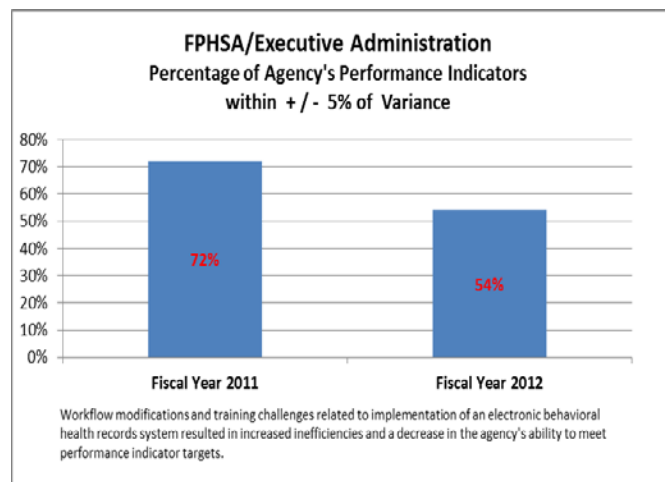
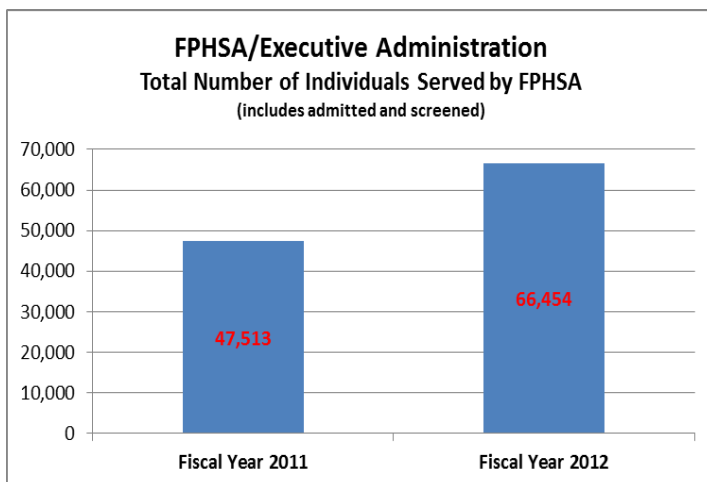
### Strategies:

- 3.1: Monitor key and supporting performance indicators reported in the Louisiana Performance Accountability System (LaPAS) and address any deviations from the assigned target.
- 3.2: Audit agency processes related to fleet management (quarterly), cash receipts (monthly), billing (monthly), and petty cash (quarterly).
- 3.3: By July 1, 2016, develop and implement an internal analysis of current workflow processes governed by established agency policy and procedure and revise, as necessary, to maximize the production and efficiency of FPHSA activities.

### Performance Indicators:

- New/Efficiency: Percentage of Information Technology (IT) work orders closed within 6 business days of work request.
- New/Efficiency: Percentage of contract invoices for which payment is issued within 30 days of agency receipt.

- 23847/Efficiency: Percentage of new employees completing mandatory online training courses within 90 days of employment.
- 23848/Outcome: Percentage of agency's Performance Indicators within the + / - 5 percent of variance.
- 23850/Efficiency: Executive Administration expenditures as a percentage of agency's budget.
- 23851/Quality: Percentage of agency's moveable property accounted for annually.
- 23852/Output: Total number of individuals served by Florida Parishes Human Services Authority.
- 23844/Outcome & Efficiency: Percentage of Performance Evaluations System (PES) completed annually.



#### Objective IV:

**Florida Parishes Human Services Authority/Mental Health Services (MHS) will maintain the quality of community-based mental health services while providing them in a more cost effective manner in state fiscal year 2019 as compared to 2015.**

#### Strategies:

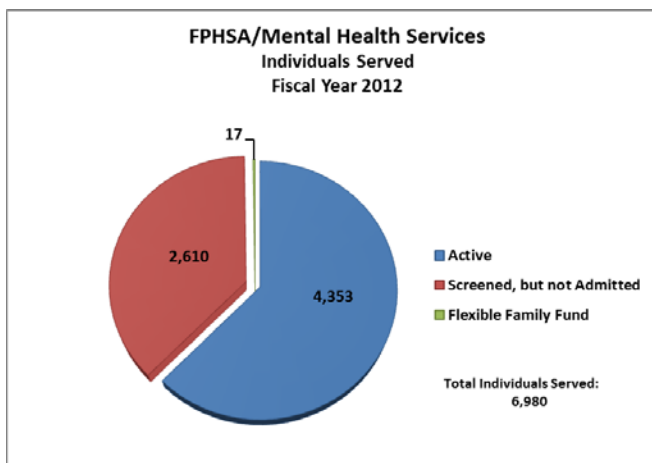
*4.1: Provide person- centered services that result in improved functioning.*

*4.2: Monitor service type, frequency of services, and reimbursements in order to make cost effective adjustments.*

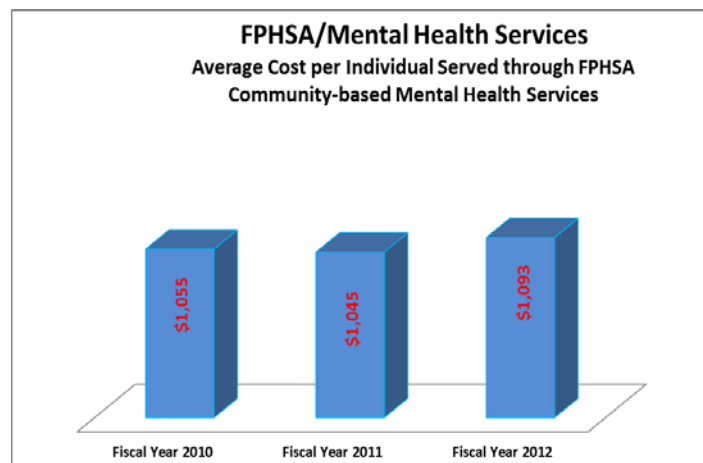


## Performance Indicators:

- New/Outcome: Percentage of persons reporting improved functioning.
- New/Outcome: Percentage of persons reporting a reduction in symptom severity: depression domain.
- New/Outcome: Percentage of persons who maintain independent/supported housing.
- New/Output: Per Capita number of persons served in mental health clinics.
- New/Quality: Percentage of persons reporting positively about treatment outcomes.
- 21034/Efficiency: Average cost per person served through FPHSA community-based mental health services.



Note: Fiscal Year 2012 expenses include an extra pay period



## 09-302

# Capital Area Human Services District



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

### **Vision**

Our network provides local access to best practices that respond to the unique needs of individuals living in the District's communities.

### **Mission**

The mission of Capital Area Human Services District (CAHSD) is to facilitate person-centered recovery by empowering people with chronic behavioral health and developmental disability challenges to strengthen relationships, establish independence, and enhance their ability to improve their physical health and emotional wellbeing

### **Philosophy**

CAHSD commits to the philosophy that all individuals are valuable members of the community. The District exists to support each consumer, to the full extent that resources permit, to live productively in the location and environment of their choosing (within appropriate parameters). The services and supports provided by the District are those determined by the consumer to be important to their success and stability. Our staff works with the consumer as a unified team to facilitate the individual in attaining their goals.

### **Executive Summary**

We envision a community network which provides a continuum of supports and services that respond, in a practical manner, to the unique needs of our consumers living with mental illness, addictions, and developmental disabilities, which will allow each to develop his/her potential for living a satisfying and productive life within the community. We continuously strive for greater resource efficiency to expand our capability for innovation and to provide access to more decentralized services.

### **Agency Goals:**

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

**Goal II.** To ensure that services provided are responsive to consumer concerns, integrated in service delivery methods, representative of best practice, and

consistent with the goals of the Department of Health and Hospitals and its Program Offices.

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

**Goal IV.** To be structurally and functionally prepared to operate clinics in a managed care, managed Medicaid environment within the context of health care reform.

## **Program A: Capital Area Human Services District**

**Objective I.** *Through the Administration activity, CAHSD will support and oversee programmatic operations that improve health outcomes of the citizens served by ensuring that at least 90% of LaPAS Indicators meet or exceed target within (-/+ ) 4.99%.*

- |                     |   |
|---------------------|---|
| <b>Strategy I.1</b> | The Executive Director, in conjunction with the Executive Management Team, shall establish strategic goals and objectives, develop policy and procedures, provide direction, training & guidance, and monitor compliance with state and federal regulations, departmental directives and legislative mandates for Administration and in the provision of clinic based services and supports for Adult and Child Behavioral Health, Developmental Disabilities, Nurse Family Partnership, Prevention and Primary Care, Disaster Response and Emergency Services Continuum. |
| <b>Strategy I.2</b> | Perform the functions of accounting & fiscal management, budget development & implementation, purchasing & accounts payable, billing & accounts receivables, contract development, implementation & management, property control, fleet management, human resources, telecommunications management, travel, staff development & training, information technology, quality assurance and executive oversight that supports the District's employees, providers and clients/consumers.  |
| <b>Strategy I.3</b> | Monitor compliance with trainings that meet licensure and CARF standards through use of Essential Learning, staff development, Office of Risk Management, CPTP and other resources as needed.   |
| <b>Strategy I.4</b> | Develop, monitor and oversee implementation of the CAHSD work plan for compliance with CARF standards and policy requirements for behavioral health accreditation.  |
| <b>Strategy I.4</b> | Continue to manage processes for CAHSD audits, reviews and performance monitoring by external entities (Louisiana Legislative Auditor, Office of Risk Management, Louisiana Property Assistance Agency, Department of Civil Service, DHH Bureaus of Health Standards, CARF, LaPAS, etc.).   |

**Performance Indicators**

- K Percentage of staff Performance Evaluations conducted in compliance with Civil Services guidelines
- K Percentage of state assets in the Protégé system located/accounted for annually
- K Percentage score on annual Civil Service ISIS Human Resources Data Integrity Report Card
- K Percentage of LaPAS indicators that meet target within (+/-) 4.9% or exceed target
- K Number of findings in Legislative Auditor Report resulting from misappropriation of resources, fraud, theft or other illegal or unethical activity

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

**Strategy II.1** Work with DHH in transitioning persons into living environments of their choice, and in monitoring the quality of services provided to waiver recipients

**Strategy II.2** Continue to use OCDD data systems to maintain updated waiting lists and services being provided to consumers

**Strategy II.3** Continue to work with CAHSD/OCDD staff, providers, and consumers to develop and/or refine outcome-oriented performance indicators for developmental disability services

**Strategy II.4** Continue to conduct/host trainings to increase the knowledge of developmental disabilities services for area healthcare professionals

**Performance Indicators**

- K Percentage of those surveyed reporting that the Individual and Family Support services contributed to maintaining themselves or their family member in their own home
- S Percentage of those surveyed reporting that they had choice in the services they received
- S Percentage of those surveyed reporting they had overall satisfaction with the services received
- S Percentage of those surveyed reporting they had regular participation in community activities

**General Performance Information**

- Number of available cash subsidies slots
- Amount of cash subsidy stipend per person per month

- Number of person determined eligible for MR/DD services, but not yet receiving services

**Objective III.** *Through the Nurse Family Partnership activity, CAHSD will provide home visiting for first time, low-income mothers to 100% capacity.*

**Strategy III.1** Provide Public Health Nurse Providers intensive initial and ongoing education through the NFP National Service Office in utilization of the Visit-to-Visit Guidelines, clinical consultation and intervention resources to translate the program's theoretical foundations and content into practice in a way that is adaptable to each family; and Infant Mental Health training to aid in the assessment of mother-child interaction which is unique to the Louisiana NFP.

**Strategy III.2** Public Health Nurse Providers work with mothers to complete their education and provide life coaching for her and her family to make them more self-sufficient by staying in school, finding employment and planning for future pregnancies.

**Strategy III.3** Public Health Nurse Providers support mothers after delivery in the adjustment to parenthood. Particular attention is paid to breastfeeding support and assessment of postpartum depression. Individualized parent coaching is aimed at increasing awareness of specific child developmental milestones and behaviors as well as immunizations and well child exams.

**Strategy III.4** Public Health Nurse Providers assist mothers in learning better coping strategies & non-violent techniques in interactions with family members and children.

#### **Performance Indicators**

- K Total number of home visits completed
- K Number of families served in program

**Objective IV.** *Through the Children's Behavioral Health Services activity, CAHSD will provide an integrated, comprehensive behavioral health system of care prevention & treatment services for at risk youth ages 6-18 years & their families and will ensure that at least 95% of children/adolescents who are admitted for mental health services and 85% admitted for addiction recovery services are served in their parish of residence.*

**Strategy IV.1** Work closely with local governments, school systems, parents, and other child-serving agencies to identify local needs and patterns of gaps and deficiencies in care delivery systems

**Strategy IV.2** Work to develop new and sustain existing financial partnerships with local governments and other public systems that will allow locally-based service delivery

- Strategy IV.3** Develop funding strategies that combine multiple revenue sources (traditional and non-traditional)
- Strategy IV.4** Work to maintain school-based delivery of mental health and addiction recovery treatment/early intervention
- Strategy IV.5** Continue and enhance the provision of educational outreach programs targeting school professionals and parents, which are focused on prevention and early intervention

**Performance Indicators**

- K Percentage of total children/adolescents admitted for mental health services that are served within their parish of residence.
- K Percentage of total children/adolescents admitted for addiction recovery services that are served within their parish of residence.
- K Percentage increase in positive attitude of non-use of drugs or substances
- S Percentage of persons provided services by Child Mobile Outreach and Family Preservation reporting that services helped maintain them or their family member in their home; avoiding unnecessary hospitalization or removal
- S Percentage reduction of problem behaviors (suspension, expulsion and truancy) by providing behavioral health services in the school setting

**General Performance Information**

- Number of children/adolescents admitted per year who are provided publicly supported behavioral health services in their parish of residence
- Number of children/adolescents admitted per year for behavioral health services
- Number of parishes with parish-domiciled public behavioral health services for children/adolescents
- Number of child/adolescent substance abuse primary prevention programs offered
- Number of parishes in which child/adolescent substance abuse primary prevention programs exist
- Percentage of child/adolescent mental health prevalence population served
- Total children/adolescents served
- Average cost per person served in the community

**Objective V.** *Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 80% of clients will successfully complete the Addiction Recovery inpatient program.*

- Strategy V.1** Work with the Office of Behavioral Health (OBH) in developing, analyzing, and modifying clinical indicators of quality performance. Review clinical and administrative operations in light of indicator data

<b>Strategy V.2</b>	Annually survey consumers to identify programmatic/supportive service gaps, and develop/modify programs in response to results
<b>Strategy V.3</b>	Actively pursue education of CAHSD clinicians in identification of presence of co-morbidity and strategies for treatment of persons with dual diagnosis
<b>Strategy V.4</b>	Expand psychosocial support and consumer education groups in response to results of consumer survey
<b>Strategy V.5</b>	Work cooperatively with other entities of OBH Area B to provide a seamless system of care
<b>Strategy V.6</b>	Quantitatively defines desired clinical and social outcomes and identifies appropriate outcome measurement tools

### **Performance Indicators**

- K Percentage of clients successfully completing outpatient treatment program (Addiction Recovery)
- K Percentage of persons successfully completing residential addictions (CARP 28 day inpatient) treatment program
- S Percentage of persons served in Community Mental Health Clinics that have been maintained in the community for the past six months
- S Annual percentage of adults reporting satisfactory access to services
- S Annual percentage of adults reporting positive service quality
- S Percentage of adults with major mental illness served in the community receiving new generation medication

### **General Performance Information**

- Total adults served in CAHSD (Mental Health)
- Average cost per person served in the community (Mental Health)
- Percentage of adult mental health prevalence population served
- Number of Community Mental Health Centers operated in CAHSD
- Percentage of Community Mental Health Centers licensed
- Number of persons provided social detoxification services
- Average daily census (Detoxification)
- Average length of stay in days (Detoxification)
- Number of Beds (Detoxification)
- Percentage of positive responses on client survey (Detoxification)
- Number of beds Residential (Inpatient)
- Average daily census Residential (Inpatient)
- Number of persons provided Residential (28 day inpatient) services
- Number of persons provided Community-Based Residential services
- Average daily census (Community-Based Residential)
- Number of beds (Community-Based Residential)
- Number of persons provided Outpatient Addiction Recovery services
- Number of services provided (Outpatient Addiction Recovery)
- Number of admissions (Outpatient Compulsive Gambling)

- Number of services provided (Outpatient Compulsive Gambling)

**Objective VI.** *Through the Prevention and Primary Care activity, CAHSD will improve physical health and emotional well-being of the adult un/underinsured population and ensure that at least 50% of tobacco cessation group participants will reduce the use of tobacco by 50% or quit the use of tobacco use by the end of the program.*

- Strategy VI.1** New adult admissions who are linked to a primary care provider at the time of admission will receive education on the importance of having routine health check-ups
- Strategy VI.2** Annually survey consumers to identify programmatic/supportive service gaps, and develop/modify programs in response to results
- Strategy VI.3** Expand primary care services and consumer education groups in response to results of consumer survey
- Strategy VI.4** Work cooperatively with other entities in the private and public physical health arena (OPH, local government officials, BR General, OLOL, FQHCs and staff) to provide ongoing health screenings, referrals/connection to primary care and tobacco cessation

**Performance Indicators**

- K Percentage of new adult admissions in the three largest behavioral health clinics that received a physical health screen
- K Percentage of clients receiving a referral to primary care as a result of the physical health screen
- K Percentage of clients who keep their primary care
- S Percentage of clients who rate the extent to which they felt better on the client satisfaction survey as agree

**Objective VII.** *Through the Disaster Response activity, CAHSD will deliver targeted communication, supports, and services prior to, during and after an emergency/disaster.*

- Strategy VII.1** Participate in staffing and management of the Medical Special Needs Shelter Theater, in collaboration with sister agencies, providing medical and behavioral health services to shelterees in the DHH Region 2.
- Strategy VII.2** Provide community response component (strike teams, mobile teams, clinic access services) to avert behavioral health crisis in the community and avoid emergencies; and serve as an Occupational Point of Dispensing site in times of disaster/emergency.
- Strategy VII.3** Provide on-going training for CAHSD staff on the Emergency Operations Plan to Provide Behavioral Health Support for Multi-Hazard Incidents
- Strategy VII.4** Provide on-going education to CAHSD clients on personal safety plans and CAHSD response activities and alternate service plans



### **Performance Indicators**

- K Percentage of Medical Specials Needs Shelter assigned staffs who are trained in required NIMS courses
- S Percentage of staff assigned to Medical Special Needs Shelter who were successfully contacted during call drill

**Objective VIII.** *Through the Behavioral Health Emergency Services Continuum activity, CAHSD will provide a comprehensive community-based continuum of behavioral health (BH) services to prevent, mitigate and avoid repeated cycles of crises to reduce reliance on first responders, emergency departments and acute psychiatric beds and ensure that 100% of all calls received by CAHSD's Access Services during hours of operation are triaged at the time of call and referred for care.*

**Strategy VIII.1** Lead a 75 member community-wide collaborative to implement processes, services and overall quality improvement practices to prevent and manage behavioral health crisis with local hospitals, first responders, emergency call centers, coroner's offices, advocates, primary care & behavioral health providers and housing specialists through a continuum of care provided by CAHSD.

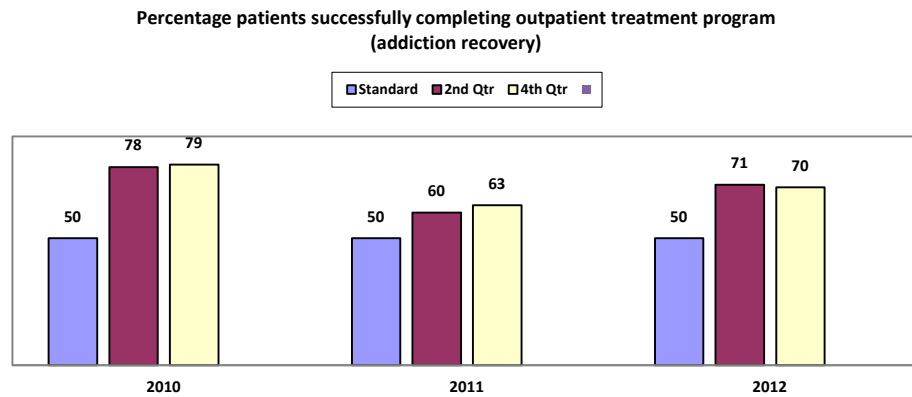
**Strategy VIII.2** Provide a Continuum of Care which includes standardized screening and assessment tools & training for use in all Emergency Departments; Access Service: Immediate mental health clinic triage, screening & referral; Interagency Services Coordination (ISC): Holistic plan development and implementation for our most vulnerable, frequent users of crisis services; Crisis Intervention Team: Training for law enforcement to identify, de-escalate and safely manage & triage people in crisis; Integrate response to calls within CAHSD through joined processes; Mobile Outreach Treatment Team: Provide preventive and treatment interventions at alternative settings (i.e. in the home, school community); Medical Case Management: screening, referral & follow-up for medical needs; Coordinated Referral to Treatment & Public Awareness; Housing, includes CAHSD direct and contracted services; Community Advisory Board: Provides oversight by review of indicators and utilization.

**Strategy VIII.3** Facilitate Crisis Intervention Team (CIT) curriculum which contains 19 modules (including effective communication skills and de-escalation tactics) taught by local specialists, at and through CAHSD, to help educate and teach law enforcement officers, probation & parole, first responders and EMT about the various issues with addictive disorders, mental health and developmental disabilities.

### **Performance Indicators**

- K Percentage of all calls received by Access Services during hours of operation that were triaged at the time of call and referred for care

K Percentage of consumers receiving Inter-agency Services Coordination that achieve and maintain residential stability within twelve (12) months



*The Capital Area Human Services District maintains all agency records in accordance with its Records Retention Policy 205-99, which is governed by Louisiana Revised Statute 44:401-411; Administrative Procedure Act R.S. 49-950 and the LAC Title 4, Part XVII Records Management Policies and Practices; and is approved by the Louisiana Secretary of State.*

## 09-303

# Louisiana Developmental Disabilities Council

*Note that this budget unit is composed of one program, so the mission and goals for the budget unit and the program are identical and not reported separately.*

### **Vision**

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

### **Mission**

The mission of the Louisiana Developmental Disabilities Council is to advocate for and support people with developmental disabilities to exercise control over their lives and participate fully in the community.

### **Philosophy**

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

### **Executive Summary**

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

### **Agency Goal**

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

## **Maintenance of Agency Records**

The Council shall maintain, and make available for inspection by the Department, records necessary to demonstrate its efficient and effective operation and financial tracking of expenditures. The Council shall not release, transfer, disclose or otherwise disseminate information related to any individual participating in any Council program or information received as part of the Council monitoring efforts, unless upon the written request by that individual or parent/guardian, except to persons authorized or required to have such information by state or federal law or regulation or pursuant to a court order.

## **Monitoring and Evaluation Processes**

Each Council activity is monitored at least monthly with status reports provided to the public quarterly. Each quarter Council Committees review progress status reports and provide recommendations, revised action plans and directives to best achieve intended goals and objectives.

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

The Developmental Disabilities Council (DDC) has only one program and one activity: Developmental Disabilities Council.

### **Objective I:**

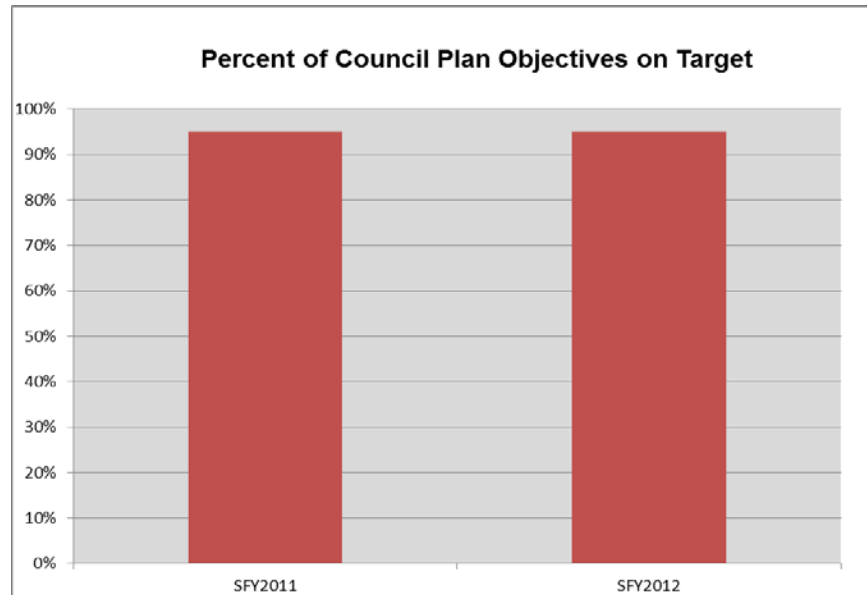
To obtain the Federal Developmental Disabilities Assistance and Bill of Rights Grant Allocation and ensure that Council plan objectives are met on an annual basis each year through June 30, 2019.

#### **Strategies:**

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

#### **Performance Indicator:**

Percent of Council plan objectives on target \*



**Percentage of Council Plan Objectives on Target (2011 and 2012).**

## Objective II:

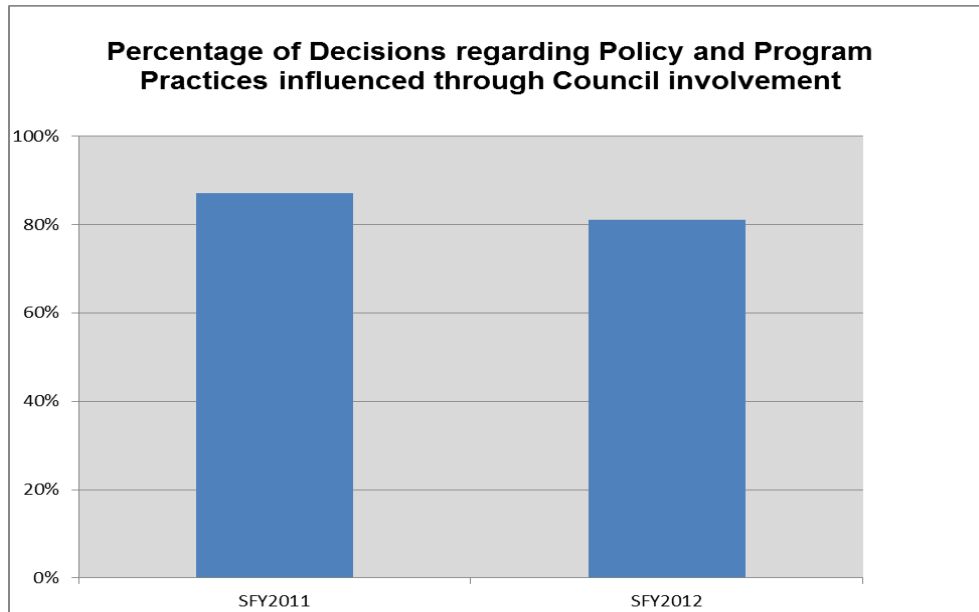
Undertake advocacy, capacity building, and systemic change activities that contribute to increased quantity and quality of community-based services for individuals with developmental disabilities each year through June 30, 2019.

### Strategies:

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

### Performance Indicator:

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



**Percentage of Decisions regarding Policy and Program Practices influenced through Council involvement 2011 and 2012.**

### **Objective III:**

Support information and referral services, education and training for peer to peer support to individuals with developmental disabilities, parents/family members, and professionals each year through June 30, 2019.

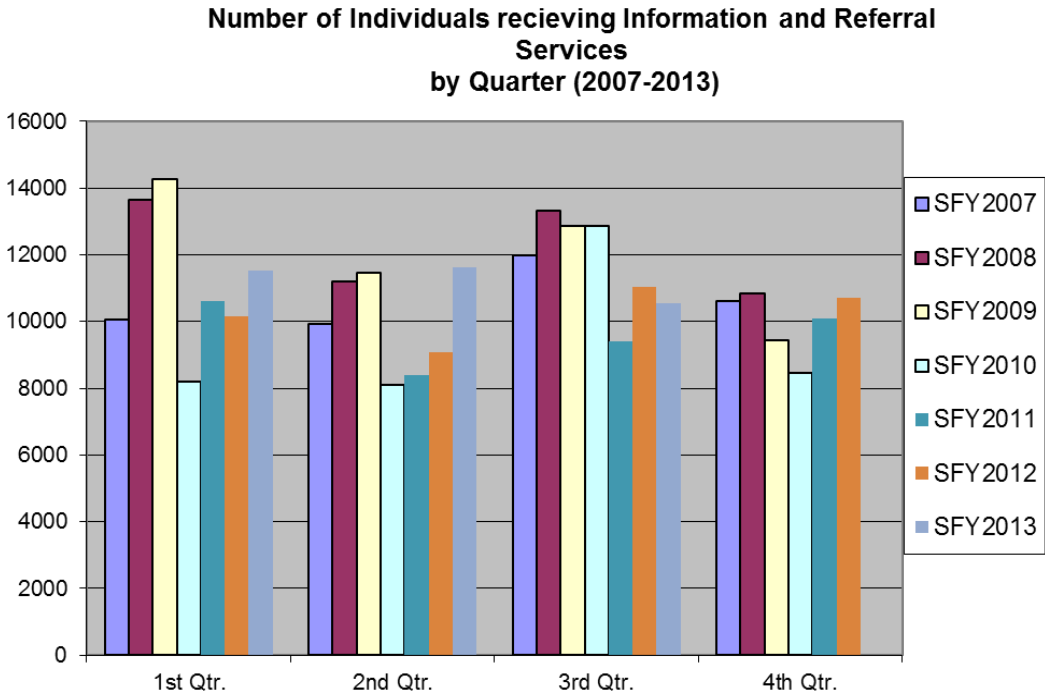
#### **Strategies:**

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

#### **Performance Indicators:**

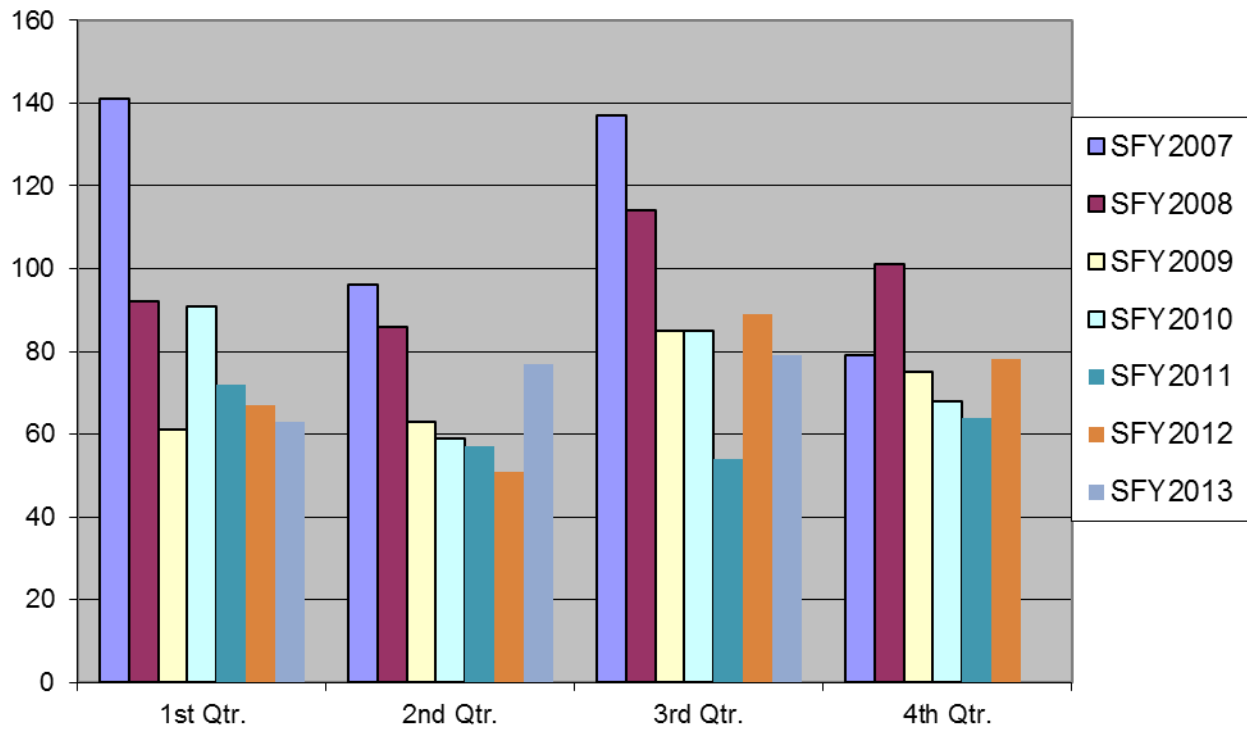
- Number of information and referral services provided
- Number of training sessions provided statewide
- Number of individuals provided training statewide
- Number of individuals provided peer-to-peer support opportunities statewide
- Percentage of individuals who report that they received the information or support that they needed \*
- Percent of individuals with disabilities assisted
- Percent of parents/family members of individuals with disabilities assisted
- Percent of professionals assisted

Percent of Families Helping Families Regional Resource Centers maintaining 100% compliance with DD Council contractual obligations and standards of operation.



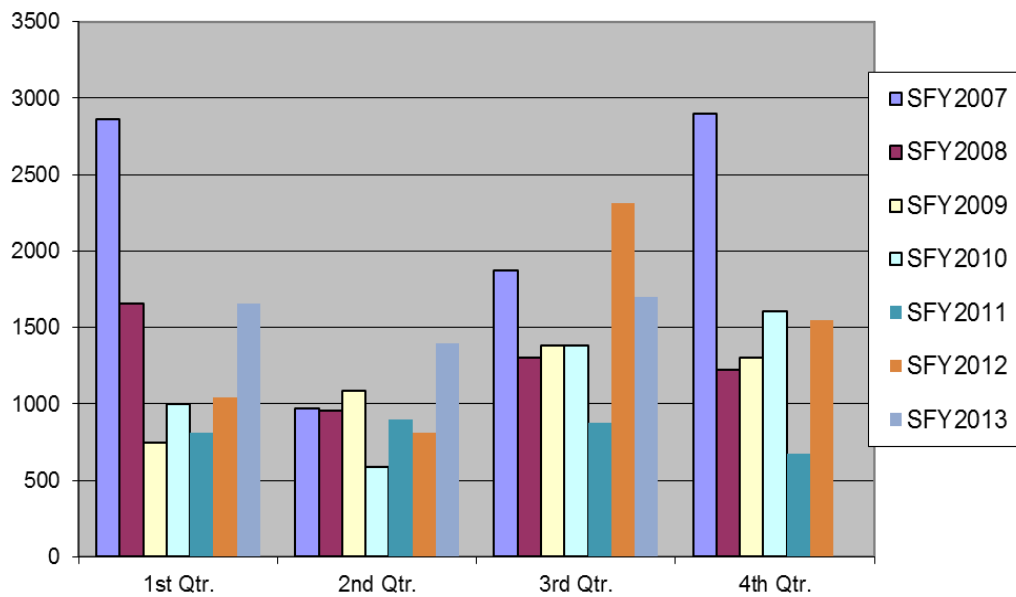
**Number of information and referral units by quarter from 2007-2013.**

**Number of Training Sessions by Quarter (2007-2013)**



Number of Training Sessions by quarter from 2007-2013.

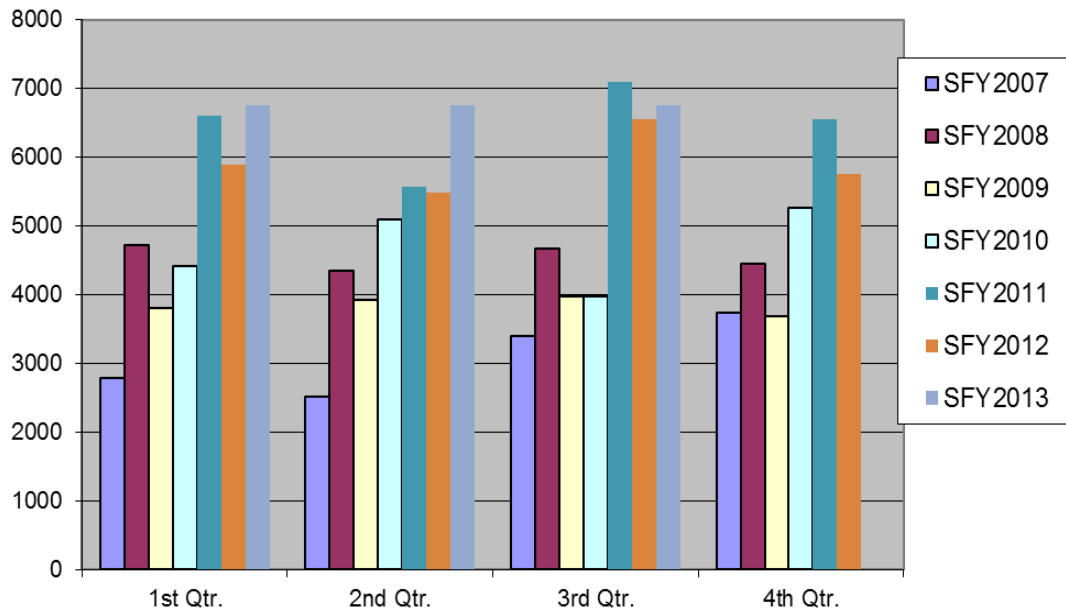
**Number of Individuals provided training by Quarter (2007-2013)**



Number of Individuals provided training statewide by quarter from 2007-2013.

