Maternal and Child Health Services Title V Block Grant

Louisiana

FY 2024 Application/ FY 2022 Annual Report

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Table of Contents

I. General Requirements

I.A. Letter of Transmittal

John Bel Edwards
GOVERNOR

Stephen R. Russo, JD
SECRETARY

State of Louisiana

Louisiana Department of Health
Office of the Secretary

July 25, 2023

Michael D. Warren
Associate Administrator
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane
Rockville, Maryland 20857

RE: Louisiana Maternal and Child Health Program
Block Grant Application for Fiscal Year 2024

Dear Dr. Warren:

Louisiana is applying for the State's allocation of the Maternal and Child Health Services Block Grant funds for Fiscal Year 2024. Our Block Grant Application and Annual Report are complete.

If additional information is needed, please contact Gina Easterly at (225) 342-1730 or Gina.Easterly@la.gov.

Sincerely,

Amy Zapata, MPH
Director, OPH Bureau of Family Health

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I.B. Face Sheet

The Face Sheet (Form SF424) is submitted electronically in the HRSA Electronic Handbooks (EHBs).

I.C. Assurances and Certifications

The State certifies assurances and certifications, as specified in Appendix F of the 2021 Title V Application/Annual Report Guidance, are maintained on file in the States' MCH program central office, and will be able to provide them at HRSA's request.

I.D. Table of Contents

This report follows the outline of the Table of Contents provided in the *"Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms,"* OMB NO: 0915-0172; Expires: January 31, 2024.

II. Logic Model

Please refer to figure 4 in the "Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms," OMB No: 0915-0172; Expires: January 31, 2024.

III. Components of the Application/Annual Report

III.A. Executive Summary

III.A.1. Program Overview

The Title V Maternal and Child Health (MCH) Block Grant is the cornerstone of maternal and child health policy and programming, serving as the core public health system for women, children, children and youth with special health care needs (CYSHCN), and families within the state of Louisiana. Housed within the Louisiana Department of Health (LDH), Office of Public Health (OPH), Bureau of Family Health (BFH), Title V elevates the maternal and child health needs of Louisiana to the forefront of public health action. This action, grounded in the updated Essential Public Health Services, incorporates data, policy, clinical, and educational initiatives; preventive and supportive services; and community, government, and academic partnerships to monitor and promote community health and livelihood.

In 2020, the BFH conducted a statewide Needs Assessment, examining both qualitative and quantitative data to better understand the needs and desired health outcomes of the state's MCH and CYSHCN populations. The 2020 Needs Assessment illuminated emerging Priority Needs and informed the selection of Louisiana's National Performance Measures (NPMs) and State Performance Measures (SPMs) for the 2021-2025 block grant period. Ongoing assessment of needs through routine analytics and special studies have reinforced and clarified the actions needed to address the priority needs, which are described below by Title V population domain:

Women / maternal health

From 2017-2019, maternal mortality in Louisiana increased at a higher rate than that of the United States, with significant disparities by race and ethnicity. The majority (80%) of all pregnancy-related deaths were deemed preventable. To address the Priority Need to *improve birth outcomes for individuals who give birth and infants*, Title V has been supporting advanced epidemiological surveillance and state-level action bodies to further understand and address this complex issue. During the 2021-2025 cycle, BFH also has directed Title V funds to support the Louisiana Perinatal Quality Collaborative (LaPQC) - a statewide partnership of perinatal clinicians, hospitals, policy makers, governmental entities, and community members and advocates that aims, through evidence-based practice and the use of improvement science, to improve birth outcomes throughout the state. In FFY2024, Title V will build upon the foundation set during the previous block grant cycle to scale hospital quality improvement initiatives to support and incentivize system-wide implementation of evidence-based practices to reduce rates of low-risk cesarean deliveries, as well as to address other drivers of maternal outcomes. Progress will be monitored through NPM 2: Low-risk Cesarean Deliveries.

Perinatal / infant health

According to the 2018-2020 Louisiana Child Death Review (CDR) report, Louisiana has the second highest infant mortality rate in the country. A significant majority of injury-related infant deaths were classified as Sudden Unexpected Infant Deaths (SUIDs) and were related to the sleep environment. Reflecting the Priority Need to *reduce child injury and violence,* Louisiana selected NPM 5: Safe Sleep. During the 2021-2025 cycle, BFH has been providing leadership and programmatic support to the state and regional CDR panels that conduct case reviews for all unexpected infant and child deaths, including SUIDs, to assure continued focus and data-informed action related to improve safe sleep practices around the state. To prevent infant injury and mortality, BFH will also provide evidence-based training on safe sleep best practices to professionals who have influential touch points with families.

In relation to the Priority Needs to *improve birth outcomes for birthing persons and infants* and *ensure equitable* access to high-quality and coordinated clinical and support services, Louisiana Title V will continue to support The Gift, an evidence-based program designed to assist Louisiana birthing facilities in increasing breastfeeding rates

and hospital success by improving the quality of their maternity services and enhancing patient-centered care. During the 2021-2025 cycle, The Gift has been working to implement new quality improvement strategies that aim to reduce the black-white gap in breastfeeding initiation that persists both in Louisiana and nationally. BFH will monitor NPM 4: Breastfeeding, but the primary goal of the related strategies is to build long-term capacity within birthing facilities and communities across the state to achieve better perinatal outcomes.

Child health

According to the 2020-2021 National Survey of Children's Health (NSCH), less than 25% of Louisiana children ages 9-35 months received a developmental screening using a parent-completed screening tool in the past year. Compared to the national averages, children in Louisiana are also less likely to receive early intervention through IDEA Part C Services or access Early Head Start. In alignment with the Priority Need to *promote healthy development and family resilience through policies and practices rooted in core principles of development,* Title V will support efforts to build capacity and coordinate across existing programs to address gaps and barriers within the state's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) system. To increase timely identification of developmental needs, Louisiana Title V has been implementing training, resource, and provider outreach strategies to increase the number of primary health care and early childhood education providers who utilize recommended developmental screening tools and practices. Title V will monitor progress through NPM 6: Developmental Screening. BFH will also provide family coaching and support through evidence-based home visiting, a strategy that has been linked to improvements in a variety of indicators of child and family health, including promoting healthy development and preventing child injury and violence.

While childhood is a time of tremendous development, it can also be a time of vulnerability. Between 2018-2020, more than half (51%) of childhood deaths ages 1-14 in Louisiana were due to injuries. Most of these deaths are considered preventable. In alignment with the Priority Need to *reduce child injury and violence,* BFH will provide safety-focused education to all families participating in evidence-based home visiting programs. BFH will also continue to investigate and analyze trends in child injury and violence through continuous mortality surveillance, comprehensive infant and child mortality case reviews, and specialized epidemiological studies. Title V will monitor progress through NPM 7.1: Injury Hospitalizations (children ages 0-9).

Adolescent health

Louisiana has seen a steady increase in suicide, self-harm thoughts and behaviors, and mental health disorders among adolescents. Suicide attempts among high school students in Louisiana remain significantly higher than the average for the US, and self-harm is the second leading cause of injury hospitalizations for adolescents in Louisiana. To address the Priority Needs to *improve adolescent mental health* and *reduce child injury and violence,* Louisiana has been implementing strategies in relation to NPM 7: Injury Hospitalizations (adolescents ages 10-19). The 2020 Needs Assessment demonstrated a need to address the toxic stressors and adverse childhood experiences (ACEs) of Louisiana's adolescents that can precipitate mental health issues, including those that are linked to various forms of violence and injury. Title V will continue to build community awareness around ACEs, trauma, and resilience science across Louisiana via a robust network of trained ACE Educators. Furthermore, Title V is supporting state- and local-level efforts to integrate trauma-informed strategies into child- and family-serving systems, including through the development of a state plan to strengthen the ability of systems to prevent, recognize and respond to trauma and to promote resilience. In partnership with the BFH injury prevention program, Title V has supported several collaborative initiatives targeting adolescent mental health outcomes with an emphasis on shared risk and protective factors related to injury and violence prevention, especially self-harm. Louisiana Title V will also continue to employ strategies to advance the quality, relevance, and uptake of available services at school-based health centers, with an emphasis on behavioral health supports and screening for risk behaviors impacting health, well-being, and academic success in youth.

Children and youth with special health care needs

One of the most significant areas of transformation within Louisiana's Title V program during the 2021-2025 cycle has been within the CYSHCN domain. The historical Louisiana CYSHCN services focused on provision of gap-filling services, but the Needs Assessment encouraged Louisiana Title V to look "down the MCH pyramid" towards more population-level strategies to meet the Priority Need to *ensure all CYSHCN receive care in a well-functioning system.* The National Standards for Systems of Care for Children and Youth with Special Health Care Needs highlights quality medical home and care coordination as central components of a well-functioning system, so Louisiana Title V has been maintaining a focus on improving access to quality coordinated care and building medical home capacity around the state. Through expanded provider trainings, widespread resource dissemination led by regional non-profit, family-driven resource centers, and ongoing systems-level collaboration with Louisiana Medicaid, Louisiana Title V has been developing tools and trainings and other strategies to increase the number of providers who offer care coordination and to ensure providers and families are aware of available community resources. Progress will be monitored through NPM 11: Medical Home.

Cross-cutting / systems building

Many of the issues affecting the health of women and children - such as high rates of poverty, violence, trauma, substance use, lack of behavioral health supports, incarceration, and persistent racial disparities in health outcomes - are not specific to a particular age group or population. Through investments in core infrastructure building strategies, Louisiana Title V has been redeveloping BFH as the public health system for women, children, and families and an organization committed to improving the lives and communities of the people of Louisiana.

In alignment with the Priority Need to *boldly work to undo systemic drivers of disparities and institutionalize equitable policies and practices,* Title V will continue to advance the mission of the BFH Health Equity Action Team (BFH-HEAT) to develop impactful partnerships and a capable workforce to address structural inequities, particularly racism, that lead to health disparities. Title V will also work to establish or amend existing policies and practices to ensure BFH operates with equity, consistently working to incorporate a social justice and anti-racism lens in the work and initiatives carried out through the Bureau.

In relation to the Priority Need to *partner with families, youth, and communities at all levels of systems change,* Title V aspires to institutionalize family partnership as a foundational component of all MCH and CYSHCN systems change initiatives. By supporting implementation of an early childhood systems-focused family partnership strategy, Title V will help develop and test approaches to family partnership that can eventually be replicated and adapted for other programs and initiatives across BFH. Additionally, strengthening family and constituent representation in initiatives and advisory bodies under the Bureau's purview will continue to be a focus.

In the 2021-2025 cycle, Title V has been expanding the scope of BFH's Health System Strategy in response to the Priority Need to *ensure equitable access to high-quality and coordinated clinical and support services.* In addition to coordinating and advancing BFH Medicaid engagement around healthcare delivery and financing policy, Title V has been working to create a stronger integration between public health practices and research and health systems policy and research. BFH will work to clearly define Louisiana Title V's current and future role in strengthening the overall health care delivery system and will continue to sustain a robust partnership with Louisiana Medicaid in the development of policy and strategies to support quality implementation of practices incentivized through policy.

BFH will also continue to implement improvement strategies in relation to the Priority Need to *ensure Title V strategies are outcomes-focused and rooted in essential public health services.* In alignment with the updated Essential Public Health Service to "communicate effectively to inform and educate," Title V will redevelop the overall BFH communications strategy using an evidence-based approach to develop coherent, audience-tested narratives

about priority health outcomes and establish messaging consistency across all BFH programs.

Louisiana Title V developed two Cross-cutting/Systems Building SPMs for the 2021-2025 cycle. These SPMs will measure BFH’s progress towards institutionalizing equity within BFH policies and practices and demonstrating organizational commitment to family partnership.

Louisiana Title V will actively monitor the health and well-being of Louisiana's women, children, and families to identify emerging issues and address MCH needs in this rapidly changing environment. Throughout the 2021-2025 cycle, Title V will support the Priority Needs through strategic investments, innovative approaches, collaborative efforts, and evidence-based strategies to promote healthy and thriving children and families.

III.A.2. How Federal Title V Funds Complement State-Supported MCH Efforts

The Title V Maternal and Child Health Block Grant federal-state partnership award supports the essential public health services and functions in the state for women, children, children and youth with special health care needs and families. As described throughout this application, the funding supports analytic capacity to monitor and describe health and well-being, guide programs, and inform public policy; preventive and educational services that are grounded in best practices and evidence to promote optimal health, well-being, and respectful care; policy and educational initiatives to improve access to and quality of medical, behavioral health, and supportive services; and partnerships with communities, government, academia, advocates and families to advance common goals. In an environment where state funds are largely committed to carry out mandates, and many federal awards or other funding streams are limited to specific activities, Title V supports the important work of improving overall systems of care and health. Without Title V funding in Louisiana, there would be no other entity responsible for working to improve the health and well-being of all women and children in the state. Very few of today's public health problems have simple straightforward solutions. Title V's flexible and outcome-focused funding allows Louisiana to address the state's Priority Needs.

III.A.3. MCH Success Story

State newborn screening programs are vital public health services that detect treatable genetic and metabolic conditions in newborns. Early detection allows for prompt linkage to treatment and services, mitigating negative health effects of these genetic disorders. Each state has their own newborn screening program, and the national Advisory Committee on Heritable Disorders in Newborns and Children's Recommended Uniform Screening Panel (RUSP) suggests which conditions should be included on state newborn screening panels. The Louisiana Department of Health's (LDH) Bureau of Family Health (BFH) administers the state newborn screening program and works to diagnose and treat genetic and metabolic disorders as early as possible.

Historically, adding to the list of health conditions in the state newborn screening panel was only possible via a legislative directive. In most cases, this would be achieved years after a condition was recommended nationally. Some factors contributing to this delay were the complex logistics and accountabilities to ensure technical, programmatic, policy, and budgetary "readiness" across different sections of the health department and with the legislature. In FFY2022, Louisiana's Title V leadership and Title-V supported legislative policy team researched laws and policies from other states and proposed options to LDH leadership for simplifying the state newborn screening law. Ultimately, the aim was for Louisiana's newborn screening system to be supported by state policy that had a clear and time-bound process for considering conditions, executing the necessary budget and policy changes for implementation, and ensuring more timely technical readiness for implementation.

Bureau staff worked with subject matter experts within and outside of the department to draft a proposed bill to streamline and modernize the newborn screening law. The proposal was included as a part of the department's limited legislative package and was carried by a new member of the state House, Representative Vanessa LeFleur, and supported by the Governor. Throughout the legislative session, the Bureau of Family Health director (Title V administrator), along with Title-V supported program and policy staff, prepared fiscal and programmatic background information and provided informational testimony related to the bill. The proposal was well supported by the legislature, maternal and child health advocacy partners, and provider- and professional associations. The bill became Act 17 of the 2023 Regular Session of the Louisiana Legislature in May 2023. In FFY2024, Louisiana Title V-supported policy, program, and communications personnel will create public-facing materials to make the process, timelines, and status of policy changes visible for all. With these changes, Louisiana's newborn screening system now has the policy, transparency, and public accountability to support timely adoption of life-saving testing.

III.B. Overview of the State

Title V in Louisiana facilitates high-quality services and innovative practices that protect and promote the health of women, children, and children and youth with special health care needs (CYSHCN). Housed within the Louisiana Department of Health (LDH), Office of Public Health (OPH), Bureau of Family Health (BFH), Title V leads state efforts to improve health outcomes for these populations, in partnership with others in- and outside of government. BFH works to improve population health and strengthen health system capacity by:

- Monitoring data to identify, understand, and respond to complex challenges and opportunities
- Aligning efforts and resources to improve community health
- Testing, scaling, and spreading evidence-based solutions and best practices
- Building coordinated partnerships to advance system-level goals

Like other states, the health and well-being of women, children, and families in Louisiana is influenced by the strengths, challenges, and changes in state and local community systems. Louisiana Title V continues to adapt and respond to changes within these complex systems while increasing the state's capacity to monitor population health and inform healthcare policy and practice.

The following sections describe the most significant changes that have occurred in recent years in the state and the healthcare system.

Understanding the Health Status and Needs of the MCH Population in Louisiana

Louisiana Overview:

The Place: Louisiana is the 31st largest state in the country, covering an area of 43,204 square miles along the Gulf of Mexico (Map 1). Louisiana consists of flat lowlands located on the coastal plain of the Gulf of Mexico and the Mississippi River's alluvial plain. The economy is heavily dependent on its fertile soils and water to support farming and fishing industries. Louisiana also is one of the leading producers of natural gas and petroleum.

Of Louisiana's 64 parishes (counties), 30 are considered rural per the U.S. Health Resources and Services Administration.[1] The largest urban centers include New Orleans and Baton Rouge. Hurricanes, industrial contamination, and loss of wetlands threaten the economy, safety, and well-being of Louisiana's communities and residents. Significant historical events in the past decade include severe flooding in 2016; tornados and flooding due to Hurricane Harvey in 2017, Hurricanes Laura, Delta, and Zeta in 2020, and Hurricane Ida in 2021.

Map 1. Physical Map of Louisiana

The People: Louisiana's population of about 4.6 million people encompasses a distinct multicultural and linguistic landscape that has been influenced by centuries of colonialism and servitude. Today, the majority of the population in Louisiana identifies as White (62.4%).[2] Thirty-three percent of the population identify as Black, 5.6% identify as Hispanic/Latino, 1.9% identify as Asian, 1.8% identify as two or more races, and 0.8% identify as American Indian/Alaskan Native, with four federally recognized American Indian tribes and ten state/local tribes.[2, 3] Nearly four out of every five residents were born in-state.[2] A sizable majority (86%) of the state population self-identifies as religious, and nearly half of all Louisiana adults attend religious services at least once per week.[4] The state is known for its strong community bonds and boasts some of the longest-lasting cultural traditions in the United States.

Unique Challenges and Strengths Impacting the Health Status of the MCH Population

There are many challenges and strengths present in Louisiana's systems, politics, and communities that affect the health and wellbeing of the state's maternal and child population. The Louisiana Title V Program identifies these challenges and strengths through the lens of the social determinants of health (SDOH): the conditions in which people are born, live, learn, work, and play. Specifically, social and community context, economic stability, education, neighborhood environments, and health and healthcare all pose various challenges and opportunities for health.

Louisiana's history of colonization, slavery, and legalized racism disempowered and oppressed portions of Louisiana's population over multiple centuries. While laws and policies have changed over time, these historical inequities continue to take a significant toll on communities in the state and are perpetuated – often unknowingly. The resulting, persistent racial disparities can be best interpreted in light of the conditions in which people are born and live--conditions largely affected by historical and institutional structures and policies that uphold differential access to resources and systems of influence and authority.

Economic instability poses a major challenge to the attainment of health for many Louisianans. In 2021, the share of Louisianans living at or below the Federal Poverty Level was the highest in the nation at 19.6%, with 26.7% of all children (under age 18) living in poverty.[5] Women in Louisiana are more likely to live in poverty than men (21.5% vs. 17.6%), and Black (31.9%) and indigenous (20.6%) households are more likely to live in poverty than Asian (18.8%) or white (12.4%) households.[5] The median household income in Louisiana is $52,087 (inflation adjusted 2021 dollars) – just 73.5% of the national median household income of $70,800.[5] Low educational attainment is another challenge. Adults in Louisiana are less likely to finish high school than their peers across the US (13.8% vs. 11.1%).[2] Conditions of poverty pose unique challenges for CYSHCN families. For parents and caregivers with CYSHCN, full-time employment means less time spent coordinating care for their children, and out-of-pocket medical expenses for this population are more extensive than those of non-CYSHCN, regardless of insurance coverage.

