



# State of Louisiana

Louisiana Department of Health  
Division of Planning and Budget

TO: Jay Dardenne  
Commissioner of Administration

FROM: Monique Cross  
Director of Planning and Budget

DATE: July 1, 2016

RE: FY 2017-2022 Five-Year Strategic Plan

This memo serves to provide a notice of the availability and web address of the Louisiana Department of Health's 5-Year Strategic Plan. The Department's plan can be viewed on the LDH's website under the Office of Management and Finance, Division of Planning and Budget. The official domain is <http://dhh.louisiana.gov/index.cfm/page/25>.

Despite the obstacles our agency and the State of Louisiana have encountered the past few years, we have made significant progress as we have worked to decrease rates of uninsured citizens in our state, enrolled more individuals from low-income families into health coverage programs, and increased immunization rates. Advances we have made in developing information systems infrastructure to track outcomes are important steps in setting performance expectations and improving outcomes.

We believe this plan will articulate our efforts of targeting resources to deliver health care services that are efficient and effective, comprehensive, accessible, community-based and individualized. Furthermore, we believe this plan will provide a basis to evaluate and improve our overall performance and enable us to manage our future, rather than be managed by it.

If you need assistance navigating our website or have questions about agency strategic plans, you may contact Liz Davis at 225-342-5608 or [Liz.Davis@la.gov](mailto:Liz.Davis@la.gov).

c: House Fiscal Division  
Senate Fiscal Services  
House Health and Welfare Committee  
Senate Health and Welfare Committee  
Legislative Fiscal Office  
Performance Audit Division of the Office of the Legislative Auditor

# **The Louisiana Department of Health Strategic Plan**

**FY 2017-2018 through FY 2021-2022**

- Vision**            The vision of the Louisiana Department of Health 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 Louisiana Department of Health 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 Louisiana Department of Health 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**              In order to fulfill its mission, the Louisiana Department of Health intends to:
- I.    Provide quality services
  - II.   Protect and promote health practices
  - III. Develop and stimulate services by others
  - IV. Utilize available resources in the most effective manner

# 5-Year Strategic Plan

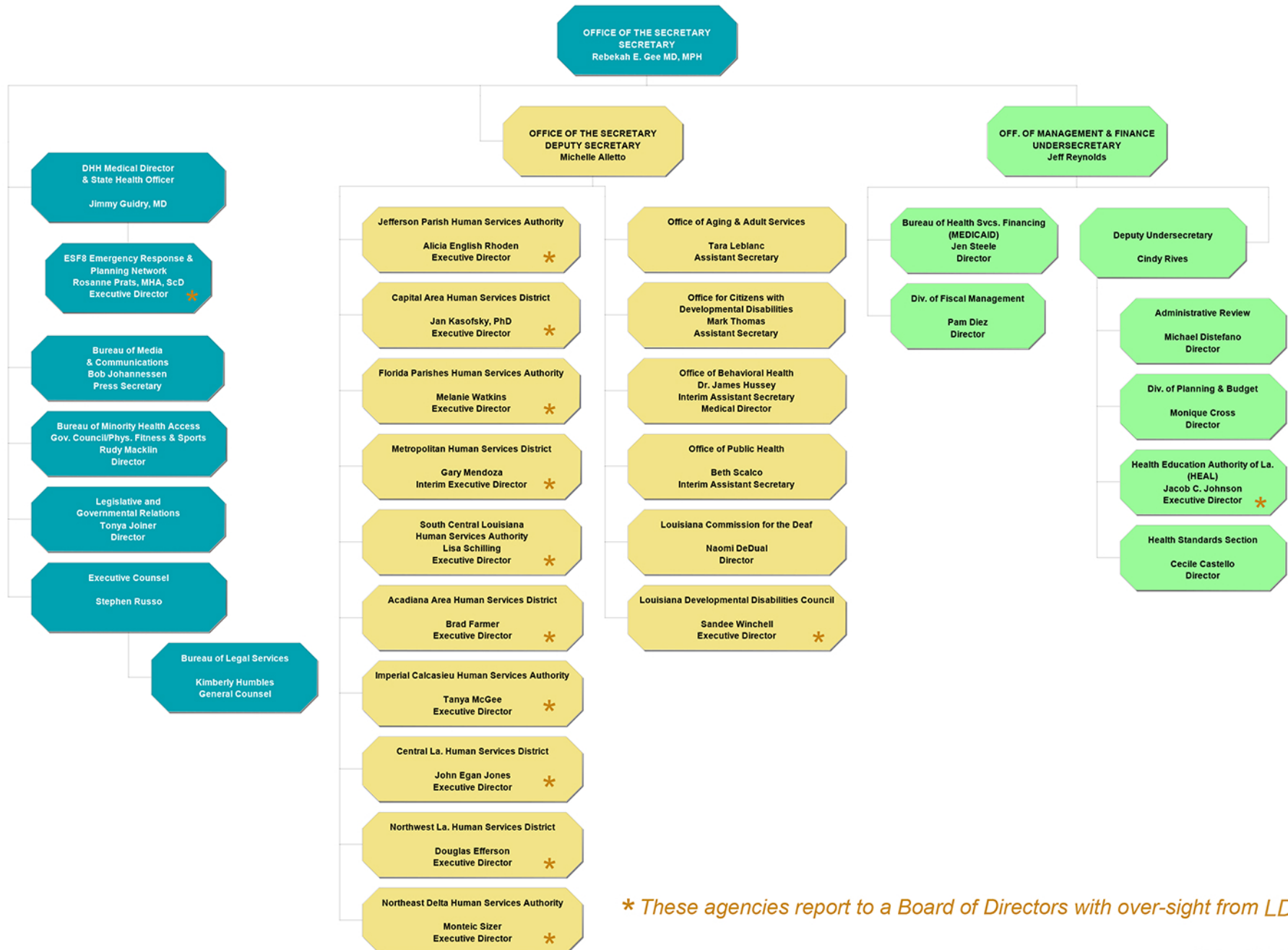
FY 2017-2018 through FY 2021-2022

## Agency Listing

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09-301	Florida Parishes Human Services Authority
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09-303	Developmental Disabilities Council
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09-376	Central Louisiana Human Services District
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# ORGANIZATIONAL CHART



## Jefferson Parish Human Services Authority



### Vision Statement

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

### Mission

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

### Philosophy

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

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

JPHSA operates within the context of continuous performance and quality improvement, and as such, utilizes data-based decision-making, seeks feedback from employees and other stakeholders, empowers employees to problem solve, and removes barriers impeding performance and service delivery. The Executive Director and Executive Management Team set forth and clearly communicate performance and quality improvement expectations, goals, standards, and targets that are monitored on an ongoing basis.

## 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.

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. JPHSA is fully accredited by the Council on Accreditation.

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

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

## 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 disease(s) or symptoms and for those in recovery to make informed, healthy choices that support physical and emotional wellbeing.
- 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.

Objective AHS HP 2020-5: Increase the proportion of persons (Adults, Children, and Youth) who have a specific source of ongoing care.

Objective AHS HP 2020-6: Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines.

Objective AHS HP 2020-7: Increase the proportion of persons who receive appropriate evidence-based clinical preventive services.

### *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)*

Approximately 1 in 5 adults in the U.S. – 43.8 million or 18.5% – experiences mental illness in a given year.

Approximately 1 in 25 adults in the U.S. – 10 million or 4.2% – experiences a serious mental illness in a given year that substantially interferes with or limits one or more major life activities.

An estimated 26% of homeless adults staying in shelters live with serious mental illness and an estimated 46% live with severe mental illness and/or substance use disorders.

Approximately 20% of state prisoners and 21% of local jail prisoners have “a recent history” of a mental health condition.

70% of youth in juvenile justice systems have at least one mental health condition and at least 20% live with a serious mental illness.

***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)***

The mission of the Center for Substance Abuse Prevention is to improve behavioral health through evidence-based prevention approaches.

The Center for Substance Abuse Prevention (CSAP) works with federal, state, public, and private organizations to develop comprehensive prevention systems by:

- Providing national leadership in the development of policies, programs, and services to prevent the onset of illegal drug use, prescription drug misuse and abuse, alcohol misuse and abuse, and underage alcohol and tobacco use; and,
- Promoting effective substance abuse prevention practices that enable states, communities, and other organizations to apply prevention knowledge effectively.

As a result of its efforts, CSAP's work creates:

- Supportive workplaces, schools, and communities;
- Drug-free and crime-free neighborhoods; and,
- Positive connections with friends and family.



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

The mission of the Center for Substance Abuse Treatment is to promote community-based substance abuse treatment and recovery services for individuals and families in every community.

CSAT provides national leadership to improve access, reduce barriers, and promote high quality, effective treatment and recovery services.

The Center for Substance Abuse Treatment (CSAT):

- Works to close the gap between available treatment capacity and demand;
- Supports the adaptation and adoption of evidence-based and best practices by community-based treatment programs and services;
- Improves and strengthens substance abuse treatment organizations and systems CSAT's work supports;
- States and community-based groups to improve and expand existing substance abuse treatment services under the Substance Abuse Prevention and Treatment Block Grant Program; and,
- Provides free treatment referral service to connect people with substance abuse services in their community.

### ***Substance Abuse and Mental Health Services Administration (SAMHSA)***

#### ***What is Integrated Care?***

***[www.integration.samhsa.gov/about-us/what-is-integrated-care](http://www.integration.samhsa.gov/about-us/what-is-integrated-care)***

"People with mental and substance abuse disorders may die decades earlier than the average person – mostly from untreated and preventable chronic illnesses like hypertension, diabetes, obesity, and cardiovascular disease that are aggravated by poor health habits such as inadequate physical activity, poor nutrition, smoking, and substance abuse. Barriers to primary care – coupled with challenges in navigating complex healthcare systems – have been a major obstacle to care. The solution lies in integrated care, the systematic coordination of general and behavioral healthcare. Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs."

### ***National Council for Behavioral Health***

#### ***Trauma Informed Care***

***[www.thenationalcouncil.org/topics/trauma-informed-care/](http://www.thenationalcouncil.org/topics/trauma-informed-care/), April 13, 2016***

"Trauma is a near universal experience of individuals with behavioral health problems. According to the U.S. Department of Health and Human Services Office on Women's Health, 55% – 99% of women in substance use treatment and 85% – 95% of women in the public mental health system report a history of trauma, with the abuse most commonly having occurred in childhood. The Adverse Childhood Experiences study conducted by the Centers for Disease Control and Prevention and Kaiser Permanente, is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and wellbeing. Almost two-thirds of the study participants reported at least one adverse childhood experience of physical or sexual abuse, neglect, or family dysfunction, and more than one of five reported three or more such experiences."

## ***National Council for Behavioral Health***

### ***Older Adults and Mental Health***

***[www.thenationalcouncil.org/topics/older-adults-behavioral-health/](http://www.thenationalcouncil.org/topics/older-adults-behavioral-health/), April 13, 2016***

According to the National Council on Aging (NCOA), approximately one in four older adult Americans has a mental health disorder. This population is expected to double to 15 million by 2030. Due to the influx of behavioral health issues in the older population, the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Administration on Aging put out a brief report detailing the state of mental health within this older population. Currently:

- Depression affects approximately 3% - 7% of older adults;
- Anxiety disorders affect 11% of the general older adult population; and,
- The rate of suicide among older adults is approximately 14.3 per 100,000 with older men having the highest suicide rates of any age group among the general population.

In addition to the increasing rate of behavioral health issues among the older adult population, substance abuse rates for this very population are also on the rise. According to SAMHSA and NCOA, one in five older adults may be affected by combined difficulties with alcohol and medication misuse.

The U.S. Department of Health and Human Services recently discussed the many physical health conditions that may accompany a behavioral health diagnosis in the older adult population. Many of these physical health conditions prove to be very acute and limit the mobility of those who suffer from them. Clinically significant depression in late life has been shown to run concurrently with physical health conditions such as ischemic heart disease, diabetes, stroke, cancer, chronic lung disease, arthritis, Alzheimer's disease, and Parkinson's disease.

### ***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.”

## ***Universal Design***

### ***What is Universal Design? Universal Design.com***

“Universal Design (UD) is an approach to design that increases the potential for developing a better quality of life for a wide range of individuals. It is a design process that enables and empowers a diverse population by improving human performance, health and wellness, and social participation (Steinfeld and Maisel, 2012). It creates products, systems, and environments to be as usable as possible by as many people as possible regardless of age, ability or situation. Other terms for Universal Design used around the world include Design for All, Inclusive Design, and Barrier-Free Design. UD terminology and meanings differ from one country to another and often reflect each nation's societal values. Cultural differences influence how the movement has been adopted in different countries. However, the common goal of social inclusion transcends national laws, policies, and practices.

Universal Design is not a fad or a trend but an enduring design approach grounded in the belief that the broad range of human ability is ordinary, not special. Universal Design addresses barriers faced by people with disabilities, older people, children, and other populations that are typically overlooked in the design process. UD reduces stigma and provides benefits for all users.”

### ***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.

### ***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.

### ***Community and Family Support***

<http://fhjefferson.org/wp-content/uploads/2015/02/louisiana-act-378-of-1989.pdf>

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, 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, JPHSA's services with focus on infants through adolescents and the family unit, including services geared specifically to benefit women in the parent role.

## **Program A: Jefferson Parish Human Services Authority**

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

### ***JeffCare (Integrated Primary Care & Behavioral Health Clinic-based Services)***

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

### ***Behavioral Health Community-based & Specialty Services***

JPHSA's Behavioral Health Community-based & 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.

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

JPHSA's 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 achieve 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.

## ***Performance & Quality Improvement Services/Business Management***

JPHSA's Performance & Quality Improvement/Business Management 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***

Ensure the availability of adequate resources to meet Mission and ultimately achieve Vision while adhering to Board Priorities for the provision of services and supports.

### ***Goal II***

Achieve universal design as the model to guide the provision of integrated care to the individuals served by JPHSA and its programs.

### ***Goal III***

Attract and retain a qualified workforce committed to Mission and Vision.

## **Objective I:**

Through the JeffCare activity, provide a continuum of integrated care services appropriate for all ages and abilities that generate sufficient resources to support the implementation and maintenance of evidence-based practices through FY2021-2022.

### **Strategies:**

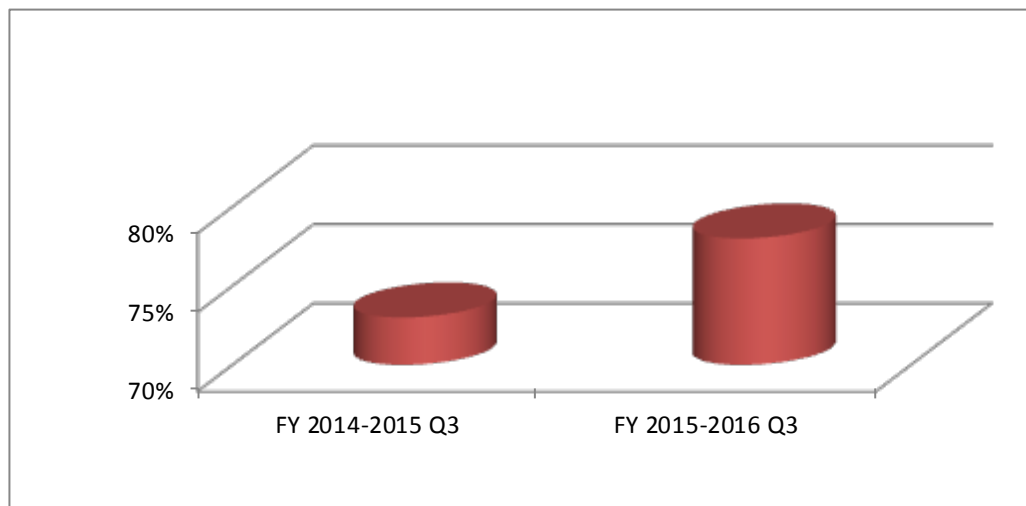
- 1.1 Grow volume to achieve full capacity for integrated care services.
- 1.2 Maximize opportunities for resource development through intensive insurance enrollment efforts.
- 1.3 Continue training and skills development required for fidelity to evidenced-based and best practices.

### **Performance Indicators:**

- Number of adults who receive primary care services (Key)
- Number of children and adolescents who receive primary care services (Key)
- Number of adults who receive behavioral health services (Key)
- Number of children and adolescents who receive behavioral health services (Key)
- Number of individuals assisted with submission of applications through the Health Insurance Marketplace or the Louisiana Medicaid portals. (Key)
- Number of individuals who have documented contact with a care coordinator. (Key)

- Percent of individuals who report improvement in or maintenance of depressive symptoms. (Supportive)
- Percent of adults who report improvement in or maintenance of recovery behaviors of goal setting, knowledge of symptom control, and responsibility for recovery. (Supportive)
- Percent of children and adolescents who report improvement in or maintenance of attention deficit symptoms. (Supportive)

**Performance Indicator Name: Percent of children and adolescents who report improvement in or maintenance of attention deficit symptoms (25529)**



This performance indicator measures treatment outcomes for children and adolescents reporting attention deficit symptoms and is used to gauge the effectiveness of treatment.

## Objective II:

Through the Behavioral Health Community-based & Specialty Services activity, provide a continuum of best and evidence-based practices to serve individuals of all ages, ensure care coordination among programs, and retain or acquire resources needed to maintain such programs by the end of FY2021-2022.

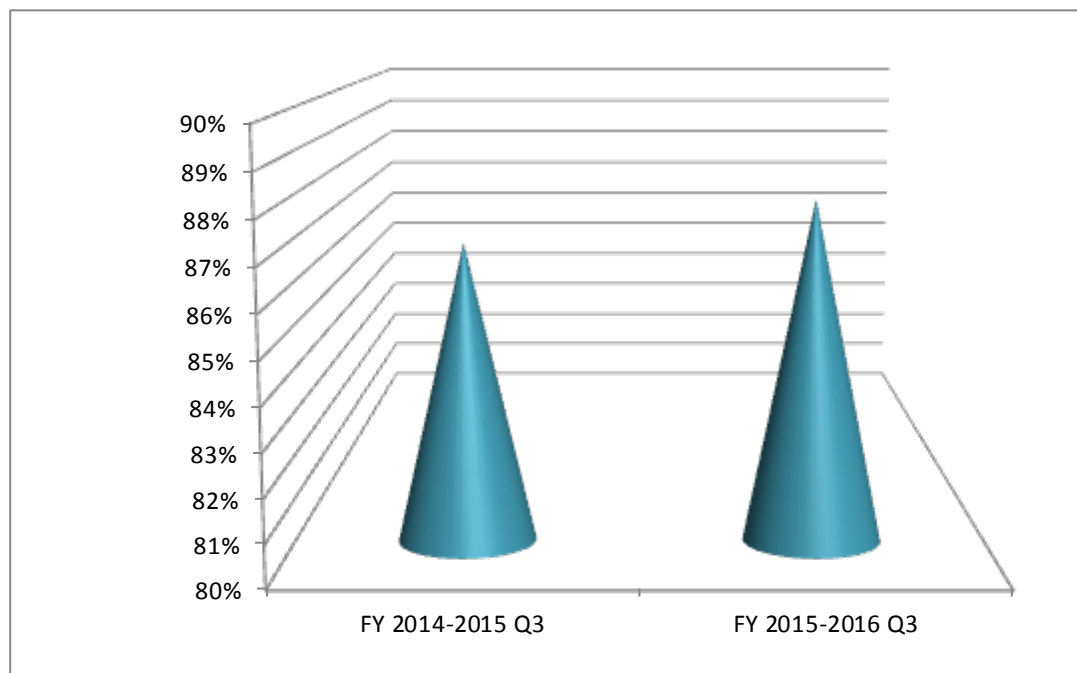
### Strategies:

- 2.1 Monitor community-based employed and contracted providers to ensure adherence to evidence-based and best practices.
- 2.2 Provide intensive technical assistance to maximize community-based provider effectiveness and facilitate linkages to available resources.
- 2.3 Ensure community-based providers implement Performance & Quality Improvement (PQI) plans.
- 2.4 Practice aggressive management of payor denials.

### Performance Indicators:

- Percent of adults receiving community-based services who remain in the community without a hospitalization. (Supportive)
- Percent of adults receiving community-based services who remain in stable housing. (Supportive)
- Percent of individuals completing Multi-Systemic Therapy (MST) living in the home. (Supportive)
- Percent of individuals completing Functional Family Therapy (FFT) living in the home. (Supportive)
- Percent of youth showing a decrease in positive attitude and an increase in perception of harm toward substance use/abuse. (General)
- Percent of payor denials for Functional Family Therapy (FFT), Multi-Systemic Therapy (MST), and Community Psychiatric Supportive Treatment (CPST) services. (Key).
- Percent of individuals completing Multi-Systemic Therapy (MST) free from arrests. (General)
- Percent of individuals completing Multi-Systemic Therapy (MST) in school or working. (General)
- Percent of youth who completed Functional Family Therapy (FFT) to show improvement in behavioral problems. (General)

**Performance Indicator Name: Percent of adults receiving community-based services who remain in the community without a hospitalization (25519)**



This performance indicator is used to monitor the effectiveness of community-based services, such as Supportive Housing and Assertive Community Treatment, in reducing psychiatric hospitalizations.

### Objective III:

Through the Developmental Disabilities Community Services activity, promote wellness, independence, and productivity through integrated care and use of best practices by the end of FY2021-2022.

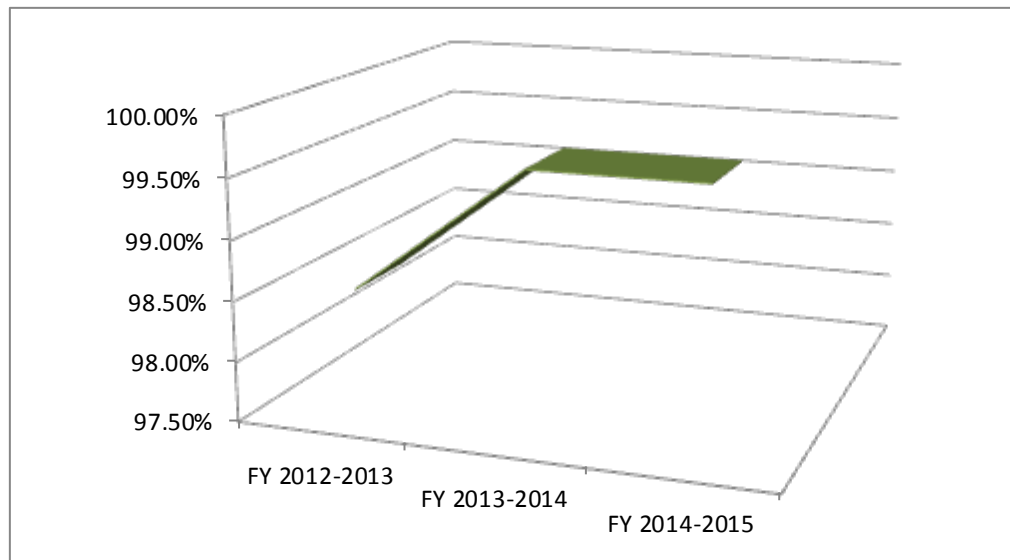
#### Strategies:

- 3.1 Implement best practices for person/family-centered planning, team functioning and leadership.
- 3.2 Implement a standardized and comprehensive tool to identify service and support needs.
- 3.3 Improve the development, implementation and quality of comprehensive plans of support via service monitoring and ongoing plan evaluation.
- 3.4 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 new system entry applications received and completed within 45 calendar days. (Key)
- Total unduplicated number of individuals receiving developmental disabilities community-based services. (KEY)
- Percent of Individual and Family Support recipients who remain living in the community vs. institution. (Supportive)
- Percent of available home and community-based waiver slots utilized. (Supportive)
- Percent of individuals participating in home and community-based waivers utilizing self-direction. (Supportive)

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



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



## Objective IV:

Through the Performance & Quality Improvement/Business Management Services activity, optimize resources through leadership, communication, workforce development and maximization of operational efficiency while maintaining the highest level of performance and accountability through FY2021-2022.

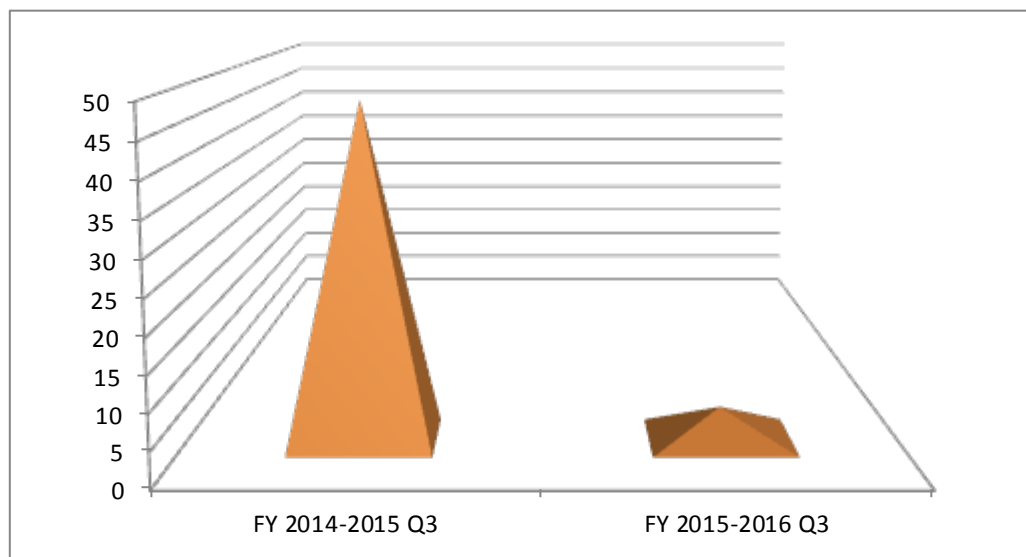
### Strategies:

- 4.1 Increase revenue by decreasing number of days to submit claims for billable services.
- 4.2 Adhere to JPHSA Staff Development & Supervision Guidelines to promote communication and retention of staff.
- 4.3 Meet or exceed Council on Accreditation standards.

### Performance Indicators:

- Average number of days from date of service to claim submission. (Supportive)
- Percent compliance with Performance Evaluation System (PES) evaluations completed within required timeframe. (General)
- Percent of JPHSA Annual Performance & Quality Improvement Initiatives achieved. (General)
- Percent compliance with recommended frequency of documented individual supervision per Staff Development & Supervision Guidelines (General)

**Performance Indicator Name: Average number of days from date of service to claim submission (25515)**



This performance indicator is used to monitor the efficiency and effectiveness of the revenue enhancement system with regard to the provision of resources needed to support of services.

**09-301**  
**Florida Parishes Human Services Authority**



**fphsa.org**

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

### **Vision**

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

### **Mission**

*Florida Parishes Human Services Authority (FPHSA) is lighting the path forward into Recovery by providing person-centered services to those with behavioral health needs and developmental disabilities so that they may reach their fullest potential in health and wellness.*

### **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 behavioral health disorders and developmental disabilities 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 Louisiana Department of Health (LDH). 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 two major activities: Behavioral Health Services (BHS) and Developmental Disabilities Services (DDS); also included is the Executive Administration activity.*

## Authority Goals

### Goal I

*To assure comprehensive services and supports which improve the quality of life and community participation for persons with behavioral health disorders (substance use and serious/persistent mental illness) and developmental disabilities, 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 localized community problems.*

## Program A: Florida Parishes Human Services Authority

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

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

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

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

#### Primary Prevention

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 these substances, concentrating on areas where research and experience suggest that success in reducing abuse and addiction is most likely. Evidenced-based programs are currently administered to students in schools in all of the five parishes. Also included is the prevention gambling initiative, “Kid’s Don’t Gamble...Wanna Bet?”

### Substance Use Disorders and Gambling Treatment

FPHSA promotes and supports healthy lifestyles for individuals, families, and communities by providing treatment for substance use disorders and compulsive problem gambling. Levels of care include:

- Outpatient clinics provide intensive and non-intensive outpatient treatment. Intensive outpatient treatment consists of a minimum of nine hours per week at a minimum of three days per week for adults 18 years and older. Non-intensive treatment includes aftercare, counseling and supportive services. The primary mode of treatment for substance use and compulsive problem gambling is group counseling.
- Residential Treatment (Alcohol Drug Unit/Fontainebleau Treatment Center) is a twenty-four hours a day, seven days a week residential treatment modality providing non-acute care; it includes a planned and professionally implemented treatment regime for persons experiencing alcohol and/or other substance use problems.

### Mental Health Services

FPHSA provides services to adults with severe and persistent mental illness, as well as services for children and adolescents. Clinic-based services, as well as outreach and home and community-based services, are provided in the five parish service area in order to enhance accessibility. Services provided are individualized, educational, and supportive to assist individuals in their recovery.

- Clinic-based services include crisis assessments, behavioral health assessments, psychiatric evaluations, psychological evaluations, individual, family and group therapy, medication management and provision of psychiatric medications to individuals who are indigent, as deemed appropriate. In addition, supportive services are provided through contract providers in the community as an extension of clinic services. Some of these services offered include a crisis phone line for after-hours access, consumer care resources, transportation vouchers, flexible family funds and peer support services.
- FPHSA clinics refer persons served to its Home and Community-based services when it is deemed appropriate and that the person may benefit from case management services. These individuals often have difficulty with daily functioning and may benefit from supports being provided in their home or community. Supportive services are also provided to individuals who are in the Permanent Supportive Housing initiative. These services are accepted on a voluntary basis and the program is based on the Housing First philosophy.

All of these services are coordinated and every effort is made to avoid duplication of services, both within the agency and with other community service providers and stakeholders. This philosophy and promotion of coordination and collaboration of service delivery helps to maximize use of limited resources, both staff resources and funding for contracted services.

- **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, Individual and 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 and/or intellectual impairment, must occur prior to the age of 22, not solely attributed to mental illness, and results in substantial functional limitations in three or more areas of major life activities. The Entry Services unit determines whether the individual meets criteria for participation in the system.

- Community Support Professionals assist individuals in obtaining needed services through an assessment of their needs, and development of an Plan of Support (POS) which identifies and provides access to natural community supports and system-funded services (such as Medicaid) to meet their needs. Information and referral to other agencies is provided on an ongoing basis.
- Individual and Family Support services are provided to 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 the Louisiana Department of Health (LDH) 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 child with a developmental disability in the home.
- Residential Living Options include a broad range of living options which provide 24-hour supports such as community homes and Supports and Services Centers.
- 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 behavioral health disorders (including Alcohol Drug Unit and Fontainebleau Treatment Center) and developmental disabilities in the FPHSA catchment area. FPHSA was created to pool funding dollars in the areas of behavioral health and developmental disabilities services and to bring spending and operational decisions down to the local level. FPHSA's geographical service area includes the five 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.

## **Objective I:**

**Through the Behavioral Health Services (BHS) activity, FPHSA will maintain the quality of treatment services for individuals with behavioral health disorders and prevention services while providing them in a more cost-effective manner, each year through June 30, 2022.**

### **Strategies:**

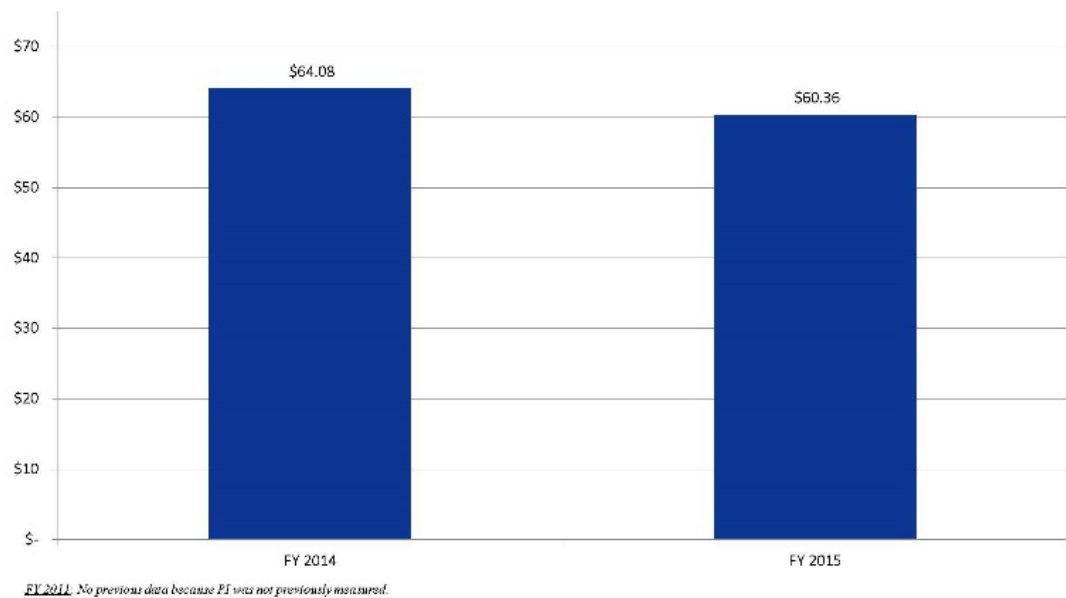
- 1.1: Meet monthly with facility managers and service providers to review performance goals and successes as well as develop/review/revise action steps for reaching goals.*
- 1.2: Annually seek input from stakeholders and consumers to identify service gaps and initiate program modifications if indicated or initiate collaborations/partnerships in response to survey results.*
- 1.3: Provide person-centered services that result in improved functioning.*
- 1.4: Monitor service type, frequency of services, and reimbursements in order to make cost effective adjustments.*

### **Performance Indicators:**

- 25516/Outcome: Percentage of adult service recipients remaining in outpatient substance use 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).
- New/Output: Total unduplicated number of individuals served in substance use disorders and compulsive problem gambling outpatient services (includes screening/assessment and treatment).
- New/Output: Total unduplicated number of individuals considered active in substance use disorders and compulsive problem gambling outpatient services.
- New/Output: Total unduplicated number of individuals served in the Level III.5 adult residential treatment program (ADU/FTC).
- 25517/Output: Total number of persons registered in evidence-based educational (prevention) programming (enrollees).

- 21045/Efficiency: Average cost per client day (Level III.5 Adult residential treatment) (FTC/ADU).
- 23828/Efficiency: Average cost per individual served in outpatient substance use disorders and compulsive problem gambling treatment services.
- 23829/Efficiency: Average cost per individual served in Level III.5 Adult (ADU/FTC) substance use disorders residential treatment services.
- 23830/Efficiency: Average cost per individual served in prevention substance use disorders and prevention gambling programs.
- 23825/Output: Total number of individuals served in prevention programs.
- 23831/Output: Total number of merchants educated through Synar services.
- 23832/Efficiency: Cost per registered enrollee in evidence-based educational (prevention) programs.

**Addictive Disorders Services (Prevention)  
Cost per Participant Enrolled in Evidence-Based Educational  
(Prevention) Programs (ADS 23832)**



*Sources: Prevention Management Information System (PMIS) and Integrated Statewide Information System (ISIS) Bundles Reports*

- New/Output: Total unduplicated number of individuals served in mental health outpatient services (includes screening/assessment and treatment).
- New/Output: Total unduplicated number of individuals considered active in mental health outpatient services.
- 21034/Efficiency: Average cost per person served through FPHSA community-based mental health services.

- New/Outcome: Percentage of Mental Health Services/Flexible Family Fund Recipients who remain in the community (vs. institution).

## Objective II:

**Through the Developmental Disabilities Services (DDS) activity, FPHSA 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, each year through June 30, 2022.**

### Strategies:

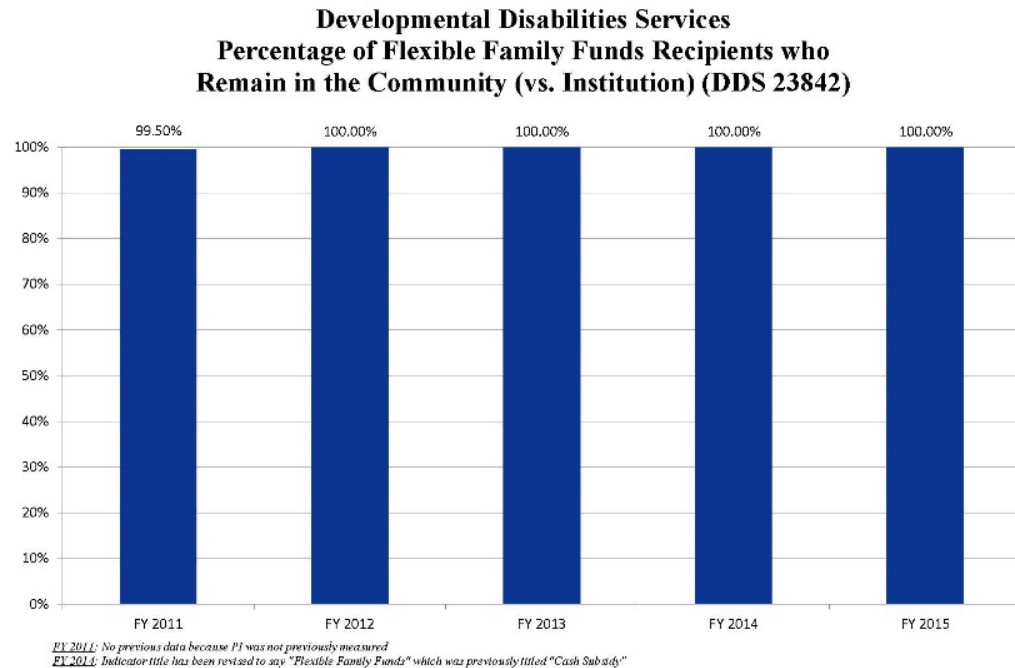
- 2.1: Utilize person-centered planning to assist individuals and families in identifying supports needed to remain in the community.*
- 2.2: Provide quarterly review of services to the individual to discuss goals and services and to resolve barriers to achieve goals.*
- 2.3: Identify the services needed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

### Performance Indicators:

- 21022/Output: Total unduplicated number of individuals receiving community-based developmental disabilities services.
- 21023/Output: Total unduplicated number of individuals receiving Individual and Family Support services.
- 23833/Output: Total unduplicated number of individuals receiving Flexible Family Fund services.
- 23834/Output: Total unduplicated number of individuals receiving Individual and Family Support Crisis services.
- 23835/Output: Total unduplicated number of individuals receiving Preadmission Screening and Resident Review (PASRR) services.
- 23837/Output: Average cost per individual receiving Individual and Family Support services.
- 23838/Output: Average cost per individual receiving Flexible Family Funds.
- 23839/Output: Average cost per individual receiving Individual and Family Support Crisis services.



- 23840/Output: Average cost per individual receiving Preadmission Screening and Resident Review (PASRR) services.
- 23842/Outcome: Percentage of Flexible Family Fund recipients who remain in the community (vs. institution).



Sources: PS App and FFHSA internal tracking

- 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.
- 24951/Outcome: Percentage of Waiver participants discharged from program services due to admission to an institution.
- 25073/Output: The total unduplicated number of individuals served through waiver supports and services including New Opportunities Waiver (NOW), Children's Choice Waiver (CC), Supports Waiver (SW), and Residential Options Waiver (ROW).

### **Objective III:**

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

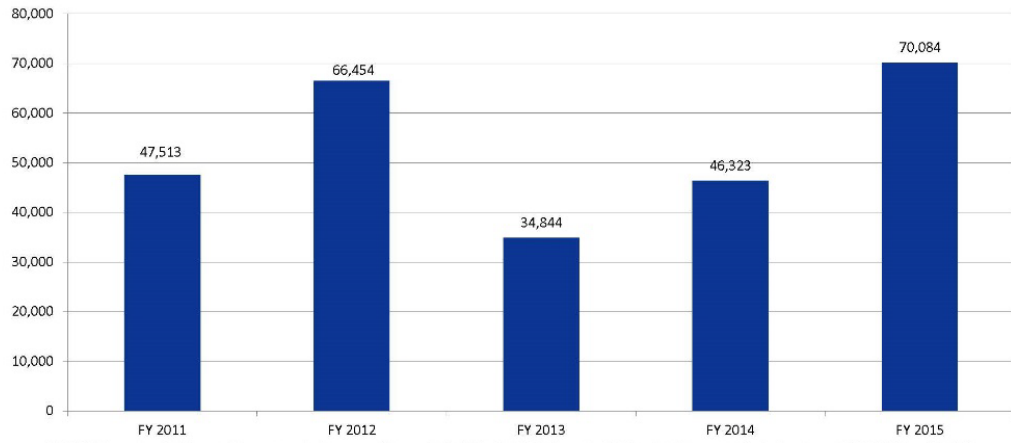
#### **Strategies:**

- 3.1: Monitor performance indicators reported in the Louisiana Performance Accountability System (LaPAS) and address any deviations from the assigned target.*
- 3.2: Audit agency processes related to fleet management, cash receipts, billing, and petty cash.*
- 3.3: Strengthen and improve current workflow processes by internal analyses of established agency policies and procedures to maximize the production and efficiency of FPHSA activities.*

#### **Performance Indicators:**

- 25534/Efficiency: Percentage of Information Technology (IT) work orders closed within 6 business days of work request.
- 25535/Efficiency: Percentage of contract invoices for which payment is issued within 30 days of agency receipt.
- 23847/Efficiency: Percentage of new employees completing mandatory online training courses within 90 days of employment.
- 23848/Outcome: Percentage of agency's Performance Indicators within the + / - 5 percent of target.
- 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.

**Executive Administration**  
**Total Number of Individuals Served by Florida Parishes Human**  
**Services Authority (Includes Admitted And Screened)**  
**(Admin 23852)**



*FY 2011: No previous data because PI was not previously measured. Does not include 31 individuals who received DDS services but were inadvertently not reported (21 PASRR and 10 other)*  
*FY 2012: Increase due to Waiver Supports and Services being transferred to FPHSA and to the increased outcome in prevention.*  
*FY 2013: Due to the transition to a new electronic health record, data for June 2013 was unavailable and not reported.*

*Sources: Louisiana Addictive Disorders Data System (LADDS), Prevention Management Information System (PMIS), DataQuest, PS Apps; FPHSA internal tracking, and reports provided by the Office of Behavioral Health (OBH)*

## 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**

Our mission 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**

Capital Area Human Services District (CAHSD) commits to the philosophy that all individuals are valuable members of the community, and 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 and fiscally responsible parameters. The services and supports provided by the District are those determined by the client/consumer/customer to be important to their successful integration into the community. Our staff works with the customer as a unified team to facilitate the individual in attaining his/her 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 client concerns, integrated in service delivery methods, representative of best practice, and consistent with the goals of the Louisiana Department of Health (LDH) and its Program Offices.

**Goal III.** 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.

**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, 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 (Commission on Accreditation of Rehabilitation Facilities) standards through use of Accreditation Now, LEO (Louisiana Employees Online system), 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 to meet CARF standards and policy requirements for behavioral health accreditation.  |

**Strategy I.5** Continue to manage processes for CAHSD audits, reviews and performance monitoring by external entities (Louisiana Legislative Auditor, Office of Risk Management, Louisiana Property Assistance Agency, Department of Civil Service, LDH Bureaus of Health Standards, LaPAS, etc.).