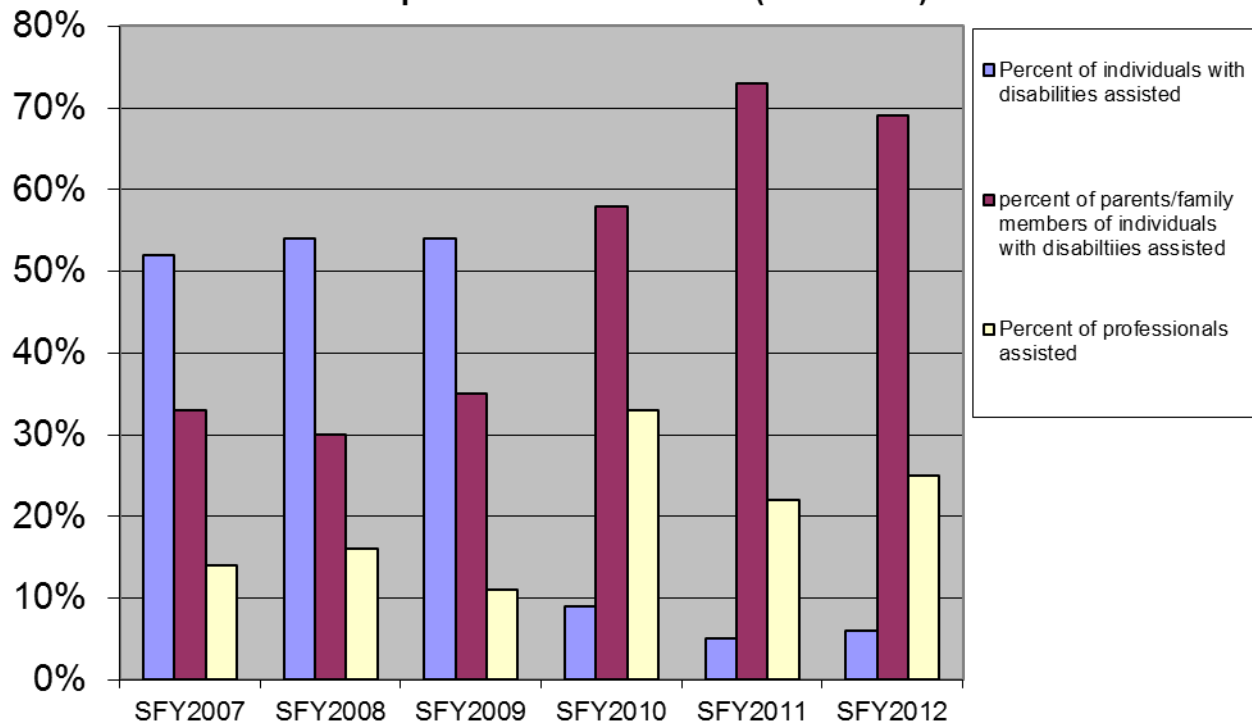


**Number of Individuals provided Peer-to-Peer Support by Quarter  
(2007-2013)**



**Number of Individuals provided Peer-to-Peer support by quarter from 2007-2013.**

**Breakout of percentage of individuals with disabilities, family members and professionals assisted (2007-2012)**



Percentages of individuals with disabilities, family members, and professionals served each year (2007-2012).

## 09-304

# Metropolitan Human Services District

*Metropolitan Human Services District has only one program: Metropolitan Human Services District. This agency provides services for addictive disorders, developmental disabilities, and mental health.*

### **Vision**

Metropolitan Human Services District (MHSD) will operate a dynamic and comprehensive system of services that will be recognized by consumers and the community-at-large for its innovation, quick access, effectiveness and ability to positively influence the direction and quality of community-based human services.

### **Mission**

Metropolitan Human Services District (MHSD) is a public agency committed to maximizing the full potential and enhancing the quality of life of individuals, children, youth, and families faced with the challenges of mental health, addictive disorders, developmental disabilities and their related behaviors. To this end, a comprehensive system of care is offered which provides research-based prevention, early intervention, treatment and recovery support services to citizens of Orleans, St. Bernard and Plaquemines Parishes, directly and through community collaborations.

### **Philosophy**

We understand that the true test of one's humanity is measured by a capacity to give respect, patience, and understanding to those who confront challenges that interrupt/impede their quality of life. We believe that the strongest and most relevant voice that can offer realistic solutions to these challenges is that of the consumer. Further, we believe that it is the responsibility of the district to garner resources, identify innovative programs, and make available to its consumers a comprehensive array of research-based services offered in an integrated system that promotes consumer choice.

### **Executive Summary**

Metropolitan Human Services District will employ relevant, research-based programs, practices and activities that are responsive to consumer and community identified strengths and needs within a structured measurable and outcomes-based integrated system.

### **Core Values**

Consumers of our services are at the center of our planning & decision-making

- We value them
- We respect them
- We listen to them
- We learn from them
- We strive to understand their needs
- We recognize consumers right to choose

Cultural and ethnic diversity is valued, respected and utilized in:

- Consumer Assessment
- Treatment Planning
- Referrals
- Supports
- Contracting
- Service Integration across systems (addictive disorder, developmental disability and mental health)

Critical to success is the staff:

- We support and encourage their professional growth and development
- We expect competency and excellent work performance

### **Overarching Goals**

1. To identify, strengthen and link relevant resources that will foster community collaboration resulting in a dynamic and comprehensive system of service delivery for Citizens of Orleans, St. Bernard and Plaquemines Parishes.
2. To develop meaningful innovative research-based activities and programs directed towards the self-actualization of individuals and families throughout the community
3. To deliver high quality cost efficient community based prevention, early intervention, treatment, recovery supports, individual and family supports that will equip and strengthen individuals, children, and youth to be maintained in the community

### **Consumer-Centered Goals**

1. To deliver a seamless, integrated, and comprehensive system of services that is responsive to consumer strengths, needs, interests, and choices
2. To ensure quick and easy access of consumers, family members and the community to an efficient system of care which addresses their addictive disorder, developmental disability and mental health needs

Metropolitan Human Services District uses a programmatic approach to advance several of the State's goals, including: Youth Education, Better Health, Public Safety, and Safe and Thriving Children and Families. Research suggests that in addition to the personal consequences of ineffective behavioral health services, consequences are felt directly in the education, health and justice systems (IOM, 2006). More specifically, behavioral health problems lead to poor educational achievement by children (Zeanah et al., 2003). Children with poor school achievement are at risk for antisocial behavior and dropping out of school (Yoshikawa, 1995). Depression and drug abuse are the leading cause of death/disability among American women and the second highest among men (Michaud et al., 2001). Behavioral health problems also co-occur and adversely affect the results of treatment for heart disease and cancer (Katon, 2003). Behavioral health problems result in a burden on the workplace owing to absenteeism, days of disability and on the job accidents (Burton et al., 2004). And, finally, one study

estimates that about 16% of all persons in jails/prisons report having a mental disorder (Mumola, 1999).

## **ACTIVITY: CARE MANAGEMENT/ADMINISTRATION**

**Goal 1** To increase access, engagement and coordination of care for the behavioral health (addictive disorders (AD) and mental health (MH)) and developmental disabilities (DD) population of Orleans, St Bernard and Plaquemines Parishes

**Goal 2** To expand treatment services to reflect best practices in the field of behavioral health and developmental disabilities.

**Objective 1:** Each year through June 30, 2019, MHSD will provide increased access, engagement and coordination of care for the behavioral health and developmental disabilities population in Orleans, St. Bernard and Plaquemines Parish.

### **Strategies:**

- Strategy 1.1: Implement an effective programmatic and fiscal monitoring system that ensures the quality, quantity, and appropriateness of services delivered by all contract providers
- Strategy 1.2 Expand treatment options to reflect best practices in the field of behavioral health and developmental disabilities

### **Performance Indicators:**

#### **Outputs**

- Percentage of contracted services that are active participants in the Care Management program

#### **Outcomes**

- Percentage of clients in compliance with ambulatory follow-up 30 days after hospitalization

## **ACTIVITY: DEVELOPMENTAL DISABILITIES**

**Goal 1** To conduct aggressive and ongoing outreach

**Goal 2** To provide timely access to appropriate, comprehensive community based supports for individuals with disabilities, their families and/or support system such that they will be able to be maintained within their communities

**Goal 3** To expand developmental disabilities services to include behavioral health services and supports to family members through MHSD integrated behavioral health system

- Goal 4** To increase stakeholders involvement in MHSD planning, education and decision making
- Goal 5** To delivery quality services to individuals with developmental disabilities and those with co-occurring disorders and their family members with behavioral health issues

**Objective 1:** Each year through June 30, 2019, MHSD will conduct targeted collaboration with consumers, family members and community partners to identify individuals with disabilities who may be eligible for supports offered through MHSD

**Strategies:**

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

**Performance Indicator:**

**Output**

- Number of consumers who apply for developmental disabilities services

**Objective 2:** Each year through June 30, 2019, MHSD will ensure quality and timely assessment and initiation of services for each person with developmental disabilities seeking services through MHSD

**Strategies:**

- 1.1 Identify staff to perform DD Continuous Quality Improvement function
- 1.2 Re-Train staff on DD policies and procedures
- 1.3 Include this objective expectation in staff PPR

**Performance Indicators:**

**Output**

- Total number of individuals receiving services, placement and crisis support

**Outcome**

- Number of consumers receiving cash subsidies
- Number of consumers receiving support coordination services
- Number of individual agreements with consumers and individuals

**Objective 3:** Each year through June 30, 2019, MHSD will effectively manage the delivery of individualized community based supports & services through support

coordination that assists individuals and family supports in achieving their personally defined outcomes

**Strategies:**

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

**Performance Indicator:**

**Outcome**

- Percentage of consumers who indicate satisfaction with partnership with MHSD staff and MHSD contract provider agencies in the development and implementation of the Individualized Service Plans as is reflected in consumer evaluations (surveys/focus groups, etc)

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

- Goal 1** To provide a behavioral health continuum of care that is person centered and recovery focused for children/adolescents and their families in Orleans, St Bernard and Plaquemines Parishes
- Goal 2** To deliver quality services to children/adolescents with serious behavioral health disorders, those with addictions and those with co-occurring disorders.
- Goal 3** To expand services by focusing on early intervention and prevention supports

**Objective 1:** Each year through June 30, 2019, MHSD will provide a continuum of care that is person centered, evidence-based and focused on early intervention and recovery supports.

**Strategy:**

- Strategy 1.1: Implement behavioral health treatment and recovery supports services from an effective practice perspective within outpatient centers and through contract provider agencies
- Strategy 1.2: Implement an effective programmatic and fiscal monitoring system that insures the quality, quantity, and appropriateness of services delivered by all contract providers
- Strategy 1.3: Expand treatment and prevention options to reflect best practices in the field of children's behavioral health

**Performance Indicators:**

**Outputs**      Number of children receiving behavioral health services within the community

**Objective 2:** Each year through June 30, 2019, MHSD will provide evidenced based prevention activities to individuals, youth, and families

**Strategies:**

2.1 Contract with local providers to administer prevention programs in schools.

2.2 Implement an effective programmatic and fiscal monitoring system that insures the quality, quantity, and appropriateness of services delivered by all contract providers

**Performance Indicator:**

**Output**      Number of evidenced based programs offered by contract providers

**ACTIVITY: ADULT BEHAVIORAL HEALTH SERVICES**

**Goal 1**      To provide a behavioral health continuum of care that is person centered and recovery focused for adults in Orleans, St Bernard and Plaquemines Parishes

**Goal 2**      To deliver quality services to individuals with behavioral health disorders, specifically those with severe and persistent mental illness, those with addictions and those with co-occurring disorders.

**Goal 3**      To expand services by focusing on early intervention and recovery supports.

**Objective 1:** Each year through June 30, 2019, MHSD will provide a continuum of care that is person centered, evidence-based and focused on early intervention and recovery supports.

**Strategies:**

Strategy 1.1: Implement behavioral health treatment and recovery supports services from an effective practice perspective within outpatient centers and through contract provider agencies

Strategy 1.2: Implement an effective programmatic and fiscal monitoring system that insures the quality, quantity, and appropriateness of services delivered by all contract providers

Strategy 1.3 Expand treatment and prevention options to reflect best practices in the field of behavioral health



## Performance Indicators:

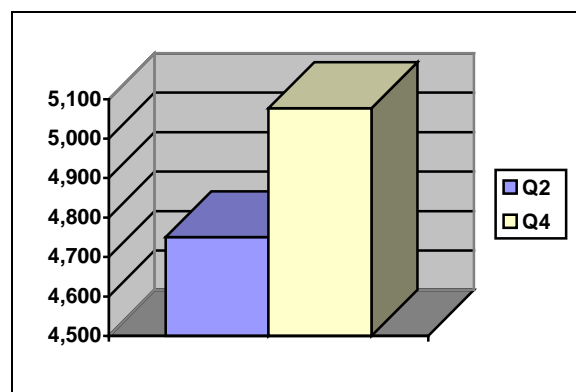
### Outputs

- Total persons served in the Community Mental Health Centers (CMHC) area-wide (mental health clients)
- Total number of outpatient admissions (addiction clients)

### Outcomes

- Percentage of clients successfully completing outpatient treatment program (addiction clients)
- Percentage of clients continuing treatment for 90 days or more (addiction clients)
- Percentage of persons served in CMHC that have been maintained in the community for the past six months (mental health clients)

**Total Adults Receiving Mental Health Services in CMHC in FY 2012**



Metropolitan Human Services District provides services that emphasize community-based mental health services to individuals diagnosed with mental illness.

## Medical Vendor Administration

### Bureau of Health Services Financing

#### **Vision**

We envision a future where the people of Louisiana are healthier through a continuum of evidence-based accessible, quality and comprehensive health care services with emphasis on efficiency and cost effectiveness.

#### **Mission**

Our mission is to anticipate and respond to the health needs of Louisiana's citizens by developing, implementing, and enforcing administrative and programmatic policy with respect to eligibility, reimbursement, and monitoring of quality-driven health care services, in concurrence with evidence-based best practices as well as federal and state laws and regulations.

#### **Philosophy**

Our philosophy is to administer the Medicaid program in an equitable manner, while continuing to seek ways of ensuring enrollee satisfaction with care by providing high quality care and innovative customer service.

#### **Executive Summary**

The direction of health care on both the national and state level has been toward more cost-effective, comprehensive, accessible, community-based, and individualized services. The state has expanded Medicaid eligibility through the LaCHIP program and other initiatives and 96.5% of children have health coverage. Louisiana's statewide implementation of Medicaid managed care (Bayou Health and the Louisiana Behavioral Health Partnership) provides access to a medical home for more than 80% of the Medicaid population. The implementation of managed care has been the catalyst for even greater focus on quality and access to care. Louisiana has taken steps to shift from overall higher-cost institutional to lower cost preventive, coordinated system of care and home and community-based long-term care through initiatives such as the Money Follows the Person grant and Balancing Incentives Program. As technology moves medical care forward, Medicaid administrative staff and contractors must continue to utilize technology to further streamline work processes to increase program operation efficiencies and to provide improved delivery of administrative services. The Agency and provider community must be prepared in the event of a disaster by building infrastructures and systems capable of handling major increases in the number of those being served and facilitating continuity of operations regardless of the patient's geographical location.

## **Agency Goals**

### **Goal I**

To improve health outcomes by emphasizing medical homes and reducing the number of uninsured persons in Louisiana.

### **Goal II**

To expand existing and develop additional community-based services as an alternative to institutional care.

### **Goal III**

To ensure cost effectiveness in the delivery of health care services by using efficient management practices and maximizing revenue opportunities.

### **Goal IV**

To assure accountability through reporting and monitoring of the health care delivery system in an effort to promote the health and safety of Louisiana citizens.

### **Goal V**

To streamline work processes and increase productivity through technology by expanding the utilization of electronic tools for both the providers and the Medicaid administrative staff.

### **Goal VI**

To implement measures that will constrain the growth in Medicaid expenditures while improving services and to secure alternative sources of funding for healthcare in Louisiana.

## **Program A: 305\_2000 – Medical Vendor Administration**

### **Program A: Mission**

The mission of the Medical Vendor Administration Program is to administer the Medicaid program and ensure that operations are in accordance with federal and state statutes, rules and regulations.

### **Program A: Goals**

- I. To process claims from Medicaid providers within state and federal regulations.
- II. To process Medicaid applications within state and federal regulations.
- III. To enroll and provide health care coverage for Medicaid recipients.
- IV. To improve health outcomes by operating a healthcare delivery models that emphasizes coordination of care.

## Activity 1 – Medicaid Managed Care

The Medicaid will increase access to quality care and improve health outcomes through the development, implementation, and operation of managed care programs.

The Bayou Health program consists of two Medicaid managed care models, Prepaid and Shared Savings. The Bayou Health Prepaid model is a full risk Medicaid Managed Care Organization (MCO). Each month, DHH pays Prepaid plans a prospective capitation payment for each Medicaid eligible individual enrolled in the plan at the beginning of the month. With this prospective “Per Member Per Month” (PMPM) payment, plans are responsible for the provision and payment of claims for core benefits and services rendered to plan enrollees. Prepaid plans are at risk for any costs in excess of the PMPM payments, providing a financial incentive for effective and effective care coordination and utilization management and protecting DHH from financial risk.

The Bayou Health Shared Savings model is an enhanced Primary Care Case Management (ePCCM) program. Each month, DHH pays Shared Savings plans a monthly management fee for each Medicaid eligible individual enrolled in the plan at the beginning of the month. With these fees, Shared plans are responsible for the provision of case management services to plan enrollees. Shared plans are not responsible for the provision and payment of claims for core benefits and services rendered to plan enrollees. Rather, claims payment is the responsibility of the Medicaid Fiscal Intermediary. The financial performance of Shared plans is measured in relation to a “benchmark” reflective of what the State’s Fee- For- Service experience would have been in the absence of Shared Savings plans’ intervention. If expenditures with the plans are less than the Fee-For-Service benchmark, plans share the savings with the State. If expenditures with the plans are greater than the Fee-For-Service benchmark, plans owe the State for the excess expenditures.

Goals for better health addressed by BAYOU HEALTH include increased access to the appropriate level of care; keeping people out of the hospital and the emergency room; improving health care quality through monitoring of quality outcomes; payment reform; and savings/cost containment. Administrative activities incorporate the following elements of effective government as designed to 1) Deliver healthcare services by specifying performance outcomes that include predefined savings expectations at an actuarially sound rate; 2) Assure performance accountability and compliance with federal Medicaid regulations thereby avoiding costly disallowances with contractors and providers held can be held accountable for performance and potential loss of funds or loss of contract for failure due to noncompliance of contract requirements; 3) Publish policies, procedures and performance reports as part of a commitment to transparency through public Web sites; and 4) Leverage additional funding sources to better fund administration of Medicaid coordinated care and achieve savings for Louisiana taxpayers; examples include leveraging the 2.25% premium tax levied against the capitation payments to the prepaid health plans annually to draw down additional federal funds.

**Louisiana Behavioral Health Partnership (LBHP)** is the system of managed care for individuals who require specialized behavioral health services, which was implemented in March 2012. The LBHP is managed by the Statewide Management Organization (SMO) and includes participation and collaboration from various state agencies, including DHH (BHSF and Office of Behavioral Health), Office of Juvenile Justice, Department of Children Family Services, and Department Of Education.

The LBHP is designed to:

- Offer a comprehensive behavioral health system of care designed to provider an array of services to all eligible children and youth in need of mental health and substance abuse care;

- Offer an integrated approach to providing services (behavioral health, substance abuse) for at-risk children and youth that have significant behavioral health challenges or co-occurring disorders that are in, or at imminent risk of, out of home placement;
- Provide a comprehensive array of services to adults with serious and persistent mental illness or co-occurring disorders of mental disorders and substance use;
- Increase access to a more complete and effective array of evidence-based behavioral health in-home and community supports, through both the Medicaid State Plan and HCBS waivers for children and adults;
- Improve quality of care and outcomes by establishing and measuring outcomes;
- Reduce repeat emergency room visits, hospitalizations, out-of-home placements, and institutionalizations; and
- Manage costs through effective utilization of State, federal and local resources

In addition, the Department is currently exploring options such as a managed care service delivery model for the purpose of rebalancing the Long-Term Supports and Services (LTSS) system, decreasing fragmentation, improving care coordination and health outcomes, and controlling costs. A Request for Information was issued in November 2012 to solicit creative, innovative, and viable strategies to assist the Department with restructuring the LTSS system. The Department is in the process of developing a concept paper for long-term care reform based on the solutions proposed by potential proposers.

**Objective I:** Through the Medicaid Managed Care activity, to increase preventive health care; improve quality, performance measurement, and patient experience for Bayou Health members through: 1) fee-for-service coordinated care networks (Bayou Health Shared Savings); and 2) risk-bearing Managed Care Organizations (Bayou Health Prepaid) and 3) Louisiana Behavioral Health Partnership through state fiscal year 2019.

### **Strategies:**

- 1.1 Encourage Medicaid recipients to obtain appropriate preventive and primary care in order to improve their overall health and quality of life, and to ensure that those who care for them provide the care through managed care programs.
- 1.2 Expand Medicaid Managed care to-eligible enrollees to include all currently excluded Medicaid enrollees, as feasible, through the most appropriate federal authority or a State Plan Amendment.
- 1.3 Expand the Medicaid Managed Care services to include all currently excluded services as feasible.
- 1.4 Ensure greater budget predictability in the procurement of health care services including but not limited to the purchase of DME and supplies, laboratory and x-ray, transplants, long-term care and dental services.
- 1.5 Provide health services in the most integrated setting possible, and emphasize community and home based alternatives where appropriate.

- 1.6 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.
- 1.7 Increase the amount of clinical oversight by nurses/physicians of clinical aspects of our patients care enrolled in shared savings and legacy Medicaid programs as well as establish a procedure for review of at risk costs > 100,000 in our shared savings plans.
- 1.8 Implement reporting on adult quality and CHIPRA measures and make this data publically available.

### **Performance Indicators:**

- Percentage increase in adults' access to preventive/ambulatory health services for BAYOU HEALTH members.
- Percentage increase in comprehensive diabetes care HgbA1C for BAYOU HEALTH members.
- Percentage increase in chlamydia screening for women for their members.
- Percentage increase of well-child visits in third, fourth, fifth and sixth years of life for Bayou Health members.
- Percentage increase of adolescent well-care visits for Bayou Health members.
- Number of shared savings members requiring clinical oversight classified as at risk and have medical cost of over \$ 100,000 annually.

## **Activity 2 – Medicaid and CHIP Eligibility Determination**

The Eligibility activity advances the State goals of 1) better health; 2) safe/thriving children and families; and 3) transparent, accountable, and effective government. Activities are designed to identify, inform, enroll, and retain eligible citizens in Medicaid and CHIP health coverage. Stable health coverage is a prerequisite to access to health care and better health outcomes. Rapid application processing accelerates access to health care, and increases the likelihood of first trimester prenatal care. Proactive efforts to keep eligible individuals enrolled at annual renewal minimize “churning” that can disrupt access to health care.

Transparent, Accountable and Effective Government characteristics that continue to be a focus include:

- **QUALITY WORKFORCE:** Empowered Employees & Great Work Environment through WorkSmart!, employees receive training and authority to redesign work processes and become more efficient. Telecommuting through Work@Home creates a favorable work environment with employees more likely to provide high levels of service.
- **RESOURCE MANAGEMENT:** The Bureau of Health Services Financing (BHSF) Medicaid Eligibility Division plans to take advantage of enhanced funding opportunities provided by CMS to build a state of the art eligibility solution to be implemented in SFY 15-16. Enhanced

Federal Financial Participation (90/10) is available to states for the development of eligibility and enrollment systems that meet the seven conditions and standards governing state Medicaid eligibility systems enhancements. The goal is to provide real-time determinations of Medicaid and CHIP eligibility, simplification of business processes and increased efficiencies. Newer technologies such as a business rules engine, enterprise service bus, notification generation tool, master client/patient index, etc. will help BHSF to meet the standards and conditions set forth by CMS. States are expected to have the ability to communicate electronically with the Federally Facilitated Marketplace (FFM) beginning in October 2013, and to assess eligibility based upon Modified Adjusted Gross Income rules as part of the Affordable Care Act. BHSF anticipates an increase in applications due to FFM outreach and marketing initiatives which will create an operational burden on staff without more automated and efficient processes in place. In order to meet all of the requirements for enhanced funding and to have a successful outcome for this project, the Medicaid division, along with DHH IT support, will actively work towards these goals in the next two and half years and forward.

- **ELIGIBILITY PROCESSING** In 2012, the Eligibility Division moved toward specialization by creating a Long Term Care (LTC) Unit to handle all LTC cases in the state and a Central Appeals Unit to handle all eligibility related fair hearing requests. Further specialization of all Medicaid programs will result in ten specialized field units to handle all case work, known as Eligibility Centers of Excellence.
- **CUSTOMER SERVICE:** In an effort to continue to improve customer service, the plan is to outsource requests that can be performed by non-eligibility staff such as requests for an application form, request for a replacement Medicaid Eligibility Card, change of address, etc.
- **RESULTS-ORIENTED DELIVERY OF SERVICES:** Elimination of Barriers through Administrative simplification has improved customer service and reduced frustration for citizens and employees. Effective Programmatic Partnerships: The use of a single database for Medicaid and CHIP and sharing data with DCFS and other state agencies increases efficiency and reduces redundancy. Partnership with DCFS for Medicaid Express Lane Eligibility for children under age 19 who are determined eligible for Supplemental Nutrition Assistance Program (SNAP) benefits.

The LaCHIP/Medicaid Eligibility Division has been widely praised as a national model for among other things the comprehensive grassroots outreach model developed to ensure the enrollment of uninsured eligible children and for aggressive efforts to retain those children at annual renewal ensuring their continuity of coverage. Reports issued by the Commonwealth Fund in 2006 & 2009 had LaCHIP & Medicaid recognized as a model for reducing inappropriate closures at renewal for low-income children, which has “reduced administrative costs” and at the same time avoided “coverage instability affects millions of children and families each year, taking a considerable toll on their ability to access needed health care in a timely manner and in an appropriate and cost-effective setting.” In a 2008 report issued for the Robert Wood Johnson Foundation, it was noted that the Medicaid & LaCHIP outreach efforts “represents the leading edge of efforts across the United States to reach more than 6 million children eligible for government-sponsored health insurance but not enrolled.” In another 2009 report for the March of Dimes, it was noted that “Louisiana is both innovative and assertive in its marketing for and Enrollment” into public coverage for pregnant women. In a presentation by the Director of the Center for Medicaid and State Operations on September 24, 2009, the efforts Louisiana has made to dramatically reduce the number of procedural closures was cited as a model that any state working to provide health coverage to all eligible children should focus on immediately. In the same presentation, she referenced that despite the simplifications that Louisiana put into place for families that helped them to achieve this great success, that the state has one of the lowest eligibility error rates in the country through the Medicaid Payment Error Rate Measurement (PERM) project.

**Objective I:** Through the Medicaid and CHIP Eligibility Determination activity, to provide Medicaid eligibility determinations and administer the program within federal regulations by processing at least 98.5% of applications timely, through a continuing process to improve enrollment, to streamline business process and to eliminate duplicative effort each year through June 30, 2019.

**Strategies:**

- 1.1 Maximize incorporation of sophisticated technology into eligibility business processes in order to reduce the need for the applicant to be physically present in an office to apply for Medicaid or report changes.
- 1.2 Utilization of data-sharing agreements with agency partners to identify and enroll remaining uninsured but eligible children
- 1.3 Strategic alignment of staffing and functions to obtain maximum efficiencies and expedite the processing of applications
- 1.4 Develop and execute corrective action plans for Medicaid eligibility staff based on errors found in Medicaid Quality Control reviews.

**Performance Indicator:**

- Percentage of applications for pregnant women approved within 5 calendar days
- Number of children renewed through Express Lane Eligibility
- Percentage of Medicaid applications received online
- Number of individuals eligible for program
- Number of applications processed annually
- Number of certified Medicaid Application Centers

**Objective II:** Through the Medicaid and CHIP Eligibility Determination activity, to identify, inform, and enroll eligible children under age 19 into Medicaid, LaCHIP and LaCHIP Affordable Care by processing applications and annual renewals timely each year through June 30, 2019.

**Strategies:**

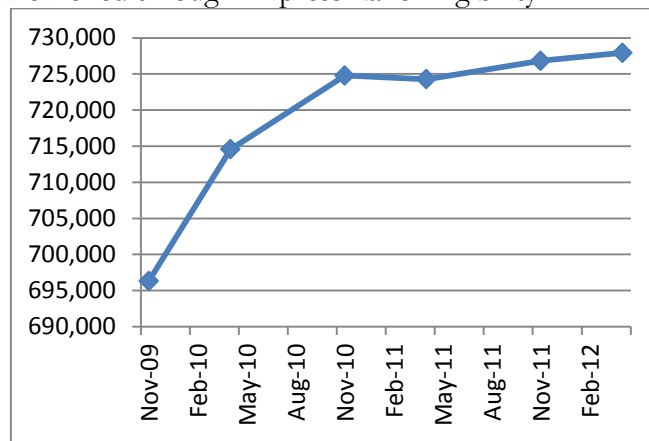
- 2.1 Maximize enrollment and retention by removing administrative barriers
- 2.2 Continuous simplification and improvement of application and renewal processes
- 2.3 Continuation of Express Lane Eligibility, which is the automatic enrollment and reenrollment into Medicaid of eligible children on the basis of enrollment in the Supplemental Nutrition Assistance Program (SNAP)



### Performance Indicators:

- Number of children potentially eligible for coverage under Medicaid or LaCHIP
- Number of children enrolled as Title XXI Eligibles (LaCHIP)
- Number of children enrolled as Title XIX Eligibles (traditional Medicaid)
- Total number of children under age 19 enrolled
- Average cost per Title XIX enrolled per year
- Percentage of procedural closures at renewal
- Percentage of applications for LaCHIP & Medicaid programs for children approved within 10 calendar days
- Percentage of calls received through the Medicaid & LaCHIP hotlines who hold for a representative less than 5 minutes
- Estimated percentage of children potentially eligible for coverage under Medicaid or LaCHIP who remain uninsured
- Estimated number of children potentially eligible for coverage under Medicaid or LaCHIP who remain uninsured
- Number of children enrolled through Express Lane Eligibility

Source: VSAM file (table in a database) that is pulled from the Medicaid Management Information System (MMIS) mainframe -- Children Under 19 Recipient Statistic Report (RS -O-92)



Total number of children enrolled

**Objective III:** Through the Eligibility activity, to explore third party sources responsible for health care payments otherwise incurred by the state through June 30, 2019.

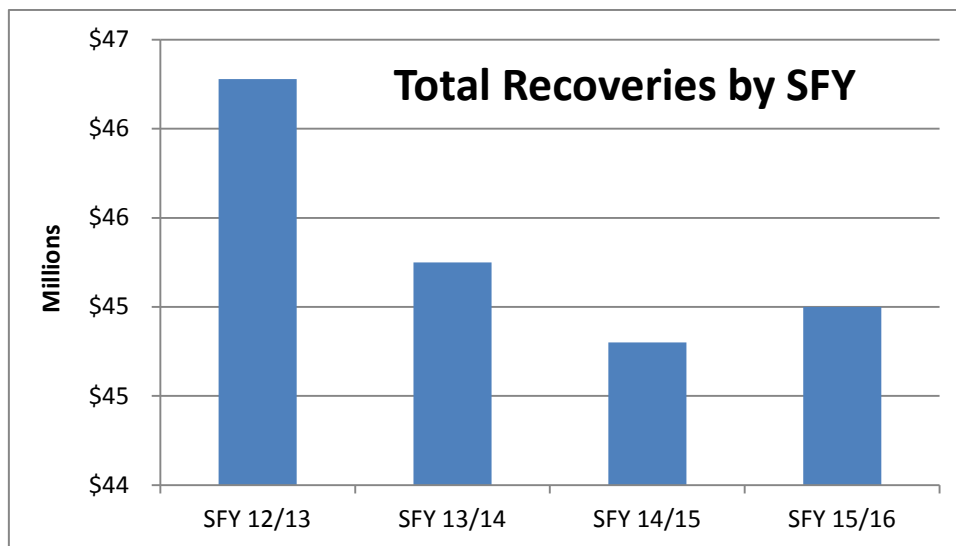
### Strategies:

- 3.1 Maintenance of the Third Party Liability Resource File in order to assure that the most accurate, up-to-date third party liability information is reflected in the MMIS (payment) system which, in turn, ensures of the maximum number of TPL claims available.
- 3.2 Monitor the logic of the payment system and update as needed to be sure that TPL edits are applied correctly.

- 3.3 Continue to streamline work processes in trauma recovery through the use of technology and automation to increase productivity and, as a result, collections.
- 3.4 Recovery of Medicaid funds in cases where a Medicaid recipient had other insurance coverage at the time medical services were rendered or became retroactively eligible for Medicare to cover services paid for using Medicaid funds.
- 3.5 Pursue legislative updates to laws and regulations regarding estate recovery to reduce or remove the limitations on recoveries and, as a result, increase collections.
- 3.6 Explore a consulting contract for review, tracking, and/or collections related to Special Needs Trusts.

**Performance Indicators:**

- Number of TPL claims processed
- Percentage of TPL claims processed through edits
- TPL trauma recovery amount
- Funds recovered from third parties with a liability for services provided by Medicaid
- Number of claims available for TPL processing
- Percentage of TPL claims processed and cost avoided



**Objective IV:** Through the Eligibility activity, to reduce errors in eligibility determinations by reviewing eligibility determinations and identifying errors which may inhibit the approval or retention

of eligible citizens in Medicaid and CHIP health coverage or may cause incorrect claim payments each year through June 30, 2019.

### **Strategy:**

- 4.1 Develop corrective action plans for Medicaid eligibility staff based on errors found in Medicaid Quality Control reviews and Medicaid Payment Error Rate Measurement (PERM) project.
- 4.2 Develop training and educational materials for Medicaid Eligibility staff based on regular and periodic case reviews and deliver training.

### **Performance Indicator:**

- Percentage of Errors Identified through Medicaid Eligibility Quality Control process-review of negative case actions

### **General Performance Indicators:**

- Number of recipients eligible for program (eligibles)
- Number of program recipients
- Average number of eligibles per month
- Average number of recipients per month
- Number of applications taken annually
- Number of application centers
- Number of claims available for TPL processing
- Percentage of TPL claims processed and cost avoided.
- Louisiana's PERM Eligibility Error Rate for Medicaid
- Louisiana's PERM Eligibility Error Rate for CHIP

## **Activity 3 – Executive Administration**

The Executive Administrative activity advances the state's goals by promoting high quality health care and ensuring a continuum of delivery of medical care, preventive, and rehabilitative services for the citizens of Louisiana. It is focused on transparency, accountability and monitoring functions to mitigate fraud and abuse; creating coordinated systems of health and long-term care; providing choice in a competitive market; and employing health data information and policy analysis to improve health care outcomes, manage growth in future health care costs and creating a more sustainable model of state financing for health care that is quality-driven.

Managing costs and efficient management of resources through business process improvement through evidence based best practices, and program analysis will enable the most cost-effective use of health care resources and reduce and eliminate inefficiencies, duplication of resources, and non-optimal activities.

**Objective I:** Through the Executive Administration activity, to administer the Medicaid program and ensure that operations are in accordance with federal and state statutes, rule, and regulations each year through June 30, 2019.

**Strategy:**

- 1.1 Monitor total expenditures to ensure costs does not exceed available resources for administering the Medicaid Program

**Performance Indicator:**

- Administrative cost as a percentage of total cost relative to other states.

**General Performance Indicators:**

- Percentage of State Plan amendments approved.
  - Number of State Plan amendments submitted.
- 1.2 Maintain customer satisfaction with our internal and external stakeholders by completing inquiries within a timely manner.
- 1.3 Ensure that 100% of the Bureau of Health Service Finance human resource documents are completed within established civil service guidelines.

**Performance Indicators**

- Number of budget related inquiries from DHH Budget completed within 7 business days
- Percentage of budget related inquiries returned for reworking due to errors
- Percentage of human resource documents denied by Civil Service
- Total number of human resource documents processed based on Civil Service guidelines annually
- Total number of budget related inquiries received from DHH Budget annually

**Activity 5 – Rate and Audit Provider Monitoring**

The Rate and Audit Provider Monitoring activity advances the State's goals by decreasing the percentage of avoidable state government expenditures in the Medicaid program thereby ensuring that limited resources are used for health care initiatives that have proven to be the most responsive to the needs of patients. This activity also ensures that funding allocated to extremely high expenditure programs (Nursing Homes, and Intermediate Care Facilities and (ICFS)) is properly spent.

**Objective I:** Through the Rate and Audit Monitoring activity, to reduce the incidence of inappropriate Medicaid expenditures and to annually perform a minimum of 95% of the planned monitoring visits to Local Education Agencies (LEA) participating in the Medicaid School-Based Administrative Claiming Program, Early Periodic Screening Diagnostic and Treatment (EPSDT) Direct Services Program or the Louisiana Behavioral Health Partnership (LBHP) through state fiscal year 2019.

**Strategies:**

- 1.1 Perform the monitoring of the LEA submitted cost reports.
- 1.2 Monitor a minimum of 16 Local Education Agencies (school-boards) annually, with all LEAs monitored once every three years.
- 1.3 Perform annually 120 monitorings based on agreed upon procedure on nursing homes.
- 1.4 Perform annually 180 monitorings based on agreed upon procedure on intermediate care facilities. Assure measurable and accurate performance reporting in accordance with standards established by the American Institute of Certified Public Accountants.
- 1.5. Conduct audits on one-third of cost reports submitted by nursing homes and ICFs to assure the integrity of our rate setting methodology.

**Performance Indicators:**

- Number of Local Education Agencies quarterly claims targeted for monitoring
- Percent of targeted Local Education Agencies monitored
- Number of Nursing Homes cost reports targeted for monitoring
- Percent of Nursing Home cost reports monitored
- Number of ICF cost reports targeted for monitoring
- Percent of ICF cost reports monitored

**General Performance Indicators:**

- Number of claims adjusted as a result of monitoring activities
- Amount identified as over claimed as a result of monitoring
- Number of NH cost reports adjusted as a result of monitoring activities
- Number of ICF cost reports adjusted as a result of monitoring activities

**Objective II:** Through the monitoring activity, BAYOU HEALTH has developed quality and administrative measures to hold the managed care organizations accountable. Medicaid will measure and monitor the health plans from the program's implementation, with strict penalties included for failure to meet measures. BAYOU HEALTH was designed with quality as the primary goal; while also ensuring access to services; and providing payment that is aligned with the severity of illness in the member population.