Louisianans consistently experience poorer health outcomes compared to the rest of the nation. According to America's Health Rankings 2022, Louisiana ranked 50th in the nation in overall health.[6] Low birth weight (LBW), preterm birth (PTB), infant mortality, maternal mortality, and CYSHCN status remain significant challenges for the MCH population. Compared to the national average, Louisiana has a higher proportion of CYSHCN. Approximately one in four (23.2%) children in Louisiana ages 0-17 have a special health care need.[7]Louisiana has the second highest infant mortality rate in the US at 7.59 infant deaths per 1,000 live births[8]. Similar to nationwide trends, Black infants in Louisiana die at twice the rate of White infants. The state's maternal mortality rate is also among the highest in the US. Significant racial disparities show that Black women are almost twice as likely to die from pregnancy-associated causes than White women. This disparity was even greater for pregnancy-related deaths.[9] Drug and opioid abuse are growing areas of alarm. From 2019 to 2021, opioid-involved deaths increased by 134%,

from 588 to 1378.[9] Neonatal Opioid Withdrawal Syndrome (NOWS) is also a growing concern. Based on hospital discharge data, there were 360 cases of NOWS in Louisiana in 2017, representing an almost 50% rise from 2012 numbers.

Mental Health: According to the National Alliance on Mental Illness (NAMI), 715,000 adults in Louisiana have a mental health condition and 179,000 adults have a serious mental illness.[11] In February 2023, 39.1% of adults in Louisiana reported symptoms of anxiety and/or depression, compared to 32.3% of adults nationally.[12] Louisiana's Adverse Childhood Experiences (ACE) rate is one of the highest in the nation. Nearly 19% of Louisiana children age 0-17 have experienced two or more ACEs, compared to 14% nationally.[6] Suicide is another concern for children and young adults. According to the American Foundation for Suicide Prevention, suicide is the 3rd leading cause of death for Louisianans aged 10-24 and 25-34 .[13] Mothers are also at risk for mental health issues. More than one in seven (16.8%) of Louisiana mothers experienced postpartum depression symptoms.[14]

Mental health care access remains a challenge for many in Louisiana. In February 2021, 47.5% of adults in Louisiana reported symptoms of anxiety or depression. 18.6% were unable to get needed counseling or therapy.[11] Furthermore, of the 44,000 Louisianans age 12–17 who have depression, 62.3% did not receive any care in the last year.[11] As of March 2023, Louisiana has 171 Mental Health Care Professional Shortage Areas (MHCPSA) as designated by the HRSA's Bureau of Health Workforce. More than 3.6 million Louisianans live in areas without enough mental health services.[15]

Health Care Coverage: Historically, Louisiana had one of the highest uninsured rates in the nation. In July of 2016, Medicaid was expanded to all adults under 138% of the federal poverty line (FPL) (children were not part of this expansion population because children in that income range are already eligible for public insurance coverage). With that change in health policy, Louisiana experienced one of the largest reductions in the uninsured rate for any state. With the expansion of Medicaid, more than 516,000 adult men and women have gained health care coverage under public insurance. With the inclusion of the expansion population, Medicaid is now responsible for approximately 1.5 million child and adult participants in Louisiana.[16] Furthermore, Medicaid expansion has had a significantly positive impact on Louisiana's economy: within the first year of Medicaid expansion, more than 19,000 new jobs were created and $178 million in new state and local revenues were generated.[17] Economic gains are expected to continue, with the state projected to save $1 billion by 2028 due to Medicaid expansion.[18]

Another strength in Louisiana is the long-standing commitment to facilitating healthcare coverage for children. Louisiana has achieved and sustained high rates of coverage for children. Between 2009 and 2016, the percentage of uninsured children decreased from 7% to 3%, and this decrease has been sustained for several years.[17] More than half of CYSHCN in Louisiana have public insurance which is higher than the national average.[19]

Louisiana's early care and education system has also undergone significant change in an effort to better serve the state's families. Child care licensing was unified with other early education programs under the Louisiana Department of Education in 2015 in order to create a cohesive early childhood system and improve school readiness. This system has continued to stabilize and mature, though access to childcare subsidies remains more limited than a decade ago. According to the State of Babies Yearbook 2022, Louisiana lags behind the national averages for every measure associated with positive early learning experiences.[20]

Louisiana has one of the highest incarceration rates in the world. According to the Prison Policy Initiative, 1,952 people per 100,000 are detained in prisons, jails, immigration detention, and juvenile justice facilities, compared to 566 nationally).[21] This rate is impacted by sentencing laws for non-violent offenses, insufficient funding of jails and prisons, privatization of facilities, and a lack of investment in services and supports. Under Governor Edwards, the state has begun efforts to reform the criminal justice system. While these changes are promising, additional reform is necessary.

State Health Agency Priorities and Influence on Title V Service Delivery

Defined Roles and Responsibilities of the State Health Agency:

The Louisiana Department of Health includes the Office of the Secretary; Office of Aging and Adult Services; Office of Behavioral Health; Office for Citizens with Developmental Disabilities; Bureau of Health Services Financing (Medicaid); Office of Public Health; Office of Women's Health and Community Health; five 24-hour healthcare facilities; Legal, Audit, and Regulatory Compliance; nine Human Services Districts and Authorities (HSDAs); Louisiana Emergency Response Network; and the Developmental Disabilities Council.

- The **Office of the Secretary (OS)** is comprised of LDH's Executive Management Team as well as the teams that handle centralized LDH functions, including internal and external communications; legislative and governmental relations; policy and QI; human resources; training and staff development; legal, audit, and regulatory compliance; finance; and budget.
- The **Office of Aging and Adult Services (OAAS)** develops, provides, and enhances services that offer meaningful choices for people in need of care in long-term care facilities and in-home and residential settings through home- and community-based services.
- The **Office of Behavioral Health (OBH)** manages and delivers the services and supports necessary to improve the quality of life for residents living with mental health challenges and substance-related and addictive disorders. This program office monitors and serves as subject matter consultant for the children's Coordinated System of Care program and the Medicaid Healthy Louisiana managed care plans, which manage behavioral health services. OBH also delivers direct care through hospitalization and has oversight of behavioral health community-based treatment programs through the HSDAs. Services are provided for Medicaid and non-Medicaid eligible populations.
- The **Office for Citizens with Developmental Disabilities (OCDD)** serves as the single point of entry into the developmental disabilities services system, overseeing public and private residential services and other services for those living with developmental disabilities. This program office works to ensure individuals living with developmental disabilities and their families have access to a seamless services system that is responsive to both individual needs and desires. In addition, OCDD promotes partnerships and relationships which empower people living with developmental disabilities' inclusion in family and community social and economic life.
- **Medicaid** provides government-subsidized medical benefits to qualifying low-income individuals and families. Although the federal government establishes the general rules for Medicaid, specific requirements are established by each state. In Louisiana, more than 1.9 million residents receive healthcare coverage through Medicaid.
- The **Office of Public Health (OPH)** is responsible for protecting and promoting the health and wellness of all individuals and communities in Louisiana. OPH accomplishes this through educational initiatives, promoting 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. This office also monitors the food Louisiana's residents and visitors eat; keeps our water safe to drink; fights chronic and communicable disease; ensures we are ready for hurricanes, disasters, and other threats; manages, analyzes, and disseminates public health data; ensures access to vital records like birth certificates; and improves health outcomes with an emphasis on preventive health services.
- The **Office of Women's Health and Community Health (OWHCH)** was created by Act 676 (SB 116) of the 2022 Regular Legislative Session, and signed by Governor John Bel Edwards on June 18, 2022. OWHCH will serve as a clearinghouse, coordinating agency, and resource center for women's health data and

strategies, services, programs, and initiatives that address women's health-related concerns. This office will focus on health needs throughout a woman's life, including chronic or acute conditions that significantly affect women, access to healthcare for women, and women's health disparities. OWHCH also includes the Bureau of Community Partnerships and Health Equity (BCPHE), which is charged with developing and implementing agency-wide health equity plans, protocols, and tools that support the implementation of health equity and community engagement practices and standards across LDH.

- LDH also operates **five 24-hour healthcare facilities**. These facilities include the Central Louisiana State Hospital, Central Louisiana Supports and Services Center, Eastern Louisiana Mental Health System, Pinecrest Supports and Services Center, and the Villa Feliciana Medical Complex. Together, these facilities provide behavioral health, developmental disability, and long-term care services for over 1,400 Louisiana residents.
- **Legal, Audit, and Regulatory Compliance (LARC)** includes the Bureau of Legal Services, Internal Audit, Program Integrity, and Health Standards sections of LDH. The Bureau of Legal Services is the legal arm of the Department and is responsible for handling all legal matters including procurement and the provision of legal advice around state and federal regulations applicable to all Department offices. The Internal Audit Section is responsible for conducting internal audits of various Department programs to ensure efficient operations and appropriate controls geared at maintaining programmatic integrity. The Internal Audit section additionally acts as the liaison for the Department with the Legislative Auditor, and other audit entities, regarding external audits of the Department's programs. The Program Integrity section is responsible for ensuring programmatic and fiscal integrity of the Department's Medicaid program, along with other Medicaid-funded programming provided by other departments. Program Integrity is responsible for monitoring Medicaid-funded programs for provider and/or recipient fraud, waste, or abuse. Finally, the Health Standards Section is responsible for the licensing and certification of various healthcare facilities in Louisiana, which includes ensuring that facilities are maintaining compliance with applicable standards, statutes, rules, regulations, and policies. This is accomplished through periodic surveys and inspections, including complaint investigations of providers that are subject to licensure and/or certification by the Department.
- **Human Services Districts and Authorities (HSDAs)**, also known as local governing entities (LGEs), are established by Louisiana state law to direct the operation and management of community-based programs and services relative to mental health, intellectual/developmental disabilities and challenges, and substance-related and addictive disorders. HSDAs were established by Louisiana state law beginning in 1989 with the last entity authorized in 2013.
- The **Louisiana Emergency Response Network (LERN)** is responsible for developing and maintaining a statewide system of care coordination for patients suddenly stricken by serious traumatic injury or time-sensitive illness (such as heart attack and stroke). It is a system also designated to serve as a vital healthcare resource in the face of large-scale emergencies and natural disasters.
- The **Developmental Disability Council's** mission is to increase independence, self-determination, productivity, integration, and inclusion for Louisianans with developmental disabilities and challenges by engaging in advocacy, capacity building, and systems change.

Targeted interests of the state health agency and influence on delivery of Title V services:

There are several significant priorities within LDH, OPH, and OPH BFH that affect Title V programming:

- **Office on Women's Health and Community Health:** During the 2021 Regular Session of the Louisiana State Legislature, Act 676 was signed into law to establish an Office on Women's Health and Community Health within the Louisiana Department of Health. The new Office is charged with "leading and coordinating efforts within the Louisiana Department of Health that are intended to improve women's health outcomes

through policy, education, evidence-based practices, programs, and services." The law also establishes a new Assistant Secretary position and states that "the department may consolidate efforts on women's health and community health within the department as deemed appropriate by the secretary of the department." At the time of this submission, it is unclear how Title V programs and services will be impacted. While it is likely that women-serving Title V programs and services will be impacted, the manner of and extent to which they will be is not defined in the legislation. As planning and implementation for the new Office commences, the Title V Director will work with LDH leadership to ensure any impacted Title V programs and services are adequately supported throughout the transition. (Please refer to the Title-V supported assessment of women's health activities across LDH, completed in 2022).

- **State Health Assessment/State Health Improvement Plan:** In 2019, LDH OPH earned accreditation through the Public Health Accreditation Board. As part of OPH's ongoing efforts to maintain accreditation, OPH conducted a State Health Assessment (SHA) from June 2021 and April 2022. This process reached nearly 6,000 Louisiana residents via two sets of meetings in each of Louisiana's nine public health regions, a statewide electronic survey, community leader interviews, and public health system representative interviews. A report on the findings was published by OPH in July 2022. The following priority areas were identified for inclusion in the State Health Improvement Plan (SHIP): Behavioral Health, Chronic Disease, Community Safety, and Maternal & Child Health. BFH has been represented on the core SHA/SHIP steering committee since the beginning of the SHA process. In addition to representation on the steering committee, other BFH staff participated in the implementation of the assessment activities. In 2022, OPH established a Maternal and Child Health Workgroup, which is open to all residents of Louisiana, to facilitate the development of the MCH portion of the SHIP.

- **LDH Business Plan:** Since 2020, the Secretary of LDH has charged Office and Bureau leadership across the Department to develop a comprehensive annual LDH Business Plan to promote coordinated strategy and accountability across the Department. Most recently, Louisiana Title V, WIC, and Medicaid worked together to develop new strategies for SFY 2023 related to improving health outcomes from pregnancy through childhood, strengthening, expanding, and diversifying Louisiana's healthcare workforce; and improving systems to support people living with Sickle Cell Disease. Most of these strategies directly align with those outlined in the FFY 2024 Title V State Action Plan.

Components of Louisiana's Systems of Care for Vulnerable and Underserved Populations

Population Served: Louisiana families from birth through the next generation

Health Services Infrastructure: Overall, Louisiana is recognized as having a substantial and growing unmet need for primary care services. As of March 2023, the US Health Resources and Services Administration's (HRSA) Bureau of Health Workers recognized 184 primary care shortage areas in the state, compared to 155 in 2021 and 176 in 2022.[22] Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) are essential to addressing these needs. Louisiana currently has more than 300 FQHCs operated by 39 community health center organizations, and 217 RHC providing primary care and mental health services in the state. Furthermore, a statewide network of 58 school-based health centers affiliated with OPH BFH provide additional access, in particular for adolescents.

The number of mental health shortage areas also increased; there are now 171 recognized mental health shortage areas, compared to 151 in 2021 and 163 in 2022.15 Services related to mental health are a critical need, as reflected in the federal shortage area designations, the OPH State Health Assessment, and the 2020 Title V Needs

Assessment. The Healthy Louisiana Managed Care Organizations (MCOs) are required to ensure network adequacy based on the Centers for Medicare and Medicaid Services (CMS) guidelines and assist their members with making arrangements for access to services, including transportation upon request. The Early and Periodic, Screening, Diagnostic and Treatment mandate makes fulfilling this need a state obligation, in addition to a contractual obligation. However, the specific gaps and problems are not well documented. Assessing the health system performance related to mental health needs will be a priority for Title V. In addition, Title V has begun to prepare for scaling provider capacity-building interventions. Provider-to-provider consultation to support first-line identification and management of social-emotional and psychiatric concerns is one such system-strengthening intervention that has been gaining interest in Louisiana.

Changes in OPH Services: Louisiana's statewide network of OPH Parish Health Units (PHUs) once served as the state's main provider of primary care for low-income women, children and families. Over the past 20 years; however, care has been transitioned to private providers (such as FQHCs) as Medicaid has become more widely accepted. PHUs now primarily provide essential public health services, with a focus on high-quality family planning and sexually transmitted disease (STD) services, WIC (Women, Infants, and Children), Children and Youth with Special Health Care Needs (CYSHCN) safety-net specialty services, immunizations, and tuberculosis testing and treatment. Funded through Title V federal and state allocations, PHUs in LDH Regions 2-9 (see Figure 2 below) provide a total of 22 sub-specialty and genetics clinics for CYSHCN. Clinics must accept Medicaid and be able to schedule an appointment with transferred patients within 2 months of transfer.

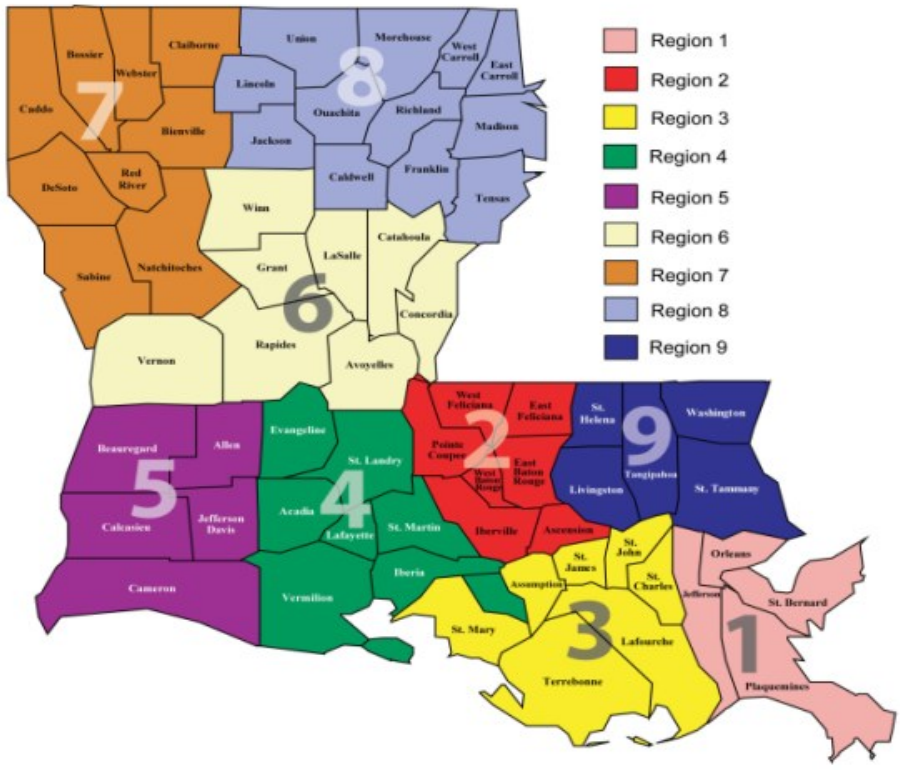


Figure 2. Louisiana Department of Health Administrative Regions

Additionally, 57 of the 73 PHUs provide Title X-sponsored reproductive health services, with programmatic oversight provided by the BFH Reproductive Health Program (RHP).

Over the past several years, OPH leadership has made critical investments in the overall infrastructure needed to modernize the PHU clinical service system and support sustainability. Most notably, OPH established the Bureau of

Regional and Central Operations (BRCO), a new unit with dedicated roles to oversee the operations of the OPH PHU clinic system. BFH is in the process of transitioning the day-to-day management of the OPH PHU clinics fully to BRCO. Currently, there are many policy and oversight functions that are shared between BFH and BRCO, and leadership from the two Bureaus have been working to delineate a new scope and role for each Bureau in the administration of Title V and Title X clinical services offered through OPH.

Financing and Integration of Services: In 2012, Louisiana Medicaid began transitioning from a fee-for-service system to a network of managed care organizations (MCOs) to cover Medicaid services for children and adults. As of 2015, the state's MCOs have been responsible for both physical health and behavioral health benefits.