**Performance Indicators**

- K Percentage of staff Performance Appraisals conducted in compliance with Civil Services guidelines
- K Percentage of state assets in the Asset Management 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 arrange for services for persons with developmental disabilities in the least restrictive setting near their home or community and will ensure that at least 95% of the persons served will have satisfaction with the services they receive.*

**Strategy II.1** Work with LDH 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 Office for Citizens with Developmental Disabilities (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 Total persons served

### **General Performance Information**

- Number of available Flexible Family Fund slots
- Amount of Flexible Family Fund stipend per person per month
- Number of persons determined eligible for ID/DD services, but not yet receiving services

**Objective III.** *Through the Nurse Family Partnership (NFP) activity, CAHSD will provide home visiting to 100% of participating first time, low-income mothers.*

**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 postpartal 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 and their families, ensuring 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 substance abuse 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
- S Percentage of persons provided services by Child Mobile Outreach 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**

- Percentage increase in desired knowledge, perceptions, resilience and behaviors related to youth substance use and measured by Prevention Impact Score
- Number of children/adolescent admissions 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 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 85% of clients will successfully complete the Addiction Recovery inpatient program.*



<b>Strategy V.1</b>	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 the 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 Services)
K	Percentage of persons successfully completing residential addictions (CARP 28 day inpatient) treatment program
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
- Total adults served in CAHSD (Addiction Recovery Services)
- Average cost per person served in the community (Addiction Recovery Services)
- 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)
- Average daily census Residential (Inpatient)
- 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)

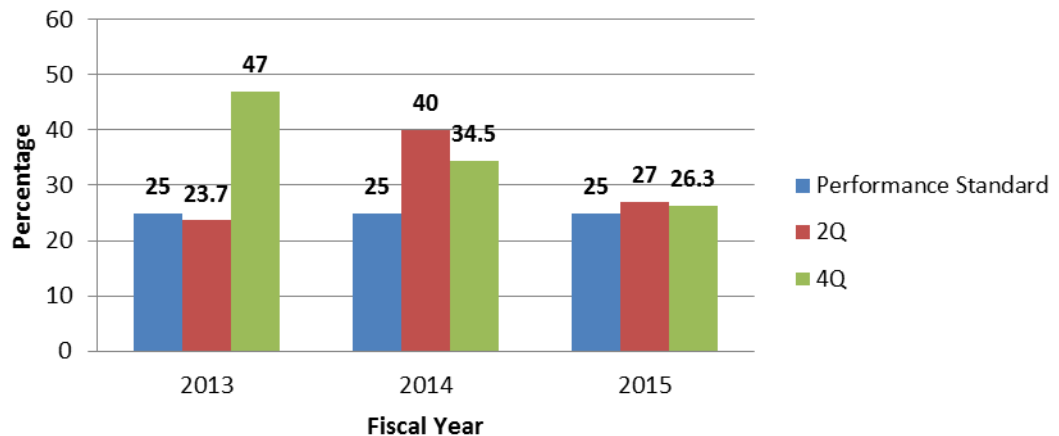
**Objective VI.** *Through the Prevention and Primary Care activity, CAHSD will improve physical health and emotional well-being of the adult un/underinsured population and ensure that 95% of new adult admissions in the three largest behavioral clinics receive a physical health screen.*

- |                      |  |
|----------------------|--|
| <b>Strategy VI.1</b> | 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  |
| <b>Strategy VI.2</b> | Annually survey consumers to identify programmatic/supportive service gaps, and develop/modify programs in response to results   |
| <b>Strategy VI.3</b> | Expand primary care services and consumer education groups in response to results of consumer survey   |
| <b>Strategy VI.4</b> | Work cooperatively with other entities in the private and public physical health arena (Office of Public Health, local government officials, local hospitals and outpatient treatment providers, FQHCs and staff) to provide ongoing health screenings, referrals/connection to primary care and tobacco cessation |

**Performance Indicators**

- |   |  |
|---|--|
| 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 need based on the physical health screen       |
| K | Percentage of clients who keep their first primary care appointment  |
| S | Percentage of clients who rate the extent to which they felt better on the client satisfaction survey as agree           |

**Percentage of Clients Receiving a Referral to Primary Care as a Result of Physical Health Screen**



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

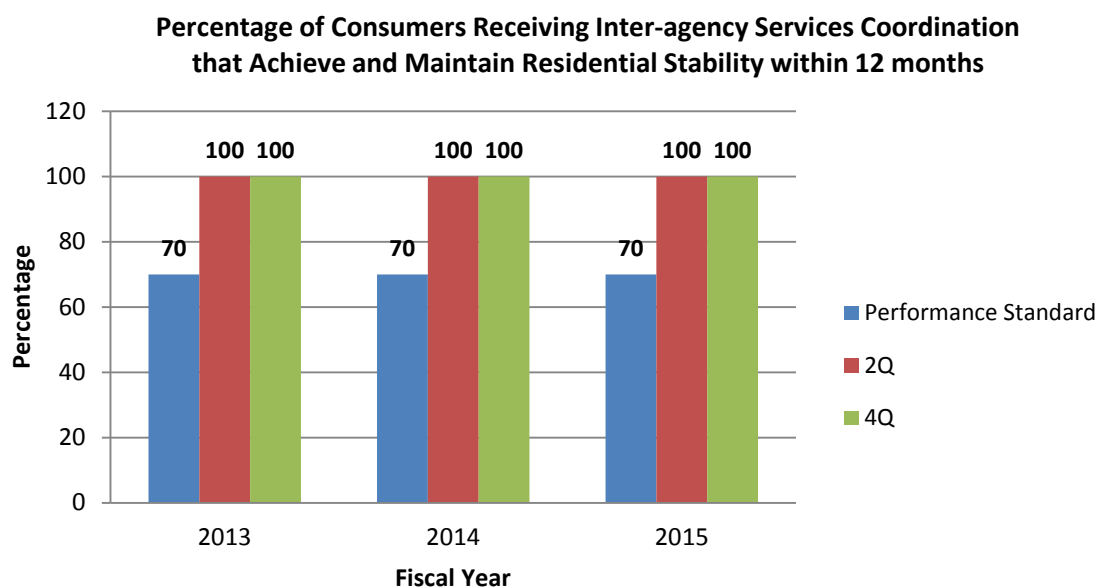
**Objective VIII.** *Through the Behavioral Health Crisis Response activity, CAHSD will provide community-based behavioral health (BH) services to prevent, mitigate and avoid repeated cycles of crises to reduce reliance on first responders, emergency departments and acute psychiatric beds and ensure that 95% 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** 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



## Louisiana Developmental Disabilities Council



**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:**

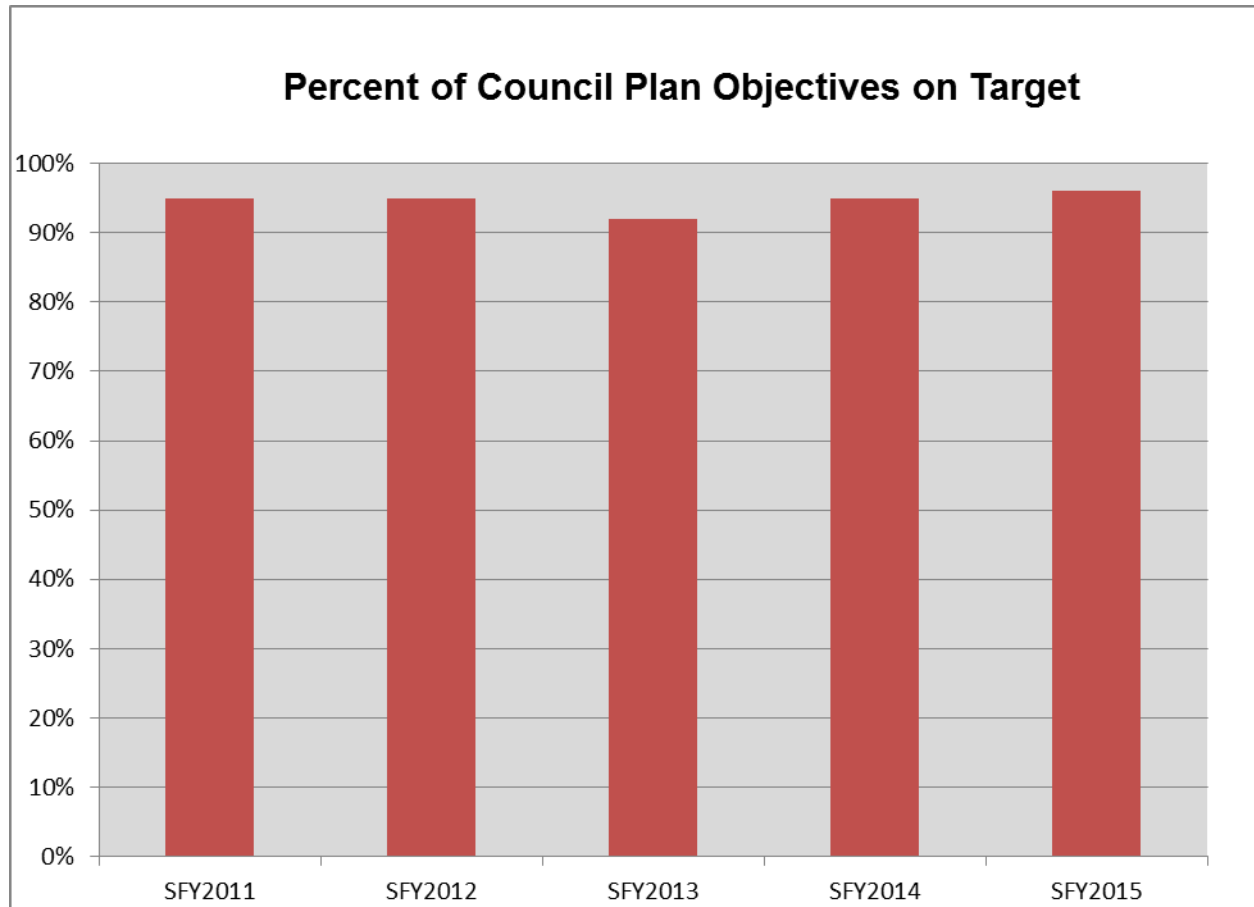
To obtain the Federal Developmental Disabilities Assistance and Bill of Rights Grant Allocation and ensure that Council plan objectives are met on an annual basis each year through June 30, 2021.

#### **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 and Council staff 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 (SFY2011 - SFY2015).

### 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, 2021.

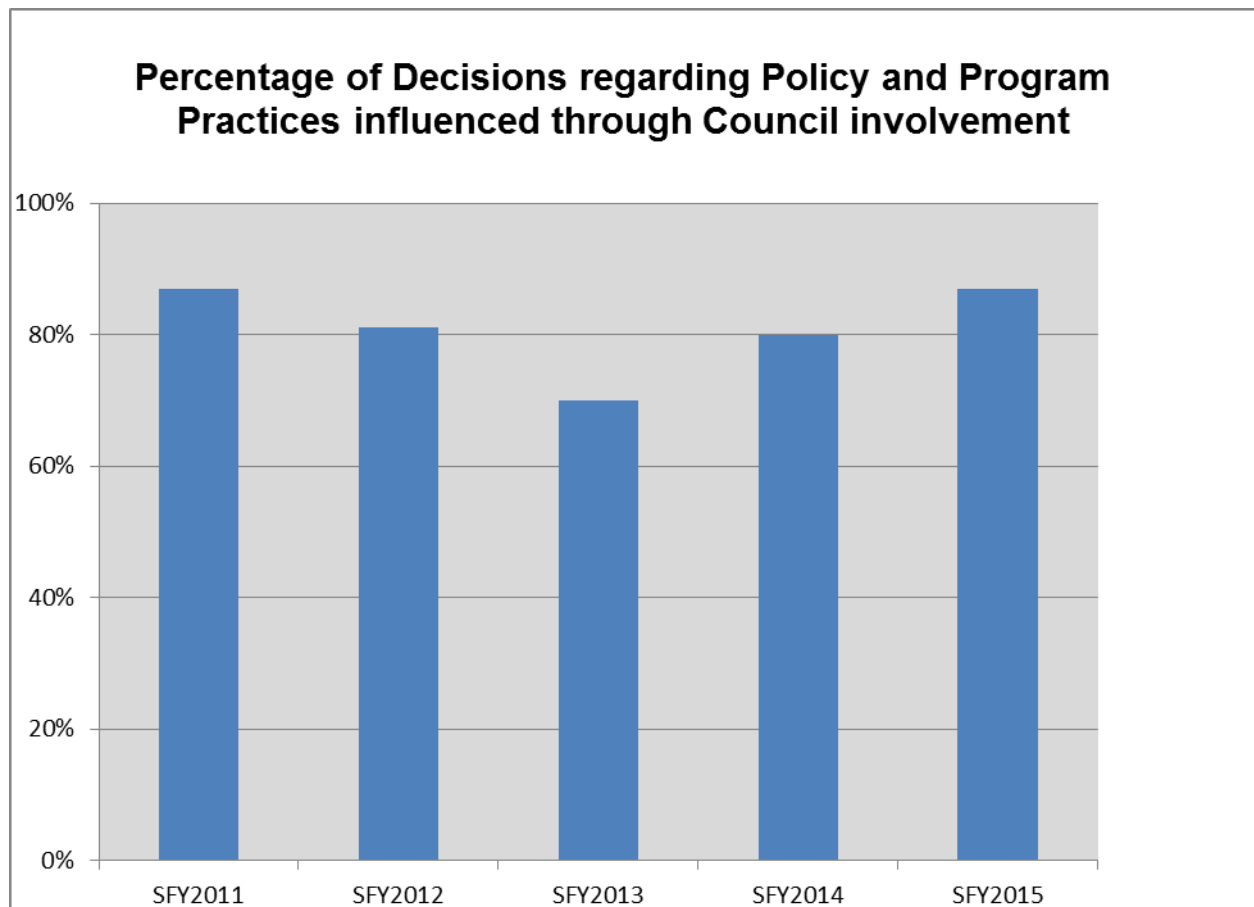
#### Strategies:

- 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 through 2015.**



### **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, 2021.

#### **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

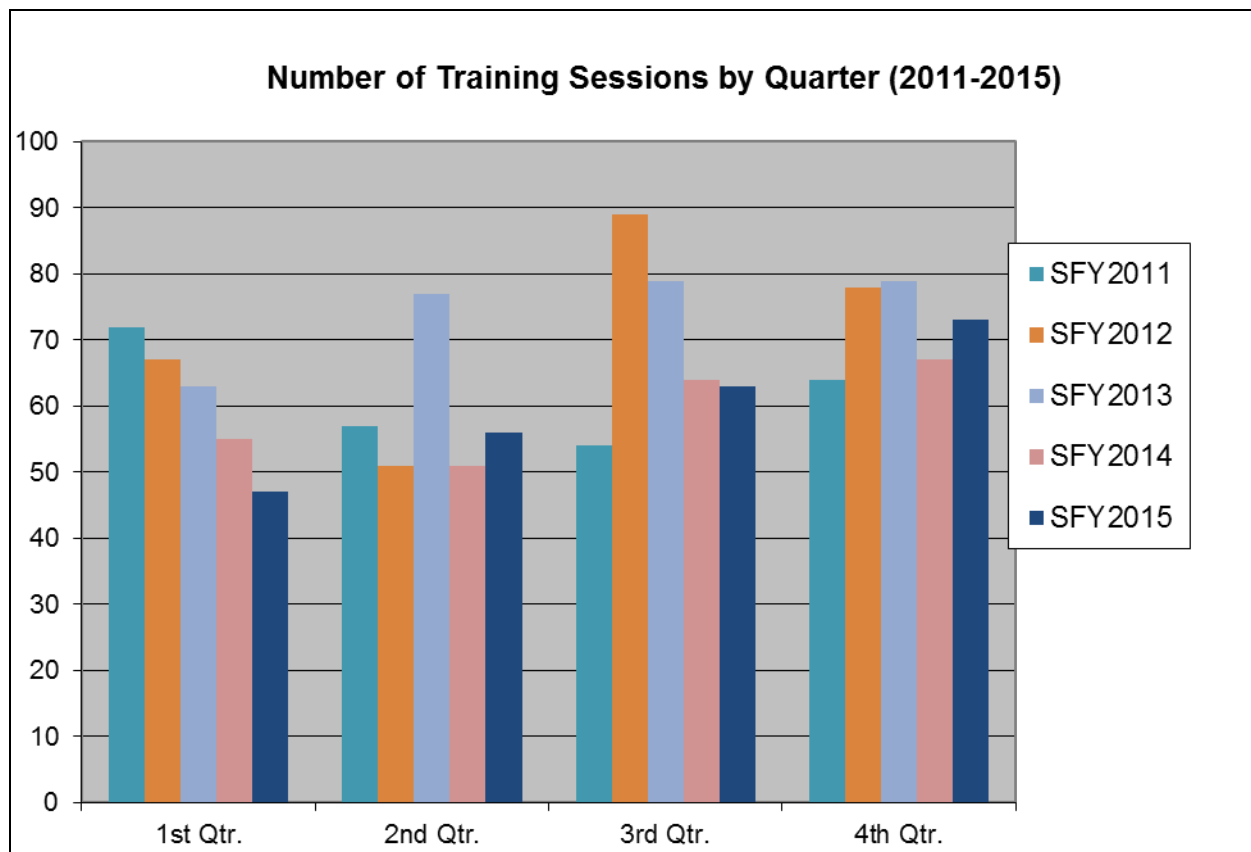
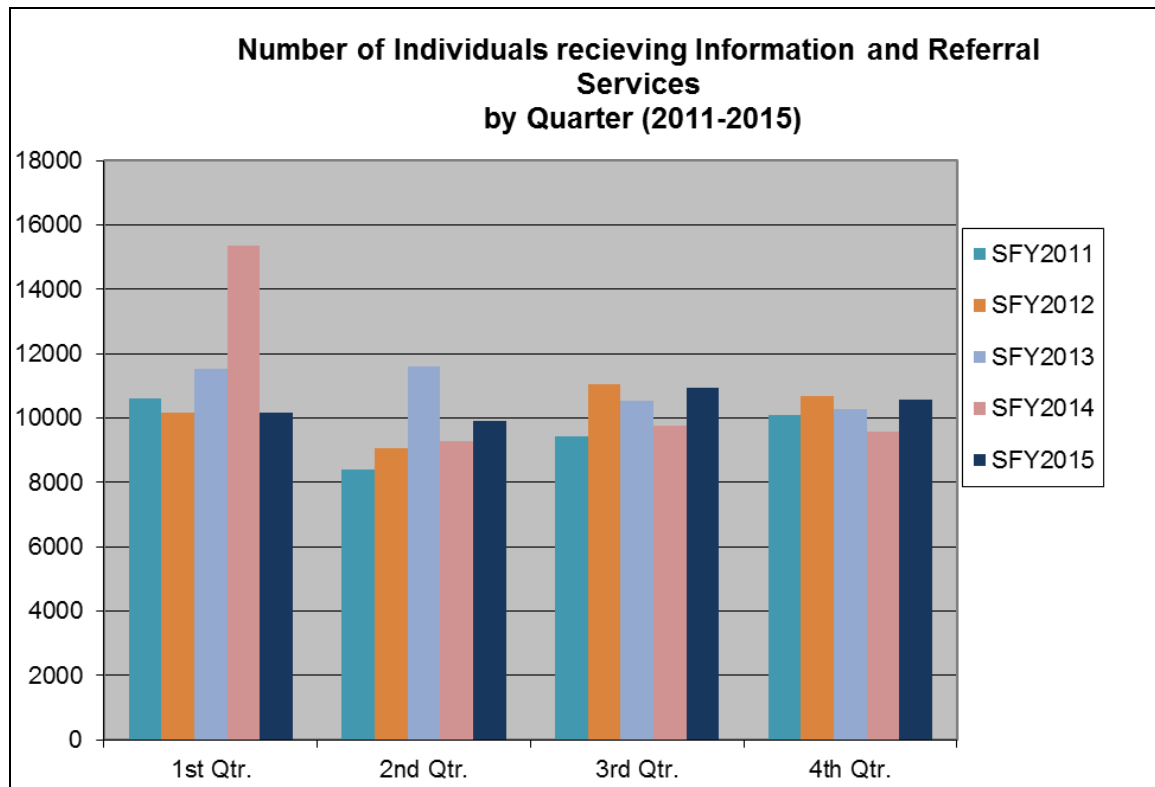
Percentage of individuals who report that they received the information or support that they needed \*

Percent of individuals with disabilities assisted

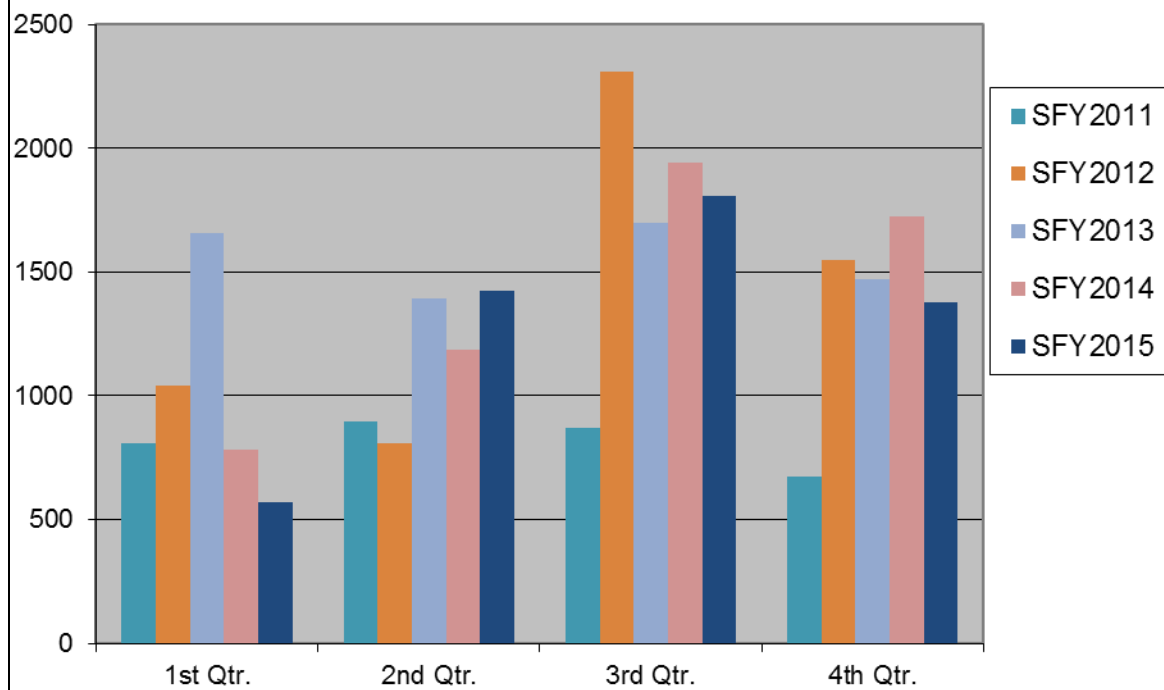
Percent of parents/family members of individuals with disabilities assisted

Percent of professionals assisted

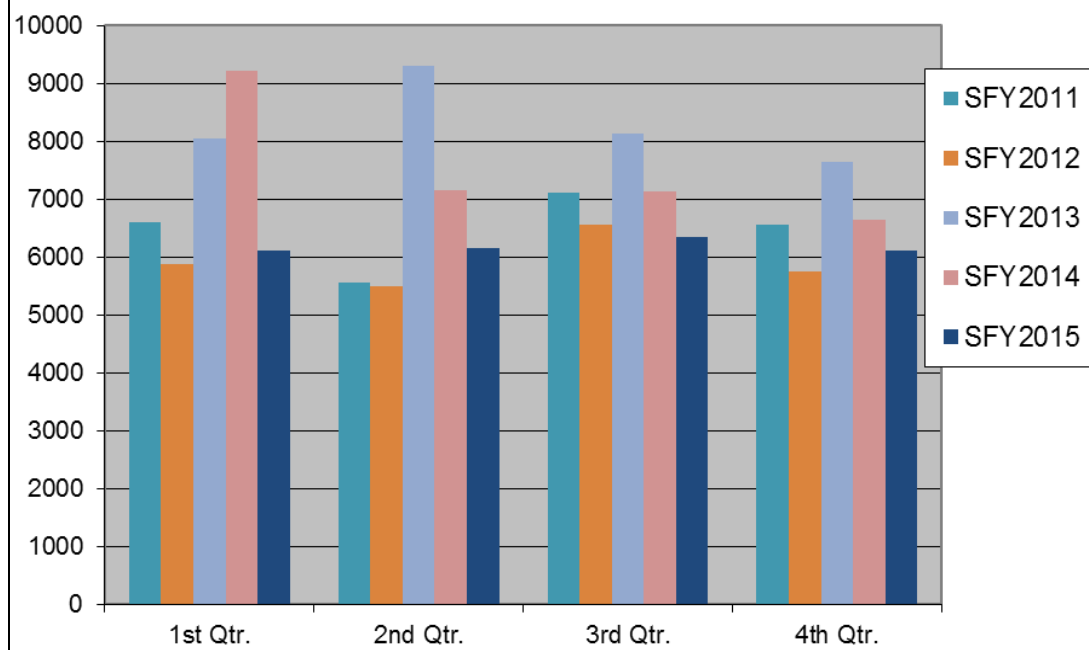
Percent of Families Helping Families Regional Resource Centers maintaining 100% compliance with DD Council contractual obligations and standards of operation.



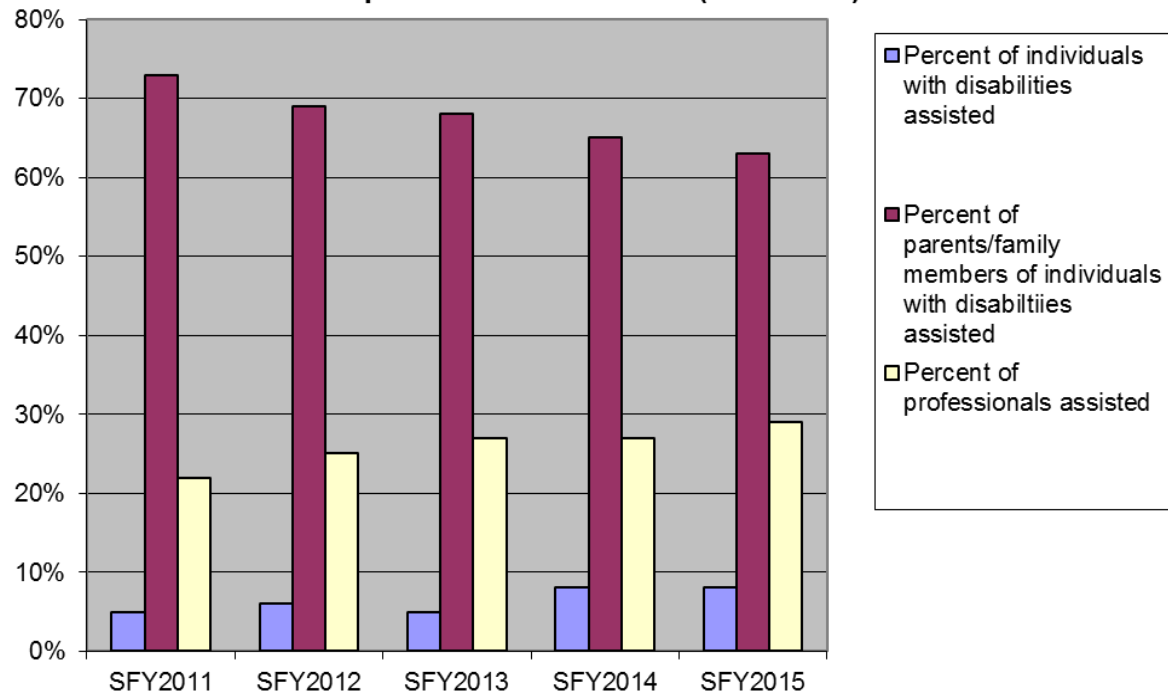
**Number of Individuals provided training by Quarter (2011-2015)**



**Number of Individuals provided Peer-to-Peer Support by Quarter (2011-2015)**



**Breakout of percentage of individuals with disabilities, family members and professionals assisted (2011-2015)**



## Metropolitan Human Services District



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

### **Vision**

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

### **Mission**

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

### **Philosophy (Values)**

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

Leadership: We are the center of excellence.

Quality: We commit to continuous quality improvement.

People: We treat people with respect & dignity, demonstrating inclusiveness and recognizing diversity.

Community: We enhance our Community through our services and partnerships.

Service: We de-stigmatize services to persons with Addictive Disorders, Intellectual/Developmental Disabilities, and Mental Illness.

Fiscal Responsibility: We are good financial stewards.

Integrity: We do what we say, we say what we do.

Innovative: We promote cutting edge care.

### **Executive Summary**

Metropolitan Human Services District (MHSD) is poised to become the premier leader for behavioral and developmental services in the tri-parish area. To our strengthening communities focus, we bring a wealth of subject matter expertise and administrative capability that will foster service expansion, community linkages and high quality performance in a fiscally responsible manner. The revisions found this FY 2017-2018 Strategic Plan represents the culmination of an inclusive process of consensus planning, around a relevant and impactful Vision of change and a person-centered Mission. Both our Mission and Vision are reflected in the Values of our Organization. Through the goals and strategies outlined, MHSD will provide transformative leadership for our partners and community as a whole.

### **Agency Goals**

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

**Goal I: Leadership**

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

**Goal II: Quality**

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

**Goal III: Community**

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

**Goal IV: Services**

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

**Goal V: Fiscal Responsibility**

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

<b>ACTIVITY: CARE MANAGEMENT/ADMINISTRATION</b>
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**Goal 1** To establish a dynamic Center of Excellence for Behavioral Health (Addiction and Mental Illness) and Intellectual/Developmental Disabilities.

**Goal 2** Establish data system infrastructure and data management policies and procedures.

**Goal 3** Build community capacity through designated partnerships.

**Goal 4** Extend MHSD's training opportunities to various academic levels.

**Goal 5** Facilitate further community awareness of MHSD.

**Goal 6** To maximize funding to adequately address community partnerships.

**Objective I:**

**MHSD will employ and retain high quality diverse staff.**

**Strategies:**

- 1.1** Actively engage in needs based recruitment of highly qualified professionals when agency gaps are identified.
- 1.2** MHSD Human Resources will research, review, and implement an employee retention method.
- 1.3** Identify and implement strategies that promote staff morale and MHSD transparency.

**Performance Indicators:**

- The number of job recruitment fairs attended by MHSD Human Resources.
- Percentage of full time employees that complete satisfaction surveys.

**Objective II:**

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

**Strategies:**

- 2.1 Utilize informed best practices in planning and decision making.
- 2.2 Monitor and, when warranted, adapt to the trends in Behavioral Health (Addiction and Mental Illness) and Intellectual/Developmental Disabilities.
- 2.3 Provide technical assistance to partnering agencies.

**Performance Indicators:**

- The number of environmental scans and/or gap analyses conducted annually.
- The number of documented activities that involve research and data review prior to planning and decision making.

**Objective III:**

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

**Strategies:**

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

**Performance Indicator:**

- Percentage of MHSD clinics implementing modified scheduling (i.e., walk-ins, early morning, weekend, and evening hours).

**Objective IV:**

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

**Strategies:**

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

**Performance Indicators:**

- Percentage of MHSD essential reports that were submitted by their due dates.
- The number of documented electronic health record/data systems audits.

**Objective V:**

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

**Strategies:**

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

**Performance Indicators:**

- Number of MHSD staff that participate in community outreach/events.
- Number of non-MHSD staff that participate in MHSD community outreach/events.
- Number of individuals impacted or the “total reach” via media campaigns, PSA’s, billboards, etc.

**Objective VI:**

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

**Strategies:**

- 6.1 Identify education/training needs of staff and community partners.
- 6.2 Make available education/ training opportunities to various academic groups.

**Performance Indicators**

- Percentage of surveyed staff and community partners that complete education/training needs survey.

**Objective VII:**

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

**Strategies:**

- 7.1 Increase the number of community collaborative partners.
- 7.2 Complete an annual gap analysis of the existing service delivery system in Orleans, Plaquemines, and St. Bernard parishes.
- 7.3 Increase quality of contract monitoring to include performance based budgeting.

**Performance Indicator:**

- Percentage of clinic service contracts monitored.

**Objective VIII:**

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

**Strategies:**

- 8.1 Host interdisciplinary meetings and staffing.
- 8.2 Coordination of primary care services for persons seeking care.



- 8.3 Provide opportunity for staff to develop competency in services for persons with co-occurring disorders.

**Performance Indicator:**

- Percentage of MHSD staff who have participated in training opportunities regarding co-occurring disorders.

**Objective IX:**

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

**Strategies:**

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

**Performance Indicator:**

- Number of audits completed of provider billing.

**ACTIVITY: INTELLECTUAL/DEVELOPMENTAL DISABILITIES**

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

**Objective I:**

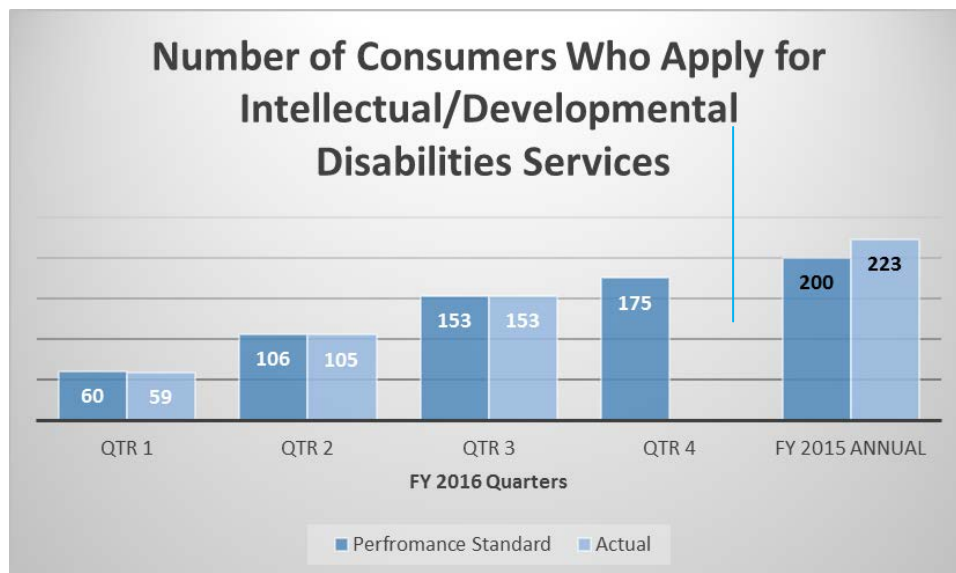
**Each year through June 30, 2022, MHSD will conduct targeted collaboration with consumers, family members and community partners to identify individuals with disabilities who may be eligible for supports offered through MHSD.**

**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:**

- Number of consumers who apply for Intellectual/Developmental Disabilities services.



#### Objective II:

Each year through June 30, 2022, MHSD will ensure quality and timely assessment and initiation of services for each person with developmental disabilities seeking services through MHSD.

##### Strategies:

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

##### Performance Indicators:

- Total number of individuals receiving services, placement and crisis support.
- Number of consumers receiving Flexible Family Funds.
- Number of consumers receiving support coordination services.
- Number of individual agreements with consumers and individuals.

#### Objective III:

Each year through June 30, 2022, 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:**

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

**Objective I:**

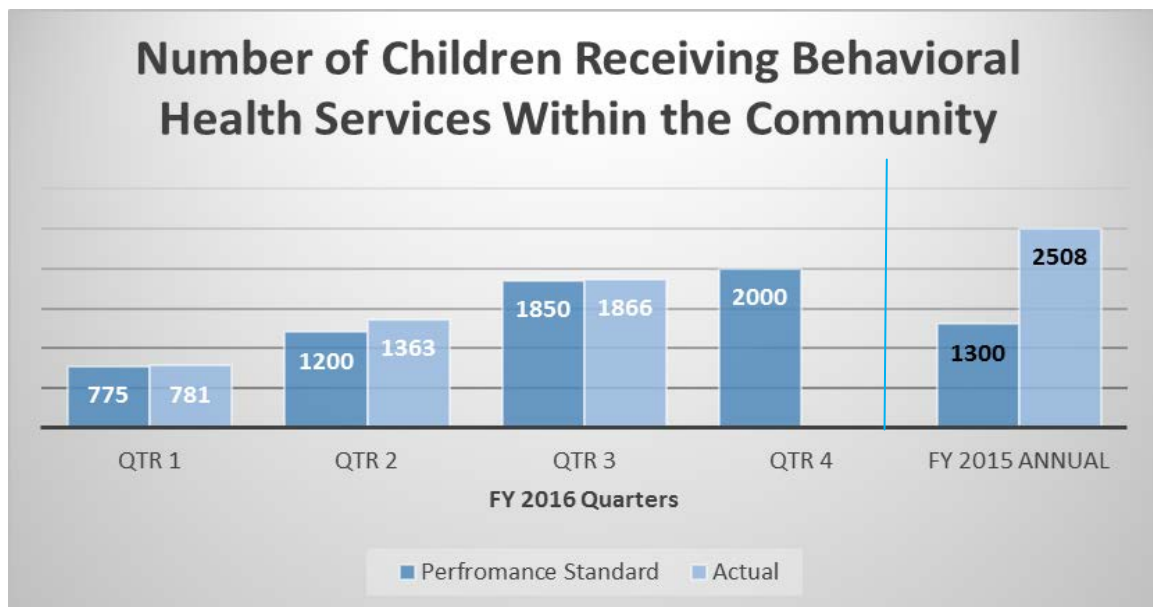
**MHSD will broaden the array of evidenced-based services provided via outpatient individual, group, and family therapy.**

**Strategies:**

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

**Performance Indicators:**

- Number of outpatient therapy sessions provided (individual, group and family) for children/adolescents.
- Number of evidenced-based services provided via outpatient therapy individual, group and family) for children/adolescents.
- Number of children receiving behavioral health services within the community.



**Objective II:**

**MHSD will enhance Prevention programming, as part of its integrated system of care and service delivery.**

**Strategies:**

- 2.1 Align prevention strategies with the Louisiana's Strategic Prevention Framework.
- 2.2 Comply with state expectations around the provisions of prevention programming in the college setting.
- 2.3 Develop an approach that educates the public on effective prevention programming values.

**Performance Indicator:**

- Percentage of implemented MHSD prevention strategies that align with the Louisiana's Strategic Prevention Framework.

**ACTIVITY: ADULT BEHAVIORAL HEALTH SERVICES**

**Goal 1** Provide and facilitate continuum of care that is person-centered, effective, and innovative for adults, children/adolescents, and their families.

**Goal 2** Continuously improve MHSD quality of care.

**Objective I:**

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

**Strategies:**

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

**Performance Indicators:**

- Number of outpatient therapy sessions provided (individual, group and family) for adults.
- Number of evidenced-based services provided via outpatient therapy (individual, group and family) for adults.
- Number of adults served in the Community Mental Health Centers (CMHS) area-wide (mental health patients only).

**Objective II:**

**MHSD will engage in continuous quality improvement efforts.**

**Strategies:**

- 2.1 Conduct service delivery monitoring.
- 2.2 Ensure clinic assessment/referral (A/R) activities are appropriate.
- 2.3 Implement an approach that positively impact outcomes for individuals.

**Performance Indicator:**

- Maintenance of Commission on Accreditation of Rehabilitation Facilities (CARF) A/R program accreditation.

**Medical Vendor Administration  
Bureau of Health Services Financing**

**Vision**

We envision a future where everyone in Louisiana has the best care and health possible.

**Mission**

Our mission is to improve health and healthcare in Louisiana.

**Philosophy**

Our philosophy is to operate the Medicaid program in a manner that achieves the Triple Aim of optimizing health system performance by:

- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of healthcare.

**Executive Summary**

The direction of healthcare 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, including the Dental Benefit Program provide access to a medical home for more than 92% of the Medicaid population. The implementation of managed care has been the catalyst for even greater focus on quality and access to care. Additionally, to further increase healthcare coverage and access to care, Louisiana expanded Medicaid coverage in accordance with the Affordable Care Act effective July 1, 2016.

Louisiana has also 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. 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**

- I. To improve health outcomes by emphasizing medical homes and reducing the number of uninsured persons in Louisiana.
- II. To expand existing and develop additional community-based services as an alternative to institutional care.

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

**Statement of agency strategies for development and implementation of human resource policies that are helpful and beneficial to women and families:**

The Medical Vendor Administration is dedicated to the development and implementation of human resource policies that are helpful and beneficial to women and families and demonstrates its support through the following human resource policies: the Family Medical Leave Policy (8108-930), the Sexual Harassment Policy (8143-02) and the Equal Employment Opportunity Policy (8116-77). In addition, the allowance of flexibility in work schedules and the availability of Dependent Day Care Spending Accounts assist both women and their families.

**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 healthcare delivery models that emphasizes coordination of care.

**Activity 1 – Medicaid and CHIP Eligibility Determination**

The Eligibility activity advances the agency's outcome goals of 1) Reducing health disparities and encouraging better health outcomes; 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 for access to healthcare and improving health outcomes.

Rapid application processing for pregnant women accelerates access to healthcare, 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 care.

Reducing improper payments by proactively monitoring for potentially ineligible recipients and taking the necessary actions to correct are actions taken by the Department to promote transparent, accountable and effective government. Additional characteristics that continue to be a focus include:

- **QUALITY WORKFORCE:** The Medicaid Eligibility Division of the Bureau of Health Services Financing (BHSF) strives to empower employees and create an innovative work environment through continuous process improvements. By encouraging their involvement, staff identifies and redesigns work processes for improved outcomes. Other strategies such as flexible work schedules, out-stationing and telecommuting are beneficial by reducing absenteeism, allowing flexibility in managing work and family responsibilities, and improving morale. These strategies create a more favorable work environment which results in higher levels of service to the residents we serve.
- **RESOURCE MANAGEMENT:** The BHSF Medicaid Eligibility Division is taking advantage of enhanced funding opportunities provided by the Centers for Medicare & Medicaid Services (CMS) to build a state of the art eligibility solution to begin implementation in late August 2017. Enhanced Federal Financial Participation (90/10) is available to states for the development of Eligibility and Enrollment systems that meet CMS' 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 and allow for enhanced Operations match (75/25) for most Eligibility activities.

In accordance with the Affordable Care Act (ACA), Louisiana implemented the ability to communicate electronically with the Federally Facilitated Marketplace (FFM) in October of 2013, as well as the ability to assess eligibility based upon Modified Adjusted Gross Income (MAGI) rules. The new MAGI methodology significantly changed the Medicaid eligibility determination process for children, pregnant women, parents and caretaker relatives. BHSF anticipates an increase in the volume of applications and overall enrollment due to Medicaid expansion beginning in July 2016. The additional workload associated with applications, renewals, case maintenance and call volume will create an operational burden on staff without more automated and efficient processes in place. In order to meet all of the requirements of ACA and to qualify for enhanced funding, the Medicaid Eligibility division, along with the Division of Administration, Office of Technology Services will continue to work towards these goals.

- **ELIGIBILITY CENTERS OF EXCELLENCE:** Advances in technology – including totally electronic web-based eligibility case records – have made it possible to transition from the historical “case-based” eligibility processing model to a more efficient “task-based” model. In 2012, the Medicaid Eligibility Division moved toward further 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 activity. Eligibility specialization continues with these units due to the complexity of LTC eligibility and legal aspects of appeals processing. The Strategic Enrollment Unit (SEU), able to service English, Spanish, and Vietnamese speaking populations, continues to serve as a conduit between Louisiana Medicaid and the diverse population we serve.