## **Strategies:**

- 2.1 Increase preventive health care; improve quality, and patient experience; and moderate cost increases through: 1) implementation of fee-for-service primary care case management (PCCM) (BAYOU HEALTH Shared Savings); and 2) implementation of comprehensive prepaid risk bearing capitated managed care organizations (MCO) also known as BAYOU HEALTH Prepaid Plans.
- 2.2 Ensure prompt payment or preprocessing of claims for network providers.
- 2.3 Perform all federally mandated administrative activities required for the Medicaid Managed Care Program.

## **Performance Indicators:**

- Percentage of Health Plans that meet the calendar year improvement benchmarks for the five key performance measures.
- Percentage of Health Plans that meet adults' access to preventative/ambulatory health services for their members.
- Percentage of Health Plans that meet comprehensive diabetes care HgbA1C for their members
- Percentage that meet chlamydia screening for women for their members.
- Percentage of Health Plans that meet well-child visits in third, fourth, fifth and sixth years of life for their members.
- Percentage of Health Plans that meet adolescent well-care visits for their members.
- Percentage of BAYOU HEALTH – Prepaid Health Plan's payments that meet the prompt pay requirements.
- Percentage of BAYOU HEALTH – Shared Health Plan's claims that meet the pre-processed timeline requirements.
- Annual percentage of new eligible BAYOU HEALTH members who proactively select a Health Plan.
- Percentage of BAYOU HEALTH Primary Care practices recognized by DHH as medical homes.

## **Activity 6 – MMIS Operations Activity**

### **Objectives:**

MMIS Operations activities are structured to be responsive and delivery focused to ensure timely and cost effective claim processing and associated services are provided by the contracted Medicaid fiscal intermediary to all providers.

One primary objective is continuous enhancement to the benefits derived to Louisianans through the promotion and delivery of health care options that make better use of the finite resources available which need to be more responsive to the needs of recipients. The service delivery focus is directly supportive of the Department and Bureau mission to continue implementing efficiencies to the

operations of the Medicaid program ensuring that the most clinically appropriate and cost effective medical services are provided to Louisiana Medicaid enrollees.

Efficient management of resources through more results-directed use of technology, application of current industry best practices, and targeted program analysis to enable the most cost-effective use of health care resources is mandatory in order to reduce and eliminate inefficiencies, duplication of resources, and replacement of non-optimal activities with ones that provide qualitative benefits to service recipients.

These goals are supportive of the service delivery reforms in the areas of community based services, increasing access to comprehensive, coordinated managed care. Achievement of these objectives is contingent on our ability to maximize funding sources including enhanced federal matching funds for systems development. Additionally, through more diligent business controls, the Agency will be more focused on demonstrating its fiduciary commitment as a Smart Buyer, most notably through the selection of service delivery options. This will be driven by conscious decision making to streamline and re-use common system and business functionalities, as well as a willingness to explore a vision for potential functionality re-use through the exploration of a multi-state shared service model as an option for the eventual replacement the existing legacy MMIS system.

The scope of MMIS Operations service delivery function:

- i) Management of contracted day-to-day activities of the Medicaid fiscal intermediary;
- ii) Management of all development activities and federal initiatives of the Medicaid fiscal intermediary;
- iii) Oversight of federal, internal and external reporting;
- iv) Liaison between the Medicaid fiscal intermediary and all external agencies and organizations in addition to BHSF staff;
- v) Security administration of all MMIS applications;
- vi) Program Management for all MMIS system changes; correction of defects, enhancements, federal and state compliance, legislative and mandates;
- vii) System and operational architecting of electronic system and manual processes and procedures,
- viii) Business controls for fiscal and contract management,
- ix) Electronic Health Records (EHR) management and support.

**Objective I:** Through the MMIS Operations activity, to operate an efficient Medicaid claims processing system through June 30, 2019.

### **Strategies:**

- 1.1 Reform the service delivery model and processes as currently deployed by the FI to one that achieves a common project planning and delivery methodology which will produce more timely, cost efficient and results-directed solutions resulting in attaining tangible benefit to the state or recipients.
- 1.2 Pursue continued improvement of change control/management and defect management/resolution between the BHSF Sections and the contract fiscal intermediary (through the Louisiana Information Form Tracking process).

- 1.3 Build a strong and capable Project Management team capable of providing project management oversight to all BHSF major initiatives, and skill training for new staff;
- 1.4 Collaborate with DHH's Bureau of Information Technology (IT) in the development and oversight of a BHSF architectural model against which any new initiatives need to be validated;
- 1.5 Collaborate with BHSF Sections and DHH IT in the creation of funding approval documents;
- 1.6 Develop and support initiatives that increase adoption of certified EHR technology and participation in the Louisiana Health Information Exchange (LaHIE) among Medicaid providers;
- 1.7 Improve customer service to providers seeking EHR incentive payments by making improvements to the web-based portal for attestation; reducing application processing time; reducing response time to providers with questions; and providing a user-friendly, web-based means for providers to track incentive payments;
- 1.8 Introduce reforms in health care services utilization and prior authorization operations which are in alignment with current national best practices designed to provide better outcomes and cost savings comparable to that of other leading-edge state delivery systems.;
- 1.9 Improve efficiency and accuracy of claims processing and payments through utilization of a clinical editing tool including clinically appropriate National Correct Coding Initiative (NCCI) edits;
- 1.10 Improve hospital length of stay assignment through incorporation of current Interqual criteria for inpatient hospital care and ongoing monitoring;
- 1.11 Monitor and supervise the Fiscal Intermediary services.
- 1.12 Initiate planning activities for addressing deficiencies in the existing MMIS, through the application of a more efficient architectural model which will achieve a significant reduction on the "Total Cost of Ownership" (TCO).
- 1.13 Educate and empower DHH staff on claims and encounter processing functionality, outlining differences between fee for service and managed care;
- 1.14 Automate outdated manual Medicaid business processes, using the Medicaid Information Technology Architecture (MITA) "To Be" state self-assessment;
- 1.15 Ensure that the MMIS aligns with DHH programmatic objectives and policies;
- 1.16 Enhance communication throughout BHSF and DHH with regard to FI projects.

### **Performance Indicators:**

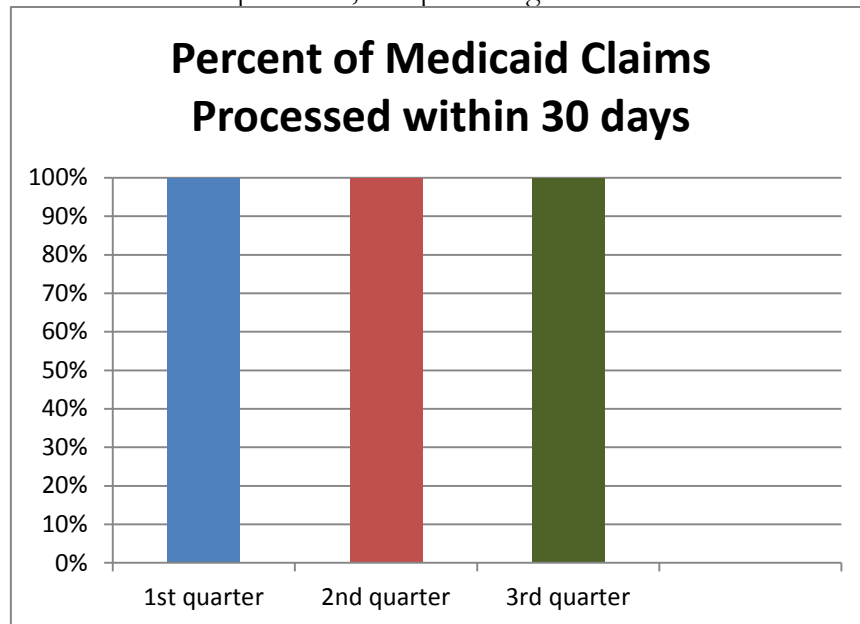
- **LIFT Handling:**

- Monthly through-put – (Number in ~ sent to Molina)
- Aged Analysis of current backlog (Line Graph by month)
- Numbers released to Molina vs Numbers completed (Percentage completed)



- Number in different statuses (Line Graph by month)
- LIFT and Section Portfolio status report
- (George you may wish to add other metrics)
- **Claims Processing:**
  - Percentage of total claims processed within 30 days of receipt (Line Graph by month)
  - Average processing time in days
  - Total original claims paid (by month)
  - Total claims denied (by month)
- **Business Controls:**
  - Cost of contract operations, in total (quarterly) ...and/or...

Cost of contract operations, as a percentage



**This indicator measures the Fiscal Intermediary's efficiency against the CMS and FI contract requirement that all "clean" claims be processed within 30 days. The target set for this PI is 98% of submitted claims. The chart shows the target was met for each quarter of fiscal year 2009-10.**

## Activity 7 – Bayou Health - Pharmacy Benefits Management

The Pharmacy Benefits Management (PBM) activity advances the state goals of improving health care outcomes and providing cost efficiencies in delivering prescriptions and direct patient access in providing prescription medications to Medicaid recipients. The Pharmacy Program provides clinically-appropriate and cost effective medications to Medicaid recipients in order to avoid more costly outpatient and institutional services. DHH is seeking to design a pharmacy program that modernizes the state-managed pharmacy benefit by incorporating pharmacy into Bayou Health. Bayou Health allows Prepaid Health Plans to effectively manage delivery of their pharmacy services and incorporate patients into their patient health care plans. DHH will also continue to provide for pharmacy traditional fee for service benefits for the shared plans. Enhancing services as needed such as providing for a revised reimbursement methodology, enhancing the Prior Authorization (PA) process and Drug Utilization Review (DUR) initiatives. In the state run Pharmacy Benefit Program, clinical and support staff in addition to contractors perform a variety of cost saving initiatives including invoicing and reconciliation of pharmacy rebates from drug manufacturers, point of sale pharmacy prospective drug utilization review edits, cost avoidance of claims for Medicaid eligibles with other drug coverage, pharmacy audit recoupments, provider compliance with the drugs on the preferred drug list as well as establishing State Maximum Allowable Cost limitations for multiple source drugs.

**Objective I:** Strengthen current State-run Pharmacy Benefit Management Program through June 30, 2019.

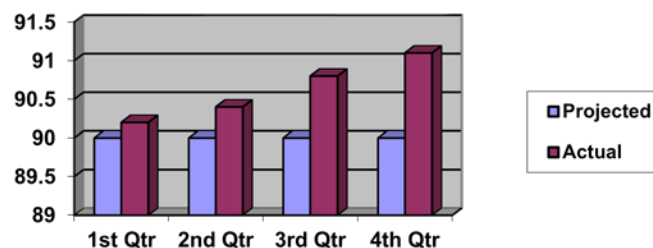
**Strategy:**

- 1.1 Enhance Prior Authorization process with a focus on increasing generic drug utilization and enhancing current clinical drug edits.
- 1.2 Encourage prescriber adherence to the Preferred Drug List (PDL) for Medicaid prescriptions.

**Performance Indicators:**

- Percentage (%) of Total Scripts PDL Compliance
- Percentage (%) of Generic drug utilization

Measure of the prescriber's adherence to the PDL based on the number of prescriptions paid for in all therapeutic classes included in the PDL process.



**P.I. 1.1 Percentage (%) of Total Scripts PDL Compliance based on Provider Synergies Quarterly Report for FY2011-12.**

**Activity 7 – Dismissal of *Chisholm* Consent Agreement and Provision of Medically Necessary Services for Autism**

The outcome of this activity would create increased efficiencies in the delivery of services to children with disabilities and allow those children to be served through Bayou Health with autism services being administered through the Bayou Health Plans. This activity aligns with goals III, IV, V and VI.

Currently, the Department is tied to achieving compliance with three stipulations and several judgments under the litigation known as *Chisholm*. This class action lawsuit was filed in 1997 by the Advocacy Center on behalf of children on the waiting list for the MR/DD registry, now known as the developmental disabilities registry, who were under 21 and Medicaid eligible. The lawsuit alleged that the children on the waiting list for the MR/DD registry were not receiving all medically necessary EPSDT services. Much of the stipulations and court orders do not reflect the plethora of changes that have been made to modernize Louisiana Medicaid. Currently, the Department has very limited flexibility in the way the Medicaid program is administered to *Chisholm* Class Members.

## **Objective 1**

Transform the service delivery method for Chisholm Class Members to improve care coordination and health outcomes and decrease fragmentation.

## **Objective 2**

Provide necessary autism services to eligible Medicaid enrolled children with an appropriate autism diagnosis.

### **Strategies:**

- 1.1 Coordinate services across the continuum.
- 1.2 Minimize non-compliance issues and put in place a provision stating non-compliance motions cannot be filed unless plaintiffs can prove that more than 10% of Chisholm Class Members have been directly affected by the non-compliance issues.
- 1.3 Meet with Plaintiffs' counsel and show that class members would benefit from Bayou Health.
- 1.4 Negotiate opt in to Bayou Health for Chisholm Class members and based on outcomes fold remaining class members into Bayou Health.

### **Performance Indicators:**

- Percentage of Chisholm Class Members enrolled in Bayou Health.
- Chisholm lawsuit and settlement dismissed in 5 years.
- Percent change in autism service providers enrolled in Medicaid.
- Percent change in autism services provided to Medicaid recipients.

## Medical Vendor Payments

### Bureau of Health Services Financing

#### **Vision**

We envision a future where the people of Louisiana are healthier through a continuum of evidence-based accessible, quality and comprehensive health care services with emphasis on efficiency and cost effectiveness in community-based settings.

#### **Mission**

Our mission is to anticipate and respond to the health needs of Louisiana's citizens by developing, implementing, and enforcing administrative and programmatic policy with respect to eligibility, reimbursement, and monitoring of quality-driven health care services, in concurrence with evidence-based best practices and federal and state laws and regulations.

#### **Philosophy**

Our philosophy is to administer the Medicaid program in an equitable manner, while continuing to seek ways of ensuring enrollee satisfaction with care by providing high quality care and innovative customer service.

#### **Executive Summary**

The direction of health care on both the national and state level has been toward more cost-effective, comprehensive, accessible, community-based, and individualized services. The state has expanded Medicaid eligibility through the LaCHIP program and other initiatives and 96.5% of children have health coverage. Louisiana's statewide implementation of Medicaid managed care (Bayou Health and the Louisiana Behavioral Health Partnership) provides access to a medical home for more than 80% of the Medicaid population. The implementation of managed care has been the catalyst for even greater focus on quality and access to care. Louisiana has taken steps to shift from overall higher-cost institutional to lower cost preventive, coordinated system of care and home and community-based long-term care through initiatives such as the Money Follows the Person grant and Balancing Incentives Program. As technology moves medical care forward, Medicaid administrative staff and contractors must continue to utilize technology to further streamline work processes to increase program operation efficiencies and to provide improved delivery of administrative services. The Agency and provider community must be prepared in the event of a disaster by building infrastructures and systems capable of handling major increases in the number of those being served and facilitating continuity of operations regardless of the patient's geographical location.

## **Agency Goals**

### **Goal I**

To improve health outcomes by emphasizing medical homes and reducing the number of uninsured persons in Louisiana.

### **Goal II**

To expand existing and develop additional community-based services as an alternative to institutional care.

### **Goal III**

To ensure cost effectiveness in the delivery of health care services by using efficient management practices and maximizing revenue opportunities.

### **Goal IV**

To assure accountability through reporting and monitoring of the health care delivery system in an effort to promote the health and safety of Louisiana citizens.

### **Goal V**

To streamline work processes and increase productivity through technology by expanding the utilization of electronic tools for both providers and Medicaid administrative staff.

### **Goal VI**

To implement measures that will constrain the growth in Medicaid expenditures while improving services and to secure alternative sources of funding for healthcare in Louisiana.

## **Program A: Payments to Private Providers**

### **Program A: Mission**

The mission of Payments to Private Providers is to administer the Medicaid Program to ensure operations are in accordance with federal and state statutes regarding medically necessary services to eligible recipients.

### **Program A: Goals**

- I. To improve health outcomes by emphasizing choice for Medicaid recipients, better coordination of care and quality of care, increasing access to medically necessary services, and mandating accountability for the delivery of Medicaid covered services through contractual arrangements with two different types of managed care organizations/health plans.
- II. To provide cost effective and medically appropriate Medicaid covered services for individuals remaining in the Fee-for-Service Program and Bayou Health shared plans.
- III. To provide cost effective and medically appropriate pharmaceutical services.

## Activity 1 – Bayou Health

The Bayou Health program activity enhances the goals of better health and effective government. Bayou Health is responsible for the oversight of the managed care and legacy program through partnership with contractor and providers the implementation of best practices for improving health outcomes for Louisiana’s Medicaid population, increasing access to quality care and providing fiscal sustainability. Bayou Health Program will focus on better health goals such as increased access to the appropriate level of care at the right time, at the right place, the first time; keeping people out of the hospital and the emergency room; improving health care quality through continuous monitoring of contractor/provider performance and quality outcomes; innovative payment reform for legacy program to incentivize improved health outcomes; while at the same time ensuring savings/cost containment.

Administrative activities shall incorporate the following elements:

- 1) Deliver healthcare services that include predefined savings expectations at an actuarially sound rate for the managed care program.
- 2) Assure performance accountability and compliance with federal Medicaid regulations holding Managed Care contractors accountable for performance. Results will be measured and if noncompliant will result in administrative sanctions including but not limited to corrective action plans, monetary penalties or loss of contract for failure to meet the contract requirements.
- 3) Publish managed care contractor’s performance reports as part of a commitment to transparency through public Web sites; and
- 4) Leverage additional funding sources to better fund administration of Medicaid coordinated care and achieve savings for Louisiana taxpayers; examples include leveraging the 2.25% premium tax levied against the PMPM (per member per month) paid to the prepaid health plans annually to draw down additional federal funds.
- 5) Publish outcomes of result of incentive program when implemented.

**Objective I:** Through the Medicaid Bayou Health Initiatives activity, implement payment reform activities through state fiscal year 2019.

### Strategies:

- 2.1 Increase budget predictability for over 35% of the Medicaid populations through establishment of an actuarially sound per member per month rate.
- 2.2 Develop and implement bundled payment (AC0) models of care where appropriate under the legacy program (i.e. transplants).
- 2.3 Develop and implement in the legacy program incentivize that links payment to outcomes in lieu of inappropriate use of higher cost, non-medically necessary procedures (i.e. end payment for non-medically indicated elective deliveries).

- 2.4 Implement new and/or revise policies and procedures that incentivize the procurement of more cost effective methodologies for health services. (i.e. preventative care. pain management. portable oxygen, telemedicine, repeated emergency room dental visits for adults, etc.)
- 2.5 Publish website of performance of Managed Care Contractors.

**Performance Indicators:**

- Average number of ER visits for Bayou Health Shared Savings members with a diagnosis of sickle cell in a reporting quarter. Key indicator
- Annual number of transplants procured under payment reform. General indicator
- Percentage of caesarean births. General indicator
- Number of SPAs, rules, policies/procedures revised/new required to implement reform. General indicator
- Percentage of required reports published on the Bayou Health website. General indicator

**Objective II:** Through the Medicaid Bayou Health Initiatives activity, implement payment reform activities through state fiscal year 2019.

**Strategies:**

- 2.1 Develop a payment structure that ensures budget predictability for the Medicaid program.
- 2.2 Develop a per member per month full risk payment rate for the delivery of health care services in a risk-based model.
- 2.3 Creation of a risk-adjusted methodology that is aligned with the severity of illness in the Health Plan's member population to prevent cherry picking by the Health Plans, while maintaining budget neutrality for the state.
- 2.4 Implement new and/or revised payment policies and structures that disincentivize the inappropriate use of higher cost, non-medically necessary procedures (for example caesarian versus vaginal delivery).

**Performance Indicators:**

- Annual number of actuarial revisions to risk score for Bayou Health Plans
- Annual additional funding provided by the 2.25% premium tax assessed on monthly capitation payments to Bayou Health risk bearing health plans.
- Annual number of new or revised Medicaid payment policies or structures.

## Activity 2 –Rebalancing Long-Term Supports and Services

The Department has worked over the last decade to improve the balance of its long-term care supports and services system for the purpose of improving health care quality, controlling costs, and enhancing the quality of life for Louisiana citizens. The case for movement towards sustainable community living options is supported by the national *Olmstead* mandate, Louisiana class action suits, such as *Barthelemy vs. Hood*, and *Chisholm vs. Hood*, and the Department of Justice's settlement with DHH over its large public institutions.

More rebalancing is needed as current data indicates:

- Sixty percent of Louisiana's residents with developmental disabilities receive home and community-based waiver services compared to the national average of 86 percent; home and community-based spending for this population versus institutional spending is more than 20 percentage points lower than the national average of 66 percent.
- Forty-nine percent of Louisiana's older adults and adults with physical disabilities receive home and community-based services compared to the national average of 61 percent (according to AARP); however, home and community-based spending for this population in 2011 cost \$12,919 less per person than Medicaid nursing home care.

Facility-based care, while necessary for the most vulnerable populations, is often over-utilized, and is unnecessarily restrictive for many of the individuals who could otherwise function quite well within their homes with well-coordinated and typically less expensive home and community-based services. As the population of Louisiana ages in the coming years, there will likely be a continual increase in demand for long term services and supports.

The Department is participating in Centers for Medicare and Medicaid Services (CMS) initiatives aimed at rebalancing the long-term supports and services system including:

- **Money Follows the Person Rebalancing Demonstration** grant, which was awarded to the Department in 2007. The Department has successfully assisted 339 institutional residents with the often difficult process of relocating into the community, with less than 11% cumulative transitions re-institutionalized, through this grant.
- **Balancing Incentives Program**, which was awarded in 2013 and provides additional federal funding for the purpose of increasing access to long-term supports and services by lowering costs through improved systems performance and efficiency, creating tools to help recipients with care planning and assessment, and improving quality measurement and oversight.

In addition, the Department has reformed its behavioral health system by adopting a managed care model, the Louisiana Behavioral Health Partnership, which provides community-based behavioral health services to transition and divert individuals from institutional care; this is the first statewide partnership of its kind in the nation. Through services provided under the Partnership, the Department has assisted 206 adults with transitioning from civil intermediate care hospitals.

The Coordinated System of Care (CSoc) 1915(c) waiver, which is included in the Partnership, provides access to an array of services in the community aimed at avoiding out-of-home placement for children



and youth with significant behavioral challenges, as well as decreasing reliance on institutional care for children. Since implementation of the Partnership, 685 children have enrolled in the CSoC waiver.

The Department is currently exploring additional options for rebalancing the long-term supports and services system. A Request for Information was issued in November 2012 for the purpose of soliciting creative, innovative, and viable strategies to assist the Department with restructuring the organization and delivery of Medicaid services provided to individuals receiving long-term supports and services. The Department is in the process of developing a concept paper for long-term care reform based on the solutions proposed by potential proposers with the possibility of issuing an RFP to place long term care populations and services in Medicaid managed care.

Finally, DHH is working with the Louisiana Nursing Home Association to implement an Upper Payment Limit Medicaid reimbursement mechanism which would be funded by local tax dollars to draw down more federal funds to enhance nursing home services. This initiative seeks to promote the nursing home industry to adapt their business model and encourage them to start providing more home and community based services to citizens in their area.

## **Objective I:**

Through the Community-based Long Term Care for Persons with Disabilities activity, to improve quality of services and health outcomes, decrease fragmentation, and refocus the system to increase choice and provide more robust living options for those who need long-term supports and services by promoting home and community-based services to meet the existing demand for services and decreasing the reliance on more expensive institutional care.

### **Strategies:**

- 1.1 Allocate resources for home and community-based services based on individual acuity as determined through unbiased, comprehensive assessments.
- 1.2 Offer a diverse and flexible array of cost-effective services to achieve quality outcomes and serve as many individuals as possible within available budgetary resources.
- 1.3 Improve access to Medicaid and non-Medicaid long-term care resources through implementation of an effective Single Point of Entry system and improved approaches to support coordination.
- 1.4 Increase choice of self-directed services.
- 1.5 Increase nursing facility transition and diversion efforts.
- 1.6 Implement and maintain a comprehensive quality management system consistent with the federal framework for quality in home and community-based services.
- 1.7 Expand capitated, integrated-risk approaches to service delivery.

- 1.8 Maximize federal match through participation in the Balancing Incentives Program and continued effective implementation of the Money Follows the Person grant.
- 1.9 Expand statewide the Coordinated System of Care (CSoc) 1915(c) Waiver.

**Performance Indicator:**

- Percentage change in the unduplicated number of recipients receiving community-based services
- Percentage of Medicaid spending that goes toward home and community based services rather than institutional services
- Percentage of recipients reporting satisfaction with self-directed services.
- Percentage change in the unduplicated number of recipients self-directing services.

## **Activity 5– Behavioral Health Services Reform**

Through the Louisiana Behavioral Health Partnership, DHH has contracted since March 2012 with a State Management Organization (SMO) to manage all Behavioral Health services, including Medicaid, in order to ensure access to medical, preventive and rehabilitative mental health services for all citizen of the State of Louisiana. Health outcomes are expected to improve by the direct provision of quality services, the development of a fuller array of evidence-based in –home and community-based services and the utilization of available resources in the most effective manner. Currently, the state expends approximately 56% of mental health funding on hospital-based care and only 44% on community-based care, while the national trend is approximately 25% hospital and 75% community-based care.

Positive results can be expected in the following areas:

- Health Care – Increased access to evidence-based in-home and community-based services in order to meet the behavioral health needs of Louisiana citizens which impacts the overall health of citizens and contributes to high medical costs.
- Education - Early identification and treatment of behavioral health issues reduces special education costs and contributes to success in the educational environment.
- Public Safety - Lack of access to behavioral health care is a major problem in the criminal, family and juvenile court system. Untreated mental illness and substance abuse are common characteristics of incarcerated individuals.
- Self-Sufficient Families - Serious mental illness and substance abuse are the two most significant factors contributing to homelessness in Louisiana, and adults and youth with mental health disorders are drastically unemployed and underemployed in Louisiana. Having access to behavioral health services promotes financial stability for families as caregivers are allowed to work outside of the home and have their ill family member's daily medical needs met in a constant and safe environment.
- Transparent, Accountable, Effective Government - The state maximizes use of limited General Fund and Block Grant dollars by providing for Medicaid reimbursement of services previously purchased by DSS, DOE and OJJ without benefit of Federal Match.

SMO management of services ensures consistency in care access, delivery and outcomes, creates capacity, tracks outcomes and manages and reduces costs of those services (National Council on Community Behavioral Health). Cost savings can be used to expand and increase available services. For FY 10-11, estimates from the Surgeon General and the National Council for Community Behavioral Healthcare indicate approximately 18% of Louisiana's eligible Medicaid population, estimated at 213,847, needed mental health services, yet only about 30,000 or 14% actually received services in FY09, illustrating a large unmet need. Studies by Substance Abuse & Mental Health Services Administration (SAMSA) indicate persons with SMI have a life expectancy 25 years less than the general public. A 2006 report published by the American Psychological Association maintains that limited access to services often leads to "inadequate care and treatment...Systematic reimbursement for evidence-based psychosocial and psychopharmacological treatments must be established." The requested Psychological & Behavioral Services expansion has allowed for reimbursement for neuropsychological evaluations and medical psychology services previously not covered.

The US Dept. of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Blueprints for Violence prevention Initiative and the US Surgeon General all consider MST a top evidence-based program which decreases out of home placement by 50-64% and recidivism/re-arrest by up to 60%. MST is a service that is currently being provided under the LBHP.

**Objective I:** Through the Behavioral Health activity, to increase access to a full array of evidence-based in-home and of community-based behavioral services, in order to improve health outcomes, and decrease reliance in institutional care by State Fiscal Year 2019.

### **Strategies:**

- 1.1 Expand statewide the 1915(c) Waiver in the Coordinated System of Care for children at imminent risk of out of home placement.
- 1.2 Through utilization management, promote appropriate treatment interventions, level of care and length of stay.
- 1.3 Identify, promote and incentivize expansion of evidence-based in-home and community-based behavioral services.
- 1.4 Develop quality management tools and performance measures that identify and promote quality care and improved health outcomes.
- 1.5 Identify and pilot models that reduce out of home placements/incarceration of adults with serious mental illness.
- 1.6 Promote knowledgeable use of medications and a reduction of polypharmacy in the treatment of mental illness.
- 1.7 Identify and pilot models that address co-morbid conditions which shorten the lives of people with mental illnesses diagnoses.
- 1.8 Maximize use of natural supports.
- 1.9 Increase use of lower intensity services, over time, through early and effective intervention.

**Performance Indicator:**

- Percentage of increase of utilization of home and community based services for persons with primary mental health diagnosis
- Percentage of decrease of emergency department utilization for persons with primary mental health diagnosis
- Percentage of decrease in readmission to mental health facilities
- Percentage of decrease in readmissions to substance abuse facilities

**General Performance Indicator:**

- Percentage change in expenditures for Medicaid state inpatient psychiatric services

**Activity 6 – Bayou Health Program – Pharmacy Services**

Through the Bayou Health Program activity, the Pharmacy Benefits Management program advances the state's goals of improving health care outcomes assuring the delivery of quality pharmacy services through a state run pharmacy benefit program and Health Plan administered pharmacy benefit programs through contractual agreements with Prepaid Health Plans.

**Objective I:** Through the Bayou Health Program activity, to reduce the rate of growth of expenditures for drugs in the Medicaid Pharmacy Benefits Management Program.

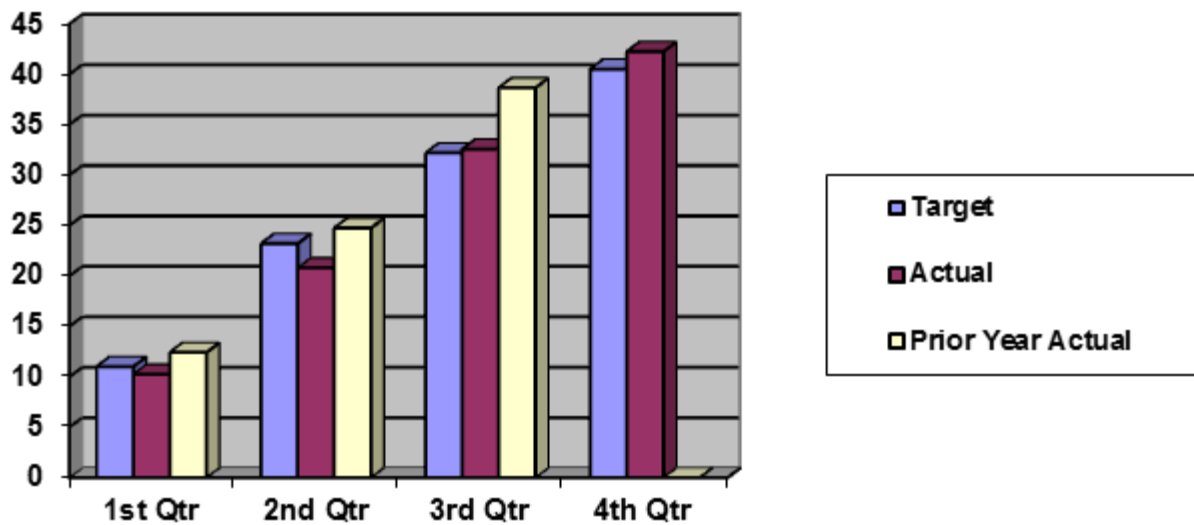
**Strategies:**

- 1.1 Reduce expenditures as compared to FFS System through contracting with Prepaid Health Plans to effectively manage delivery of pharmacy benefits through establishment of Health Plan's formulary for Medicaid members in their Health Plan.
- 1.2 Strengthen State-run PBM PDL with new edits as appropriate and enhance Prior Authorization process with a focus on increasing generic drug utilization and enhancing and building upon our current point-of-sale clinical drug edits for Medicaid recipients in the legacy program and Bayou Health Shared Savings Health Plans.
- 1.3 Encourage providers to utilize the prior authorization program and preferred drug list when clinically appropriate for Medicaid recipients in the legacy program and Bayou Health Shared Savings Health Plans.
- 1.4 Obtain supplemental rebates from drug manufacturers to offset Medicaid expenditures for Medicaid recipients in the legacy program and Bayou Health Shared Savings Health Plans
- 1.5 Encourage prescriber adherence to the Preferred Drug List (PDL) for Medicaid recipients in the legacy program and Bayou Health Shared Savings Health Plans.

**Performance Indicators:**

- Annually review and approve PDL for Prepaid Bayou Health Plans.
- Percentage of generic drug utilization in legacy and Shared Savings Health Plans.
- Amount of cost avoidance (in millions) through the prior authorization (PA) program and use of the preferred drug list legacy and Shared Savings Health Plans.
- Percentage of Total Drug Rebates Collected
- Percentage of Total Scripts PDL Compliance legacy and Shared Savings Health Plans.<sup>1</sup>

<sup>1</sup>Percentage of Total Scripts PDL Compliance was reported on in 09-306 Medical Vendor Payments for FY2011-2012. The indicator will be reported in agency 09-305 Medical Vendor Administration for FY 201-2012 (See agency 09-305 Medical Vendor Administration for information).



This chart measures cost avoidance resulting from maintaining the Pharmacy PA and PDL and State Supplemental Rebates process for fiscal year 2011-12.

**P.I. 1.1: Amount of cost avoidance (in millions) for Fiscal Year 2011-2012; based on Provider Synergies Quarterly Pharmacy**

## Activity 7 – Inpatient Hospitalization

The inpatient hospitalization activity reflects the goal of improving the health of Louisiana's citizens and reducing avoidable inpatient hospitalizations. This activity provides medical care needed for the treatment of an illness or injury which can only be provided safely and adequately in a hospital setting and with the expectation that this care will be needed for 24 hours or more. Implementation and expansion of the Inpatient Utilization Management Program will reduce the number of avoidable inpatient admissions as well as the length of stay for appropriate admissions. It will also facilitate movement of patients to the most appropriate level of care such as step down nurseries and home health services. Reimbursement reform opportunities are being evaluated to improve affordability and quality of the services provided and purchased. Agency initiatives seek to improve overall health, avoid infections and disease exacerbations that result in avoidable inpatient stays.

Dartmouth Medical School Professor Jack Wennberg has estimated, based on years of study, that up to one third of the over \$2 trillion that we now spend annually on health care is squandered on unnecessary hospitalizations; unneeded and often redundant tests; unproven treatments; overpriced, cutting-edge drugs; devices no better than the less expensive products they replaced; and, end-of-life care that brings neither comfort nor cure. • The American Association of Diabetes Educators believe that diabetes self-management education is an essential component of care to achieve the outcomes desired by the person with diabetes, the diabetes educator, and other members of the health care team. • The U.S. Department of Health and Human Services indicates that counseling and medication are effective when used by themselves for treating tobacco dependence. The combination of counseling and medication, however, is more effective than either alone. Thus, clinicians should encourage all individuals making a quit attempt to use both counseling and medication. • According to the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), the Tdap vaccine for adults offers an opportunity to reduce the burden of pertussis (whooping cough) in the United States by reducing the reservoir of pertussis in the population at large thereby decreasing exposure of persons at risk for complicated infection (e.g. infants), and reducing the cost and disruption of pertussis in health-care facilities. The ACIP goes on to indicate that up to 5% of pneumonia hospitalizations for adults are from pertussis complications and vaccination could prevent the disease and associated hospitalizations. • Pneumococcal vaccine (PPSV) is 60-70% effective in preventing invasive pneumococcal meningitis and pneumococcal bacteremia. This vaccine has not been demonstrated to provide protection against pneumococcal pneumonia.

**Objective I:** Through the Inpatient Hospitalization activity, to provide necessary care for Medicaid recipients when acute care hospitalization is most appropriate and to lower the growth of inpatient hospital costs while moving toward a higher and consistent level of quality medical care.

### Strategies:

- 1.1 Maintain utilization of current clinical guidelines for all acute care reviews.
- 1.2 Research and implement additional evidence based practices in reimbursement for hospital inpatient services.

### Performance Indicator:

- Average (mean) length of stay in days (non-psych.) for Title XIX Medicaid recipients

## **Activity 8 – Institutional Based Long Term Care for Persons with Developmental Disabilities**

Private ICF/DD facilities care for approximately 3,500 individuals annually. These individuals require 24-hour care and supervision. It is imperative that the state ensures these individuals are cared for.

United Cerebral Palsy's "Case for Inclusion" Report (2009) documents the need for increased community-based services for people with developmental disabilities and the need for conversion of ICF/DD settings to community-based waiver settings: - LA ranks 50th among all states with only 56.5% of its citizens with DD receiving community-based waiver services (nat'l average: 83.9%) - LA ranks 41st among all states with only 65.5% of its citizens with DD living independently, with family or in community-based shared settings of up to 3 persons (nat'l average: 76.4%) - LA ranked 9th highest in ICF/DD total expenditures and 50th (or last place) in cost per ICF/DD resident. • The move towards choice, independence, person-centered planning, decreased institutional care, increased community-based services in the most integrated, least restrictive setting with assurances of health, safety and quality of life is supported by national mandates such as "Olmstead"; LA class action suits such as Gary W., Chisholm, the Dept. of Justice's Settlement with DHH/OCDD over its large public institutions; and the revised DD Law.

**Objective I:** Through June 30, 2019, the Institutional Based Long Term Care for Persons with Developmental Disabilities activity, will transition recipients living in Intermediate Care Facilities for individuals with developmental disabilities to home and community based settings.

### **Strategy:**

- 1.1 Through the Residential Options Waiver (ROW) recipients will transition from ICF-DDs into home and community settings.

### **Performance Indicators:**

- Percentage of recipients moved from the ICF-DD setting into home and community based settings
- Number of recipients moving from ICF-DD to community based services

## **Activity 9 – Institutional Based Long Term Care for Frail Elder and People with Adult Onset Disabilities**

### **State Outcome Goal**

Nursing facilities provide a vital service as part of the long term care continuum. However, Louisiana is over-supplied and over-reliant when it comes to institutional care. In addition, quality, as measured by independent national benchmarks, is below average. Despite the large number of beds overall, certain highly skilled or specialized care is available on a very limited basis.