Mandatory MCO populations include the majority of Medicaid eligible population groups including children under 19 years of age, individuals and families receiving Temporary Assistance for Needy Families (TANF), Child Health and Maternity Program (CHAMP)-Child Program, Deemed Eligible Child Program, foster care children, youth aging out of foster care, former foster care children through the age of 26, Regular Medically Needy Program, Louisiana Children's Health Insurance Program (LaCHIP), Blind/Disabled Children, eligible parents and caregiver relatives, pregnant women, LaMOMs, breast and cervical cancer program, aged, blind and disabled adults, Supplemental Security Income (SSI) Program, individuals diagnosed with tuberculosis and the new adults expansion population. Although there are populations excluded from managed care such as dual-eligible (those who receive both Medicare and Medicaid), waiver recipients, and individuals in long-term care, individuals receiving services through the 1915(c) Home and Community Based Waivers, such as Children's Choice, are considered voluntary opt-in populations for MCO services and benefits. Furthermore, some dual-eligible are mandatorily enrolled in the MCOs for Specialized Behavioral Health Services, and non-emergency medical transportation.

The MCOs are required to cover all state plan services including the EPSDT at or above the Medicaid published rate, unless the provider/MCO contract allows a different reimbursement rate. These plans also have flexibility to provide other services that will help meet their members' needs through value-added benefits or additional network coverage. Plans are required to report on certain quality measures, with plans offering incentives to both providers and members. Examples of various incentives for members include gift cards for preventative care such as wellness checks, sexually transmitted infection (STI) screenings and prenatal and postnatal care. Extra benefits offered include dental care and hearing aids for adults, tobacco cessation and weight management.

In June 2021, LDH released a Request for Proposals for MCO contracts, with an emphasis on health equity, maternal and child outcome improvement, behavioral health integration, delivery system reform, disaster planning and recovery, Department of Justice settlement agreement requirements, fraud, waste and abuse initiatives, and increased MCO accountability. In June 2022, LDH announced an intent to award contracts to six MCOs. The new MCO contracts became effective in January 2023.

Louisiana State Statutes and Regulations

Louisiana Revised Statutes

LA Rev Stat 40:1081.2- Providers attending newborn children must test for LDH approved/required genetic diseases.

LA Rev Stat 40:1081.5 - LDH establishes and operates clinics in cooperation with medical schools at LSU and Tulane to treat those with sickle cell anemia.

LA Rev Stat 40:1081.1 -LDH to establish programs for combating phenylketonuria, congenital hypothyroidism, galactosemia, sickle cell disease, biotinidase deficiency, and other genetic conditions.

LA Rev Stat 40:2018.3 - LDH establishes the Louisiana Sickle Cell Commission.

LA Rev Stat 40:1081.7 - LDH to establish local programs to treat victims of sickle cell anemia and components of treatment.

LA Rev Stat 40:1081.8 - Outlines functions of the sickle cell navigator program, to be administered by LDH under direction of Sickle Cell Commission; implemented upon appropriated funding.

LA Rev Stat 40:1071-5 - (CSHS Enabling legislation): Designates OPH to cooperate with Title V of the Social Security Act; receive and expend federal funds for services to extend and improve services for children with special health care needs.

LA Rev Stat §40:31.3 - (ASHP Enabling legislation): The Office of Public Health, Department of Health and Hospitals [currently Louisiana Department of Health], shall establish an adolescent school health initiative.

LA Rev Stat 40:2018 (Perinatal Commission Enabling Legislation) - Establishes the Commission on Perinatal Care and Prevention of Infant Mortality.

LA Rev Stat 22:1059.1 - Establishes the Louisiana Doula Registry Board.

LA Rev Stat 40:2019 - (Child Death Review Enabling Legislation) - Establishes a child death review panel, protocols, criteria for reporting and investigations for the unexpected deaths of children below the age of fifteen and the ability to suggest recommendations within the agencies presented on the state panel.

LA Rev Stat 40:2024.3 – Establishes the Louisiana Domestic Abuse Fatality Review Panel

LA Rev Stat 40:1122.1 – Establishes the Rare Disease Advisory Council.

LA Rev Stat 40:1081.1-7 (Newborn Screening and Sickle Cell Programs Enabling Legislation) - Authorizes LDH to screen for and establish programs designed to reduce mortality and morbidity from sickle cell disease and other genetic conditions.

LA Rev Stat 40:1285.1-.5 (Lead Screening Program Enabling Legislation) - Establishes a program for the prevention, screening, diagnosis, and treatment of lead poisoning in the Office of Public Health; Mandatory reporting of lead poisoning cases required; comprehensive records.

LA Rev Stat 46:2263-4 (Newborn Hearing Screening Enabling Legislation) - Establishes within OPH a program to provide for the early identification and follow-up of infants susceptible to a hearing disability, of deaf or hard of hearing infants, and of infants who have a risk factor for developing progressive hearing loss; establishes an advisory council.

LA Rev. Stat. 46.2351-2356 (Louisiana Commission for the Deaf Enabling Legislation) - Establishes the Louisiana Commission for the Deaf within the Louisiana Department of Health; defined duties; permits LDH hiring of executive officer of the commission; permits receipt of money from any source.

LA Rev. Stat. 40; 31.41-48 - (LBDMN Enabling Legislation): Establishes a system to collect, analyze, and disseminate data regarding birth defects and to provide information to families regarding services available and

prevention programs.

LA Rev Stat 46:447.1 (Reproductive Health Program Enabling Legislation)- Establishment of a family planning program to provide family planning education and contraceptives for public assistance recipients.

LA Rev Stat 46:973 - Allows the Office of Public Health to provide a special program of preventive, health, and medical care and health education services for adolescents that concentrates on adolescent pregnancy and pregnancy prevention.

LA Rev Stat 46:974 - Asks that OPH maintain a statewide toll-free number to advise pregnant women on available resources.

LA Rev Stat 40:1061.17 - Pertains to Abortion Alternatives/Woman's Right To Know.

LA Rev Stat 13:5713 - Instructs the coroner to report SIDS to the Director of the Parish Health Unit within 48 hours.

LA Rev Stat 40:1086.1-4 - Defines Shaken Baby Syndrome and Sudden Unexpected Infant Death Prevention major public health priorities for the state and authorizes LDH to conduct public awareness activities.

LA Rev Stat 17:407.40 - Assigns OPH to provide information and resources to the state Department of Education for such training and for other areas of training required for employees of early learning centers in promoting the health, safety, and welfare of children.

LA Rev Stat 17:407.23 - Louisiana Early Childhood Education Act (Act 3, 2012) - Establishes the Early Childhood Care and Education Network; Board of Ed must coordinate with the DCFS and LDH to align the standards for the licensing of child care facilities, including the requirements for participation in the Louisiana Quality Start Child Care Rating System, with the standards established for early childhood education programs.

LA Rev Stat 40:1075.4 - Emergency Medical Services for Children Program (1995) -
Establishes an Emergency Medical Services for Children Program and shall include a full-time coordinator, education programs for EMS personnel, guidelines for referring, guidelines, inter-hospital transfer system for critically ill or injured children and pediatric rehabilitation units.

LA Rev Stat 40:1086.12 - Neonatal opiate withdrawal syndrome pilot project
Charges LDH with creating a pilot demonstration project to optimize outcomes associated with Neonatal Opioid Withdrawal Syndrome (NOWS).

Early Childhood Care and Education Commission (Act 693) -
Establishes the Early Childhood Care and Education Commission charged with establishing pilot programs in high-performing community early childhood care and education networks that will further efforts to improve kindergarten readiness.

Impact and Care related to Maternal Depression and Anxiety (HCR 103, 2021)
Requests that certain state agencies address the impacts of maternal depression and anxiety and provide evidence-based preventive care, early identification, and treatment services

Louisiana Maternal Mental Health Task Force (HCR 105, 2021)
Establishes the Louisiana Maternal Mental Health Task Force for the purposes of advancing education and treatment

and improving services relating to maternal mental health

Women's Health Assessment (Act 210, 2021)
Directs the Louisiana Department of Health to assess all activities engaged in or services provided by the Department that may specifically impact the health or quality of life of women.

Training on ACEs and Trauma-Informed Education (Act 353, 2021)
Requires in-service training for teachers and certain other school personnel on adverse childhood experiences and trauma-informed education.

Access to Transformative Therapies for Sickle Cell Disease (SCR 66, 2021)
Requests the Department of Health to provide for equitable access to transformative therapies for sickle cell disease.

Fertility in Women SR 97, 2021
Requests the Department of Insurance to create a task force to study the causes of infertility in women and mandating insurance coverage of fertility treatments for women.

Perinatal Mental Health Policy (Act 188, 2022)
Requires hospitals and birthing centers to provide pregnant women and their family members information about perinatal mood and anxiety disorders. Directs the Louisiana Department of Health to make this information available to hospitals and birthing centers, as well as on their website. Requires healthcare providers providing postnatal care to screen for symptoms of postpartum depression and other related disorders (if that is believed to be in the best interest of the patient). Directs the Louisiana Department of Health to work with Medicaid to identify providers who specialize in pregnancy-related or postpartum depression as well as postpartum substance use disorders. Directs the Louisiana Department of Health and Medicaid to develop network adequacy standards for treatment of pregnant and postpartum women with depression or related mental health disorders or substance use disorders.

Breastfeeding Policies for High School Students (Act 472, 2022)
Requires each governing authority of a public high school to adopt policies regarding attendance, breastfeeding, and child care for students who are pregnant or parenting.

Dispensing of Contraceptives (Act 708, 2022)
Provides relative to the dispensing of up to a six month supply of contraceptives.

Medicaid and Insurance coverage for human breast milk (Acts 488 and 489, 2022)
Act 488 provides for Medicaid coverage of prescription breast milk; Act 489 provides for insurance coverage of prescription breast milk.

Establishes an assistance program for pregnant women and parents (Act 561, 2022)
Establishes a continuum of care program for certain pregnant women and parents of young children and to create a statewide telecare support network.

Provides for information regarding emergency contraception (Act 513, 2022)
Provides for procedures for victims of sexually-oriented criminal offenses and requires all licensed hospitals and healthcare providers to provide victims information regarding emergency contraception and following negative pregnancy test, to provide emergency contraception at victim's request.

Establishes the Office of Women's Health (Act 676, 2022)
Creates the office on women's health within the Louisiana Department of Health.

Provides for genetic testing of infants (Act 501, 2022)
Provides for Medicaid and commercial health insurance coverage of genetic testing for critically ill infants with no diagnosis.

Provides relative to opioid treatment programs for pregnant women (Act 309, 2022)
Provides relative to opioid treatment programs for pregnant women and requires certain treatment facilities to provide onsite access to at least one form of FDA-approved opioid agonist treatment.

Access to Transformative Therapies for Sickle Cell Disease (HCR 76, 2022)
Expresses support for equitable access to transformative therapies for sickle cell disease.

Sickle Cell Registry (Act 647, 2022)
Establishes a state sickle cell disease registry.

Study on establishment of "baby bonds" (HCR 94, 2022)
Requests a study regarding the potential establishment of a program to provide children born to low- to moderate-income parents with a trust that, at maturity, can be used for postsecondary education, the purchase of a home, or formation of a business.

Modernizes statute for Louisiana Commission for the Deaf (Act 128, 2022)
Provides relative to the Louisiana Commission for the Deaf.

Provides relative to adolescents giving birth (SR 87, 2022)
Requests the Louisiana Department of Health to enact policies relative to children giving birth.

Establishes the Study Commission on Maternal Health and Wellbeing (SR 131, 2022)
Establishes the Study Commission on Maternal Health and Wellbeing to make recommendations on connecting pregnant women and new mothers, particularly in rural and underserved areas, with resources for the health and wellbeing of the mother and child.

Commission to Study Child Sexual Abuse Prevention (SR 167, 2022)
Creates a commission to study best practices for deterring sex offenses against children.

Insurance Coverage for Maternity Support Services Provided by Doulas (Act 270, 2023)
INSURANCE/HEALTH: Provides relative to maternity support services of doulas.

Medicaid Reimbursement for Midwifery (Act 207, 2023)
Provides relative to Medicaid reimbursement for services provided by a licensed midwife or certified nurse midwife.

Study Related to Medicaid Coverage of Gene Therapy (HCR 92, 2023)

Requests study by Louisiana Department of Health to consider Medicaid coverage of gene therapy.

Subcommittee to Study Effectiveness of Sickle Cell Treatment Practices (HR 201, 2023)
Creates a subcommittee to study the effectiveness of sickle cell healthcare treatment practices in this state.

Request to Extend Medicaid Pregnancy Coverage (HR 273, 2023)
Urges and requests the Louisiana Department of Health to amend the state Medicaid plan to extend pregnancy coverage.

Task Force on Nursing and Improvement of Maternal Outcomes (SCR 20, 2023)
Requests the Louisiana Department of Health to convene a task force to make recommendations regarding nursing involvement to improve maternal outcomes.

Perinatal Mental Healthcare Awareness (SR 136, 2023)
Urges and requests the Louisiana Department of Health to assist in the development of a public service campaign to foster awareness and education on perinatal mental health care.

Requests Extension of Medicaid Pregnancy Coverage to at or below 185% FPL (SR 145, 2023)
Urges and requests the Louisiana Department of Health to amend the state Medicaid plan to extend pregnancy coverage to individuals at or below 185% of the federal poverty level.

Human Trafficking Awareness (SR 179, 2022)
To urge and request the Louisiana Department of Health, Department of Transportation and Development, and Department of Revenue, office of alcohol and tobacco, to post human trafficking awareness posters.

Louisiana Administrative Code (Regulations):
LAC Title 48, Public Health-General, Book 2 of 2; Part V; Subpart 17. Children's Special Health Services Chapters 49 - 59

LAC Title 48, Public Health-General, Book 2 of 2; Part V; Subpart 55. Birth Defects Surveillance System Chapter 161-163

LAC Title 48, Public Health-General, Book 2 of 2; Part V; Subpart 19. Genetic Diseases Services Chapter 63 Neonatal Screening; 6303.

LAC Title 48, Public Health-General, Book 2 of 2; Part V; Subpart 18. Disability Prevention Program Chapter 70. Lead Poisoning Prevention Program; 7001-7009

LAC Title 48, Public Health-General, Book 2 of 2; Part I; Subpart 13. Family Planning Chapter 35-37

LAC Title 51, Sanitary Code, Part XXI Day Care Centers and Residential Facilities, Chapter 3, Child Day Care Centers, #9

DOE Child Care Development Fund Bulletin 137 – Early Learning Site Licensing Regulations requires three hours of training by a child health care consultant on infectious diseases, health, safety, and/or food service preparation.

LAC Title 5, Chapter 65,6501, 6503 (April, 1987) - Authorizes LDH to operate Regional Genetic Clinics

LAC Title 5, Chapter 69, 6901, 6903 (Aug, 2014) - LDH establishes Genetic Diseases Program Advisory

Committee

Louisiana Children's Code:
LA Child Code 609. Mandatory and permitted reporting

III.C. Needs Assessment
FY 2024 Application/FY 2022 Annual Report Update

Ongoing Needs Assessment Activities and Operationalization

The organizational pillars that guide the strategic vision of Bureau of Family Health (BFH) also guide the Title V ongoing needs assessment activities. To *align resources and efforts to improve health outcomes in the populations we serve*, many ongoing needs assessment efforts now occur within the context of population surveillance initiatives and program activities led by the BFH Data to Action Team (DAT). Throughout the year, DAT epidemiologists continuously collect, link, analyze, and interpret data related to the health of women, children, and families. Programming within DAT includes the survey-based Pregnancy Risk Assessment Monitoring System, an active surveillance program for birth defects, passive surveillance of fatal and non-fatal injury (including sexual violence), and support for several mortality surveillance case review processes for infant, child, and maternal deaths. BFH operationalizes the data findings through data analytic briefs, presentations, reports, and factsheets illuminating public health issues and recommendations for proven and promising prevention interventions to improve the health of Maternal Child Health (MCH) populations. Detailed descriptions of DAT programmatic efforts can be found in the MCH Data Capacity section and throughout the Population Domain narratives.

In alignment with the BFH foundational pillar to *identify, understand, and respond to complex challenges and opportunities*, BFH epidemiologists also utilize their expertise and access to key MCH datasets to conduct targeted data research projects, many of which are in direct alignment with the Title V Priority Needs. Examples of research questions investigated by DAT staff over the past year include:

- Is there variation in contraceptive method use by insurance status and geographic setting (urban/rural) among people with a live birth in 2018 using data from 20 jurisdictions?
- What are the trends in contraceptive method use from 2015 to 2018 overall and within subgroups in 20 jurisdictions?
- Is there an association between children ages 0-3 in Louisiana that received developmental screening and those that received special services to meet their developmental needs from 2020-2021?
- Among infants who died, what were the most common risk factors mothers experienced?
- What are the circumstances associated with suicides among youth ages 10-19? Has there been a decrease in suicides and suicide-related attempts using firearms?
- Has there been a reduction in suicide rates/suicide-related outcomes in youth ages 10 -19 following the implementation of the comprehensive suicide program in 2022 – 2023?
- Has syndromic surveillance increased partner awareness of suicide data or suicide occurrences in their areas?

In addition to the ongoing population surveillance activities and epidemiologist-led analytical projects, several other ongoing needs assessment activities are underway:

Pediatric Subspecialty Provider Access Landscape Assessment: In FFY2021, BFH began conducting a targeted region-by-region needs assessment of pediatric specialty care access. The first part of the assessment focused on identifying what the health system and accessible patient care should look like in order to measure how BFH clinic practices and the system compare to national and industry standards. The next part of the assessment focused on measuring patient access to care by identifying the population need for pediatric sub-specialty services and how the parish health units and private providers were meeting the need. To capture the true accessibility of the subspecialty providers in each region, BFH worked with the regional Families Helping Families organizations to gather data directly from all specialty providers in each region. In FFY2022, BFH completed a second phase of the provider survey to collect data from the remaining providers as well as from those lost to follow-up. The data collected during

both phases of the survey were merged and analyzed. BFH compared the unified data with the utilization of services in its own Parish Health Units (PHUs) and financial data for calendar years 2021 and 2022. Additionally, geospatial analysis was performed to map the provider locations and compare the area of access of each provider to the locations of Children's Special Health Services (CSHS) patients of corresponding specialty need. Both Medicaid and non-Medicaid patients and providers were included in the analysis to identify areas with gaps in access that may benefit from additional CSHS providers. The findings contributed to BFH leadership's understanding of the current services distribution and underserved areas that would benefit from service expansion. Further analysis could help inform operational and policy changes to improve the sustainability of the services and the overall efficiency of resources used.

Early Childhood Risk and Reach: Concurrent with and in coordination with the Title V Needs Assessment, BFH early childhood systems staff began a stakeholder-informed process to update the Early Childhood Risk and Reach in Louisiana report. The 2021 iteration of the report includes expanded and reorganized Risk and Reach sections compared to the 2016 report. The report uses state- and parish- level data to describe the risks and challenges that young children and families face across the five Social Determinants of Health domains: Economic Stability, Health Care Access and Quality, Social and Community Context, Education Access and Quality, and Neighborhood and Built Environment. The report also describes the reach of key publicly-funded programs that address these risks and challenges. Data on program reach are overlaid onto maps of overall risk, which helps to illustrate which parishes may require additional services and investments to support children's health and well-being. The 2021 Early Childhood Risk and Reach in Louisiana report was released during FFY2021. A dashboard with interactive maps of the data found in the report was also published on the BFH Partners for Family Health website.