- **CUSTOMER SERVICE HOTLINE:** Federally mandated Medicaid eligibility changes in ACA included the option to apply for health care coverage over the phone. Through enhanced automation the agency uses a telephonic signature process to capture and store recorded signatures that can be retrieved when needed for appeals, account transfers, or record requests. This service increases call volume and call duration while agents walk customers through the streamlined application. In an effort to continually improve customer service, cover the continued increase in call volume and minimize call wait times, LDH will outsource Call Center activities through a joint venture with other state agencies, creating a Statewide Customer Service Call Center beginning in 2017.
- **ONGOING PROCESS IMPROVEMENTS:** Elimination of barriers through administrative simplification and continuous process improvement has improved customer service and reduced frustration for residents and employees. In 2016, the Eligibility Division will create innovative new approaches to reach and enroll eligible individuals in all areas of the state through out-stationing. Since 1992 Louisiana has supported a network of Medicaid Application Centers (MAC) at which people can receive in-person assistance with application completion. MAC's can only complete the application; LDH eligibility staff must process and make final decisions. LDH's strategy for providing robust in-person assistance expands on the current Medicaid Application Center Program and includes placement of eligibility staff at these locations to expedite and streamline the application process with the implementation of Medicaid expansion.

The use of robust interfaces between LDH and the La. Department of Children and Family Services (DCFS) increases efficiency and reduces redundancy. Partnership with DCFS for Supplemental Nutrition Assistance Program (SNAP) Assisted Enrollment will enable a substantial number of individuals with income under 138% Federal Poverty Level (FPL) that are certain to be eligible for Medicaid to enroll in the new Adult Group under expansion by answering four simple questions and providing consent through signature.

The Department is also working with the La. Department of Corrections (DOC) to implement a pre-release Medicaid enrollment program for offenders who are eligible for Medicaid under expansion. Through an automated file transfer, the Department will enroll offenders approximately 6-9 months prior to scheduled release and suspend their Medicaid benefits until they have been released from incarceration. Once enrolled, the offender will also be linked to a managed care plan. During this 6-9 month pre-release period, DOC will notify Medicaid of offenders with special healthcare needs identified as "high-need" so their managed care plan can initiate case management and evaluate what linkages to healthcare services and social related needs the offender will need upon release. A working file transfer between the departments also notifies Louisiana Medicaid when an offender has been released and to remove them from suspended status so they can begin receiving Medicaid benefits. This automated process improvement is anticipated to begin in late 2016.

**Objective I:** Through the Medicaid Eligibility Determination activity, to maximize the efficiency and accuracy of enrolling eligible individuals in Medicaid and CHIP by processing at least 98.5% of applications timely through continuous improvement that is technology driven, simplifies administrative processes, and eliminates bureaucratic waste.



**Strategies:**

- 1.1 Maximize the use of data and technology to produce efficiencies that facilitate the (re)enrollment of eligible individuals, ensure program integrity, and improve customer service in the context of budget pressures and decreased administrative resources.
- 1.2 Increase enrollment and retention by removing barriers.
- 1.3 Simplify the application and renewal process.
- 1.4 Streamline enrollment and retention of eligible individuals on the basis of enrollment in the Supplemental Nutrition Assistance Program (SNAP) through Express Lane Eligibility and SNAP Assisted Enrollment.
- 1.5 Streamline enrollment of justice involved population.

**Performance Indicators:**

- Percentage of Medicaid applications received online
- Number of children enrolled through Express Lane Eligibility
- Number of certified Medicaid Application Centers
- Percentage of applications for pregnant women approved within 5 calendar days
- Percentage of applications for LaCHIP & Medicaid programs for children approved within 15 calendar days
- Number of individuals enrolled in all Medicaid and LaCHIP programs
- Number of applications taken annually
- Number of children enrolled as Title XXI Eligibles (LaCHIP)
- Number of children enrolled as Title XIX Eligibles (traditional Medicaid)
- Total number of children enrolled
- Percentage of renewals processed and not closed for procedural reasons
- Percentage of calls received through the Medicaid & LaCHIP hotlines who hold for a representative less than 5 minutes
- Number of children renewed through Express Lane Eligibility
- Number of adults enrolled through SNAP Assisted Enrollment
- Percentage of applications for New Adult program approved within 15 calendar days
- Number of justice involved adults enrolled pre-release from incarceration.

**Activity 2 – Executive Administration**

The Executive Administrative activity advances the agency'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 healthcare 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, rules, and regulations each year through June 30, 2022.

**Strategies:**

- 1.1 Monitor total expenditures to ensure costs does not exceed available resources for administering the Medicaid Program.
- 1.2 Publish all State Plan Amendments and related documents and communication with Centers for Medicare and Medicaid Services (CMS) on Agency website.
- 1.3 Submit annual reports on managed care programs to the state Legislature.

**Performance Indicator:**

- Administrative cost as a percentage of total cost

**General Performance Indicators:**

- Percentage of State Plan amendments approved
- Number of State Plan amendments submitted

### **Activity 3 – Rate and Audit Provider Monitoring**

The Rate and Audit Provider Monitoring activity decreases the percentage of avoidable state government expenditures in the Medicaid program and ensures 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, such as Nursing Homes and Intermediate Care Facilities (ICF), is properly spent and that the development of Medicaid cost reports and analysis and audit of hospital records, as required by federal regulations assure that hospitals are being reimbursed in accordance with the provisions of state and federal law and any rules and regulations promulgated pursuant thereto. Additionally, the Rate and Audit Provider Monitoring activity monitors Local Education Authorities (LEAs) participating in Medicaid for school-based health services to ensure access to Early Periodic Screening Diagnostic and Treatment (EPSDT) and other Medicaid allowable services for children and that reimbursement for these services through certified public expenditures are tracked and audited.

**Objective I:** Through the Rate and Audit Provider 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 Authorities (LEA) participating in the Medicaid School-Based Administrative Claiming Program or the Early Periodic Screening Diagnostic and Treatment (EPSDT) Direct Services Program through state fiscal year 2022.

**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 annual monitoring based on agreed upon procedures for 120 nursing homes.

- 1.4 Perform annual monitoring based on agreed upon procedures for 180 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.
- 1.6 Perform the monitoring of reviews of provider cost reports and submit recommendations for partial preliminary payments or contingent receivables.

#### **Performance Indicators:**

- Number of Local Education Authorities targeted for monitoring
- Percent of targeted Local Education Authorities monitored
- Number of Nursing Home cost reports targeted for monitoring
- Percent of Nursing Home cost reports monitored
- Number of Intermediate Care Facilities (ICF) cost reports targeted for monitoring
- Percent of ICF cost reports monitored
- Number of hospital cost reports reviewed and audited

#### **General Performance Information:**

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

### **Activity 4 – Medicaid Management Information Systems (MMIS) Operations**

The required activities performed by the Medicaid Management Information Systems (MMIS) Operations Team (OT) are structured to be responsive and delivery-focused to ensure timely and cost effective claim processing and all other associated services. Within MMIS, Medicaid Project Management advances the agency's goal by ensuring cost effectiveness in the delivery of healthcare services, and centralizing and coordinating activities associated with project implementation for BHSF in order to efficiently make use of tax dollars.

The Department is working toward implementation of a Medicaid System Enterprise Architecture that streamlines work processes and increases productivity through technology, driven by conscious decision-making to streamline and reuse common system and business functionalities for the eventual replacement the existing legacy MMIS system. These activities includes system and operational architecting of electronic systems and manual processes and procedures which describe the current and future states of the system. It also encompasses a plan to transition from the current to the future state, with a focus on integrating the agency's strategy and business needs with program performance improvements and information technology (IT) investments. Implementation includes a phased in approach:

- Architect – Develop and maintain enterprise architecture; review, reconcile and approve system architecture for the agency's core line of business and common IT services

- Invest – Select IT initiatives to define the agency’s IT investment portfolio; control IT investments; and evaluate IT investments
- Implement – Develop and maintain system architecture; develop IT program management plan; and execute IT project

The Department is working toward moving away from a single fiscal intermediary contract to a modular approach to ensure quality of traditional fiscal intermediary (FI) service functionality and compliance with CMS requirements. The modular approach also allows the Department to procure the traditional FI services separately, thereby, reducing the possibility for major system failure and ensuring continuity of system operations with the intent of also reducing costs.

**Objective I:** Through the MMIS Operations activity, to operate an efficient Medicaid claims processing system through June 30, 2022.

### **Strategies:**

- 1.1 Manage contracted day-to-day activities of the Medicaid FI, including monitoring and supervising the FI service delivery.
- 1.2 Oversee federal, internal and external reporting. Act as liaison between the Medicaid FI and all external agencies and organizations in addition to BHSF staff.
- 1.3 Educate and empower LDH staff on claims and encounter processing functionality, outlining differences between fee for service and managed care.
- 1.4 Ensure that the MMIS aligns with LDH programmatic objectives and policies.
- 1.5 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.
- 1.6 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.
- 1.8 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).

### **Performance Indicators:**

- Monthly Louisiana Information Form Tracking (LIFT) system change requests
- Average age of system change requests (LIFTs) (Line Graph by month)
- Percent of system change requests (LIFTs) due for completion in quarter that were actually completed
- Percentage of total claims processed within 30 days of receipt (line Graph by Month)
- Average claim processing time in days
- Total number of claims processed
- Total number of managed care encounters processed
- Total number of managed care capitation payments processed

**Objective II:** Through the MMIS Operations activity, to increase the number of Medicaid Information Technology Architecture (MITA) business process advancements in maturity and allow the tracking of the number of months in Design, Development and Implementation (DDI) phase for system revisions and upgrades through state fiscal year 2022.

**Strategies:**

- 2.1 Collaborate with LDH'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.
- 2.2 Automate outdated manual Medicaid business processes, using the Medicaid Information Technology Architecture (MITA) "To Be" state self-assessment and the MITA 3.0 framework as a guideline.
- 2.3 Introduce reforms in healthcare 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.

**Performance Indicators:**

- Number of MITA business process advancements in maturity
- Number of months in the Design, Development and Implementation (DDI) phase for revisions and upgrades to systems

**Objective III:** Through the MMIS Operations activity, to ensure maximum effectiveness of Medicaid Management Information System (MMIS) section contract expenditures and to take opportunity of federal funding where available.

**Strategies:**

- 3.1 Collaborate with BHSF Sections in the creation of state and federal funding approval documents.
- 3.2 Monitor section-wide expenditures against availability of funds.
- 3.3 Collaborate with BHSF Sections in the development of contract documents with appropriate level of detail and service level agreements.

**Performance Indicators:**

- Dollar value of MMIS contract expenditures
- Dollar value of penalties assessed on contractors
- Percent of MMIS contract expenditures that are federally funded

**Objective IV:** Through the MMIS Operations activity, maintain effective and efficient provider enrollment and disenrollment through June 30, 2021.

**Strategies:**

- 4.1 Evaluate contractor performance to assure that enrollment is processed quickly and without errors.

**Performance Indicators:**

- Average length of time to complete enrollment from date of receipt of a properly completed provider enrollment packet
- Average monthly receipts of enrollment requests
- Annual number of provider exclusions

**Activity 5 – Pharmacy Benefits Management**

The Pharmacy Benefits Management (PBM) activity advances the agency's 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. The Department has modernized state-managed pharmacy benefits by incorporating pharmacy into the Medicaid Managed Care Program. The Department will also continue to provide for traditional pharmacy fee for service benefits for members not enrolled in a managed care plan. The Pharmacy Program enhances services as needed, such as providing for a revised reimbursement methodology, enhancing the Prior Authorization (PA) process and Drug Utilization Review (DUR) initiatives. Clinical and support staff and contractors perform a variety of administrative initiatives to reduce expenditures 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 recipients with other drug coverage, pharmacy audit recoupments, provider compliance with the drugs on the preferred drug list, as well as, implementing an actual acquisition cost reimbursement methodology for ingredient cost determination on all drugs reimbursed in fee for service.

**Objective I:** Through the Pharmacy Benefits Management Activity, to strengthen the current State-run Pharmacy Benefit Management Program through June 30, 2022.

**Strategies:**

- 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.
- 1.3 Enhance Prior Authorization (PA) activities by:
  - Collaborating with contractors to enhance existing PA system. Expanding the current PA tool to incorporate more clinical data into PA system.
  - Exploring the possibility of using a web-based automated prescription prior authorization tool with Fiscal Intermediary.
  - Collaborating with La. Office of Behavioral Health to augment review on behavioral health drugs such as stimulants and anti-psychotic agents.
  - Enhance Drug Utilization Review (DUR) activities in the following ways:

- Collaborate with contractors and DUR Board to enrich current prospective and retrospective DUR criteria. Add additional therapeutic classes to those currently under review.
  - Collaborate with business partners in Medicaid Managed Care Program to extend pharmacy review.
- 1.4 Enhance Lock-In Program through changes such as:
- Re-institute physician component into Lock-In Program. Work with the managed care organizations to review profiles of over-utilizers of prescription drugs.
  - Consider the feasibility of electronic review of specified therapeutic categories to assist with Audit identification of potential Lock-In candidates.
- 1.5 Ensure auditing and review of pharmacy claims for duplication, unwarranted use and waste.

#### **Performance Indicators:**

- Percentage of Total Scripts PDL Compliance
- Percentage of Generic drug utilization

### **Activity 6 – Dismissal of Chisholm Consent Agreement and Provision of Medically Necessary Services for Class Members**

The outcome of this activity would create increased efficiencies in the delivery of services to children with disabilities and allow those children to receive the autism services that they need through their managed care plan.

Currently, the Department must comply 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 all of the various changes that have been made to modernize Louisiana Medicaid. Currently, the Department has strict requirements and limited flexibility in the way the Medicaid program is administered to *Chisholm* Class Members.

**Objective I:** Transform the service delivery method for Chisholm Class Members to improve care coordination and health outcomes and decrease fragmentation by providing medically necessary services to eligible Medicaid enrolled children in accordance with the *Chisholm* requirements.

#### **Strategies:**

- 1.1 Ensure that Chisholm requirements are clearly understood. Minimize non-compliance issues by establishing clear and concise policies for services that are subject to the *Chisholm* requirements.
- 1.2 Require uniform reporting measures that capture detailed information which allows the Department to analyze either adherence to Chisholm requirements or the need for corrective performance.

- 1.3 Enforce stringent remediation measures sufficient to ensure compliance with Chisholm requirements.

**Performance Indicators:**

- Percent of reports per calendar year that indicate plan compliance with all *Chisholm* Prior Authorization Liaison (PAL) requirements
- Percent of reports per calendar year that resulted in remediation or corrective action plan due to failure to follow *Chisholm* PAL requirements
- Percent of Chisholm class members who are denied services due to lack of sufficient documentation after all PAL procedures were correctly followed
- Percent of Chisholm class members who are denied services due to lack of medical necessity after all PAL procedures were correctly followed

**Activity 7 – Collections/Recovery and Cost Avoidance**

The Medicaid Collections/Recovery and Cost Avoidance activity advances the agency’s goal of ensuring cost effectiveness in the delivery of health care services by using efficient management practices and maximizing revenue opportunities.

**Collections:**

- **Third Party Liability (TPL) Collections** - Third parties are legally liable individuals, institutions, corporations (including insurers), and public or private agencies who are or may be responsible for paying medical claims of Medicaid enrollees. Medicaid pays only after a known third party has met its legal obligation to pay, with the exception of claims for prenatal, preventive pediatrics, and medical support enforcement, where Medicaid pays first and then pursues the third party payment, referred to as “pay and chase.” Liable third parties include other health insurers and parties liable for accidents and injuries to Medicaid enrollees.

**Recovery:**

- **Estate Recovery-** As required by federal regulations, the State must seek recovery of Medicaid payments for long term care facility services, home and community-based services, and related hospital and prescription drug services from the estate of an individual who was age 55 or older when such services were received.
- **Recipient Recovery** - Payments made to Medicaid providers on behalf of a Medicaid enrollee are subject to recovery from the enrollee if it is subsequently determined that the Medicaid enrollee was ineligible for Medicaid on the date of service.

**Cost Avoidance:**

- **Cost Avoidance** – Cost Avoidance is the main goal of the TPL program. Once other insurance information is entered on the MMIS, the system will begin cost avoiding claims by denying them back to the provider with a message that the beneficiary has other insurance on that date of service and claims should be filed there first. If the provider has already billed the other insurance, Medicaid will only consider making payment up to the Medicaid allowed amount.



The purpose of establishing and maintaining an effective Collections/Recovery & Cost Avoidance program is to reduce Medicaid expenditures. Monitoring of TPL claims processing enables the Department to enforce that Medicaid is the payer of last resort. Maximizing recoveries results in the most efficient use of Medicaid funds which increases the funds available for the eligible population.

**Objective I:** Through the Collections/Recovery and Cost Avoidance activity, to pursue collections from third party sources legally responsible for healthcare costs of Medicaid and CHIP enrollees via cost avoidance and/or pay and chase methods by June 30, 2022.

**Strategies:**

- 1.1 Maintenance of the Resource File in order to assure that the most accurate, up-to-date third party liability information for enrollees is reflected in the MMIS (payment) system which results in higher collection of funds due.
- 1.2 Monitor the logic of the Medicaid claims payment system and update as needed to be sure that TPL edits are applied correctly.

**Performance Indicators:**

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

**Objective II:** Through the Collections/Recovery and Cost Avoidance activity, pursue collections from third party sources legally responsible for healthcare costs of Medicaid enrollees who sustained injuries or were involved in accidents by June 30, 2022.

**Strategies:**

- 2.1 Continue to streamline work processes for trauma recovery and further integrate technology and automation to increase productivity and, as a result, collections.
- 2.2 Explore contracting with University of New Orleans to augment existing resources.
- 2.3 Revise protocol for following up with recipients to explore possible TPL related to accident or trauma.
- 2.4 Explore feasibility of creating web-based option to respond to requests for information.

**Performance Indicators:**

- TPL trauma recovery amount
- Number of requests generated for additional information relative to accidents or injuries

**Objective III:** By June 30, 2022, to increase collections through the Collections/Recovery and Cost Avoidance activity by 1% from estates of individuals who were aged 55 or older when long term care facility services, home and community-based services, and related hospital and prescription drug services were paid by Medicaid.

**Strategies:**

- 3.1 Pursue legislative updates to laws and regulations regarding estate recovery to reduce or remove the limitations on recoveries and, as a result, increase collections.
- 3.2 Determine the feasibility of contracting for estate recovery services to increase collections.

**Performance Indicators**

- Estate recovery amount
- Annual number of cases on which estate recovery was initiated
- Annual number of estate recovery cases resulting in successful recovery
- Percent increase in estate recovery cases with successful recovery
- Percentage of cases in which heirs claimed hardship exemption
- Louisiana's ranking among states for amount of Estate Recovery

**Objective IV:** By June 30, 2022, to increase collections through the Collections/Recovery and Cost Avoidance activity by 1% from individuals who were ineligible for Medicaid on the date(s) of service.

**Strategy:**

- 4.1 Determine the feasibility of a consulting contract for review, tracking, and/or collections related to Special Needs Trusts.

**Performance Indicators**

- Recipient recovery amount
- Annual number of cases on which recipient recovery was initiated
- Annual number of recipient recovery cases resulting in successful recovery
- Percent increase in recipient recovery cases with successful recovery

## **Activity 8 – Program Integrity**

LDH's Program Integrity section (PI) is tasked with combating statewide fraud, waste, and abuse (FWA) as well as ensuring that the Department remains compliant with a range of state and federal laws and regulations.

Statewide FWA efforts are performed by numerous entities with coordination by LDH's Program Integrity section to maximize efficiencies and prevent duplication. These entities include:

- LDH Program Integrity Analytics and Surveillance and Utilization (SURS) staff
- Contracted SURS staff which serve as an extension of LDH PI staff
- Attorney General's Office (Medicaid Fraud Control Unit)
- CMS-funded contractors
- Other external Contractors
- Other health plans internal PI units

Program Integrity's programs include Managed Care Compliance, External Audit/Payment Error Rate Measurement (PERM), Analytics, SURS, and FFS Compliance.

### **Managed Care Compliance**

Program Integrity is responsible for oversight of PI-related activities of all Medicaid managed care. Louisiana's Medicaid Managed Care Program consists of the following managed care entities and programs:

- Managed Care Organizations or health plans
- Dental Benefit Program Manager
- Coordinated System of Care (CSoC)

Program Integrity tracks contract compliance across a number of measures, including attendance of quarterly PI/MFCU meetings, reporting all providers terminated for cause, compliance with mandatory exclusions, concurrent reporting of suspected or confirmed fraud to both MFCU and PI, investigation of FWA, and submission of all required monthly, quarterly, and annual reports.

### **External Audit/Payment Error Rate Measurement (PERM)**

External audit manages audit-related federal requirements: Medicaid Integrity Contractor (MIC), Payment Error Rate Measurement (PERM), and Medi-Medi Contract (Medicare-Medicaid).

- MIC: CMS contractors tasked with identifying overpayments
- PERM: CMS program designed to measure state payment accuracy on a 3-year cycle and to determine the national error rate. Louisiana Medicaid has ranked 5<sup>th</sup>, 3<sup>rd</sup>, and 8<sup>th</sup> lowest in each of the past three cycles, starting in 2008 and Louisiana CHIP has ranked 6<sup>th</sup> and 9<sup>th</sup> nationwide.
- Medi-Medi: Matches Medicaid and Medicare data in order to identify improper billing and utilization patterns.

### **Surveillance and Utilization Review System (SURS)**

SURS is the primary unit dedicated to FWA prevention in LDH. SURS uses J-SURS, a CMS-certified SURS software system, to analyze data from fee-for-service program and encounter data from the Bayou Health MCOs to detect fraud and abuse by both providers and recipients.

### **Analytics**

Analytics uses SAS, SQL, and J-SURS software programs to data mine for potential fraud, waste, and abuse in both Managed Care and Fee for Service. This unit also provides technical support for all other programs within PI and Medicaid as necessary.

## **Compliance**

Program Integrity is responsible for processing provider exclusions and terminations and maintains the LDH Adverse Actions web search database. Program Integrity also screens all Medicaid providers for criminal convictions, adverse license actions, and past adverse actions related to FWA or quality.

**Objective I:** Through the Program Integrity activity, pursue direct, rigorous oversight of all contracted managed care entities by June 30, 2021.

### **Strategies:**

- 1.1 Coordinate with Louisiana Legislative Auditor to assess how the auditor may be useful in investigations.
- 1.2 Assess success of PI's transition from fee-for-service surveillance to managed care oversight.

### **Performance Indicators:**

- Number of MCO network providers terminated by plans for cause
- Percentage of MCO compliance with mandatory exclusions
- Percentage of MCO reports submitted timely and complete

**Objective II:** Through the Program Integrity Activity, detect and manage claims-based fraud, waste and abuse within LDH by June 30, 2021.

### **Strategies:**

- 2.1 Evaluate the effectiveness of the PI data mining and investigative efforts at identifying fraud, waste, and abuse.
- 2.2 Evaluate the effectiveness of recovery strategies.

### **Performance Indicators:**

- Number of closed cases
- Dollar amount identified on closed cases
- Dollar amount recovered on closed cases
- Number of MFCU Referrals on closed cases
- Number of ongoing reviews (open cases)
- Number of complaints received

**Objective III:** Through the Program Integrity activity, prevent, detect and remove from participation providers that do not meet the eligibility criteria through June 30, 2021.

### **Strategies:**

- 3.1 Continuous monitoring of all available information that assists Program Integrity in determining the eligibility status of providers.

### **Performance Indicators:**

- Number of provider exclusions and terminations
- FFS Cost Avoidance as a result of the adverse action taken by Program Integrity

## **306 Medical Vendor Payments**

### **Bureau of Health Services Financing**

#### **Vision**

We envision a future where everyone in Louisiana has the best care and health possible.

#### **Mission**

Our mission is to improve health and healthcare in Louisiana.

#### **Philosophy**

Our philosophy is to operate the Medicaid program in a manner that achieves the Triple Aim of optimizing health system performance by:

- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of healthcare.

#### **Executive Summary**

The direction of healthcare 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 Louisiana Children's Health Insurance Program (LaCHIP) and other initiatives. As a result, 96.5% of children have health coverage. Louisiana's statewide implementation of Medicaid managed care including the Dental Benefit Program provide access to a medical home for more than 92% of the Medicaid population. The implementation of managed care has been the catalyst for even greater focus on quality and access to care. Additionally, to further increase healthcare coverage and access to care, Louisiana expanded Medicaid coverage in accordance with the Affordable Care Act effective July 1, 2016.

Louisiana has also 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. 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 healthcare services by using efficient management practices such as value based payment and transforming hospital provider reimbursement.

### **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 to maximize revenue opportunities.

## **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 for 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 the five Managed Care Organizations (MCOs).
- II. To provide cost effective and evidence based Medicaid covered services for individuals remaining in the Fee-for-Service Program.
- III. To provide cost effective and evidence based pharmaceutical services.

## Activity 1 – Expand Medicaid Coverage

On January 12, 2016, Governor John Bel Edwards signed an executive order (JBE 16-01) to expand Medicaid in Louisiana no later than July 1, 2016. Expansion will make Medicaid available to the 300,000 to 450,000 adults living in Louisiana who do not currently qualify for full Medicaid coverage and cannot afford to buy private health insurance. By receiving Medicaid coverage, these Louisianans, many of them working adults in important industries like food service and construction, will finally be able to get the regular, preventative and primary care that best promotes health and wellness. Any adult who meets the eligibility criteria will be able to enroll in Medicaid under expansion. Criteria includes persons aged 19 to 64 years old who have a household income less than 138% of the federal poverty level, do not already qualify for full Medicaid or Medicare, and are U.S. citizens. Expansion benefits will be the same as benefits adults with full Medicaid coverage currently receive through enrollment in a managed care plan. Services will start July 1, 2016.

Not only does expansion allow for increased access to healthcare, but it also promotes sound fiscal stewardship through three primary funding strategies: 1) capitalizing on the best federal match rate (100%) immediately and then continuing to capitalize on enhanced match in out years at 90% Federal Financial Participation (FFP); 2) some services historically funded with State or local funds could be refinanced with Medicaid funds (such as spending on inpatient hospital costs of inmates, pregnant women, and people with disabilities); and 3) redirecting spending on disproportionate share hospital payments (regular match rate) to new adult spending with enhanced match. Expansion will also result in State revenue gains related to existing health plan and/or provider taxes as health plan and provider revenues increase.

The Department is also working with the La. Department of Corrections (DOC) to implement a pre-release Medicaid enrollment program for offenders who are eligible for Medicaid under expansion. Through an automated file transfer, the Department will enroll offenders approximately 6-9 months prior to scheduled release and suspend their Medicaid benefits until they have been released from incarceration. Once enrolled, the offender will also be linked to a Managed care plan. During this 6-9 month pre-release period, DOC will notify Medicaid of offenders with special healthcare needs identified as “high-need” so their Managed care plan can initiate case management and evaluate what linkages to healthcare services and social related needs the offender will need upon release. By ensuring offenders are already enrolled in Medicaid prior to release from incarceration, the Department intends to reduce utilization of higher cost healthcare services, such as emergency room use and inpatient hospital (re)admissions, and to also help reduce overall state costs by decreasing incarceration recidivism.

**Objective I:** Expand Medicaid healthcare coverage and access to newly eligible adults with income below 138% federal poverty level (FPL) allowing for increased access to preventative care and reducing utilization of higher cost services.

### Strategies:

- 1.1 Enroll newly eligible adults in a Managed care plan.
- 1.2 Invest in preventative and primary care services.

**Performance Indicators:**

- Number of new adults enrolled in Medicaid managed care
- Number of primary care visits
- Number of mammograms
- Number of childhood immunizations
- Number of colonoscopies
- Number of Emergency Department visits per 1000

**Objective II:** Maximize state general fund savings generated through enhanced federal financing under expanded Medicaid coverage.

**Strategies:**

- 2.1 Maximize federal revenues from expansion.
- 2.2 Refinance services historically funded with State or local funds with Medicaid funds at enhanced match rates.

**Performance Indicators:**

- Total Medicaid expenditures for newly eligible adults
- Total state general fund savings from refinancing the cost of care for certain populations previously payable at regular match but now payable at enhanced match under expansion
- Inpatient hospital expenditures for incarcerated offenders eligible under Medicaid expansion
- Dollar reduction in total Disproportionate Share Hospital (DSH) program expenditures
- Percentage reduction in total DSH program expenditures

**Objective III:** Streamline eligible offender enrollment in Medicaid prior to release under new adult group and reduce cost and recidivism through case management of offenders with special healthcare needs.

**Strategies:**

- 3.1 Create automated process between the La. Department of Corrections (DOC) and the Louisiana Department of Health for offenders in pre-release process and planning.
- 3.2 Connect identified pre-release offenders with a managed care plan so they will have a Medicaid health plan card in hand prior to release and immediate access to services and medications.
- 3.3 Connect offenders identified by the DOC as high-need with case management in their chosen or assigned Managed care plan during the pre-release program.
- 3.4 Track cost and recidivism upon implementation of pre-release program under expansion.

**Performance Indicator:**

- Number of high-need DOC offenders enrolled in case management



## Activity 2 – Fee For Service Program

This activity is representative of the operations maintained under Fee-For-Service Program payments to providers made through the Fiscal Intermediary, and includes payments for Legacy Medicaid. The program will focus on better health goals, including providing the right care at the right place at the right time; reducing avoidable hospitalizations and emergency room use for non-emergent conditions; improving health care quality through continuous monitoring of provider performance and quality outcomes; and innovative payment reform to incentivize improved health outcomes while at the same time ensuring savings and cost containment.

Administrative activities shall incorporate the following elements:

- 1) Development and implementation of innovative payment methodologies to incentivize provider and enrollee behavior that improves health outcomes and contains healthcare costs.
- 2) Publish outcomes of payment-based incentive programs once implemented.

**Objective I:** Through the Fee-For-Service Program activity, to implement policy and payment reform activities through state fiscal year 2022.

### **Strategy:**

- 1.1 Expand the use of value based payment methods for provider reimbursement to incentivize improved health outcomes and lower health care costs.

### **Performance Indicators:**

- Percentage of deliveries by caesarean section
- Follow-up care visits for children enrolled in the Fee-For-Service Program who are prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication

## Activity 3 – Medicaid Managed Care Program

The Medicaid managed care program (formerly known as Bayou Health) is Louisiana's Medicaid managed care system. It originally consisted of two Medicaid managed care models, Prepaid and Shared Savings. The Prepaid model was a full risk model, with three participating Medicaid Managed Care Organizations (MCOs) while the Shared Savings model was an enhanced Primary Care Case Management (ePCCM) program with two participating health plans. Although the Department had the option to extend the original five contracts for two additional one year periods, a Request for Proposals (RFP) was issued in 2014. Contracts were awarded effective 2/1/15 to five full risk MCOs.

Each month, the Louisiana Department of Health (LDH) pays the five MCOs a capitation payment for each Medicaid eligible individual enrolled in the plan during the previous month, referenced as a 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, including primary healthcare, specialized behavioral health services, and nonemergency medical transportation. The MCOs are at risk for any costs in excess of the PMPM payments, providing a financial incentive for effective care coordination and utilization management and protecting LDH from financial risk.

Goals for better health addressed by Medicaid managed care 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 cost containment. Administrative activities to effect functional and efficient government are 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 can be held accountable for performance through potential loss of funds or loss of contract for noncompliance with contract requirements;
- 3) Publish policies, procedures and performance reports as part of a commitment to transparency through public websites; and
- 4) Leverage additional funding sources to better fund administration of Medicaid coordinated care and achieve savings for Louisiana taxpayers; examples include annually leveraging the premium tax levied against the capitation payments to the MCOs to draw down additional federal funds.

**Objective I:** Through the Medicaid Managed Care Program activity, to increase budget predictability while providing for a service delivery model of high quality, medically necessary health services and avoiding unnecessary duplication of services.

**Strategies:**

- 1.1 Expand Medicaid Managed care to include currently excluded Medicaid enrollees, as feasible, through the most appropriate federal authority or a State Plan Amendment.
- 1.1 Expand the Medicaid Managed Care services to include currently excluded services as feasible.
- 1.2 Ensure greater budget predictability through the procurement of health care services under managed care models that maintain a per member per month (PMPM) full risk payment rate for the delivery of healthcare services.
- 1.3 Maintain a risk-adjusted methodology that is aligned with the severity of illness in each MCO's member population to prevent cherry picking by the MCOs, while maintaining budget neutrality for the state.
- 1.4 Implement new and/or revised payment policies and structures that disincentivize the inappropriate use of higher cost, non-medically necessary procedures (e.g., caesarian versus vaginal delivery) and further ensure quality of care through performance-based payments.
- 1.5 Publish website of performance of Medicaid MCOs.

**Performance Indicators:**

- Percentage of Medicaid enrollees enrolled in a managed care model
- Percentage of Medicaid enrollee expenditures under a managed care model
- Annual amount of premium taxes paid by Medicaid managed care plans

**Objective II:** Increase preventive healthcare through the Medicaid Managed Care Program activity, and improve quality, performance measurement, and patient experience for managed care members.

**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 Provide health services in the most integrated setting possible, and emphasize community and home based alternatives where appropriate.
- 1.3 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.
- 1.4 Increase the amount of clinical oversight by nurses/physicians of clinical aspects of patient care for Medicaid enrollees.
- 1.5 Implement reporting on adult quality and Children's Health Insurance Program Reauthorization Act (CHIPRA) measures and make this data publically available.

**Performance Indicators:**

- Percentage increase in adults' access to preventive/ambulatory health services for managed care members
- Percentage increase of well-child visits in third, fourth, fifth and sixth years of life for managed care members
- Percentage increase of adolescent well-care visits for managed care members
- Percentage of managed care members in case management
- Percentage increase of children's access to behavioral health services
- Follow-up care visits for children enrolled in a managed care plan who are prescribed Attention Deficit Hyperactivity Disorder (ADHD) medication

**Activity 4 – Behavioral Health Services Reform**

In 2012, LDH began sweeping reforms to ensure access to medical, preventive and rehabilitative behavioral health services for all citizens of the State of Louisiana through the Louisiana Behavioral Health Partnership which was a carved out managed care approach managed by a Prepaid Inpatient Health Plan. Effective December 1, 2015, the Department transitioned specialized behavioral health services from the Louisiana Behavioral Health Partnership into an integrated care model under Medicaid managed care for physical and acute care. All Medicaid MCOs, or health plans, provide the full array of Medicaid allowable physical and specialized behavioral health services with the exception of services for at-risk children and youth who are in need and qualify for the Coordinated System of Care (CSoC). CSoC is a waiver program offering services for 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.

With the emphasis that LDH has placed on behavioral health services since 2012, 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 under the Medicaid Managed Care Program. As a result of focused attention, LDH has seen, and expects to continue to see, 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 use are common characteristics of incarcerated individuals.
- Self-Sufficient Families - Serious mental illness and substance use 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 the La. Department of Children and Family Services (DCFS), the Louisiana Department of Education (LDOE), and the Office of Juvenile Justice (OJJ) without benefit of Federal Match.

**Objective I:** Through the Behavioral Health Services Reform activity, to increase access to a full array of evidence-based in-home and community-based behavioral health services, in order to improve health outcomes and decrease reliance in institutional care by State Fiscal Year 2022.

### **Strategies:**

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

**Performance Indicators:**

- Number of recipients with a primary mental health diagnosis receiving community-based services
- Percentage change in the number of recipients with a primary mental health diagnosis receiving community-based services
- Percentage of recipients reporting satisfaction with behavioral health services
- Number of corrective actions the MCOs are required to complete as a result of the annual external quality review

**Activity 5 – Pharmacy Benefits Management Services**

The Pharmacy Benefits Management program advances the agency's goals of improving healthcare outcomes, assuring the delivery of quality pharmacy services through state monitoring of managed care administered pharmacy benefit programs under managed care contractual agreements with capitated MCOs. The MCOs are contracted to effectively manage delivery of their pharmacy services and provide cost effective utilization management. The Department also provides for traditional pharmacy fee for service benefits for members not enrolled in a Managed care plan. The Department has implemented a variety of cost saving initiatives including invoicing and reconciliation of pharmacy rebates from drug manufacturers, cost avoidance of claims for Medicaid recipients with other drug coverage, pharmacy audit recoupments, provider compliance with the drugs on the preferred drug list, as well as, implementing an actual acquisition cost reimbursement methodology for ingredient cost determination on all drugs reimbursed in fee for service.

**Objective I:** Through the Medicaid Pharmacy Benefits Management Program, reduce the rate of growth of expenditures for drugs in the legacy program and by contracting with the Medicaid MCOs.

**Strategies:**

- 1.1 Reduce expenditures through contracting with MCOs to effectively manage delivery of pharmacy benefits through establishment of MCO formularies for Medicaid members in their plan.
- 1.2 Strengthen State-run pharmacy benefit management Preferred Drug List with new edits as appropriate and enhance Prior Authorization process with a focus on enhancing and building upon current point-of-sale clinical drug edits for Medicaid recipients in the legacy program.
- 1.3 Encourage providers to utilize the prior authorization program and preferred drug list when clinically appropriate for Medicaid recipients.
- 1.4 Obtain supplemental rebates from drug manufacturers to offset Medicaid expenditures for Medicaid recipients in the legacy program.

**Performance Indicators:**

- Amount of cost avoidance (in millions) through the prior authorization (PA) program and use of the preferred drug list in legacy Medicaid
- Percentage of total drug rebates collected

## Activity 6 – Inpatient Hospitalization

The inpatient hospitalization activity reflects the goal of improving the health of Louisiana’s citizens and maintaining access to care for Medicaid recipients. 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. 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, and to effectively use Federally allowed Medicaid payments to increase access to inpatient services for Louisiana citizens.

**Objective I:** Through the Medicaid Inpatient Hospitalization activity, to provide evidence-based 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 through value-based purchasing and payment reform.

### Strategies:

- 1.1 Stabilize the hospital safety net services in coordination with public private partnerships of formerly stat-owned facilities.
- 1.2 Research and implement additional evidence-based practices in reimbursement for hospital inpatient services.
- 1.3 Transform hospital payments for the public private partnerships from a cost-based approach to value-based purchasing in a way that ensures quality and evidence-based care.

### Performance Indicators:

- Average (mean) length of stay in days (non-psych) for Title XIX Medicaid recipients
- Average length of stay in days for formerly state-owned hospital facilities

## Activity 7 – Hospice and Related Nursing Home Room and Board Payments

Hospice care contributes to better health in Louisiana by providing dying patients with the most appropriate palliative care, rather than continuing to pay for more aggressive medical care that will not improve their quality of life nor meaningfully prolong their lives. Such palliative care also benefits the families of these patients. Finally, hospice care sometimes includes counseling and other services for the families of dying patients, which, if effective, can improve their mental health.

**Objective I:** Through the Hospice and Nursing Home Room and Board Payments Activity, to provide quality palliative care to Medicaid Hospice recipients at the most reasonable cost to the state by state fiscal year 2022.

**Strategies:**

- 1.1 Utilize monthly budget reports to track the number of room and board services for hospice patients, number of hospice services, hospice length of stay and general inpatient days.
- 1.2 Monitor and enhance prior authorization as needed to assure that only those who have a prognosis of 6 months left to live are approved to receive hospice services.
- 1.3 Revise hospice rules to assure that the appropriate level of care is being provided and billed.

**Performance Indicators:**

- Percentage change in hospice general inpatient days
- Baseline number of room and board services for hospice patients
- Baseline number of hospice services
- Baseline hospice length of stay
- Baseline hospice general inpatient days
- Percentage change in the number of room and board services for hospice patients
- Percentage change in hospice length of stay

**Activity 8 – Increasing Dental Care Access**

The dental activity will advance the agency'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 the Center for Medicaid and CHIP Services (CMCS). Preventive dental services are intended to defend against the onset of disease, such as using sealants to prevent cavities. National average costs for common preventive and restorative procedures show that stopping disease before it starts can yield savings. The American Dental Association proclaims the most cost effective method to ensure optimal oral health is through prevention, education and behavioral modification. This activity will support the effort of encouraging all Medicaid enrolled children to obtain appropriate preventive and primary oral healthcare 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 enrolled in Medicaid or Children's Health Insurance Program (CHIP) who receive a preventive dental service.

**Strategies**

- 1.1 Improve the oral health literacy of patients and families by developing and promoting clear and consistent oral health messaging to health care providers and the public.
- 1.2 Increase provider participation by developing methods to reduce administrative burden on dental providers.

- 1.3 Establish a Dental Advisory Committee to provide clinical guidance to enhance the Department's ability to design the benefit and coverage policies for the dental program.
- 1.4 Develop new approaches to maintain current and accurate dental provider listings.
- 1.5 Promote provider training in cultural competency.
- 1.6 Promote collaboration among dental providers and medical care providers that increases information sharing, understanding of eligibility requirements, and access to and utilization of oral healthcare benefits.

**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 who receive a dental sealant on a permanent molar tooth.

**Strategies**

- 2.1 Explore new clinical methods of care for children at high risk for developing caries, such as risk-based preventive and disease management interventions.
- 2.2 Provide education and evidence-based best practice guidelines to dental and medical providers.
- 2.3 Develop partnerships with outside agencies and community partners to promote the importance of dental sealants to reduce dental caries.
- 2.4 Collaborating with school-based health centers to integrate dental preventive services, including sealants, into school health programs.

**Performance Indicators:**

- Percentage of Medicaid enrollees, enrolled for at least 90 consecutive days aged 6-9, who receive a dental sealant on a permanent molar tooth
- Percentage of enrolled children in the age category of 6–9 years at “elevated” risk who received a sealant on a permanent first molar tooth within the reporting year



## 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 improve health outcomes through better coordination of care, increased access to medically necessary services, and mandating accountability for the delivery of Medicaid covered services through contractual arrangements with managed care organizations/health plans and safety net public providers.
- II. To provide cost effective and medically appropriate Medicaid covered services through public providers.

### Activity 1 – Payments to Public Providers

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

With the privatization of the Louisiana State University hospitals and clinics through Public-Private Partnerships, payments to public providers previously made to those entities shifted to the Payments to Private Providers activity. Remaining public providers include the La. Office of Public Health, which bills for services provided at local health units, and Local Education Agencies (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 a physician when appropriate and assist the child's family in making that appointment. School nurses must coordinate with the student's Managed care plan to assure continuity and coordination of care.

This activity also helps to achieve Agency Goal VI by achieving alternative sources of 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, millions of 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 track utilization of services provided by local school systems including nursing services, which allow for important medical screenings to be provided by these school systems with Medicaid reimbursement.

**Strategies:**

- 1.1 Track utilization and growth of services that LEAs provide, including nursing services for screenings and referral to physicians for treatment.
- 1.2 Conduct outreach to LEAs.

**Performance Indicators:**

- Number of Local Education Agencies billing for school nursing services
- Number of unduplicated recipients receiving school nursing services from a Local Education Agencies
- Number of school nurses in participating Local Education Agencies

**Activity 2 –Family Planning Services**

Federal law requires state Medicaid programs to cover family planning services and supplies for recipients of child-bearing age and provides an enhanced federal match rate for such services (90% Federal Financial Participation). The Office of Public Health (OPH) is the Medicaid Program's largest provider of family planning services, as well as the state's safety net provider of family planning services for the uninsured and underinsured. OPH offers family planning services throughout the state at its Parish Health Unit locations.

The Department's reproductive health services are aimed to reduce female and infant mortality, morbidity, and teen pregnancy by providing disease screening, health education, counseling and contraceptive methods. While federal Title X family planning funds provide the basis for OPH's ability to provide family planning services, Medicaid coverage allows many more patients to be seen in LDH parish health units, therefore decreasing (not eliminating) the need to spend state general funds.

In addition to the mandated family planning services and supplies required by Medicaid, Louisiana provided additional family planning services through the Take Charge Program, which offered Medicaid coverage for family planning services only to women who are not otherwise eligible for Medicaid. However, with expansion now offering full Medicaid coverage for the vast majority of the Take Charge Program population, the program is ending in late 2016. Through full benefit coverage under expansion, the Department aims to continue the achievements of the Take Charge Program, including expanding access to family planning services across the State through increased enrollment and further empowering women to manage their reproductive health, space pregnancies, and avert unintended pregnancies.