As the population ages, it is critical to expand choices within the continuum, ensure persons receive care in the most appropriate & cost-effective setting, & improve quality & efficiency. DHH and the

NH industry have already taken steps to reduce excess bed capacity. Further payment reforms, including but not limited to enhancing the existing incentives, buying back beds directly, , or providing offsetting rate adjustments based on occupancy rates should be explored. Other reforms, such as pay for performance and integrated, capitated payment mechanisms and coordinated care can be piloted. If successful necessary changes in law could be sought in order to implement on a large scale. New approaches to providing specialized services should be explored, including the use of performance-based contracts. Incentive payments and additional resources can be provided using an existing fund set aside for NH quality improvements. These activities move the state toward a long term care system that allocates resources and provides care more rationally so persons needing long term care get it in the right place at the right time.

**Objective I:** Through the Institutional Based Long Term Care for the Elderly and Disabled activity, to use spending to reduce unused bed capacity and improve quality to achieve national averages by state fiscal year 2019.

### **Strategies:**

- 1.1 Continue “bed buy back” and “private room conversion” initiatives
- 1.2 Work with industry to explore additional incentives and disincentives that affect excess capacity and quality of care.
- 1.3 Develop new approaches for providing specialized services.
- 1.4 Pilot approaches, using available funds, for pay for performance, care coordination and other quality initiatives.
- 1.5 Explore best practices from national and state sources.
- 1.6 Maximize federal match by using authorities and pursuing incentives available under the federal Patient Protection and Affordable Care Act.

### **Performance Indicators:**

- Percentage of national nursing home quality measures on which Louisiana nursing homes rate at or above the national average per most recent Dept. of Health & Human Services Report
- Percentage change in nursing facility utilization
- Percentage change in nursing facility spending under Medicaid
- Nursing Home Occupancy Rate

## **Activity 10 – Hospice and Related Nursing Home Room and Board Payments**

The Department has already begun reforming the Medicaid Hospice program by requiring prior authorization at the first election period and a more robust medical review of hospice recipients. The Department plans to further reform the hospice program by implementing controls on the high dollar General Inpatient Level of Care and by working with the Louisiana-Mississippi Hospice and Palliative



Care Organization to examine Medicaid hospice claims data and make additional reforms to the program based on those findings.

**Objective I:** Through the Hospice and Nursing Home Room and Board Payments Activity, to assure that hospice services are delivered to persons who medically qualify for hospice care and that services are billed at the appropriate rate based on level of care.

**Strategy:**

- 1.1 Implement controls to reduce use of General Inpatient Hospice services and ensure services are provided to medically qualified recipients.

**Performance Indicators:**

- Percentage reduction in use of General Inpatient Hospice claims.
- Percentage reduction of patients remaining in hospice beyond 6 months.

## **Activity 11 – Increasing Dental Care Access**

The dental activity will advance the state's goals by increasing basic preventative dental services thereby decreasing the serious and costly consequences of poor oral health. A growing body of evidence has linked oral health to several chronic diseases, which may be prevented in part with regular preventative visits to the dentist. Ensuring access to quality dental care for children enrolled in Medicaid is a priority for the Department as well as Center for Medicaid and CHIP Services (CMCS). In a recent CMCS informational bulletin, Louisiana Medicaid was recognized as one of the top ten states with the most improvement in access to dental care for children. Despite this improvement, fewer than half of enrolled Medicaid and CHIP children are receiving at least one preventive dental service in a year. This activity will support the effort of encouraging all Medicaid enrolled children to obtain appropriate preventive and primary care in order to improve their oral health and quality of life, and to ensure that those who care for them provide that care.

**Objective I:** Through the Dental activity, to increase the percentage of children ages 1-20 enrolled in Medicaid or CHIP for at least 90 consecutive days who receive a preventive dental service.

**Strategies**

- 1.1. Develop a common set of outreach materials for beneficiaries and providers about the dental program and services that are available.
- 1.2. Encourage dental home strategies, including possibility of contracting with dental management organization.
- 1.3. Develop partnerships with Head Start, Department of Children & Families, and Women, Infants, and Children (WIC) at the local level, and Medicaid Application Centers and provide them with oral health materials to give parents of Medicaid/CHIP children.

**Performance Indicators:**

- Percentage of Medicaid enrollees aged 2-21 years of age who had at least one dental visit in a year.
- Percentage of Medicaid enrollees, enrolled for at least 90 consecutive days, aged 1-20, who receive preventative dental services.

**Objective II:** To increase the proportion of children ages 6-9 enrolled in Medicaid or CHIP for at least 90 continuous days who receive a dental sealant on a permanent molar tooth.

### **Strategies**

- 1.1 Partner with Louisiana Dental Association to communicate with their members regarding importance of dental sealants on permanent molar teeth.
- 1.2 Outreach to participating Medicaid dentists through direct mail and fiscal intermediary's **Provider Update** newsletter

### **Performance Indicators:**

- Percentage of Medicaid enrollees, enrolled for at least 90 consecutive days aged 6-9, receive a dental sealant on a permanent molar tooth.

## **Program B: Payments to Public Providers**

### **Program B: Mission**

The mission of Payments to Public Providers is to administer the Medicaid Program to ensure operations are in accordance with federal and state statutes regarding medically necessary services to eligible recipients.

### **Program B: Goals**

- I. To provide cost effective and medically appropriate pharmaceutical services.
- II. To improve health outcomes by emphasizing choice of healthcare options for Medicaid recipients, better coordination of care and quality of care, increasing access to medically necessary services, and mandating accountability for the delivery of Medicaid covered services through contractual arrangements with two different types of managed care organizations/health plans.
- III. To provide cost effective and medically appropriate Medicaid covered services for individuals remaining in the Fee-for-Service Program.

### **Activity 1 – Payments to Public Providers**

This activity provides access to care through state and local government providers of health care services, including some services not readily available in the private sector, such as services provided to individuals with severe mental illness (East Louisiana State Hospital, Central State Hospital) and developmental disabilities (Pinecrest Services and Supports Center).

With the planned privatization of LSU hospitals and clinics through Public-Private Partnerships, Payments to Public Providers previously made to those entities will shift to the Payments to Private Providers activity. Remaining Public Providers include the Office of Public Health which bills for services provided at local health units and Local Education Authorities (LEAs) that provide health care services to children attending public schools.

School-based services can improve access to care for children who may have difficulty in receiving services in a physician's office or clinic. This will result in earlier identification of certain medical conditions leading to earlier intervention. The school nurse will make necessary referrals to physician when appropriate and assist the child's family in making that appointment. School nurses must coordinate with the student's Bayou Health plan to assure continuity and coordination of care.

This activity also helps to achieve Agency Goal VI of achieving alternative sources funding for health care services. Schools are currently spending local tax dollars for these nursing services. By using the local tax dollars as the state share of the Medicaid match it is possible another \$20-30 million dollars in federal funds can be brought into the state to enhance these necessary medical services.

**Objective I:** Through the Payment to Public Providers activity, to expand the array of services local school systems can provide and receive reimbursement to include nursing services so that important medical screenings can be

**Strategy:**

- 1.1 Expand the array of services LEAs can provide to include nursing services for screenings and referral to physicians for treatment.
- 1.2 Conduct outreach to LEAs

**Performance Indicator:**

- Average acute care length of stay in days per discharge for state hospitals

**Activity 2 – Family Planning Services Section 1115 Research & Demonstration Waiver**

Studies indicate that nearly half of the pregnancies in the United States are unintended, with the total public cost for these births estimated to be over \$11 billion dollars during 2006. *Take Charge*—Louisiana's Section 1115 Medicaid Research and Demonstration Waiver was developed to provide Medicaid coverage for family planning services to women who are not otherwise eligible for Medicaid services for the purposes of increasing child spacing intervals and reducing unplanned pregnancies. The objectives of the *Take Charge* waiver are to:

- Improve birth outcomes and the health of women in the waiver by increasing the child spacing interval.
- Reduce state and federal expenditures for prenatal care, deliveries, and first year infant care by reducing the number of births resulting from unintended pregnancies.
- Provide family planning counseling and education and referrals for primary care services to help improve the health status of women enrolled in the waiver.

Over the life of the waiver, access to family planning services has expanded across the State as evidenced by the increased enrollment of eligible women. In addition, there have been positive strides toward achieving the program's goals of empowering women to manage their reproductive health, space pregnancies, and avert unintended pregnancies; cost savings exceeding \$47 million have been achieved through meeting program goals.

### **Strategy:**

- Continue to expand access to family planning services through outreach and by removing the waiver enrollment cap.

### **Performance Indicators**

- Percentage change in the number of unduplicated Take Charge recipients.
- Cost savings from reducing unintended pregnancies
- Number of outreach activities conducted.

## **Program C: Buy-Ins & Supplements**

### **Program C: Mission**

The mission of the Buy-Ins & Supplements Program is to pay premiums to other entities on behalf of Louisiana Medicaid and CHIP enrollees under specific circumstances. This program has three major components:

1. **Medicare Buy-Ins and Supplements**, the federal program which allows states to enroll people with limited income and resources in Medicare Savings Programs or full Medicaid and pay their Medicare Part A and/or B premiums. By doing so, the state provides medical insurance protection to these individuals. It has the effect of transferring some medical costs for this population from the Title XIX Medicaid program, which is partially State financed, to the Title XVIII program, which is fully financed by the Federal government. Federal matching money is available through the Medicaid program to assist the States with the premium payments for Medicare buy-in enrollees.
2. **Bayou Health Medicaid Managed Care Program** which makes capitated payments for the delivery of specified health services to Medicaid recipients who are enrolled as members of a Bayou Health Plan. Reimbursement consists of:
  - a. Capitated per member per month payments to full risk Managed Care Organizations (MCOs); and
  - b. Per member per month payments for care management to Primary Care Case Management (PCCM) entities.
3. **Louisiana Behavioral Health Partnership Medicaid Managed Care Program** – The behavioral health program managed by DHH-OBH that includes behavioral health services for a special target population of children eligible for the Coordinated System of Care (CSoc); adults with serious mental illness (SMI); and the SMO child/adult population (e.g., the rest of the non-institutionalized Medicaid population). The benefit package for this third population includes inpatient psychiatric care, emergency room care, substance abuse services and care by psychiatrists for all adults and children. It also includes all EPSDT behavioral health care

services for all Medicaid children. This population could be referred to as a traditional behavioral health carve-out program.

## **Program C: Goal**

- I. To avoid additional Medicaid cost by utilizing Buy-In (premiums) for Medicare and Medicaid eligibles.
- II. To reduce costs to the State through factoring assumed savings from managed care into the monthly Bayou Health capitation payment to MCOs.
- III. To reduce Medicaid expenditures for Medicaid enrollees, through reimbursement of employee's share of paid premiums for employer- based health insurance when cost effective to do so.

## **Activity 1 – Medicare Savings Program for Low-Income Seniors & Persons with Disabilities**

This type of dual coverage is much less costly for the state Medicaid agency. The state receives regular Medicaid federal match on Qualified Medicare Beneficiaries (income below 100% FPL) and Specified Low Income Beneficiaries (income between 100-120% FPL), but expenditures for Qualified Individuals (between 120-135% FPL) are 100% federally funded. The ultimate aim of the Medicare Savings Programs is to improve the health of their beneficiaries. Many studies have shown how reducing financial barriers to health care can lead to better health outcomes (Institute of Medicine 2002). Moreover, improving access to health care appears to have the greatest effect on health status and mortality for those with the lowest incomes (Lindert 2004). An additional benefit for people who qualify for the Medicare Savings Programs is that they are automatically eligible for the low-income subsidy (LIS or Extra Help), which helps pay for the premium, deductible and some copayments of a Medicare Part D drug plan, enabling them to maintain drug coverage.

Medicare beneficiaries age 65 and over pay a much larger share of their income in out-of-pocket health care costs than the non-elderly. Although the Medicare Savings Programs do not completely eliminate out-of-pocket expenditures for all enrollees, they provide significant savings that free up funds for other necessities. The Medicare Savings Programs have been shown to improve access to medical care services. Use of all types of medical service is greater for MSP enrollees than for eligible non-enrollees, even when accounting for differences in health status and other characteristics. MSP enrollment has the greatest effect on the use of outpatient hospital services and the frequency of office visits.

**Objective I:** Through state fiscal year 2019, the Medicare Savings Program for Low-Income Seniors & Persons with Disabilities activity, will avoid more expensive costs that would otherwise be funded by Medicaid by ensuring that eligible low-income senior citizens do not forego health coverage due to increasing Medicare premiums that make maintaining coverage increasingly difficult.

### **Strategies:**

- 1.1 Resolve buy-in problems quickly, so that MSP coverage continues.
- 1.2 Continue outreach to promote the programs to the public.

- 1.3 Simplification of renewal process so that it is not burdensome to the recipients.

**Performance Indicators:**

- Total number of recipients (Part A)
- Total number of recipients (Part B)
- Total number of Buy-In eligibles
- Buy-In Expenditures (Part A)
- Buy-In Expenditures (Part B)
- Total savings (costs of care less premium costs) for Medicare benefits

## **Activity 2 – Louisiana Health Insurance Premium Payment (LaHIPP)**

This activity focuses on ensuring access to affordable and appropriate care to Medicaid & LaCHIP eligibles and their families who have access to employer sponsored health insurance. • Through coordination of services with private insurance, the state Medicaid agency is able to leverage other resources that would otherwise have to be assumed for this population in the entitlement program. • LaHIPP advances the State outcome goal of Better Health by reducing the number of uninsured Louisiana residents and freeing up Medicaid dollars by establishing a third party resource as the primary payer of medical expenses as Medicaid pays only after a third party has met the legal obligation to pay. The funds which are not expended for LaHIPP recipients can be utilized to cover the medical needs of non-LaHIPP Medicaid recipients.

According to the National Academy for State Health Policy, there are a number of benefits that states experience from building and growing premium assistance programs like LaHIPP, including: 1) strengthening of the private market and preventing the substitution of public coverage for available private coverage; 2) allowing Medicaid agencies to capture employer contributions towards the care of Medicaid eligibles; 3) easing the transition from public coverage to private coverage; and 4) allowing children to enroll in a single health plan with their parents, which often ensures greater access to services. While it is difficult to provide a true estimate of cost avoidance or savings given that some providers will not bill Medicaid as a secondary payer, cost avoidance data from other states indicates a significant potential for savings. Texas avoided \$46M in costs through its HIPP program in FY08, and Georgia avoided \$21M in costs through its HIPP program. Estimates for Louisiana indicate that \$9.7M in costs were avoided through claims processing.

**Objective I:** Each year through June 30, 2019, the Louisiana Health Insurance Premium Payment activity, will assist eligible individuals and families in purchasing private health insurance through an employer while maintaining Medicaid/LaCHIP coverage as a secondary payor of medical expenses, resulting in reduced cost exposure to the state.

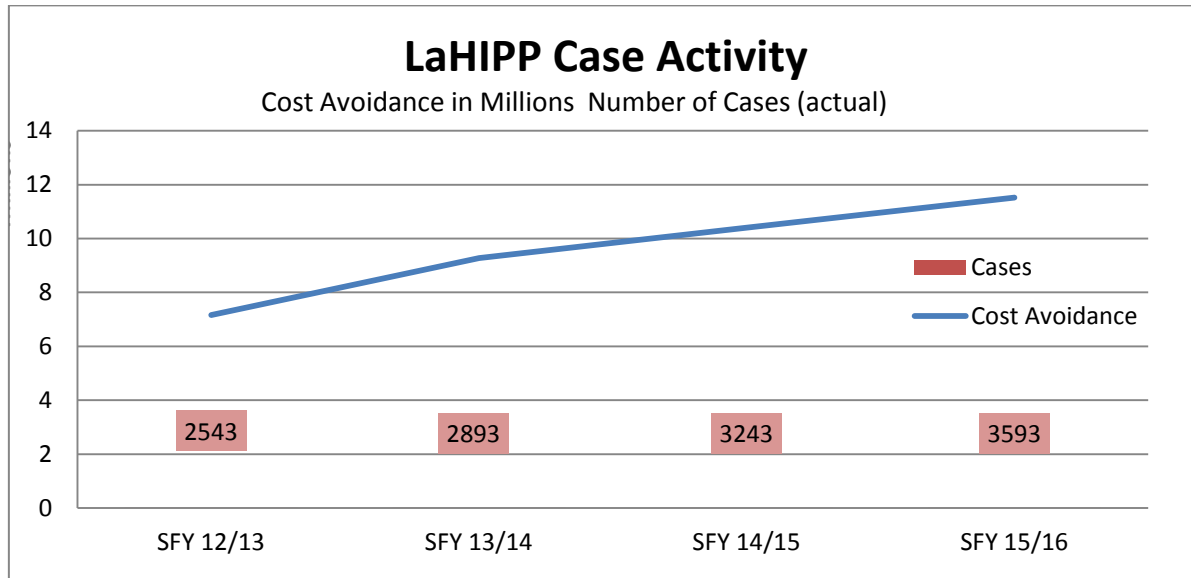
**Strategy:**

- 1.1 Maximize the number of LaHIPP cases where it is determined to be cost effective to pay for employer sponsored health insurance coverage which becomes the primary payor of medical expenses.

**Performance Indicators:**

- Number of cases added in LaHIPP

- LaHIPP Total Savings (Cost of Care less LaHIPP Premium Costs) in Millions



## Program D: Uncompensated Care Costs

### Program D: Mission

The mission of the Uncompensated Care Costs program is to encourage hospitals and providers to serve uninsured and indigent clients. As a result, the client's quality and access to medical care is improved. Louisiana's disproportionate share hospital cap allotment provides federal funding to cover a portion of qualifying hospitals' costs of treating uninsured and Medicaid patients. If this funding was not available, hospitals' cost of treating uninsured would have to be financed by State General Fund.

### Program D: Goal

- I. To encourage hospitals and other providers to provide access to medical care for the uninsured and to reduce reliance on the State General Fund to cover these costs.

### Activity 1 – Uncompensated Care Costs

Without access to care, the uninsured population is likely to experience poorer health outcomes because they may not receive recommended screenings and follow-up care for urgent medical conditions. Delaying or forgoing needed medical care increases overall health care costs incurred by everyone because uninsured patients are more likely to be treated in either an emergency room or to be hospitalized for avoidable medical conditions. High bills that uninsured patients incur can permanently jeopardize their family's financial security. The Uncompensated Care Costs Program also funds a significant portion of the cost of training physicians in Louisiana hospitals which results in long-term increased access to primary, preventive and specialty care for all state citizens.

Louisiana has the fourth largest DSH program in the United States. Without leveraging federal funding available through DSH, Louisiana would have to fund these uncompensated costs using State General Fund dollars.

Information about the importance of covering the uninsured can be found at:

<http://www.kff.org/uninsured/upload/7842.pdf>

<http://www.kff.org/uninsured/kcmu091809pkg.cfm>

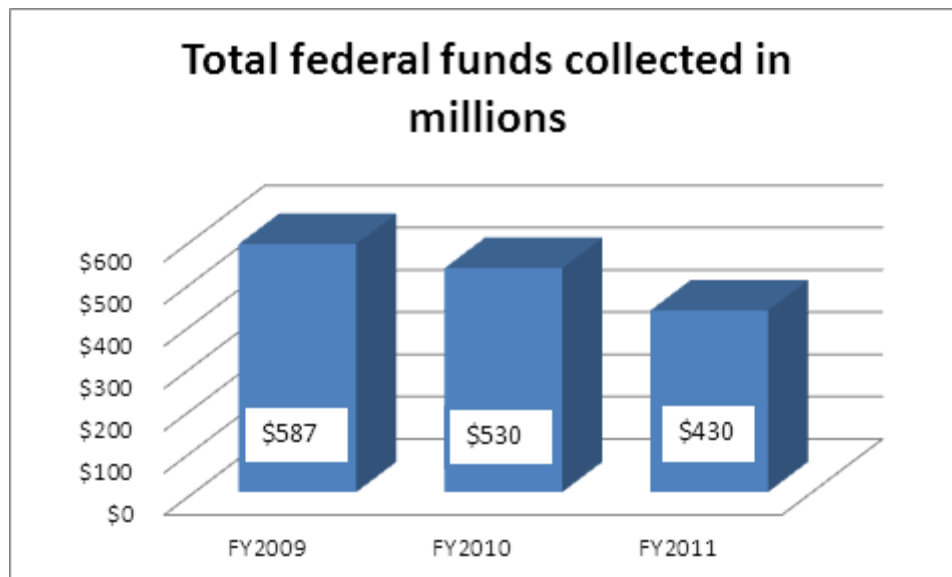
**Objective I:** Through the Uncompensated Care Costs activity, to encourage hospitals and other providers to provide access to medical care for the uninsured and reduce the reliance on their State General Fund by collecting disproportionate share (DSH) payments from UCC each year through June 30, 2019.

### Strategy:

- 1.1 To facilitate Disproportionate Share Payments (DSH) payments to fairly offset as much of the care provided to uninsured residents of the state as funded.

### Performance Indicators:

- Total DSH funds collected in millions
- Total federal funds collected in millions
- Total state match in millions



This indicator measures federal funds collected in each state fiscal year for hospitals that qualify for Medicaid Disproportionate Share Payments (DSH).



## 09-307

### Office of the Secretary

#### **Vision**

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

#### **Mission**

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

#### **Philosophy**

*The Department of Health and Hospitals (DHH) will continue to focus on health care policies that increase access to care and help people afford appropriate care and services. The Department and its agencies will be accountable for the health care dollars our state spends and will strive to implement proven, cost-effective policies and programs directed toward improving health outcomes.*

#### **Executive Summary**

*The executive leadership of DHH pledges that our mission to improve the health of our state will not slow down but continue to reach for healthier outcomes; we will not rest on the successes of the past. The Department pledges to build upon and strengthen the foundation that has been laid through the implementation of Bayou Health and the Behavioral Health Partnership. These and other initiatives have dramatically changed the way healthcare is delivered in our state and deserve our continued investment and focus.*

*In the coming months, the Department will be working with stakeholders to chart a course moving forward to restructure the organization and delivery of long-term supports and services to improve quality of care, decrease fragmentation and create a more coordinated system of care. We'll press on with our mission to improve the birth outcomes of our state as we identify new strategies to promote healthier moms and babies. We'll continue to move forward with systems modernization and promotion of health information technology to better inform care decisions and improve health outcomes. We will not slow down.*

#### **Strategic Links**

**Healthy People 2010:** *Goal 1 of Healthy People 2010 is to “Improve access to comprehensive, high-quality health care services.” This goal, particularly as it relates to*

*primary and preventive care, is reflective of the administration in the Office of the Secretary, as it addresses the importance of access to quality care and its importance in eliminating health disparities and increasing the quality and years of healthy life for all persons in the United States.*

**Human Resources Policies Beneficial to Women And Families:** *The Department of Health and Hospitals (DHH) is committed to providing health and medical services for the prevention of disease for the citizens of Louisiana, particularly those individuals who are indigent and uninsured, persons with mental illness, persons with developmental disabilities and those with addictive disorders. It is the mission of the Department and the Office of the Secretary, to protect and promote health and to ensure access to medical, preventive, and rehabilitative services for all citizens of the State of Louisiana.*

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

*Policy Number 8105-06: Crisis Leave Pool*

*Policy Number: 8116-77: Equal Employment Opportunity, EEOC Complaints*

*Policy Number: 8108-93: Family Medical Leave Act*

*Policy Number 8143-02: Sexual Harassment*

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

*In addition to those policies listed in the overall section of this strategic plan, the Office of the Secretary Auxiliary Account (HEAL) operates a day care center in the New Orleans Medical Complex. DHH also offers flexible time and attendance policies that permit the use of flexible time schedules for employees as approved by their supervisor or manager. The following goal is established by the Office of the Secretary to enable the Department of Health and Hospitals to fulfill its mission to ensure access to medical, preventive and rehabilitative services for all citizens of the State of Louisiana:*

## **Goal I**

*The goal of the Office of the Secretary is to provide leadership and technical support services while maximizing resources to fulfill the Department's mission.*

## **Program A: Management and Finance**

### **Mission**

*The program mission of the Management and Finance program is to provide both quality and timely leadership and support to the various Offices and programs in the Department of Health and*

*Hospitals so that their functions and mandates can be carried out in an efficient and effective manner.*

## **Goal**

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

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## **Activity 1: Executive Administration and Program Support**

All activities and program within the Office of Management and Finance embrace the philosophy of **Transparent, Accountable, and Effective Government**. DHH embraces this philosophy as we believe that state government's internal services should be equally transparent, accountable, and efficient; getting more "Bang for the Buck" in internal services is especially important because it frees resources for more direct services to citizens. Additionally, the activities within the Office of the Secretary are all geared toward adhering to the strictest government performance and accountability standards, delivering transparent, accountable and effective government services and making the overall department more transparent by allowing citizens and customer agencies to hold us more accountable for the way in which dollars are spent.

**Objective I.1** To provide leadership, strategic and policy direction while maximizing resources and maintaining the highest level of government performance and accountability standard each year through June 30, 2019.

### **Strategies:**

- 1.1 Provide oversight and supervision to the Divisions and Bureaus responsible for auditing, budget preparation, financial planning, purchasing, human resources, accounting, data processing and the development of strategic and operational plans
- 1.2 Conduct weekly meetings with Assistant Secretaries and executive staff members and review existing policies on an ongoing basis
- 1.3 Provide guidance and assistance to agencies on strategic planning, financial planning, organizational structure, and other policy or legislative/executive information requirements
- 1.4 Respond to and prioritize requests from executive management for audit services (as resources permit) and emphasize adherence to auditing standards during the planning, field work, and report writing phases of every audit

### **Performance Indicator:**

- Percentage indicators in the Office of the Secretary meeting or exceeding targeted standards
- Percentage of executed FEMA Heating, Ventilating, and Air Conditioning (HVAC) contracts with funds disbursed to the grant recipient within 14 working days following the contract execution date

**Objective 2.2:** Through the **Governor's Council on Physical Fitness & Sports**, to offer competitive sporting events, workshops and conferences that will educate elementary age school children about the importance of physical fitness and work with non-profit health oriented organizations to educate all age groups in Louisiana about the value of staying physically active.

### **Strategies:**

- 1.1 Work with local school boards and physical education teachers to help grow the parish and statewide Elementary Fitness Meets, expanding the event to include every parish in Louisiana.
- 1.2 Sponsor physical fitness and sports workshops, clinics, conferences and other similar activities. An example would be the Athlete Leadership Summit, which is designed to give young kids in Louisiana an opportunity to listen to former and current professional athletes talk about the important of education, values, leadership, team work and other items.
- 1.3 Produce high quality sporting events in an Olympic-style atmosphere that will make sporting events and recreational activities attractive to potential competitors.
- 1.4 Solicit corporate sponsors who will invest in the Governor's Games competitions, which will help finance the expansion of the event and promote commerce in Louisiana.

### **Performance Indicator:**

- Number of participants in the Governor's Games and Living Well in Louisiana events

## Activity 2: Financial and Procurement Services

**Objective 3.1:** To promote efficient use of agency resources and provide support to all activities within the Office of the Secretary by ensuring fiscal responsibility and accountability, excellence in customer service, and promoting innovation in the use of technology each year through June 30, 2019.

### Strategies:

- 3.1 Provide guidance and assistance to agencies on strategic planning, financial planning, organizational structure, and other legislative or executive information requirements
- 3.2 Participate in agency related meetings, including regular contact with state agency directors and other personnel to facilitate communication of financial and management practice information
- 3.3 Coordinate with agencies, the Division of Administration, and Legislative Offices regarding the review of financial and budget information in accordance with year-end closing guidelines and responsibilities
- 3.4 Participate in the National Association of State Human Services Finance Officers activities to ensure information compatibility with other states and to seek innovative concepts and other features that may be applied to the Department for improved operations
- 3.5 Produce Medicaid Year End Reports & Monthly Forecast Reports per HB-1 guidelines with accurate and timely analysis based on research, economic analysis and planning by using forecasting models, databases, expenditures, recipients/eligibility and utilization.
- 3.6 Produce the Annual Departmental Budget Request in accordance with guidelines from the Division of Administration and state Office of Planning & Budget
- 3.7 Establish regular communications and ensure that transactions are executed according to management's authority and recorded properly
- 3.8 Coordinate the management, tagging and monitoring of the department's moveable property inventory

### Performance Indicators:

- Percentage of invoices paid within 90 days of receipt
- Percentage of budget related documents submitted in accordance with DOA and Legislative timelines
- Percentage of contracts under \$20,000 approved within 4 weeks of receipt

- Percentage of all Medicaid financial/forecast documents and requests submitted in accordance with executive management and legislative timelines

### Activity 3: Legal Services

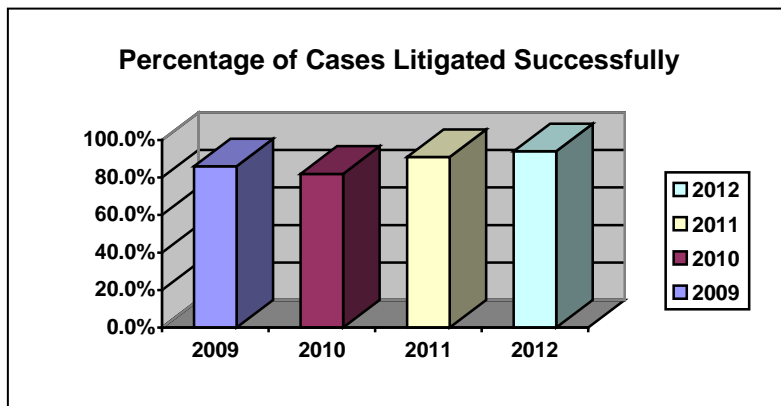
**Objective 4.1:** To provide legal services to the various DHH agencies and programs through fair, timely, efficient and legally correct adjudication of disputes and protests each year through June 30, 2019.

#### Strategies:

- 4.1 Litigate cases and provide advice, counsel and legal representation to DHH agencies
- 4.2 Conduct administrative hearings and provide policy and contract review
- 4.3 Recoup monies owed the Department of Health and Hospitals
- 4.4 Provide guidance on civil service and personnel actions
- 4.5 Handle all special assignments in an efficient, effective and timely manner

#### Performance Indicators:

- Percentage of cases litigated successfully
- Number of cases litigated
- Amount recovered



Data obtained from the Louisiana Performance Accountability System (LaPAS).

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

## Activity 4: Information Technology (IT)

### **Key Initiatives to Effectively and Efficiently Provide Services and Support for DHH**

The DHH IT Vision and Mission successfully align and position DHH IT with the Key DHH Initiatives and Critical Downward Directed Programs.

**DHH IT Vision:** To be the preeminent Information Technology Division among Louisiana state organizations

**DHH IT Mission:** Partnering with the Offices of the Louisiana Department of Health and Hospitals (DHH) and the citizens they support, DHH Information Technology (IT) provides and facilitates quality IT solutions, support, information, guidance, and standards for DHH to accomplish its mission.

The DHH IT staff fulfills these responsibilities through consistent staff training and development, and by exemplifying Ownership, Thoroughness, Communication, and Closure (OTCC) in all aspects of their work.

Through this Mission, DHH IT helps the DHH Business both ‘run’ (i.e. the DHH IT Factory that ‘keeps the lights on’ through Operations and Support) and ‘grow’ (i.e. modernize, transform, and change DHH through Projects). DHH IT is focused on making the ‘running’ of IT more efficient and effective (i.e. predictable for DHH IT, DHH staff, and those external to DHH) so that more time can be spent ‘growing’ DHH (i.e. achieving and supporting all the Key DHH Initiatives and Critical Downward Programs).

**Objective 5.1:** To reduce the cost of government Information Technology (IT) operations and enhance service delivery by providing innovative technologies and a secure computing environment in accordance with industry standards each year through June 30, 2016.

**Objective 5.1.1:** To implement, support, and achieve the Key DHH Initiatives, the Critical Downward Programs, and the Key CIO Initiatives each year through June 30, 2016.

### **Strategies:**

- 5.1 Improve Help Desk services and responsiveness to the department’s users.
- 5.2 Provide and facilitate quality IT solutions, support, information, guidance, and standards for Critical Downward Directed Programs.
  - 5.2.1 Healthcare Reform and Delivery
  - 5.2.2 Health Information Technology (HIT)
- 5.3 Standardize and Structure IT Processes

### 5.3.1 IT Service Management Centralization and Process Improvement

#### Performance Indicator:

- Percentage of response to requests for Information Technology (IT) assistance in less than 24 hours

The Executive Administrative activity advances the state outcome goal by promoting high quality health care and ensuring a continuum of delivery of medical care, preventive, and rehabilitative services for the citizens of Louisiana. It is focused on transparency, accountability and monitoring functions to mitigate fraud and abuse; creating coordinated systems of health and long-term care; providing choice in a competitive market; and employing health data information and policy analysis to improve health care outcomes, manage growth in future health care costs and creating a more sustainable model of state financing for health care that is quality-driven.

Managing costs and efficient management of resources through use of technology, evidence based best practices, and program analysis will enable the most cost-effective use of health care resources and reduce and eliminate inefficiencies, duplication of resources, and non-optimal activities.

#### Activity 5 – Health Standards

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

The Health Standards Section (HSS) conducts at least 97% of all complaint surveys triaged as immediate jeopardy within 2 days of receipt of the complaint. HSS conducts at least 95% of all other state complaints within 30 days of receipt of the complaint. HSS conducts 50% of all required periodic licensing surveys. Complaint surveys are considered at a higher priority than periodic licensing surveys because of the potential for threat to the health and safety of patients/residents/clients.

**Objective I:** Through the Health Standards activity, to perform required state licensing surveys and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid each year through June 30, 2019.

#### Strategies:

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



**Performance Indicators:**

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

**Auxiliary Account: Health Education Authority of Louisiana (HEAL)****Auxiliary Program: Health Education Authority of Louisiana (HEAL)**

The statement and purpose of HEAL is defined by R.S. 17:3051:

In order to promote the medical and/or health educational activities of various public and private institutions and organizations in the state of Louisiana and to promote health and welfare of its citizens through encouraging and assisting in the provision of medical care and prompt and efficient health and health related services at reasonable cost by public and private institutions and organizations in modern, well-equipped facilities, and to strive to achieve superlative standards of attainment in health care and education that will place Louisiana in the position of regional, national, and international leadership in those fields, it is hereby declared to be in the public interest that the Health Education Authority of Louisiana be created within the Department of Health and Hospitals.

**Objective 1.1:** To operate a parking garage at the Medical Center of Louisiana at New Orleans and promote medical education, research and health care each year through June 30, 2019.

**Strategies:**

- 1.1 To operate, in accordance with a master plan, a cooperative and coordinated multi-institutional complex that will serve to attract, encourage and assist public and private institutions and organizations that are dedicated to exemplary patient care, health science education and biomedical research, as well as organizations providing facilities and/or services to locate and/or operate in a functional geographic relationship with the Medical Center of Louisiana at New Orleans
- 1.2 To aid in the development of health care and education programs and to assist in the coordination of planning and in implementing the attainment of the objectives of such institutions.
- 1.3 To acquire or assist in the acquisition of land and the planning, acquisition, construction, reconstruction, rehabilitation, improvement and development of facilities in the complex and primary service area for the use of the primary and participating institutions, and the development, acquisition, construction, reconstruction, rehabilitation, improvement and operation of jointly usable facilities for such institutions.
- 1.4 To assist in or provide for the financing of any of the above and foregoing activities or facilities.

**Performance Indicator:**

- Amount of fees and revenue collected (Self-Generated Revenue)

## South Central Louisiana Human Services Authority

*South Central Louisiana Human Services Authority has only one program: South Central Louisiana Human Services Authority. This agency provides services for Addictive Disorders, Developmental Disabilities, and Mental Health.*

### **Vision**

To become the Center for Behavioral Health and Community Based Services in South Central Louisiana by removing barriers to treatment while focusing on unity and equality of individuals by implementing collaboration of public and private services, creative resource allocation and advocating for the provision of efficient, effective quality care to the people we serve.

### **Mission**

The Mission of the South Central Louisiana Human Services Authority (SCLHSA) is to increase public awareness of and to provide access for individuals to integrated behavioral health and community based services while promoting wellness, recovery and independence through education and the choice of a broad range of programmatic and community resources.

### **Philosophy**

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

Our prescribed purpose is to be helpful and innovative in the pursuit of quality behavioral health care for our clients. We serve as an advocate on behalf of our clients and assist in planning a course of care while in treatment and at home. Our goal is to always maintain a high level of professional practice, cooperation and courtesy in contact with our clients, families, community and other health care personnel.

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

### **Executive Summary**

The Louisiana State Legislature established the South Central Louisiana Human Services Authority (SCLHSA) in 2006 to provide administration, management and operation of mental health, addictive disorders, and developmental disabilities services to the residents of Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, and Terrebonne parishes. Direct oversight of these services was previously provided through the Department of Health and Hospitals (DHH).

Governance of SCLHSA is conducted by a nine (9) member Board of Directors representing the seven parish catchment area. The Board is comprised of two residents from the parishes of Lafourche and Terrebonne and one resident from the parishes of Assumption, St. Charles, St. James, St. John the Baptist and St. Mary. Each board member is appointed by the governing authority of his/her parish and must possess experience in the areas of mental health, addictive disorders, or developmental disabilities and represent parents, consumers, advocacy groups, or serve as a professional in one of the areas. All members serve without compensation.

The Administration of the SCLHSA is headed by an Executive Director, who is selected by the Board of Directors. The Deputy Director, Chief Financial Officer and Directors of Behavioral Health, Developmental Disabilities, Human Resources, Information Technology, Risk Management and Special Projects support the Executive Director in management and day-to-day operations.

The SCLHSA utilizes community stakeholders and volunteers to assist in fulfilling the Mission, Vision, Intent and Philosophy adopted by the Board. The SCLHSA has also partnered with community agencies and other health care entities to foster cooperative endeavors that benefit the behavioral health population in SCLHSA community.

## **Geography**

The SCLHSA serves a large diverse population in seven parishes including Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary and Terrebonne. The area covers over 500 square miles and contains a population of approximately 450,000 individuals. Of this population, the SCLHSA has an inherent responsibility to the medically indigent (e.g. – the uninsured and under-insured and those with Medicaid) as all individuals who present at our program sites in crisis or in need of other services.