National Survey of Children's Health Oversample: During the 2020 Needs Assessment, BFH was unable to produce statistically reliable data related to certain key population indicators, such as developmental screening and youth health transition, due to insufficient sample size obtained through the standard collection of Louisiana's National Survey of Children's Health (NSCH). To ensure reliable data for ongoing needs assessment activities and enable more complex analyses and stratifications, BFH invested in a 20% oversample of the 2021 NSCH to ensure reliable Louisiana state-wide data for all NPMs. In FFY 2023, Title V has invested in a significantly larger oversample of the 2023 NSCH to ensure reliable data disaggregated by race and, separately, Children and Youth with Special Health Care Needs (CYSHCN) status for all National Performance Measures, thereby improving Louisiana's ability to monitor health through an equity lens and inclusion of special populations.

Health Status and Emerging Needs of the State's MCH Population

While COVID remains a public health concern in Louisiana, hospitalizations and deaths due to COVID-19 remain relatively low, with less than 10 hospital admissions per 100,000 being reported each week since late February 2023[1]. Of mounting concerns are mental health issues and substance use disorders that are exacerbated or precipitated by the residual stress of the pandemic along with other environmental and social stressors, such as lack of affordable housing and high rates of poverty.

After two years of decline, suicide rates increased nationally in 2021[2]. Deaths due to suicide among individuals 5-14 years of age in Louisiana are suppressed in the National Vital Statistics System due to small counts. Louisiana's child death review indicated that nearly one in three (29%) injury-related deaths were due to suicide among children age 10-14 years[3]. As mental health issues rise, so too do substance use disorders. A Substance Use Disorder (SUD) can negatively impact entire families - including members of the family who do not abuse substances. According to the most recent Louisiana Pregnancy-Associated Mortality Review (PAMR) report, in nearly 1 in 4 pregnancy-associated deaths, the mother or someone in their immediate family had a SUD that influenced the death[4]. Substance abuse can also result in violence against oneself or others. Domestic violence, homicide, and

suicide are all areas of concern in Louisiana. Neonatal Opioid Withdrawal Syndrome (NOWS) is a concern in Louisiana as well, with incidences rising nationally and in the state over the last decade. Some areas of the state saw the incidences of NOWS double between 2013 and 2018[5].

The BFH has taken considerable strides in reducing injury across all Title V populations, but injury-related deaths and hospitalizations are still higher than national averages. Half of all child deaths in Louisiana are due to injury and most of these are considered preventable. Two-thirds of child injury-related deaths are due to motor vehicle crashes, homicide, and drowning. These three causes of death accounted for an average of 66 deaths per year among children aged 1-14 years. Unintentional overdose and motor vehicle crashes contributed to 15% and 13% of maternal deaths from 2017-2019, respectively, accounting for 50 deaths in the three-year period[6]. There is significant overlap in all of these areas of concern: mental health impacts substance use, and substance use and mental health impact injury and violence. This overlap of issues emphasizes the key role that Title V can play in aligning efforts and partners for coordinated action and prevention.

Changes in Title V Program Capacity

Like many health departments and organizations, the changes and opportunities prompted by the pandemic have contributed to a particularly notable cycle of personnel changes over the past year and half. As a result, the Bureau has been in a period of reassessing needed roles and redeveloping positions and contracts to better align with current and anticipated organizational needs. While challenging, this period of change is also timely. It has been five years since the Bureau's comprehensive strategic planning process that realigned work across the organization around core strategies rather than solely "programs" and services. Some of the newer areas of work, discussed throughout the narrative, are now ready for expansion.

During this period, the Bureau has had to adjust some project timelines and deliverables, redistribute available resources and efforts towards urgent and/or high-priority activities, and in some cases, shift strategic direction. Over the last several months, BFH has been able to hire new people in some of the more challenging vacancies to fill (epidemiology) and begin hiring new leadership positions. By the start of FFY2024, BFH expects to have filled all major leadership positions.

Title V Partnerships and Collaborations

As illustrated in the 2020 Needs Assessment Summary, BFH has developed an extensive network of partnerships and collaborations with other federal, state and local entities that serve the MCH population in Louisiana. In alignment with the organization's foundational pillar to *build coordinated partnerships toward action*, a focus for BFH has been to strengthen existing partnerships to expand the scope and/or enhance the overall effectiveness of these collaborations. Notable examples of such efforts over the past year include:

- continued contracts with ten regional Families-Helping-Families organizations to better serve more CYSHCN and their families across the state
- strengthening relationships with BFH-supported boards and commissions to increase effectiveness as "agents" of change
- coordinating partnerships between several BFH programs and birthing hospitals to reduce duplication, improve communication, and enhance impact of quality improvement efforts
- investing in a new staff position to develop new and deepen existing strategic partnerships in state- and local-level systems to prevent trauma and promote resilience regionally and statewide

These and other efforts are discussed further throughout the state action plan narratives.

Click on the links below to view the previous years' needs assessment narrative content:

2023 Application/2021 Annual Report – Needs Assessment Update

2022 Application/2020 Annual Report – Needs Assessment Update

2021 Application/2019 Annual Report – Needs Assessment Summary

III.D. Financial Narrative

	2020		2021	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$12,123,011	$12,123,011	$12,419,953	$12,493,411
State Funds	$7,049,226	$6,511,573	$8,089,946	$8,375,916
Local Funds	$0	$0	$0	$0
Other Funds	$2,877,075	$2,877,075	$2,877,075	$2,877,075
Program Funds	$12,956,211	$13,907,416	$11,332,670	$8,759,887
SubTotal	$35,005,523	$35,419,075	$34,719,644	$32,506,289
Other Federal Funds	$20,578,012	$18,167,905	$20,793,719	$16,745,911
Total	$55,583,535	$53,586,980	$55,513,363	$49,252,200

	2022		2023	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$12,123,011	$12,686,300	$12,765,377	
State Funds	$7,845,617	$10,159,646	$7,845,617	
Local Funds	$0	$0	$0	
Other Funds	$2,877,075	$2,877,075	$2,877,075	
Program Funds	$3,760,500	$5,422,400	$7,110,468	
SubTotal	$26,606,203	$31,145,421	$30,598,537	
Other Federal Funds	$21,431,525	$18,498,039	$28,133,058	
Total	$48,037,728	$49,643,460	$58,731,595	

	2024	
	Budgeted	Expended
Federal Allocation	$12,957,668	
State Funds	$10,036,713	
Local Funds	$0	
Other Funds	$2,877,075	
Program Funds	$3,893,661	
SubTotal	$29,765,117	
Other Federal Funds	$24,518,259	
Total	$54,283,376	

III.D.1. Expenditures

The Title V Maternal and Child Health Block Grant federal-state partnership award supports the essential public health services and functions in the state for women, children and youth with special healthcare needs (CYSHCN), and families. In an environment where state funds are largely limited to carry out mandates and many federal awards or other funding streams are limited to specific activities, Title V supports the important work of improving overall systems of care and health. Without Title V funding in Louisiana, there would be no other entity responsible for working to improve the health and well-being of all women and children in the state. As such, a large portion of Title V investment is directed towards the public health systems and services level of the MCH pyramid. Many of the investments categorized under this foundational level of the pyramid have a reach that spans multiple population domains. For example, while screening and follow-up is foundational to the CYSHCN strategy around early detection and timely follow-up, this Title V investment reaches 99% of infants in Louisiana.

The Title V funds are allocated to many service areas and programs, each related to one or more of the following activity categories:

- Maternal Health
- Reproductive Health
- Child Health
- Genetics
- Children and Youth with Special Health Care Needs (CYSHCN)
- Adolescent and School Health
- Maternal, Infant, and Early Childhood Home Visiting (MIECHV)

Just as some Title V-supported programs reach several population domains, program budgets can span multiple activities categories. Within each of these activities are reporting categories that correlate with the appropriate service level on the MCH pyramid.

The tables below illustrate how the federal and state MCH block grant dollars supported efforts to improve health outcomes within each population domain. Detailed descriptions of how funding supported state action plan strategies are outlined in the respective population domain narratives.

Title V Expenditures by Population Domain

Maternal/Women's Health

The tables below illustrate how state and federal Title V funds complement other state funds to support the strategies described in the Maternal/Women's Health domain. The Maternal Health and Home Visiting expenditures relate to the amount reported for 'Pregnant Women' in Form 3a, and the Reproductive Health expenditures relate to the amount reported for 'Others' in Form 3a.

Activity Category	Federal	State Match	Local	Other	Program Income
Maternal Health	$310,218	$0	$0	$0	$0
Home Visiting	$180,408	$1,300,000	$0	$1,438,537	$0

Activity Category	Federal	State Match	Local	Other	Program Income
Reproductive Health	$450,000	$375,000	$0	$0	$3,847,702

Title V Reach – Pregnant Women

- Enabling Services – 3,908 pregnant women reached, as determined by:
  - Title X unduplicated females with positive pregnancy test FFY2022 (enabling);
  - Pregnant women served through MIECHV FFY2022 (enabling)

- Total Reach – 94.97% of all births in the state during CY2022.

Title V Reach – Other

- Enabling Services – 23,628 males and females age 22 and older reached
  - Mothers 22 years old and older served through MIECHV FFY2022
  - Males and females age 22 and older served through reproductive health clinics at PHUs during FFY2022. The Title V contribution to the reproductive health program does not fund direct services.

- Total Reach – 1.6% as estimated by all individuals ages 22-44 with access to no/low-cost reproductive health services through PHUs, all mothers 22 years old and older served through MIECHV FFY2022 and number of hits on Title V social media sites; divided by 2022 census data population of persons 22 and over.

Perinatal/Infant Health

The table below illustrates how state and federal Title V funds complement other state funds to support the strategies described in the Perinatal/Infant Health domain. The Child Health and Home Visiting expenditures relate to the amount reported for 'Infants <1 year" in Form 3a.

Activity Category	Federal	State Match	Local	Other	Program Income
Child Health	$576,118	$0	$0	$0	$0
Home Visiting	$180,408	$1,300,000	$0	$1,438,537	$0

Title V Reach – Infant <1

- Enabling Services*:* 1,551 infants <1 year of age received enabling services through MIECHV during SFY2022.

- Total Reach: 98.5% of infants <1 year of age served through newborn screening during CY2022.

Child and Adolescent Health

The table below illustrates how state and federal Title V funds complement other state funds to support the strategies described in the Child Health and Adolescent Health domains. The Child Health, Home Visiting and Adolescent

School Health expenditures relate to the amount reported for 'Children 1 through 21 Years" in Form 3a.

Activity Category	*Federal*	*State Match*	*Local*	*Other*	*Income*
Child Health	$3,558,978	$1,407,044	$0	$0	$0
Home Visiting	$1,443,264	$0	$0	$0	$0
Adol/School Health	$216,050	$0	$0	$0	$0

Title V Reach – Children 1 through 21

- Enabling Services: 36,280 children reached, as determined by:
  - Children >1 year old served through MIECHV FFY2022;
  - Mothers 21 years old and younger served through MIECHV FFY2022;
  - Children (ages 1-21) receiving immunizations at Public Health Units FFY 2022;
  - Children served at School Based Health Centers (SBHC) during school year 2021-2022;
  - Males and females 21 years old and younger served through reproductive health clinics at PHUs FFY2022.

- Total Reach: 20.29% of children in Louisiana reached, as estimated by:
  - Children (ages 1-5) - All Medicaid-enrolled children ages 1-5 in Louisiana impacted by Title V/Tile XIX collaboration to strengthen EPSDT system.
  - Children (5-13) - Students in grades K-8 in schools with SBHC access;
  - Children (ages 14-21) All children 14-21 with access to no/low-cost reproductive health services through PHUs in Louisiana (universal reach).

Children and Youth with Special Health Care Needs (CYSHCN)

The table below illustrates how state and federal Title V funds complement other state funds to support the strategies described in the CYSHCN domain. The CYSHCN expenditures relate to the amount reported for 'CSHCN" in Form 3a.

Activity Category	*Federal*	*State Match*	*Local*	*Other*	*Program Income*
CYSHCN	$3,800,450	$693,719	$0	$0	$160,000
Genetics	$702,000	$5,083,883	$0	$0	$5,262,400

Title V Reach – CYSHCN

- Direct and Enabling Services: 8,260 CYSCHN reached, as determined by:
  - CYSHCN served at CSHS (direct and enabling services)
  - CYSHCN served at OPH Genetics Clinics (direct and enabling services)
  - CYSHCN served through Title V-supported external clinics (enabling only)
  - CYSHCN served at sites with Title V-sponsored care coordinators (enabling only)
  - Families of CYSHCN served through the Family Resource Center (enabling only)

- Total Reach: 20.29% of CYSHCN reached. Estimate is based upon the assumption that CYSHCN are served at the same rate as reported for all children age 1-21 since CYSHCN are not excluded from those services

Significant Variations

Preventive and Primary Care for Children expenditures were higher than budgeted due to State funding utilization to support preventive and primary care for children activities. CYSHCN expenditures were less than budgeted in part due to lower funding cost of mental health consultation, education, and training to providers supporting CSHS parents and families. Mental health consultation was supported in part with funding from the Pediatric Mental Healthcare Access grant award. State MCH Funds were higher than budgeted due in part to state funding utilization to support Preventive and Primary Care for Children activities. Program Income was higher than budgeted due to higher billing services for Genetics and CYSHCN due in part to back billing for reimbursable services.

Legislative Requirements

Program Offices are responsible for obligating charges to program reporting categories and incurring cost in

designated block grant child health activities. The Louisiana Department of Health (LDH) Office of Management and Finance (OMF) Fiscal Office is responsible for monitoring the earmarking requirement. Children Ages 1-21, Maternity and Infants ages < 1, and CYSHCN percentages by reporting category are provided by the Program Office and applied against the total charges for each reporting category. The results are compared to determine if the 30-30 spending requirement for CYSHCN and children is met. The preventive and primary care services for children represent 41%, and for Children and Youth with Special Health Care Needs represent 35% of the Block Grant budget.

The LDH Office of Public Health (OPH) obtained state general funds for MCH Services that equals or exceeds the level of such funds provided during state fiscal year 1989. The state support in state fiscal year 1989 was $6,207,276. Compliance verification was performed and documented by the Fiscal Office at the end of grant federal fiscal year.

The OMF Fiscal Office performed compliance verification that Medicaid revenue received during the grant year for MCH Block Grant-funded programs are expended on the activity that generated the revenue and used prior to MCH Block Grants funds to finance the respective program.

Administrative costs are the portion of costs incurred by the following service units that are directly allocated to Maternal and Child Health Services Programs in accordance with the Louisiana Department of Health Cost Allocation Plan: Office of Assistant Secretary-OPH; Policy, Planning and Evaluation; Administrative Services Operations and Support Services; LDH-Office of the Secretary (Office of Technology Services (OTS); Fiscal Services; Human Resources Section; etc.). Collectively, these costs are referred to as Executive Overhead costs. Compliance verification of the 10% administrative restriction was performed and documented by the OMF Fiscal Office at the end of the state fiscal year. The administrative cost was $3,114,542 for FFY2022. The amount of the federal share is $1,268,630 or 10.0% of the federal funds requested and are within the administrative cost limit requirement.

III.D.2. Budget

Title V's flexible and outcome focused funding allows Louisiana to address the state's Priority Needs which are rooted in the MCH Essential Services. Very few of today's public health problems have simple straightforward solutions. As described throughout this application, the funding supports **robust analytic capacity** to monitor and describe health and wellbeing, guide programs, and inform public policy; **preventive and educational services** that are grounded in best practices and evidence to promote optimal health and wellbeing; **policy and educational initiatives** to improve access to medical, behavioral health, and supportive services, and to improve community health; and **partnerships** with communities, government, and academia to advance common goals.

Title V Budget by Population Domain

The tables below illustrate how the federal and state MCH block grant dollars and external funding will support the state action plan strategies described throughout this application as represented on the FY24 Budgeted Application Form 3A. Detailed descriptions of how funding will enable BFH to meet goals and objectives and address the priority needs are outlined in the respective population domain narratives.

Maternal/Women's Health (Others)

Activity Category	Title V Federal	State Match	Local	Other	Program Income
Maternal Health	$217,823	$0	$0	$0	$0
Home Visiting	$297,847	$1,300,000	$0	$1,438,538	$0
Reproductive Health	$450,000	$375,000	$0	$0	$0

Perinatal/Infant Health

Activity Category	Federal	State Match	Local	Other	Program Income
Child Health	$404,528	$0	$0	$0	$0
Home Visiting	$297,847	$1,300,000	$0	$1,438,537	$0

Child and Adolescent Health

Activity Category	Federal	State Match	Local	Other	Program Income
Child Health	$2,534,405	$0	$0	$0	$0
Home Visiting	$2,382,775	$0	$0	$0	$0
Adol/School Health	$284,793	$237,328	$0	$0	$0

Children and Youth with Special Health Care Needs

Activity Category	Federal	State Match	Local	Other	Program Income
CYSHCN	$4,089,883	$693,719	$0	$0	$104,327
Genetics	$702,000	$6,130,666	$0	$0	$3,789,534

Additional Federal MCH Funding Sources

As more Title V funds are used to support public health services and systems, BFH has sought external funding opportunities to complement and further the strategies outlined in the domain narratives. Below is a list of additional federal funding sources that enhance the state Title V program:

American Recovery Plan Act-Pediatric Mental Health Care Access ($1,093,606)-
The overarching goal is that all children and adolescents in Louisiana, especially those in rural and underserved areas, will have equitable access to comprehensive integrated behavioral health services by increasing the capacity among primary care providers to screen, diagnose, treat and refer as needed to mental health and supportive services.

State, Local and Tribal Territory Based Projects to Assess Emerging Surveillance Issues in Substance Use and Mental Health ($280,607) - The primary purpose of SLTT grant is to pilot projects related to capacity building in responding to public health issues related to substance use, mental health and behavioral health.

Louisiana State Based Perinatal Quality Collaborative ($275,000) - The purpose of the LaPQC is to improve the quality of care for mothers and babies through networks of teams working together.

Sudden Unexpected Infant Death Case Registry (SUID) ($95,600) - This grant works to improve data quality relating to SUID occurrences.

Documentation and Use of Follow-up Diagnostic and Intervention Services Data through the Maintenance and Enhancement of the Early Hearing Detection and Intervention Information System (EHDI-IS) ($165,998) - This program works with states and territories to ensure that infants are screened for hearing loss no later than one month of age, infants who do not pass the screening for hearing loss get a full hearing evaluation no later than 3 months of age, and infants with a hearing loss receive intervention services no later than 6 months of age.

Louisiana Title X Family Planning Services Grant ($4,788,720) - This program plays a vital role in providing access to a wide range of family planning and preventative health services.