**Objective I:** Through the Family Planning Services Activity, to increase the percentage of patients seen by public providers who have Medicaid coverage by 5 % by June 30, 2022.

**Strategy:**

- 1.1 Increase utilization of family planning services by working collaboratively with public providers to enroll their eligible uninsured patients.

**Performance Indicators:**

- Number of Medicaid recipients receiving family planning services
- Number of family planning outreach activities conducted
- Percentage change in the number of Medicaid recipients accessing family planning services

**Objective II:** Through the Family Planning Services Activity, to reduce prevalence of Sexually Transmitted Infections (STI) through outreach, screening and treatment as a Medicaid service.

**Strategies:**

- 2.1 Track utilization and trends regarding treatment for Sexually Transmitted Infections (STI) as a service for Medicaid enrollees.
- 2.2 Coordinate with OPH Parish Health Units to outreach to community regarding availability of screening and treatment services for STIs.

**Performance Indicators:**

- Number of Medicaid enrollees screened for chlamydia
- Annual Chlamydia screening rate for Medicaid enrolled women less than 25 years of age
- Number of Medicaid enrollees screened for gonorrhea
- Number of Medicaid enrollees screened for syphilis
- Number of Medicaid enrollees screened for HIV
- Number of Medicaid enrollees treated for chlamydia
- Number of Medicaid enrollees treated for gonorrhea
- Number of Medicaid enrollees treated for syphilis
- Number of Medicaid enrollees treated for HIV

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

**Program C: Mission**

The mission of the Buy-Ins & Supplements Program is to purchase health care services through the payment of premiums to other entities on behalf of certain Louisiana Medicaid and CHIP enrollees. This program has two major components:

1. **Medicare Buy-Ins and Supplements** is the federal program which allows states to purchase Medicare coverage for individuals with limited income and resources by paying their monthly Medicare Part A and/or B premiums. By doing so, the state provides medical insurance protection to individuals with limited income and resources. For those individuals dually eligible for Medicaid and Medicare, 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 Medicare program, which is fully financed by the federal government. Federal matching money is available through the Medicaid program to assist states with the premium payments for Medicare buy-in enrollees.

2. **Louisiana Health Insurance Premium Payment (LaHIPP)** is a program authorized under the authority of Section 1906 of the Social Security Act that may reimburse all or a portion of an employer sponsored insurance (ESI) premium on behalf of a Medicaid recipient, if purchasing ESI is determined to be more cost effective than having Medicaid as the primary payer of medical expenses. Medicaid may also pay the out of pocket expenses (co-pays and deductibles) for LaHIPP eligibles enrolled in ESI.

### **Program C: Goals**

- I. Medicaid cost avoidance through Buy-Ins (paying premiums) for Medicare and Medicaid dual eligibles.
- II. 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.
- III. To reduce the number of uninsured Louisiana residents by reimbursing the most cost effective ESI premium which may provide health insurance coverage for non-Medicaid eligible family members.

### **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% Federal Poverty Level [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 Program (MSP) is to improve the health of its beneficiaries. Reducing financial barriers to healthcare can lead to better health outcomes, and expanding access to healthcare improves health status and mortality for those with the lowest incomes. As an added benefit, people who qualify for the Medicare Savings Program 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 healthcare costs than the non-elderly. Although the Medicare Savings Program does not completely eliminate out-of-pocket expenditures for all enrollees, it provides significant savings that free up funds for other necessities. The Medicare Savings Program has been shown to improve access to medical care services. Utilization of all medical service types is greater for MSP enrollees than for eligible non-enrollees, even when accounting for differences in health status and other characteristics. Data has shown that MSP enrollment increases access to preventative and primary care through use of outpatient hospital services and a higher frequency of office visits.

**Objective I:** Through state fiscal year 2022, 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 program 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 savings (costs of care less premium costs) for Medicare benefits

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

The LaHIPP program activity focuses on ensuring access to affordable and appropriate care to Medicaid & LaCHIP eligibles and their families who have access to Employer Sponsored Insurance (ESI). In an effort to realize potential cost avoidance available due to ESI, especially with the expansion population onboarding in 2016, the Department is currently in the planning process to re-implement LaHIPP, which was previously retired in 2015. Through coordination of services with private health insurance, the state Medicaid agency can leverage other resources that would otherwise have to be assumed for this population in the entitlement program. LaHIPP reduces the number of uninsured Louisiana residents and frees up Medicaid dollars by establishing a third party resource as the primary payer of medical expenses, assuring that Medicaid pays only after the responsible third party has met its legal obligation to pay. The Medicaid funds which are not expended for LaHIPP enrollees can be utilized to cover the medical needs of non-LaHIPP eligible Medicaid enrollees.

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 indicates a significant potential for savings.

**Objective I:** Each year through June 30, 2022, the Louisiana Health Insurance Premium Payment (La. HIPP) activity will assist eligible Medicaid enrollees and their families in purchasing private health insurance through an employer while maintaining Medicaid/LaCHIP coverage as a secondary payer of medical expenses for Medicaid enrollees, resulting in reduced cost exposure to the state.

**Strategies:**

- 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 payer of medical expenses for Medicaid enrollees.
- 1.2 Reduce the number of uninsured Louisiana residents and reduce total Medicaid costs by reimbursing the most cost effective ESI premium which may provide health insurance coverage for non-Medicaid eligible family members.

**Performance Indicators:**

- Number of cases added in LaHIPP
- LaHIPP Total Savings in Millions
- Number of Medicaid enrollees with ESI paid by LaHIPP
- Number of non-Medicaid family members with ESI paid by LaHIPP

**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 of Uncompensated Care Costs, the client's quality and access to medical care is improved. Louisiana's disproportionate share hospital (DSH) 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' costs of treating uninsured would have to be financed by State General Funds.

**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 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 citizens. Louisiana currently 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.

Beginning July 1, 2016, as an expansion state, DSH expenditures are anticipated to decrease as Medicaid enrollments increase. Since implementation of the Affordance Care Act, hospitals in states that expanded have experienced decreases in their uncompensated care costs. These reductions alleviate strain on hospitals and help ensure their sustainability since Medicaid funding is not capped and is a more stable source of income.

**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 State General Funds.

**Strategy:**

- 1.1 To facilitate Disproportionate Share (DSH) payments to fairly offset the care provided to uninsured residents of the state.
- 1.2 Incentivize quality, evidence-based provision of care with payment reform that focuses on value based purchasing rather than cost based reimbursement within the public private partnerships, which provide the significant majority of safety net inpatient services and are funded through DSH.

**Performance Indicators:**

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

**Objective II:** Minimize reliance on Disproportionate Share Hospital payments financed at the regular Federal Medical Assistance Percentage (FMAP) by maximizing opportunities for hospital reimbursement at the enhanced FMAP under expansion.

**Strategy:**

- 2.1 To reduce Disproportionate Share Payments (DSH) payments to hospitals for uncompensated care costs, resulting from both Medicaid shortfall and uninsured, as hospitals' payer mix improves with expanded Medicaid coverage.

**Performance Indicator:**

- Percent change in annual DSH associated with uninsured costs for the recently completed fiscal year compared to the prior fiscal year.

**09-307**  
**Office of the Secretary**

## **Vision**

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

## **Mission**

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

## **Philosophy**

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

## **Executive Summary**

In support of its mission to protect and promote health and to ensure access to medical, preventive and rehabilitative services for all citizens of the state of Louisiana, the Department of Health's (LDH) strategic plan focuses on three overarching priorities.

1. Expanding access to health care to more working Louisianans through the Healthy Louisiana Medicaid expansion program and improving health outcomes for all Medicaid enrollees, new and old, by expanding and reinforcing the benefits of running Medicaid on an outcomes-driven managed care model.
2. Improving the efficiency and performance of the Department through a focus on program integrity and a new openness to public and legislative transparency and accountability.
3. Reinvigorating the mission of the Department by rededicating ourselves to creating health care equity in Louisiana. Health care equity is defined by the World Health Organization as the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically.

The Department's recent name change to the Department of Health reflects our incorporation of these three strategic goals into all of the Department's work and planning. By formally recognizing our true role in Louisiana as the primary force for keeping our residents healthy in all aspects of their lives and making these three goals the driving force for doing so, the Department stands ready to face the complex health challenges the state faces with a new energy and responsiveness.



## Agency Goals

### Goal I

The goal of the Office of the Secretary is to provide primary leadership and direction for the Department and to coordinate statewide programs, services, and operations.

#### Strategic Links:

- I. **Healthy People 2020** provides science-based, 10-year national objectives for improving the health of all Americans. For 3 decades, Healthy People has established benchmarks and monitored progress over time in order to:
  - Encourage collaborations across communities and sectors.
  - Empower individuals toward making informed health decisions.
  - Measure the impact of prevention activities.

#### Overarching Goals of Healthy People 2020

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development, and healthy behaviors across all life stages.

- II. **Human Resources Policies Beneficial to Women And Families:** *The Louisiana Department of Health (LDH) is committed to providing health and medical services for the prevention of disease for the citizens of Louisiana, particularly those individuals who are indigent and uninsured, persons with mental illness, persons with developmental disabilities and those with addictive disorders. It is 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 LDH offers time and attendance policies that permit the use of flexible schedules as approved by supervisors. In addition, LDH offers an Employee Assistance Program and Funeral Leave.

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

### **Mission**

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

### **Goal**

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

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

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

**Objective I:** Through the Executive Administration and Program Support activity, to provide leadership, strategic and policy direction while maximizing resources and maintaining the highest level of government performance and accountability standards each year through June 30, 2022.

### **Strategies:**

- 1.1 Provide oversight and supervision to the Divisions and Bureaus responsible for auditing, budget preparation, financial services, human resources, accounting, and the development of strategic and operational plans.
- 1.2 Conduct weekly meetings with Assistant Secretaries and executive staff members and review existing policies on an ongoing basis.
- 1.3 Respond to and prioritize requests from executive management for audit services (as resources permit) and emphasize adherence to auditing standards during the planning, field work, and report writing phases of every audit.
- 1.4 Develop clear understandable human resource (HR) policies that balance the interest of both management and employees and ensure that HR policies and procedures are maintained, documented, and communicated in a timely and comprehensible manner.

- 1.5 Analyze, compile, and present monthly revenue fiscal statements and expenditure analysis reports to determine the status of departmental agencies revenues and expenditures.

### **Performance Indicators:**

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

<b>Activity: Governor's Council on Physical Fitness and Sports</b>
--

The Governor's Council on Physical Fitness and Sports (Governor's Games) promotes physical fitness and health through participating in competitive sports, workshops and conferences. Its main purpose is to motivate all Louisiana residents to become and stay physically active by promoting the benefits of physical activity through sports and fitness programs. The Governor's Games offer Olympic style sporting events across the state that provides an opportunity for competition, physical activities for all ages, skill level, and economic demographics. Some of the sporting events include: basketball, baseball, boxing, golf, karate, gymnastics, swimming, volleyball, weightlifting and track & field. The Governor's Council on Physical Fitness and Sports also hosts "Own Your Own Health," a program that allows Louisiana residents to track their fitness and nutrition levels online by forming teams of 2-10 people for adults and 10-30 for youth. These programs foster and encourage ways for resident of the state of Louisiana to become physically fit by getting them involved in competitive activities that require physical fitness.

**Objective II:** 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:**

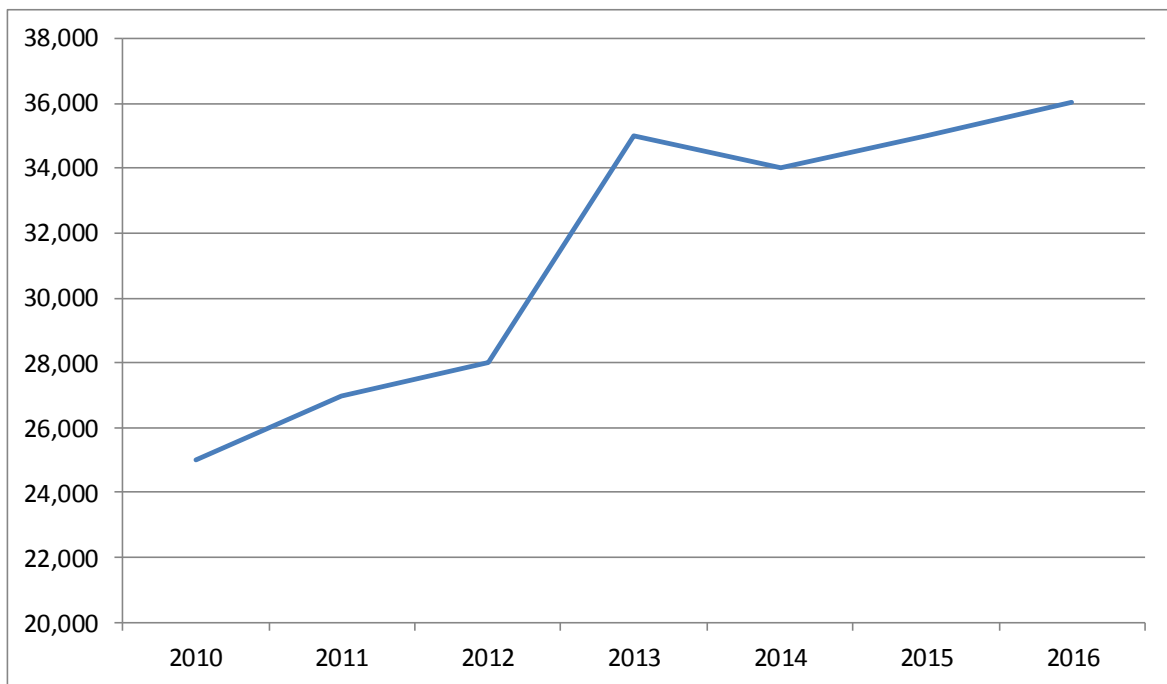
- 1.1 Work with local school boards and physical education teachers to expand the parish and statewide Elementary Fitness Meets to include every parish in Louisiana.
- 1.2 Sponsor physical fitness and sports workshops, clinics, conferences and other similar activities. An example would be the Athlete Leadership Summit, which is designed to give youth in Louisiana an opportunity to listen to former and current professional athletes talk about the important of education, values, leadership, team work and other items.
- 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

**The Governor’s Games Sustainability\***



**\*Number of participants competing in the Governor’s Games from 2015 to 2016  
(Not counting the Elementary Fitness Meet participants of 278,000 kids).**

## Activity: Financial Services

Fiscal Management performs accounting functions which includes depositing revenue into the State's Treasury, processing expenditures, preparing and issuing financial reports and maintenance of LDH's general ledger on the State's financial system; Planning & Budget administers and facilitates the operation of the budget process and performance accountability activities; provides technical assistance, analyzes budget request, monitors the legislative process, conducts expenditure analyses; manages and monitors the department's performance accountability and strategic planning information by assisting agencies in integrating agency plans with budget requests, developing goals, objectives, performance measures, and reviewing quarterly performance progress reports.

**Objective III:** To promote efficient use of agency resources and provide support to all activities within the Office of the Secretary by ensuring fiscal responsibility and accountability, excellence in customer service, and promoting innovation in the use of technology each year through June 30, 2022.

### 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 the Annual Departmental Budget Request in accordance with guidelines from the Division of Administration
- 3.6 Establish regular communications and ensure that transactions are executed according to management's authority and recorded properly
- 3.7 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

<b>Activity: Legal Services</b>
---------------------------------

The Bureau of Legal Services provides a wide array of legal services. Some of these services include legal advice and counsel, litigation in administrative hearings in state and federal court, policy and contract review, recoupment activities, legislation, and guidance on personnel and Civil Service issues. Legal Services also assists the agency in statewide departmental operations by observing and participating in management discussions, day-to-day operations, conducting legal risk analysis, and providing representation to the various offices of the department.

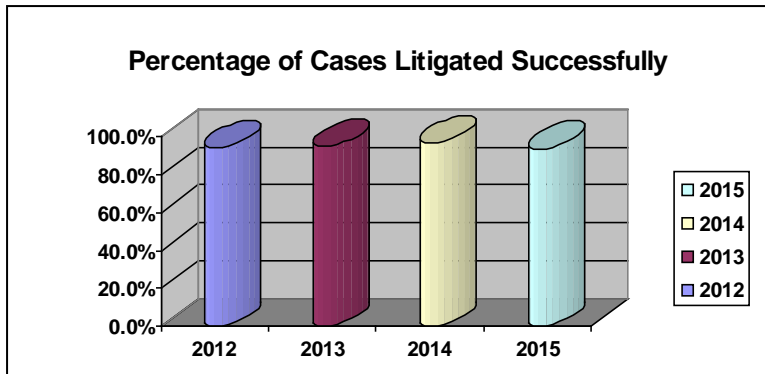
**Objective IV:** To provide legal services to the various LDH agencies and programs through fair, timely, efficient and legally correct adjudication of disputes and protests each year through June 30, 2022.

## Strategies:

- 4.1 Litigate cases and provide advice, counsel and legal representation to LDH agencies
- 4.2 Conduct administrative hearings and provide policy and contract review
- 4.3 Recoup monies owed to the Department
- 4.4 Provide guidance on Civil Service and personnel actions
- 4.5 Handle all 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: Internal Audit

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

**Objective V:** Through the Internal Audit activity, programs and agencies of LDH are independently appraised. In an effort to safeguard the department against fraud, waste & abuse, Internal Audit completes at least 6 audits and 6 operational reviews each year through June 30, 2022.

## Strategies:

- 5.1 Build and maintain a quality audit team that provides opportunities for development and advancement of personnel
- 5.2 Use technology to more effectively and efficiently perform our work
- 5.3 Document and test internal controls
- 5.5 Handle all assignments in an efficient, effective and timely manner

## Performance Indicators:

- Number of audit assessments
- Number of audit reviews
- 

<b>Activity: Health Standards</b>
-----------------------------------

Health Standards (HSS) 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.

Health Standards 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 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 VI:** Health Standards performs 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, 2022.

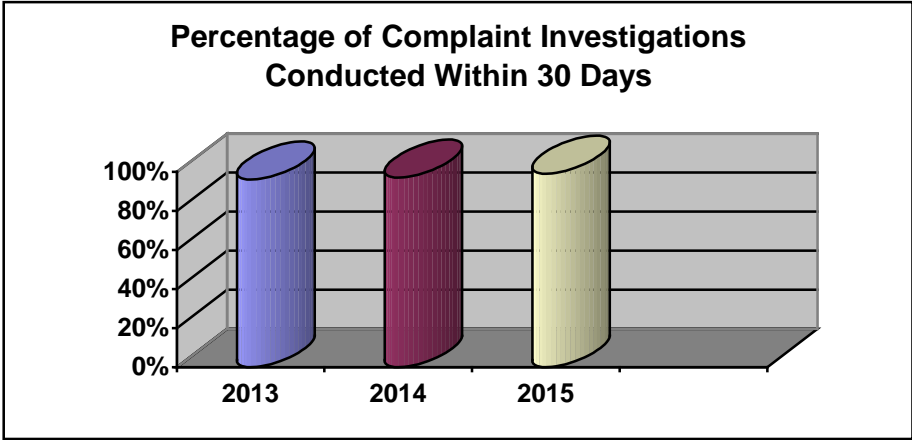
## Strategies:

- 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





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

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

09-309

## 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 6,053 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.

## **Performance Improvement Process**

The authority's performance improvement program includes an overall assessment of the efficacy of performance improvement activities with a focus on continually improving care provided, and safety practices conducted, throughout the organization. The program consists of the following components: performance improvement (PI), safety, quality assurance (QA), satisfaction, and utilization management (UM) activities.

Collaborative and specific indicators of both key processes and outcomes of care are designed, measured and assessed by all appropriate services and disciplines of each program in an effort to improve safety and performance. Indicators are objective, measurable, based on current knowledge and experience and are structured to produce statistically valid performance measures of care provided. This mechanism also provides for evaluation of improvements and the stability of the improvement over time. Measures are related to the accessibility, efficiency and effectiveness and availability of services, and the satisfaction of clients served. Indicators reflect the quality of community-based human services and support provided by SCLHSA to persons with Addictive Disorders, Developmental Disabilities and Mental Illness.

Additional indicators shall be those required for monitoring federally funded block grants or other federal grants received by any program. Approved outcome measurements developed by the Louisiana Department of Health (LDH) Human Services Interagency Council (HSIC) and the Offices of Behavioral Health and Citizens with Developmental Disabilities will also be collected and submitted as requested as stated in the Memorandum of Understanding with LDH.

## **Records Retention**

SCLHSA follows prescribed guidelines to create, maintain, and store records to comply with all state, federal, funding source, auditing, and accrediting body requirements to ensure the safety, security, and accessibility of all types of records in the necessary formats and storage in the required locations.

The permanent copies of all clinical records belong to the office of origin except medical records that are the property of the SCLHSA. Modifications to the SCLHSA Records Retention Schedule must be made in writing and submitted to the SCLHSA Director of Information Technology and IM Committee for review. Final approval must be given by the SCLHSA Executive Director. Paper records may be converted to any secure electronic medium for archival purposes. Records in electronic format shall be maintained, secured, and accessible according to the same rules as the original paper record.

## 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: Promote 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: South Central Louisiana Human Services Authority 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:**

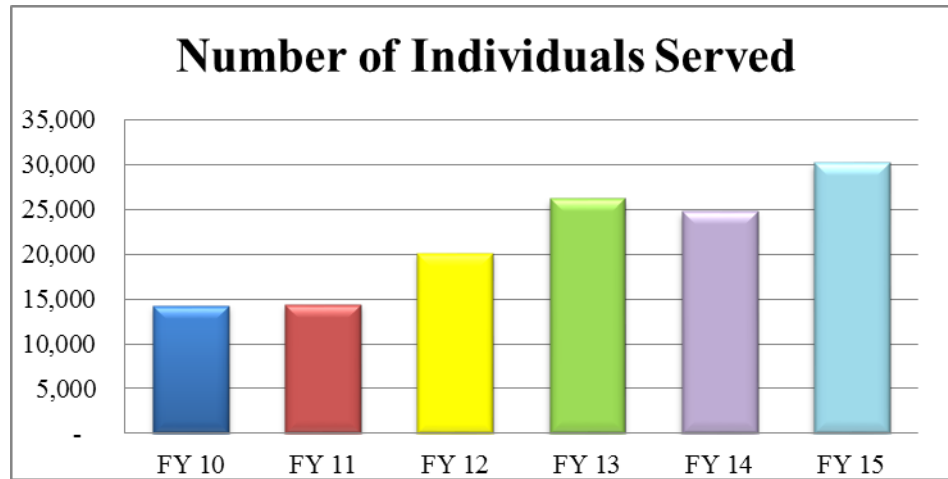
To provide programmatic leadership and direction to the programs of Addictive Disorders (AD), Developmental Disabilities (DD) and Mental Health (MH) under SCLHSA; to continue the operational activity of the SCLHSA Central Office in relation to regulatory/licensure processes each year through June 30,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

### **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 and 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 serve as the point of entry for all SCLHSA behavioral health services and to guide clients in understanding the potential to heal themselves through treatment, collaboration, and follow-up 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, 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 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.
- Percentage of appointments kept for assessments and ongoing clinic appointments

### **Objective II:**

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:**

- 2.1 Assess current access procedures (adult and youth) to determine best practices based on procedures, staffing, and technical support.
- 2.2 Standardize screening, registration, and intake procedures and related documentation.
- 2.3 Establish standardized admission criteria.
- 2.4 Re-organize resources and procedures to ensure that clients receive psychosocial evaluation and other indicated services within intensity of need times frames: routine – no more than 7 days; urgent - no more than 48 hours; emergent – a.s.a.p. / same day.
- 2.5 Provide evidence based treatment to clients and contact those clients who have dropped out of treatment for inclusion in individual and/or group services.



- 2.6 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:**

- Percentage of adults with depression who report improvement in disposition during and/or after treatment
- Percentage of adults and adolescents with an addictive disorder who successfully complete treatment
- Percentage of adults and adolescents with an addictive disorder who report improvement at discharge

**Objective III**

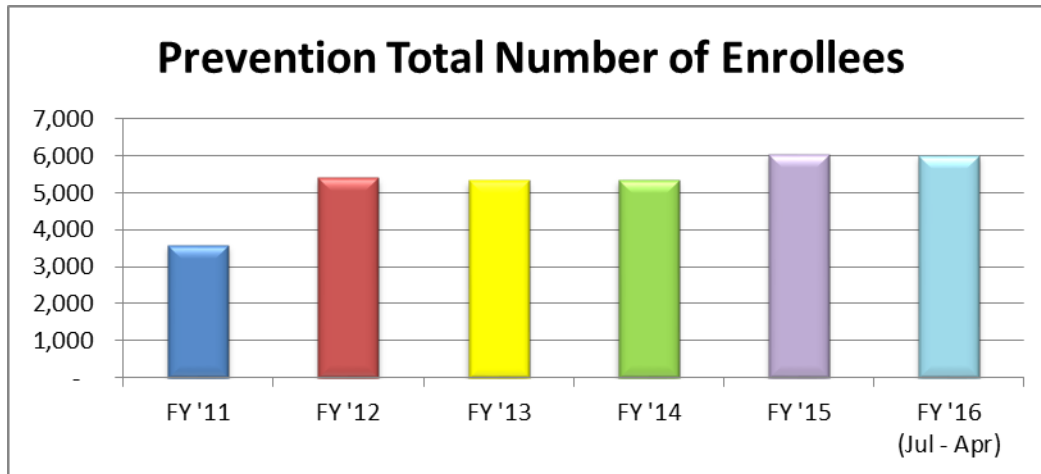
Develop Community Crisis Continuum Mobile Teams that provide pre-screening assessments, act as gatekeepers for inpatient hospitalization, and manage and control access to crisis diversionary services.

**Strategies:**

- 3.1 Create a main repository of information regarding provider services, capabilities, and specialties;
- 3.2 Provide uniformity in assessing, triaging, and tracking service requests;
- 3.3 Facilitate prompt access to services;
- 3.4 Serve as a resource to guide consumers to appropriate non-behavioral health services (e.g., child and family services, aging services, alcohol and drug services, etc.);
- 3.5 Reduce client frustration in attempting to negotiate the maze of available behavioral health services and providers.

**Performance Indicators:**

- Number of crisis visits in all SCLHSA Behavioral Health Clinics.
- 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.



### Activity: Developmental Disabilities

**Mission:**

To provide quality services, 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 Flexible Family Fund criteria.
- Number of people receiving (flexible family funds) support.
- Total number of individuals receiving individual and family support services in SCLHSA.

# 09-310

## Northeast Delta Human Services Authority



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

### **Vision**

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

### **Mission**

NE Delta HSA serves as a catalyst for individuals with mental health, developmental disabilities, and addictive disorders to realize their full human potential by offering quality, excellent care with greater accessibility.

### **Philosophy**

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

### **3 Tenets**

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

### **Executive Summary**

Louisiana Act 384 merged mental health, developmental disabilities and addictive services (or co-occurring disorders) into Local Governing Entities (LGEs) as of July 1, 2010. NE Delta HSA began functioning as a LGE on July 1, 2013 with the purpose of providing treatment for the citizens of Northeast Louisiana in the areas of mental health, substance use disorders and developmental disabilities. The movement to an LGE represented a shift within the organization of the Louisiana Department of Health. This shift allows for greater control of state resources with the local governing entities allocating self-generated, federal and state funding to areas of greatest need within each human services authority. A governing board comprised of members of the local communities served by the LGE oversees the executive director's administration programs and financial resources for the authority. NE Delta HSA has an ongoing performance improvement

process within its operational structure. That system supports the use and development of data and information to make informed decisions about the needs of the citizens we serve and other stakeholders as well as the administration of these services.

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

## **Agency Goals**

### **Goal I**

*Improve the outcomes of citizens by expanding access to a network of appropriate, quality prevention, behavioral health and developmental disability services*

### **Goal II**

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

### **Goal III**

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

### **Goal IV**

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

## **Core Specializations:**

### **Adult Substance Use Disorder (SUD)**

Three levels of care are offered: DWI Educational Group (8 hours), outpatient group (less than 9 hours per week) and intensive outpatient group (at least 9 hours per week).

### **Gender Specific SUD**

These services include assessment and intensive outpatient group specifically for women.

### **Adult Mental Health (MH)**

These services may include (on an as needed basis): assessment, counseling services, psychiatric services, medication prescription and case management. Primary presentation (not exclusive): major mental disorders such as Schizophrenia, Bipolar Disorder, and Major Depression.

### **Children and Adolescent MH**

These services may include (on an as needed basis): assessment, counseling services, family counseling/ education, psychiatric services, medication prescription and case management. Primary presentation (not exclusive): Major Depression, ADHD, Conduct Disorder and suicidal ideations.

### **Adolescent SUD Services**

These services include assessment, individual, family and outpatient group.

### **Children's Choice Waiver**

Supplemental support to children through age 19 who currently live at home with their families or with a foster family

### **New Opportunities Waiver**

Offers people age three and older who otherwise would require the level of care of an Intermediate Care Facility for the Developmentally Disabled (ICFs/DD) services that allow them to remain in their communities. Services are based on the need of the recipient and are developed using a person-centered process to formulate an individualized plan.

### **Supports Waiver**

Offers focused individualized vocational services to people age 18 and older who otherwise would require the level of care of an Intermediate Care Facility for the Intellectual Developmentally Disabled (ICFs/IDD).

### **Residential Options Waiver**

Offers people of all ages services designed to support them to move from ICFs/IDD and nursing facilities to community-based settings, and to serve as an alternative to institutionalization.

### **Flexible Family Funds**

Provides monthly stipends to families of eligible children with severe or profound developmental disabilities from birth to age 18 to help their families meet extraordinary costs; these subsidies are offered on a first-come, first-served basis

### **Individual and Family Support**

Provides assistance not available from any other resource that will allow people with developmental disabilities to live in their own homes or with their families in their own community

### **Prevention Services**

- Information Dissemination
- Community Education
- Alternative Activities for Youth
- School Based Interventions
- Tobacco Retailer Compliance Checks
- Center for Substance Abuse Prevention (CSAP) Environmental Strategies

### **Strategic Initiatives**

- ***Integrated Behavioral and Primary Healthcare***  
*Substance Abuse and Mental Health Services Administration – Health Resources and Services Administration (SAMHSA-HRSA)-National Council for Behavioral Health*

People with mental and substance abuse disorders may die decades earlier than the average person — mostly from untreated and preventable chronic illnesses like hypertension, diabetes, obesity, and cardiovascular disease that are aggravated by poor health habits such as inadequate physical activity, poor nutrition, smoking, and substance abuse. Barriers to primary care — coupled with challenges in navigating complex healthcare systems — have been a major obstacle to care.

At the same time, primary care settings have become the gateway to the behavioral health system, and primary care providers need support and resources to screen and treat individuals with behavioral and general healthcare needs.

The solution lies in integrated care, the systematic coordination of general and behavioral healthcare. Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs.

Whether services are organized via traditional models within primary care settings or behavioral health settings, Center for Integrated Health Solutions (CIHS) gathers current developments, research, models, and other important resources to ensure the success of healthcare's future: integration.

With the goal of improving the physical health status of people with mental illnesses and addictions, the Substance Abuse and Mental Health Services Administration developed the Primary and Behavioral Health Care Integration (PBHCI) Program. Through this program, SAMHSA provides support to communities to coordinate and integrate primary care services into publicly funded, community-based behavioral health settings, resulting in:

- *Improved access to primary care services;*
- *Improved prevention, early identification, and intervention to reduce the incidence of serious physical illnesses, including chronic disease;*
- *Increased availability of integrated, holistic care for physical and behavioral disorders; and*
- *Improved overall health status of clients.*

- ***Criminal Justice Matters Connected to Behavioral Health***

*National Alliance for Mental Health Institute (NAMI) - and National GAINS (Gather, Assess, Integrate, Network and Stimulate) Center for People with Co-Occurring Disorders in the Justice System- SAMHSA*

In times of crisis, oftentimes families are uninformed and lose the opportunity to help prevent arrest, jail, and even prosecution when their loved one is experiencing a psychiatric crisis. In these instances, what may look like wrongful behavior is really a symptom of their illness and a cry for treatment rather than criminalization. There are three common situations that people with mental illness may find themselves in with respect to the criminal justice system:

- *Those which belong out of the criminal justice system altogether*
- *Those where treatment not criminalization is needed, but nonetheless entering the system can be the catalyst for long-resisted acceptance of treatment, and finally*
- *Some cases where true criminal activity is involved and criminal prosecution is inevitable*

Increasing numbers of people with mental illness are becoming involved with the criminal justice system, and unfortunately many providers are resistant to working with this “new” client. People with mental illness become involved with the justice system for many reasons, most relating to issues beyond their control. Serving this population is simply the right thing to do. It is also a surprise to many providers that they have been serving this population for quite some time. While

the focus is on people referred from the criminal justice system, many people with criminal justice histories enter mental health service systems through typical referral channels such as crisis services, departments of social services, human service agencies, educational programs, families, and self-referrals. Those who are referred from the courts, probation departments, jails and police are not necessarily dangerous or violent. In some cases, the criminal justice involvement may signal a more serious illness or greater urgency for comprehensive services.

- ***Substance Use; Synthetic Drug and Alcohol Prevention; Suicide Prevention***  
*SAMHSA and CDC*

Public health concerns remain heightened because synthetic cannabinoids have evolved and increased in number over time, even as regulatory action has been taken to ban specifically identified chemicals. The Centers for Disease Control and Prevention (CDC) investigated two severe illness outbreaks in 2013 that were linked to the use of synthetic cannabinoids. CDC also reported acute kidney injury associated with the use of synthetic cannabinoids in multiple states.

Education about the dangers of synthetic cannabinoids needs to be provided to the general public, the medical community, and retailers. Educators can help prevent use of synthetic cannabinoids by addressing use of these substances in programs designed to prevent illicit drug use, such as the White House Office of National Drug Control Policy's Drug-Free Communities Program.

Suicide is a serious public health problem that causes immeasurable pain, suffering, and loss to individuals, families, and communities nationwide. Many people may be surprised to learn that suicide was one of the top 10 causes of death in the United States in 2009. For every person who dies by suicide, more than 30 others attempt suicide. Every suicide attempt and death affects countless other individuals. Family members, friends, coworkers, and others in the community all suffer the long-lasting consequences of suicidal behaviors.

Research confirms that health conditions such as mental illness and substance abuse, as well as traumatic or violent events can influence a person's risk of suicide attempts later in life. Research also suggests that connectedness to family members, teachers, coworkers, community organizations, and social institutions can help protect individuals from a wide range of health problems, including suicide risk.

- ***School and Community-Based Prevention Efforts for K-12 Students***  
*SAMHSA*

Risk and protective factors that influence the behavioral health and well-being of children and youth can vary at each stage of a young person's development. Negative childhood experiences have lasting, measurable consequences later in life that affect overall health and well-being, according to the Adverse Childhood Experiences Study, a collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego. The study indicates that early negative experiences such as exposure to violence and victimization can lead to anxiety, mood, and impulse control disorders and to risky behaviors, such as tobacco, alcohol, and other drug use, as well as risky sexual behavior, intimate partner and family violence, chronic and acute health conditions, and premature death.

- ***Faith-Based and Parent-Based Community Support***  
*SAMHSA*

It has long been acknowledged that faith and spirituality play a beneficial role in the prevention of drug and alcohol use disorders and in programs designed to treat and promote recovery from mental health and substance use disorders.



SAMHSA has actively engaged and supported faith-based and community organizations involved in substance use and mental health services since 1992. For example:

- The Community Substance Abuse Prevention Partnership Program includes more than 800 faith-based community partners among its grantees
- Block and formula grant program funds are available through the states to countless faith-based organizations that engage people with or at risk for mental health and substance use disorders
- SAMHSA-supported training programs and curricula not only support substance use prevention, addiction treatment, and mental health services education for multi-denominational leaders of the faith community, but also help create integrated and sustainable collaborations at the local level nationwide

## **Program A: Northeast Delta Human Services Authority**

Northeast Delta Human Services Authority has one program with four essential functions:

**Activity #1: Addiction/Substance Abuse Services**

**Activity #2: Intellectual and Developmental Disability Support Services**

**Activity #3: Mental Health Services**

**Activity #4: Alcohol, Tobacco and Other Drugs Prevention**

## **Activity: Prevention, Addiction and Mental Health**

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

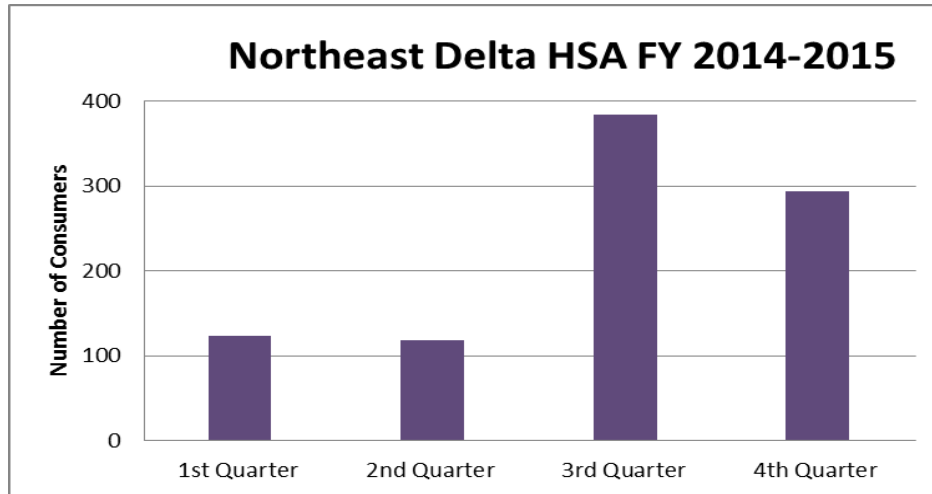
### **Strategies:**

- 1.1 Increase capacity for identifying and integrating primary care and behavioral healthcare needs
- 1.2 Seek partnerships and billing/reimbursable opportunities to provide integrated services
- 1.3 Maximize use of treatment plans to identify consumer specific needs
- 1.4 Maintain existing relationships with adolescent service providers and develop new relationships to identify geographic gaps of unserved populations.

### **Performance Indicators:**

- Number of referrals to NEDHSA partner agencies
- Number of NEDHSA partner agencies
- Number of Mental Health services
- Number of addiction services
- Number of children/adolescents served with Mental Health Services in all Northeast Delta Human Services Authority Behavioral Health clinics

- Number of adults served with Mental Health Services in all Northeast Delta Human Services Authority Behavioral Health clinics
- Number of adults served with Addiction Services in all Northeast Delta Human Services Authority Behavioral Health clinics
- Number of enrollees in prevention programs



**Objective II: NE Delta HSA will provide a continuum of quality, competent prevention and clinical behavioral health services that meet the needs of our consumers**

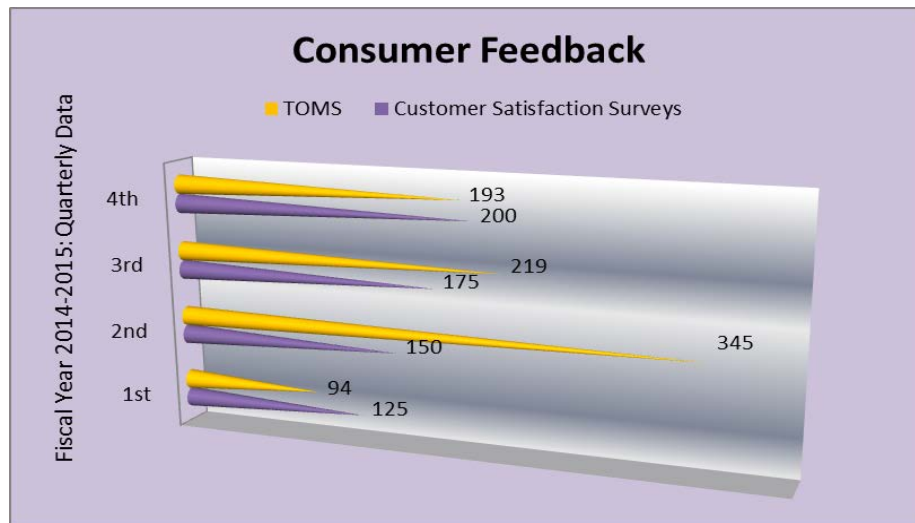
**Strategies:**

- 2.1 Conduct internal customized trainings to ensure quality services, culturally competent care and proper identification of co-morbidities for holistic care
- 2.2 Coordinate care throughout the region to improve consumer outcomes
- 2.3 Provide prevention education and awareness to clients, families and support systems
- 2.5 Use consumer feedback data to make informed decisions about effectiveness of programs and processes
- 2.6 Coordinate peer support services, permanent and transitional housing related programs in our service delivery model.

**Performance Indicators:**

- Percentage of Northeast Delta Human Services Authority AD Clients who state they would recommend the clinics to family and friends (satisfaction)
- Percentage of Northeast Delta Human Services Authority MH Clients who state they would recommend services in this agency to others
- Percentage of Northeast Delta Human Services Authority AD clients who state they would continue to receive services at our clinics if given the choice to go elsewhere
- Percentage of Northeast Delta Human Services Authority MH clients who state they would continue to receive services at our clinics if given the choice to go elsewhere

- Percentage of successful completions (24-hour residential programs)-AD Program
- Primary inpatient adult-percentage of individuals successfully completing the program-AD program
- Number of individuals receiving evidenced based prevention services
- Number of prevention related community engagements



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

**Strategies:**

- 3.1 Incorporate peer support services as an expansion of our treatment options
- 3.2 Inform consumers of Medicaid/Medicare eligibility and assist them with application process and approvals
- 3.3 Assessment of primary healthcare needs to make appropriate referrals to primary care partners
- 3.4 Maintain partnerships and sources of referrals throughout the community

**Performance Indicators:**

- Number of consumers referred to peer support services
- Number of WRAP funds request
- Percentage of MH Family Flexible Funds slots utilized

**Activity: Administrative Functions**

**Objective IV: NE Delta HSA will provide administrative support to management and operations services related to mental health, addiction prevention and treatment, and intellectual/developmental disabilities.**

**Strategies:**

- 4.1 Provide ongoing staff development and monitor job performance through competency assessments, in-service training, performance improvement activities and the Performance Evaluation System (PES)
- 4.2 Ensure that fee assessments are updated and reviewed periodically
- 4.3 Ensure clinical practices and standards are compliant with all licensing authorities and client's rights are respected

**Performance Indicators:**

- Percentage of compliant Performance Evaluation System (PES) evaluations completed within required timeframe
- Percentage of persons served who agree or strongly agree with the statement, "My beliefs and values about life and healing are respected during treatment"
- Number of annual trainings offered

**Activity: Developmental Disabilities**

**Objective V: Facilitate improved outcomes for citizens with intellectual developmental disabilities and promote the delivery of quality supports to live in the setting of their choice.**

**Strategies:**

- 5.1 Provide timely and efficient processing for new applicants through the entry/eligibility process
- 5.2 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 organizations
- 5.3 Develop person centered support plans that are inclusive of both natural (family, friends, and any other unpaid support) and community resources.
- 5.4 Monitor program utilization, effectiveness and collect performance indicator data.