## **Demographics**

The SCLHSA patient population consists of children (ages 6-12), adolescents (ages 13-17), adults and geriatrics. The patient population is approximately one-third Caucasian, one-third African American and one-third Native American with a growing number of patients of Southwest Asian and Hispanic descent. The SCLHSA has begun to work closely with the United Houma Nation, Inc., the NAACP and other affiliations to enhance our ability to meet the needs of the individuals we serve.

## **Core Values:**

**Respect** – A high regard for the worth and dignity of each individual

**Clarity** – Openness, honesty and accountability in all services, supports and information

**Quality** – Excellence in services without regard to race, creed, color, religion, background, sexual orientation, gender, national origin or ability to pay

**Advocacy** – Supporting the cause of those whom lack resources for a reasonable quality of life

**Creativity** – Inventiveness, flexibility and innovation in order to provide methods for continuous development and improvement of services to meet the behavioral health needs of the community

**Knowledge** – Development through learning and teaching to offer a continuum of services ranging from recovery to independence while serving the behavioral health needs of the community

**Choice** – Giving individuals the opportunity to learn about options for their care and use this information to make informed decisions, and

**Partnership** – Work cooperatively with other healthcare providers and educational institutions.

**Stewardship** - Effectively managing the resources bestowed upon our organization in an ethical and sustainable manner.

## **Intent**

1. To provide comprehensive services and supports which improve the quality of life and community participation for persons in crisis and/or with serious and persistent mental illness, emotional and behavioral disorders, addictive disorders, and/or developmental disabilities, while providing appropriate and best practices to individuals with less severe needs.

2. To improve personal outcomes through effective implementation of best practices and data-driven decision-making.
3. To promote healthy and 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.
4. To retain an adequate workforce to fulfill the mission and priorities of South Central Louisiana Human Services Authority.

## Strategic Links

**Healthy People 2020** – Various objectives of Goals MHMD 9, MHMD 10, and SA 8 in Healthy People 2020 are indirectly linked to services provided by SCLHSA and/or goals and objectives of this strategic plan.

*Goal 9: Increase the proportion of adults with mental disorders who receive treatment.*

*Goal 10: Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders.*

*Goal 8: Increase the proportion of persons who need alcohol and/or illicit drug treatment and receive specialty treatment for abuse or dependence in the past year.*

### **The American Association of Intellectual and Developmental Disabilities (AAIDD)**

The mission statement for AAIDD is to promote progressive policies, sound research, effective practices, and universal human rights for people with intellectual and developmental disabilities.

AAIDD Goals indirectly linked to the service oversight provided by SCLHSA include:

*Goal 1: Enhance the capacity of professions who work with individuals with intellectual and developmental disabilities*

*Goal 2: Participate in the development of a society that fully includes individuals with intellectual and developmental disabilities.*

**Substance Abuse Mental Health Services Administration's Center for Substance Abuse Prevention (SAMHSA)** provides leadership and devotes its resources - programs, policies, information and data, contracts and grants- toward helping the Nation act on the knowledge that:

- Behavioral Health is essential for health;
- Prevention works; (CSAP)
- Treatment is effective; and (CSAT)
- People recover from mental and substance use disorders

SCLHSA participates in SAMHSA programs to further the Substance Abuse and Mental Health Services Administration's (SAMHSA) mission to reduce the impact of substance abuse and mental illness on America's communities.

## Agency Goals

### 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.

## Activity: Administration

### Mission:

To integrate service provision among Addictive Disorders, Mental Health and Developmental Disabilities agencies under local governing entity administration.

### Goal:

To provide management and oversight of services to include fiscal, human resource, clinical, contract monitoring, information technology, community relations, compliance/risk services, medical staff/credentialing, quality improvement and special projects in Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary and Terrebonne parishes.

### Objective I:

To provide programmatic leadership and direction to the programs of Addictive Disorders (AD), Developmental Disabilities (DD) and Mental Health (MH) under SCLHSA; to continue the operational activity of the SCLHSA Central Office in relation to regulatory/licensure processes each year through June 30, 2019.

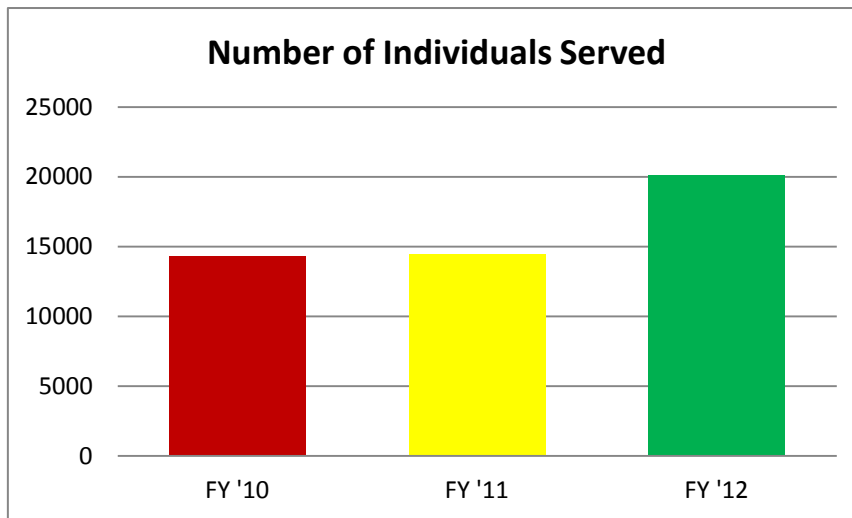
### Strategies:

- 1.1 Develop, implement and monitor guidelines for assessment and treatment services for individuals with addictive disorders, developmental disabilities and mental health with a focus on building community partnerships and early intervention services.
- 1.2 Develop and implement a variety of innovative restructuring activities which focus existing funding toward achievement of quality outcomes targeted to individual needs.
- 1.3 Manage compliance with federal and state regulations and AD, DD, and MH policies governing statewide programs.
- 1.4 Provide effective management of AD, DD, and MH community service programs with DHH input of program delivery of services in order to optimize the use of community-based services while decreasing reliance on institutional services.
- 1.5 Continue monthly Managers Meetings with SCLHSA Administration and Clinic Managers to engage in policy and goal setting and receive feedback on administrative actions.

- 1.6 Provide advocacy, one-on-one assistance, and collaboration with other agencies to overcome barriers for persons to obtain accessible and affordable services.
- 1.7 Continue ongoing development and training for all staff to enhance skill sets and service provision.
- 1.8 Educate all agencies on services provided by AD, DD, and MH programs to assist with cross training of staff for use with future staffing strategies.

**Performance Indicator:**

- Total number of individuals served in the SCLHSA



**Objective II:**

To provide administrative and support functions to SCLHSA programs in a manner that is responsive to individual needs and results in effective/efficient service delivery each year through June 30, 2019.

**Strategies:**

- 2.1 Produce an accurate and timely monthly expenditure report beginning September of each fiscal year through June reflecting the current budgetary position and proposing any necessary actions to the SCLHSA Board and DHH remaining within the appropriations for the fiscal year.
- 2.2 Conduct quarterly satisfaction surveys reviewing data obtained and developing quality improvement strategies for prioritized areas of concern.
- 2.3 Continue implementation of the operational data for reporting Human Services Accountability and Implementation Plan (AIP) performance indicators and validating.
- 2.4 Produce monthly contract reports to include the current status and expenditures for each program for the current fiscal year.
- 2.5 Develop or purchase information system from a variety of sources including but not limited to computerized systems for knowledge, information, communications, planning, and policy to support SCLHSA goals and strategies.

**Performance Indicators:**

- Percentage of SCLHSA clients who state they would continue to receive services at our clinics if given the choice to go elsewhere
- Percentage of SCLHSA clients who state they would recommend the clinics to family and friends

**Activity: Assessment****Mission:**

To provide a person centered approach when screening for individual need, appropriate service structure and crisis stabilization in determining referral options for behavioral health treatment.

**Goal:**

To serve as the point of entry for all SCLHSA behavioral health services.

**Objective I:**

To provide screening, assessment, plan of care and level of need determination for children, adolescent, adult and senior populations each year through June 30, 2019.

**Strategies:**

- 1.1 Standardize screening, registration, and intake procedures and related documentation.
- 1.2 Ensure that referrals from the outpatient single point of entry are clients in need of inpatient level of care.
- 1.3 Establish formal procedures (for using LOCUS/CALOCUS) to determine service packages and level of care in conjunction with Magellan (SMO).
- 1.4 Decrease the no-show/cancellation rate for scheduled appointments by sending confirmation/reminder letters and/or calling clients one business day prior to scheduled appointments.

**Performance Indicators:**

- Number of referrals received by SCLHSA outpatient centers from local stakeholders/community behavior health services.
- Percent accuracy in using ASAM and/or LOCUS and clinical justification when determining appropriate level of care at assessment.
- Average length of time (days) from contact to the assessment center to the initial scheduled appointment.
- Percentage of appointments kept for assessments and ongoing clinic appointments

**Activity: Developmental Disabilities****Mission:**

To provide quality services and supports information and opportunities for choice to individuals with developmental disabilities and their families.



**Goal:**

To serve as the Single Point of Entry (SPOE) into the Developmental Disabilities (DD) Services System providing support coordination services to individuals and their families through OCDD and other available community resources.

**Objective I:**

To foster and facilitate independence for citizens with disabilities through the availability of home and community based services each year through June 30, 2019.

**Strategies:**

- 1.1 Provide training and support to encourage providers, individuals with disabilities, and their families to utilize Residential Options Waiver conversion and Money Follows the Person.
- 1.2 Review all New Opportunities Waiver plans before submission to assure consistency with the Guidelines for Support Planning.
- 1.3 Identify state agencies and community organization resources in order to better support people with developmental disabilities to live full community lives and support partnerships with and referrals to these agencies and organizations.
- 1.4 Monitor program utilization, effectiveness, and collect performance indicator data.
- 1.5 Implement policies and procedures for adult waiver participants to have pathways to community employment.

**Performance Indicators:**

- Percentage of home and community based waiver assessments completed timely
- Percentage of eligibility determinations determined valid according to the Cash Subsidy promulgation
- Percentage of waiver participants whose Plan of Care (POC) meets their needs (including health and safety risk factors)
- Number of people receiving cash subsidy (flexible family funds) services
- Total number of individuals receiving individual and family support services in SCLHSA
- Percentage of system entry applications received that are completed within 20 working days

<b>Activity: Treatment</b>
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**Mission:**

To develop a Person Centered Plan of Care which enables clients to manage their behavior in order to maintain gains made in treatment and make positive changes to achieve their highest quality of life.

**Goal:**

To guide clients in understanding the potential to heal themselves through treatment, collaboration, and follow-up services.

**Objective I:**

Establish a recovery and consumer focused system of person centered care utilizing evidenced based practices supported by service outcomes and accountability each year through June 30, 2019.

**Strategies:**

- 1.1 Assess current access procedures (adult and youth) to determine best practices based on procedures, staffing, and technical support.
- 1.2 Standardize screening, registration, and intake procedures and related documentation.
- 1.3 Establish standardized admission criteria.
- 1.4 Re-organize resources and procedures to ensure that clients receive psychosocial evaluation and other indicated services within intensity of need times frames: routine – no more that 7 days; urgent - no more than 72 hours; emergent – a.s.a.p. / same day.
- 1.5 Provide evidence based treatment to clients and contact those clients who have dropped out of treatment for inclusion in individual and/or group services.
- 1.6 Decrease the no-show/cancellation rate for scheduled appointments by sending confirmation/reminder letters and/or calling clients one business day prior to scheduled appointments.

**Performance Indicators:**

- Number of crisis visits in all SCLHSA Behavioral Health Clinics
- Percentage of adults with depression who report improvement in disposition during and/or after treatment
- Percentage of successful completion of inpatient addictive disorder treatment programs
- Percentage of adults and adolescents with an addictive disorder who successfully complete outpatient treatment
- Percentage of adults and adolescents with an addictive disorder who report improvement at discharge
- Total number of individuals served by inpatient Addictive Disorders in SCLHSA
- Total numbers of individuals served outpatient by Addictive Disorders in SCLHSA
- Total number of individuals served by outpatient mental health in SCLHSA
- Total number of enrollees in prevention programs
- Percentage of appointments kept for assessments and ongoing clinic appointments

# 09-320

## Office of Aging and Adult Services

### **Our Vision**

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

### **Our Mission**

*We provide access to quality long-term services and supports for the elderly and adults with disabilities in a manner that supports choice, informal caregiving, and effective use of public resources.*

### **Philosophy**

*In carrying out its vision and mission, the Office of Aging and Adult Services (OAAS) seeks to follow these guiding principles:*

- *to involve stakeholders in the development and implementation of new programs and policies;*
- *to adopt rules, policies, and procedures that, while consistent with legal requirements, are also easily understandable, practical, and flexible;*
- *to ensure that programs and services are designed using evidence-based practices and data-driven decision-making;*
- *to meet, within legal and fiscal restraints and requirements, the needs of recipients while recognizing that a system of long-term care supports and services must be sustainable in order to meet the demand inherent with an aging population.*

### **Executive Summary**

*OAAS was created in 2006. Louisiana's support of community-based and residential options to institutions was growing and the Department of Health and Hospitals (DHH) needed to align its infrastructure to address this growth. OAAS develops policies, procedures, rules, and programs to offer alternatives to institutional care; to timely complete investigation of adult abuse, neglect, exploitation and extortion in the community; and to promote quality in facility-based long-term care services both in private nursing facilities and in the one facility operated by OAAS. As a relatively new office, OAAS also works to create and improve the programmatic infrastructure – including information technology and quality management systems – necessary to meet its responsibilities and to assure quality and accountability in the delivery of long term supports and services.*

### **Agency Goals**

**Goal I** - To expand existing, and to develop additional, community-based services as an alternative to institutional care.

**Goal II** - To timely complete investigations of abuse, neglect, exploitation, and extortion of vulnerable adults.

**Goal III** - To administer and manage patient care programs at Villa Feliciano Medical Complex in a manner that ensures compliance with applicable standards of care; and to promote policies that improve the quality and cost-effectiveness of privately-owned nursing facilities.

**Goal IV** - To administer and operate OAAS programs in a cost-effective manner while achieving high quality outcomes.

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

### **Program A Mission**

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

### **Program A Goals**

- I. Develop a more balanced long-term care system which features a sustainable cost-effective continuum of community-based services and facility-based services.*
- II. Improve access and quality in long-term care programs.*
- III. Ensure vulnerable adults are protected from abuse and neglect while living in community settings.*
- IV. Provide specialized facility-based care to persons whose needs are difficult to meet in private facilities.*
- V. Administer and operate OAAS programs in a cost-effective manner while achieving high quality outcomes.*

### **Activity 1 – Executive Administration**

This Activity provides executive management, support, and direction to the Office of Aging and Adult Services (OAAS). OAAS operates DHH programs for the elderly and persons with adult-onset disabilities. These programs include a 24-hour facility (Villa Feliciano Medical Complex), Protective Services, Permanent Supportive Housing, and operation of several community-based long term care programs which expend over \$315 million in Medicaid funds (SFY 12). OAAS also performs medical certification for nursing home care totaling over \$770 million in Medicaid funds (SFY 12). The Executive Administration Activity is also responsible for providing programmatic expertise on aging and disability issues to DHH Executive Management, carrying out legislative directives, and directing implementation of long term reforms and program improvements. Not listed as separate activities but still within the purview of Executive Administration, OAAS also

manages two small Independent Living Services programs through agreement with Louisiana Clinical Services; and oversees the leasing of the John J. Hainkel Home in New Orleans.

**Objective I:** Ensure that OAAS operates in compliance with all legal requirements, that the Office accomplishes its goals and objectives to improve the quality of life and quality of care of persons needing long-term care services in a sustainable way, reaching or exceeding appropriate national benchmarks by June 30, 2019.

**Strategies:**

- 1.1 Simplify and streamline OAAS policies, procedures, and work processes while maintaining compliance with all state and federal requirements.
- 1.2 Make judicious and accountable use of external resources and private provider network through performance-based contracts, interagency agreements, and Memoranda of Understanding.
- 1.3 Implement an integrated IT system to automate all work processes and to support long term care system access, quality management, and accountability.
- 1.4 Recruit, retain, and develop staff with skill sets necessary to support best-practice research, policy improvement, new program development, performance-based contracting, provider training and technical assistance, performance analysis, program and performance monitoring, quality management, and data-based decision-making.

**Performance Indicators:**

- Percentage of OAAS Performance Indicators that meet or exceed performance standards
- Administrative cost as percentage of service cost
- Percentage of in-house and contracted OAAS IT systems that improve on the federal Medicaid Information Technology Architecture (MITA) maturity scale

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

This Activity manages and operates community-based long term care programs for people with adult-onset disabilities, including Medicaid Home and Community Based Services (HCBS) waivers, Medicaid personal care services (LTPCS), the Program of All-inclusive Care for the Elderly (PACE), the DHH Permanent Supportive Housing Program, the Independent Living Programs, and the Traumatic Head and Spinal Cord Injury Trust Fund. This Activity also operates nursing facility admissions, i.e., certification of individual applicants for nursing facility care. This Activity provides state and regional office operations necessary to provide program planning, access, monitoring, quality assurance/improvement, and accountability for these programs as required under state and federal rules, statutes, and program requirements.

This Activity optimizes the use of community based care while decreasing reliance on more expensive institutional care. It does so by operating a variety of home and community-based long term care programs that serve Medicaid participants at less average cost per person than Medicaid nursing home care. A challenge addressed by this Activity is that demand for community-based LTC will continue to grow as the population ages, therefore expenditures on programs operated through this Activity are subject to increase. For this reason, the goal in delivering LTC services to this population is to slow the rate of increase rather than seeking net decreases in spending, and to serve as many people as possible within available resources. Maximization of federal funding is also an important strategy for addressing increased demand for the services provided through this Activity.

Programs and strategies used in this Activity are also a direct outgrowth of Louisiana's Plan for Immediate Action: Providing Long Term Care Choices for the Elderly and People with Disabilities. That plan calls for implementation of a broad array of community-based services & a multi-faceted strategy for transitioning individuals from nursing homes to the community. The strategies used in this Activity are also consistent with best practices used by states that have achieved a cost-effective "rebalancing" from institutional to community-based LTC. The major programs operated through this Activity have proven effective in preventing institutionalization, with only a small percentage of program participants ever transitioning to nursing home care. Between SFY 2007 and SFY 2012, only 2% of HCBS participants transitioned into a nursing home.

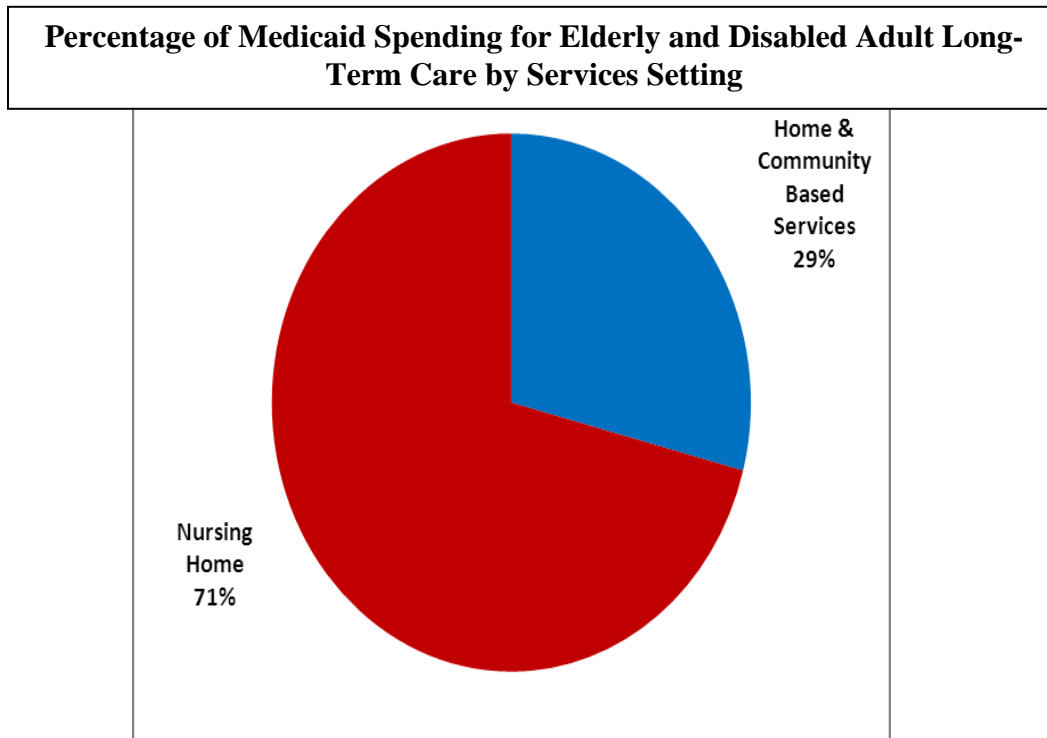
**Objective II:** Optimize the use of community-based care while decreasing reliance on more expensive institutional care to meet or exceed national averages for institutional versus community-based spending by June 30, 2019.

### **Strategies:**

- 2.2 Offer a diverse and flexible array of cost-effective services to achieve quality outcomes and serve as many individuals as possible within available budgetary resources.
- 2.3 Improve access to and coordination of Medicaid and non-Medicaid long-term care resources through implementation of an effective Single Point of Entry system and improved approaches to support coordination.
- 2.4 Implement consumer-direction of services.
- 2.5 Expand nursing facility transition and diversion efforts.
- 2.6 Implement and maintain a comprehensive Quality Management system that enables cross-program and provider level comparisons.
- 2.7 Expand capitated, integrated-risk approaches to service delivery.
- 2.8 Maximize federal match by using authorities and pursuing incentives available for long-term care under the federal Patient Protection and Affordable Care Act.

### Performance Indicators:

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



Data source: State Fiscal Year 2011/12 Year End Financial Report

**Objective III:** Through the Elderly and Adults with Disabilities Long-Term Care Activity, expedite access to a flexible array of home and community-based services through June 30, 2019.

### Strategies:

- 3.1 Offer a diverse and flexible array of cost-effective services to achieve quality outcomes and serve as many individuals as possible within available budgetary resources.

- 3.2 Improve access to Medicaid and non-Medicaid long-term care resources through implementation of an effective Single Point of Entry system and improved approaches to support coordination.
- 3.3 Allocate resources for home and community-based services based on individual acuity as determined through objective and comprehensive assessment.
- 3.4 Implement and maintain a comprehensive Quality Management system consistent with the federal framework for quality in home and community-based services.

**Performance Indicators:**

- Number on registry for OAAS HCBS waivers
- Percentage on registry for OAAS HCBS waivers who are receiving other Medicaid LTC
- Percentage of available Healthcare Effectiveness Data Information Set (HEDIS) and Agency for Research and Healthcare Quality (ARHQ) Prevention measures on which Medicaid community-based programs perform as well or better than the Medicaid nursing home program.
- Number served in all OAAS HCBS programs

**Objective IV:** To facilitate timely access to nursing facilities for eligible applicants through June 30, 2019.

**Strategies:**

4.1 Fully automate business processes.

4.2 Use periodic and systematic review, sampling, and analysis of Minimum Data Set for Nursing Facilities (MDS-NF) for quality assurance on nursing facility level of care decisions.

**Performance Indicator:**

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

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

This Activity provides supportive services to help people with disabilities – particularly those who are or who are at risk for institutionalization or homelessness -- have successful tenancies in mainstream affordable housing. OAAS operates the PSH program under a Cooperative Endeavour Agreement with the Louisiana Office of Community Development (OCD) Louisiana Housing Corporation. The majority of PSH services are provided through contracts with private, non-profit agencies. Louisiana's PSH program is a cross-disability program that facilitates access to stable housing and preventive services for a population that otherwise makes disproportionate use of high



cost emergency and institutional services. Louisiana's PSH program is considered a model for cross-disability implementation at the state level and has been evaluated by the Robert Wood Johnson Foundation for purposes of replication in other states and communities. .

**Objective V:** Through statewide expansion of the Permanent Supportive Housing Activity, stabilize and reduce acute and institutional care for 3,500 households of elders and persons with disabilities through June 30, 2019.

**Strategies:**

- 5.1 Provide access to affordable, community-based housing.
- 5.2 Oversee application process and waiting list to ensure program eligibility and to meet overarching policy goals of DHH.
- 5.3 Provide individualized services to support housing acquisition and retention. Through Housing Support Teams, facilitate access to appropriate medical and social services.
- 5.4 Assist with obtaining SSI and Medicaid eligibility.
- 5.5 Implement statewide program expansion.

**Performance Indicators:**

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

## **Activity 4 – Traumatic Head and Spinal Cord Injury (TH/SCI) Trust Fund**

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

In response to the 2010 Streamlining report, the TH/SCI Trust Fund was transferred from the Department of Social Services to the DHH Office of Aging and Adult Services. As part of the Single State Medicaid Agency (DHH), OAAS is positioned to potentially leverage available funding to obtain matching federal funds and thereby serve more persons and reduce the waiting list for Trust Fund assistance.

**Objective VI:** Through the Traumatic Head and Spinal Cord Injury Trust Fund Activity, to enable survivors of traumatic head and/or spinal cord injury to return to a greater level of functioning and independent living in their community; and to serve as many as possible at the

current level of funding via improved mission alignment and the opportunity to coordinate and/or leverage funds.

### **Strategies:**

- 6.1 Achieve better coordination of care using these and existing Medicaid services.
- 6.2 Review policies and statute regarding program requirements, benefit access, time limits, and package of services in order to determine how to more effectively serve additional people within available levels of funding.
- 6.3 Revise policies/statute in order to more effectively serve additional people within available levels of funding.

### **Performance Indicators:**

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

## **Activity 5 –Protective Services**

This Activity assists and enables vulnerable adults ages 18 and over, and emancipated minors, to live free from harm due to abuse, neglect, exploitation, or extortion. Protective services include but are not limited to:

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

This Activity is accomplished through a Centralized Intake process whereby reports are received, screened and, if accepted for investigation, assigned to regional offices. This Activity also includes investigations in unlicensed, non-regulated settings as well as DHH administered facilities (as provided for in R. S. 14:403.2 and R. S. 15: 1501 – 1511). As the State seeks to advance availability of community-based services, there is a corresponding increased need for oversight and protection for those residing in settings that lack the degree of regulation associated with institutional settings.

Protective Services caseloads are maintained at or near the nationally recommended caseload size, with an emphasis on ensuring interventions are effective rather than on simply closing cases as quickly as possible. Vulnerable adult abuse cases are often extremely complex, and require responses by a number of different professions and systems, including health care providers, the criminal justice and civil legal systems, financial institutions, guardianship agencies, state mental health and developmental disability agencies, and many others.

**Objective VII:** Through the Protective Services Activity, ensure that vulnerable adults are protected from abuse and neglect by completing investigations within timelines as established in DHH policy for those investigations each year through June 30, 2019.

**Strategies:**

- 7.1 Maintain caseloads at or near nationally recommended caseload sizes to insure effective intervention as opposed to simply achieving closures.
- 7.2 Conduct initial and ongoing training for all staff in investigative techniques, service planning, legal interventions, and community resources.
- 7.3 Operate an ongoing quality assurance plan, which includes case reviews and quarterly review of performance indicator data.
- 7.4 Revise policy manual, procedures and forms as needed to improve case response and client outcomes.
- 7.5 Develop interagency agreements and protocols with program offices, other Agencies (such as the Governor's Office of Disability Affairs, etc.), law enforcement and the judiciary to improve response to substantiated cases.
- 7.6 Develop inter/intra-agency protocols with program offices, other agencies, law enforcement and the judiciary to improve emergency response for after-hours calls.

**Performance Indicators:**

- Percentage of investigations completed within established timeframes
- Number of clients served

**Program B: Villa Feliciana Medical Complex**

**Mission**

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

## Goals

1. *Provide management leadership and administrative support necessary for the delivery of resident care services.*
2. *Administer and manage resident care in a manner that ensures compliance with applicable standards of care.*
3. *Provide quality health care services to residents through the identification of need and maximizing utilization of existing services.*

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

Villa contributes to the state goals by decreasing the percentage of avoidable expenditures for the care of citizens who have acute and chronic medical conditions through the provision of comprehensive facility-based services. Villa reduces fragmentation of care, duplication of efforts and unnecessary medical treatments, emergency room visits, and hospitalizations.

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

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

- Villa provides care to residents under judicial commitment who require long-term care in a secure environment.
- Villa is the only facility in Louisiana that provides in-patient care for clients with tuberculosis. Most of Villa's TB residents have been court-ordered here due to their non-compliance with their treatment regimen in their local community. They remain at Villa until their treatment is complete and they are no longer a public health threat.
- The cost of obesity in the U.S. is \$117 billion per year. The adult obesity rate was 34% in 2006 based on a national survey. Obesity leads to many costly health issues. Villa provides care to morbidly obese bariatric residents with both chronic and acute healthcare conditions. The intensive treatment offered these residents has resulted in significant weight loss, improved health and ambulation, an increase in their overall quality of life and discharge back to their local communities.

Villa is a training site for students from several Louisiana Technical Colleges, thereby helping to address healthcare labor shortages.

**Objective I:** To provide high quality medical services and achieve excellent resident outcomes in a cost effective manner through June 30, 2019.

### Strategies:

- 1.1 Identify residents' medical needs.

- 1.2 Train care staff in specialty areas.
- 1.3 Conduct periodic physical plant inspections to insure all needs are identified and documented.
- 1.4 Maintain education requirements for Resident Care Standards.
- 1.5 Maintain suggested staffing for resident care.

**Performance Indicators:**

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

**Objective II:** To provide management leadership and administrative support necessary for the delivery of resident care services and to provide for the efficient and effective use of resources in meeting all mandated regulatory requirements each year through June 30, 2019.

**Strategies:**

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

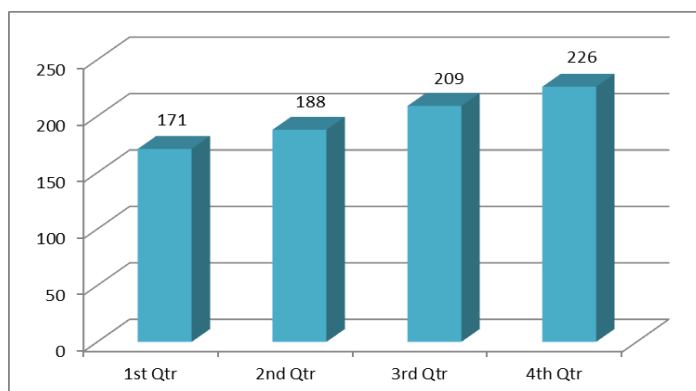
**Performance Indicators:**

- Cost per client day
- Average daily census
- Total clients served
- Occupancy rate
- Number of staffed beds

**TOTAL CLIENTS SERVED FOR FY 2011/12**

Total Clients Served measures the total number of patients who are served by Villa Feliciana Medical Complex throughout the fiscal year.

The number is computed by starting with our census at the beginning of the fiscal year and adding all new admissions during the fiscal year to that figure.



# Louisiana Emergency Response Network Board

## Vision

*To build and oversee a comprehensive trauma system for the State of Louisiana.*

## Mission

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

## Philosophy

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

## Executive Summary

*Each year, thousands of Louisianans suffer and die needlessly from traumatic injuries, strokes, and STEMI incidences (commonly called heart attacks). In the vast majority of cases, the difference between life and death hinges on a well-coordinated team response and specialized medical training plus the public awareness and modern technology to tie it all together.*

*LERN continues to build upon lessons learned post-hurricanes Katrina, Rita, Ike, Gustav, and Isaac. Disaster planning and response are an integral part of LERN's day-to-day operations. LERN assists in everything from small scale Mass Casualty Events via routing patients to definitive care, sending electronic notifications via collaboration with the Designated Regional Coordinator Network (DRC Network) to larger events such as serving as part of the leadership team in the Emergency Medical Services Tactical Operations Unit (EMS-TOC) during Hurricane Isaac. LERN stands ready to serve when called upon, and to ensure success, LERN participates in regional drills throughout the state with key stakeholders. Every Louisianan owes a debt of gratitude to those public servants and volunteers who place the wellbeing of others above their personal concerns.*

*LERN was granted the necessary funding to begin the implementation of a system that coordinates the patient's day-to-day emergent care needs with the closest most appropriate facility and the resources to provide definitive trauma and time-sensitive care. LERN is well on its way to improving access to regional trauma patient care and safeguarding the people of Louisiana*

*against deaths and incidents of morbidity due to trauma. Recently, the LERN Board of Directors approved protocols to address STEMI and stroke.*

*LERN's nine Regional Commissions continue to engage local pre-hospital providers, doctors and nurses, and homeland security professionals in the development and implementation of protocols to improve trauma and time-sensitive illness response in their region. Through these commissions, partnerships between public and private health care entities continue to meet the mission of LERN. These committed individuals working together demonstrate Louisiana's commitment to implement best-in-class, evidence-based trauma, STEMI, and stroke response care. There is no question that this work translates into saved lives.*

*LERN has participation agreements with EMS and hospital providers in all regions of the state. These agreements facilitate the use of LERN's pre-hospital destination protocol which is designed to deliver trauma patients to definitive care. LERN will continue to refine integration with the Governor's Office of Homeland Security, specifically ESF-8, to ensure that the communication and information sharing systems between state emergency operations centers and regional response systems are comprehensive and effective.*

## **LERN Goals**

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

## **Accomplishments Since 2011:**

- Signed MOU with DHH and Emergency Support Function 8 (ESF-8) Health and Medical Response. This requires LERN to serve as the information coordinator for unfolding events in Louisiana on a 24/7 basis.
- LERN Board approved business associate, data use, and participation agreements for the State Trauma Registry and the State EMS Registry.
- LERN Board approved the data dictionary for the State Trauma Registry and the State EMS Registry.
- Four hospitals are submitting data to the State Trauma Registry. There are approximately 9172 patient records in the registry. A comprehensive registry is paramount in performance improvement and outcomes reporting. The development of this registry represents huge progress for the state and efforts will continue to expand the number of hospitals submitting data.

- LERN is a partner with the Louisiana Ambulance Alliance in the Electronic-Rural Health Information Technology (E-RHIT) grant. This grant award is for \$900,000 over a three year period. The grant funds will allow for the Alliance to buy equipment (laptops, toughbooks, etc.) and pay for the linkage fee to the State EMS Registry. The development of the pre-hospital electronic medical record will facilitate performance improvement initiatives in the pre-hospital setting.
- Since the initiation of the E-RHIT grant, there are over 58,389 records in the State EMS registry.
- Established the LERN Newsletter in an effort to facilitate coalition building and to inform stakeholders and the public regarding LERN initiatives, accomplishments, and key events related to building systems of care.
- Enhancements were made to the LERN Website which serves as another avenue for communication to LERN stakeholders, policy makers, and the public regarding the need for and evolution of the trauma and time-sensitive illness systems.
- Capitalized on federal match dollars by entering into a Low Income Needy Care Collaborative Agreement (LINCAA) for the LERN Communication Center staffing contract.
- The American College of Surgeons (ACS) verified a Level II Trauma Center established in Region 6 (Alexandria). LERN provided consulting support to Rapides Regional Medical Center which facilitated the ACS trauma center verification.
- Routed 14,846 trauma patients in CY 2012 – an 18% increase in volume from CY 2011.
- Completed comparative research to understand the breadth of funding alternatives utilized by selected other state trauma systems. Research completed on existing state dedications that could serve as practical alternative sources of recurring funding for LERN.
- Negotiated communication center redundancy operations via the AMR staffing contract. This resulted in the closure of LERN's Shreveport Communication Center. All consoles and equipment moved to the Baton Rouge Center for a cost savings of \$100,000.
- LERN Board approved moving forward with the development of statewide systems of care for STEMI and stroke. Functional statewide stakeholder work groups continue to meet and develop the components of these systems.
- Hired a part-time cardiologist to lead the development of the STEMI network.
- LERN Board approved LERN Stroke Hospital Levels and the LERN Stroke Care Guideline.
- LERN Board approved the following for STEMI:
  - Triage protocol for pre-hospital providers,
  - LERN STEMI Care Process Flowchart,
  - STEMI Receiving Center Requirements, and
  - Thrombolysis guideline for STEMI Referral Centers.
- Conducted and taught 32 Trauma Nursing Core Curriculum (TNCC) classes in CY 2012. A total of 290 students obtained certification in the TNCC.



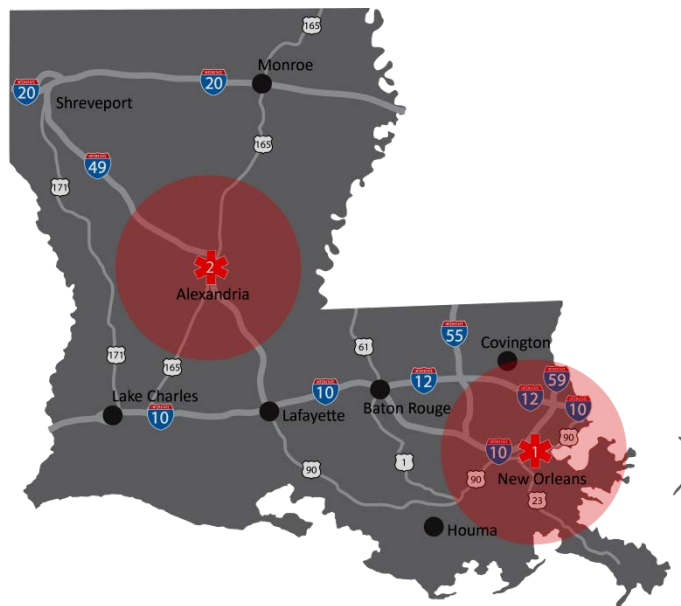
- LERN Board approved a revision of the agency’s strategic priorities.
- LERN developed a white paper titled *Development of a System of State-designated Trauma Centers in Louisiana* to describe and promote the development of an ideal trauma center network in Louisiana.