Louisiana Maternal, Infant and Early Childhood Home Visiting Program (MIECHV)-Formula ($10,381,042) - The MIECHV program provides home visiting services to promote preventative health practices and positive parenting techniques to benefit Louisiana families.

Louisiana Emergency Medical Services for Children State Partnership Program and Louisiana Emergency Medical Services for Children Targeted Issues ($615,650) - Grants H3306702 EMS C $190,650 and H3433242 EMS C Targeted Issue $425,000. Both under CFDA# 93.127 EMSC is an initiative designed to reduce child and youth morbidity and mortality caused by acute illness or injury. The focus the Targeted Issue grant is to improve system readiness by creating a statewide consortium of Pediatric Emergency Care Coordinators (PECCs) in emergency medical service agencies. Establishing this statewide system of collaboration will provide resources, support networks, education, training, and personnel development that will ultimately improve pediatric emergency care across Louisiana.

Early Childhood Comprehensive Systems (ECCS) ($255,600) - The focus of this grant is to enhance early childhood systems building and demonstrate improved outcomes in children's developmental health and family well-being indicators.

National Violent Death Reporting System (NVDRS) ($380,086) - This grant allows for the collection of data related to violent deaths with the intent of applying this information in ways to develop prevention programs.

Newborn Hearing Screening (NBS) ($234,980) - This grant allows data collection in order to improve newborn screening program evaluation and to build capacity for assessment of screening, including timeliness, follow up services for newborns and children diagnosed with heritable disorders.

Pregnancy Risk Assessment Monitoring Systems (PRAMS) ($175,000) - This grant allows for the collection of state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy with the intent of applying this information in ways to develop prevention programs.

Rape Prevention and Education Program ($561,455) - This grant supports collaborative work with diverse stakeholders, including state sexual violence coalitions, educational institutions, rape crisis centers, community organizations and other state agency partners to guide implementation of sexual violence prevention efforts.

Maternal Depression ($648,135) - The purpose of this program is to strengthen partnerships and collaboration by establishing a state-focused Maternal Health Task Force, improving state-level data surveillance on maternal mortality and severe maternal morbidity, and promoting and executing innovation in maternal health service delivery.

Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees ($450,000) - This funding supports the coordination of Maternal Mortality Review Committees (MMRCs) to identify and characterize maternal deaths for identifying prevention opportunities.

State Systems Development Initiative (SSDI) Grant Program ($100,000) - The purpose of SSDI is to develop, enhance and expand Louisiana's Title V MCH data capacity to allow for informed decision making and resource allocation that supports effective, efficient and quality programming for women, infants, children and youth, including children and youth with special health care needs. These efforts seek to ensure the continued effectiveness and readiness of Title V-supported programs in responding to the changing needs of Louisiana's MCH population.

American Recovery Plan Act (ARPA) for Home Visiting ($3,282,780) - Grants X1141905 $1,067,248 and X1145257 $2,215,532, both under CFDA# 93.870. The purpose of the grant is to provide emergency supplies to families through the purchase and distribution of prepaid grocery cards. In accordance with the requirements for use of funds to provide emergency supplies, LA MIECHV will ensure that the home visiting teams coordinate with local

diaper banks to the extent practicable.

Louisiana Comprehensive Suicide Prevention Plan ($784,000) - The purpose of this funding opportunity is to implement and evaluate a comprehensive public health approach to suicide prevention in order to reduce suicide morbidity and mortality, with attention to one or more vulnerable populations representing a significant proportion of the suicide burden (i.e. large numbers) and with suicide rates greater than the general population (e.g., veterans, tribal populations, rural communities, LGBTQ, homeless, other) in a jurisdiction(s) (e.g., state, city/county, tribe).

Legislative Requirements

Accountability and oversight of federal funds and program income are achieved by utilizing the Organization and Work Breakdown Structure Element Category codes in LaGov. LaGov is a comprehensive financial information system for the State of Louisiana and serves as the accounting, purchasing and human resource system for the Office of Public Health as well as other departments in the Executive Branch of Louisiana government. All financial data processed into LaGov is held in a financial database from which various tables and ledgers can be accessed to provide detailed and summary information. These capabilities allow monitoring multi-year grants and provide for state fiscal year, grant fiscal year, and grant inception-to-date reporting.

Grant expenditures are identified by coding charges to unique Reporting Category codes established to capture the costs of eligible activities under the award. Expenditure Organization codes are used to identify the source of the charges. Similarly, federal revenue and program income are credited to the same Reporting Category codes used to capture the grant expenditures. The required 4:3 match of state funds are budgeted on MCH activities. The Office of Management and Finance (OMF) Fiscal Office will ensure that the state funds budgeted as match are expended and the required match amount met for all federal funds drawn down in FY24. The match requirement information is included in the Program Financial Status Report (PFSR) prepared monthly by the OMF Fiscal Office. The process of compiling the PFSR involves each Program Accountant extracting year to date costs on a monthly basis by Federal Aid number utilizing ad hoc reporting software. All reports include Revenue, Expenditures, Encumbrances and Cost Allocations. Louisiana maintains expenditure and budget documentation for the MCH Block Grant consistent with the requirements in Section 505(a) and Section 506(a). In compliance of Section 506(b)(1), Louisiana Legislative Auditors (LLA) Office conducts an independent audit of the agency yearly.

Program Offices are responsible for obligating charges to program reporting categories and incurring cost in designated block grant child health activities. The OMF Fiscal Office is responsible for monitoring the earmarking requirement. Children Ages 1-21, Maternity and Infants ages < 1, and CYSHCN percentages by reporting category are provided by the Program Office and applied against the total charges for each reporting category. The results are compared to determine if the 30-30 spending requirement for CYSHCN and children is met. The preventive and primary care services for children represent 40% and Children and Youth with Special Health Care Needs represent 37% of the Block Grant budget. The definitions and descriptions of the services for these project components can be found in the program narratives.

The State OPH intends to pursue and expects to obtain state general funds for MCH Services that equals or exceeds the level of such funds provided during state fiscal year 1989. Compliance verification will be performed and documented by the Fiscal Office at the end of each state fiscal year. The state support in state fiscal year 1989 was $6,207,276.

Administrative costs are the portion of costs incurred by the following service units that are directly allocated to Maternal and Child Health Services Programs in accordance with the Louisiana Department of Health Cost Allocation Plan: Office of Assistant Secretary-OPH; Policy, Planning and Evaluation; Administrative Services

Operations and Support Services; LDH-Office of the Secretary (Office of Technology Services (OTS); Fiscal Services; Human Resources Section; etc.). Collectively, these costs are referred to as Executive Overhead costs. Compliance verification of the 10 percent administrative restriction will be performed and documented by the OMF Fiscal Office at the end of the federal fiscal year. The estimated administrative costs for the total budget are $2,976,512 for fiscal year 2024. The estimated Federal share is $1,295,766 or 10.0% of the federal funds requested and are within the administrative cost limit requirement.

III.E. Five-Year State Action Plan

III.E.1. Five-Year State Action Plan Table

State: Louisiana

Please click the links below to download a PDF of the Entry View or Legal Size Paper View of the State Action Plan Table.

State Action Plan Table - Entry View

State Action Plan Table - Legal Size Paper View

III.E.2. State Action Plan Narrative Overview

III.E.2.a. State Title V Program Purpose and Design

Evolution of Title V Program in Louisiana: Over the past several years, Louisiana Title V has experienced a period of significant growth and alignment across programs and teams. The purpose and design of the Louisiana Title V program is best described in the context of its rapid evolution.

Organizational Structure and Alignment Redesign: In 2015-2016, OPH sought to align programs more effectively within the organization. A new structure of Centers and Bureaus was established, and the historical programs focusing on women, children and families, including CYSHCN Programs (with the exception of WIC) were consolidated administratively under the OPH Bureau of Family Health (BFH) in 2016. In 2017, the BFH umbrella increased further with the addition of Emergency Medical Services for Children (also funded through the HRSA Maternal and Child Health Bureau) and the Louisiana Commission for the Deaf.

BFH began a strategic planning process in 2017 to address the challenges related to this period of growth and critically examine how to best align BFH programs and initiatives to create an effective public health organization and Title V agency. To facilitate this process, BFH sought technical assistance from the MCH Workforce Development Center. Between 2017-2019, BFH revised its mission and vision, identified a new set of values, established guiding strategies or “pillars”, and updated its organizational structure.

The following core organizational strategies now guide how BFH operates and structures staff, programs, and initiatives:

- *Identify, understand, and respond to complex challenges and opportunities*
- *Align resources and efforts to improve health outcomes in the populations we serve*
- *Build coordinated partnerships toward action*
- *Test, scale, and spread solutions for impact*
- *Contribute to the public health evidence-base*
- *Foster a positive culture rooted in the Bureau’s values*

With all Title V programs united within the same agency, the Title V Program is ideally situated to implement the BFH strategic pillar to *align resources and efforts to improve health outcomes in the populations we serve.* Following BFH’s transition to the new organizational structure and completion of the 2020 Needs Assessment, BFH’s Title V Program staff initiated implementation of new State Action Plan (SAP) strategies, guided by the new BFH mission to “elevate the strengths and voices of individuals, families, organizations, and communities to catalyze transformational change to improve population health and achieve equity.”

Structure of the FFY 2021-2025 State Action Plan: The 2021-2025 State Action Plan is structured around two types of Priority Needs - Population Priorities and Systems Priorities. The five Population Priorities emerged through the population health needs assessment and stakeholder ranking process, and the four Systems Priorities needs reflect cross-cutting, recurrent themes that impact health outcomes across all population domains. Most of the Systems Priorities align with the updated Essential Public Health Services and some build upon strategies that were initiated during the previous cycle.

III.E.2.b. State MCH Capacity to Advance Effective Public Health Systems

III.E.2.b.i. MCH Workforce Development

The guiding vision for the Bureau of Family Health and Louisiana Title V is for Louisiana to be a state where all people are valued to reach their full potential, from birth through the next generation. Following the significant organizational transformation which occurred in the previous five year strategic period, BFH continues to strengthen Louisiana Title V as the public health system for women, children, and families. BFH critically and continuously examines how programs, initiatives, and mandates can powerfully and effectively align to create change. Louisiana's workforce development plan aims to ensure a capable and resilient organization that allows this important work to unfold.

Recruitment and retention of a qualified Title V program staff

Utilizing contract agencies: Like many health departments, the state has been shifting away from sustaining a large civil service workforce. Louisiana's Title V program has turned to partnerships with quasi-governmental entities, such as the Louisiana Public Health Institute and several Area Health Education Centers to employ much of the Title V workforce. Over time, Civil Service roles are being shifted to higher level infrastructure roles, such as program managers and supervisors, as well as to key administrative roles like contracts, budgets, and management of federal awards. This shift has allowed Louisiana's Title V program to on-board staff more efficiently. In addition, hiring and promotion processes have been simplified to help retain talent from diverse educational and professional backgrounds. At the same time, reshaping some core state infrastructure through positions hired through Civil Service facilitates alignment of strategies across funding streams and ensures high-level oversight of the state's public funds.

While the contract agency model has afforded BFH flexibility in regards to hiring new talent, existing staff have expressed a desire for more consistency and parity between contracts and civil service employee experience. Over the past several years, BFH has worked with the contract agencies to reduce variability among benefits packages, improve communications between contract agencies and employees, and standardize human resources and business processes. A current focus is to standardize employee performance and planning across contracts and civil service to create a less variable experience for BFH staff.

Telework options: Like many organizations around the country, BFH had to rapidly switch to 100% telework in response to the COVID-19 stay-at-home order in March 2020. Prior to the pandemic, BFH had begun to roll-out new flexible working schedules and telework options for eligible employees, so some staff were fully equipped to make the transition. The newly developed agreements and processes had provided a foundation for BFH to quickly create new telework guidelines, protocols, and documents for all staff to utilize in the new working environment.

On March 16, 2022, Governor John Bel Edwards lifted the COVID-19 public health emergency declaration, prompting LDH to order state employees to resume working in physical office locations, effective April 25, 2022. After over two years of successful telework, many employees indicated a desire to continue working remotely, either full-time or with a hybrid schedule; in response, LDH revised its telework policy to incorporate a new hybrid option. Most BFH employees have opted-in to the new hybrid option, and some have been approved to continue to work remotely full-time.

Internships/Recruitment: BFH regularly partners with local academic institutions to support the growth of the MCH workforce and is committed to continuing and enhancing this practice. BFH has a long, established partnership with Tulane University, including formal agreements with two MCHB-funded programs: The Center of Excellence in Maternal and Child Health and the MCH Nutrition Leadership Training Program. Through this partnership, BFH staff are able to participate in and present learning opportunities at the university, and students are able to gain practical,

hands-on experience at BFH through shadowing, special projects, and internships.

BFH has also sought to establish relationships with and recruit interns from other local schools of public health. Several other graduate and undergraduate public health programs in the area have emerged in recent years, including two historically black universities. BFH has supported student interns from Louisiana State University and Xavier University and seeks to establish a partnership with Dillard University. Internships are frequently a pathway for employment, but these academic relationships also help elevate BFH visibility and distribution of job opportunities through their networks. In addition to university partnerships, BFH has participated in the MCHB Title V internship programs in recent years and continues to host Council of State and Territorial Epidemiologists (CSTE) fellows. Recent CSTE fellows have joined BFH as full-time staff after the completion of the fellowship.

BFH is working to standardize the internship development, recruitment, onboarding, and supervision processes to improve the overall intern learning experience.

Workplace equity: Over the past several years, the BFH Health Equity Action Team (HEAT) has been exploring how BFH's workplace culture can more equitably support the development and engagement of staff. In 2018, BFH worked with a Xavier University public health student intern to research best practices for workplace equity in recruitment, hiring, and retention of staff and interns. This research was foundational to HEAT's understanding of what an equitable and supportive workplace could look like. In 2021, BFH contracted with Conscious Roots, LLC to conduct a diversity, equity, and inclusion audit of BFH in order to identify areas for improvement. The audit consisted of an anonymous survey and optional follow-up interviews with staff. In June 2021, Conscious Roots provided BFH leadership with a comprehensive summary report of key findings and recommendations, organized around the themes of Leadership, Access and Equity, Promotion and Retention, and Climate. In FFY 2022, the Health Equity Coordinator worked with BFH leadership and BFH-HEAT to develop an improvement action plan based on the audit findings; develop an organizational Equity, Diversity, and Inclusion (EDI) statement; and begin development of an anti-racism statement. The EDI and anti-racism statements are in the process of final review and approval by LDH leadership.

Training and professional development

Onboarding and internal training: In order to help staff contextualize their work and understand the values and operations of the organization, BFH Title V-supported staff developed a comprehensive orientation that is offered once a month. Using a web-based platform to facilitate access for staff statewide, the orientation is required of new staff and interns and is open to existing staff who would like to refresh their understanding, as well as individuals from other parts of the agency.

The Louisiana Department of Health requires a number of annual trainings, including HIPAA, Ethics, Defensive Driving, and other baseline subjects for the department's workforce. Additionally, the Office of Community Partnerships and Health Equity is currently developing a training on CLAS (Cultural and Linguistic Appropriate Services) Standards for the department. At the Office of Public Health level, the Bureau of Planning and Performance is designing an onboarding process meant to reduce staff turnover and promote employee engagement.

Health equity professional development: The BFH-HEAT has developed a number of learning resources for staff, beginning with a health equity orientation for new and existing staff to understand key concepts related to health equity (including racism, implicit bias, and social determinants of health) and BFH's commitment to addressing persistent health inequities. HEAT also maintains a health equity resource database on BFH's learning management system that includes various equity-related webinars, articles, and reports.

In early 2021, BFH-HEAT and other volunteer staff sponsored a 45-Day Racial Equity Habit Building Challenge. This

challenge was adapted from the New Orleans Bar Association's 21-Day Challenge and aims to build learning about racial equity into an everyday habit. For each of the 45 workdays, all staff received an email with a short article, video, or other quick resource on racial equity.

Over the past few years, BFH has invested in intensive staff training on health and racial equity. In partnership with the National Birth Equity Collaborative, BFH conducted two 8-hour training sessions with staff and partners on health and racial equity in 2019. In July 2021, Conscious Roots, LLC, began providing BFH staff with a diversity, equity, inclusion, and anti-racism training series. BFH intends to continue offering formal and informal learning opportunities on health equity, anti-racism, and social justice and provide staff with additional action-based learning opportunities.

Professional development: BFH seeks to develop a more systematic approach to individual development, with particular attention to building development plans based on individuals' strengths and personal purpose, and guided by the MCH competencies that are most pertinent to their roles and the priorities of the agency. BFH is currently working to create a standardized process to facilitate this approach across the Bureau.

Key MCH partnerships

BFH has long-standing partnerships with several community-based service organizations that provide individual support and resources to subsets of the Title V populations. These organizations have also been key partners in supporting local-level program and training activities. In 2020, BFH began restructuring the contract management processes with these partner organizations to improve coordination and accountability. BFH program staff facilitate regular coordination meetings with the partner organizations which have helped staff identify training and support needs related to meeting contract deliverables and program goals and objectives.

As part of the restructured contracts with each of the regional Families-Helping-Families (FHF) organizations, BFH has redeveloped a key provider training model for topics such as youth health transition, care coordination, supports and services for CYSHCN, and developmental screenings. Previously, Title V staff hosted two large provider training events each year, however due to logistical constraints, only two areas of the state could be reached annually with this approach. Per the new agreements, FHF partner agencies are now organizing annual training events in all regions of the state thereby increasing opportunities to support medical homes and build workforce competencies around essential CYSHCN services and supports. BFH staff work closely with FHF agencies to ensure training activities are rooted in local community needs, best practices and that continuing education credits are available for nurses, social workers, and licensed professional counselors.

III.E.2.b.ii. Family Partnership

The mission of the Bureau of Family Health (BFH) is to elevate the strengths and voices of individuals, families, organizations, and communities to catalyze transformational change to improve population health and achieve equity. The BFH believes that partnership with persons who have lived experiences and their families is essential to the transformation of MCH services in the state, and seeks to pursue a coherent and integrated strategy to support two-way exchange of information, purposeful interaction, and meaningful participation of persons with lived experience and/or family members at every level of MCH services planning, implementation, and evaluation. While the Bureau's family partnership strategy is not yet formalized, core aspects of the envisioned strategy are outlined in this section. Concrete strategies and activities to be implemented in FFY2024 can be found in the Cross-Cutting / Systems Building domain narrative for the FFY2024 application year.

BFH senior management will regularly monitor its activities related to family partnership through a defined internal monitoring tool: Following the 2020 Needs Assessment, Louisiana Title V identified partnering with families, youth, and communities at all levels of systems change as a priority need for the FFY 2021-2025 strategic cycle. As such, strategies for strengthening partnerships with families, youth, and communities have been integrated into the State Action Plans for multiple population domains, as well as the Cross-Cutting / Systems Building domain, during the five year strategic period.

The Commitment Score from the Family Engagement in Systems Assessment Tools (FESAT) is being utilized to measure progress to address this cross-cutting priority need. BFH has defined a baseline measure and set annual progress targets for the remainder of the 2021-2025 strategic period.