**Performance Indicators:**

- Percentage of completed monitoring of Individual & Family Support fund usage (in accordance with OCDD policy)
- Number of persons receiving DD services per year
- 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 VI: Promote the delivery of quality supports, and support consumers' right to live a community setting of their choice.**

**Strategies:**

- 6.1 Share community resources with Early Steps applicants.
- 6.2 Utilize best practices including person/family centered planning to achieve preferred outcomes.
- 6.3 Align current resources and services to ensure full participation in the setting of choice
- 6.4 Maximize community-based options to defer or prevent inappropriate institutionalization

**Performance Indicators:**

- Percentage of plans of care that address waiver participants' personal goals

## Office of Aging and Adult Services (OAAS)

### 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

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

### 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 Louisiana Department of Health (LDH) aligned its infrastructure to address this growth. Currently, OAAS develops policies, procedures, rules, and programs to offer alternatives to nursing home 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.

### Agency Goals

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

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

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

**Goal IV** - To administer and operate OAAS programs in a 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.* Achieve and maintain a legally compliant and appropriately balanced Long Term Supports and Services (LTSS) system which assures choice within a sustainable, cost-effective continuum of community-based services and facility-based services.
- II.* Improve access, quality and outcomes for populations receiving and at risk of needing long term supports and services.
- III.* Ensure 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 LDH programs for the elderly and persons with adult onset disabilities. These programs include a 24-hour facility (Villa Feliciana Medical Complex), Protective Services, Traumatic Head and Spinal Cord Injury Trust Fund, and operation of several community-based long term care programs which expend over \$330 million in Medicaid funds (SFY 15). OAAS also performs medical certification for nursing home care totaling over \$950 million in Medicaid funds (SFY 15). The Executive Administration Activity is also responsible for providing programmatic expertise on aging and disability issues to LDH Executive Management, carrying out legislative directives, and directing implementation of LTSS reforms and program improvements. Not listed as separate activities, but still within the purview of Executive Administration, OAAS also manages two non-Medicaid independent living services program 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, and that the Office accomplishes its goals and objectives to improve the quality of life and quality of care of persons needing LTSS in a sustainable way, reaching or exceeding appropriate national benchmarks by June 30, 2022.

**Strategies:**

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

**Performance Indicators:**

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

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

This activity manages and operates community-based long term care programs for 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 LDH Permanent Supportive Housing Program, the Nursing Home Resident Trust Fund, the Compliance and Audit Team and the Money Follows the Person Demonstration Grant. This activity also operates nursing home admissions, i.e., certification of individual applicants for nursing home care. This activity provides state and regional office operations necessary to provide program planning, access, monitoring, quality assurance/improvement, and accountability for these programs as required under state and federal rules, statutes, and program requirements.

This activity optimizes the use of community based care while decreasing reliance on more expensive nursing home care. It does so by operating a variety of home and community-based long term care programs that serve Medicaid participants at a lower average cost per person than Medicaid nursing home care. A challenge addressed by this activity is that demand for community-based LTSS will continue to grow as the population ages, therefore expenditures on programs operated through this activity are subject to increase. For this reason, the goal in delivering LTSS 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. This activity is also responsible for researching,



developing, and implementing more integrated approaches to care delivery for the high risk populations of individuals dually eligible for Medicare and Medicaid and persons with adult-onset disabilities.

Programs and strategies used in this activity are also a direct outgrowth of Louisiana's Olmstead plan, which calls for implementation of a broad array of community-based services and a multifaceted strategy for transitioning individuals from nursing 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 LTSS. The major programs operated through this activity have proven effective in preventing institutionalization, with only a small percentage of program participants transitioning to nursing home care. Since SFY 2007 transitions from HCBS to long term nursing home residence remains very low, at only 2% per quarter.

**Objective II:** Optimize the use of community-based care while decreasing reliance on more expensive nursing home care to meet or exceed national averages for nursing home versus community-based spending by June 30, 2022.

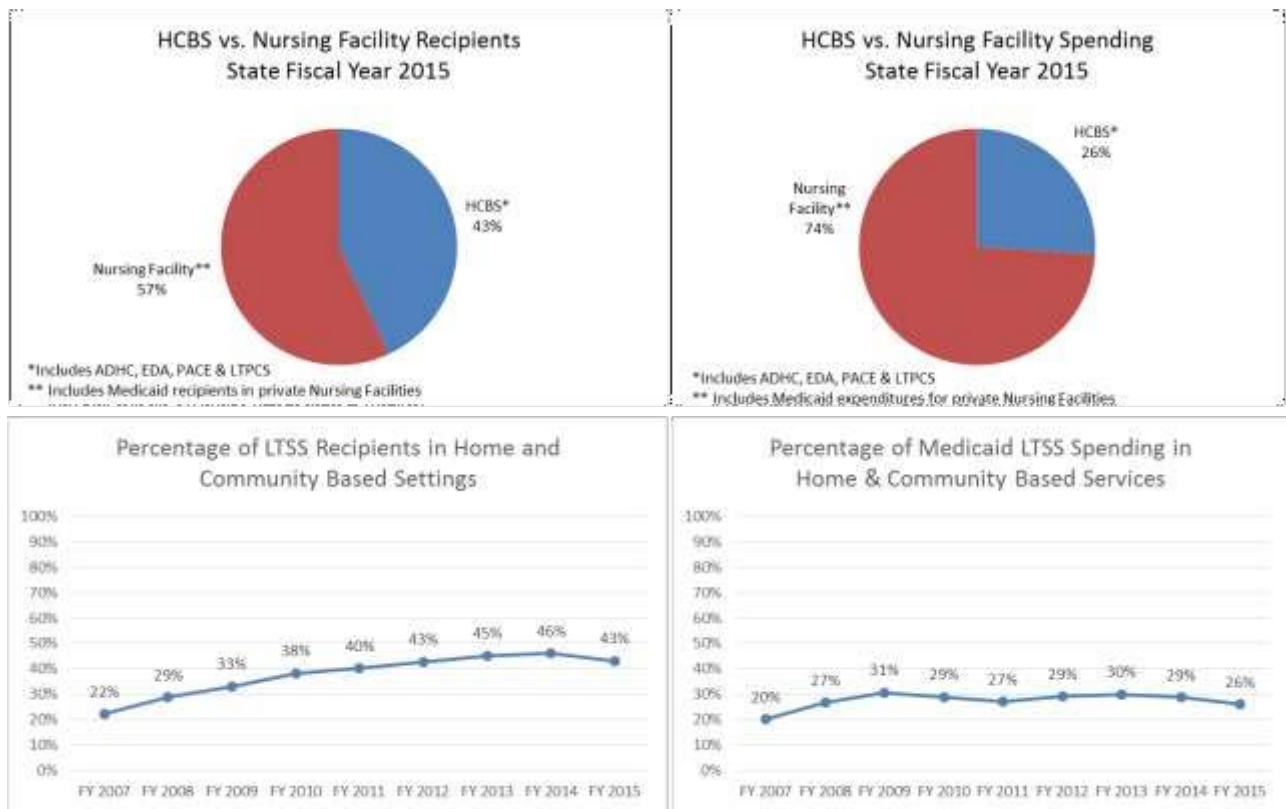
**Strategies:**

- 2.1 Maintain a diverse and flexible array of cost-effective services to achieve quality outcomes and serve as many individuals as possible within available budgetary resources.
- 2.2 Improve access to and coordination of Medicaid and non-Medicaid health and LTSS resources through implementation of more fully integrated delivery systems.
- 2.3 Assure the sustainability of nursing home transition and diversion beyond the termination of the Money Follows the Person demonstration in 2020.
- 2.4 Build upon the evidence-based, measurement-driven quality improvement, quality management, and accountability strategies currently in place for LTSS services and make performance and outcome data more readily available to multiple end-users.
- 2.5 Continue to pursue opportunities to maximize federal funding and match when such opportunities arise and are consistent with the mission and goals of LDH and OAAS.

**Performance Indicators:**

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

## HCBS vs. Nursing Facility Recipients and Spending for FY15



Data source: State Fiscal Year 2014/15 Year End Financial Report and Medicaid Data Warehouse

**Objective III:** Through the Elderly and Adults with Disabilities Long-Term Care Activity, expedite access to a flexible array of home and community-based services through June 30, 2022.

### Strategies:

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

### Performance Indicators:

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

**Objective IV:** To facilitate timely access to nursing facilities for eligible applicants through June 30, 2022.

**Strategies:**

- 4.1 Ensure that the Level I Pre-Admission Screening and Resident Review process appropriately identifies individuals with serious mental illness, intellectual disability, or a related condition who need further evaluation by the Office of Behavioral Health and/or the Office of Citizens with Developmental Disabilities.
- 4.2 Use periodic and systematic review, sampling, and analysis of Minimum Data Set for Nursing Facilities (MDS-NF) to ensure that newly admitted individuals continue to need nursing home level of care.
- 4.3 Seek to further automate and streamline the admission review process.

**Performance Indicator:**

- Percentage of nursing home admissions applications processed within established timeframes

**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. 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 nursing home 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 and others for purposes of replication in other states and communities.

**Objective V:** Through statewide expansion of the Permanent Supportive Housing Activity, to stabilize and reduce acute and institutional care for over 3,500 households of elders and persons with disabilities through June 30, 2022.

**Strategies:**

- 5.1 Provide access to affordable, community-based housing.
- 5.2 Oversee application process and waiting list to ensure program eligibility and to meet overarching policy goals of LDH.
- 5.3 Closely coordinate housing referral and placement to decrease instances of homelessness and unnecessary institutionalization.
- 5.4 Provide individualized services to support housing acquisition and retention and facilitate access to appropriate medical and social services.
- 5.5 Assist participants with obtaining SSI and Medicaid eligibility.
- 5.6 Complete statewide program expansion.

- 5.7 Implement plan for sustainability of PSH administrative functions once Community Development Block Grant funds are exhausted.

**Performance Indicators:**

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

**Activity 4 – Traumatic 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 (DWI, reckless operation and speeding).

**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 improve their level of functioning and independence in their community; and to serve as many as possible at the current level of funding via improved mission alignment.

**Strategies:**

- 6.1 Achieve better coordination of care between TH/SCI and existing Medicaid and other services.
- 6.2 Continue to revise policies and statutes to more effectively serve additional people within available levels of funding.

**Performance Indicators:**

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

**Activity 5 –Protective Services**

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

This Activity assists and enables 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; and
- referring cases as needed or required to law enforcement and/or the district attorney and cooperating in any court proceedings.

**Objective VII:** The Protective Services Activity, through the application of best practice standards and the policies established by LDH through June 30, 2022, will promote safety, independence, and quality-of-life for adults with disabilities who are being mistreated or in danger of being mistreated and who are unable to protect themselves.

#### **Strategies:**

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

#### **Performance Indicators:**

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

## **Program B: Villa Felician Medical Complex**

### **Program B Mission**

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

### **Program B Goals**

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 efficient and effective delivery of 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 appropriate medical care, proper nutrition, exercise, therapy, regular check-ups and routine screenings.

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

Villa serves as a safety net facility. Many residents have no other placement options due 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 (ELMHS) including forensics patients who require more medical care than ELMHS can provide. Villa is also frequently named in court-ordered placements for individuals on parole or on medical leave from the Department of Corrections.

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

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

**Objective I:** To provide high quality medical services and achieve excellent resident outcomes in a cost effective manner through June 30, 2022.

**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 professional staff.
- 1.5 Maintain suggested staffing for resident care.

**Performance Indicators:**

- Percent compliance with CMS 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, 2022.

**Strategies:**

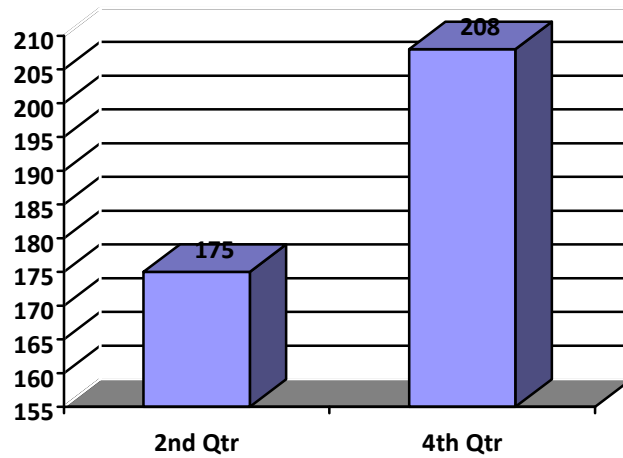
- 2.1 Comply with all requirements mandated by external entities.
- 2.2 Adhere to sound management practices that promote the efficient and cost effective care of facility residents.
- 2.3 Maintain a resident census sufficient to fund all facility expenditures.

**Performance Indicator:**

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

### TOTAL CLIENTS SERVED FOR FY 2014/15

Total Clients Served measures the total number of residents who are served by Villa Feliciano 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

*Louisiana will have a statewide comprehensive and integrated network that decreases deaths and incidents of morbidity and mortality due to trauma and time-sensitive illness in Louisiana by maximizing the integrated delivery of optimal resources for patients who ultimately need acute trauma, stroke or STEMI (ST-elevation myocardial infarction) care. The network will also serve as a vital resource for disaster preparedness and interface with local and state resources in support of Louisiana's all disasters response.*

### Mission

*The mission of the Louisiana Emergency Response Network (LERN) is to safeguard the public health, safety, and welfare of the people of the state of Louisiana against unnecessary trauma and time-sensitive related deaths and incidents of morbidity.*

### 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 by leading the Emergency Medical Services Tactical Operations Unit (EMS-TOC). LERN stands ready to serve when called upon, and to ensure success, LERN participates in regional drills throughout the state with key stakeholders.*

*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 the Louisiana Department of Health (LDH) 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.
- Seven hospitals are submitting data to the State Trauma Registry for CY 2015. That is an increase of 1 hospital from 2014. There are approximately 39,936 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 now 28 providers submitting data to the State EMS registry. This is up from 9 participants in 2014 and 23 participants in 2015. This expansion has been facilitated in large part by a data analyst LERN hired with grant funds provided by the Louisiana Highway Safety Commission.
- 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; Established a Facebook page to promote injury prevention, promote LERN educational initiatives and recognize regional partners.
- 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 (LINCCA) for the LERN Communication Center staffing contract.
- The American College of Surgeons (ACS) verified a Level II Trauma Center established in Region 6 (Alexandria) and in Region 2 and Our Lady of the Lake Hospital. LERN provided consulting support to Rapides Regional Medical Center and Our Lady of the Lake which facilitated the ACS trauma center verification.
- Routed 14,846 trauma patients in Calendar Year (CY) 2012 – an 18% increase in volume from CY 2011. In 2014 the LERN Call Center routed 15,602 patients. In 2015, the LERN Call Center routed 16,641 patients (highest volume/year to date).
- 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.
- Hired a part-time vascular neurologist to lead the Stroke Network.
- LERN Board approved LERN Stroke Hospital Levels and the LERN Stroke Care Guideline.

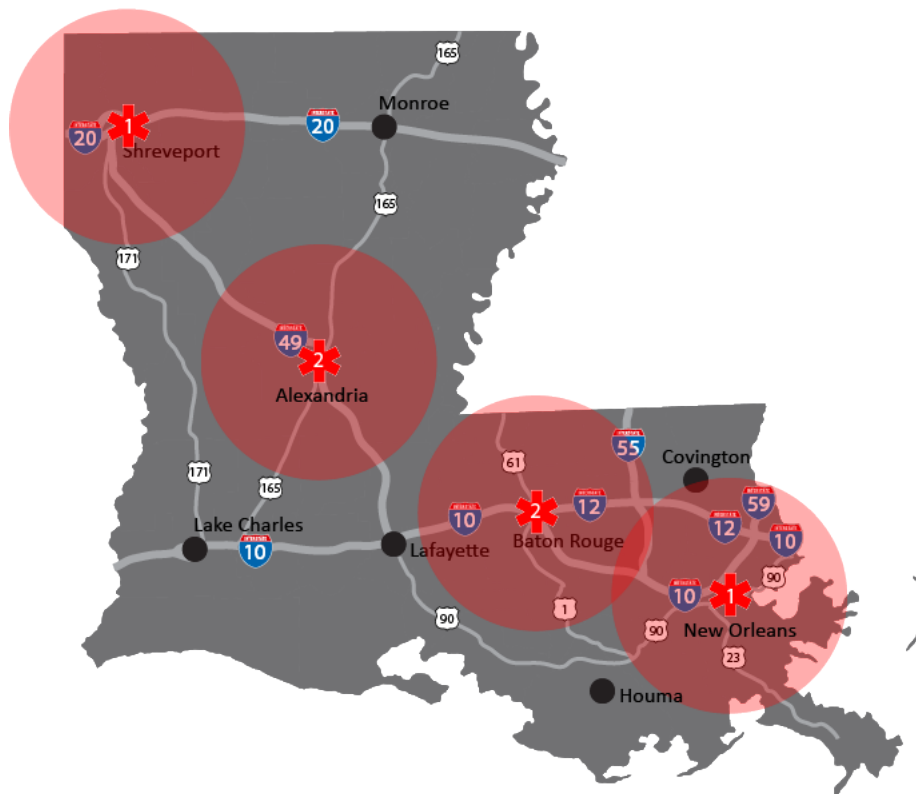
- LERN Board approved the following for STEMI:
  - Triage protocol for pre-hospital providers,
  - LERN STEMI Care Process Flowchart,
  - STEMI Receiving Center Requirements, and
  - Thrombolysis guideline for STEMI Referral Centers.
- Conducted and taught 32 Trauma Nursing Core Curriculum (TNCC) classes in CY 2012. A total of 290 students obtained certification in the TNCC. LERN Continues to teach this course – 15 classes in CY 2014 (202 nurses). Since 2012 LERN has conducted 80 TNCC classes and 912 registered nurses have obtained certification.
- Began teaching Emergency Nursing Pediatric Course in 2014. Since 2014, LERN has facilitated 22 classes and 226 registered nurses have obtained certification.
- In 2015, LERN developed a 12 Lead EKG Course for pre-hospital and hospital providers. Since then, we have conducted 14 classes and 447 students have completed the course. The instructors for this course volunteers that LERN has partnered with as we built the STEMI Network. This is led by the STEMI Physician Champions on the LERN Regional Commissions. Classes have been held in Regions 1, 6, 7, and 8. We look forward to expanding to all regions.
- LERN Board approved a revision of the agency's strategic priorities – February 2016.
- 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.
- LERN developed a white paper titled *Building a STEMI System in Louisiana* to describe and promote the development of an ideal STEMI network in Louisiana.
- LERN developed a white paper titled *Building a Stroke System in Louisiana* to describe and promote the development of an ideal Stroke network in Louisiana.
- All CEO's across the state attest every two years to stroke and STEMI capability based on requirements set by the LERN Board.
- As of October, 2015 there 4 verified trauma centers in the state. In 2010 there were only two. 52.9% of the population has access to a Level I or Level II trauma center within a 60 minute drive time. North Oaks Medical Center in Hammond awaits designation report from the American College of Surgeons for Level II Trauma Center. They were surveyed in February of 2016.
- LERN Board adopted Trauma Program Requirements for those centers working towards trauma center designation. As of October, 2015 there were two trauma programs – North Oaks Medical Center and Lakeview Regional Medical Center. As of 6/8/2016, Lafayette General has also attested to a Level II Trauma Program with plans to seek verification from the ACS in the next 12 months.
- Promulgated rules for Stroke and STEMI Center Recognition for Louisiana.
- Recognized at the 2016 International Stroke conference as one of 12 states that have enacted policies around the recognition of multi-level stroke facility designations.

- Developed a Regional STEMI Report.
- Developed reporting process for Level III Stroke Centers. Data is reviewed by the Stroke Medical Director with feedback reports to each stroke center.

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.

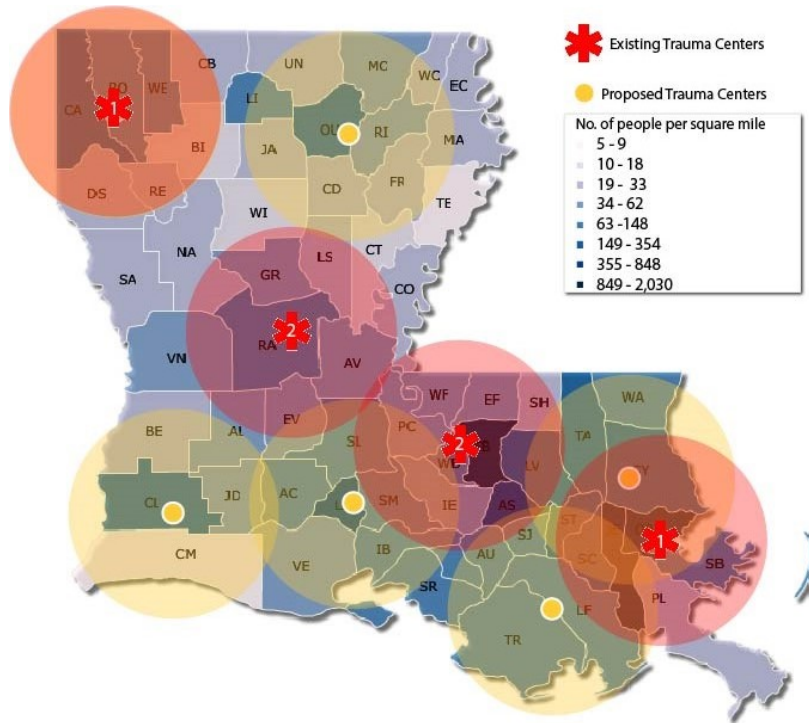
Traumatic injury is the leading cause of death for children and adults ages 1-44 in the United States today. The total cost of trauma, including years of productive life lost, prolonged or permanent disability, and the huge financial costs, makes traumatic injury one of the most important threats to 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.



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.



## Strategic Links

- United States Department of Homeland Security
- 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:

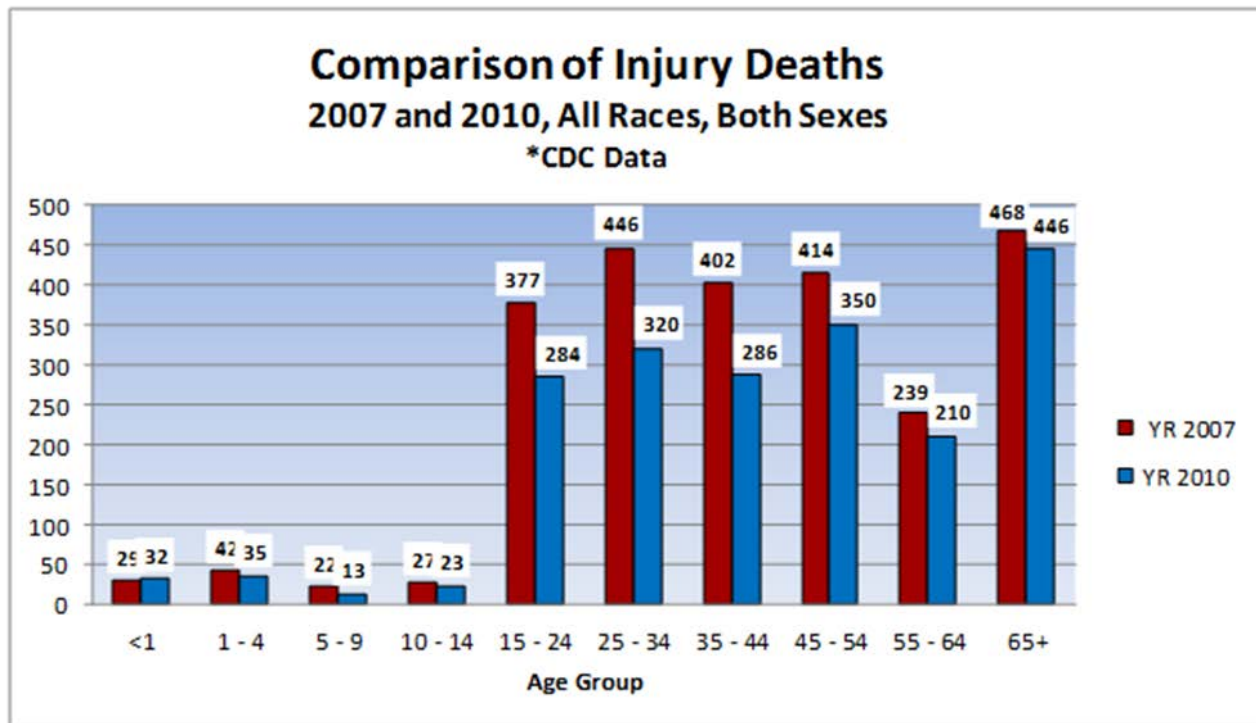
Decrease the percentage of risk adjusted trauma-related deaths by 5% by June 30, 2022

### 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 2022.
- 1.4 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, 2021.

**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, 2022.

**Strategies:**

- 1.1     Continue operation of the LERN Communication Center.
- 1.2     Continue consultation services to hospitals seeking trauma center designation
- 1.3     Continue education efforts TNCC - Trauma Nursing Core Curriculum; ENPC - Emergency Nursing Pediatric Course; RTTDC - Rural Trauma Team Development Course; PHTLS - Prehospital Trauma Life Support; PCAR - Pediatric Care after Resuscitation; and TCAR - Trauma Care after Resuscitation to facilitate a competent hospital workforce at trauma centers and community hospitals.

**Performance Indicators:**

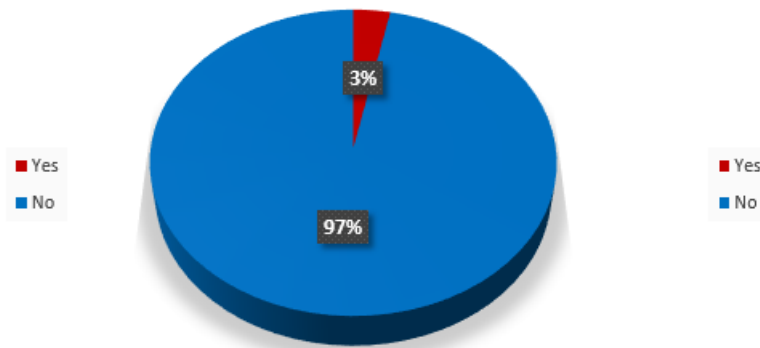
- Percentage of patients routed by LERN who do not require a secondary transfer for definitive care. Goal of less than 6%
- Percentage of traumatically-injured patients directed by LERN that are transported to an appropriate care facility within an hour of their injury
- Percentage of Louisiana citizens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



- Number of state designated trauma centers
- Number of trauma courses and number of students certified in each course/year.

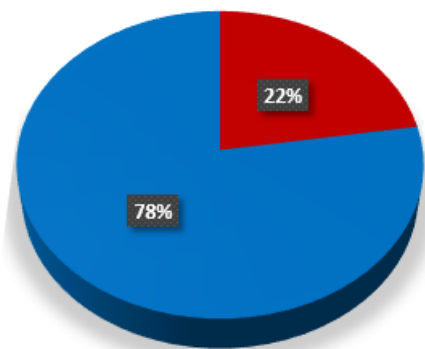
Only 3% of the patients directed by the LERN Call Center in 2015 required a secondary transfer.

**Patients Directed by LERN**



In comparison and noted in the figure below, when the LERN Communication direction is not followed, the secondary transfer rate for injured patients 22%.

**Patients Not Directed by LERN**



### Objective III.2

Develop a statewide system of 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 Provide annual update on STEMI system progress to the regional stakeholders.

- 2.2 Continue to map geographic distribution of STEMI Resources statewide.
- 2.3 Provide 12 Lead EKG Interpretation education in each region of the state.
- 2.4 Establish ACTION regional report to drive performance improvement.
- 2.5 Increase participation in ACTION registry and use regional report to assess outcomes of care for STEMI patients.

**Performance Indicators:**

- STEMI system physician champion appointed to each region to assist with regional presentations, education, and advocacy.
- Map updated and posted to LERN Website to coincide with attestations every 2 years.
- At a minimum, one 12 Lead EKG Course conducted in each region of the state by December 2016. To continue through 2022.
- ACTION regional report obtained from AHA quarterly beginning 1<sup>st</sup> qtr 2016.
- Increase number of participants by 4 by 2022 (current # of participants 11).

**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 Establish stroke physician champions in each region of the state. Outreach to ED medical directors in regions without a physician champion to determine prospects.
- 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.
- 3.3. Launch stroke webinar series in order to cover the 11 areas of identified need for further education.

**Performance Indicators:**

- Stroke System physician champion appointed to each LERN region to assist with regional presentations, education, and advocacy
- Increase the number of primary stroke centers in the state and the number of tele-medicine enabled centers
- Complete Webinar series by December 2016 and post to LERN Website to facilitate access for future education

#### **Objective III.4**

Develop a statewide EMS Registry consistent with national standards.

##### **Strategies:**

- 4.1 Continue work with the ERHIT group and the LERN Data Assistant to expand the EMS registry by a minimum of 5 EMS agencies.
- 4.2 Conduct research to identify common practices and standard reports utilized by other state EMS registries. Develop recommendations for LERN Board and EHRIT group.
- 4.3 Submit data to National EMS Information System (NEMSIS) annually.

**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, 2022

##### **Strategies:**

- 1.1 Expand LERN's role in ESF-8 activities to include manager of EMS Tactical Operations Center.
- 1.2 Engage designated regional coordinators network and promote regional MCI protocols.
- 1.3 Utilize the regional commission structure and regional partners to ensure involvement in one Mass Casualty Incident (MCI)/Disaster drill annually in each region of the state.

##### **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 AAHSD (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 Louisiana Department of Health (LDH).

Governance of AAHSD is by a ten (10) member Board of Directors. The Board is comprised of one resident from each parish as appointed by their parish governing authority, and three residents from the 'region' as appointed by the Governor. Each board member must possess experience in the area(s) of behavioral health or developmental disabilities and represent parents, family members, consumers, advocacy groups, or serve as a professional in one of the areas. All board members serve without compensation (reimbursement for travel/mileage is allowed, as funds are available).

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

## 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, 2022.

**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 the Statewide Management Organization (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, 2022, 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 contract with LDH.
- 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 mental health (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, 2022, AAHSD will provide Behavioral Health best practices and evidence-based services 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) – Addictive Disorders (AD) Program
- Primary Inpatient Adult: 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, 2022.

**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, 2022, 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 Louisiana Department of Health (LDH) Office of Public Health (OPH), characterized by a trained and highly motivated workforce, will employ science-based best practices to ensure that all people in Louisiana have the opportunity to grow, develop, and live in an environment that promotes the physical, behavioral and social health of individuals, families and communities.

**Mission**

The mission of the Louisiana Department of Health (LDH) Office of Public Health (OPH) is to protect and promote the health and wellness of all individuals and communities in Louisiana.

**Executive Summary**

The Ten Essential Public Health Services describe the public health activities that all communities should undertake and serve as the framework for the National Public Health Performance Standards (NPHPS). The standards are enumerated thusly:

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.

Specifically, in alignment with the Ten Essential Public Health Services, the LDH Office of Public Health is comprised of 1,100 professionals across Louisiana who are charged with protecting and promoting the health of the communities of our state. Engineers, doctors, chemists, biologists, nurses, sanitarians, clinicians, emergency preparedness experts and a host of other professionals work constantly to:

- monitor the food Louisiana's residents and visitors eat;
- keep our water safe to drink;
- fight chronic and communicable disease;
- ensure we are ready for hurricanes, disasters and other threats;
- manage, analyze and disseminate public health data
- ensure access to vital records like birth certificates; and
- offer preventive health services.

OPH has one appropriated program titled, “Public Health Services.” The organizational structure includes three (3) centers, fifteen (15) bureaus, and over fifty (50) programs. OPH’s executive leadership also provides direction and policy guidance to administer programs, manages 61 parish health units, two specialty clinics (reproductive health/sexually transmitted disease, tuberculosis, and 6 WIC-only) and ensures fiscal responsibility for over 200 funding sources.

OPH accomplishes its mission through education, promotion of healthy lifestyles, preventing disease and injury, enforcing regulations that protect the environment, sharing vital information and assuring preventive services to uninsured and underserved individuals and families. Public Health professionals are motivated daily by how individuals and communities are working together to improve their health. As custodians of the public's trust and money, we strive to stay connected to what's most important to improve the health of individuals and families.

Title 39 of the Louisiana Revised Statutes requires that department/agency five-year strategic plans be revised and updated at least every three years. 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 plan is not just a five-year operational plan that focuses on the “current state.” Instead, it focuses on a “future” state; it embodies leadership vision and initiative; it articulates policy and program decisions that drive individual operational plans.

Act 1465 of 1997 (the Louisiana Government Performance and Accountability Act) required that each agency (budget unit) receiving an appropriation in the general appropriation act or the ancillary appropriation act produce a series of performance progress reports. The purpose of these reports is to track the agency's progress toward achievement of annual performance standards. The Office of Planning and Budget (OPB) in the Division of Administration, maintains an electronic performance database, the Louisiana Performance Accountability System (LaPAS) to track performance standards and actual performance.

LaPAS is used by the OPH operating units to produce interim quarterly performance targets and report actual performance information. Infant mortality, immunization rates, and vital statistics are area examples of performance measures that public health tracks and monitors.

This revised strategic plan aligns with OPH’s five internal strategic priorities that were identified through an extensive, facilitated strategic planning process which took place from October 2013-July 2014 within the Office of Public Health. A strategic planning kick-off was held in January 2015. The strategic issues are exemplified throughout several OPH programs. The five strategic priorities are as follows:

- Health Information Technology, Infrastructure, Integration, and Utilization
- Increased Financial Stability
- Meaningful Internal and External Collaboration
- Reduced Health Disparities
- Improved Workforce Development

With the goal of adopting and maintaining a modern IT infrastructure to ensure a well-equipped workforce that has tools to meet or exceed performance standards and funding requirements, the Center for Public Health Informatics (CPHI) is charged with driving overall data policy. CPHI supports the agency's capacity to manage and use data to optimize operations and perform coordinated analytics to advance core public health functions by:

- Serving as a collaboration hub for data staff working in programs /sections across the agency
  - Strengthening the caliber of analytics used to guide the agency's activities
  - Making it easier for programs to get or share data where appropriate
  - Supporting technical needs
  - Strengthening public access to agency data
- 
- Electronic Health Record (EHR)
    - In 2015 CPHI launched an Electronic Health Records (EHR) system in its 64 parish health units. This involved training all levels of clinical staff in electronic health records and billing, coordinating with all the public health programs that sponsor services provided in the clinics, collaborating with all medical direction, billing and new revenue staff, and ongoing maintenance of the help desk and clinical systems.
    - The EHR replaced a paper-based system with only basic claims submission capabilities and several disparate computer systems. The new system allows clinical quality measurement, standardization of service delivery throughout the state, meeting of Meaningful Use goals for providers leading to CMS incentive payments, and claim-by-claim management of the reimbursement process at a level that OPH has never had before.
    - The clerical and clinical staff now have ready access to all a patient's information, no matter which clinic s/he attended. Prompts and clinic flow documents help insure standards of care are met. Patients are able to access their medical data through the patient portal. OPH is able to manage its claims properly, and new opportunities for billing are being developed leading to better stewardship of financial resources.
    - CPHI staff managed the setup and configuration of the EHR system for all clinics. The Louisiana Health Care Quality Forum (LHCQF) assisted with training, setup for Meaningful Use attestations to help defray some costs. A workgroup composed of many areas throughout OPH met regularly to design the system.
    - The results of this project lead to better patient care, more efficient use of technology, and enhanced financial stability.

- Louisiana Hospital Inpatient Discharge Data
  - The Louisiana Hospital Inpatient Discharge (claims) Data (LaHIDD) project had been poorly staffed and not managed well since 2010, even though legislatively mandated. It resided on expensive Oracle databases and all institutional knowledge regarding updating the website data had been lost due to the numerous reorganizations of the state IT departments and loss of staff. CPHI staff were able to remake the process using SQL and automated programming to receive and process the data with minimal cost to the state. This process was designed to simultaneously accommodate additional ED and ambulatory care data. In 2015 ICD10 coding became the standard, and the LaHIDD process was updated to allow those codes as well.
  - Claims data are crucial to understanding a wide variety of health conditions that are not captured by the existing surveillance programs, and may not be mandated by law to be reported. Nevertheless, the high burden of chronic diseases, as well as evolving problems such as opioid abuse and over-prescription, and novel investigations such as low birth weight and tracking persons longitudinally through multiple health care systems make these data of high importance to OPH.
  - Many programs within LDH and external stakeholders rely on these data as the best source for chronic disease and other health data. Complete and timely data assist all programs in planning appropriate and informed interventions, which benefits Louisiana residents directly.
  - By simplification of the reporting requirements, the barriers for facilities to report have been removed. In the next fiscal year, a concerted effort to reach out to non-reporting facilities will be conducted, in conjunction with the expected Rule, discussed separately.
  - This effort is supported by the Health Information Technology, Infrastructure, Integration, and Utilization mandate of the strategic plan.
- Emergency Department (ED) Data
  - CPHI is in the process of promulgating the Rule that expands the claims data to include emergency and ambulatory care data based on legislation passed in 2015. In order to create the Rule, we have convened the mandated Health Data Panel consisting of health care interests throughout the state appointed by the Secretary. The goal is to also use this body to design a new consumer data portal to respond to calls for health care cost transparency (Consumer Right to Know).
  - This is a long-awaited completion of a process begun in 2011 to enable OPH to access additional health data. There are many efforts in LDH that would benefit from access to ED data including injury, opioid abuse, Medicaid patient case management for inappropriate ED use, and various disease outcome studies.
  - There are many efforts that cannot be fully accomplished without access to ED data, such as tracking longitudinally patients who had events that led to an inpatient stay, and related events that did not. The Consumer Right to Know website needs a complete

overhaul and the Health Data Panel has been tasked with helping redesign it to provide data that consumers would want to know. The Inpatient, ED and ambulatory care data are crucial for that legislatively-mandated project.

- The process provided in the law SB 287/ACT 537 was followed to appoint the Panel. Internal resources were able to create an efficient and simple method for importing and combining the submitted files.
- This effort is supported by the Health Information Technology, Infrastructure, Integration, and Utilization mandate of the strategic plan.
- STARLIMS
  - Due to the number of naegleria fowleri amoeba incidents in the state, CPHI was able to implement the environmental science module for the STARLIMS laboratory information management system (LIMS) for the OPH laboratory. This required coordination with the engineering staff, the laboratory staff, and the software vendor for implementation and training. Once this module is complete, CPHI staff will begin coding HL7 electronic transactions to exchange bi-directional communications with the health units' EHR and public health transactions for ELR.
  - One of the identified problems with safe drinking water was delays from sample acquisition through results reporting. This module gave much improved efficiencies including electronic results notifications.
  - The safe drinking water improvements affect all public water systems and those who use them. The environmental science module is also used for milk/dairy, molluscan shellfish, and water quality for fishing beds. The system allows for much greater efficiency for the engineer staff as well as more rapid turnaround and electronic results submission for the field staff.
  - The laboratory had not had staff capable of managing setup and configuring of STARLIMS since 2006. CPHI was able to hire staff that learned the system and were able to conduct project management tasks for the environmental science add-on.
  - This effort is supported by the Health Information Technology, Infrastructure, Integration, and Utilization mandate of the strategic plan.
- Health Report Card
  - Another legislatively mandated report that had been neglected for some years prior to formation of CPHI is the Health Report Card. This is an annual broad picture of health indicators throughout the state. Creating this report requires close collaboration with many programs throughout LDH. This report can be found at: <http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/2202>.

- Monitoring the health status of a population is an essential step in evaluating the effectiveness of various health programs and in developing programmatic policy for the future.
- Monitoring the status of a population relative to certain health indicators over a number of years is an especially effective tool for health planning, which benefits all residents.
- Act 985 of the 1995 Louisiana Regular Legislative Session, enacting R.S. 40:1300.71, requires that the Louisiana Department of Health annually prepare a report card relative to health and health-related issues.
- This effort is supported by the Health Information Technology, Infrastructure, Integration, and Utilization mandate of the strategic plan.
- Public Data Portal
  - In collaboration with the Section for Environmental Epidemiology and Toxicology, CPHI has created an online health data portal. Early data included are all the measures for the Environmental Public Health Tracking (EPHT) system, replacing a website that was not user friendly and had many delays in development over the years. Added to it are a variety of socio-economic and population health indicators. All indicators are selectable, are presented with tables, charts and maps, are downloadable, and allow comparison of multiple years at once. This portal has just been launched and is intended to present a wide variety of health indicators from all sectors of LDH with input from a new health data workgroup formed with participation from many offices in OPH: [www.dhh.louisiana.gov/healthdata](http://www.dhh.louisiana.gov/healthdata).
  - The data portal was developed to enable health, environmental, population and exposure information and data to be viewed and analyzed in one place. The portal reflects the vision and core values of OPH: to demonstrate transparency by making quality health data available and to employ and promote science-based best practices towards continuous improvement.
  - This data portal is publicly available, to researchers, health care industry interests, legislators and anyone who wants to access data quickly and with related charts and maps simultaneously available.
  - The OPH Center for Population Health Informatics (CPHI) and U.S. Centers for Disease Control and Prevention (CDC) National Tracking Network, through LDH's Tracking Program, have partnered to provide a broad range of indicators and measures to the public, health officials, practitioners, researchers, scientists and decision makers.
  - This effort is supported by the Health Information Technology, Infrastructure, Integration, and Utilization mandate of the strategic plan.

- Meaningful Use
  - CPHI manages the Meaningful Use (MU) efforts in the state, particularly the Electronic Laboratory Reporting (ELR) project. Working with all reportable disease programs and Medicaid, CPHI staff develop the routings and interoperability for ELR data, as well as the interfacing with facilities and laboratories attempting to achieve MU. CPHI staff also assist with syndromic data systems as requested.
  - CMS offers incentives to providers to help defray the cost of certified electronic health record systems. One of the conditions for these incentives is for the providers to submit various public health reports in HL7 standard format to the health departments. OPH also has eligible providers in the health units that submitted attestations for incentives that helped support the EHR installation. Without providing support for MU, OPH would be preventing providers and hospitals statewide from being able to install sufficiently robust electronic systems that are designed ultimately to improve care coordination and better outcomes.
  - The goals of the MU process are to improve safety, quality, efficiency, and reduced health disparities for all patients.
  - Several programs with reportable conditions partnered a number of years ago to receive electronic laboratory reports in any format that a lab was able to send. When the MU standards came into being, it was a natural continuation of development of the system to accommodate the HL7 formats.
  - This effort is supported by the Health Information Technology, Infrastructure, Integration, and Utilization mandate of the strategic plan.
- Traffic Records Coordinating Committee
  - CPHI is represented on the Traffic Records Coordinating Committee evaluating traffic injury, serving with members from the Louisiana Emergency Response Network (EMS), the Department of Transportation and Development, and utilizing LaHIDD and ED claims data.
  - Through the coordinated efforts of its stakeholders, the Traffic Records Coordinating Committee provides a forum for the creation, implementation, and management of a traffic safety information system that provides timely, accurate, complete, uniform, integrated, and assessable traffic safety data to the State of Louisiana.
  - All residents and visitors benefit from improved traffic safety throughout the state.
  - On April 19, 2007 Louisiana implemented a two tiered Traffic Records Coordinating Committee, comprising of an Executive Committee and a Working Group. During this meeting, the Louisiana Highway Safety Commission granted the LA TRCC Executive Committee the authority to approve, develop, and implement the Traffic Records Strategic Plan for the state. The LA TRCC Working Group was also formed to address



specific planning & implementation efforts and to help identify issues on behalf of data users.