The LERN Board of Directors is committed to being good stewards of LERN’s resources as they work to achieve the metrics of the strategic plan. The priority is to save lives through the development and implementation of mature statewide systems to serve citizens suffering from traumatic injury, strokes, and STEMI incidents.

Traumatic injury is the leading cause of death for children and adults ages 1-44 in the United States today. The total cost of trauma, including years of productive life lost, prolonged or permanent disability, and the huge financial costs, makes traumatic injury one of the most important threats to public health and safety in the United States. While most injuries can be treated at a local emergency department, if you are severely injured, getting care at a Level I Trauma Center can lower the risk of death by 25 percent. Nearly 45 million Americans **do not** have access to a Level I or Level II trauma center within one hour (the “golden hour”) of being injured. The US Centers for Disease Control and Prevention ranks Louisiana as the 8<sup>th</sup> highest state for injury deaths (2007-2009). Given the dearth of trauma centers in Louisiana and given the importance of trauma centers to statewide trauma systems, the LERN Board of Directors has focused on promoting and

facilitating the building of an ideal Louisiana network of trauma centers.

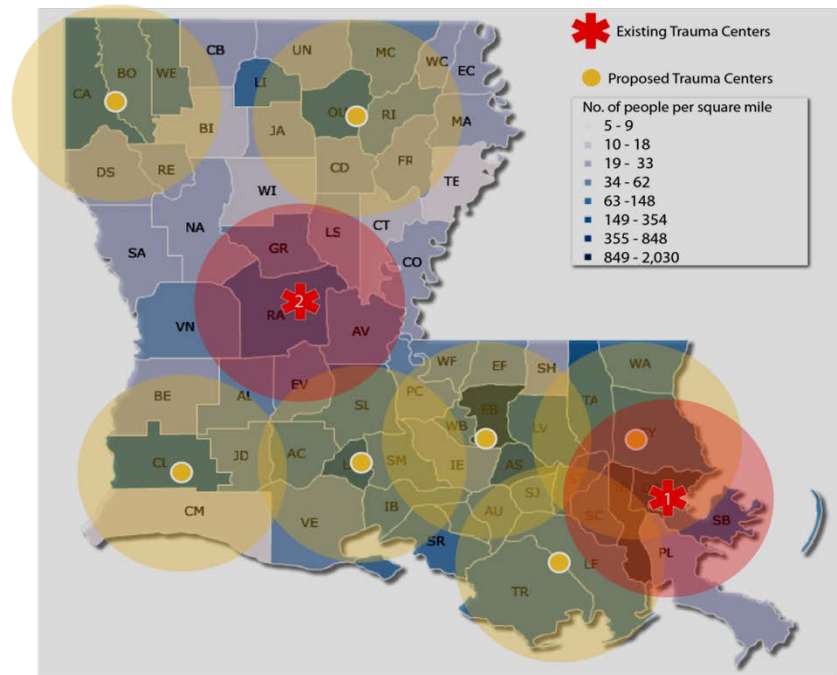
The red circles on the map depict trauma center access within the Golden Hour of injury.



Map 1: Trauma Center Access within the Golden Hour

This map depicts the LERN Board of Directors' vision of a comprehensive trauma center network that allows all citizens of Louisiana good access to a Trauma Center.

While LERN works with key stakeholders to achieve the Board's vision of nine trauma centers strategically located across the nine regions of the state, the LERN Communication Center continues to direct injured patients to the closest most appropriate hospital based on the resources required to meet patient needs.



Map 2: LERN's Vision for a Comprehensive Trauma Center Network

## Strategic Links

- United States Department of Homeland Security
- Goals I and III Healthy People 2010
- Governor's Office of Homeland Security and Emergency Preparedness
- Federal Emergency Management Administration
- Centers for Disease Control and Prevention

## LERN Goals

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

### Objective I.1:

Decrease the percentage of risk adjusted trauma-related deaths by 5% by June 30, 2019.

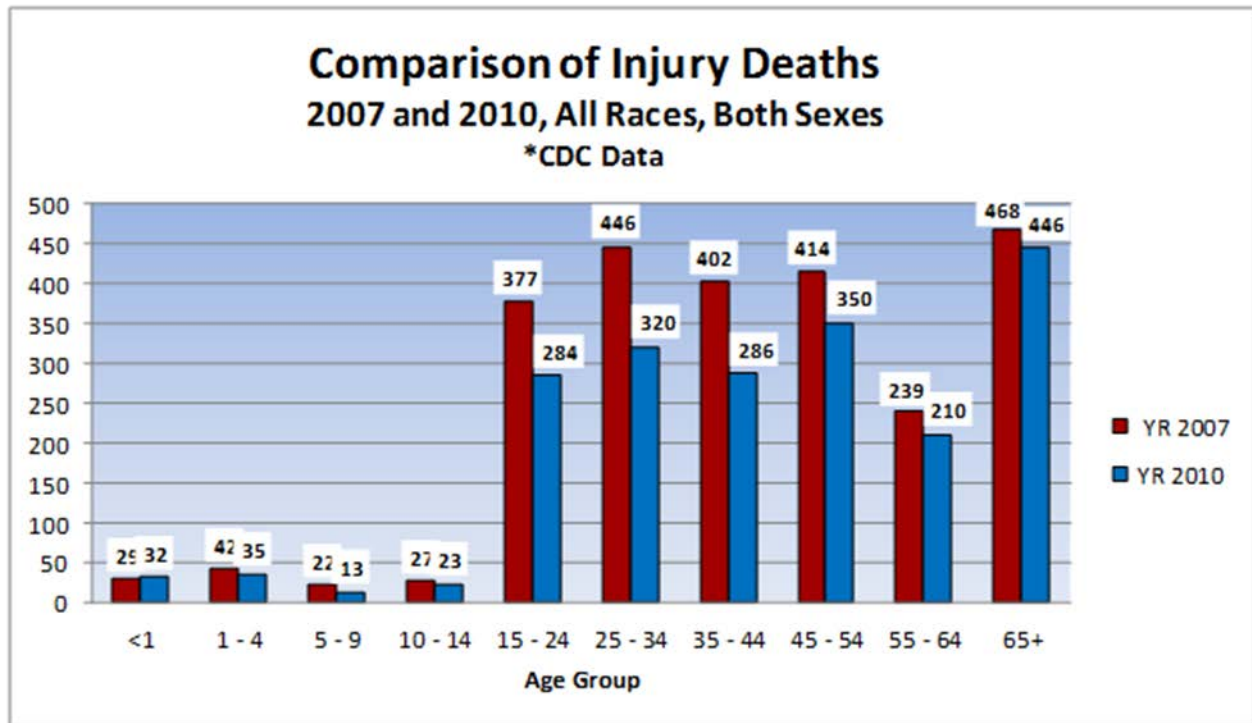
### Strategies:

- 1.1 Review and accept the recommendations from the American College of Trauma Surgeons Consultation (conducted in June of 2009).
- 1.2 Conduct annual strategic prioritization workshops to refine LERN's strategic priorities – utilizing available guidance from the American College of Surgeons (ACS) and LERN's ongoing best practices research.

- 1.3 Develop a fully-functioning, integrated, and comprehensive statewide Trauma Registry by 2019.
- 1.4 Develop a statewide education and injury prevention plan based on data gathered through the statewide Trauma Registry.
- 1.5 Increase the number of state designated Level 2, and Level 3 trauma centers in the state.

**Performance Indicator:**

- Reduction in trauma-related morbidity and risk adjusted mortality rate for Louisiana.



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

**Objective II.1:**

Reduce the total percentage of LERN's budget devoted to administrative costs by an average of 3% per year through June 30, 2019.

**Strategies:**

- 1.1 Conduct periodic planning sessions to define and refine roles and responsibilities of LERN staff, contractors, and volunteers.
- 1.2 Identify grant sources to secure federal and private foundation dollars to support LERN's mission.

**Performance Indicators:**

- Administrative costs as a total percentage of the overall LERN budget.
- Non-state dollars generated to support LERN activities.

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

**Objective III.1:**

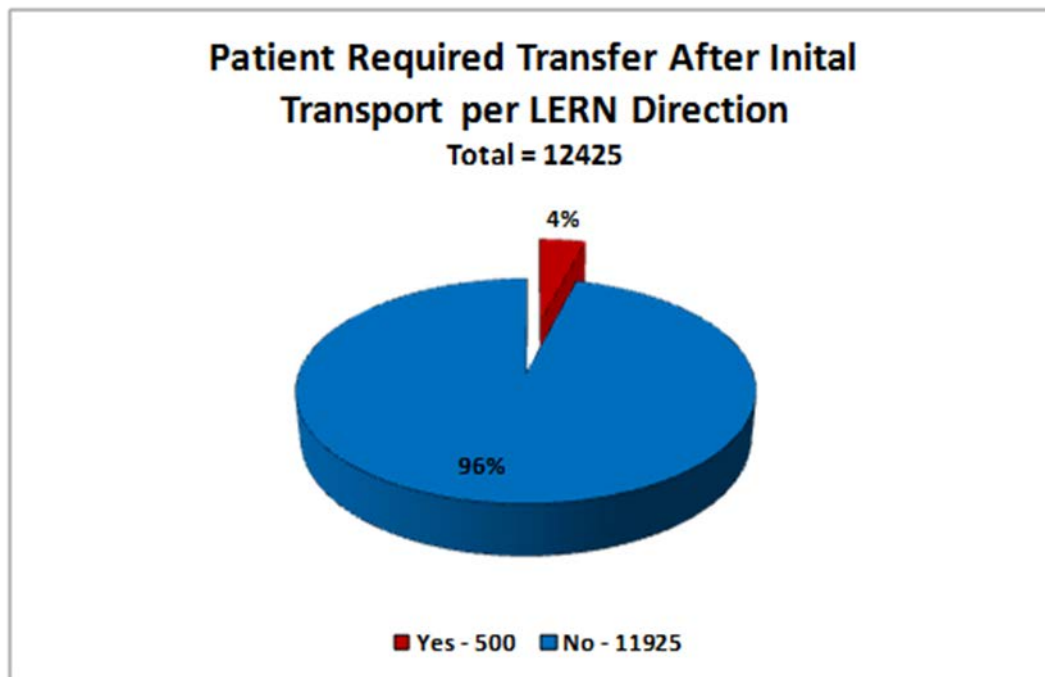
Through the LERN Central Office and Call Center Operations Activity, continue the operational activity of the LERN Central Office and the LERN Call Center located in Baton Rouge to encompass 100% of the citizens of Louisiana in directing the transport of traumatically injured patients to definitive care within sixty minutes of injury each year through June 30, 2019.

**Strategies:**

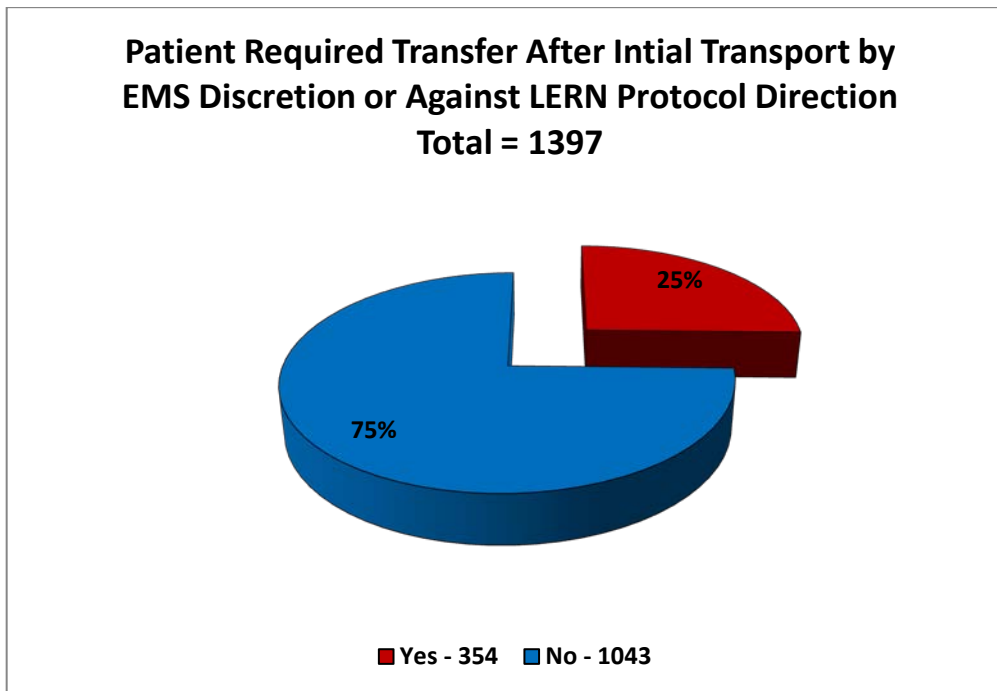
1.1 Continue operation of the LERN Communication Center.

**Performance Indicators:**

- Percentage of patients routed by LERN who do not require a secondary transfer for definitive care. Goal of less than 6%.
- Percentage of traumatically-injured patients directed by LERN that are transported to an appropriate care facility within an hour of their injury
- Percentage of Louisiana citizens covered by the LERN network



In comparison and noted in the figure below, when the LERN Communication Center is not called and EMS uses their own discretion in determining where to transport injured patients the secondary transfer rate is 25%.



#### **Objective III.2**

Develop a statewide system of ST Elevated Myocardial Infarction (STEMI) care to improve outcomes for Louisiana citizens regardless of where they live in the state. System to include components recommended by LERN's STEMI Design the System workgroup.

##### **Strategies:**

- 2.1 Complete statewide dissemination of STEMI system recommendations developed by LERN's STEMI Design the System workgroup.
- 2.2 Secure agreement from at least one LERN region to participate in a STEMI system pilot.
- 2.3 Initiate STEMI system pilot in at least one LERN region.

##### **Performance Indicators:**

- Number of STEMI system physician champion appointed to each region to assist with regional presentations, education, and advocacy.
- Data registry identified/established and STEMI Receiving centers entering data

#### **Objective III.3**

Develop a statewide system of stroke care to improve outcomes for Louisiana citizens regardless of where they live in the state. System to include final recommendations from the Stroke Design the System Workgroup relative to: Public recognition of stroke

symptoms and community education, Emergency/timely evaluation of all strokes, and EMS transfer protocols to facilitate timely administration of tPA when appropriate.

**Strategies:**

- 3.1 Complete statewide dissemination of Stroke System final recommendations developed by LERN's Stroke Design the System Workgroup.
- 3.2 Work with hospitals across the state to engage in Primary Stroke Center accreditation or the use of tele-medicine to increase access to vascular neurologists.

**Performance Indicators:**

- Number Stroke System physician champions appointed to each LERN region to assist with regional presentations, education, and advocacy.
- Increase in the number of primary stroke centers in the state and the number of tele-medicine enabled centers.

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

**Objective IV.I:**

LERN will establish protocols to effectively assist and participate in ESF-8 activities by June 30, 2019.

**Strategies:**

- 1.1    Define LERN's role in ESF-8 activities.
- 1.2    Establish and roll out protocols statewide to support ESF-8 activities.

**Performance Indicators:**

- Percentage of hospitals having emergency room services that participate in the LERN network.
- Percentage of EMS agencies that participate in LERN.
- Percentage of Designated Regional Coordinators that participate in LERN directed MCI planning.

## 09-325

# Acadiana Area Human Services District

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

### **Vision**

Acadiana Area Human Services District (AAHSD) will operate a dynamic and comprehensive system of services that will be recognized by consumers and the community-at-large for its accessibility, effectiveness, efficiency, and innovation in positively influencing the direction and quality of community-based human services to enhance the lives of persons served.

### **Mission**

The mission of 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. To this end, a comprehensive system of care is offered which provides research-based prevention, early intervention, treatment and recovery support services to citizens of Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, and Vermilion parishes, directly and through community collaborations.

### **Philosophy**

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

Our purpose is to be helpful and innovative in the pursuit of quality behavioral health care for our consumers. We serve as an advocate on behalf of our consumers and assist in planning a course of care while in treatment and at home. Our goal is to always maintain a high level of professional practice, cooperation and courtesy in contact with our consumers, families, community, and other health care providers.

Further, we believe that it is the responsibility of the District to garner resources, identify innovative programs, and make available to its consumers a comprehensive array of research-based services offered in an integrated system that promotes consumer choice while pursuing the goal of wellness.

### **Executive Summary**

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

Governance of AAHSD is by a ten (10) member Board of Directors. The Board is comprised of one resident from each parish as appointed by their parish governing authority, and three residents from



the ‘region’ as appointed by the Governor. Each board member must possess experience in the area(s) of behavioral health or developmental disabilities and represent parents, family members, consumers, advocacy groups, or serve as a professional in one of the areas. All board members serve without compensation (reimbursement for travel/mileage is allowed, as funds are available).

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

## **Geography**

AAHSD serves a seven-parish area – Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, and Vermilion – and has service sites in Crowley (A), Lafayette (L), New Iberia (I), Opelousas (StL), and Ville Platte (E). This area covers approximately 5,000 square miles (approximately 12% of State total) and has a population of approximately 600,000 persons (from 2012 US Census estimates) (approximately 13% of State total). Of this population, AAHSD has an inherent responsibility to the medically indigent (uninsured and under-insured and those with Medicaid) and to all individuals who present at our service sites in crisis or seeking non-emergency services.

## **Organizational Goals**

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

## **ACTIVITY: ADMINISTRATION**

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

**Objective 1:** To provide programmatic leadership and direction to the programs of behavioral health (addictive disorders and mental health) and developmental disabilities services under AAHSD; to continue the operational activity of the AAHSD administrative office in relation to the Readiness Assessment Criteria and other regulatory/licensure processes and according to the terms of the Memorandum of Understanding (MOU) each year through June 30, 2019.

**Strategies:**

- Strategy 1: Maintain compliance with Federal and State regulations governing behavioral health and developmental disabilities services; to include financial monitoring/reporting.
- Strategy 2: Maintain appropriate credentialing for organization and individual providers as outlined by SMO.
- Strategy 3: Maintain appropriate national accreditation as outlined by SMO.
- Strategy 4: Produce an accurate and timely monthly expenditure report reflecting the current budgetary position and proposing any necessary adjustments. To also produce monthly contract reports to include the current status and expenditures for each program.
- Strategy 5: Actively seek input from stakeholders and consumers to identify service gaps and to initiate program development or modification as appropriate. Input will be gathered on an ongoing basis in a variety of means, to include at least an annual 'community forum'.
- Strategy 6: Provide ongoing staff development activities to enhance skill sets and maintain appropriate credentials for service provision.

**Performance Indicators:**

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

**ACTIVITY: BEHAVIORAL HEALTH**

**Goal 1** To provide behavioral health treatment services as part of the State's continuum of care (per the Human Services Accountability and Implementation Plan) in Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, and Vermilion parishes.

**Goal 2** To improve accessibility for emergency and non-emergency behavioral health services.

**Goal 3** To increase stakeholders' involvement in planning, education, and decision-making within the range of services offered by AAHSD.

**Objective 1:** Each year through June 30, 2019, AAHSD will work as part of the State's continuum of care that centers on behavioral disorders, addictive disorders, and co-occurring disorders.

**Strategies:**

- Strategy 1: AAHSD will assume administrative, fiscal, and programmatic responsibilities for all community-based behavioral health services within its seven-parish area, as agreed upon through an MOU with DHH.

- Strategy 2: Implement an effective fiscal and programmatic monitoring system that ensures the quality, quantity, and appropriateness of services delivered by all contract providers.
- Strategy 3: Assess current access procedures comparative to national models to determine best practices based upon procedures, staffing patterns, and technical support.
- Strategy 4: Establish and implement standardized screening, registration, admission, and intake procedures (along with relevant documentation).
- Strategy 5: Actively seek input from stakeholders and consumers to identify service gaps and to initiate program development or modification as appropriate. Input will be gathered on an ongoing basis in a variety of means, to include at least an annual 'community forum'.
- Strategy 6: Maintain close working relationship with and support the work of the 'regional advisory committee' in their efforts to advocate for consumers and families.

**Performance Indicators:**

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

**Objective 2:** Each year through June 30, 2019, AAHSD will provide best practices and evidence-based practices to individuals, families, and groups.

**Strategies:**

- Strategy 1: Implement behavioral health treatment and recovery support services from an effective practice perspective within clinics and through contract providers.
- Strategy 2: Implement an effective fiscal and programmatic monitoring system that ensures the quality, quantity, and appropriateness of services delivered by all contract providers.
- Strategy 3: Develop and implement a meaningful/relevant QI process to systematically review the quality, appropriateness, and utilization of the services provided.

**Performance Indicators:**

- Percentage of successful completions (24-hour residential programs) - AD Program

- Primary Inpatient Adult: Percentage of individuals successfully completing the program -AD program
- Primary Inpatient Adolescent: Percentage of individuals successfully completing the program - AD Program

## ACTIVITY: DEVELOPMENTAL DISABILITIES

- Goal 1** To provide access to appropriate, comprehensive community based supports for individuals with disabilities, their families and/or support system(s) such that they will be able to be maintained within their communities.
- Goal 2** To provide quality services and supports information and opportunities for choice for individuals with developmental disabilities and their families.
- Goal 3** To increase stakeholders' involvement in planning, education, and decision-making within the range of services offered by AAHSD.
- Objective 1:** Foster and facilitate independence for persons with disabilities through the availability of home and community based services each year through June 30, 2019.

### Strategies:

- Strategy 1: Serve as the Single Point of Entry (SPOE) into the Developmental Disabilities Services System providing support coordination services to individuals and their families through community resources.
- Strategy 2: Identify State agencies and community organization resources in order to better support people with developmental disabilities to live full community lives and support partnerships with and referrals to these agencies and/or organizations.
- Strategy 3: Monitor program utilization, effectiveness, and collect performance indicator data.
- Strategy 4: Develop and implement policies and procedures for adult waiver participants to have pathways to community employment.
- Strategy 5: Meet quarterly with service providers and families to discuss goals and services and to resolve barriers to achieving goals.

### Performance Indicators:

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

- Objective 2:** Each year through June 30, 2019, AAHSD will conduct targeted collaboration with consumers, family members and community partners to identify individuals with disabilities who may be eligible for supports offered through AAHSD.

**Strategies:**

- Strategy 1: Community Education & Awareness events sponsored by AAHSD to educate individuals, family member, community organizations, school systems and the medical community regarding service access.
- Strategy 2: Actively seek input from stakeholders and consumers to identify service gaps and to initiate program development or modification as appropriate. Input will be gathered on an ongoing basis in a variety of means, to include at least an annual 'community forum'.

**Performance Indicator:**

- Number of persons receiving DD services per year.

## 09-326 Office of Public Health

### Vision

The Department of Health and Hospitals (DHH) Office of Public Health (OPH) sees the community as a place where all Louisianans are born healthy and have the opportunity to grow, develop and live in an environment that promotes the physical, behavioral and social health of individuals, families and communities.

### Mission

The Mission of DHH OPH is to protect and improve the health and well-being of Louisiana's residents. OPH does this through health education; promotion of healthy lifestyles; disease and injury prevention and surveillance; enforcement of regulations that protect the environment; sharing vital information; analysis of health effects on the population; and assurance that essential preventive services are available to uninsured and underserved individuals and families.

### Executive Summary

OPH is DHH's primary office for protecting the health of all Louisianans. Public Health professionals across the state work to prevent the incidence or re-occurrence of health problems by conducting research, developing policy and environmental change, implementing evidence based educational programs, regulating health professions and systems, and administering preventive services through the parish health units with partners in community health settings.

Engineers, doctors, chemists, epidemiologists, biologists, nurses, sanitarians, clinicians, emergency preparedness experts, and a host of other professionals work constantly to:

1. **Monitor** health status to identify community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform, educate, and empower** people about health issues.
4. **Mobilize** community partnerships to identify and solve health problems.
5. **Develop policies and plans** that support individual and community health efforts.
6. **Enforce** laws and regulations that protect health and ensure safety.
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure** a competent public health and personal healthcare workforce.
9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to health problems.

OPH has one appropriated program titled, "Personal Health Services." The organizational structure includes an assistant secretary, a deputy assistant secretary and five core operating units which include; vital records and statistics, personal health services, primary care and rural health, emergency preparedness, and environmental health. OPH's executive leadership provides direction and policy guidance to administer 58 programs, manages 69 parish health units, three specialty clinics (sexually transmitted disease, tuberculosis, and WIC) and ensures fiscal responsibility for 200 funding sources.

Public health shares interests with private industry, community-based organizations, regulated industry, academia, health advocates, faith-based organizations, tribal governments, and neighborhoods. OPH partners with these organizations to leverage opportunities that assure the maximum benefit and greatest possible impact for the public's health in Louisiana.

Every five years OPH revises its strategic plan to describe the work needed to undertake complex and dynamic human issues. A strategic plan is a major requirement of Louisiana's Government Performance and Accountability Act for all budget units that receive general appropriation or ancillary appropriation. The plan includes mission statements, goals, objectives, strategies, and a defined set of measures to track performance within its core operating units. The Louisiana Performance Accountability System is the state's database used by the OPH operating units to collect and track performance standards, produce interim quarterly performance targets, and report actual performance information. Infant mortality, immunization rates, hospitalizations, and deaths are prevented or reduced because of safe water and food. These are examples of performance measures that public health tracks and monitors.

The revised strategic plan aligns with several novel strategies that have occurred within the Office of Public Health within the last year.

### *Improving Health Inspections*

For the last 18 months, the Office of Public Health participated in a Lean Six Sigma (LSS) process to assess environmental public health factors that led to legislative audit findings and well-documented deficiencies identified by management and staff who oversee and conduct sanitarian inspections. The Office of Public Health's hypothesis was that the implementation of new tools and management routines would drastically improve customer service to stakeholders and result in better management of retail food inspections. As a result of this performance improvement process, management sought solutions that would:

1. Improve the work productivity of all sanitarian staff and the efficiency of inspection delivery.
2. Develop leadership training to equip managers to coach their staff on the principles of creating a culture of efficiency.

LSS, in the form of a workforce paradigm shift, provided the structure for creating a

1. Lean management system for staff success to meet the demands of their positions, and
2. Resources to help managers and their staff understand the expectations and accountability already underway.

As a result of the LSS study, OPH staff developed a pilot and established a single goal to *increase retail food sanitarian productivity and achieve 100 percent portfolio coverage* by:

- Implementing the *Scheduler Tool* to provide supervisors with a prioritized list of inspections by due date, risk and geographical zoning for sanitarian assignment.
- Improving management routines and tools to assist the supervision in ensuring the quantity and quality of the sanitarians work.
- Combining the above solutions.

### *Mitigating Risk to Improve Health Inspections*

The implementation of the LSS recommendations involves a strict timeline. The improvements rolled out statewide are the use of the Scheduler Tool to prioritize inspections, as well as management routines (June 2013) that require a tight schedule for the sanitarians with daily accountability at all levels (Sept 2013). The need for sanitarians to be engaged in the collection of fees is a task that distracts the sanitarian from their primary responsibility of ensuring the safety of Louisiana citizens and jeopardizes the successful and timely launch of these improvements. To mitigate that risk, OPH conducted a performance improvement Kaizen that aimed at transitioning fee-related tasks from the sanitarians to a central office revenue collection unit which allowed central office staff to absorb the task, without negative impact to the current processes of the permit unit.

In April 2013, sanitarians throughout the state began using the Scheduler Tool. Since its implementation, initial performance outcomes show promising results toward improving the efficiency of sanitarian health inspections. For example, past due retail food inspections have improved by 65 percent (May) up from 38 percent in March. Between March and May, the Office has also seen a 50 percent improvement in the inspection of high-risk establishments that require a health inspection at least four times per year.

Lean Six Sigma is a disciplined approach to improving both the quality and the efficiency of any process. Leaders throughout the world have used Lean Six Sigma to improve the results of their organizations. Organizations that use Lean Six Sigma are in control of their performance and are able to deliver greater customer satisfaction and efficiency. A Kaizen event in LSS typically involves making small changes, rarely more than can be accomplished by a team of seven working full time for a week. In LSS, a Kaizen is a structured event carried out by a team to take rapid and impactful action in order to make sudden improvement or rapid change.

#### *Improving Performance, Systems, and Infrastructure*

In 2010, OPH was awarded funding to transform its antiquated infrastructure. Through the Centers for Disease Control and Prevention (CDC) community transformation grant, OPH has completed a statewide community health assessment project and state health improvement plan aimed at identifying critical population health needs. With input from its external stakeholders, OPH has set new priorities and strategies to improve community health status, overall health system improvement, and national public health accreditation. Public health will build upon the state health improvement plan. An office-wide strategic planning process has begun which will prove valuable as we move toward OPH accreditation.

The Office of Public Health is in the third year of the National Public Health Improvement Initiative grant. The OPH Performance Improvement Unit will continue to complete Lean Six Sigma/Kaizen projects in process and hope to identify other areas in the agency that could benefit from a LSS intervention. The goal of this unit is overall systems improvement. In the last year a dashboard of indicators from every Center in OPH has been developed and indicators are being refined. An outside consultant has been engaged to complete a strategic plan, and a survey is in process to encourage OPH staff to take an active role in setting the direction and priorities for OPH.



OPH is also making improvements across many other program areas within its state, regional, and parish level structure. Some of the most notable will be technology and financial sustainability improvements using these strategies:

1. Participating in preparing a Request for Proposal to select an electronic system which will improve the current technology needed to efficiently deliver services, capture data, correct billing issues, and interface with the Louisiana Health Information Exchange which will streamline and create better delivery outcomes.
2. Creating financial sustainability of medical services with enrollment in all Bayou Health Plans and several commercial payers for services provided such as family planning, immunizations, etc.
3. Training regional, parish and community level public health clinic staff regarding coding and billing of services and collection of demographic information to enhance collections.
4. Piloting a program to install card readers to increase payment options in the parish health units, i.e. debit cards, credit cards
5. Instituting enhancement of review of billing claims, denials, and payments with a third party billing agency to become more financially sustainable.
6. Increasing customer service and customer's options to order birth records by implementing Kiosks in strategic locations across the state. Kiosks are interactive, self-service booths for residents to place birth record orders parish health units including Caddo, Calcasieu, East Baton Rouge, Jefferson, Lafayette, Lafouche, Ouachita, Rapides, and Tangipahoa.

### ***Monitoring and Evaluation of Information and Records Retention***

Monitoring and evaluation are essential to advance OPH strategies for sound management and agency learning. These tools are important for decision-making, including decisions to improve, discontinue or adjust an evaluated intervention or policy; decisions about management structure, funding agencies, and policy makers.

Responsible persons must generally retain programmatic records, supporting documents, statistical records, and other relevant material such as process documentation, operational plans, or other records reasonably considered relevant to this strategic plan for a period of three years. The retention period will be calculated from the date the department's strategic plan is submitted to the Louisiana Division of Administration. In the event of litigation, claim, financial or program management reviews, or an audit is started before the expiration of the three year period, records must be retained until all litigation, claims, reviews, or audit findings involving the records have been resolved and final action taken.

## **Agency Goals**

### **Goal I**

*Prevent illness, disability, premature birth and premature death*

### **Goal II**

*Improve the health status of the Louisiana population*

### **Goal III**

*Reduce environmental health hazards in the community by protecting the quality of Louisiana's physical environment and infrastructure*

#### **Program A: Personal Health Services**

The Office of Public Health has one appropriated program titled Personal Health Services. This program focuses on five specific operating areas including vital records and statistics, personal health services, engineering, sanitarian services, and emergency preparedness. Goals, objectives, strategies, and performance information are included for each operating area.

#### **Program A Mission**

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

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

#### **Program A Goals**

The goals of Personal Health Services are to:

- Promote health through education and programs that utilize evidence-based public health and disease prevention strategies.
- Study the distribution and determinants of morbidity and mortality in Louisiana in order to monitor the health of communities, guide program and policy development, and provide leadership for the prevention and control of disease, injury, and disability in the state.

- Assure access to essential preventive health services for all Louisiana citizens.
- Coordinate, empower and mobilize community partnerships to identify and solve health problems.
- Facilitate the timely filing of high quality vital record documents prepared by hospitals, physicians, coroners, funeral directors, Clerks of the Court, and others by providing responsive public services, analyzing and disseminating health information in support of health and social planning efforts, and maintaining and operating the Louisiana Putative Father Registry and the Louisiana Acknowledgment Repository.
- Improve the health status of Louisiana residents in rural and underserved areas by building the capacity of community health systems in order to provide integrated, efficient and effective health care services.
- Reduce the incidence of food/water-borne illnesses through improved inspection.
- Promote health through education that emphasizes the importance of food/water safety.
- Enforce regulations which protect the food/water supply and investigate food/water borne illness outbreaks.
- Ensure that all food products produced and/or marketed in Louisiana are adequately, truthfully and informatively labeled.
- Provide regulatory oversight over commercial body art and tanning facilities to confirm that all tattoos, body piercings, and permanent cosmetic procedures are performed safely and effectively throughout the state; and that tanning facilities adhere to proper sanitary procedures and standards for equipment and practices to protect the public consumer in Louisiana.
- Provide comprehensive drinking water protection for the citizens and visitors of Louisiana.
- Provide low-interest loans and technical assistance to community drinking water systems in Louisiana, enabling them to comply with state and federal drinking water regulations.
- Certify all water and wastewater operators to operate public systems by giving examinations and issuing certifications of competency.
- Regulate sewage treatment, sanitary sewage disposal, and other water and wastewater matters.

## **Program A Objectives**

### **Vital Records**

#### **Objective I:**

Personal Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2019.

#### **Strategies:**

- 1.1 Collaborate with and provide educational opportunities to individuals and organizations charged with originating vital records.
- 1.2 Promulgate clear, concise administrative rules and written guidelines for use by individuals and organizations charged with originating vital records.
- 1.3 Facilitate the continued movement to electronic vital event registration.
- 1.4 Continue to expand options for citizens to order certified copies of vital event records.

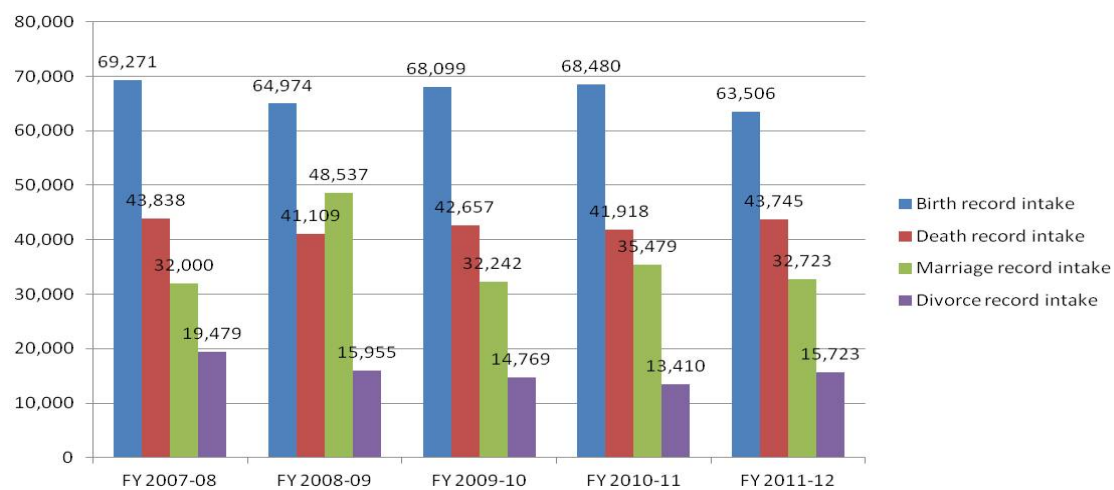
#### **Performance Indicators:**

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

#### **General Performance Information**

- Number of vital records processed
- Birth record intake
- Death record intake
- Marriage record intake
- Divorce record intake
- Abortion record intake
- Fetal death record intake
- Total number of birth, death, fetal death, marriage, divorce, abortion and still birth certificates accepted
- Total number of birth, death, fetal death, marriage, divorce, abortion and stillbirth certificates sold

#### **Selected Vital Records and Statistics Trends**



#### **Objective II:**

Personal Health Services, through its emergency medical services activity, will develop an adequate medical workforce by mobilizing partnerships, developing policies and plans, enforcing laws, regulations, and assuring a competent workforce each year through June 30, 2019.

**Strategies:**

- I.1 Develop an adequate qualified medical workforce by mobilizing partnerships, developing policies and plans, enforcing laws and regulations, and assuring a competent workforce.
- I.2 Ensure the workforce is appropriately trained by following course objectives as outlined by the National Highway Traffic Safety Administration Curriculum.
- I.3 Require instructors to attend a nationally recognized Instructor Course and become affiliated with an approved program.
- I.4 Administer the National Registry Practical Examination to eligible candidates who seek to attain certification as an EMS Professional.

**Performance Indicators:**

- Percent increase in EMS workforce in Louisiana
- Number of EMS personnel newly certified
- Number of EMS personnel re-certified
- Total number in EMS workforce

**Objective III:**

Personal Health Services, through its community preparedness activity, will build healthy, resilient communities and enhance Louisiana's state and local public health agencies capacities to prepare for, detect, and respond to chemical and biological terrorism and other communicable disease threats each year through June 30, 2019.

**Strategies:**

- I.1 Ensure Louisiana meets the Centers for Disease Control and Prevention's technical assistance review requirements for Strategic National Stockpile planning.
- I.2 Additional strategies, if needed

**Performance Indicators:**

- Obtain a 43% Metropolitan Composite Mass Dispensing and Distribution Score

**Objective IV:**

Personal Health Services, through its Bureau of Family Health will promote optimal health for all Louisiana women, children, teens and families each year through June 30, 2019.

**Strategies:**

- I.1 Provide reliable data to monitor health and well-being, guide programs, and inform public policy
- I.2 Provide preventive and educational services that are grounded in best practices and evidence to promote optimal health and well-being
- I.3 Improve access to medical, behavioral health and supportive services, and community health through policy and educational initiatives
- I.4 Partner with communities, government, and academia to advance common goals

**Performance Indicators:**

- Number of Nurse Family Partnership home visits

- Percentage of children with special health care needs receiving care in a Medical Home.
- Number of Clients receiving family planning services
- Percentage of clients returning for follow-up family planning visits
- Percent of infants born to mothers beginning prenatal care in the first trimester
- Percentage of women who had or were treated for chlamydia at any time during pregnancy

**General Performance Indicators:**

- Infant Mortality Rate

**Objective V:**

Personal Health Services, through its Immunization Program activity, will control or eliminate preventable diseases by providing vaccine to susceptible persons each year through June 30, 2019.