BFH will ensure access to maternal child health information as a prerequisite for meaningful participation: BFH acknowledges that access to information about the national and statewide MCH context is a prerequisite for the meaningful participation of individuals with lived experience and/or family members in systems-level work. BFH invests in a variety of strategies and mechanisms to make information accessible to all MCH populations in the state. BFH shares information with the public, including individuals with lived experience and their families, using multiple platforms. These include but are not limited to the Partners for Family Health and Partners for Healthy Babies websites, a toll free helpline, the Family Resource Center, and BFH social media accounts. Information provided is primarily related to the programs, services and supports offered through the BFH, resources available for pregnant and parenting families, children, adolescents, young adults and children and youth with special health care needs. MCH factsheets, presentative data and data reports are also available. Families seeking assistance from the Family Resource Center (FRC) will participate in a simple needs assessment, which supports linking them with appropriate MCH services via referrals to agencies and/or healthcare providers in their local communities. Follow-up calls are made to families to ensure they received the support they needed from the FRC and agencies and/or providers they were referred to.

At the State level, BFH will support active participation of persons with lived experience and/or families in public Boards, Councils and Commissions. A key element of the overall family engagement strategy is the inclusion of persons with lived experience and/or family members in the 16 statewide public bodies (i.e., Boards, Councils or Commissions) and 2 internally created action bodies supported by the Bureau. Currently, about half of the Boards, Councils or Commissions under the purview of the Bureau include individuals with lived experience and/or families as members and 4 of those public bodies have membership requirements calling for a family representative to be a voting member.

BFH staff work closely with boards, commissions, and councils to support filling membership vacancies (including those for a person with lived experience or a family member) and will provide new member orientation and

onboarding to increase their active participation in public meetings and workgroups. BFH teams encourage persons with lived experience and family members to consider filling available vacancies where they would be qualified and eligible.

In accordance with the state's Open Meetings Law, all meetings of the 16 statewide public bodies are open to public participation. To promote participation of persons with lived experience and/or families members as part of the public attending meetings, the Bureau will post meeting agendas no later than two weeks in advance of each meeting. Additionally, staff will encourage these public bodies to host public meetings at different times and locations as well as provide accommodations and accessibility measures, when needed, to increase attendance and promote active participation of individuals with lived experience and/or families.

BFH will continue to facilitate Community Action and Advisory Team (CAAT) meetings and encourage families to join their local CAAT and actively participate in meetings. BFH organizes Community Action and Advisory Teams that are co-led by the Maternal Child Health Coordinators and Maternal, Infant and Early Childhood Home Visiting Supervisors from all regions of the state. Teams are composed of different community members and organizations who are interested in promoting the health, safety and well-being of MCH populations in their local communities. At present, less than half of the CAATs have family representatives that routinely participate in meetings and workgroups. One of the key purposes of the CAAT meetings is to improve local healthcare providers' understanding of the needs and priorities of families in each community. In each CAAT, members collectively decide what community needs will be addressed, prioritize the identified needs, brainstorm solutions, and work together with outside partners to put solutions into action utilizing quality improvement strategies. Example's of CAAT defined quality improvement strategies include implementation of monthly educational campaigns, including the dissemination of digital resources to communities, related to drowning prevention, child passenger safety, human trafficking, safe sleep, suicide education and response, Shaken Baby Syndrome, and school safety zone.

In collaboration with Louisiana's AMCHP Family Delegate, BFH will define how the Family Delegate can best contribute to Title V work. The Family Delegate is an active advocate for families and serves as a voice for families and children throughout the state. With her lived experience, she understands the needs of families and can partner with Title V in a variety of ways to improve programs and policies directly impacting children and families. With input from the Family Delegate, BFH will define the roles and responsibilities of this position. Some responsibilities may include, but are not limited to participation in the orientation of Title V in Louisiana; advising, educating and promoting new and existing programs for families; provision of technical assistance and support to Title V related services, family engagement initiatives, policies and strategic planning; participating in the Title V needs assessment; helping to create a network of families and other community stakeholders and outreach efforts.

BFH will integrate family partnership in program planning, monitoring, and evaluation:
BFH programs are implemented in partnership and/or collaboration with a variety of key stakeholders representing varying segments of the MCH population and MCH related workforce in the state. Aligned with the mission to elevate the strengths and voices of individuals, families, organizations, and communities to catalyze transformational change, the Bureau seeks to incorporate community and family participation in the design, implementation and evaluation of programs and projects across all population domains. Partnership with community-based organizations, particularly those working closest to and/or representative of persons with lived experience and families, is an important component of the Bureau's approach to Family Partnership. Recognizing the need to define and operationalize partnership with families and other key stakeholders in the Bureau and develop standards of practice, BFH continues to research evidence-based or evidence-informed recommended practices related to partnering with families. Additionally, the Bureau is currently working to better understand what strategies/methods and processes are used across programs/projects to engage families and identify opportunities for stakeholder inputs before, during, and after implementation of defined strategies. Based on this exploration, the Bureau will

develop guidance to support establishment of standards of practice related to family partnership at the level of program planning, monitoring, and evaluation.

III.E.2.b.iii. MCH Data Capacity

III.E.2.b.iii.a. MCH Epidemiology Workforce

The majority of the BFH epidemiology workforce are members of the Data to Action Team (DAT), the backbone of the epidemiologic capacity of BFH. The primary functions of DAT are to provide data and analytic support to all BFH programs, serve as subject matter experts, advise on the design of data collection tools, use data visualizations to help interpret data, and provide ancillary support in other areas requiring advanced analytic skills. In addition to providing data and analytic support, epidemiologists in the DAT assist with managing, analyzing and interpreting data for Title V priorities.

The DAT currently includes seven (FTEs) graduate or PhD-level epidemiologist positions who manage and analyze data collected by maternal and child health surveillance activities and other complex data systems. All of these efforts require enhanced surveillance on specific types of data collection across disciplines, implementation of standardized protocols for data collection, focus on quality and systems-level improvement, and strong data translation and communication skills to drive programmatic decisions and policy interventions. Through confidentiality and data sharing agreements, BFH epidemiologists have access to databases such as Vital Records, the Louisiana Hospital Inpatient Discharge Database (LaHIDD), emergency room data, Medicaid, newborn screening, Behavioral Risk Factor Surveillance System (BRFSS), birth defects as well as sources external to OPH such as Highway Crash Data.

All epidemiologists have experience in various statistical software packages such as SAS, SPSS, R and STATA to conduct data management, advanced analytics, multivariate analysis and predictive analytics. SAS is the most commonly used analytic software by our team to retrieve, alter, manage, and analyze data from a variety of data sources. The DAT are also experienced in using mapping and data visualization software such as ArcGIS and Tableau. ArcGIS provides its users with the tools for the creation of maps and spatial data used in geographic information systems, including the ability to edit geodatabase files and data. Tableau is a visual analytics platform used to transform the way data are used to solve problems, empower people, and allow organizations to make the most of their data. The DAT epidemiologists use these analytic and geographic mapping software platforms to ensure the collection, analysis and interpretation of data is as efficient and accurate as possible.

At this time, the BFH epidemiology staff positions consist of one Senior MCH Epidemiologist, the SSDI Coordinator/Surveillance Data Systems Manager, a Mortality Surveillance Epidemiologist, Maternal Morbidity and Mortality Epidemiologist, a cross-project MCH Epidemiologist, a cross-project CYSHCN Epidemiologist, and a Morbidity and Mortality/Injury Epidemiologist. Funding for BFH epidemiologists includes full or partial funding through Title V, State Systems Development Initiative (SSDI), Center for Disease Control and Prevention and other public health programs. The DAT Team Lead role is currently vacant, and BFH is actively recruiting to fill this position. Over the past year, the DAT has recruited to fill several vacancies and used short term contracts for the services of two advanced epidemiologists to fill gaps.

DAT is committed to efficiency and data accuracy. DAT has recently undertaken a project to create definition sheets for demographic variables and MCH indicators for commonly requested data. Definition sheets include standard code and procedures. Specifically, each sheet includes details such as numerator, denominator, inclusions, exclusions, limitations and considerations, guidelines for completing data requests, instructions for how to handle missing values, and SAS code. The definition sheets serve as guides for each epidemiologist when analyzing each specific indicator. This expands the ability of staff to work across data sets, assist with data requests for data with which they may not frequently work, and helps to expedite data validations.

III.E.2.b.iii.b. State Systems Development Initiative (SSDI)

Building and supporting accessible, timely and linked MCH data systems: BFH continues to utilize State Systems Development Initiative (SSDI) grant funding to support MCH data collection and reporting in the MCH Block Grant, improve cross-program MCH data linkages and assure direct annual access to timely electronic MCH health data. The SSDI Coordinator and in-kind support staff consistently maintain access to Birth, Death, Medicaid. Special Supplemental Nutrition Program for Women, Infant and Children (WIC), Newborn Bloodspot Screening, Newborn Hearing Screening, Hospital Discharge and PRAMS datasets as documented on Form 12. This access has remained constant even in the midst of the COVID-19 pandemic. Having electronic access to all datasets has allowed access and maintenance of these files to continue while working remotely via a secure virtual private network.

This year, SSDI used multiple indicators from both the minimum and core datasets to fulfill numerous data requests from internal and external partners. SSDI also provides yearly data to the KIDS COUNT Data Center, a project funded by the Annie E. Casey Foundation to provide accurate, timely data on child well-being at the local, state and federal levels. Nonprofits, community members, the media and government officials use KIDS COUNT data to better understand the needs of children in their communities. Data submitted from BFH are published on the online KIDS COUNT Data Center, as well as on the Agenda for Children website, with attributions to BFH. Elements from the minimum and core datasets that were used in this data request include teen births, low birthweight, very low birthweight, preterm births, and infant mortality.

Additionally, SSDI annually submits data elements from the minimum and core datasets to the Environmental Public Health Tracking Program. This year these elements included 19 data years of preterm birth, very preterm birth, low birth weight, very low birth weight, infant mortality, fertility, maternal mortality, and sex ratio data. For more than a decade, the Environmental Public Health Tracking Program has collected, integrated, and analyzed non-infectious disease and environmental data from a nationwide network of partners. Louisiana is one of 26 state and local health departments to be part of the U.S. Center of Disease Control and Prevention’s (CDC) National Environmental Public Health Tracking Network. The purpose of this Program is to deliver information and data to protect the nation from health issues arising from or directly related to environmental factors.

Utilizing the minimum and core datasets, two of the most frequently used linked datasets are the Pregnancy Risk Assessment Monitoring System (PRAMS) and birth file linkage and the Medicaid and birth file linkage. After the weighted PRAMS survey data are obtained from the CDC, SSDI in-kind staff are responsible for linking the PRAMS survey respondents to their respective birth records. This linkage of data allows the Bureau to obtain additional indicators and outcomes on the mother and baby that are not limited to the survey questions. Because of SSDI support, BFH also receives Medicaid eligibility data from partners at the University of Louisiana to analyze outcomes based on Medicaid status. The minimum and core dataset elements are also used for population and mortality surveillance, program evaluation and analyses to detect changes in the health status of the MCH population on a routine basis.

Louisiana SSDI also supports the PRAMS program by providing data analytic support with linking the PRAMS data to vital records birth data, computer coding support and subject matter expertise with analyzing and translating the data. Additionally, the SSDI Coordinator and in-kind support staff provide continuous support to the PRAMS program year-round by reviewing and editing the syntax code that is used to pull the monthly random sample of women to be surveyed, analyzing survey and linked data (birth and survey), preparing birth files for weighting, and creating annual data books, surveillance reports and factsheets. After each calendar year, PRAMS data files must be reconciled and sent to the CDC for weighting. This weighting process allows the program to take data from a sample of Louisiana mothers and generalize it to the whole population of mothers. Final weighted files are used to fulfill data requests,

produce data reports, and aid in tracking Title V measures.

Enabling ongoing Title V program assessment, monitoring and reporting: The SSDI Coordinator and DAT staff support Title V by providing data and reporting support. In order to report consistently and on the most currently available data, the SSDI Coordinator assists with the creation of “special use” datasets from Vital Records as well as the identification of census population estimate files. This ensures that all staff are using the same datasets with consistent numerators and denominators to report on measures. The SSDI Coordinator and team are responsible for the completion of all Block Grant continuation application data forms and provision of these data to Title V staff to be entered into the Title V Information System (TVIS). SSDI also supports Title V by assisting with the creation of new NPM and ESM targets. New targets are created using federally available data and trend function methodology.

Each state’s Title V Program is charged with ensuring that pregnant women, women of childbearing age, infants, children, adolescents, and children with special health care needs have access to high quality primary and preventive health care services. Louisiana’s SSDI program has historically supported this through routine data linkage of birth and death records, hospital discharge, and Medicaid eligibility and claims; routine analyses and interpretation to support the annual Title V Block Grant submission, the cyclical Title V Needs Assessment, departmental data dashboards, and publications; and ad hoc data analyses for internal planning and policy initiatives, specialized data briefs, partner data requests, and legislative inquiries. The SSDI Coordinator has led or coordinated analytic efforts for many of the population health MCH measures for the Needs Assessment and grant reporting, working with other members of the DAT as applicable. SSDI in-kind support staff have also consistently provided data support for the five-year Title V Needs Assessment, priority and performance measures selection, annual reports, and evaluation. SSDI staff also participate in the annual federal block grant review process to learn the strengths and weaknesses of the application and potential ways to strengthen overall programming, data analytics and evaluation.

Key SSDI program activities: While the five-year Needs Assessment represents a comprehensive approach to assessing MCH needs, emerging needs in each of the five maternal and child health domains are monitored on an annual basis with SSDI support. Stakeholders participating in ongoing needs assessment activities are provided with the most current data available for each of the selected priority indicators. Parish, regional and state level data depicting updated indicators are provided to stakeholders on a yearly basis for identification of priority geographical areas for program focus. The SSDI Coordinator and in-kind staff create data reports known as parish (county), regional and state profiles. The profiles include BFH’s most frequently requested data elements as well as those most relevant for MCH program planning. Currently, these reports are created and scheduled for dissemination at least twice a year. SSDI staff are working to automate these reports in order to make their utilization and dissemination easier for staff and stakeholders. SSDI staff will continue to analyze the data, disseminate the profiles to MCH stakeholders and post the results on the BFH and Louisiana Department of Health (LDH) websites.

The SSDI Coordinator is instrumental in coordinating efforts to support the state and national SSDI goals. She is responsible for leading the efforts to support Title V monitoring and reporting functions, assisting with the development and utilization of key MCH datasets and supporting program evaluation activities. Specifically, she mobilizes the DAT epidemiologists to assist with the completion of Title V reporting, manages, updates and edits Vital Records and other supplemental datasets for utilization by all DAT epidemiologists and ensures that data validations and documentation are maintained for all indicator reporting and target setting. The SSDI Coordinator is also responsible for monitoring the progress of SSDI activities, budget and the completion of grant reporting such as progress reports and performance reports. The SSDI Coordinator effectively serves as the liaison between Title V leadership and the SSDI program, while also helping to ensure the integrity of data reporting, indicators and activities.

III.E.2.b.iii.c. Other MCH Data Capacity Efforts

As described in the MCH Epidemiology Workforce narrative the BFH DAT collects, links, analyzes, and interprets data to support the monitoring of the health and wellbeing of women, children, youth, and families. Collectively, the team provides information to guide program plans; inform public health and public policy initiatives; evaluate the effectiveness, accessibility, and quality of health services; and support public health research.

In order to move data to action, DAT staff also facilitate and participate in several state and local community advisory groups, provide data for the Governor's office and other state departments and State Commissions, and promote and collaborate on evidence-based initiatives. In addition to the SSDI-led efforts described in the previous section, DAT also manages and supports several federal grant initiatives for the prevention of maternal and child morbidity and mortality and injury and violence. A summary of these other MCH data capacity efforts are described below:

Louisiana Pregnancy Risk Assessment Monitoring System (LaPRAMS): Understanding women's experiences surrounding pregnancy and childbirth is a cornerstone of BFH's efforts to improve the health of Louisiana mothers and babies. In partnership with the Centers for Disease Control and Prevention (CDC), Title V uses Louisiana Pregnancy Risk Assessment Monitoring System (LaPRAMS), a primary source of quantitative and qualitative data around those experiences and maternal behaviors before, during, and immediately following pregnancy.

Louisiana Birth Defects Monitoring Network (LBDMN): The LBDMN is Louisiana's active public health surveillance of children born with congenital medical conditions. By evaluating patient discharge information from all birthing hospitals in Louisiana, LBDMN staff generate confidential lists of children whose medical records are each reviewed by Data Collection Specialists across the state. These data are de-identified and analyzed for patterns and trends over time. In FFY2020, BFH redesigned the LBDMN data collection approach to meet national standards and produce more timely and actionable data.

Newborn Screening: The BFH Genetic Diseases Program and the Early Hearing Detection and Intervention (EHDI) program lead Louisiana's newborn screening programs for genetics and early hearing loss, respectively. In order to monitor the number of newborns who are screened and track those in need of follow-up services, epidemiologists from both programs maintain statewide databases of all screens performed. Screening data are linked with birth data obtained through the Louisiana Electronic Events Registry System of the state's Vital Records program.

Suicide Prevention: In 2019, BFH partnered with the OPH Infectious Disease Epidemiology (ID Epi) program on a CDC-funded Emergency Department Surveillance of Nonfatal Suicide-Related Outcomes (ED-SNSRO) project to expand surveillance to include non-fatal suicide attempts as well as suicidal ideation. Through this partnership, ID Epi staff conduct the surveillance and analytic activities, and a BFH communications specialist supports data communication and dissemination to suicide prevention partners and other key stakeholders. In September 2021, BFH was awarded the CDC Comprehensive Suicide Prevention program that provides funding to implement and evaluate a comprehensive public health approach to suicide prevention, with a special focus on populations that are disproportionately affected by suicide. One of the populations selected by BFH is youth ages 10 – 19. As of September 2022, the ED-SNSRO project became part of the Comprehensive Suicide Prevention program to align similar outcomes to improve suicide data surveillance and dissemination to inform evidence-based prevention efforts.

Pregnancy-Associated Mortality Review (PAMR): PAMR is Louisiana's surveillance and action process which reviews all deaths in women during or within one year of pregnancy, and crafts recommendations for how to prevent future deaths. Originally fully supported with Title V funding, PAMR has been able to expand its capacity to review maternal deaths after being awarded a four-year CDC Eliminate Maternal Mortality (ERASE MM) grant. Among

these data capacity enhancements is a dedicated full-time maternal mortality epidemiologist.

Child Death Review (CDR) and Fetal-Infant Mortality Review (FIMR): Louisiana's regional MCH Coordinators lead local and state teams in reviewing unexpected infant and child deaths to better understand why these deaths occur and how to prevent them. Additionally, BFH epidemiologists analyze data for all stillbirths over 28 weeks gestation and expected medical deaths 24-36 6/7 weeks gestation. A majority of the fetal, infant, and child mortality surveillance activities are Title V-funded. To enhance data capacity in relation to Sudden Unexpected Infant Deaths (SUIDs), the leading cause of injury-related deaths among Louisiana's infants, BFH also utilizes CDC SUID Case Registry funding to explore the context of sleep-related deaths. The supplemental funding allows BFH to provide training, tools, and reimbursement to coroners for enhanced investigations for SUID deaths.