- This effort is supported by the Health Information Technology, Infrastructure, Integration, and Utilization mandate of the strategic plan.
- Digital Health Department
  - In 2015, Sanitarian Services launched a new software application called Digital Health Department. This application allows Sanitarians to more efficiently manage their inspections and permitting process, replacing a number of antiquated systems.
  - The old system was comprised of multiple systems that did not integrate at all. There were daily manual steps to integrate reports from the statewide sanitarians. There was little reporting ability and the permitting process was very difficult to maintain. The new system has combined all the functions into one system, available on the internet, with robust financial and inspection capabilities.
  - All visitors and residents who eat at a restaurant or purchase food are better protected as inspections are timely and complete, and violations are monitored and re-inspected with appropriate frequency.
  - Through the usual bid process, the product was chosen and a work plan and migration plan was created. Internal staff configured the software and forms, and conducted training for the staff.
  - This effort is supported by the Health Information Technology, Infrastructure, Integration, and Utilization mandate of the strategic plan.
- LaPHIE Expansion
  - In 2015, CPHI assisted STD/HIV with launching the LaPHIE intervention for persons known to be out of care for HIV at Our Lady of the Lake. OPH is continually looking for new potential partners for this nationally recognized intervention.
  - This intervention sends public health messages directly to clinicians to assist getting persons into care, which can reduce the ability to spread HIV. In some facilities OPH exchanges messages about patients with potentially untreated syphilis.
  - Not only persons who are out of care for HIV or untreated syphilis benefit, but also partners who will be at less risk of contracting these diseases, and babies who will not be born with one of these diseases.
  - CPHI partners with STD/HIV to implement the technical aspects of the electronic data exchange.
  - This effort is supported by the Health Information Technology, Infrastructure, Integration, and Utilization mandate of the strategic plan.

- NEDSS

- In 2015, the National Electronic Disease Surveillance System (NEDSS) was launched. Housed in Infectious Disease Epidemiology (IDEpi), this system allows electronic management of laboratory reports for multiple reportable conditions, and provider data entry directly into the system for case report data.
- Not only is this system much more robust, but it is also a significant annual cost savings from the previous surveillance system.
- Having a surveillance system that can consume the electronic HL7 laboratory reports is a great efficiency for IDEpi, who had manually keyed the reports of interest into the old system. NEDSS allows reporting of diseases to the CDC in the correct formats. TB has already merged its reports into NEDSS. The CDC intends that NEDSS be the sole surveillance system for all reportable diseases in the near future, so moving to it now also prepares OPH for changes that are coming to case reporting.
- CPHI and IDEpi staff installed and configured the system with the support of the CDC staff and the CDC's contractors who developed the system. IDEpi staff are involved with the ongoing developments and improvements in NEDSS. CPHI staff are assisting with continuing laboratory report integrations.
- This effort is supported by the Health Information Technology, Infrastructure, Integration, and Utilization mandate of the strategic plan.

#### *Increased Financial Stability*

With the goal of increasing financial stability and revenue through more efficient utilization of resources, the aforementioned EHR, allows for enhanced billing capabilities, which will enable OPH to more fully recoup costs associated with providing many of the services that can be reimbursed. Both the patients and staff of the health units will benefit if the cost to operate can become more manageable through the use of proven technology. Many program areas that fund services in the health units will also be able to provide more services to more individuals when the costs are reimbursed properly and fully. The performance indicator, "Number of healthcare providers receiving practice management technical assistance regarding revenue sustainability" from the Bureau of Primary Care and Rural Health is aligned with the strategic priority area *Increased Financial Stability* because PHU, specialty, and WIC-only clinics participate in the trainings.

#### *Meaningful Internal and External Collaboration*

In demonstration of its efforts to operate as a cross-functional, cohesive agency throughout all programs, services and regions, while being reliable and responsive, and meeting national standards, the OPH Performance Improvement Team led a statewide, multi-sector, State Health Assessment (SHA)/State Health Improvement Plan (SHIP). The SHA/SHIP process was also aligned with OPH's work toward seeking national public health accreditation through the Public Health Accreditation Board (PHAB). Over the course of nine months, throughout nine OPH

regions in Louisiana, using a systems approach, OPH collaborated with stakeholders that represented various sectors of the public health system to develop a statewide plan to improve the health of Louisiana's residents. Of the collaborative process, over 2800 participated and represented 515 organizations statewide. The Louisiana health assessment process identified five strategic priorities and the desired outcomes to be achieved by collaborative activities of stakeholders who provided valuable input and identified other potential partners. The five strategic priorities are as follows: Support Behavioral Health; Promote Healthy Lifestyles; Assure Access to Healthcare; Promote Economic Development; and Build Public Health Infrastructure. Through a collaborative approach, with initial region-specific assessments and subsequent meetings throughout the nine OPH regions, potential priority areas were identified using an audience response system. The resulting region-specific priorities were further discussed through a SWOT analysis process. The resulting SHA and SHIP document will provide opportunities for organizations and agencies across Louisiana to focus dialogue and align around a common framework. The plan will provide a call for action by building on existing assets, leveraging resources, and engaging partners to act collectively to improve the health of Louisiana residents. Regional coalitions and partners will be able to use the SHA/SHIP document to guide the development of regional health improvement plans and subsequent strategies to address regional health concerns.

The SHA/SHIP process showcased OPH as a valued leader in public health in Louisiana. By facilitating partnerships for the alignment of efforts that had an overall impact on health and wellness of individuals and communities. As a result, OPH had the opportunity to display its capacity to collaborate across organizational boundaries which aligns with the SHIP priority by building the public health infrastructure, in support of health improvement.

### *Reduced Health Disparities*

With a goal to lead and continually improve a public health system that identifies and reduces inequities to improve health outcomes and quality of life in Louisiana, regional, state and national health disparity comparison data were presented at the SHA/SHIP meetings. The annual Robert Wood Johnson Foundation's *County Health Rankings and Roadmaps* provided data on mortality, morbidity, health services, health factors, and health outcomes. For the purposes of state and regional data presentations, social math provided our stakeholders and staff the unique ability to relay health disparities data and significance, in a relatable format, to diverse audiences.

Additionally, the OPH Health Promotions team engaged in a tobacco control strategic planning process. The mission of the OPH Health Promotion Tobacco Control Program is to prevent initiation of tobacco use among youth, eliminate exposure to secondhand smoke, decrease tobacco use among adults and youth, and identify and eliminate tobacco-related disparities. Similarly, the OPH Health Promotion team prioritizes rural and underserved groups through its efforts around tobacco equity and disparities via promotion of its Tobacco and Cessation Quitline. Furthermore, the WIC Program serves a low-resource audience of Women, Infants and Children, and Seniors with its programming. The performance indicator "Percentage of WIC-eligible clients served" illustrates the program's focus on underserved populations.

### *Improved Workforce Development*

With its goal to attract and retain a diverse staff throughout our workforce, to maximize productivity, deliver high quality service, and improve outcomes the Bureau of Emergency Medical Services (BEMS) modernized its technology infrastructure in order to simplify and strengthen the licensure/credentialing process. The result was a complete migration to an e-License Portal system that provides robust audit, tracking, and credentialing features, as well as a simultaneous migration to electronic payments in the form of credit and debit cards. As a result:

- EMS practitioners are now credentialed using state-of the-art technology that integrates seamlessly with the National Registry of Emergency Medical Technicians (NREMT) certification verification processes. In doing so, the state achieved 100% audit throughput on every license application received.
- EMS practitioners, employers and the citizens of Louisiana are benefitting from this in a variety of ways. Time to licensure has been reduced from over 30 days to mere hours (4 hours or less). The applicant audit trail is more robust, resulting in the development of a stronger, credentialed workforce. This in turn provides better value to Louisiana taxpayers and improves the health of the public.

Specific EMS indicators that align with priority are of *Improved Workforce Development* are:

- Percent increase of WMS workforce in Louisiana
- Percent of EMS personnel newly certified
- Percent of EMS personnel re-certified

Similar to the EMS licensure/credentialing system, OPH is considering the deployment of an online licensure verification system for nurses. A Workforce Development Plan has been drafted and will be vetted in the near future.

Examples of OPH's efforts in workforce development are prevalent throughout the agency. For example, the planning process for the 5 Year Strategic Plan Revision involved cross-functional meetings with the OPH Executive Leadership Team, LDH Budget staff member, OPH Quality Team, OPH Center leadership and staff, and emails explaining the process and needed information. This was followed by outreach to programs, centers, and key staff members to secure needed updates to the strategic plan. This process was deployed in order to avoid duplication of program operations and to streamline the process in order to meet the intent of the strategic planning revision process. This process is not unique to the 5 Year Strategic Plan Revision, but is routinely followed in internal OPH processes such as the quarterly LaPAS submittal.

The aforementioned approach can also be seen in the development of OPH's statewide strategic plan Healthy Louisiana- Starts with Us. Through a consultant-facilitated strategic planning process, a priority area of *Improved Workforce Development* was identified by internal OPH leadership and staff with key programmatic responsibility. The plan involved a SWOT analysis to identify key areas of focus and assessment of OPH's public health workforce needs through the *PH WINS* assessment.

## **Agency Goals**

### **Goal I**

*Increase financial stability and revenue through more efficient utilization of resources.*

### **Goal II**

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

### **Goal III**

*OPH is valued as a leader in public health in Louisiana, and facilitates partnerships for the alignment of efforts and overall impact on health and wellness of individuals and communities*

### **Goal IV**

*OPH attracts and retains a competent and diverse staff throughout our workforce to maximize productivity, deliver high quality service, and improve outcomes.*

### **Goal V**

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

### **Goal VI**

*Adopt and maintain a modern IT infrastructure to ensure a well-equipped workforce that has the tools to meet or exceed performance standards and funding requirements.*

### **Goal VII**

*Leverage health information technology to maximize use and integration of data to drive decision-making.*

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

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

### **Program A Mission**

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

- 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 Public 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**

### **Activity: Vital Records**

#### **Objective I:**

Public Health Services, through its Vital Records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2022.

#### **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 filled within two weeks
- Percentage of counter services customers served within 30 minutes

#### **General Performance Information**

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

### **Activity: Emergency Medical Services**

#### **Objective II:**

Public Health Services, through its Emergency Medical Services (EMS) 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, 2022.

#### **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

### **Activity: Community Preparedness**

#### **Objective III:**

Public Health Services, through its Community Preparedness activity, will build healthy, resilient communities and enhance Louisiana's state and local public health agencies capacities to prepare for, detect, and respond to chemical and biological terrorism and other communicable disease threats each year through June 30, 2022.

#### **Strategy:**

- I.1 Ensure Louisiana meets the Centers for Disease Control and Prevention's technical assistance review requirements for Strategic National Stockpile planning.

#### **Performance Indicator:**

- Obtain a 43% Metropolitan Composite Mass Dispensing and Distribution Score

### **Activity: Bureau of Family Health**

#### **Objective IV:**

Public health services, through its Bureau of Family Health will promote optimal health for all Louisiana women, children, teens and families each year through June 30, 2022.

#### **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 Maternal, Infant, Early Childhood home visits, including Nurse-Family Partnership (NFP) and Parents as Teachers (PAT) home visits
- Percentage of children with special health care needs receiving care in a Medical Home.
- Percentage of clients returning for follow-up family planning visits
- Percentage of women who had or were treated for chlamydia at any time during pregnancy

**General Performance Indicators:**

- Sudden Unexpected Infant Death (SUID) Rate

**Activity: Immunization Program**

**Objective V:**

Public Health Services, through its Immunization Program activity, will control or eliminate preventable diseases by providing vaccine to susceptible persons each year through June 30, 2022.

**Strategies:**

- 1.1 Continue to conduct annual immunization surveys using the immunization information system, Louisiana Immunization Network for Kids Statewide (LINKS) for each parish health unit.
- 1.2 Conduct annual immunization audits of randomly selected private Vaccine for Children providers.
- 1.3 Continue regular and ongoing in-service training to all Immunization Consultants staff.
- 1.4 Continue Immunization in-services for the private sector and other interested vaccine providers for Immunization best practices.
- 1.5 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).
- 1.6 Provide for vaccines to public and private providers through the Vaccines for Children Program.
- 1.7 Recruit private provider participation in (LINKS).
- 1.8 Continue collaborative efforts with LDH Healthy Louisiana and community organizations, private providers to increase the number of community providers using the LINKS to promote timely immunizations of all Louisiana children.
- 1.9 Maintain collaborative efforts with the La. Department of Education to ensure compliance with the State Immunization requirements for school entry requirements for first-time students 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

**Activity: Nutrition Services****Objective VI:**

Public 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, 2022.

**Strategies:**

- 1.1 Identify additional Women, Infants and Children (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.
- 1.2 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.
- 1.3 Investigate new technologies to provide nutrition education to groups and high risk nutrition counseling of individuals.
- 1.4 Engage in outreach activities through the Commodity Supplemental Food Program (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

## **Activity: Infectious Disease**

### **Objective VII:**

Public Health Services, through its Infectious Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2022.

### **Strategies:**

#### *Tuberculosis (TB)*

- 1.1 Evaluate TB performance indicators on a patient by patient basis assuring efficient effective contact management.
- 1.2 Evaluate TB performance indicators on a case by case basis assuring completion of treatment in 12 months.
- 1.3 Evaluate TB performance indicators on a case by case basis assuring conversion of sputum culture within two months of start of treatment.

#### *STD/HIV*

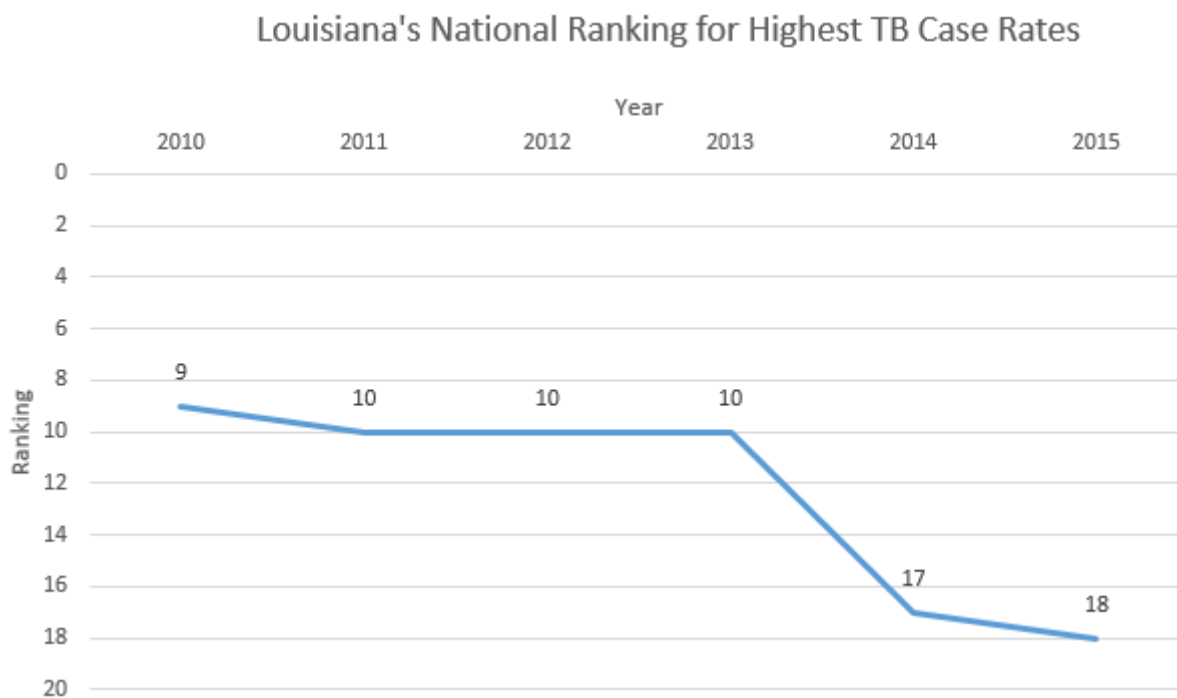
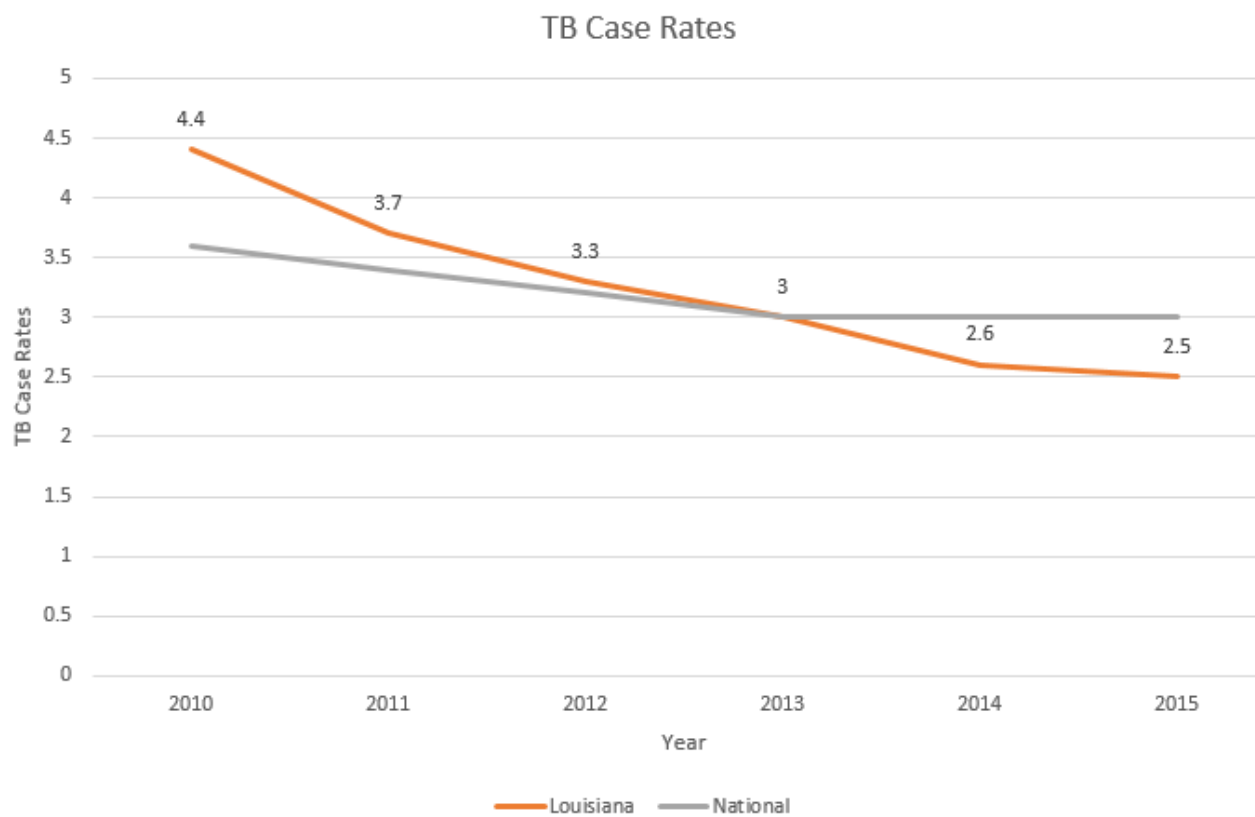
- 2.1 Conduct disease surveillance and monitor and report on characteristics and trends of HIV and STD in Louisiana, in order to take public health action, to inform intervention planning and resource allocation, and to assess progress in reducing HIV and STD infection.
- 2.2 Evaluate the effectiveness, accessibility, and quality of HIV and STD, prevention, identification, and treatment.
- 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.
- 2.4 Promulgate policies and best practices for the prevention, identification, and treatment of HIV and STD.
- 2.5 Conduct disease investigation to notify persons of exposure to HIV and STD and assure testing and treatment.
- 2.6 Link people to needed HIV- and STD-related Public health services and assure the provision of health care and medications when otherwise unavailable.
- 2.7 Support and promote targeted testing and routine screening for HIV and STD.
- 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

The Louisiana Department of Health announced that the rate of tuberculosis cases in Louisiana continues to improve, moving from 2.6 cases per 100,000 population in 2014 to 2.5 cases in 2015 and from being ranked 17th in the nation the for highest case rates to 18th during the same timeframe.



Since 2010, LDH's Tuberculosis Prevention and Control Program helped reduce Louisiana's case rate by 43 percent, according to the latest statistics released by the Centers for Disease Control and Prevention (CDC), which rank Louisiana below the national average in tuberculosis cases.

Tuberculosis is an infectious bacterial disease characterized by the growth of tubercles and mainly affects the lungs. The Office of Public Health staff treats all diagnosed cases of TB to prevent transmission and the development of TB disease in individuals with a TB infection.

**Performance Indicators:**

STD/HIV

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

**General Performance Information:**

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

**Activity- Infectious Disease Epidemiology**

**Objective VIII:**

Public Health Services, through the Infectious Disease Epidemiology (IDEpi) activity, will conduct surveillance of infectious diseases to decrease the burden of infectious diseases (besides TB, STD and HIV), carry out outbreak investigations and maintain public health preparedness against infectious diseases each year through June 30, 2022.

**Strategies:**

- 1.1 Study the distribution and determinants of infectious diseases in the community through disease reporting,
- 1.2 Conduct infectious disease outbreak investigations,
- 1.3 Maintain a state of public health preparedness against the threat of communicable diseases following disasters or bioterrorism events
- 1.4 Coordinate special programs that prevent the spread of communicable diseases,
- 1.5 Train public health staff on infectious disease control preparedness
- 1.6 Maintain an electronic laboratory reporting system integrated with IDRIS
- 1.7 Maintain a Syndromic surveillance (LEEDS)
- 1.8 Verify validity suspected outbreaks and clusters received and document in Epistories
- 1.9 Completion of investigation for outbreaks or clusters deemed credible by IDEpi
- 1.10 Maintain antibiogram surveillance from Louisiana acute care hospitals

- 1.11 Provide state specific data on viral hepatitis
- 1.12 Issue regular updates on arboviral activity
- 1.13 Communicate with mosquito control district results of human surveillance activities
- 1.14 Carry out PH surveillance investigations and follow-up on selected food-borne cases for Lab PFGE testing
- 1.15 Obtain laboratory samples on human cases or food items of interest for Lab PFGE testing
- 1.16 Maintain an active flu surveillance sentinel provider network

**Performance Indicators:**

- Completed 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

IDEpi plays a major role in the response to the epidemic of Ebola and the Zika pandemic. This role may be summarized as collecting, organizing and sharing with all partners the epidemiologic information which is the foundation for the response activities. The surveillance systems (IDRIS using medical provider report, electronic laboratory reporting (ELR) and syndromic surveillance were effective in identifying the sources of infection such as a traveler in the Zika pandemic originating in foreign countries. A registry of cases of all cases with demographics, circumstances of diagnoses, medical care was kept. Communications with Mosquito Abatement District included provision of general information on the infection, update on situation, notification of cases (No personal identifier) occurring in their area, telephone consultation to answer any specific questions, communicating areas at risk and plotting of epidemiologic patterns. Communication with medical provider included information about signs and symptoms, diagnostic tools available at OPH Lab and CDC, updates on the situation, Health Alert Network (Faxes) and email lists to IPs, ID physicians, medical facilities. IDEpi provided a 24-hour phone number answered by IDEpi for any questions from medical providers. Communication with the public through media was conducted by providing Louisiana specific epidemiologic information with the Bureau of Media and Communication (BMAC).

**Activity: Laboratory Services**

**Objective IX:**

Public Health Services, through its Laboratory Services activity, will assure timely testing and reporting of laboratory results of specimens to monitor for pollutants, contaminants in water, food, drugs, and environmental materials each year through June 30, 2019.

**Strategies:**

- 1.1 Maintain a Laboratory Response Network bioterrorism response BSL3 laboratory in Louisiana
- 1.2 Provide Newborn Screening Testing for all babies born in the state of Louisiana for the identification of possible genetic disorders.
- 1.3 Develop and maintain capability for the full spectrum of radiological testing and methodology
- 1.4 Provide rapid testing capability for evaluation and response to emergency events that may affect the quality of drinking water.

- 1.5 Investigate approved alternate technologies for improving the analysis speed and efficiency in Chemical identification methods.
- 1.6 Maintain the capability to test submitted diagnostic and surveillance influenza specimens
- 1.7 Maintain or increase diagnostic capability for infectious disease testing
- 1.8 Continue testing suspect outbreak samples in accordance with requests from Infectious Disease Epidemiology
- 1.9 Provide TB testing for the State TB Control Program.
- 1.10 Provide rabies testing for all 64 Parishes in Louisiana for Infectious Disease Epidemiology
- 1.11 Provide certified water testing for the Drinking Water Program
- 1.12 Provide certified milk testing for the Milk and Dairy Program
- 1.13 Use current technology to diagnosis and performs confirmatory testing for both infectious and non-infectious diseases
- 1.14 Maintain a state of readiness to aid in the investigation of disease outbreaks and other public health emergencies
- 1.15 Provide information necessary to detect outbreaks by performing Pulsed Field Gel Electrophoresis typing (DNA fingerprinting) or DNA sequencing.

**Performance Indicators:**

- Percentage of bioterrorism lab tests completed within 72 hours
- Number of lab tests/specimens tested

**Activity: Environmental Epidemiology and Toxicology**

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 consultations, and health education/community outreach, with the support of geographical information system (GIS) technology.

**Objective X:**

Public Health Services, through its Environmental Epidemiology and Toxicology activity (SEET), will identify toxic chemicals in the environment; evaluate the extent of human exposure and the adverse health effects caused by them; make recommendations to prevent and reduce exposure to hazardous chemicals; promote public understanding of the health effects of chemicals in the environment each year through June 30, 2022.

**Strategies:**

- 1.1 Mitigate environmental risks that are important to the long term health and well-being of Louisiana's citizens.
- 1.2 Review approximately 8,000 annual notifications of chemical incidents from the National Response Center and the Louisiana State Police 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 8 emergency response events giving the location of the events, hospitals,

schools, daycare centers, etc. that are in the general area of the emergency during 2015. Other examples include response to chlorine leak in St. Mary Parish (November 2015) and an ethylene release in Calcasieu Parish (October 2015). To date in 2016 SEET, alerts have resulted in the Waterworks Warning Network being activated on 3 occasions.

- 1.3 Investigate disease clusters (e.g. cancer, reproductive, neurological, and respiratory diseases) reported by residents and public officials. In 2014, LDH responded to four disease cluster concerns.
- 1.4 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, in 2016, SEET developed a brochure entitled Eating Recreationally Caught Seafood in Louisiana: How to Choose, Clean and Cook Your Catch. The publication explains how to avoid crab fat and suggests other ways one might reduce his/her risk of exposure when consuming seafood.
- 1.5 Develop strategies for disseminating environmental health messages to key public groups (childcare providers, healthcare providers, academicians, students, primary and secondary educators, community based organizations and residents) utilizing appropriate communication channels. For example, in 2016, the staff utilized the Department's Facebook site to increase awareness about carbon monoxide poisoning during a winter freeze and developed a fact sheet on mothball safety to educate childcare providers about health effects associated with mothballs and tips for reducing exposure in childcare centers.
- 1.6 Develop an environmental public health tracking network focused on Louisiana that presents health, exposure, and environmental hazard information and data of community interest. The surveillance tool 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, an interactive website where users can search and download environmental and public health data ([lepht.dhh.la.gov](http://lepht.dhh.la.gov)). Users are now able to create tables, charts, and maps for displaying the information. Data available on this network currently include health indicators: asthma, heart attack, heat stress, cancer, reproductive and birth outcomes, carbon monoxide poisoning and occupational health. Childhood blood lead and birth defects indicators are in development and set to be released in the summer of 2016. Environmental data include outdoor air, drinking water quality, and climate-related with several additional environmental indicators of state and local interest in development. . In partnership with the Center for Population Health Informatics, SEET is in the process of building out the next generation of the network which will include significantly expanded access for the public to agency health data as well as population (census) data and community health rankings information. At the same time, in collaboration with program partners, SEET is moving into action several strategies for linking hazard, exposure and health data through public health activities. The program is also analyzing project data and updating reports to identify focus areas in environmental health that have been identified by agency assessments.



- 1.7 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 3-4 health consultations are written per year. In 2015, SEET authored the HMM Landfill Letter Health Consult which was an assessment of LDEQ's air data from air samples collected near the HMM landfill in response to public health concerns from the ongoing landfill fires. Due to community public health concerns regarding exposure to wildfires and smoke, SEET developed a brochure titled "Wildfire Smoke, Particulate Pollution, and Your Health: What You Need to Know About Exposure to Smoke from Wildfires." This brochure educated persons on the potential health effects from smoke exposure and how to protect. In 2015, in response to the health concerns regarding disinfectant byproducts (DBPs) in drinking water in Louisiana, SEET collaborated with the LDH Safe Drinking Water Program to develop a brochure titled "Public Water Supply Safety: Disinfection Byproducts in Louisiana" after responding to the health concerns related to exposure to disinfect byproducts (DBPs) found in drinking water. The brochure contains information on how public water is treated, federal regulations governing drinking water, DBPs and health concerns associated with DBPs as well as LDH's Emergency Rule that was passed in 2014 to protect the public from waterborne disease and chemical exposure associated with public drinking water.
- 1.8 Obtain and evaluate all laboratory reports for heavy metal and carbon monoxide exposures that are reportable conditions.
- 1.9 Respond to public inquiries on indoor environmental quality and provide follow-up information within two business days. Provide telephone consultations, environmental educational material, and targeted outreach to communities, local school administrators, staff, students, and parents about the benefits of improved indoor environmental quality (IEQ). Respond to over 500 calls annually with most of them regarding mold issues in residential and public buildings. A major national and local IEQ event the program responded to was imported drywall. The program received a total of 1,087 calls from March 2009 until December 2012. The program continues to get calls regarding imported drywall, receiving 11 in 2015. A similar problem occurred in 2015 regarding imported laminate flooring. The program responded to approximately 30 complaints related to this issue.
- 1.10 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. This is accomplished by compiling, analyzing, and interpreting occupational health surveillance data from multiple data sources in order to identify trends, high risk occupations and industries; collaborating with a diverse network of partners to develop and implement prevention strategies; and disseminating findings in a variety of formats using various communication channels. During 2015, SEET's Louisiana Occupational Health and Injury Surveillance (LOHIS) program enhanced its existing occupational health surveillance system by developing a multi-source surveillance system of occupational fatalities that includes data from death records, newspaper articles, OSHA investigations, LA state police reports, and poison control reports. This system ensures consistency of cases among all state

agencies that are involved in investigating and tracking occupational fatalities, and to capture additional details on fatalities such as employment status, occupation, industry, and circumstances related to the fatality.

- 1.11 Obtain and investigate all reported pesticide exposures that meet state reportable disease criteria. Review health and exposure information for cases, compile state statistics, and make recommendations to prevent and reduce pesticide exposure. 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. In order to better educate the public regarding the correct usages of mothballs, SEET developed a one-page fact sheet titled “What You Should Know About Mothballs: Protecting Your Children and Education Childcare Providers” which was disseminated to the public.

**Performance Indicators:**

- Number of health consults
- Number of emergency reports screened from the Louisiana State Police and National Response Center

**General Performance Information:**

- Number of indoor air quality phone consults

**Activity- Bureau of Primary Care and Rural Health**

**Objective XI:**

Public Health Services, through its Bureau of Primary Care and Rural Health’s (BPCRH) 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 Hospital Consumer Assessment of Healthcare Providers and Systems (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 Corps providers practicing in Louisiana
- Percentage of State Loan Repayment Program funds awarded to new and existing primary health service providers recruited and retained to work in Health Professional Shortage Areas
- Percentage of health professional shortage areas analyzed and submitted to the Health Resources and Services Administration by the federal deadline
- 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 parishes and/or areas designated as Health Professional Shortage Areas (HPSAs) by the federal government
- Number of critical access hospitals (CAHs) reporting HCAHPS data
- 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

**Activity- Chronic Disease Prevention and Health Promotion****Objective XII:**

Public health services, through its Chronic Disease Prevention and Health Promotion 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:**

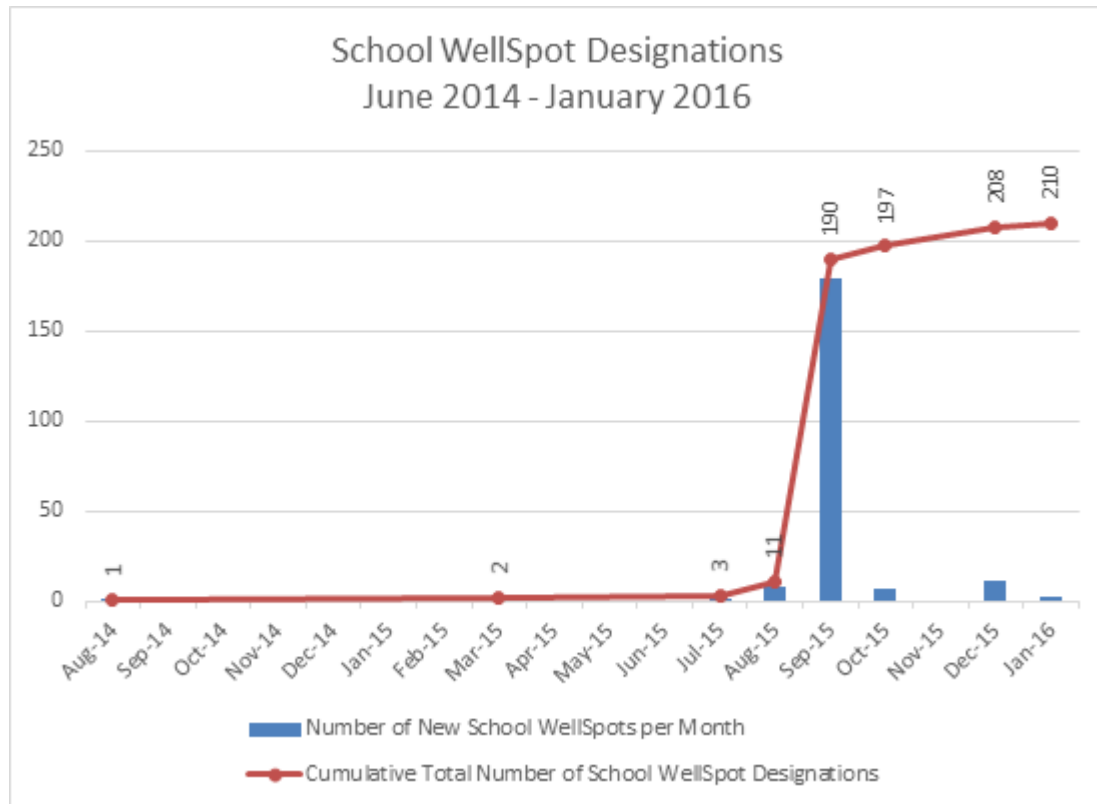
- II.1 Reduce disease, disability and death related to tobacco use by increasing statewide initiatives, cessation programs, school programs, media campaigns/marketing, and educational programs.
- II.2. Reduce disease, disability, and death from chronic diseases by increasing statewide initiatives in schools, worksites, communities, and healthcare settings.

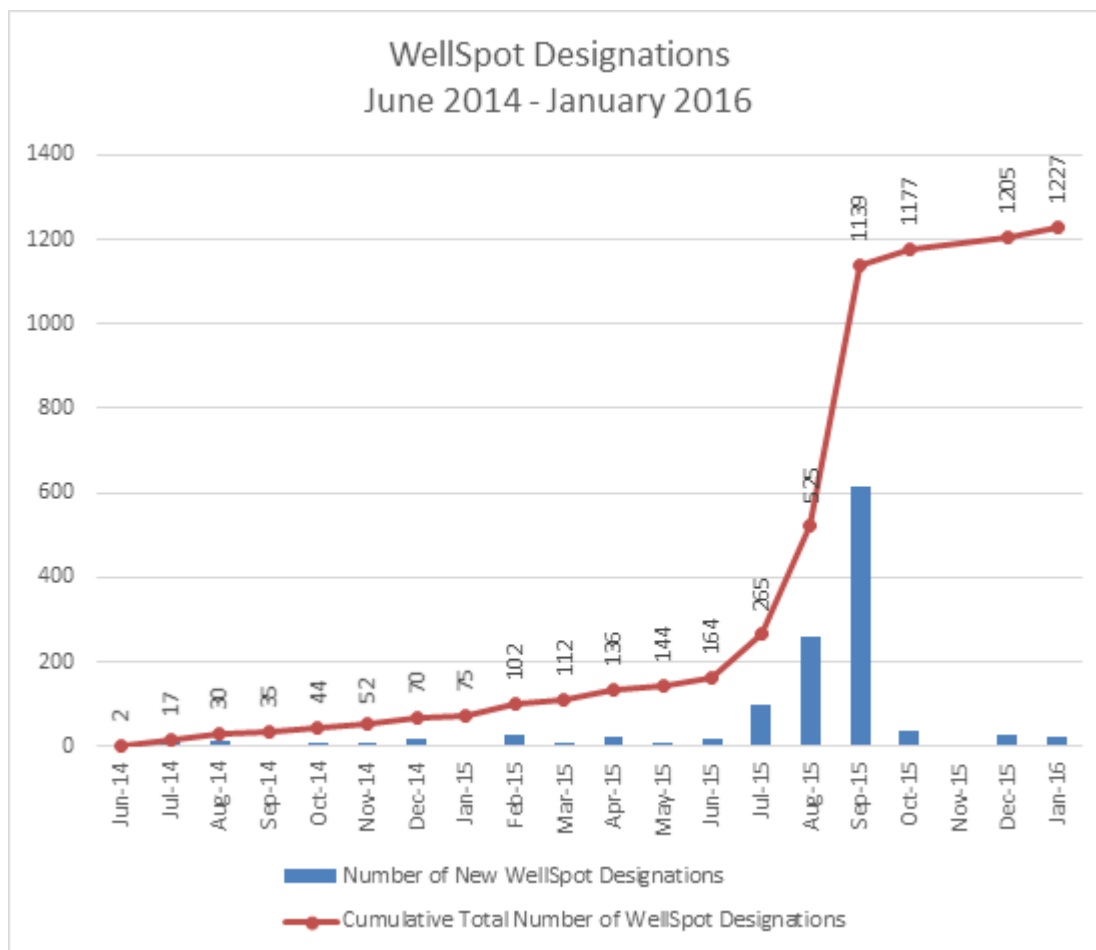
**Performance Indicators:**

- 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:

- Percentage of worksites implementing worksite wellness programs





The Louisiana Department of Health Office of Public Health, Bureau of Chronic Disease Prevention and Health Promotion (BCDPHP) is collectively using evidence-based methods and interventions in order to reduce the preventable risk factors that contribute to chronic disease. By providing a coordinated investment of prevention funds, the BCDPHP is able to establish basic community-based health interventions and strategic targeting of systems level health interventions for the residents of Louisiana in a more streamlined and efficient way.

As a part of this effort, the Louisiana Department of Health launched the Well-Ahead Louisiana initiative in 2014 to improve the health and wellness of Louisiana residents. Through the Well-Ahead Louisiana brand, we foster a statewide community-based network that promotes health in all places and spaces, connecting organizations and residents across the state to the resources that will make healthy living easily accessible to each and every person.

The BCDPHP has worked collaboratively to develop a set of evidence-based wellness benchmarks for six different types of organization – child care centers, schools, colleges/universities, worksites, restaurants, and hospitals. The benchmarks combined with Well-Ahead community outreach encourage policy, systems, and environmental change surrounding health behaviors. The benchmarks support the work of the following Health Promotion funding awards: CDC Coordinated Chronic Disease, CDC National Tobacco Control, CDC Quitline Capacity, CDC Oral Health Capacity. In addition, all objectives under the “Promote Healthy

Lifestyles” strategy of the newly developed Louisiana State Health Improvement Plan are supported by these Well-Ahead Louisiana activities.

### **Activity- Sanitarian Services**

#### **Objective XIII**

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

#### **General Performance Information:**

- Number of food-related complaints received from the public
- Number of food, water, sewage-borne illnesses reported
- Percentage of establishments/facilities in compliance
- Food related complaints received from the public
- Number of inspections of permitted establishments/facilities
- Number of samples taken
- Number of sewage system applications taken
- Number of new sewage systems installed
- Number of existing sewage system inspections
- Number of plans reviewed

### **Activity: Engineering Services**

#### **Objective XIV:**

Public Health Services, through its engineering and loan activities, will provide a regulatory framework to assure that the public is not exposed to contaminated drinking water or to raw sewage by contact or inhalation, which can cause mass illness or deaths each year through June 30, 2022.

**Strategies:**

- I.1 Engineering Services will accomplish this objective by enforcing compliance with Federal regulations and the State Sanitary Code, by performing plan reviews, conducting sanitary surveys of drinking water systems, monitoring and testing drinking water quality, training and certifying operators of water and wastewater systems, performing public education, and staffing the ESF 12 Water and Wastewater Utilities desk at Governor's Office of Homeland Security and Emergency Preparedness.
- 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 LDH approved training courses
- Number of low-interest loans made
- Number of public water systems provided technical assistance
- Number of water systems provided capacity development technical assistance

## 09-330

# Office of Behavioral Health

### **Vision**

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

### **Mission**

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

### **Philosophy**

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

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

### **Executive Summary**

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

- Accountability of efficient and effective services through quality and performance measures, statewide standards for monitoring quality of service and performance, and reporting of quality of service and performance information.
- Creation and implementation of minimum service delivery standards.
- Coordination of integration of behavioral health and primary healthcare and continued collaboration with agency contract providers, advocacy groups, Local Governing Entities, regional support networks, and public and private agencies in order to reduce duplication in service delivery and promote complementary services among all entities that provide behavioral health services to adults and children throughout the state.
- Implementation of a system of reimbursement by the Medical Assistance Program to private hospitals and to state hospitals for covered Medicaid services that, to the extent possible, allocates funding in the areas of the state based on needs, population, and acuity level.
- Performance monitoring and evaluation regarding the effectiveness of services being provided and achievement of outcome measures



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

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

- **Reorganization of Business Operations**

OBH has experienced several significant transitions, including a merger of mental health and addictive disorders offices, delivery of services through a managed care model, and integration of behavioral health services into Healthy Louisiana. A review of agency functions is necessary to maximize efficiencies and promote coordination among the Louisiana Department of Health (LDH) offices. OBH management, with LDH guidance, will consider reorganization of agency functions and structure to expand services as outlined in the priorities and to accommodate quality monitoring and collaboration with Medicaid integration and expansion.

- **Access to Behavioral Health Services**

OBH will lead efforts to increase access to behavioral health services by promoting early identification of behavioral health concerns, especially through leveraging integration to help physicians and behavioral health specialists collaborate to identify and treat behavioral health concerns (inclusive of trauma exposure) at the earliest opportunity. Strategies may include supporting primary care physicians through behavioral health consultation, as well as increasing access to high-quality evidence-based behavioral therapies for young children.

Additional strategies employed to address the increased volume on the behavioral health system anticipated under Medicaid Expansion will be the integration of Peer Support throughout the system of care. The use of trained, credentialed peers is a critical component to a recovery-oriented system of care and results in improvements in client engagement, treatment outcomes, and recovery. As an enhancement to traditional treatment services, peer support services allow for more effective and targeted interventions resulting in improved care and an increased capacity of the system to serve a broader array of individuals.

To increase access to effective behavioral health supports and services, OBH will work with Medicaid, public and private universities and medical schools, providers, and Healthy Louisiana managed care partners to implement strategies to retain and increase the behavioral health workforce. Workforce development efforts will include training and support for providers of evidence-based therapies addressing issues emerging in early childhood, trauma exposure, and other psychiatric and addictive service needs. OBH will lead efforts to provide training and support for providers of peer recovery supports, including mentoring and coaching opportunities. Expanding the workforce of providers of behavioral healthcare may also include further utilization of provider types such as psychiatric residents, provisionally licensed social workers, licensed professional counselors, licensed marriage and family therapists, certified addiction specialists and licensed prevention professionals.