**Strategies:**

- II.1 Continue to conduct annual immunization surveys using the Centers for Disease Control and Prevention's Clinic Assessment Software Application (CASA) in each parish health unit.
- II.2 Conduct annual immunization audits of randomly selected private Vaccine for Children providers.
- II.3 Continue regular and ongoing in-service training to all Immunization Consultants staff.
- II.4 Continue Immunization in-services for the private sector and other interested vaccine providers for Immunization best practices.
- II.5 Continue to build and sustain Shots for Tots coalition efforts to improve childhood immunization levels (The coalition should include partnerships between public health and private organizations both inside and outside of the health care sector).
- II.6 Provide for vaccines to public and private providers through the Vaccines for Children Program.
- II.7 Recruit private provider participation in the Louisiana Immunization Network for Kids Statewide (LINKS).
- II.8 Continue collaborative efforts with DHH Bayou Health and community organizations, private providers to increase the number of community providers using the LINKS to promote timely immunizations of all Louisiana children.
- II.9 Maintain collaborative efforts with the Department of Education to ensure compliance with the State Immunization requirements for school entry requirements for first-time enterers and adolescents.

**Performance Indicators:**

- Percent of children 19 to 35 months of age up to date for 4-Diphtheria-Tetanus-Pertussis; 3-Polio; 1-Measles-Mumps-Rubella; 3-Haemophilus influenza type b; 3-Hepatitis B; 1-Varicella; and 4-Pneumococcal Conjugate type B vaccines
- Percent of kindergartners up to date with 4-Diphtheria-Tetanus-Pertussis; 3-Polio; 2-Measles-Mumps-Rubella; 3-Hepatitis B; 2-Varicella

- Percent of 6th graders, 11-12 years of age, up to date with 1 Meningitis, 1 Tetanus diphtheria a cellular pertussis , 2-Varicella; 3- Hepatitis B; 1- Measles-Mumps-Rubella

<b>National Immunization Survey – Estimated Vaccination Coverage among Children 19 - 35 Months of Age.</b>				
<b>Year</b>	<b>Benchmark‡</b>	<b>LA</b>	<b>USA</b>	<b>National Rank</b>
<b>2012</b>	4:3:1:3:3:1:4	74.6%	73.3%	17
<b>2011</b>	4:3:1:3:3:1:4	70.9%	71.5%	24
<b>2010</b>	4:3:1:3:1:4	74.9%	70.5%	10
<b>2009</b>	4:3:1:3:3:1	81.9%	76.1%	2
<b>2008</b>	4:3:1:3:3:1	77.0%	77.4%	28
<b>2007</b>	4:3:1:3:3:1	69.7%	77.0%	44
<b>2006</b>	4:3:1:3:3:1	74.1%	76.1%	32
<b>‡4:3:1:3:3:1:4 means:</b> <ul style="list-style-type: none"> <li>▪ :4 or more doses of any diphtheria and tetanus toxoid and pertussis vaccines, including diphtheria and tetanus toxoid, and any acellular pertussis vaccine (DTaP/DTP/DT).</li> <li>▪ :3 or more doses of any poliovirus vaccine.</li> <li>▪ :1 or more doses of measles-mumps-rubella vaccine.</li> <li>▪ :3 or more doses of Haemophilus influenzae type b (Hib) vaccine.</li> <li>▪ :3 or more doses of hepatitis B vaccine.</li> <li>▪ :1 or more doses of varicella at or after child's first birthday, unadjusted for history of varicella illness.</li> <li>▪ :4 or more doses of pneumococcal conjugate vaccine (PCV7).</li> </ul>				
<b>NOTE:</b> Measuring adolescent vaccine coverage began after 2007. Prior to 2005, there were no designated adolescent vaccines available. There was no state data (N/D) assessed for Louisiana for 2007 and 2008.				

## **Objective VI:**

Personal Health Services, through its Nutrition Services activity, will provide supplemental foods to eligible women, infants and children while serving as an adjunct to health care during critical times of growth and development and to senior citizens improving health status and preventing health problems in all population groups served through Nutrition Services Programs including coordination of obesity initiatives across state agencies and private organizations each year through June 30, 2019.

### **Strategies:**

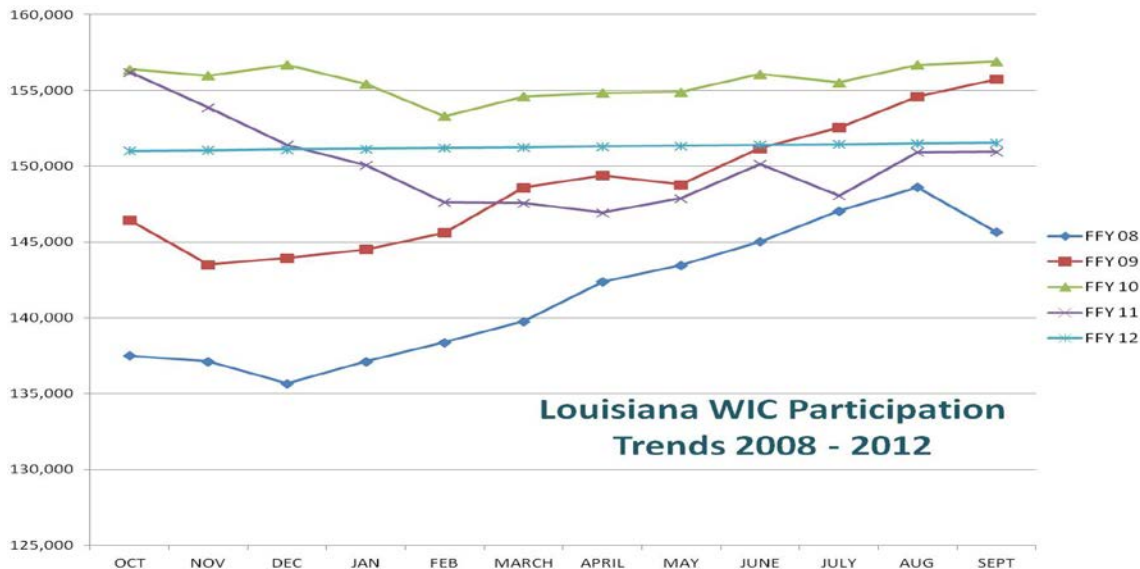
- III.1 Identify additional WIC providers for the most underserved areas of the State in order to serve as many eligible participants as allowed by the annual USDA grant.
- III.2 Continue to build upon and expand activities outlined in the WIC State Agency's USDA approved Breastfeeding Peer Counseling Implementation Plan based on the biennial USDA grant.
- III.3 Investigate new technologies to provide nutrition education to groups and high risk nutrition counseling of individuals.
- III.4 Engage in outreach activities through the CSFP grant sub recipient, Food for Families/Food for seniors, to meet the yearly USDA assigned caseload.

### Performance Indicators:

- Number of monthly WIC participants
- Number of monthly CSFP participants
- Number of collaborative initiatives addressing obesity

### General Performance Information:

- Percentage of WIC eligible clients served
- Number of WIC vendor fraud investigations
- Increase in the percentage of postpartum women enrolled in WIC who breastfeed



### Objective VII:

Personal Health Services, through its Communicable Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2019.

### Strategies:

#### IV.1 Tuberculosis

- IV.1.1 Evaluate TB performance indicators on a patient by patient basis assuring efficient effective contact management.
- IV.1.2 Evaluate TB performance indicators on a case by case basis assuring completion of treatment in 12 months.
- IV.1.3 Evaluate TB performance indicators on a case by case basis assuring conversion of sputum culture within two months of start of treatment.

#### IV.2 STD/HIV

- IV.2.1 Conduct disease surveillance and monitor and report on characteristics and trends of HIV and STD in Louisiana, in order to take public health action, to inform intervention planning and resource allocation, and to assess progress in reducing HIV and STD infection.



- IV.2.2 Evaluate the effectiveness, accessibility, and quality of HIV and STD, prevention, identification, and treatment.
- IV.2.3 Inform, educate, and empower people and communities about HIV and STD, in order to promote behaviors and environments that eliminate or reduce the risk of acquisition and transmission.
- IV.2.4 Promulgate policies and best practices for the prevention, identification, and treatment of HIV and STD.
- IV.2.5 Conduct disease investigation to notify persons of exposure to HIV and STD and assure testing and treatment.
- IV.2.6 Link people to needed HIV- and STD-related personal health services and assure the provision of health care and medications when otherwise unavailable.
- IV.2.7 Support and promote targeted testing and routine screening for HIV and STD.
- IV.2.8 Conduct science-based and community-informed planning for HIV and STD.

#### **Performance Indicators:**

##### **Tuberculosis**

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

##### **STD/HIV**

- Percentage of newly diagnosed HIV patients linked to HIV-related medical care within 3 months of diagnosis
- Percentage of persons living with HIV whose most recent viral load in the past 12 months was  $\leq 200$  copies/mL
- Percentage of primary and secondary syphilis cases treated within 14 days of specimen collection

#### **General Performance Information:**

##### **STD/HIV**

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

#### **Objective VIII:**

Personal Health Services, through the Infectious Disease Epidemiology (IDePi) activity, will conduct surveillance of infectious diseases to decrease the burden of infectious diseases (besides TB, STD and HIV), carry out outbreak investigations and maintain public health preparedness against infectious diseases each year through June 30, 2019.

#### **Strategies:**

- V.1 Study the distribution and determinants of infectious diseases in the community through disease reporting,
- V.2 Conduct infectious disease outbreak investigations,

- V.3 Maintain a state of public health preparedness against the threat of communicable diseases following disasters or bioterrorism events
- V.4 Coordinate special programs that prevent the spread of communicable diseases,
- V.5 Train public health staff on infectious disease control preparedness
- V.6 Maintain an electronic laboratory reporting system integrated with IDRIS
- V.7 Maintain a Syndromic surveillance (LEEDS)
- V.8 Verify validity suspected outbreaks and clusters received and document in Epistories
- V.9 Completion of investigation for outbreaks or clusters deemed credible by IDEpi
- V.10 Maintain antibiogram surveillance from Louisiana acute care hospitals
- V.11 Provide state specific data on viral hepatitis
- V.12 Issue regular updates on arboviral activity
- V.13 Communicate with mosquito control district results of human surveillance activities
- V.14 Carry out PH surveillance investigations and follow-up on selected food-borne cases for Lab PFGE testing
- V.15 Obtain laboratory samples on human cases or food items of interest for Lab PFGE testing
- V.16 Maintain an active flu surveillance sentinel provider network

**Performance Indicators:**

- Complete case classifications within 10 working days of date of report
- Issue recommendations within five working days on selected conditions
- Conduct follow up on recommendations on all outbreak investigations within 15 working days

**Objective VIII:**

Personal Health Services, through its Laboratory Services activity, will assure timely testing and reporting of laboratory results of specimens to monitor for pollutants, contaminants in water, food, drugs, and environmental materials each year through June 30, 2019.

**Strategies:**

- VI.1 Maintain a Laboratory Response Network bioterrorism response BSL3 laboratory in Louisiana
- VI.2 Provide Newborn Screening Testing for all babies born in the state of Louisiana for the identification of possible genetic disorders.
- VI.3 Develop and maintain capability for the full spectrum of radiological testing and methodology
- VI.4 Provide rapid testing capability for evaluation and response to emergency events that may affect the quality of drinking water.
- VI.5 Investigate approved alternate technologies for improving the analysis speed and efficiency in Chemical identification methods.
- VI.6 Maintain the capability to test submitted diagnostic and surveillance influenza specimens
- VI.7 Maintain or increase diagnostic capability for infectious disease testing
- VI.8 Continue testing suspect outbreak samples in accordance with requests from Infectious Disease Epidemiology
- VI.9 Provide TB testing for the State TB Control Program.

- VI.10 Provide rabies testing for all 64 Parishes in Louisiana for Infectious Disease Epidemiology
- VI.11 Provide certified water testing for the Drinking Water Program
- VI.12 Provide certified milk testing for the Milk and Dairy Program
- VI.13 Use current technology to diagnosis and performs confirmatory testing for both infectious and non-infectious diseases
- VI.14 Maintain a state of readiness to aid in the investigation of disease outbreaks and other public health emergencies
- VI.15 Provide information necessary to detect outbreaks by performing Pulsed Field Gel Electrophoresis typing (DNA fingerprinting)

**Performance Indicators:**

- Percentage of bioterrorism lab tests completed within 72 hours
- Number of lab tests/specimens tested (recommend for general performance information)

**Objective IX:**

Personal Health Services, through its Environmental Epidemiology and Toxicology activity (SEET), will identify toxic chemicals in the environment; evaluate the extent of human exposure and the adverse health effects caused by them; make recommendations to prevent and reduce exposure to hazardous chemicals; promote public understanding of the health effects of chemicals in the environment each year through June 30, 2019.

**Strategies:**

Environmental Epidemiology and Toxicology is Louisiana's state-wide public health program for hazardous chemicals and includes the following subprograms: indoor air quality education, environmental health advisories, pesticide surveillance, disease cluster investigations, occupational health surveillance, chemical events exposure assessment, hazardous substances emergency events surveillance, public health assessments (PHA)/health consultations, and health education/community outreach, with the support of geographical information system (GIS) technology.

- VII.1 Mitigate environmental risks that are important to the long term health and well-being of Louisiana's citizens.
- VII.2 Review approximately 10,000 annual notifications of chemical incidents from the National Response Center and the Louisiana State Policy to evaluate the public health threat of these events and notify affected communities, hospitals, and physicians about the event and chemicals involved. For example, SEET provided maps for 26 emergency response maps giving the location of the events, hospitals, schools, daycare centers, etc. that are in the general area of the emergency. Other examples include response to ammonia leak in East Baton Rouge Parish (January 2013) and a phenol release in Orleans Parish (March 2013). To date in 2013 SEET, alerts have resulted in the Waterworks Warning Network being activated on 4 occasions and 9 maps being created.
- VII.3 Investigate disease clusters (e.g. cancer, reproductive, neurological, and respiratory diseases) reported by residents and public officials. In 2012, the DHH responded to six disease cluster concerns i.e., Livonia Fardoche health study to

determine if the cancer rates in the towns Livonia and Fardoche were higher than they were in other towns in Pointe Coupee Parish or higher than the state rates for cancer. There was no higher rate of cancer in these areas when compared to the state.

- VII.4 Make recommendations for the issuance of seafood consumption and other advisories in collaboration with the Louisiana Departments of Environmental Quality, Wildlife and Fisheries, and Agriculture and Forestry. Conducts selected blood mercury screenings and seafood consumption surveys for targeted communities. For example, following the oil spill in the Gulf of Mexico in 2010, SEET along with other DHH/OPH programs and other state agencies, actively monitored Louisiana seafood to ensure it was safe to eat. The agencies developed a long-term seafood safety and monitoring plan that regularly tests seafood along the Gulf Coast of Louisiana. SEET provides summaries of the seafood testing results which are distributed via the DHH website. Over the last three years, approximately 5000 composite seafood samples have been analyzed.
- VII.5 Develop, publish, distribute and communicate environmental health information to schools, healthcare providers, and communities. For example, SEET staff participated at the Earth Day festival which is held at the Audubon Zoo to educate residents about a variety of environmental health topics including pesticide safety, fish consumption advisories, limiting contact with mold and to educate parents about environmental hazards that impact children. To date, the program has educated over 30,000 residents as a result of participating in this event.
- VII.6 Develop an environmental public health tracking network that presents health, exposure, and environmental hazard information and data that will be used to develop public health indicators using Centers for Disease Control and Prevention guidance. SEET has developed the first generation of Louisiana's environmental public health tracking network (EPHT), an interactive website where users can search and download environmental and public health data. Users will be able to create tables, charts, and maps for displaying the information. Data available on this network include heat stress, cancer, air and childhood blood lead levels. SEET is in the process of building out the next generation of the EPHT which will include data on birth outcomes, birth defects, asthma, heart attacks, carbon monoxide poisoning and drinking water quality. At the same time, SEET is evaluating strategies for linking hazard, exposure and health data in relation to arsenic contamination and air quality. SEET hopes to use the results of these studies to guide future EPHT research, surveillance and policy development.
- VII.7 Analyze environmental and health data about chemical contamination at Superfund sites and other hazardous waste sites to determine whether contact with contaminants might cause harm to people. Recommend actions to reduce exposure and/or provide further information, such as health studies or surveillance. Approximately 10 health consultations and 24 technical assists are written per year through SEET's cooperative agreement with the Agency for Toxic Substances and Disease Registry (ATSDR). In addition, approximately 1 comprehensive public health assessment is written per yr. Examples include, evaluation of groundwater data to determine whether the Madisonville Creosote Works (MCW) site poses potential harm to public health; on August 13, 2001, a large fish kill on the Pearl River near Bogalusa, Louisiana was reported to the Louisiana Department of Wildlife and Fisheries (LDWF) and the Temple Island

paper mill reported a release of “black liquor”, a waste product which results from the production of paper from wood materials, into the Pearl River. SEET evaluated seafood samples collected by LDHH and LDWF from the Pearl River and nearby areas that receive water from the Pearl River to determine whether the seafood from the Pearl River area poses potential harm to public health. SEET also assessed the results of air samples collected by the Louisiana Department of Environmental Quality (LDEQ) from 2 locations along the Pearl River to determine whether the air from the Pearl River area poses potential harm to public health. The seafood monitoring and the air sampling in and around the Pearl River did not detect the presence of contaminants that might pose a risk to human health, therefore, SEET concluded that the contaminants which remained at the Pearl River site will not harm people’s health.

- VII.8 Obtain and evaluate all laboratory reports for heavy metal and carbon monoxide exposures that are reportable conditions.
- VII.9 Respond to public inquiries on indoor air quality and provide follow-up information within two business days. Provide telephone consultations, environmental educational material, and targeted outreach to communities, local school administrators, staff, students, and parents about the benefits of improved IAQ. Respond to over 3,500 calls annually with most of them regarding mold issues in residential and public buildings. Another event SEET IAQ responded to was imported drywall. SEET received a total of 1,087 from March 2009, when first call was received until December 2012. SEET crafted a survey for complainants and of the 1087calls, all received follow up information and 617 completed the survey.
- VII.10 Count and investigate injuries, illnesses, and deaths involving Louisiana workers. High risk industries, occupations and vulnerable populations are targeted to help prevent deaths, injuries, and hazardous exposure. Partner with occupational health stakeholders and collaborate with DHH offices to track deaths and injuries/illnesses involving workers during and after an emergency event. During the Deepwater Horizon Oil Spill, SEET established a statewide surveillance system among hospitals and emergency departments to evaluate and track acute health effects of clean-up workers. Surveillance reports were produced weekly and widely distributed to local, state, and federal partners.
- VII.11 Obtain and investigate all reported pesticide exposures that are reportable disease conditions. Review health and exposure information for cases, compile state statistics, and make recommendations to prevent and reduce pesticide exposure. The Office of Public Health has an interagency agreement with the Louisiana Department of Agriculture and Forestry, to jointly investigate pesticide exposure complaints filed with LDAF and to notify residents who are hypersensitive to pesticides. In response to the increase of bed bug incidents statewide, SEET developed and disseminated several in-depth, educational guides on how to prevent and safely get rid of bed bugs in residential settings and the hospitality industry.

**Performance Indicators:**

- Number of health consults and technical assists
- Number of emergency reports screened from the Louisiana State Police and National Response Center

**General Performance Information:**

- Number of indoor air quality phone consults

**Objective X:**

Personal Health Services, through its Bureau of Primary Care and Rural Health's Health Systems Development Unit activity, will provide support to communities, federally qualified health centers, physician practices, rural health clinics and small rural hospitals in order to expand and sustain access to primary and preventive health services in rural and underserved communities of Louisiana each year through June 30, 2019.

**Strategies:**

- I.1 Sustain and increase access to primary care provided in rural communities and increase rural communities' capacity to make informed health related decisions
- I.2 Support recruitment and retention of primary health care providers in health professional shortage areas across the state.
- I.3 Support the designation of health professional shortage areas (HPSA) that enable state government, agency, and community access to over 36 federal programs.
- I.4 Increase critical access hospitals publicly reporting data to Hospital Compare on relevant process of care quality measures inpatient and outpatient care, and HCAHPS patient experience of care survey results.

**Performance Indicators:**

- Number of providers that have received education through conferences or BPCRH trainings
- Number of National Health Services Corp providers practicing in Louisiana
- Percent of State Loan Repayment Program funds awarded to new and existing primary health service providers recruited and retained to work in HPSAs
- The percentage of health professional shortage areas analyzed and submitted to the Health Resources and Services Administration by the federal deadline
- Number of critical access hospitals reporting HCAHPS data

**General Performance Information:**

- Number of health professional shortage areas

**Objective XI:**

Personal Health Services, through its Bureau of Primary Care and Rural Health's Chronic Disease Prevention and Control Unit activity, will improve the health of Louisiana by preventing chronic diseases and their risk factors through promoting healthy behaviors, utilizing evidence based interventions and leveraging resources through collaborative private, public partnerships to maximize health outcomes among our citizens each year through June 30, 2019.

**Strategies:**

- II.1 Reduce disease, disability and death related to tobacco use by increasing statewide initiatives, cessation programs, school programs, media campaigns/marketing, and educational programs.
- II.2. Reduce disease, disability, and death from chronic diseases by increasing statewide initiatives in schools, worksites, communities, and healthcare settings.

**Performance Indicators:**

- Number of monthly callers to the Louisiana Tobacco Quitline
- Percentage of school districts adopting 100% tobacco-free school policies
- Percentage of school districts reporting implementation of comprehensive school wellness policies (physical activity, nutrition, tobacco-free campus)

**General Performance Information:**

- Number of worksites implementing worksite wellness programs
- Number of federally qualified health centers with Patient Centered Medical Home recognition
- Number of Stanford licensed Diabetes Self-Management Programs held in community settings

**Objective XII:**

Personal Health Services, through its Bureau of Primary Care and Rural Health's Adolescent School Health Program activity, will provide technical assistance to school-based health centers; establish and monitor compliance with standards, policies, and guidelines for school health center operation; provide financial assistance; and encourage collaboration with other agencies and other potential funding sources each year through June 30, 2019.

**Strategies:**

- III.1 Provide necessary access to comprehensive, primary and preventive physical and mental health services for public school students to meet their physical and emotional needs.

**Performance Indicators:**

- Number of students with access to school-based health center services.
- Number of Continuous Quality Improvement visits to school-based health centers.
- Number of health care providers receiving technical assistance regarding revenue sustainability.

**General Performance Information:**

- Number of adolescent school-based health centers
- Average cost per visit to adolescent school-based health centers
- Number of patient visits to adolescent school-based health centers
- Number of training/workshops for SBHC staff to improve quality of healthcare services provided and sustainability.

**Objective XIII:**

Personal Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2019.

**Strategies:**

- I.1 Deliver inspection services, through improved logistics, to more efficiently utilize field staff and travel resources.
- I.2 Establish training module to develop new and existing sanitarians both technically as well as professionally.
- I.3 Identify and establish partnerships with federal agencies, other states, local government or the private sector to more effectively identify new strategies to obtain greater efficiencies through the consolidation of efforts.

**Performance Indicators:**

- Yearly mortality count attributed to unsafe water, food and sewage
- Percentage of permitted facilities in compliance quarterly due to inspections
- Percentage of required samples in compliance
- Percentage of sewage systems properly installed
- Number of plans reviewed

**General Performance Information:**

- Number of food-related complaints received from the public
- Total number of confirmed food, water or sewage-borne illnesses reported
- Number of food-borne investigations due to illness
- Percentage of permitted facilities in compliance
- Number of routine inspections of permitted facilities
- Number of re-inspections of permitted facilities
- Percentage of permitted facilities inspected at assigned frequency
- Number of samples collected
- Percentage of required samples in compliance
- Number of sewage system applications submitted
- Number of new sewage systems installed
- Number of existing sewage system inspections

**Objective XIV:**

Personal Health Services, through its engineering and loan activities, will provide a regulatory framework to assure that the public is not exposed to contaminated drinking water or to raw sewage by contact or inhalation, which can cause mass illness or deaths each year through June 30, 2019.



**Strategies:**

- I.1 Engineering Services will accomplish this objective by enforcing compliance with the State Sanitary Code, by performing plan reviews, conducting sanitary surveys, monitoring and testing drinking water quality, training and certifying operators of water and wastewater systems, performing public education, and staffing the ESF 12 Water and Wastewater Utilities desk at Governor's Office of Homeland Security and Emergency Preparedness.
- I.2 Administer the loan program effectively and efficiently to provide the maximum amount of Capitalization Grant Dollars for low-interest loans to Louisiana public water systems.
- I.3 Administer the Technical Assistance program effectively and efficiently to provide technical assistance to as many public water systems with a population of 10,000 or less as possible.
- I.4 Administer the Capacity Development Program effectively and efficiently to provide public water systems with the tools and financial assistance they need to obtain and maintain technical, financial, and managerial capacity needed to ensure a supply of safe drinking water for Louisiana citizens.
- I.5 Provide funding to the Operator Certification Program and the Safe Drinking Water Program within the Office of Public Health to assist with Drinking Water Initiatives.

**Performance Indicators:**

- Percent of the population served by community water systems that receive drinking water that meets all applicable health-based drinking water standards
- Percentage of community water systems that have undergone a class 1 sanitary survey within the past three years as required by state and federal regulations
- Percentage of water and sewer plans reviewed within 60 days of receipt of submittal
- Number of Louisiana public water systems provided financial and technical assistance

**General Performance Information**

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

## 09-330

# Office of Behavioral Health

### **Vision**

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

### **Mission**

OBH's mission is to lead the effort to build and provide a comprehensive, integrated, person-centered system of prevention and treatment services that promote recovery and resilience for all citizens of Louisiana. OBH assures public behavioral health services are accessible, have a positive impact, are culturally and clinically competent and are delivered in partnership with all stakeholders.

### **Philosophy**

OBH's advisory committee convened in FY 2010 and set the trail for the upcoming challenges by endorsing guiding principles for the delivery of behavioral treatment and prevention services to the citizens of Louisiana. OBH believes we can make a difference in the lives of children and adults in the state of Louisiana. The Office supports the "Recovery-Oriented Systems of Care" philosophy. People recover from both mental illness and addiction when given the proper care and a supportive environment including cultural and linguistically diverse services.

OBH invests resources in Prevention services by working to create communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide.

OBH, through the behavioral health partnership and the programs and services under its jurisdiction, shall provide to the maximum extent possible, behavioral health treatment and prevention services, which assist in enabling individuals to exercise self-determination in their lives, allowing them to achieve their maximum potential through increased independence, productivity, and inclusion in their communities.

It is our conviction, that the community where the person chooses to live and work is an appropriate place to provide treatment, supports, and services. For children with mental illness, the needs of the entire family should be considered in the development of a plan of care. Supports to the family may enable children to live in stable home environments with enduring relationships with one or more adults regardless of the severity of their presenting challenges. The use of existing natural supports and community resources must be promoted.

OBH will assure that these principles are embraced through the Louisiana Behavioral Health Partnership (LBHP) and the programs and services it provides outside the LBHP.

## Executive Summary

The Louisiana health care system is currently in crisis. Historically, the system has been underfunded, difficult to access and very costly. Under the leadership of DHH Secretary Bruce D. Greenstein, OBH, through partnerships and the creation of an integrated system of care, will enhance access to care while controlling cost and monitoring quality of services. In this new environment, some services/strategies will no longer be viable, some will be maintained at a lesser scale, and new strategies will be developed to reflect new roles.

Act 384 of the 2009 Legislative Session directed DHH to merge the Offices of Mental Health and Addictive Disorders into the newly created Office of Behavioral Health (OBH), which has an operating budget for 2014 of approximately \$271million. OBH will maintain the legacy distinction between mental health and substance abuse and will provide services that will meet the individual needs of each distinct population, as well as those suffering from co-occurring disorders.

The Office of Behavioral Health (OBH) is the state agency that manages and delivers the services and supports necessary to improve the quality of life for citizens with mental illness and addictive disorders. Historically, persons with Co-Occurring Disorders (COD) have been recipients of compartmentalized management of co-existing mental and addictive disorders, with predominate focus of clinical care determined by the facility at which they were initially provided services. In an effort to address this issue, Louisiana began its course toward developing an integrated behavioral healthcare delivery system that is able to effectively manage persons with co-occurring disorders.

OBH has adopted a managed care model for behavioral health services, the Louisiana Behavioral Health Partnership (LBHP). The system reflects an integrated care delivery system that aligns and complements the standards for Medicaid and the managed care environment. As efficiencies are created through integrated care, state-run clinics (Hospitals) and private providers will be able to provide appropriate levels of care as determined by the parameters set forth in the LBHP.

With the implementation of the LBHP, OBH is positioned to be both a provider of direct services, and the manager of the established statewide behavioral health managed care partnership. OBH provides direct care through hospitals and regional clinics. OBH operates the state's two free-standing state psychiatric inpatient facilities: Central Louisiana State Hospital (CLSH) which is located in Alexandria, Louisiana and Eastern Louisiana Mental Health System (ELMHS) which is located in Jackson, Louisiana. There are over five-hundred contractual arrangements providing inpatient, outpatient, residential and prevention services.

OBH oversees the management and quality of service delivery through the LBHP. LBHP is a managed care program involving multiple agencies that have historically shared in the delivery of behavioral health services to the citizens of Louisiana. LBHP is operated by contract through Magellan of Louisiana, the statewide management organization selected to manage behavioral health services. The LBHP includes a comprehensive array of rehabilitative behavioral health services and a full continuum of care intended to meet the needs of both adults and children, including the Coordinated System of Care (for children at greatest risk of out-of-home placement). LBHP is designed to increase access to community-based services, improve quality of care and health outcomes, and reduce utilization of more restrictive and crisis driven services such as emergency departments, hospitalizations, out-of-home placements and institutionalizations.

Louisiana is the only state to implement managed care for behavioral health services on a statewide basis.

The scope of this project has required an in-depth analysis of the business process and service system policies within the state-run clinics. This provides the essential information to recommend changes that are necessary for adapting to the new behavioral health delivery system. This emerging delivery system has two significant departures from the old delivery model: 1) services are delivered in an integrated fashion, and 2) services are administered through a managed care company. The Office of Behavioral Health is developing new business and treatment processes that account for integration of services and managed care delivery.

DHH Executive leadership undertook the challenge of improving Louisiana's health care system by designing and carrying out "Transformational Priorities" that reflect the Department's vision and mission and carry the highest potential impact. The three themes guiding the Department's work are: 1) Building Foundational Change for Better-Health Outcomes; 2) Promoting Independence through Community-based Care 3) Managing Smarter for Better Performance. There are nine initiatives under this theme with the common theme of making significant change. The completion of each and all of the initiatives span SFY 2013 to SFY 2019

Goals that carried forward from the FY SFY 2013 to SFY 2019 plan include a continued effort to streamline operations, improve services, measure outcomes, assure efficient spending and implement community-based expansion. The three themes guiding the Department's work are: 1) Building Foundational Change for Better-Health Outcomes; 2) Promoting Independence through Community-based Care 3) Managing Smarter for Better Performance. There are nine initiatives under this theme with the common theme of making significant change. The completion of each and all of the initiatives will span SFY 2013 to SFY 2019. OBH pledges to continue its mission to improve the health of our state through the implementation of Bayou Health and the Behavioral Health Partnership. OBH leadership will be working with stakeholders to chart a course forward to restructure the organization and delivery of long-term supports and services to improve quality of care, decrease fragmentation and create a more coordinated system of care. OBH will press on with its mission to improve the birth outcomes of our state, as we identify new strategies to promote healthier moms and babies. OBH will continue to move forward with systems modernization and promotion of health information technology to better inform care decisions and improve health outcomes.

OBH transformational initiatives included in 2012 Business Plan and reiterated in the current Leadership business road map include:

Behavioral Health Partnership (LBHP)

Coordinated System of Care (CSoC)

Integrating Behavioral Health Business Practices and Treatment Approaches

## **Agency Goals**

### **Goal I**

To serve children and adults with extensive behavioral health needs including mental health and/or addictive disorders by leading the transition to the Louisiana Behavioral Health

Partnership (LBHP) and ensuring full compliance and quality/outcomes of services provided for the duration of its contract with the statewide managed care vendor.

### **Goal II**

To assure that all Louisiana citizens with serious behavioral health challenges have access to needed forensic, residential, and other “safety net” services not provided by the LBHP and promote use of contemporary, evidence-informed treatment, support, and prevention services.

### **Goal III**

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

## **PROGRAM A: ADMINISTRATION**

### **Program A Mission**

The Office of Behavioral Health Administration and Support consists of results-oriented managerial, fiscal and supportive functions necessary to advance state behavioral health care goals, adhere to state and federal funding requirements, monitor the Louisiana Behavioral Health Partnership (LBHP) operations and support the provision of services not in the scope of the Statewide Management Organization (SMO).

### **Program A Goals**

**Goal 1** To assure that critical functions of the SMO are being performed within expected standards per contract stipulations. The critical functions include that members have access to and receive needed services, providers are timely reimbursed, and members are receiving the support needed to successfully navigate the LBHP system of care.

**Objective I:** By focusing on enhancing individual outcomes, the SMO will improve the quality of care and behavioral health of Louisiana citizens and will assure that all members are adequately served through the LBHP as demonstrated by 100% achievement of deliverables of the contracted critical functions by FY 2019. Some of the most significant deliverables to measure this objective are the percentage of clean claim processed (95%) and the handling of calls as measured by average speed of answer (ASA) (within 30 sec) and call abandonment rate (< 3%).

#### **Strategies:**

- 1.1 Monitor the SMO Member Services statistics and performance indicators.
- 1.2 Target areas of concern or deficit through corrective action planning.
- 1.3 Analyze required fiscal reporting tool.

**Performance Indicators:**

Percentage of licensed behavioral health clinics managed/contracted by OBH/LGEs operating as integrated behavioral health services sites  
Number of clean claims processed within 30 days  
Percentage of clean claims processed within 30 days  
Average speed to answer calls to member services  
Percentage of abandoned calls

**General Performance Indicators:**

Outpatient Gambling: Total admissions  
Outpatient Gambling: Number of services provided  
Inpatient Gambling: Total admissions  
Annual tobacco non-compliance rate

**Objective II:** OBH in conjunction with partnering state agencies (DCFS, OJJ and DOE) will establish an effective Coordinated System of Care that assures enrollment of 2400 children during SF 15-19

**Strategy:**

- 2.1 Work in partnership with the LBHP vendor to assure eligibility and enrollment processes are in place.
- 2.2 Work in partnership with the state agencies and the LBHP vendor to expand CSoc into the remaining five regions.

**Performance indicators:**

Number of children enrolled by region  
Number of CSoc implementing regions

**Objective III:** Monitor provider network efficiency/sufficiency to assure that service types and capacity meet system needs on an annual basis, using the Statewide Management Organization Satisfaction Survey. Efficiency/sufficiency of the provider network will be Demonstrated by achieving 85% positive outcome during FY 2015-19.

**Strategies:**

- 3.1 Analyze geographic data reports including density analysis, current and anticipated enrollment, and penetration data.
- 3.2 Review demographic data including cultural and linguistic needs
- 3.3 Review satisfaction surveys, stakeholder participation in committee structure, input from LBHP members.
- 3.4 Monitor Magellan review of onsite audits and surveys of appointment availability and treatment record reviews of high volume providers

**Performance Indicators:**

Percentage of providers who meet the accessibility standards (urban/ rural)

Percentage of overall provider satisfaction

Number of onsite audits completed

**Objective IV:** Assure provision of education and training necessary to accomplish the OBH core organizational processes during FY 15-29.

**Strategies:**

4.1 Identify Administrative and Support training needs

4.2 Facilitate training necessary to maintain competent program management for core organizational processes.

4.3 Emphasize learning transfer best practices for trainings developed, facilitated, and provided.

**Performance Indicators:**

Number of trainings provided addressing competencies necessary to assure performance of core organizational processes.

**PROGRAM B: BEHAVIORAL HEALTH COMMUNITY****Program B Mission**

To monitor and/or provide a comprehensive system of contemporary, innovative, and evidence-informed treatment, support, and prevention services to Louisiana citizens with serious behavioral health challenges.

**Program B Goals**

**Goal 1** OBH, as a provider of treatment services, will focus on providing those services that are not available through the Louisiana Behavioral Health Partnership (LBHP). In this role, OBH will continue to serve as the “safety-net” provider for the behavioral health population.

**Objective I:**

OBH will assure provision of services not covered under the LBHP at the same level of quality and effectiveness as the partnership so that members are receiving competent services in OBH clinics and by Access to Recovery (ATR) providers, as indicated by at least a 90% satisfaction response by members when surveyed about service access, quality, and outcomes. Target is 90% for FY 15-19.

**Strategies:**

1.1 To develop an ongoing collaborative partnership with key stakeholders.

1.2 To develop a statewide survey of the use of Evidence Based Practices (EBPs).

1.3 To conduct a statewide survey of access, quality, outcome of OBH clinics and ATR providers.

1.4 Provide targeted training using available technology to support the adoption of these EBPs.

**Performance Indicators:**

Annual Percentage of members (Adults) reporting positive satisfaction with access to clinic services

Annual Percentage of members (Adults) reporting positive satisfaction with quality of clinic services

Annual Percentage of members reporting positive satisfaction with outcome of clinic services

Annual Percentage of clients reporting positive satisfaction with ATR services

**General Performance Indicator:**

Number of Community Behavioral Health Centers operated statewide

Note: Starting March 1, 2012, we have discontinued using Louisiana Addictive Disorders Data System (LADDS) and Office of Behavioral Health Integrated Information System (OBHIS) data bases. These data bases have been replaced by Clinical Advisor (CA) data system provided by Magellan, as part of the transition to Louisiana Behavioral Health Partnership (LBHP). A new set of performance indicators have been developed to measure the operations of the LBHP. We will develop a baseline for these new indicators. The graphs below represent data available prior to the partnership.