National Violent Death Reporting System (NVDRS): In 2016, BFH received a grant award for $1.2 million for five years from the CDC to gather critical data on homicide and suicide using the NVDRS. Data from NVDRS helps state and local officials understand when and how violent deaths occur by linking data from coroners, law enforcement, and Vital Records. The data allow public health practitioners and violence prevention professionals to develop tailored violence prevention efforts.

III.E.2.b.iv. MCH Emergency Planning and Preparedness

Overview of State Emergency Management Structure

The Louisiana Homeland Security and Emergency Assistance and Disaster Act, commonly referred to as the Louisiana Disaster Act, is the state legislation that outlines the overarching structure and mandated roles of the State and local governments when preparing for, preventing, responding to or recovering from natural and manmade disasters. The Louisiana Disaster Act establishes the Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP) as the state agency responsible for the preservation of the lives and property of the people of the state in respect to emergencies, disasters, and recovery. GOHSEP is the entity responsible for maintaining and operationalizing the state's Emergency Operations Plan (EOP), which is reviewed annually and updated every two years.

To ensure that the needs of at-risk and medically vulnerable populations are incorporated into the state's emergency preparedness and response activities, GOHSEP facilitates the Emergency Management Disability and Aging Coalition (EMDAC), which is composed of advocates for those with access and functional needs. As emergency situations - such as extended power outages - can magnify issues for families of CYSHCN, especially for those that face challenges with assistive technology, EMDAC has assisted in finding pediatric medical equipment and resources for families of CYSHCN.

Louisiana's EOP assigns specific Emergency Support Functions (ESF's) and Recovery Support Functions (RSF's) to the state governmental agencies that have been identified as having the personnel, equipment and other resources necessary to effectively support the State during disasters and recovery. The Louisiana Department of Health (LDH) is the state lead for ESF #8: Public Health and Medical Services. LDH is a supporting agency on several other ESFs, including ESF-6: Mass Care, ESF-9: Search and Rescue, and ESF-12: Energy and Utilities. Within LDH, the Bureau of Community Preparedness (BCP) is the agency responsible for leading the State's public health response to disasters and is organized according to the National Incident Management System, Incident Command Structure. BCP is responsible for maintaining the LDH Emergency Operations Center (EOC) at a constant state of readiness and responding to incidents occurring across the state which have the potential to become threats to the public's health.

Role of Title V in State Emergency Planning, Preparedness, and Response

Although not currently involved in the development or regular updating of the state's overall EOP, BFH is responsible for updating the relevant Continuity of Operations (COOP) plans for the core public health functions and programs under the Bureau's direct purview. In FFY 2019, BFH updated several COOPs, including an extensive update to the newborn genetic screening COOP to ensure time-sensitive heelstick screens continue to be processed without delay during emergencies. In 2020, the Bureau's COOP was again updated to integrate lessons learned during the COVID-19 period. Common changes revolve around promotion of measures to mitigate the spread of viral contagions and use of tele-services to ensure continuity of services in the event of a similar public health crisis. The Bureau's COOP was again updated in August 2022.

During active emergency situations, BFH responds within the capacity of a state agency under LDH. As such, BFH civil service staff can be and often are activated during emergencies and disasters. BFH staff have assisted in various roles ranging from direct community response, such as staffing the medical special needs shelters, to taking on temporary leadership roles in the state EOC. In previous years, assignments have included assignments with shelters, testing and vaccination events, and leadership assignments within the LDH and state EOC. Further, the BFH communication team performs several key functions to promote the safety of MCH and CYSHCN populations during an emergency. These functions include developing and managing web pages that are dedicated to providing contact information for resources by region and parish; disseminating pre-scheduled graphic content for social

media and websites for immediate response and release before, during, and after an emergency; and developing training materials for hospital and health center communications teams to optimize patient-facing messaging.

III.E.2.b.v. Health Care Delivery System

III.E.2.b.v.a. Public and Private Partnerships

Health Care Delivery Systems

Public – Private Partnerships

As the Title V administrative agency, BFH works across many state agencies and has strong partnerships with health system and policy stakeholders in the healthcare delivery system across Louisiana. Over the past several years, strategic Title V investments in public policy expertise, infrastructure to support patient safety, and quality improvement initiatives at the facility and provider levels have deepened the state's work to improve systems of care for all women, children, and families in the state. BFH collaborates with the various offices and bureaus across LDH to carry out public health assessments, policy formulation, and assurance functions in the state's healthcare delivery and financing system.

Within LDH, Title V's work has centered around developing and sustaining the partnership with Medicaid and other LDH sections. Consultation with nationally recognized Medicaid and early childhood policy experts to identify potential payment and incentive changes, structured learning collaboratives around mental health and reproductive health, and ongoing interagency workgroups have resulted in a shared targeted policy and system change efforts. For maternal health, the collective national focus on preventable deaths, harm and inequities has been another catalyst for shared action, elevating Louisiana' s Title V data, policy, and care improvement initiatives.

Outside of LDH, Title V works with many of the core sectors of the state's healthcare delivery system in the course of carrying out public health functions and focused system improvement campaigns. System partners include all birthing facilities, pediatric hospitals, emergency facilities, clinical providers, training programs, licensing boards, professional associations, payers, health system policy advocates and interest groups, and, increasingly, patient and community advocates working to achieve fundamental system change.

Overall, Title V employs BFH's foundational strategies to connect data to action to system change, at various levels of the healthcare delivery system.

III.E.2.b.v.b. Title V MCH – Title XIX Medicaid Inter-Agency Agreement (IAA)

Medicaid is a major force in the state's healthcare system. According to the LDH Medicaid Enrollment data, over 2 million residents were enrolled in Medicaid at the end of June 2022[1]. Like many states, Louisiana Medicaid has experienced many changes in recent years including significant changes in eligibility, benefits and payment structures including the expansion of Medicaid coverage in 2016 under the authorities of the Affordable Care Act and selective expansion, such as for extended postpartum coverage in 2022. With the pressures to shift payments and priorities away from volume to value, Louisiana changed from a fee-for-service (FFS) system to managed care in 2012, and has sought to improve the contracts with each rebidding cycle. In addition, Louisiana Medicaid has tested innovations in care and payment models. Although Title V does not have any direct authority over Medicaid finances (including fee for service, Managed Care Organization [MCO] capitation rates, waivers and State Plan Amendments [SPAs]), collaboration between Title V and Medicaid has evolved in recent years with substantial collaborative endeavors to maximize resources, reduce duplication, support a statewide system of care, and improve health outcomes for Louisianans.

In FFY 2017, BFH worked with colleagues in Medicaid to redevelop the Title V-Title XIX Inter-Agency Agreement (IAA), which had last been updated in 1990.The process for revising this agreement allowed Louisiana Title V an important opportunity to begin to define a more strategic partnership with Medicaid and strengthen the relationship between Title V and Title XIX programs. This partnership is ongoing and has been strengthening, resulting in significant advancements in health policy development and implementation, including over 20 health systems policy initiatives with Medicaid, many of which are discussed further throughout the population domain narratives.

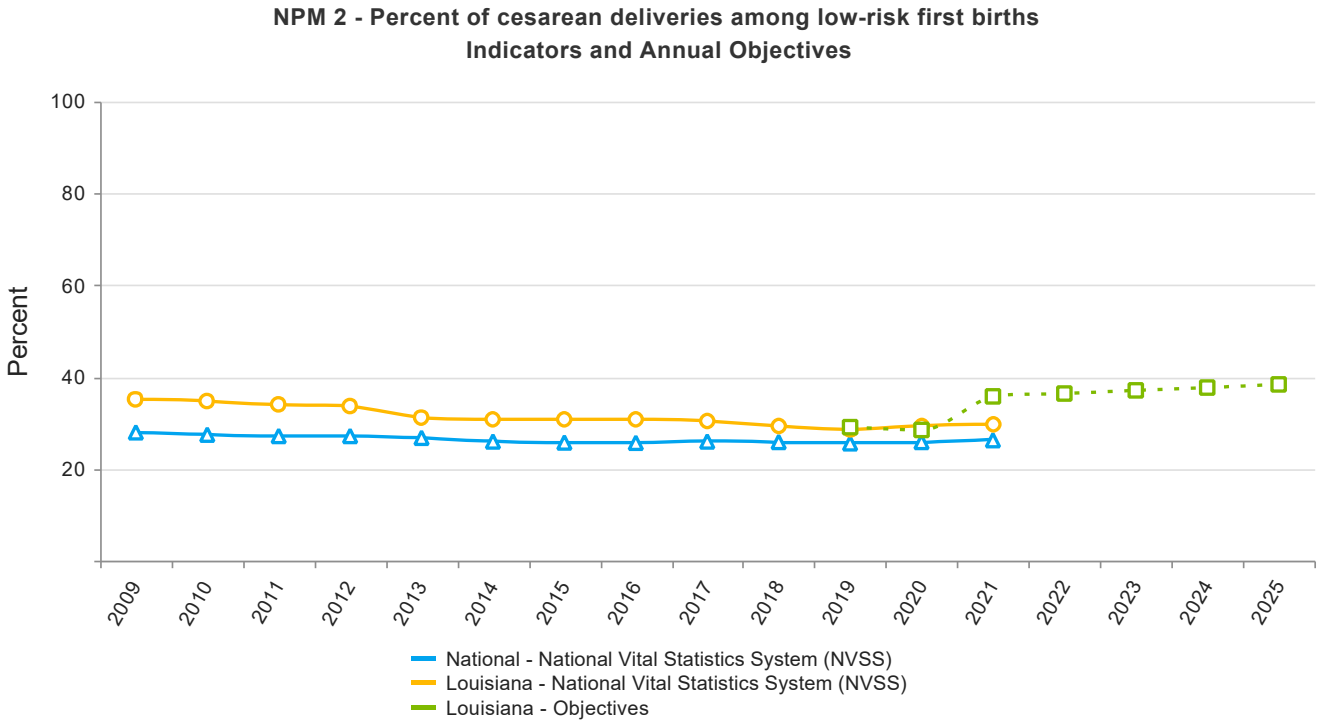
Furthermore the Title V/Title XIX IAA coordination structure has allowed BFH leadership to develop shared MCH-focused business plan initiatives in the LDH business plan which has served as a roadmap and accountability structure to improve maternal health outcomes, strengthening Louisiana's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) system, and improving systems that support breastfeeding initiation.

The Title V Director and Medicaid Associate Medical Director have developed a revised agreement that is expected to be approved prior to the start of FFY2024.

III.E.2.c State Action Plan Narrative by Domain

Women/Maternal Health

National Performance Measures



Federally Available Data					
Data Source: National Vital Statistics System (NVSS)					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective		29.1	28.5	35.8	36.4
Annual Indicator	30.4	29.3	28.5	29.4	29.8
Numerator	5,718	5,314	5,146	5,158	5,231
Denominator	18,810	18,163	18,041	17,562	17,540
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS
Data Source Year	2017	2018	2019	2020	2021

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	37.1	37.7	38.4

Evidence-Based or –Informed Strategy Measures

ESM 2.1 - Percent of birthing hospitals actively participating in Louisiana Perinatal Quality Collaborative Initiatives

Measure Status:	Active

State Provided Data				
	2019	2020	2021	2022
Annual Objective			81	85
Annual Indicator		78.8	80.8	89.6
Numerator		41	42	43
Denominator		52	52	48
Data Source		Internal program records	Internal program records	Internal Program Records
Data Source Year		2020	2020	2022
Provisional or Final ?		Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	94.0	98.0	98.0

ESM 2.2 - Percent of birthing hospitals achieving Louisiana Birth Ready Designation

Measure Status:	Active

State Provided Data			
	2020	2021	2022
Annual Objective			52
Annual Indicator		30.8	68.8
Numerator		16	33
Denominator		52	48
Data Source		Internal program records	Internal Program Records
Data Source Year		2021	2022
Provisional or Final ?		Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	72.0	75.0	77.0

State Action Plan Table

State Action Plan Table (Louisiana) - Women/Maternal Health - Entry 1	
Priority Need	
Improve birth outcomes for individuals who give birth and infants	
NPM	
NPM 2 - Percent of cesarean deliveries among low-risk first births	
Objectives	
By December 2024, reduce the number of low-risk, first-time Cesarean births from 27.6% (end of year 2022) to < 24.7% through the third year of the LaPQC Safe Births Initiative.	
Annually award Louisiana Birth Ready Designation to birthing hospitals meeting designation criteria	
Strategies	
Implement the Louisiana Perinatal Quality Collaborative Safe Births Initiative, with a focus on reducing Louisiana's NTSV cesarean section rate	
Provide technical assistance and data support to birthing facilities pursuing the LaPQC Louisiana Birth Ready Designation	
ESMs	**Status**
ESM 2.1 - Percent of birthing hospitals actively participating in Louisiana Perinatal Quality Collaborative Initiatives	Active
ESM 2.2 - Percent of birthing hospitals achieving Louisiana Birth Ready Designation	Active
NOMs	
NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations	
NOM 3 - Maternal mortality rate per 100,000 live births	

State Action Plan Table (Louisiana) - Women/Maternal Health - Entry 2

Priority Need

Ensure equitable access to high-quality and coordinated clinical and support services

NPM

NPM 2 - Percent of cesarean deliveries among low-risk first births

Objectives

By September 2024, register the first cohort of Doulas in the Doula Registry, making them eligible for insurance under Act 182.

By September 2024, enroll 10 additional pediatric practices in the Caregiver Perinatal Depression Screening Initiative.

By September 2024, following an initial period of integration of the perinatal consultation program into the Provider to Provider Consultation Line (PPCL), conduct an internal review to identify challenges and define strategies for improvement.

Strategies

Support implementation of new regulations for Louisiana's birthing facilities

Increase the readiness and response of statewide healthcare facilities to address and improve perinatal and neonatal outcomes

Support the Louisiana Doula Registry Board with developing and implementing the state Doula Registry, aligning requirements to facilitate potential coverage by Medicaid and other insurer

Support the implementation of perinatal depression screening in pediatric settings

Support the Louisiana Provider to Provider Consultation Line (PPCL) in the development of a statewide mental health consultation system for pediatric and perinatal healthcare providers.

Provide supplemental funding and infrastructure support to all BFH reproductive health efforts to support access to high-quality family planning and reproductive health care

ESMs	Status
ESM 2.1 - Percent of birthing hospitals actively participating in Louisiana Perinatal Quality Collaborative Initiatives	Active
ESM 2.2 - Percent of birthing hospitals achieving Louisiana Birth Ready Designation	Active

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

State Action Plan Table (Louisiana) - Women/Maternal Health - Entry 3

Priority Need

Ensure Title V strategies are outcomes-focused and rooted in essential public health services

NPM

NPM 2 - Percent of cesarean deliveries among low-risk first births

Objectives

The Pregnancy Associated Mortality Review (PAMR) process is strengthened as a result of collection of complimentary informant interview data.

Timely access to domestic violence services and health services is improved as a result of the implementation of a bi-directional referral system.

LA PRAMS data collection is strengthened following the introduction of additional online survey data collection methods.

Publish at least two LA PRAMS data reports annually

Strategies

Ensure robust, high-functioning Pregnancy Associated Mortality Review (PAMR)

Establish a statewide Domestic Abuse Fatality Review (DAFR) panel that uses standardized processes for data collection, review, and prevention recommendations to review maternal deaths due to violence

Ensure a robust, high-functioning Louisiana Pregnancy Risk Assessment and Monitoring System (PRAMS)

ESMs	Status
ESM 2.1 - Percent of birthing hospitals actively participating in Louisiana Perinatal Quality Collaborative Initiatives	Active
ESM 2.2 - Percent of birthing hospitals achieving Louisiana Birth Ready Designation	Active

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

Overview and context of population domain

The scope of the Title V maternal health domain has expanded throughout the years to include individuals who have not given birth or are not yet planning a family. The factors affecting maternal health are complex, and many are associated with an individual's health before they become pregnant. The 2020 Needs Assessment identified violence as a significant contributor to poor maternal health outcomes in Louisiana. According to the Violence Policy Center 2020 study, *When Men Murder Women*, Louisiana ranked 5th in the United States for women murdered by men, with a homicide rate of 2.18 per 100,000 females killed by males in single victim/single offender incidents[1]. For homicides in which the victim-to-offender relationship could be identified, 98 percent of female victims (39 out of 40) were murdered by someone they knew. Of the victims who knew their offenders, 56 percent (22 victims) were wives, common-law wives, ex-wives, or girlfriends of the offenders. From 2017-2019, homicide was the second leading cause of pregnancy-associated deaths in Louisiana.[2]

Rates of substance use disorders have risen for several years[3]. According to the 2017-2019 Pregnancy-Associated Mortality Review (PAMR) Report, substance use is a leading contributor to pregnancy-associated mortality. In one-fourth (25%) of deaths, the individual giving birth had a Substance Use Disorder (SUD) that contributed to their death[4]. High rates of substance use are correlated with high rates of mental health issues. According to the 2020 Pregnancy Risk Assessment Monitoring System (PRAMS) Report, roughly 14% of persons surveyed reported experiencing depression prior to and during pregnancy. 16.8% reported frequent symptoms of postpartum depression. Even if violence, substance use or mental health issues are only present prior to conception, traumatic experiences can still have negative implications for the individual and for the future child or children. Research shows that child behavioral health problems are linked to higher Adverse Childhood Experiences (ACEs) scores by their parents [5].

Women / maternal health priority needs and performance measures

Priority needs:

The 2020 Needs Assessment priority ranking process underscored the importance of improving birth outcomes and mental health individuals who give birth in Louisiana. The 2021-2025 State Action Plan strategies for this population domain are aligned with the following *population priority*:

- Improve birth outcomes for individuals who give birth and infants

To strengthen the systems and supports that shape these factors, Louisiana Title V continues to execute strategies that align with the following *systems priorities*:

- Ensure equitable access to high-quality and coordinated clinical and support services
- Partner with families, youth, and communities at all levels of systems change
- Ensure Title V strategies are outcomes-focused and rooted in essential public health services
- Boldly work to undo systemic drivers of disparities and institutionalize equitable policies and practices

Performance measures:

Throughout the FFY 2021-2025 strategic period, Title V investments in the women / maternal health population domain in Louisiana will contribute to improvement of the following outcomes at both state and national levels:

- reducing the rate of severe maternal morbidity per 10,000 delivery hospitalizations (National Outcome Measure (NOM) 2)
- reducing the rate of maternal mortality per 100,000 live births (NOM 3)

Recognizing the evidence of the strong linkages between the desired outcomes and interventions aiming to reduce the percentage of cesarean deliveries among low-risk first births, Title V supported programs in Louisiana delivered

strategies to improve the following performance measure(s):

- Reducing the percent of cesarean deliveries among low-risk first births (National Performance Measure (NPM) 2)

The strategies implemented to reduce cesarean deliveries among low-risk first births are evidence-based, and adapted to the unique context of the state of Louisiana. In FFY2022, LA Title V aimed to achieve the following objectives in relation to the women / maternal health population domain:

- By December 2022, reduce the number of low-risk, first-time cesarean births from 28% to <25% through the second year of the Louisiana Perinatal Quality Collaborative (LaPQC) Safe Births Initiative (SBI)
- Annually award Louisiana Birth Ready Designation to birthing hospitals meeting designation criteria

Summary of women / maternal health interventions supported by Title V in FFY2022

Population Priority: Improve birth outcomes for individuals who give birth and infants
Many of the FFY 2021-2025 State Action Plan strategies for the Maternal/Women and Perinatal/Infant domains were informed by recommendations from the PAMR and two special legislatively-mandated studies regarding racial disparities in maternal and infant birth outcomes: 1) Healthy Moms, Healthy Babies Advisory Council Report, which was written in response to Act 497 of the 2018 Regular Session of the Louisiana Legislature, and 2) Addressing Disparities in Maternal and Child Health Outcomes for African Americans: Summit Recommendations Report, which was written response to House Resolution 294 and Senate Resolution 240 of the 2019 Regular Session of the Louisiana Legislature.