- **Outcomes-Based Behavioral Healthcare**

OBH will lead efforts to increase the use of outcomes measurement in the provision and

decision-making around behavioral health services. Quality assessment and monitoring is necessary to ensure that these services are providing a good value to the state in terms of improving key outcomes and quality of life for Louisianans.

OBH will support Psychiatric Residential Treatment Facility (PRTF) providers to move toward measuring and improving the value of their services, by using data-driven decision making in their daily operations, and embracing best practice models inclusive of trauma-informed care to produce long term, sustainable outcomes for youth and families.

- **Substance Use Disorder System Enhancements**

OBH recognizes the impact of Substance Use Disorders (SUDs) on Louisiana's individuals, families, and communities, and strives to enhance policies, regulations and protocols to reduce the prevalence of SUDs. OBH will focus on several priority areas to achieve this goal. These include enhancement of Medication Assisted Treatment (MAT) services, treatment capacity for pregnant women, reduction of prescription drug/opioid overdose-related deaths, increased use of early Screening, Brief Interventions and Referral to Treatment (SBIRT) including pregnant women, and development of residential treatment programs for pregnant women and children at risk of Neonatal Abstinence Syndrome (NAS).

- **Inpatient Psychiatric Hospital Needs**

An ongoing priority of OBH will be to increase communication with the courts, the La. Department of Corrections (DOC), and the Office of Juvenile Justice (OJJ) regarding the services provided by OBH and Medicaid managed care. OBH will promote certification in Juvenile Competency Restoration to increase the number of providers across the state and continue oversight of the provision of competency restoration services.

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

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

- **Pursuing a culture of wellness for Louisiana citizens**

Integrated physical and behavioral healthcare is one strategy in moving toward comprehensive wellness. OBH identifies with the Substance Abuse and Mental Health Services Administration (SAMHSA) eight dimensions of wellness, described as emotional, environmental, financial,

intellectual, occupational, physical, social, and spiritual. OBH will lead efforts to address these elements in designing and implementing wellness activities.

## **Agency Goals**

### **Goal I**

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

### **Goal II**

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

### **Goal III**

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

## **PROGRAM A: ADMINISTRATION**

### **Program A Mission**

The Office of Behavioral Health Administration and Support Program consists of results-oriented managerial, fiscal and supportive functions, including business intelligence, quality management, and evaluation and research, which are necessary to advance state behavioral health care goals, adhere to state and federal funding requirements, monitor the operations of Medicaid-related specialized behavioral health services (SBHS) and support the provision of behavioral health services for non-Medicaid adults and children not within the scope of Healthy Louisiana.

### **Program A Goals**

#### **Goal 1**

The Administration Program will ensure that Louisiana citizens receive appropriate public behavioral health services through fiscal and programmatic oversight and monitoring activities, including the assurance that critical functions of specialized behavioral health services administered in a Medicaid managed care environment are being performed within expected standards.

**Objective I:** Through FY 2022, 90% of clean claims will be paid within 15 days, and 99% of clean claims will be paid within 30 days.

#### **Strategies:**

- 1.1 Review and analyze required fiscal reporting
- 1.2 Track billing and revenue experience for SBHS providers
- 1.3 Target areas of concern or deficiencies through recommending corrective action planning
- 1.4 Identify and recommend liquidated damages on Managed Care Organizations (MCOs) or Coordinated System of Care (CSoC) Contractor, as contractually

provided, in instances where the MCO or CSoC Contractor has failed to meet behavioral health standards or to comply with corrective action plans

**Performance Indicators**

Percentage of clean claims processed within 15 days of receipt

Percentage of clean claims processed within 30 days of receipt

**Objective II:** By FY 2022, network access and sufficiency will achieve an annual positive outcome of 90% in accessibility standards.

**Strategies:**

- 2.1 Review and analyze required provider network reporting inclusive of Geo Access mapping, density and penetration data
- 2.2 Review network development and management plans
- 2.3 Review member and provider grievance reports
- 2.4 Perform “Secret Shopper” calls to monitor access and appointment availability
- 2.5 Perform administrative desk reviews and on-site audits of providers and the health plans
- 2.6 Review member and provider satisfaction surveys
- 2.7 Monitor provider registries and directories to ensure accuracy of provider enrollment

**Performance Indicators**

Percentage of providers who meet urban/rural access standards for specialized behavioral health services

Percentage of providers who meet overall emergent, urgent and routine appointment availability standards

Percentage of overall member and provider satisfaction

**Objective III:** Through FY 2022, 100% of Local Governing Entities (LGEs) will report to the OBH Data Warehouse in order to provide for accurate state and federal reporting.

**Strategies:**

- 3.1 Work to ensure 100% of LGEs are reporting to the OBH Data Warehouse with completion of pre-integration activities
- 3.2 Conduct and report monthly post-validation activities within the OBH data warehouse
- 3.3 Develop processes to improve monitoring data input into systems under the span of control of OBH

**Performance Indicators**

Percentage of LGEs reporting to the OBH Data Warehouse

**General Performance Indicators**

Total number of LGEs in Louisiana

Number of LGEs reporting to the OBH Data Warehouse

Percent of federally-established reporting timelines met by utilizing LGE data in the OBH Data Warehouse

**Objective IV:** Through FY 2022, quality of care for managed care members with specialized behavioral health needs will be improved through care delivery, as measured by the health plans meeting at least the national 50th percentile on established HEDIS measures and achieving at least at 90% compliance rate on federal managed care standards and waiver assurances, and through enhanced member experience of care, as measured by meeting at least an 85% satisfaction rate on established survey metrics.

**Strategies:**

- 4.1 Monitor Medicaid managed care performance indicators and compliance with federal managed care standards and waiver assurances
- 4.2 Analyze member survey data
- 4.3 Work with the Bureau of Health Services Financing (Medicaid) to address areas of concern or deficiencies concerning Medicaid managed

**Performance Indicators**

Percent of initial quality reports accepted

Percent of CMS waiver assurances satisfactorily met

**General Performance Indicators**

Percent of CSoC Contractor's compliance with federal Medicaid managed care standards

Rate of CSoC members reporting satisfaction with counseling or treatments received

Rate of CSoC members reporting that they received needed counseling or treatment as soon as they wanted

Rate of CSoC members reporting they were seen within 15 minutes of their appointment

Rate of Healthy Louisiana members reporting satisfaction with counseling or treatments received

Rate of Healthy Louisiana members reporting that they received needed counseling or treatment as soon as they wanted

Rate of Healthy Louisiana members reporting they were seen within 15 minutes of their appointment

Percent of discharges for CSoC members, 6 years of age and older, who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner

Percent of discharges for Healthy Louisiana members, 6 years of age and older, who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner

Percent of Healthy Louisiana members 18 years of age and older with a diagnosis of major depression and were newly treated with antidepressant medication, and who remained on an antidepressant

Percent of Healthy Louisiana members 19–64 years of age with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period

Percent of Healthy Louisiana members aged 12 years and older screened for

clinical depression using an age appropriate standardized tool and follow-up plan documented

## **PROGRAM B: BEHAVIORAL HEALTH COMMUNITY**

### **Program B Mission**

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

### **Program B Goals**

#### **Goal 1**

OBH will ensure the effectiveness and quality behavioral health services for Louisiana citizens not covered under Medicaid managed care.

**Objective I:** Through FY 2022, care authorizations will be provided for uninsured individuals through the Louisiana Care Authorization Management System (LaCAMS) for all LGEs, and will result in at least a 90% provider satisfaction response for quality and outcomes.

#### **Strategies:**

- 1.1 Provide administrative management of behavioral health services for uninsured individuals with Serious Emotional Disturbances, Serious Mental Illness, and/or Addictive Disorders who are in need of behavioral health services via Intensive Outpatient Treatment (IOP), Assertive Community Treatment (ACT), Addictive Disorder Residential Treatment and Acute Care Settings.
- 1.2 Provide call center access for all providers during regular business hours.
- 1.3 Continuous case monitoring for clinical necessity for quality management purposes.
- 1.4 Provide training and technical assistance to LGEs to ensure 100% participation in LaCAMS.

#### **Performance Indicators**

Percentage of LGEs that participate in LaCAMS  
Provider satisfaction rating  
Incoming call wait time

#### **General Performance Indicators**

Total number of LGEs in Louisiana  
Number of initial care authorizations  
Average call length  
Average call volume for care managers

**Objective II:** By FY 2022, increase by 5% the number of individuals referred to tobacco cessation services among those diagnosed with behavioral health conditions within each Local Governing Entities (LGEs) and Healthy Louisiana plans.

**Strategies:**

- 2.1 Enhance data collection capability to track smokers with behavioral health conditions or complications.
- 2.2 Increase outreach and awareness of tobacco cessation resources.
- 2.3 Promote quality tobacco services within each LGE.

**Performance Indicators**

Number of individuals screened for tobacco use

Number of individuals with positive tobacco screenings

Number of individuals with positive tobacco screenings referred to tobacco cessation services

**Objective III:** By FY 2022, the number of individuals enrolled in Medication Assisted Treatment (MAT) will be increased by 5%, from a baseline of 3,976.

**Strategies:**

- 3.1 Seek alternative funding sources for Medication Assisted Treatment (MAT), including for individuals with addictive disorders.
- 3.2 Provide educational seminars and training on opioid overdose in collaboration with community stakeholders.
- 3.3 Promote legislation that facilitates enhanced treatment opportunities in the community.
- 3.4 Pursue Medicaid reimbursement of methadone.

**Performance Indicators**

Percent increase in number of individuals enrolled in MAT, including those with Substance Use Disorders

**Objective IV:** By FY 2022, the number of individuals served for problem gambling will be increased by 5%, from a baseline of 440, and gambling treatment completion rates will be maintained at 65%.

**Strategies:**

- 4.1 Enhance and heighten awareness of gambling treatment services in Louisiana.
- 4.2 Improve surveillance and evaluation of gambling population.

**Performance Indicators**

Percent increase in the number of individuals served for problem gambling

Percent of individuals discharged from gambling treatment reporting a decrease in the frequency of gambling activities

**General Performance Indicators**

Number of individuals screened for gambling within LGEs and Healthy Louisiana plans

Number of individuals with positive problem gambling screenings within LGEs and Healthy Louisiana plans

Number of individuals admitted for gambling treatment  
Total number of intake calls to the Gamblers Helpline

**Objective V:** By FY 2022, 90% of individuals who receive Access to Recovery (ATR) services will report positive satisfaction regarding access, quality, and program outcomes.

**Strategies:**

- 5.1 To develop an ongoing collaborative partnership with key stakeholders.
- 5.2 To conduct a statewide survey of access, quality, outcome of ATR providers.

**Performance Indicators:**

Percentage of members reporting positive satisfaction with access to ATR services  
Percentage of members reporting positive satisfaction with quality of ATR services  
Percentage of members reporting positive satisfaction with ATR services

**General Performance Indicators:**

Number of individuals served through ATR

**Objective VI:** By FY 2022, the statewide average compliance of Access to Recovery (ATR) providers will be 80%.

**Strategies:**

- 8.1 Develop and maintain an ongoing collaborative partnership with key stakeholders.
- 8.2 Conduct quarterly monitoring of all ATR providers.
- 8.3 Provide required technical assistance to new providers and those providers scoring below threshold on quarterly monitoring.
- 8.4 Provide technical assistance training to providers upon request.
- 8.5 Require annual reapplication of all providers.

**Performance Indicators:**

Annual statewide average of composite provider ratings of ATR providers

**Goal 2**

OBH will ensure that effective and efficient prevention services are provided statewide to promote overall wellness and to delay the initiation and progression of behavioral health disorders by increasing knowledge, awareness, and healthy behaviors.

**Objective I:** Through FY 2022, OBH will continue to provide to provide evidence-based prevention programs in school based settings.

**Strategies:**

- 1.1 Implement evidence-based prevention programs in school-based settings through a partnership with the Department of Education
- 1.2 Promote behavioral health wellness through implementation of public health models



**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

**Objective II:** Through FY 2022, the state will achieve an annual tobacco non-compliance rate of 10% or less.

**Strategies:**

- 2.1 Oversee random, unannounced inspections of tobacco retailers to determine Louisiana's non-compliance rate as required under the federally-mandated SYNAR Amendment.

**Performance Indicators**

Annual tobacco non-compliance rate

**Objective III:** Through FY 2022, OBH will continue to provide Suicide Prevention education and awareness activities.

**Strategies:**

- 3.1 Provide suicide prevention training and awareness activities.

**Performance Indicators**

Number of suicide prevention trainings  
Number of individuals who participated in suicide prevention trainings

**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**

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

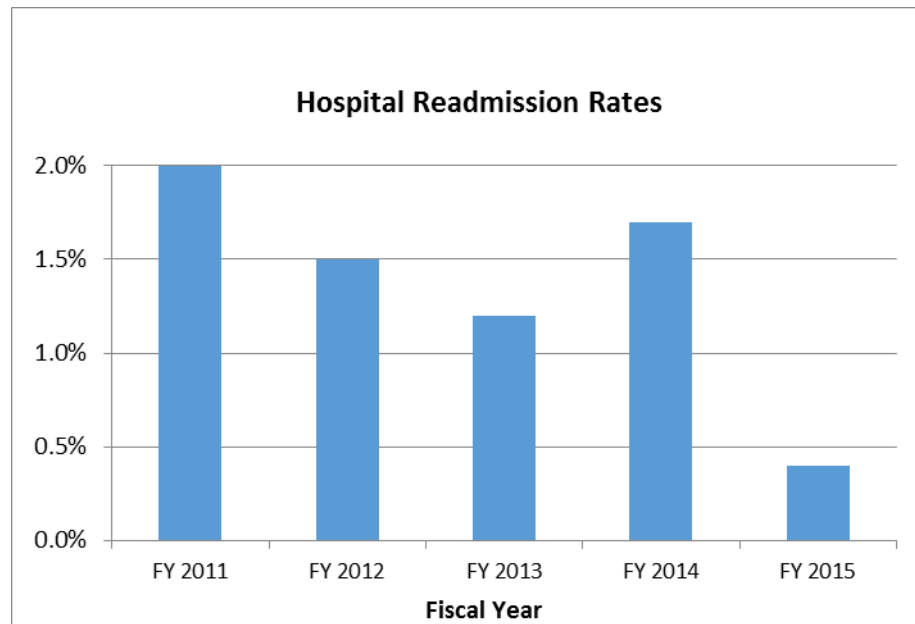
**Objective I:** Through FY 2022, OBH will improve behavioral health outcomes of inpatient care by maintaining an annual 30 days readmission rate within the national norm.

**Strategies:**

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

### Performance 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 an OBH inpatient program within 30 days of discharge. This is National Outcomes Measurement System (NOMS) indicator number 2.

**Objective II:** During FY 18-22, the rate of the use of physical restraints will be below national norm, as reported by ORYX annually.

#### Strategies:

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

### Performance Indicators

Ratio of inpatient restraint hours to inpatient days (Statewide)

#### Goal 2

Through the Hospital-Based Treatment Program, OBH will provide services to individuals involved with the court system in compliance with the Forensic consent decree ruling.

**Objective I:** Through FY 2022, OBH will maintain substantial compliance with the forensic consent decree.

#### Strategies:

- 1.1 Maintain processes put in place following the consent decree to assure that clients involved with the court system are provided services within required timeframes.

## Performance Indicators

Percentage of compliance with forensic consent decree factors

### General Performance Indicators

Inpatient Care - Total adults served (ELMHS-Civil License)

Inpatient Care - Average daily census (ELMHS-Civil License)

Inpatient Care - Average length of stay in days (ELMHS-Civil License)

Inpatient Care - Average daily occupancy rate (ELMHS-Civil License)

Inpatient Care - Total adults served (ELMHS-Forensic License)

Inpatient Care - Average daily census (ELMHS-Forensic License)

Inpatient Care - Average length of stay in days (ELMHS-Forensic License)

Inpatient Care - Average daily occupancy rate (ELMHS-Forensic License)

Inpatient Care - Total adults served (ELMHS-Civil & Forensic License)

Inpatient Care - Average daily census (ELMHS-Civil & Forensic License)

Inpatient Care - Average length of stay in days (ELMHS-Civil & Forensic License)

Inpatient Care - Average daily occupancy rate (ELMHS-Civil & Forensic License)

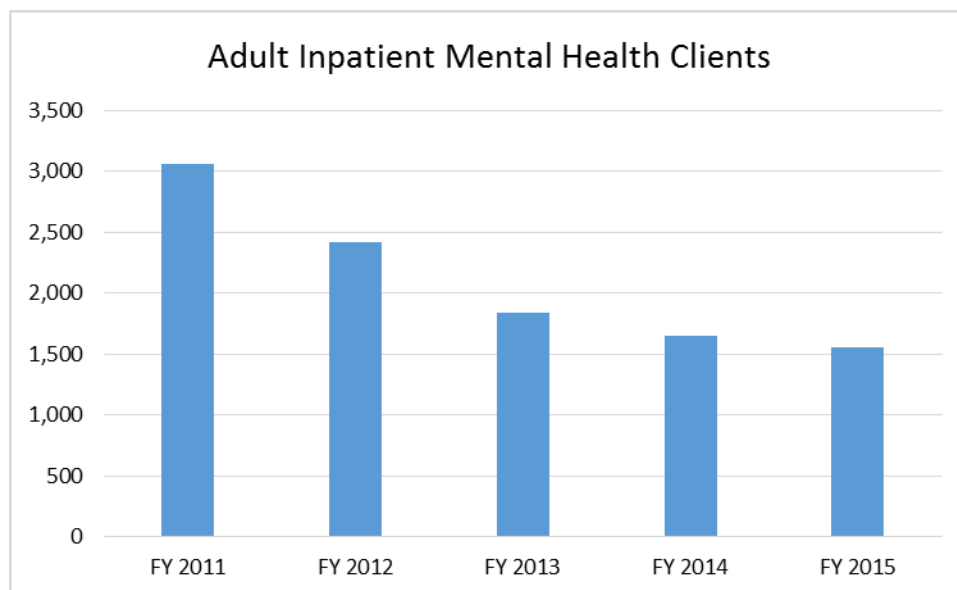
Inpatient Care - Total adults served (CLSH Civil Intermediate)

Inpatient Care - Average daily census (CLSH Civil Intermediate)

Inpatient Care - Average length of stay in days (CLSH Civil Intermediate)

Inpatient Care - Average daily occupancy rate (CLSH Civil Intermediate)

Number of unduplicated adult inpatient mental health clients by fiscal year:



## Office for Citizens with Developmental Disabilities

### Vision

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

### Mission

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

### Philosophy

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 and are included in taking policy and program planning.
- Partnership – People work together in shared decision making to achieve common values and goals.
- Person/Family Driven Services System – People are at the center of the system and their needs and preferences determine how services are provided.
- Quality – People achieve desired outcomes.

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

- Developmental disabilities are a natural part of the human experience and 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 agencies that provide services 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 that provides 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:

- The 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) continues.
- Nationally, there had been a downward trend from 2012 -2015 of infants and toddlers with disabilities receiving early intervention supports. In 2012-13, there were 337,000 receiving supports; in 2013-14, there were 334,000. However, an upward trend was seen in 2014-15 as there were 339,000 receiving supports across all states.
- Louisiana's total number of infants and toddlers served in 2014-15 was 8,377 compared to 9,355 in 2012-13.
- Nationally, the predominant residential service setting for people with developmental disabilities has changed from large to small living options. While the change from large to small residential settings happened more slowly in Louisiana than in the rest of the nation, the Louisiana Department of Health (LDH) currently operates only one large facility.
- Louisiana's total number of individuals residing in LDH-operated residential settings [Intermediate Care Facilities for People with Disabilities (ICF/DD)] serving 16 or more people in 1980 was 3,171; in 2010, 1,144; and in 2013, 453. These figures represent a 60% reduction from 2010 to 2013 and an 86% reduction from 1980 to 2013. \*
- Nationally, a total of 18,423 people resided in 1-6 bed homes, 18,283 in 7-15 bed homes, and 38,744 in 16+ bed homes; in Louisiana, a total of 1,728 people resided in 1-6 bed homes, 1,675 in 7-15 bed homes, and 1,401 in 16+ bed homes. \*

- Nationally in FY 2013, 56% of all people receiving long-term supports and services (LTSS) lived in the home of a family member. In Louisiana, 66% of the individuals receiving LTSS lived in the home of a family member. \*
- The national average expenditure for ICF/DD services per person in FY 2013 (total ICF/DD expenditures in the year divided by the number of average daily recipients in 2013) was \$138,720 per year; in Louisiana, the average expenditure for ICF/DD services per recipient for the same period was \$83,049. \*
- The national average annual per person Medicaid Waiver expenditure in FY 2013 was \$19,310 for people ages birth to 21 years and \$43,493 for people ages 22 years or older. Louisiana's average for people ages birth to 21 years was \$22,241 and for people ages 22 years and older was \$44,423. \*
- Nationally, 23% of non-institutionalized working age adults with a cognitive disability were employed in 2012 compared to 76.3% for working age adults without a disability as reported by Disability Statistics (Cornell University). (Note: This is the most recent published report.)
- There continues to be serious nationwide and statewide problems in the recruitment and retention of direct support staff to meet increasing needs.
- Affordable and accessible housing and transportation remain 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 continues to be 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.

\* Source: In-Home and Residential Long-Term Supports and Services for Persons with Intellectual or Developmental Disabilities: Status and Trends Through 2013, Residential Information Systems Project, University of Minnesota (Note: This is the most recent published report.)

Following its core values and guiding principles, the Office for Citizens with Developmental Disabilities (OCDD) has taken steps to align its services system with national evidence-based best practices. Initiatives have focused on offering choice, managing cost and improving quality of services. Developing partnerships with and soliciting input from people with developmental disabilities, their families, service providers, and other stake holders have been critical to the success of the Office's system change. The following are key steps which have been taken to improve the Developmental Disabilities Services System:

- 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) and initiation of expenditure reduction and system performance improvements initiatives
- Adoption of the Supports Intensity Scale/Louisiana Plus (SIS/LA Plus) as the state's needs-based assessment for people with developmental disabilities
- Movement of home and community-based licensure to the LDH
- Downsizing and reduction in number of public and private large ICFs/DD (The number of large LDH-operated residential facilities has been reduced 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 July 2004, addition of 7,529 waiver opportunities, (4,456 New Opportunities Waiver; 675 Children's Choice; 2,188 Supports Waiver; and 210 Residential Options Waiver)
- Revision of support coordination roles
- Design and implementation of a full-scale quality management system including the Statewide Systemic Improvement Plan for the EarlySteps Program
- Implementation and refinement of the *Quality Partnership: Reporting and Verification of Performance Measures and Quality Management Initiatives for Developmental Disabilities Services* resulting in improved quality of support plans and expedited certification and implementation of plans
- Increase in stakeholder involvement
- Implementation of resource allocation for New Opportunities Waiver (NOW)
- Implementation of "Guidelines for Support Planning" for New Opportunities Waiver (NOW)
- Implementation of foundation building efforts for Louisiana's Employment First Initiative
- Establishment of formal partnerships between OCDD Resource Centers and the Local Governing Entities (LGEs) to support individuals with high-risk needs
- Initiation of efforts to reduce the large numbers on the Request for Services Registry (RFSR) and to allow for a more responsive system of prioritizing need
- Development of a proposal to consolidate the Office's four waivers into one comprehensive consolidated waiver

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. The Office's accomplishments have been validated by the two most recent reports from United Cerebral Palsy (UCP) "The Case for Inclusion 2014" and "The Case for Inclusion 2015" in that Louisiana ranked in the top seven "Most Improved" states. As system components have improved, major outcome areas for people with developmental disabilities (i.e., living and participating in the community; having satisfying lives and social roles; having access and control over supports; and being safe and healthy in the environment which they live) have begun to align.

Our strategic planning for the next five years will utilize this foundation to build the system envisioned by OCDD's philosophy and guiding principles. We will build on our system access to ensure fair, equitable and timely delivery of services based on need as well as the development and funding of community living and work opportunities. We will build on a planning process that identifies and balances needs and preferences and provides a mechanism for provision of the identified supports through individualized, cost-effective allocation of resources. We will continue our capacity-building initiatives to assure that we not only have the ability to access community resources (i.e., housing and transportation) and our provider capabilities (i.e., direct support, medical, behavioral, vocational, therapeutic, and support coordination) but that we also have the ability to design and implement strategies for increasing those capacities. Lastly, we will continue implementation of a quality management system in a manner that measures quality

based on outcomes and provides an ongoing cycle of improvement that responds quickly to the changing needs of people and our society. 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 LDH Family and Medical Leave Policy to provide up to 12 workweeks of "job-protected" paid or unpaid leave during any 12-month period to eligible employees for certain specified family and medical reasons.
- OCDD follows the LDH Leave for Classified Employees Policy to credit and grant leave in accordance with Civil Service Rules and provisions of the LDH leave policy. Leave is administered as uniformly and equitably as possible without regard to race, sex, age, religion, national origin, disability, veteran status, and any other non-merit factors.
- OCDD's Time and Attendance Policy permits the use of flexible time schedules for employees as approved by the supervisor and management.

***Children's Cabinet:*** Child/adolescent services identified are linked via the Children's Budget to the Children's Cabinet. Presentation by the Louisiana Department of Health 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 Supports and Services 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 issues in community services;
- update Medicaid waivers and other supports for people with developmental disabilities living in the community.

***Healthy People 2020:*** The goal of Disability and Health in *Healthy People* is to maximize health, prevent chronic disease, improve social and environmental living conditions, and promote full community participation, choice, health equity, and quality of life among individuals with disabilities of all ages. A number of OCDD's goals and objectives are linked to the following *Healthy People* objectives:

- DH-8: Reduce the proportion of adults with disabilities aged 18 and older who experience physical or program barriers that limit or prevent them from using available local health and wellness programs
- DH-9: Reduce the proportion of people with disabilities who encounter barriers to participating in home, school, work, or community activities



- DH-10: Reduce the proportion of people with disabilities who report barriers to obtaining the assistive devices, service animals, technology services, and accessible technologies that they need
- DH-12: Reduce the number of people with disabilities living in congregate care residences
- DH-13: Increase the proportion of adults with disabilities aged 18 years and older who participate in leisure, social, religious or community activities
- DH-16: Increase employment among people with disabilities
- DH-17: Increase the proportion of adults with disabilities who report sufficient social and emotional support
- DH-18: Reduce the proportion of adults with disabilities aged 18 and older who experience serious psychological distress
- DH-20: Increase the proportion of children with disabilities, birth through age 2 years, who receive early intervention services in home or community-based settings

## **Office Goals:**

### **Goal I**

To provide a Developmental Disabilities Services System that affords people access to information related to available services and supports and the mechanisms to access the services.

### **Goal II**

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

### **Goal III**

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

### **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 and their families 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 system 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 2018 through 2022.

#### **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 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.
- 1.4 Audit and manage compliance with federal and state regulations and OCDD policies and procedures governing community services and waiver programs for effectiveness statewide.
- 1.5 Develop and implement a variety of innovative rebalancing/restructuring activities which focus existing funding toward achievement of quality outcomes targeted to individual needs.
- 1.6 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.
- 1.7 Provide ongoing leadership in processes for assessment and intervention services for individuals with autism.

**Performance Indicators:**

- Percentage of New Opportunities Waiver (NOW) participants making progress toward or achieving personal goals (from quarterly quality review tool)
- Total number of HCBS and ICF/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:**

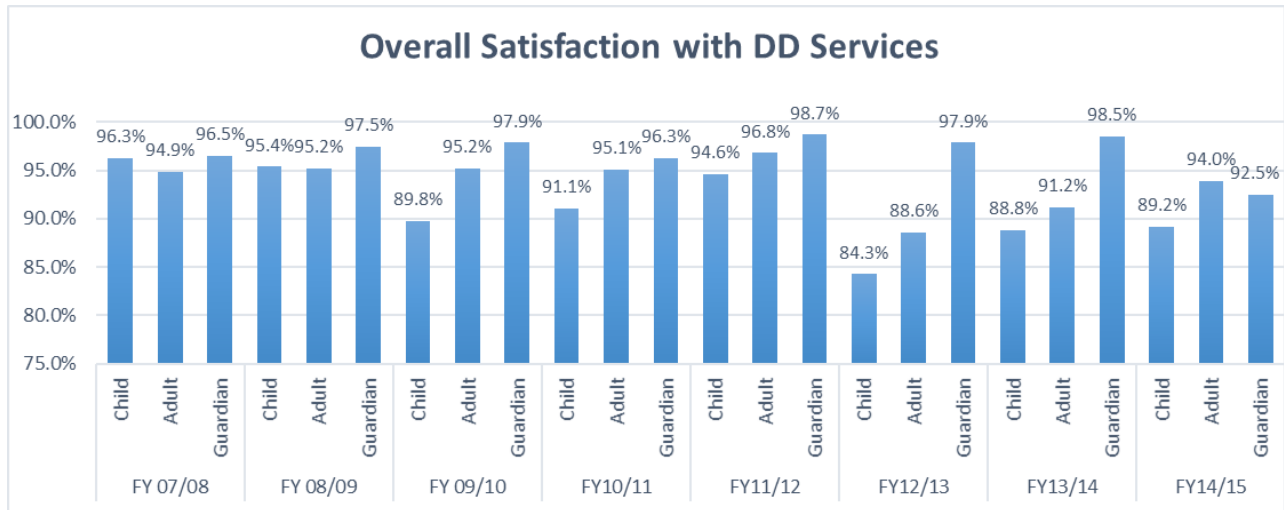
To provide administrative and support functions to Louisiana's Developmental Disabilities Services System in a manner that is responsive to citizens' needs and results in effective/efficient service delivery during FY 2018 through FY 2022.

**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/ develop new data systems in order to monitor program utilization, effectiveness and collect data for performance measures.

### 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 Local Governing Entities (LGEs) 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 manner 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 2018 through FY 2022.

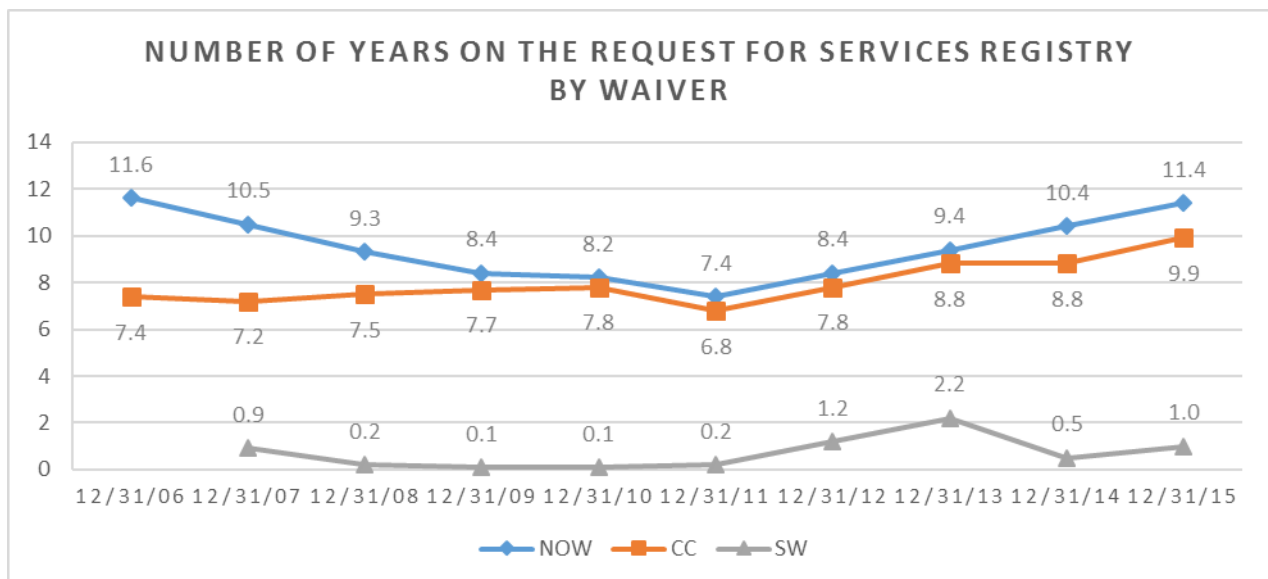
#### **Strategies:**

- 1.1 Combine OCDD's four current HCBS waivers (NOW, ROW, CC, and SW) into one consolidated waiver.
- 1.2 Implement a process that most effectively assesses prioritization of need for individuals over age 3 who are waiting for developmental disabilities services.
- 1.3 Implement a new Individual Service Plan (ISP) format and Person-Centered Thinking tool.
- 1.4 Provide processes, training and support to providers, individuals with disabilities, and their families to access and utilize natural, community and generic supports and resources that best meet their needs and lead to people being a part of, not separate from, their communities.
- 1.5 Identify state agencies and community organization resources in order to better support people with developmental disabilities in their communities and support partnerships with and referrals to these agencies and organizations.
- 1.6 Develop and implement strategies to promote the principles and values of aging in place throughout the developmental disabilities services system.

- 1.7 Develop policies and procedures for waiver participants to have pathways to community employment.
- 1.8 Provide monitoring and oversight of ICFs/DD operated through a Cooperative Endeavor Agreement (CEA) with LDH to ensure compliance with CEA requirements and continued provision of quality services.

### 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 remain in the community and do not require admission to a more restrictive setting
- Number of individuals participating in HCBS Waivers who utilize self-direction
- Number of persons in individual integrated employment
- Number of years on Request for Services Registry until offered a New Opportunities Waiver (NOW) opportunity
- Number of years on Request for Services Registry until offered a Children's Choice (CC) opportunity
- Number of years on Request for Services Registry until offered a Supports Waiver (SW) opportunity
- Number of individuals with developmental disabilities supported through HCBS waivers
- 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



**Objective II:**

To provide supports to infants and toddlers with disabilities and their families in order to increase participation in family and community activities, to minimize the potential for developmental delay, to reduce educational costs by minimizing the need for special education/related services after reaching school age, and to improve child outcomes to the level of current national standards during FY 2018 through FY 2022.

**Strategies:**

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

**Performance Indicators:**

- Percentage of infants and toddlers in the state who are identified as eligible for EarlySteps
- Percentage of Individual Family Services Plan developed within 45 days of referral for eligible infants and family
- Percentage of Individual Family Services Plans implemented within 30 days of parental consent on the Individual Family Services Plan
- Percentage of families referred for entry to developmental disability services whose applications are processed by Local Governing Entities
- Percentage of children enrolled in EarlySteps who are able to access, participate in and receive supports in early care and education settings when identified as a family priority
- Percentage of families reporting that early intervention improved their ability to help their child develop and learn

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

### **Program F Mission**

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

### **Program F Goals**

#### **Goal I:**

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

#### **Goal II:**

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

#### **Objective I:**

To further decrease reliance on public residential supports and services during FY 2018 through FY 2022.

#### **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 2018 through FY 2022.



## **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 of discharge
- Average length of stay (years) in the therapeutic program for individuals admitted within the last five years

## **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.

### **Goal I**

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 2018 through FY 2022.

### **Strategies:**

- 1.1 Provide professional support/consultation to individuals with complex medical/behavioral needs residing in the community.
- 1.2 Provide capacity-building activities for private community providers to enhance their ability to support individuals with complex medical/behavioral needs.
- 1.3 Coordinate *Partners in Quality* (PIQ) process (technical assistance and mentoring) for all individuals transitioning from supports and services centers.
- 1.4 Partner with community stakeholders to improve crisis response and oversight of individuals with life-threatening conditions and who pose a risk to public safety.

### **Performance Indicators:**

- Percentage of individuals served by the resource center's medical/nursing, allied health, and behavioral health professionals who remain in their most integrated setting
- 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 resource center training events
- Number of resource center technical assistance sessions
- Number of resource center consultations
- Percentage of diversions (from facility admission) post Resource Center crisis triage
- 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 to enhance quality of life and to attain 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 2018 through FY 2022.

### **Strategies:**

- 1.1 Develop/secure paid work opportunities.

### **Performance Indicator:**

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

# 09-375

## Imperial Calcasieu Human Services Authority



### **Vision**

Imperial Calcasieu Human Services Authority (ImCal HSA) strives to provide the highest quality care and supports available to ensure an improved quality of life for those we serve.

### **Mission**

The mission of ImCal HSA is that citizens with mental health, addictions, and developmental challenges residing in the parishes of Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis are empowered, and self-determination is valued such that individuals live a satisfying, hopeful, and contributing life.

### **Philosophy**

The Imperial Calcasieu Human Services Authority shall adhere to the principles of effectiveness, efficiency, and egalitarianism. The ImCal HSA shall maintain objective data derived from evidence-based practices and implementation efforts that rationally explain its efforts to maximize all resources within its control. Individuals receiving services will have access to evidence based services that are responsive to their needs and cost effective so that:

- a) Individuals with acute illnesses are able to rapidly resume optimal functioning;
- b) Individuals with chronic illness may live in a safe environment that encourages personal growth;
- c) Youth and Families' strengths and resilience are enhanced;
- d) The voice of and collaboration with Individuals in the community is enhanced;

ImCal HSA will make use of best practices in implementing, evaluating, monitoring, modifying existing services so that quality is assured; services meet the needs of those served; and the variety of services available adequately address the range of behavioral health issues identified and are further developed to address service gaps.

### **Executive Summary**

The Louisiana Legislature, the Louisiana Department of Health (LDH) and its program offices have created a statewide integrated human services delivery system with local accountability and management to provide behavioral health and developmental disabilities services. The Imperial Calcasieu Human Services Authority was established in 2008 under the provisions of the Louisiana revised statutes (LSA-RS): RS. 373 to provide administration, management, and operation of mental health, addictive disorders, and developmental disabilities services to the residents of Allen, Beauregard, Calcasieu, Cameron and Jefferson Davis Parishes. Direct oversight of these services was previously provided through the LDH Office of Behavioral Health and Office for Citizens with Developmental Disabilities (OCDD).

Governance of Imperial Calcasieu Human Services Authority is by an eight (8) member Board of Directors. The Board is comprised of one resident from each parish as appointed by their parish governing authority, and three residents from the southwest Louisiana area as appointed by the

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

Administration of the ImCal HSA is headed by an Executive Director, who is selected by the Board of Directors and is supported in administration and day-to-day operations by the Executive Management Team. It is the policy of ImCal HSA to administer, monitor, and continually improve community-based quality care using strengths-based, person-centered approaches consistent with a recovery and resiliency model of care. Success is defined by positive individual and programmatic outcomes, consumer satisfaction, and increased efficiencies and cost-effectiveness in the provision of services. Leadership shall continually review its mission and vision, seeking input from the persons served and other stakeholders, in order to ensure the needs of the community guide the direction of ImCal HSA.

ImCal HSA serves a five parish area including Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis and has service sites in Lake Charles, Oberlin, and DeRidder, as well as an outreach site in Jennings. This area has a population of approximately 300,000 persons (from 2012 US Census estimates). Of this population, Imperial Calcasieu HSA has the responsibility to care for those who are indigent which comprises approximately 40% of the total persons served within ImCal HSA service sites.

### **Agency Goals:**

- I. To increase public awareness and to provide access to care for individuals and their families who are in need of behavioral health and developmental disabilities services.
- II. To ensure that services provided are responsive to client needs, based on evidence-based best practices, and that programs afford the client a continuum of care taking into consideration cultural diversity and abide by all State and Federal guidelines.
- III. To promote healthy, safe lives for people by providing leadership in educating the community on the importance of prevention, early detection and intervention, and by facilitating coalition building to address localized community problems.

## **Activity: Administration**

### **Mission:**

Through its Administrative Activity, Imperial Calcasieu Human Services Authority will provide for the management and operational activities of services for addictive disorders, mental health and developmental disabilities.

### **Goal:**

Administration shall ensure that services are provided in accordance with applicable licensure requirements, laws, rules, and regulations and that the highest level of ethical standards are adhered to in all functions of operations.

**Objective I:**

To develop policies and procedures that govern the provision of services, to ensure accountability of those quality services to individuals served throughout the ImCal HSA catchment area.

**Strategies:**

- A. Develop and implement long-range, strategic and operational plans, service design, resource allocation, and organizational policies in keeping with the mission and vision of the agency.
- B. Ensure that services are provided in accordance with applicable licensure requirements, law, rules, and regulations and that the highest level of ethical standards are adhered to in all functions of operations and assure that changes in regulations and requirements are addressed appropriately in ImCal HSA policy on an ongoing basis.
- C. Produce accurate and timely expenditure reports reflecting the current budgetary position and proposing any necessary adjustments, in addition produce monthly reports to include the current status and expenditures for each program and contract.
- D. Develop and implement an outcome driven performance improvement plan to facilitate growth and enhancement of ImCal HSA's governance, management, clinical, and support functions.
- E. Plan and implement a safety management program within the framework of Office of Risk Management guidelines, to assure the safety of all clients, staff, and visitors of ImCal HSA facilities and offices.
- F. Establish and maintain a cultural sensitivity plan that is responsive to the diversity of its stakeholders with respect to culture, age, gender, sexual orientation, spiritual beliefs, socioeconomic status and language.
- G. Maintain a workforce development program to ensure staff has the educational resources and training needed to provide the highest quality level of service.

**Performance Indicators:**

- A. Total number of individuals served in the Imperial Calcasieu Human Services Authority
- B. Percentage of Imperial Calcasieu Human Services Authority clients who state they would continue to receive services at our clinics if given the choice to go elsewhere
- C. Percentage of Imperial Calcasieu Human Services Authority clients who state they would recommend the clinics to family and friends

## Activity: Behavioral Health

### **Mission:**

To provide a comprehensive system of services addressing the ongoing behavioral health needs of the community which are assured within the oversight of ImCal HSA via direct operation or provision of funding for services thru contractual agreements.

### **Goals:**

- A. Enhance the quality of life of the persons served and their families.
- B. Successfully engage clients in services and support their active engagement with behavioral interventions that encourage and reward positive behaviors.
- C. Build positive relationships with clients and demonstrate unconditional positive regard in all interactions with persons served.
- D. Motivate clients to make positive behavioral changes in order to reduce symptoms and build resilience.
- E. Empower clients to successfully manage their own symptoms and behavior to increase personal independence and integration into the community.

### **Objective II:**

To extend quality mental health and addictive disorders prevention and treatment services to children/adolescents and adults within the ImCal HSA target population, including inpatient services, with client satisfaction feedback that meets threshold.

### **Strategies:**

- 1.1 Assume administrative, fiscal, and programmatic responsibilities for all community-based behavioral health services within its five-parish area, as agreed upon through a contract with LDH.
- 1.2 Implement an effective fiscal and programmatic monitoring system that ensures the quality, quantity, and appropriateness of services delivered by all contract providers.
- 1.3 Assess current access procedures comparative to national models to determine best practices based upon procedures, staffing patterns, and technical support.
- 1.4 Implement standardized screening, registration, admission, and intake procedures along with relevant documentation.
- 1.5 Actively seek input from stakeholders and consumers to identify service gaps and to initiate program development or modification as appropriate. Input will be gathered on an ongoing basis in a variety of means, to include at least an annual community forum.

- 1.6 Maintain close working relationship with and support the work of the ImCal HSA Behavioral Health (BH) Regional Advisory Council in their efforts to advocate for consumers and families.