**Goal 2** OBH as a monitor of the Statewide Management Organization (SMO) will assure that the SMO meets all of the contractual requirements stipulated as they pertain to a comprehensive and coordinated service delivery system. OBH will use source data to independently verify that the SMO has developed a sufficient provider network; has properly credentialed providers; has offered training to build and maintain competence; and that the outcomes for members demonstrate effective treatment.

**Objective I:**

OBH, as a monitor of the State Management Organization, will assure that the SMO fulfills its obligations to the state and citizens of Louisiana by operating a system of high quality, readily accessible and cost effective services as indicated by maintaining an adequate provider network, filling provider gaps within 30 days of notice; maintaining 90% provider satisfaction for timely response, returned calls, ease of authorization, and timely claims payment.

**Strategies:**

1.1 To review geo-mapping data showing provider numbers and locations and identifying gaps in service access based on industry standards

1.2 To review the annual provider survey data conducted by the SMO

**Performance Indicators:**



Percentage of provider gaps filled within 30 days of notice.  
Percent of providers reporting satisfaction with SMOs (based on Survey) responses.

**Goal 3** To assure that effective and efficient prevention services are provided statewide in an effort to impact the citizens of Louisiana by promoting mental health wellness and delaying the initiation and progression of behavioral health disorders by increasing knowledge, awareness, and healthy behaviors.

**Objective I:** The Office of Behavioral Health, through the Community Based Activity, Prevention services will promote behavioral health wellness as indicated by only 30% percent of individuals served reporting use of alcohol, tobacco and other drugs during the last 30 days and by an annual tobacco non-compliance rate (tobacco sale rate to minors) of no more than 10% during SF 2015-19

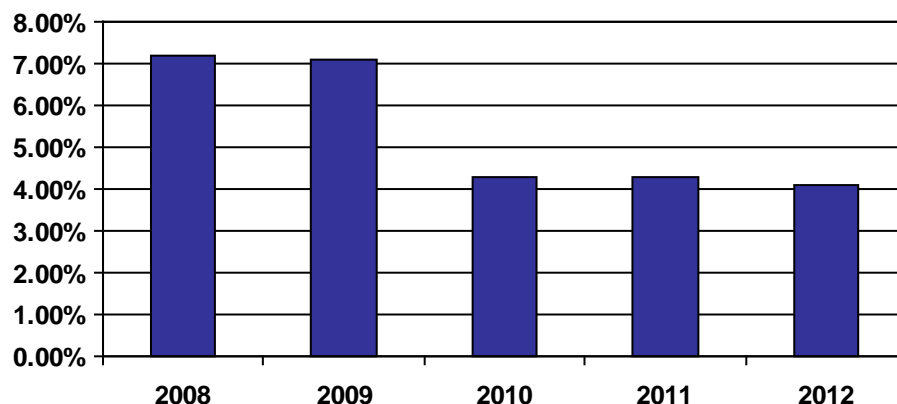
### Strategies

- 1.1 Implement evidence-based prevention programs in school-based settings through a partnership with the Department of Education.
- 1.2 Oversee random, unannounced inspections of tobacco retailers to determine Louisiana's non-compliance rate as required under the federally mandated SYNAR Amendment.
- 1.3 Provide suicide prevention trainings statewide.

### Performance Indicators:

Number of individuals served by evidence-based prevention programs  
Percentage of individuals served, ages 12-17, who reported that they used alcohol, tobacco and marijuana during the last 30 days  
Cost per participant enrolled in evidence-based prevention programs  
Number of individuals who received suicide prevention trainings  
Annual tobacco non-compliance rate

**Tobacco Non-Compliance Rate by Year**



## PROGRAM C: HOSPITAL-BASED TREATMENT

### Program C Mission

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

### Program C GOALS

**Goal 1** To promote recovery through the efficient use of evidence informed care and successful transition to community based services.

#### Objective I:

During FY 15-19, through the Hospital-Based Treatment activity, the Office of Behavioral Health will improve behavioral health outcomes of inpatient care by maintaining 30 days readmission rate within the national norm

#### Strategies:

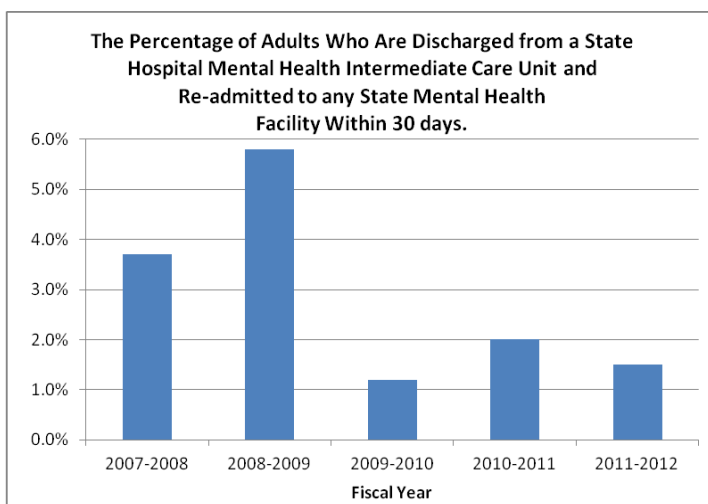
1.1 Discharge planning will begin at time of admission

1.2 Discharge planning will include input from the client, family, community, and hospital team.

#### Performance Indicators:

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

This chart represents the percentage of consumers discharged from state psychiatric hospitals and re-admitted to a State Mental Health inpatient program within thirty (30) days of discharge. This is National Outcome Measures System (NOMS) indicator number 2. Due to the small number of discharges and readmissions, this indicator has a wide variance.



The Percentage of Adults Who Are Discharged from a State Hospital and Re-admitted within 30 days. Data comes from Inpatient Hospital Data (PIP).

**Objective II:**

The rate of the use of physical restraints will be below national norm as reported by ORYX.<sup>1</sup>

**Strategies:**

- 3.1 The use of restraints will be used as a last resort only in cases where an immediate safety risk to the client or others is present.

**Performance Indicators**

Ratio of inpatient restraint hours to inpatient days (Statewide)

**Goal 2** To provide for services to individuals involved with the court system in compliance with the consent decree ruling.

**Objective 1:** The Office of Behavioral Health will maintain substantial compliance with the consent decree.

**Strategies:**

- 1.1 Prescribed processes put in place following the consent decree will be followed to assure that clients involved with the court system are provided services within required timeframes.

**Performance Indicators:**

Percentage of compliance with consent decree factors

**GENERAL PERFORMANCE INDICATORS:**

Number of state hospitals operated statewide

Inpatient Care (Adults – East Louisiana State Hospital) - Total persons served intermediate care

Inpatient Care (Adults – East Louisiana State Hospital) - Average daily census intermediate care

Inpatient Care (Adults - East Louisiana State Hospital) - Average length of stay in days intermediate care

Inpatient Care (Adults - East Louisiana State Hospital) - Average daily occupancy rate intermediate care

Inpatient Care (Adults – Feliciana Forensic Facility) – Total persons served intermediate care

Inpatient Care (Adults - Feliciana Forensic Facility) - Average daily census intermediate care

Inpatient Care (Adults - Feliciana Forensic Facility) - Average length of stay in days intermediate care

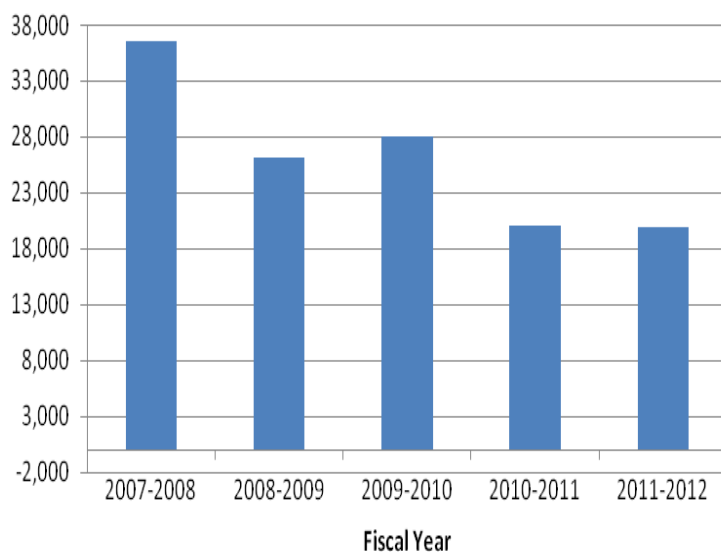
Inpatient Care (Adults - Feliciana Forensic Facility) - Average daily occupancy rate intermediate care

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<sup>1</sup> Joint Commission Performance Management Initiative

Inpatient Care (Adults – TOTAL (East Louisiana Mental Health System)) – Total persons served intermediate care  
 Inpatient Care (Adults - TOTAL (East Louisiana Mental Health System)) - Average daily census intermediate care  
 Inpatient Care (Adults - TOTAL (East Louisiana Mental Health System))- Average length of stay in days intermediate care  
 Inpatient Care (Adults - TOTAL (East Louisiana Mental Health System)) - Average daily occupancy rate intermediate care  
 Inpatient Care (Adults-Central Louisiana State Hospital) - Total adults served intermediate care  
 Inpatient Care (Adults-Central Louisiana State Hospital) - Average daily census intermediate care  
 Inpatient Care (Adults-Central Louisiana State Hospital) - Average length of stay in days intermediate care  
 Inpatient Care (Adults-Central Louisiana State Hospital) - Average daily occupancy rate intermediate care

**Number of Adult Persons Served Across the Mental Health System of Care for OBH Inpatient Psychiatric Facilities and Outpatient Regional Clinics.**



This chart represents the number of adult persons served in OBH inpatient psychiatric facilities and outpatient clinics in OBH regions. Fiscal Year 07-08 includes MHSD, CAHSD, and FPHSA which are excluded in the following years. Fiscal Year 09-10 includes Region 3 which is excluded from the following fiscal years due to status change from an OBH region to a local governing entity.

## 09-340

# Office for Citizens with Developmental Disabilities

### **Vision**

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

### **Mission**

The mission of the Office for Citizens with Developmental Disabilities is to provide programmatic leadership in the design and development of all developmental disability services to afford people with developmental disabilities and their families a seamless services system which is responsive to their needs and desires.

### **Philosophy**

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

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

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

- Developmental disabilities are a natural part of the human experience that does not diminish the rights of people to have control and choice over their own lives and fully participate in their communities or locations of choice.
- The OCDD values all people and protects their rights and privileges as citizens of Louisiana and the United States of America.
- People have the power to make decisions about services and supports, how they are delivered and by whom. The necessary services, supports and information are received promptly.
- Services and supports are designed to allow people to remain in their most integrated communities or locations of choice, support people to achieve valued outcomes, develop meaningful relationships and attain quality of life as defined by the person.
- Services are flexible, and personal outcomes and goals are considered in the development of individualized supports for each person.
- Family supports enable people to live in stable environments with lasting relationships while existing natural supports and community resources are promoted and utilized.
- The needs of the entire family and the natural support system are considered in the development of services and supports.
- The OCDD system values and respects services agencies and workers who provide supports.
- The OCDD system is easy to navigate, user friendly and culturally sensitive. People are able to access services, supports and information through a single point of entry that is person-centered. The services system is a seamless, flexible and responsive system of various services and supports through various stages of life.
- There is a partnership to assist with practices, communication, procedures, information and support so people who rely on services and supports feel confident that effective safeguards are in place and problems will be addressed quickly and effectively.
- The OCDD promotes cost-effective delivery of services.
- The OCDD is always seeking continuous improvement by which there is meaningful and consistent involvement by people supported and their families in policy development, agenda and priority setting.

## Executive Summary

The following are the national and state trends in supports and services for people with developmental disabilities:

- There is increasing demand for home and community-based services (HCBS) based on both demographics (aging of society in general and increased longevity of people with developmental disabilities) and legal forces (waiting list and Olmstead lawsuits).
- Nationally, the predominant residential service setting for people with developmental disabilities has changed from large to small options. In Louisiana, the change from large to small residential settings has happened more slowly than in the rest of the nation.
- In 2010, Louisiana ranked first in the nation in the utilization rate of all Intermediate Care Facilities for Persons with Developmental Disabilities (ICFs/DD).
- While the number of people with developmental disabilities in residential settings (ICFs/DD) in Louisiana has remained somewhat steady (7,119 in 2000 and 7,232 in 2010), there has been a shift in the numbers related to size of facility. In 2000, a total of 3,595

people resided in 1-6 bed homes and 2,745 in 16+ bed homes; in 2010, a total of 5,255 people resided in 1-6 bed homes and 1,631 in 16+ bed homes.

- The national average expenditure for ICF/DD services per recipient in FY 2010 (total ICF/DD expenditures in the year divided by the number of average daily recipients in 2010) was \$144,695 per year; in Louisiana, the average expenditure for ICF/DD services per recipient for the same period was \$96,142.
- Nationally in FY 2010, HCBS expenditures per average daily recipient were \$45,550; expenditures ranged from a high of \$106,589 in Delaware to a low of \$18,448 in Mississippi. Louisiana's average was \$50,250.
- Nationally, 23% of working age adults with a cognitive disability were employed in 2011 compared to 75.6% for working age adults without a disability as reported by the American Community Survey.
- There are serious nationwide and statewide problems in the recruitment and retention of direct support staff to meet increasing needs.
- Affordable and accessible housing and transportation are significant issues for Louisiana.
- The capacity to address medical and behavioral complexities in community settings is a concern on both a national and state level.
- There is increasing national emphasis on individualized resource allocation and budgeting.
- Nationally, there is an emphasis to evaluate programs and services according to the achievement of personal outcomes for people rather than the traditional focus on output and process activities.

As part of a 2004 statewide initiative to reform health care, the Office for Citizens with Developmental Disabilities (OCDD) began putting mechanisms in place to redesign our long-term care system to align with national evidence-based practices. The redesigned system was envisioned as one that offered choice, managed costs and raised the bar on quality. The Department of Health and Hospitals and the OCDD have provided many opportunities for people with developmental disabilities and their families to provide input regarding their preferences for supports and services, as well as information and educational opportunities. In order to meet the expressed desires and concerns of people with developmental disabilities and their families, the OCDD has taken following steps to improve the Developmental Disabilities Services System:

- Passage of a revised Developmental Disability Law
- Consolidation of OCDD administration functions
- Establishment of OCDD as single point of entry for developmental disability services
- Management of the state's early intervention program for children ages 0-3 with developmental delays (EarlySteps)
- Adoption of the Supports Intensity Scale/Louisiana Plus (SIS/LA Plus) as the state's needs-based assessment for people with developmental disabilities
- Adoption of a single person-centered planning method
- Movement of home and community-based licensure to the Department of Health and Hospitals (DHH)
- Downsizing of public and private large Intermediate Care Facilities for Persons with Developmental Disabilities (ICFs/DD)
- Revision of support coordination roles
- Development of two additional waiver programs (Supports Waiver and Residential Options Waiver)
- Increase in direct support wages

- Design of a full-scale quality management system including the enhancement of quality management initiative in the EarlySteps Program
- Implementation of the *Quality Partnership: Reporting and Verification of Performance Measures and Quality Management Initiatives for Developmental Disabilities Services*
- Increased stakeholder involvement
- Implementation of resource allocation for New Opportunities Waiver (NOW)
- Expansion of community capacity to support individuals with medical and behavioral needs
- Implementation of “Guidelines for Support Planning” for New Opportunities Waiver (NOW)
- Development of an Early Intensive Autism Treatment Pilot Project
- Participation in the State Employment Leadership Network (SELN), a joint initiative of the National Association of State Directors of Developmental Disabilities Services
- Since FY 04/05, addition of 7,265 waiver opportunities, (4,192 New Opportunities Waiver; 675 Children’s Choice; 2,188 Supports Waiver; and 210 Residential Options Waiver)
- Reduction in the number of large state-operated residential facilities from nine to one through closure or privatization utilizing Cooperative Endeavor Agreements
- Transition of state-operated Community Residential Services [42 Extended Family Living participants, 63 New Opportunities Waiver (NOW) participants, and 39 community homes] to private providers
- Since FY 04/05, reduction of waiting time for New Opportunity Waiver services from 12 years to 8.7 years

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

Our strategic planning for the next five years must utilize this foundation that has positioned OCDD to build the system that is envisioned by our philosophy and guiding principles. We must build on our system access to assure a fair, equitable and timely delivery of services based on need as well as the development and funding of community living and work opportunities. We must build on a planning process that identifies and balances needs and preferences and provides a mechanism for provision of the identified supports through individualized, cost-effective allocation of resources. We must build on our capacity-building initiatives to assure that we not only have the ability to access the capacity of our community resources (i.e., housing and transportation) and our provider capabilities (i.e., direct support, medical, behavioral, vocational, and support coordination) but that we also have the ability to design and implement strategies for increasing those capacities. Lastly, we must continue implementation of a quality management system in a manner that measures quality based on outcomes and provides an ongoing cycle of improvement that responds quickly to the changing needs of people and our society. By building on the established mechanisms, OCDD has a unique opportunity to utilize its expertise to make significant, meaningful differences in Louisiana’s developmental disability support and services system.



## Strategic Links

***Human Resource Policies Beneficial to Women and Families:*** This agency supports Act 1078 by providing access to and provision of health care services to women, infants, and children. More specifically:

- OCDD's Affirmative Action Plan provides for equal opportunities for the recruitment, employment, training and promotion of all employees based solely on merit factors and prohibits the use of gender and other non-merit factors.
- OCDD follows the DHH Family and Medical Leave Policy to provide up to 12 workweeks of “job-protected” paid or unpaid leave during any 12-month period to eligible employees for certain specified family and medical reasons.
- OCDD follows the DHH Leave for Classified Employees Policy to credit and grant leave in accordance with Civil Service Rules and provisions of the DHH leave policy. Leave is administered as uniformly and equitable as possible without regard to race, sex, age, religion, national origin, disability, veteran status, and any other non-merit factors.
- OCDD's Time and Attendance Policy permits the use of flexible time schedules for employees as approved by the supervisor and management.

***Children's Cabinet:*** Child/adolescent services identified are linked via the Children's Budget to the Children's Cabinet. Presentation by the Department of Health and Hospitals to the Joint Legislative Committee on the Budget, “Update on State Health Policy and Budget Priorities,” concerning the trend to home and community-based and individualized services for people with developmental disabilities, specifically:

- increased funding for state supports for people with developmental disabilities living with their families;
- expansion of community living options for developmental center residents; and
- increased flexibility and self-direction in state supports for people with developmental disabilities living with their families.

To accomplish policy priorities, target dollars will be used to:

- build capacity to address complex medical and behavioral problems in community services; and
- update and expand Medicaid waivers and other supports for people with developmental disabilities living in the community.

***Louisiana Health Care Reform Act:*** In 2004, Governor Blanco convened the first ever Statewide Health Care Summit. The purpose of the Summit was to provide a forum for communities to collectively voice their greatest concerns and health care needs. Responding to the results of the Summit, Governor Blanco directed the development of a statewide focused Governor's Health Care Reform Panel, charged with developing a plan for the reform of health care in Louisiana. Nine statewide regional consortia were created during the 2004 legislative session authorized by Senate Concurrent Resolution 95. The proceedings of the nine regional summits and a statewide summit led to the adoption and development of activities/strategies, which continue to be monitored by the Department of Health and Hospitals, in the following six broad focus areas:

- Providing Care to the Uninsured
- Creating Access to Appropriate Health Care Resources

- Improving and Restructuring the Long-Term Care in Louisiana
- Improving Health Education and Awareness
- Improving Administrative Delivery of Health Care
- Focusing on Performance Outcomes Using Evidence-Based Principles

## **Office Goals:**

### **Goal I**

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

### **Goal II**

To provide a person-centered planning process consistent with a needs-based assessment that focuses on the person's goals and desires and addresses quality of life.

### **Goal III**

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

### **Goal IV**

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.

### **Goal V**

To implement an integrated, full-scale data-driven quality enhancement system.

### **Goal VI**

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.

## **Program A: Administration (1000)**

### **Program A Mission**

The mission of Administration is to provide effective and responsive leadership in the administration and enhancement of the Developmental Disabilities Services System in order for people with developmental disabilities to receive information, opportunities for choice, and quality supports and services.

### **Program A Goal**

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

### **Objective I:**

To provide programmatic leadership and direction to Louisiana's Developmental Disabilities Services System in a manner that is responsive to citizens' needs and results in effective/efficient service delivery during FY 2015 through 2019.

**Strategies:**

- 1.1 Develop guidelines for community provider staff (including direct support workers), support coordinators, and family members to assess eligibility/need and provide supports to individuals with developmental disabilities using person-centered and evidence-based practices, existing natural supports, community-based resources, and an appropriate array of services and paid supports to best meet individual needs.
- 1.2 Build partnerships with community organizations to expand the capacity for supporting individuals with complex medical and behavioral needs in community living situations.
- 1.3 Develop guidelines for assessment and intervention services for individuals with autism with a focus on building community partnerships and early intervention services.
- 1.4 Provide effective management of community service and waiver programs through OCDD Central Office oversight of regional delivery of developmental disability services in order to optimize the use of community-based services while decreasing reliance on institutional services.
- 1.5 Audit and manage compliance with federal and state regulations and OCDD policies and procedures governing statewide community services and waiver programs for effectiveness.
- 1.6 Develop and implement a variety of innovative rebalancing/restructuring activities which focus existing funding toward achievement of quality outcomes targeted to individual needs.
- 1.7 Provide advocacy, one-on-one assistance, and collaboration with other agencies to overcome barriers for persons with developmental disabilities to obtain accessible, affordable and safe housing.

**Performance Indicators:**

- Total number of HCBS and ICF/DD recipients
- Total HCBS and ICF/DD expenditures
- Percentage of recipients of HCBS
- Percentage of recipients of ICF/DD services
- Percentage of expenditures for HCBS
- Percentage of expenditures for ICF/DD services
- Percentage of budgeted community funding expended
- Number of re-admissions to an institutional setting (public or private ICF/DD, nursing facility, acute care hospital, psychiatric hospital) for more than 30 days within one year of transition as My Place Louisiana participant
- Percentage of individuals transitioned as a My Place Louisiana participant who do not return to an institutional setting (public or private ICF/DD, nursing facility, acute care hospital, psychiatric hospital) for more than 30 days within one year of transition

- Percentage of progress toward My Place Louisiana transitions annual benchmark of number of persons transitioned

## **Objective II:**

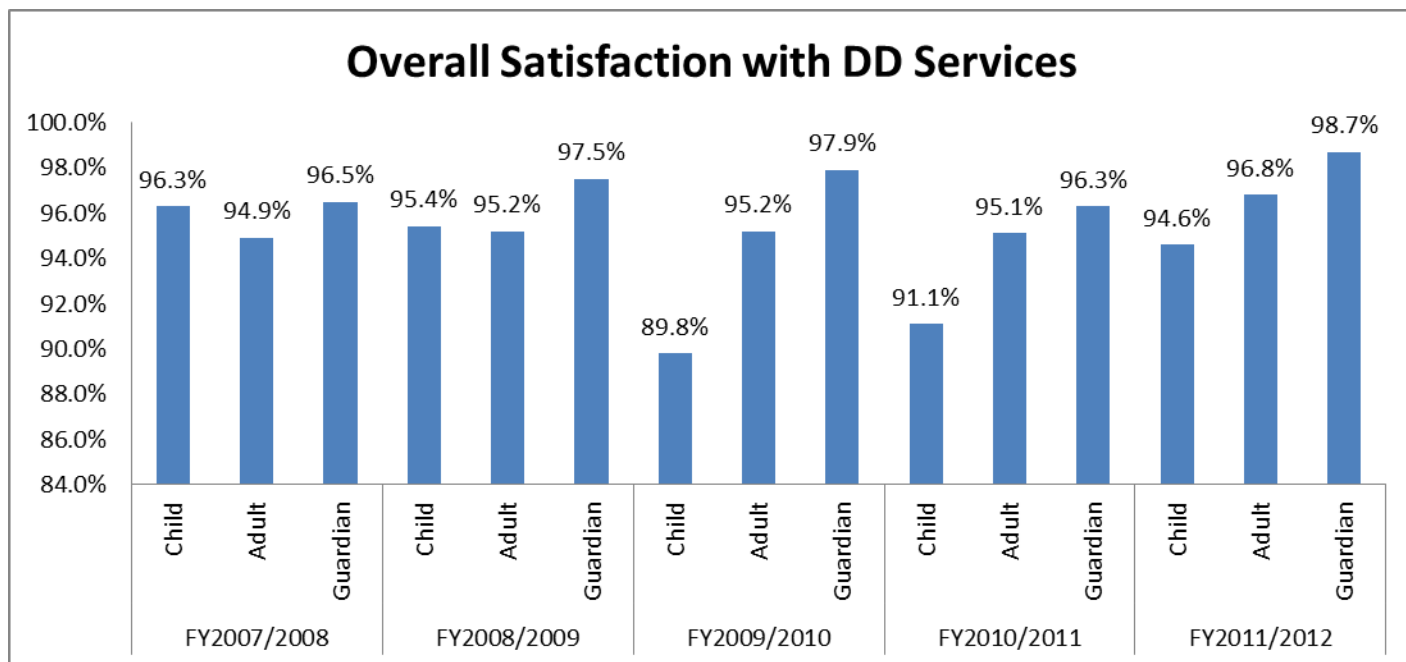
To provide administrative and support functions to Louisiana's Developmental Disabilities Services System in a manner that is responsive to citizens' needs and results in effective/efficient service delivery during FY 2015 through FY 2019.

### **Strategies:**

- 2.1 Produce an accurate and timely monthly expenditure report beginning September of each fiscal year through June reflecting the current budgetary position and proposing any necessary actions to the Assistant Secretary for remaining within the appropriations for the fiscal year.
- 2.2 Conduct an annual satisfaction survey as a participating state in the National Core Indicators (NCI) Project reviewing data obtained and developing quality improvement strategies for prioritized areas of concern by comparison of Louisiana results with national average of participating states.
- 2.3 Continue implementation of the Quality Partnership for reporting and verifying Human Services Accountability and Implementation Plan (AIP) performance indicators and data.
- 2.4 Produce monthly contract reports to include the current status and expenditures for each OCDD contract for the current fiscal year.
- 2.5 Develop an information system from a variety of sources including but not limited to computerized systems for knowledge, information, communications, planning, and policy to support office goals and strategies and modify existing or develop new databases in order to monitor program utilization, effectiveness, and collect performance indicator data.

### **Performance Indicators:**

- Percentage of months in the designated period that monthly expenditure reports were delivered accurately and timely
- Percentage of people surveyed reporting they had overall satisfaction with services received
- Percentage of people surveyed reporting that they had choice in the services they received
- Percentage of human services authorities/district receiving an annual validation visit (from review of reports of validation visits)
- Percentage of months in the fiscal year that a monthly contract report was produced reflecting status of Office contracts



## Program B: Community Support (2000)

### Program B Mission

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

### Program B Goals

#### Goal I

To develop and manage in a fiscally responsible way the delivery of an array of community-based supports and services so that people with developmental disabilities achieve their person-centered or family-driven outcomes in the pursuit of quality of life, well-being, and meaningful relationships.

#### Goal II

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

## **Objective I:**

To provide effective and efficient management, delivery, and expansion of waiver and state-funded community programs and to optimize the use of natural and typical community resources in order to promote and maximize home and community life and prevent and reduce institutional care during FY 2015 through FY 2019.

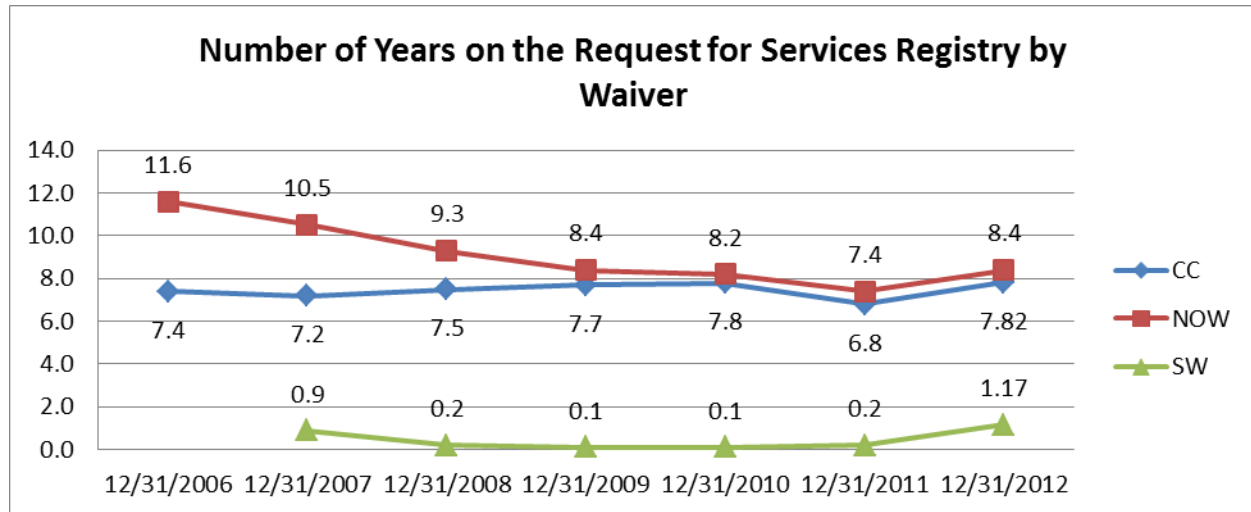
### **Strategies:**

- 1.1 Provide processes, training and support to providers, individuals with disabilities, and their families to access and utilize natural supports and community resources that best meet their needs, and when indicated, the most appropriate HCBS waivers that meet their needs.
- 1.2 Oversee the planning process for all New Opportunities Waiver plans to assure consistency with the Guidelines for Support Planning.
- 1.3 Identify state agencies and community organization resources in order to better support people with developmental disabilities to live full community lives and support partnerships with and referrals to these agencies and organizations.
- 1.4 Develop and implement strategies to promote the principles and values of aging in place throughout the developmental disabilities services system.
- 1.5 Develop policies and procedures for waiver participants to have pathways to community employment.

### **Performance Indicators:**

- Percentage of available Residential Options Waiver (ROW) opportunities utilized
- Percentage of available Supports Waiver (SW) opportunities utilized
- Percentage of available Children's Choice (CC) waiver opportunities utilized
- Percentage of available New Opportunities Waiver (NOW) opportunities utilized
- Percentage of waiver participants who have been discharged from their waiver due to admission to a more restrictive setting
- Number of individuals participating in HCBS Waivers who utilize self-direction
- Number of persons in individual integrated employment
- Number of allocated New Opportunities Waiver (NOW) slots
- Number of allocated Children's Choice slots
- Number of allocated Supports Waiver slots
- Number of allocated Residential Options Waiver (ROW) slots
- Number of years and months on Request for Services Registry until offered a New Opportunities Waiver (NOW) opportunity
- Number of years and months on Request for Services Registry until offered a Children's Choice (CC) opportunity
- Number of years and months on Request for Services Registry until offered a Supports Waiver (SW) opportunity

- Percentage of decrease in average cost per person for New Opportunities Waiver (NOW) services post implementation of resource allocation model
- Number of individuals with developmental disabilities supported through HCBS waivers



## Objective II:

To provide supports to infants and toddlers with disabilities and their families in order to increase participation in family and community activities, to minimize the potential for developmental delay, to reduce educational costs by minimizing the need for special education/related services after reaching school age, and to progress to the level of current national standards during FY 2015 through FY 2019.

### Strategies:

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

### Performance Indicators:

- Percentage of EarlySteps providers that meet all training requirements

- Percentage of infants and toddlers in the state that are identified as eligible
- Percentage of Individual Family Services Plan developed within 45 days of referral
- Percentage of Individual Family Services Plans implemented within 30 days of parental consent on the Individual Family Services Plan
- Percentage of families referred for entry to developmental disability services

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

### **Program F Mission**

The mission of Pinecrest Supports and Services Center is to support people with developmental disabilities with a focus on attaining quality of life and personal goals while specializing in the treatment and support of people with complex medical, behavioral, and psychiatric support needs.

### **Program F Goals**

#### **Goal I:**

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

#### **Goal II:**

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

#### **Objective I:**

To further decrease reliance on public residential supports and services during FY 2015 through FY 2019.

#### **Strategies:**

- 1.1 Conduct person-centered planning, including a needs-based assessment, for all individuals residing in the center to determine if community living is indicated by needs and wishes.
- 1.2 Transition individuals to private-provider options where applicable and appropriate.
- 1.3 Inform individuals and their families of community options, services and supports that are available to them.

#### **Performance Indicators:**

- Number of people transitioned to private provider community options according to assessment/support team recommendations



- Number of re-admissions to center within one year of transition
- Percentage of Conditions of Participation in compliance during Health Standards Reviews

## **Objective II:**

To increase successful re-entry into traditional community settings for individuals with developmental disabilities who require specialized therapeutic, psychiatric and behavioral supports/stabilization during FY 2015 through FY 2019.

### **Strategies**

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

### **Performance Indicators:**

- Percentage of individuals discharged who do not return to therapeutic program within one year
- Average length of stay in the therapeutic program

## **Program F: Resource Centers (6000)**

### **Mission:**

The mission of the Resource Centers is to collaborate with private providers to assist with identification of support needs, as well as develop activities / interventions / products that improve their ability to achieve positive outcomes for persons with developmental disabilities.

### **Goals:**

#### **Goal I**

To provide a person-centered planning process consistent with a needs-based assessment that focuses on the person's goals and desires and addresses quality of life.

#### **Goal II**

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

#### **Goal III**

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.

### **Resource Centers (Central LA, North Lake, Northwest, and Greater New Orleans)**

## **Objective I:**

To increase capacity-building activities for private community providers, creating private sector community infrastructure to meet the complex needs and support diversion of individuals from public residential services during FY 2015 through FY 2019.

### **Strategies:**

- 1.1 Continue the transformation of the resource center to meet the growing needs of the community.
- 1.2 Provide professional support/consultation to individuals with complex medical/behavioral needs residing in the community.
- 1.3 Provide capacity-building activities for private community providers to enhance their ability to support individuals with complex medical/behavioral needs.
- 1.4 Coordinate *Partners in Quality* (PIQ) process (technical assistance and mentoring) for all individuals transitioning from supports and services centers.
- 1.5 Partner with community stakeholders to improve crisis response and oversight of individuals with life-threatening conditions and who pose a risk to public safety.
- 1.6 Provide monitoring and oversight of ICF/DD facilities operated through a Cooperative Endeavor Agreement (CEA) with DHH to ensure compliance with CEA requirements and continued provision of quality services.

### **Performance Indicator:**

- Percentage of individuals served by the resource center's medical/nursing, allied health, and behavioral health professionals who remain in their most integrated setting
- Percentage of individuals reporting satisfaction across the *Partners in Quality* (PIQ) assessed living situations
- Percentage of individuals reporting satisfaction across the *Partners in Quality* (PIQ) assessed work/day areas
- Number of providers receiving Resource Center services
- Number of resource center training events
- Number of resource center technical assistance sessions
- Number of resource center consultations
- Percentage of customers that report satisfaction with resource center services

## **Program G: Auxiliary Administration (A1000)**

### **Program G Mission**

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

### **Program G Goal**

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

### **Objective I:**

To provide residents of the supports and services center with opportunities for paid work and/or therapeutic activities, as recommended by their support teams during FY 2015 through FY 2019.

#### **Strategies:**

- 1.1 Develop/secure paid work opportunities.

#### **Performance Indicator:**

- Percentage of individuals of the supports and services center who have paid work and/or therapeutic activities as recommended by support teams

## **Strategic Plan Record Maintenance and Process Monitoring/Evaluation**

All documents used in the development of this plan as well as the data used for the completion of quarterly performance progress reports through the Louisiana Performance Accountability System (LaPAS) will be maintained according to the records retention laws applicable to DHH and its offices. OCDD will implement policies and procedures to ensure that performance is measured, outcomes are reported, and when indicated, quality improvement strategies implemented.

## **21-861 Ancillary Account**

### **Safe Drinking Water Revolving Loan Fund**

#### **Ancillary Account: Safe Drinking Water Revolving Loan Fund**

The OPH Safe Drinking Water Revolving Loan Fund (SDWRLF) is an ancillary fund that was created to assist public water systems in financing needed drinking water infrastructure improvements (e.g., treatment plant, distribution main replacement, storage facilities, and new wells). The recipients of the services provided by the SDWRLF Program are the consumers of water from those publicly and privately owned community water systems and nonprofit, non-community publicly owned water systems in the state of Louisiana. The SDWRLF consists of federal and state match funds (proceeds of bond sales) that are used to make direct loans to community water systems on the state project list to finance improvements. Goals, objectives, strategies, and performance information are included for each operating area.

#### **Program Mission**

The mission of the SDWRLF is to provide for the correction of conditions that may cause poor water quality and/or quantity delivery to Louisiana citizens.

#### **Program Goal**

The goal of the SDWRLF is to provide assistance in the form of low-interest loans and technical assistance, to public water systems in Louisiana to assist them in complying with state and federal drinking water regulations ensuring that their customers are provided with safe drinking water thereby protecting the public health.

#### **Program Objectives**

##### **Objective I:**

The Office of Public Health, through its Safe Drinking Water Revolving Loan Fund activity, will review 100% of the loan applications and associated documents within 60 days of receipt each year through June 30, 2016.

##### **Strategies:**

- 1.1 Provide assistance in the form of low-interest loans to community water systems in Louisiana to assist them with complying with state and federal drinking water regulations.
- 1.2 Administer the loan program effectively and efficiently to provide the maximum amount of Capitalization Grant Dollars for low-interest loans to Louisiana public water systems.

- 1.3 Optimize the Environmental Protection Agency State Revolving Fund Capitalization Grant dollars available for assistance to drinking water initiatives; and evaluate the State's needs; allocate loan funds and other assistance for public health protection; and use funds efficiently to maintain the fund's corpus for future public water systems loans.

**Performance Indicator:**

- Percentage of loan applications and associated documents processed within 60 days of receipt.