**Performance Indicators:**

- A. Number of adults served with mental health (MH) services in all Imperial Calcasieu Human Services Authority Behavioral Health clinics
- B. Number of children/adolescents served with MH services in all Imperial Calcasieu Human Services Authority Behavioral Health clinics
- C. Percentage of MH cash subsidy slots utilized
- D. Number of individuals served by outpatient Addictive Disorders in Imperial Calcasieu Human Services Authority
- E. Number of individuals served by inpatient Addictive Disorders in Imperial Calcasieu Human Services Authority
- F. Percentage of successful completions within 24-hour Addiction Residential programs
- G. Number of enrollees in prevention programs

**Activity: Developmental Disabilities**

**Mission**

To provide Developmental Disability resources for participants to live as independently as possible in their home and community by supporting a wide-range of direct/indirect services within ImCal HSA catchment area.

**Goals**

- A. Enhance the quality of life of the persons served and their families.
- B. Build positive relationships with clients and demonstrate unconditional positive regard in all interactions with persons served.
- C. Empower clients to successfully manage their own activities of daily living to increase personal independence and integration into the community.
- D. Provide quality home-based, person-centered services to enable participants to remain in the community.
- E. Serve as the Single Point of Entry into the developmental disability services system.

**Objective III:**

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

**Strategies:**

- 1.1 Serve as the Single Point of Entry (SPOE) into the Developmental Disabilities Services System providing support coordination services to individuals and their families through community resources.
- 1.2 Identify State agencies and community organization resources in order to better support people with developmental disabilities to live full community lives and support partnerships with and referrals to these agencies and/or organizations.
- 1.3 Monitor program utilization, effectiveness, and collect performance indicator data.
- 1.4 Develop and implement policies and procedures for adult waiver participants to have paths to community employment.
- 1.5 Meet quarterly with service providers and families to discuss goals and services and to resolve barriers to achieving goals.
- 1.6 Maintain a close working relationship with and support the work of the ImCal HSA DD Regional Advisory Council, to include public input into the regional planning process and comment on regulations proposed by OCDD.
- 1.7 Collaborate with the ImCal DD Regional Advisory Committee to develop outreach plans. Such outreach plans shall provide for public dissemination of information regarding Developmental Disabilities and the services available through ImCal HSA.

**Performance Indicators:**

- A. Number of persons receiving DD services per year
- B. Number of people receiving individual and family support services
- C. Number of people receiving flexible family fund services
- D. Percentage of eligibility determinations determined valid according to the Flexible Family Fund promulgation.



09-376

## Central Louisiana Human Services District



### **Vision**

The vision of the Central Louisiana Human Services District (CLHSD) is to provide access to care to all people in its catchment area (Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon and Winn parishes) who are in need of behavioral (mental health and addiction) and developmental disabilities programs and services.

### **Mission**

CLHSD's mission is to increase public awareness of and to provide access for individuals with behavioral health and developmental disabilities to integrated community based services while promoting wellness, recovery and independence through education and the choice of a broad range of programmatic and community resources.

### **Philosophy**

CLHSD believes consumers have the right to a comprehensive and integrated health care of their choice that meets their individual needs and achieves the best possible outcome in terms of their recovery. CLHSD delivers and or contracts for services that take into account the cultural and social diversity of its consumers and meets their needs and those of their family and community.

We profess that helping young children and their parents manage difficulties early in life may prevent/curtail the development of disorders and that early intervention and prevention strategies minimize risk of illness and curtails the cost of treatment. Our preferred treatment milieu is community-based but placement is rooted in need and inpatient settings are part of our continuum of care.

### **Organizational Goals**

- I. To increase public awareness and to provide access to care for individuals and their families who are in need of behavioral health and developmental disabilities services.
- II. To ensure that services provided are responsive to client needs, based on evidence-based best practices, and that programs afford the client a continuum of care taking into consideration cultural diversity and abide by District, Departmental, State, and Federal guidelines.

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

## **Executive Summary**

### **Our Business**

House Bill 930 of the 2008 Legislative Session, signed into law as Act 373, mandates that the administration of the Louisiana mental health, addictive disorders, and developmental disability health care systems change from a centrally controlled set of Regions by the Louisiana Department of Health (LDH), to a system of independent healthcare districts or locally controlled authorities.

These districts and authorities are referred to as Local Governing Entities (LGEs). This law expands and creates standards for Human Services Districts to be locally governed and operated and to become the primary providers of behavioral health and developmental disability services on a LGE-by-LGE platform.

Each LGE is governed by a board and managed with input from the community. The Board is comprised of one resident from each parish as appointed by their parish governing authority, and three residents from the area as appointed by the Governor. Each board member must possess experience in the area(s) of behavioral health or developmental disabilities and represent parents, family members, consumers, advocacy groups, or serve as a professional in one of the areas. The human services district is headed by an Executive Director, who is selected by the Board.

LDH oversight of the LGEs is managed through a contract between LDH and each LGE. LDH through its program offices, the Office of Behavioral Health (OBH) and the Office for Citizens with Developmental Disabilities (OCDD) monitors performance through a statewide Accountability Implementation Plan (AIP). According to existing guidelines, success is defined by positive individual and programmatic outcomes, consumer satisfaction, increased efficiencies and cost-effectiveness in the provision of services.

LDH's Office of Behavioral Health (OBH) retains as one of its responsibilities to be the single recipient of Federal Block Grant funds for these areas. As part of their oversight role LDH ensures compliance with federal guidelines and requirements for all LGEs that receive Block Grant funding. The LGEs must maintain Behavioral Health Regional Advisory Councils, officially linked to the State Planning and Advisory Council, in order to qualify for Block Grant funding.

Per Act 373 of the 2008 Legislative Session, all regions that convert to an LGE must successfully complete a readiness process that demonstrates their capability to assume the responsibility for high quality service delivery and governance. There are four phases in this process. CLHSD successfully completed Phase III assessment May 15, 2014.

## **Areas Served**

- CLHSD serves Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon and Winn parishes. This service area covers approximately 77,000 square miles (approximately 18% of State total) and has a population of approximately 308,908 persons (from 2013 US Census estimates).
- All eight (8) parishes in the CLHSD service area are designated as Medically Underserved Areas. Medically Underserved Areas/Populations are areas or populations designated by the Health Resources and Services Administration (HRSA) as having: too few primary care providers, high infant mortality rates, high poverty and/or high elderly populations. Avoyelles, Catahoula, Concordia, Grant, Vernon, and Winn parishes are all designated by the U.S. Department of Health and Human Services as a Health Professional Shortage Area (HPSA). CLHSD service area is also designated as a mental health shortage area. Mental Health HPSAs are based on a psychiatrist to population ratio of 1:30,000.

## **Persons Served**

- CLHSD ensures the provision of behavioral health and developmental disability services for the residents of Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon and Winn parishes.
- CLHSD admissions age profile, according to the Louisiana Addictive Disorders Database (LADDS) Detailed Admissions report, from July 1, 2014 to June 30, 2015 (Total 2,726) shows Ages 0 -17 is 11%, ages 18 -24 is 13%, ages 25 -34 is 37%, ages 35-44 is 21%, ages 45-54 is 13%, and 55 or older is 5%.
- According to the LADDS Report from July 1, 2014 to June 30, 2015, CLHSD population served demographics depict the following profile: Gender: 60% are male, 40% are female; Race: 69% are White, 29% are African Americans, 1% fall in the “Other” category and >1% are American Indian; Economics: 85% reported “No Source of Income” and of those individuals, 74% are unemployed. Of the total admissions, 11% are students, 7% are disabled and 1% are in the “Other” category.
- During FY 2014-2015 the Developmental Disabilities activities yielded 1118 clients served statewide. The Individual Family Support Services (FSS) demographics show a total of 198 clients. The Flexible Family Fund Services (FFF) Participant Data Base profile shows 116 adults. A manual count of the Waiver Services program for FY 2014-2015 yielded 797 people served district wide.

## **CLHSD Model**

- Priorities are client centered
- Resources target people served and those in need of services.

- Restoration of community life is achieved through heightened awareness of natural supports-family, school and church- and community resources.
- Resilience skills are fostered through prevention resources, early intervention strategies relapse prevention and education.

## Priorities

Under the leadership of the Executive Director, CLHSD pledges to invest its resources in addressing the following priorities:




1. Individuals and families in CLHSD affected by Mental Illness, Addictive Disorders or Developmental Disabilities shall live full, independent and productive lives to the greatest extent possible within available resources.
2. Persons and families in crisis related to mental illness, addictive disorders or developmental disabilities shall have their crisis resolved and a safe environment restored (*People We Serve*).

### *People in Crisis*

-  Crisis Receiving Centers/Teams
-  Hospital Emergency Room Interventions (HRI)






3. Persons not yet identified with specific serious or moderate mental illness, addictive disorders, or developmental disabilities who are at significant risk of such disorders due to the presence of proven risk factors or the absence of proven protective factors (*People We Need to Serve*).

### *People at Risk*

-  Evidenced Based Prevention Services for Children and Adults
-  Healthy Initiatives Coalitions and other Educational Events
-  Mental Health and Drug Courts






4. Persons with serious and disabling mental illness, addictive disorders or developmental disabilities shall be made aware and have access to the use of natural supports and community resources and shall participate in the community (*Building Community Coalitions*).

### *Awareness and Access*

-  Identify all current community providers (District, contracts, others)
-  Increase knowledge of available services (Clients, community, leaders)
-  Make connections to expand services
-  Improve transportation options
-  Public Forums

5. Persons with mild to moderate needs related to mental illness, addictive disorders or developmental disabilities shall be made aware and have access to the use of natural supports and community resources and shall participate in the community (*Strengthening Protective Factors*).

#### *Awareness and Access*

-  Identify all current community providers (District, contracts, others)
-  Increase knowledge of available services (Clients, community, leaders)
-  Make connections to expand services
-  Improve transportation options
-  Public Forums

### **ACTIVITY A: ADMINISTRATION**

#### **Mission**

The mission of the Administration Activity is to ensure the functioning of the organization at an optimum level of performance in administrative and programmatic quality, while meeting federal, state and other regulatory authorities' guidelines.

**Goal 1** The Goal of the Administration activity is to oversee and direct the provision of behavioral health and developmental disabilities services in the District.

**Objective 1** Through the Administration activity, Central Louisiana Human Services District (CLHSD) will oversee and direct the management and operational activities of Behavioral Health (Mental Health and Addictive Disorders) and Developmental Disabilities.

#### **Strategies**

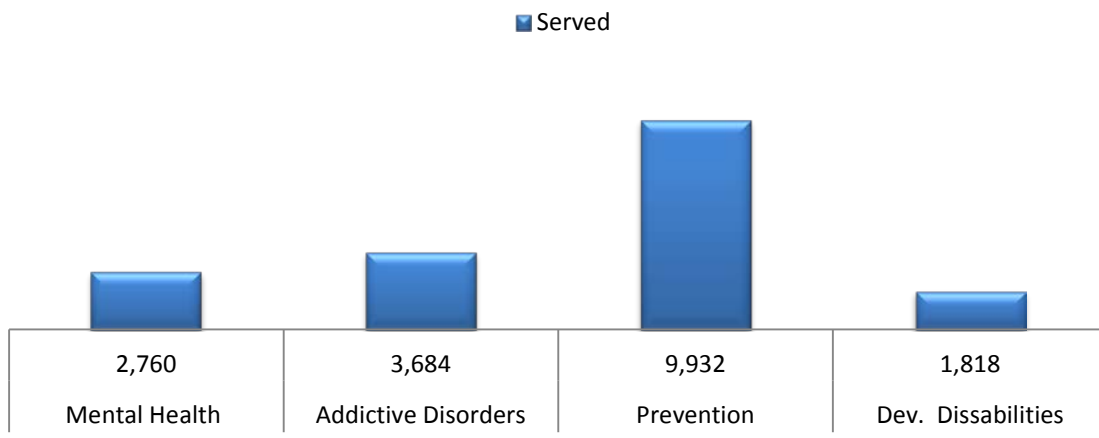
Strategy 1.1: Provide programmatic leadership and direction to CLHSD behavioral health (addictive disorders and mental health) and developmental disabilities program/services, to ensure compliance with LDH Accountability and Implementation Plan (AIP) (including positive outcomes on bi-annual surveys), beginning within one year of completion of Phase III and every two years thereafter.

- Strategy 1.2: Conduct periodic monitoring assessments and provide feedback, technical assistance and consultation geared toward maintaining compliance with Federal and State regulations governing behavioral health and developmental disabilities programs and services; to include financial monitoring/reporting.
- Strategy 1.3: Routinely survey providers to ascertain their status regarding appropriate credentialing for organization and individuals as outlined by Statewide Management Organization (SMO) guidelines.
- Strategy 1.5: Conduct quarterly client satisfaction surveys to identify potential need for intervention.
- Strategy 1.6: Generate an accurate and timely monthly expenditure report reflecting the current budgetary position and proposing any necessary amendments.
- Strategy 1.7: 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/public forum’.
- Strategy 1.8: Provide ongoing staff development activities to acquire state of the art clinical and programmatic technology to enhance service delivery quality and maintain appropriate credentials for service provision.

## **Performance Indicators**

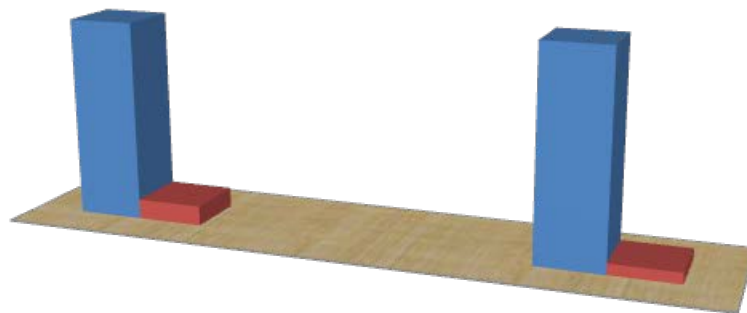
- Percentage of Central Louisiana Human Services District (CLHSD) clients who state they would continue to receive services through CLHSD, contracts and clinics, if given the choice to go elsewhere.
- Percentage of Central Louisiana Human Services District (CLHSD) clients who state they would recommend CLHSD programs to family and friends.
- Percentage of Behavioral Health Clinics that are in compliance with State standards of care.
- Total number of individuals served in the Central Louisiana Human Services District (CLHSD).

## CLHSD Number of Persons Served by Program July 1, 2014 - June 30, 2015



Source: Contracts, DD Participant DataBase, Clinics' Manual Count

## Clients' Choice SFY 2015



	Chose CLHSD over other providers		Recommend CLHSD programs/services to family and friends
■ Yes	91%		95%
■ No	9%		5%

Source: C'EST BON Consumer Survey for CLHSD (Clinics)

## **Objective 2**

To utilize technology to maintain and advance efficiency of program services, administrative functions and fiscal operations of the district by using performance improvement strategies that include performance analysis, measurement and reporting.

Strategy 2: Use Tele-medicine technology to maximize existing physician resources or fill existing gaps.

Strategic 2.1: Use data collection and analysis to support performance improvement activities and to make decisions based on outcome measurements.

Strategy 2.2: Use electronic health records information to provide a standard format for assessment, diagnosis and treatment planning for persons served.

Strategy 2.3: Use electronic health records technology to ensure compliance with the minimum requirement needed to support effective treatment planning and outcomes.

Strategy 2.4: Utilize technology to collect data for use by the Executive Management Team, quarterly or as warranted, by need.

Strategy 2.5: Utilize information collected by technology based systems to analyze performance, and use information as a tool for Executive Team decisions.

Strategy 2.6: Use on-line technology to conduct quarterly client satisfaction surveys to identify potential needs for intervention.

Strategy 2.7 Use on-line technology/web-based applications to ensure ease of access and monitoring of payroll and attendance records.

Strategy 2.8: Use an electronic billing system to facilitate staff efficiency, timeliness of billing, and to promote billing's accuracy.

### **Performance Indicators**

- Percentage of District programs using an Electronic Health Record (EHR) to manage/improve programmatic outcomes (monitor billing and clinical performance).
- Number of district clinics using the TOMS' website to manage satisfaction surveys and programmatic outcomes.
- Number of Tele-medicine sites Districtwide.



## ACTIVITY B: BEHAVIORAL HEALTH

### Mission

The mission of the Behavioral Health Activity is to provide the people we serve with access to comprehensive, integrated, person-family centered system of prevention and treatment services that promote recovery and resilience, have a positive impact on the individual and its community and are culturally and clinically competent and are delivered in partnership with all stakeholders.

**Goal 1** The Behavioral Health Activity's goal is to provide behavioral health (Mental Health and Substance Abuse) treatment services as part of the State's continuum of care (per the Human Services Accountability and Implementation Plan) in Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon and Winn parishes.

**Objective 1** Through the Behavioral Health activity, Central Louisiana Human Services District (CLHSD) will provide quality behavioral health services to children, adolescents, adults and their families in the District (including prevention and flexible family funds). Also, the CLHSD will monitor behavioral health services (outpatient and inpatient) including contract providers, to insure quality standards are met throughout the continuum of care. Customer feedback will be used as one of the measuring tools.

### Strategies

Strategy 1.1: Assume administrative, fiscal, and programmatic responsibilities for all community-based behavioral health services within its eight-parish area, as agreed upon through a contract with LDH.

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

Strategy 1.3: Implement standardized screening, registration, admission, and intake procedures (along with relevant documentation).

Strategy 1.4: Actively seek input from stakeholders and consumers to identify service gaps and to initiate

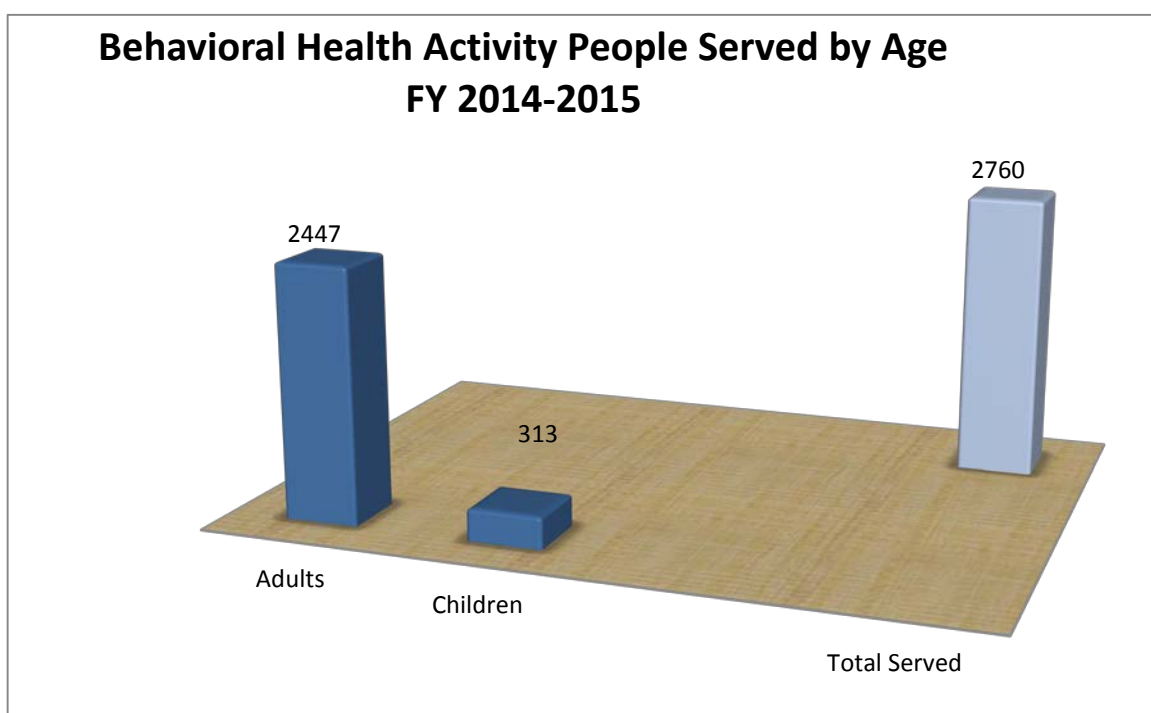
program development or modification as appropriate. Input will be gathered on an ongoing basis in a variety of means, to include at least an annual 'community forum'.

Strategy 1.5: Maintain close working relationship with and support the work of the 'regional advisory council' in their efforts to advocate for consumers and families.

### **Performance Indicators**

- Number of adults receiving Mental Health services in all CLHSD Behavioral Health programs.
- Number of children/adolescents receiving Mental Health services in all CLHSD Behavioral Health programs.
- Number of adults served in outpatient Addictive Disorders programs in the CLHSD.
- Number of children/adolescents served in outpatient Addictive Disorders programs in CLHSD.
- Percentage of adults receiving Mental Health services who report that they would choose to continue to receive services from CLHSD if given a choice to receive services elsewhere.
- Percentage of Mental Health clients who would recommend CLHSD services to others.
- Percentage of MH cash subsidy slots utilized.
- Percentage of individuals successful completions (24-hour Residential Programs) - AD Programs.
- Percentage of individuals successfully completing the Primary Inpatient Adult addictive disorders treatment program.
- Primary Inpatient Adolescent: Percentage of individuals successfully completing the program- AD Programs.

- Total number of individuals served by outpatient Addictive Disorders in Central Louisiana Human Services District.
- Total number of individuals served in outpatient mental health in Central Louisiana Human Services District.
- Total number of individuals served in inpatient Addictive Disorders in Central Louisiana Human Services District.
- Total number of enrollees in prevention programs.



**Data Source: LaPas 2014-2015**

## ACTIVITY C: DEVELOPMENTAL DISABILITIES

### **Mission**

The mission of the Developmental Disabilities activity is to assess the need for support and services of developmentally disabled clients and to develop individual plans that will meet those needs, including referrals and coordination of appropriate services.

**Goal 1** CLHSD goal is to provide access to appropriate, comprehensive community based supports through waivers, family support and flexible family fund programs for individuals with disabilities, their families and/or support system(s) such that they will be able to be maintained within their communities.

**Objective 1** Through the Developmental Disabilities activity the CLHSD will promote and facilitate independence for citizens with disabilities via the availability of home and community based services.

### **Strategies**

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

Strategy 1.2: Identify State agencies and community organization resources 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 1.3: Monitor program utilization, effectiveness, and collect performance indicator data.

Strategy 1.4: Develop and implement policies and procedures for adult waiver participants to have paths to community employment.

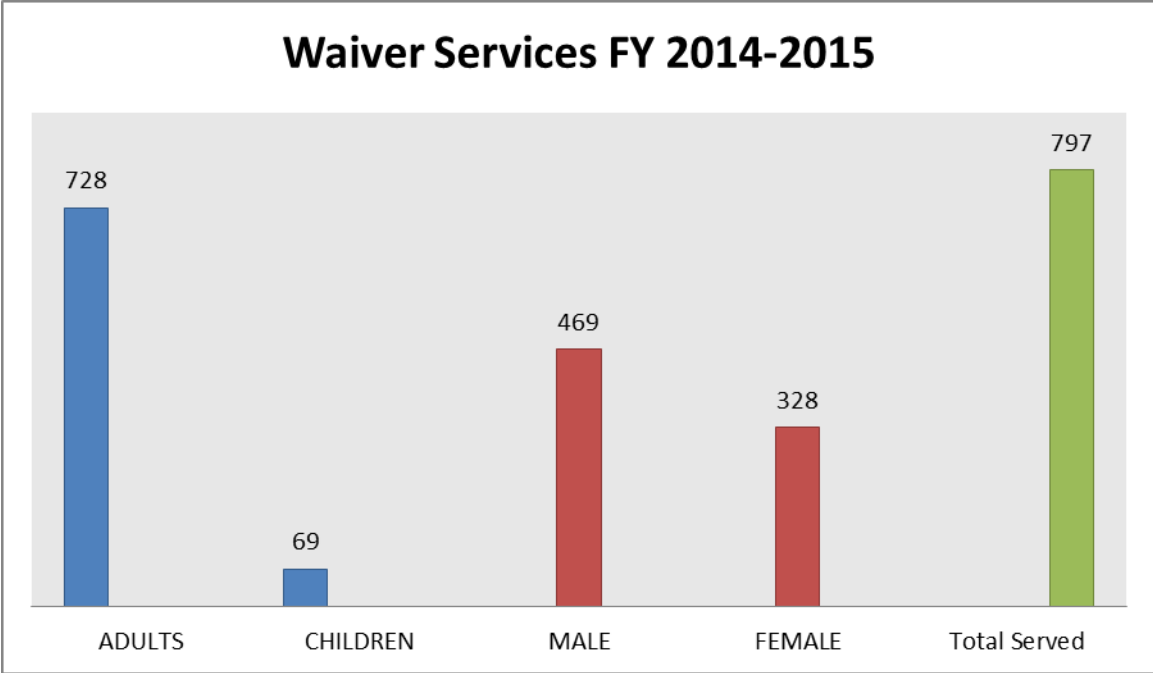
Strategy 1.5: Meet quarterly with service providers and families to discuss goals and services and to resolve barriers to achieving goals.

Strategy 1.6:	Maintain communication with the Regional Advisory Committee, to include public input into the regional planning process and comment on regulations proposed by OCDD.
Strategy 1.7:	As per stated regulations, OCDD will provide the Advisory Committee timely information on the budget, in addition to information on implementation of all services and quality assurance reports.
Strategy 1.8:	Collaborate with the Regional Advisory Committee to develop outreach plans. Such outreach plans shall provide for public dissemination of information regarding developmental disabilities and the services available through CLHSD. The state advisory committee shall coordinate with all regional advisory committees and shall use data provided by the regional advisory committees in the deliberations of the committee.
Strategy 1.9:	To conduct Community Education and Awareness events sponsored by CLHSD to educate individuals, family member, community organizations, school systems and the medical community regarding service access.
Strategy 2.0:	To actively seek input from stakeholders and consumers to identify service gaps and to initiate program development or modification as appropriate. Input will be gathered on an ongoing basis in a variety of means, to include at least an annual ‘community forum’.

### **Performance Indicators**

- Number of persons receiving individual and family support services.
- Number of persons receiving Flexible Family Fund (FFF) services.

- Percentage of eligibility determinations determined to be valid according to the Flexible Family Fund provisions.
- Number of individuals certified for Waiver services.
- Number of persons receiving developmental disabilities services in CLHSD.



Source: Developmental Disabilities Staff Manual Count

## Northwest Louisiana Human Services District



### **Vision (ENDs)**

The Northwest Louisiana Human Service District (NLHSD) exists so that individuals with mental health, addictive disorders, and developmental disabilities residing in the parishes of Bienville, Bossier, Caddo, Claiborne, DeSoto, Natchitoches, Red River, Sabine and Webster are empowered, and self-determination is valued such that individuals live a satisfying, hopeful, and contributing life.

### **Mission**

To increase public awareness of and to provide access for individuals with behavioral health and developmental disabilities to integrated community based services while promoting wellness, recovery and independence through education and the choice of a broad range of programmatic and community resources.

### **Philosophy**

The Northwest Louisiana Human Services District was formed to provide local governance and direction for behavioral health and developmental disability services for nine Louisiana parishes. The Board of Directors consists of representatives from each of the parishes making up the district and three representatives appointed by the Governor of Louisiana. The Executive Director, hired by the Board of Directors, is responsible for achieving the ENDs as defined by the Board. The Carver Policy Governance Model is used to define the role and relationship of the Board, and the Executive Director through the use of Policy Governance. The Board-defined ENDs are implemented by the Executive Director with policy-driven input and monitoring by the Board of Directors.

The Board of Directors governs with an emphasis on:

- 1) Outward vision rather than internal preoccupation
- 2) Encouragement of diversity in viewpoints
- 3) Strategic leadership rather than administrative detail
- 4) Clear distinction of board and executive director roles
- 5) Collective rather than individual decisions
- 6) Future rather than past or present
- 7) Proactively rather than reactively.

The Northwest Louisiana Human Services District will make use of best practices in implementing, evaluating, monitoring, modifying existing services so that quality is assured, services meet the needs of those served, the variety of services available adequately address the range of health issues identified, and/or that services are further developed to address service gaps and sustainability of programs.

## **Priorities**

As a Local Governing Entity (LGE), Northwest Louisiana Human Services District (the District) works closely with the Louisiana Department of Health (LDH) and other state agencies to:

- 1) Align activities and services of the District with those of state agencies and other provider organizations so that the impact of services rendered throughout the state are maximized within the service area of the District.
- 2) Assure compliance with the Memorandum of Understanding and the Accountability and Implementation Plan established between LDH and the District.
- 3) Develop the District into a more financially stable local governing entity (LGE) that provides core services in a cost-effective and efficient manner with less dependence on State General Funds.
- 4) Identify and implement services which meet the unique needs of the District and achieve the ENDS established by the NLHSD Board of Directors.

## **Executive Summary**

The formation of the Northwest Louisiana Human Services District provides a mechanism for the provision of services through a local governing board who can better direct the limited resources available in a more cost-effective way. The Board maximizes available resources by participation in the State Budgeting/Grant allocation process, legislative advocacy, self-generating funds through the managed care organizations, and developing new resources through fund raising efforts of the District.

Participation in the state's managed Medicaid care model, Healthy Louisiana, helps integrate services and self-generate funds needed to offset underfunding concerns. Healthy Louisiana is designed to increase access to community-based services, improve quality of care and health outcomes, and reduce utilization of more restrictive and crisis driven services such as emergency departments, hospitalizations, out-of-home placements and institutionalizations. As efficiencies are created through integrated care, District clinics should be able to provide appropriate levels of care as determined by the parameters set forth in the managed care plan, and be able to self-generate additional funds by billing insurance companies for many of the services provided by the District.

The state's managed Medicaid plan was initially operated by contract through Magellan of Louisiana, the statewide management organization originally selected to manage behavioral health services. These services were transferred to the five Bayou Health Plans, now called Healthy Louisiana, in December of 2015 with the exception of Magellan continuing to manage the Coordinated System of Care (CSoc) program. With Louisiana expanding Medicaid services through the Affordable Care Act in 2016, a significant percentage of clients served have been moved from an uninsured status to full Medicaid coverage, giving them more access to services and less dependence on state-funded, safety net services.



## **Agency Goals**

**Goal I:** Align activities and services of the District with those of state agencies and other provider organizations so that the impact of services rendered throughout the state are maximized within the service area of the District.

**Goal II:** Assure compliance with the Memorandum of Understanding and the Accountability and Implementation Plan established between the Department and the District.

**Goal III:** Develop the District into a more financially stable locally governed entity (LGE) that provides core services in a cost-effective and efficient manner with less dependence on State General Fund dollars.

**Goal IV:** Identify and implement services which meet the unique needs of the District and achieve the ENDS established by the NLHSD Board of Directors.

### **Program A: Administration**

The Louisiana Department of Health, its program offices, and the Louisiana Legislature created a statewide integrated human services delivery system with local accountability and management to provide behavioral health and developmental disabilities services. These local human service systems are referred to as local governmental entities (LGEs). LGEs feature practices such as a framework anchored in clear policy objectives, well-defined local roles and responsibilities, and measures to assure accountability of delivering quality services to consumers that assist in determining the relative efficiency and effectiveness of public systems. Act 373 of the 2008 Legislative Session, required that LDH not contract with a new LGE until LDH, in consultation with the Human Services Interagency Council (HSIC), had determined and confirmed in writing to the governor that LDH is prepared to contract the provision of services to the LGE after the LGE successfully completed the Readiness Assessment. The Northwest Louisiana Human Services District completed said Readiness Assessment on May 19th, 2014 and received written confirmation dated June 18th, 2014. Northwest Louisiana Human Services District was created by Act 373 in the 2008 Legislative Session to serve the parishes of Caddo, Bossier, Webster, Claiborne, Bienville, Red River, Desoto, Sabine and Natchitoches. The Northwest Louisiana Human Services District participates in the statewide initiative to implement an electronic health record to assist with continuous documentation efforts, scheduling of clients to maximize provider time, invoicing and billing procedures to improve collection efforts and standardization of forms/procedures.

## **Mission**

To increase public awareness of and to provide access for individuals with behavioral health and developmental disabilities to integrated community based services while promoting wellness, recovery and independence through education and the choice of a broad range of programmatic and community resources.

## **Goals**

**Goal 1:** To assure the services of the NLHSD are being performed within the expectations set forth in the NLHSD Board Governance Policy Manual. This includes assuring individuals have access to evidence-based, cost-effective services that are responsive to their needs so that:

- a. Individuals with acute illnesses may rapidly resume optimal functioning.
- b. Individuals with chronic illness may focus on hope, empowerment, and personal growth so that self-determination leads to safe choices and positive lifestyle decisions.
- c. Youth, adults and family strengths are emphasized and recovery and resilience are enhanced.
- d. The voice of and collaboration with Individuals in the Community are enhanced.

**Goal 2:** Maintain a trained and effective leadership team at the Board and District level

**Objective I:** Through administrative activity, Northwest Louisiana Human Services District will provide for the management and operational activities of services for addictive disorders, developmental disabilities and behavioral health.

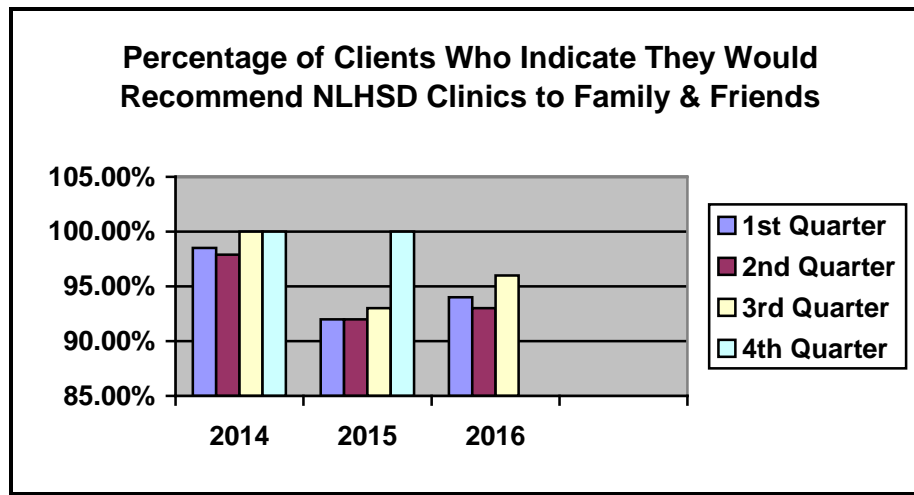
### **Strategies:**

- 1.1.1 Ensure communication with and support to the Board with regard to its work regarding governance policies.
- 1.1.2 Develop District operational policies and procedures which support and build upon Board Governance Policies.
- 1.1.3 Provide programmatic leadership and direction to the programs of behavioral health (addictive disorders and mental health) and developmental disabilities services.
- 1.1.4 Educate staff on how services support the Board ENDs.
- 1.1.5 Modify services and develop metrics for measuring success in meeting END's expectations.
- 1.1.6 Conduct client satisfaction surveys to identify potential need for intervention.

### **Performance Indicators:**

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

- Total number of individuals served in the Northwest Louisiana Human Services District



Data obtained from the Louisiana Performance Accountability System (LaPAS)

## Program B: Behavioral Health

**Mental Health (MH):** Northwest Louisiana Human Services District catchment area provides for mental health outpatient clinic services for children over the age of six, adolescents, adults and those with co-occurring disorders. Clinic based services include Information/Referral, Screening/Assessment/Evaluation, Community Psychiatric Supports and Treatment (CPST), Psychosocial Rehabilitation (PSR), Individual, Family and Group Counseling, Medication Management, Nursing Services, Peer Support and Wellness Recovery Action Plan (WRAP) Services, Pharmacy Services and Interagency Service Coordination. Contracted services include evidence-based practice Assertive Community Treatment Services, Case Management Services, Homeless Outreach, Mobile Crisis Services, Consumer Care Resources, Benefits/Entitlement Assistance, Transportation, Child Psychological Testing and Supported Housing. Service delivery includes full participation in the specialized behavioral health services through the Healthy Louisiana Plans. All Behavioral Health clinics in the Northwest Louisiana Human Services District participate as Medicaid Application Centers for persons requesting services.

**Addictive Disorders (AD):** Alcohol and drug abuse continues to be a major health problem in our state as well as in the Northwest Louisiana Human Services District catchment area. The resources available are not sufficient to meet the growing need for treatment and prevention services. Northwest Louisiana Human Services District falls into this category when considering the vast geography covered in the service area which limits inpatient service options. The same is true for outpatient services. The program has made significant strides to prioritize services to meet these crucial needs by encouraging and supporting the awareness and understanding of alcoholism and drug addiction amongst the citizens of our state. The basic premise of addictive disorder services is to develop ideas and programs that can help increase public awareness, treat adults and youth who need AD services and prevent the abuse of alcohol and drug addiction as well as compulsive

gambling. The largest barrier to success for addictive disorder programs is the ability to maintain patient gains made in outpatient and inpatient treatment. Sometimes the impulse to abuse substance and/or to participate in dysfunctional behavior is too great and the gains from treatment can be wiped out in an instant. The need to provide education on prevention at an early age is key to deterring abuse and the subsequent need for treatment. AD and prevention service providers focus their attention on providing comprehensive, fully integrated prevention and treatment services. We actively seek the assistance of partnerships and collaborations to fully meet the needs of individuals, families and communities. The needs of the individuals, families and communities requiring addictive disorder services and the consequences they suffer are the impetus to incorporate addictive disorders practices in the health care debate. The goal remains to seamlessly integrate these practices into the comprehensive health care system without losing attention to the special needs of individuals, families, communities requiring substance abuse intervention. Clinic based services provided include Information/Referral, Screening/Assessment, Nursing Services, Individual, Group and Intensive Outpatient Treatment and Transportation. Contract services include Primary Prevention, Medical Detox, Residential Adult Treatment, Inpatient Adolescent Treatment and Gambling Treatment (Outpatient, Intensive Outpatient and Inpatient).

### **Mission**

To increase public awareness of and to provide access to care and support to improve the quality of life of individuals with mental illness and addictive disorders through a broad range of programmatic and community based wellness and recovery promoting services.

### **Goals**

**Goal 1:** Maintain Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation to ensure quality outcomes for the persons we serve, maintain ability to receive Medicaid reimbursement and utilize techniques that are efficient, cost-effective, and based on outcomes and consumer satisfaction.

**Goal 2:** Maximize financial viability so that the District is less dependent on State General Funds (SGF) and Block Grant Funds for the provision of services.

**Objective I:** To ensure access to quality wellness and recovery oriented mental health, substance use and prevention services for children, adolescents and adults in the NLHSD service area through use of strong partnership with providers, use of best practices and use of utilization management data such that access to care and client satisfaction thresholds are achieved.

### **Strategies:**

- 1.1.1 Stay current on CARF accreditation standards through training and updated policies/procedures that support current accreditation standards.
- 1.1.2 Utilize ICANotes reporting systems to assess business activities and modify processes as needed to improve efficiencies.
- 1.1.3 Implement and expand billable services when feasible.

- 1.1.4 Enhance client engagement to improve client outcomes, reduce no-show rates and increase productivity through the use of clinical practices, an automated telephone/email/text system for reminder calls and re-engagement meetings with clients.

**Performance Indicators:**

- Number of adults served with MH services in all Northwest Louisiana Human Services District Behavioral Health Clinics
- Number of children/adolescents served with MH services in all Northwest Louisiana 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
- 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
- Total number of individuals served by outpatient mental health in Northwest Louisiana Human Services District
- Total number of individuals served by inpatient Addictive Disorders in Northwest Louisiana Human Services District
- Total number of individuals served by outpatient Addictive Disorders in Northwest Louisiana Human Services District
- Total number of enrollees in prevention programs

## Program C: Developmental Disabilities

Developmental Disabilities core services consist of serving as the Single Point of Entry (SPOE) into the Developmental Disabilities (DD) Services System and providing support coordination services to individuals and their families through DD and other available community resources. Staff members assess the needs for support and services, develop individual plans of support, make applicable referrals, and provide ongoing coordination for individual support plans. Targeted services are centered on Home and Community-Based Services Waiver programs and Federal criteria which allow services to be provided in a home or community-based setting for the recipient who would otherwise require institutional care.

The Family Support Program is designed to assist individuals whose needs exceed those normally met by use of existing resources in the community, and other natural resources available.

Individual and Family Supports services include but are not limited to: respite care, personal care assistance, specialized clothing, such as adult briefs, dental and medical services, equipment and supplies, communication devices, crisis intervention, specialized utility costs, specialized nutrition, and family education.

The Flexible Family Fund Program is intended to assist families with children with severe or profound disabilities to offset the extraordinary costs of maintaining their child in their own home. The program provides a monthly stipend to families of children who have qualifying exceptionalities identified through their local educational authority

### **Mission**

Provide access for individuals with developmental disabilities to integrated community based services while supporting individuals to achieve their personal outcomes, meet their needs and promote their independence through a broad range of programmatic and community resources in Northwest Louisiana.

### **Goals**

**Goal 1:** Ensure the health and safety of individuals receiving home and community based waiver services.

**Goal 2:** Increase the number of individuals receiving funding for vocational services through State General Funds.

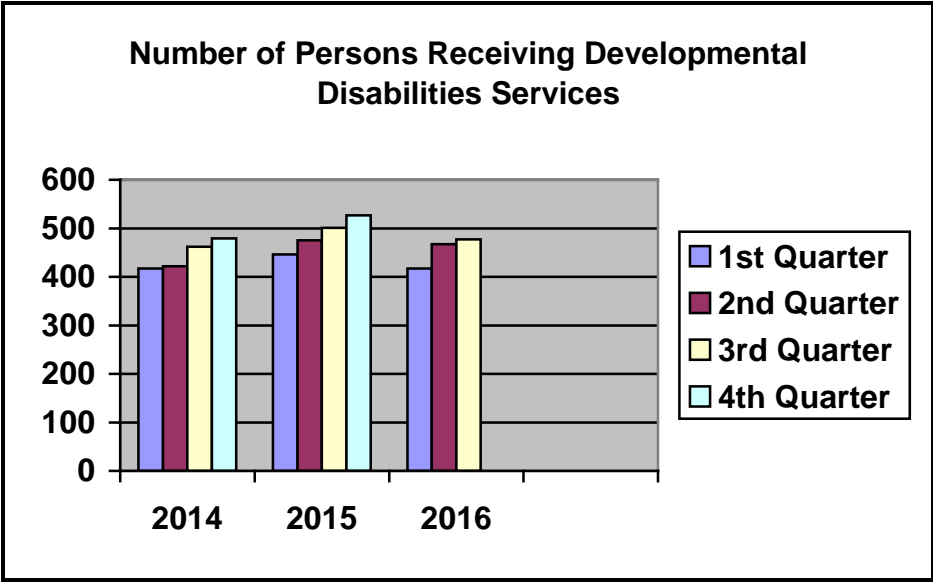
**Objective I:** Through the Developmental Disabilities activity, to foster and facilitate independence for citizens with disabilities through the availability of home and community based services

## **Strategies:**

- 1.1.1 Serve as the Single Point of Entry (SPOE) into the Developmental Disabilities Services System providing support and coordination services to individuals and their families through community resources.
- 1.1.2 Family Support Committee will meet monthly to review requests.
- 1.1.3 Community Services Professionals will monitor funds on a monthly basis for spending and re-allocate funds that are not being utilized to fund other requests.
- 1.1.4 Maintain number of people receiving Flexible Family Funds.
- 1.1.5 Monitor current recipients each quarter to ensure current eligibility for Flexible Family Funds.
- 1.1.6 Complete eligibility screening for the next individual on the Flexible Family Fund waiting list to fill vacancy as it becomes available.
- 1.1.7 Identify agencies, community organizations, and other available resources that can assist in supporting people with developmental disabilities to live full and productive lives in the community.

## **Performance Indicators:**

- Number of 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
- Number of persons receiving DD services per year



Data obtained from the Louisiana Performance Accountability System (LaPAS)