The core strategies related to NPM 2 align with the specific recommendation from the HR294/SR240 report that birthing facilities in Louisiana should be “well-supported, equipped, and motivated to supply sustainable, high-quality, equitable, dignified, and patient-centered maternal and infant care”.

Support Louisiana Commission on Perinatal Care and Prevention of Infant Mortality: The Louisiana Commission on Perinatal Care and Prevention of Infant Mortality (referred to as the Perinatal Commission) is the legislatively authorized, governor-appointed body responsible for making recommendations to strengthen the community and clinical care systems to improve maternal and perinatal outcomes. The Perinatal Commission has two primary responsibilities: 1) to research and review all state regulations, guidelines, policies, and procedures that impact perinatal care and, when appropriate, make recommendations to the secretary of the Louisiana Department of Health and/or the legislature, and 2) to conduct special studies in order to inform state efforts to address maternal and infant mortality. The Perinatal Commission is authorized to review statistical and provider-level data in order to carry out this charge. The state’s PAMR and LaPQC all function as special studies under the authorization of the Perinatal Commission, all of which are supported by Title V.

For many years, supporting the Perinatal Commission has been an integral part of Louisiana Title V strategies to improve maternal and infant health through system-level changes. While the Perinatal Commission is one of many legislatively-appointed bodies that the Title V program supports, it has been one of the most engaged with formulating and influencing policy and systems change around maternal and perinatal health. In FFY2022, Title V continued to fund key staff roles to support an engaged and forward-moving membership.

Louisiana Perinatal Quality Collaborative (LaPQC)**:** During FFY2022, BFH continued to invest Title V funding to sustain and support the growth of the LaPQC. The LaPQC is a network of perinatal care providers, public health professionals, and advocates who work to improve outcomes for individuals who give birth, families, and newborns in Louisiana. The LaPQC partners with hospitals, policy makers, governmental entities, and advocates to support the

implementation of evidence-based practices to improve outcomes for all individuals who give birth in birthing facilities.

Operating under the authority and data privacy protections of the Perinatal Commission, the LaPQC supports birthing facilities across the state by using improvement science to implement evidence-based best practices that promote safe, equitable, and dignified birth for all individuals and neonates. Since its inception, the LaPQC has focused on ensuring quality improvement occurs through a lens of equity. The LaPQC serves as the vehicle for implementing the Alliance for Innovation on Maternal Health (AIM) patient safety bundles. The overarching vision for the LaPQC; however, is much broader than implementation of evidence-based practice in service of improving outcomes for all individuals who give birth and neonates. The LaPQC was designed to not only serve as a long-term quality improvement (QI) hub, but as a platform to coordinate multiple campaigns, pilots, and other improvement efforts beyond birthing hospital settings. For Louisiana's Title V program, LaPQC was envisioned as part of the systems change continuum that originates with public health surveillance of maternal and child health (MCH) outcomes. Since its inception in 2018, the LaPQC has launched a total of 6 initiatives, in addition to two designation systems (Birth Ready and Gift).

Provide technical assistance and data support to birthing facilities pursuing the LaPQC Louisiana Birth Ready Designation: In January 2021, the LaPQC launched the SBI as a vehicle for continued work related to hemorrhage and hypertension, as well as new efforts, such as reducing Louisiana's first time, low-risk cesarean delivery rate. SBI now serves as a "home" for AIM patient safety bundle implementation as guided by recommendations generated by the PAMR Committee and published in the annual PAMR Report. The goal of SBI, and the LaPQC overall, is the implementation of practices that promote safe, equitable, and dignified birth for all individuals giving birth in Louisiana. A safe, equitable, dignified birth is defined as:

- A **safe birth** is one where evidence-based best practices are employed by health care providers at all levels in an effort to increase readiness, decrease response time, and ensure high-quality communication across a care team;
- An **equitable birth** is one where best practices are not only employed with every patient, every time, but that patients of color – particularly Black and African American patients – are given access to the life-saving and sustaining resources they need throughout the birthing process;
- A **dignified birth** is one where, throughout the birth process, patients experience timely and accurate communication with their health care providers, are acknowledged as informed health care consumers, and are included in decision-making about their health care.

In FY2022, 40 of the state's 48 birthing facilities participated in SBI. Each participating birthing facility attended structured monthly coaching calls with the LaPQC leadership. While the coaching calls catered to the individual needs and priorities of each hospital team, they also included a shared learning component that allowed peer facility-based improvement teams to highlight how they applied improvement science methods to change practices in their facilities and achieved results on their teams and with their patients.

The LaPQC leadership also facilitated a monthly topic call for participating hospitals, which gave facility-based teams access to topic specific experts in order to ask questions and share resources. The topic calls were didactic, while the coaching calls allowed for more collaborative learning. Individualized hospital improvement coaching was also provided to participating teams through quarterly "Charter Chats". During Charter Chats, LaPQC improvement coaches worked with each team to develop a 30-60-90 plan for the hospital's improvement work, inclusive of an overall aim and an equity related aim.

Through SBI in participating facilities, the low-risk, first time cesarean birth rate as defined by the Joint Commission

(TJC) PC-02 has been reduced by almost 5% in the last 18 months. At the beginning of the launch of the initiative, the Louisiana TJC PC-02 was 33%. By December 2021, the rate had been reduced to 28.6% and was 27.7% by the end of September 2022.

Louisiana Birth Ready Designation: In FFY2021, the LaPQC launched a designation system to award hospitals that achieve and maintain certain quality improvement milestones. The Louisiana Birth Ready Designation distinguishes birthing facilities committed to practices that promote safe, equitable, and dignified births. In August 2021, Birth Ready Designations were awarded to 16 facilities and in February 2022, 11 additional hospitals were awarded, which brought the total number of hospitals with Birth Ready and Birth Ready+ Designations to 27. To achieve designation, facilities met criteria in five dimensions: participation in collaborative learning; health disparity and patient partnership; policies and procedures; structures and education; and outcome and process measures. The designation initiative offers two tiers of recognition – Louisiana Birth Ready and Louisiana Birth Ready+. Hospitals that achieved Birth Ready+ Designation met a higher threshold of compliance and achievement of the requirements.

Population Priority: Ensure equitable access to high-quality and coordinated clinical and support services

Support implementation of new regulations for Louisiana's birthing facilities: Over the past several years, the Title V program supported the research and development of two substantive changes related to the requirements for birthing facilities in the state: 1) the creation of regulations for free-standing birth centers and 2) the realignment of the levels of maternal care for hospitals with recommendations provided by the American College of Obstetricians and Gynecologists and the Society for Maternal Fetal Medicine. The regulations for free-standing birth centers emerged from a multi-year inquiry of standards and best practices for birth centers, a need first identified by the Perinatal Commission.

There were several catalysts for the review of hospital regulations including the issuance of new national recommendations, as well as recommendations from the PAMR Report. The Title V-supported LaPQC/PAMR medical director led the comprehensive, stakeholder-engaged process to review the current licensing requirements for birthing facilities and the designation process. Participants in the review and development of the new requirements included clinical providers, administrators, health system leaders, the hospital licensing authority, professional associations, advocates and patients.

The development of the proposed new regulations included three steps: comparison of Louisiana's current regulations against the new national guidelines; voluntary facility-level assessment of current practices against the new national guidelines with support from the LaPQC; and ongoing engagement with the workgroup, the Perinatal Commission, and other stakeholders to reconcile the recommended standards in Louisiana's system of care. In FFY2022, LDH published the final rules for birthing hospitals and the first-ever draft regulations for free-standing birth centers.

Support launch and operation of Louisiana Doula Registry Board: During the 2021 Louisiana Regular Legislative Session, a new law (Act 182) created the Louisiana Doula Registry Board to review, approve, and/or deny applications for doulas registering to receive health insurance reimbursement in the state and to maintain a statewide registry. Act 182 defined doula as an individual who has been trained to provide physical, emotional, and educational support, but not medical or midwifery care, to clients and their families before, during, and after childbirth. BFH was assigned to facilitate the implementation of the Louisiana Doula Registry Board and supported the member appointment process. The LaPQC medical director was responsible for appointing representatives from organizations providing doula services in each of the nine LDH administrative regions. This work was supported through staff funded by Title V.

Launch an LaPQC initiative to support perinatal depression screening by pediatric providers: The Caregiver Perinatal Depression Screening (CPDS) in Pediatric Clinics pilot was a 12-month learning collaborative tasked with developing QI strategies to support the implementation of perinatal depression screening in pediatric settings at the 1, 2, 4, and 6-month well-child visits. The aim of this pilot was to achieve and maintain an 85% screening rate among pediatric clinics participating in the LaPQC pilot. Teams were asked to commit to QI activities including monthly calls and data submission, as well as test change ideas throughout the course of the pilot.

In fall of 2021, the LaPQC enlisted content experts across BFH to develop the foundational documents for the pilot including a change packet and measurement strategy. In January of 2022, LaPQC hired a team lead for the project, identified funding to support faculty and staff time, and began recruitment. Faculty included an obstetrician, pediatrician, mental health provider and a person with lived experience. The team selected four clinics using a rubric to score experience in quality improvement (QI) work, identification of champions, and diversity of clinic personnel. The pilot launched in May 2022 and clinics began reporting data in June 2022.

Support improvements in the implementation of the Louisiana Mental Health Perinatal Partnership (LAMHPP): In FFY2022, BFH continued its partnership with Tulane University School of Medicine to support and provide direction to LAMHPP, a provider-to-provider consultation system to support licensed healthcare clinicians serving pregnant and postpartum individuals and their families. LAMHPP supports early recognition and response to potential mental health concerns among pregnant and postpartum patients in Louisiana. LAMHPP supports healthcare clinicians in addressing the needs of their patients through training and online resources related to perinatal depression, anxiety, substance use disorders, interpersonal violence, and related health risks, as well as through psychiatric phone consultation and phone resource and referral consultation. Consultations focus on promoting screening for mental health concerns, first line management of mental health and substance use disorders, and making effective referrals to additional community resources. In FFY2022, BFH worked with the partners at Tulane to implement new QI processes and a data dashboard to enhance the quality and reporting of the data collected during consultations. BFH also initiated the process to bring LAMHPP more directly under the day-to-day oversight of the Bureau to align it with pediatric consultation.

Support access to high-quality family planning and reproductive health care: Improving access to and quality of reproductive health services has been integral to Louisiana's strategy of improving maternal and perinatal outcomes. As Louisiana's sole Title X Family Planning Services grantee, BFH is recognized as an important resource in the state with expertise around national clinical guidelines, including the Quality Family Planning (QFP) Guidelines; experience with direct provision of comprehensive reproductive health services to high-need populations; geographic analysis of need and provider access; and expertise in adequate coverage policies. During FFY2022, Louisiana Title V continued to provide supplemental funding and infrastructure resources to support BFH Reproductive Health program (RHP) efforts to increase access to high quality reproductive health services.

BFH provided reproductive health services through 57 OPH parish health units (PHU). These safety-net services include adult and adolescent nurse and provider visits with advanced practice registered nurse (APRN) and registered nurse (RN) providers. Each Title X location offers a broad range of U.S. Food and Drug Administration (FDA) -approved contraceptive methods, including natural family planning methods, and provides client-centered contraceptive services on-site, via telehealth, or by referral. Most clients receive convenient same-day access to their method of choice, if not medically contraindicated.

In addition to increasing access to and use of reproductive health services in the established OPH PHU Title X network, Title V funding to the BFH RHP supported efforts to integrate high quality reproductive health services in primary care settings. Primary care providers in Community Health Clinics (CHCs), including Federally Qualified

Health Centers (FQHCs) and Rural Health Clinics (RHCs), were the focus of these efforts. These providers serve as critical access points in many communities and provide care to many low-income and/or uninsured individuals. Louisiana's Title X subrecipient network currently includes two adolescent and young adult-focused health centers, and two subrecipient CHC. Sites were chosen based on a Solicitation of Offers application process, with priority given to areas without a PHU, and health centers that demonstrate readiness to provide reproductive health services.

Population Priority: Partner with families, youth, and communities at all levels of systems change

Develop and implement the RHP Patient Advisory Committee: In FY2022, initial steps were taken to constitute an advisory committee for the RHP. A question was added to RHP client satisfaction surveys to gauge client interest in participating in an advisory committee. During the first survey period, nearly 60 clients, including persons of all age ranges, expressed interest. The first meeting has been planned for August 2023. Members will review and provide feedback on all RHP reproductive health information and educational materials and will provide input on which services should be offered and what populations should be served.

System Priority: Ensure Title V strategies are outcomes-focused and rooted in essential public health services

Ensured robust, high-functioning Pregnancy Associated Mortality Review (PAMR): Over the past several years, Louisiana has worked to establish the foundation for systematic ongoing surveillance of maternal deaths, as well as external review and activated response. Both in Louisiana and nationally, surveillance of maternal deaths has historically been complicated by issues with the consistency and quality of data reported through death certificates and hospital inpatient discharge reporting systems, and the lack of standardized protocols or data systems to support surveillance and action. Throughout the previous block grant cycle, Title V funding was used to address these challenges and build the core infrastructure for rigorous, timely, ongoing surveillance of maternal deaths. As PAMR strengthened and momentum built, BFH sought additional funding opportunities to expand and enhance the capacity of PAMR. In FFY2019, BFH was awarded a competitive Centers for Disease Control and Prevention (CDC) Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) grant, which enabled PAMR to onboard additional full-time staff and access CDC resources.

In FFY2022, the core PAMR team consisted of a dedicated maternal mortality epidemiologist, a PAMR coordinator, and a statewide network of nine regional MCH coordinators working within their communities on critical maternal and child mortality surveillance activities, including the Child Death Review (CDR) and data collection for PAMR. For maternal deaths, the MCH coordinators and PAMR coordinator abstracted comprehensive data from medical reports, as well as from vital records, coroner and law enforcement, and summarized case information for state-level review and systems action. The review of the cases that occurred in 2020 began in February 2022. In total, the PAMR committee reviewed 82 maternal death cases.

The team undertook important changes to improve processes and tools used to prepare cases for review and to facilitate robust deliberations and formulation of recommendations. They streamlined administrative processes that facilitate review across the state, including the development of a standardized process and tools (case summary form, Louisiana Bias or Racism and Social Determinants of Health (LABoRS) tool, and the Utah tool). The LABoRS tool includes a section for demographics using the Maternal Mortality Review Information Application (MMRIA) home record, social determinants of health (SDOH), a geospatial analysis of SDOH data, and a chart for capturing case record findings on potential bias, discrimination, or barriers to care. During the review of 2020 cases, the LABoRS tool helped to identify potential bias, discrimination, and/or barriers to care in 17 of the 82 cases. Additionally, the Utah Tool helped to identify pregnancy-relatedness in 7 of the 32 suicide/overdose cases reviewed in the 2020

cohort.

In September 2022, BFH published the 2017-2019 Louisiana Pregnancy-Associated Mortality Review Report. This report is reflective of the expanded case review eligibility, reporting on deaths that occurred while pregnant or within a year of pregnancy due to any cause of death.

Support implementation of Louisiana Domestic Abuse Fatality Review (DAFR) Panel: During the 2021 Regular Session of the Louisiana State Legislature, Act 320 was signed into law, mandating a DAFR team within LDH. Due to the Bureau's expertise in leading comprehensive mortality reviews such as PAMR, BFH was assigned as one of the lead agencies responsible for implementing the new panel.

In FFY2021, BFH applied for and was awarded a grant from the Department of Health and Human Services (DHHS) Office of Women's Health to help establish the DAFR and implement an evidence-based intervention for the prevention of maternal deaths due to violence. In FFY2022, BFH identified a multi-disciplinary panel of 20 members and four authorized agents with representation from law enforcement, the justice system, advocates, subject matter experts, and domestic violence shelters. The DAFR Panel meets quarterly to conduct case review and identify recommendations for prevention. Some preliminary recommendations based on the first three case review meetings include trauma-informed care, predominant aggressor, and best practices training for law enforcement when responding to calls of domestic violence; domestic violence training for judges to better advise sentencing recommendations after an offender has been convicted; batterer intervention program pre-trial interventions for offenders with a history of domestic abuse; increase victim access to legal and financial assistance to obtain a divorce when in a relationship with a history of abuse; and medical screenings for domestic violence during doctor visits.

Ensure robust, high-functioning Louisiana Pregnancy Risk Assessment and Monitoring System (LaPRAMS): One of the core MCH surveillance systems is LaPRAMS. The CDC PRAMS funding supports some of the staff time and costs to administer this statewide annual survey of individuals who have recently delivered. However, Title V funding provides for over half of the true costs associated with making LaPRAMS one of the go-to resources for data to monitor health, prevention efforts, and to inform decision-making, within LDH and among partners.

In FFY2022, Title V support allowed LaPRAMS to continue to strengthen its core operations. As a result of significant attention to process improvements, Louisiana was able to achieve weighted survey response rates for 2015-2020 that exceeded the CDC required threshold. These process improvements and robust response rates have earned LaPRAMS recognition as a national leader, with Louisiana providing technical assistance to peer states.

BFH now routinely uses LaPRAMS data to add depth to Louisiana's annual CDR report, Safe Sleep educational initiatives, the Title V Block Grant, the Louisiana ACE Educator program, Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, as well as research, both locally and nationally. Increasingly Louisiana has been integrating the qualitative comments from LaPRAMS into briefs, legislative reports, grants and other communications in order to contextualize issues and quantitative data. These improvements, coupled with an engaged steering committee, have helped ensure that LaPRAMS is a high performing MCH surveillance system in Louisiana.

Systems Priority: Boldly work to undo systemic drivers of disparities and institutionalize equitable policies and practices

Actively participate in Association of Maternal and Child Health Programs (AMCHP) Healthy Beginnings learning

and practice cohort: Throughout 2022, OPH-BFH participated in the AMCHP “Phase II: Healthy Beginnings with Title V: Advancing Anti-Racism in Preterm Birth Prevention” cohort in collaboration with Sista Midwife Productions. By December 2022, the group finalized an action plan for strategies that Title V programs can use to disrupt racism in practice. The overall strategy aims to use Title V funding to ensure perinatal data is disaggregated to analyze social determinants data so that solutions can be inclusive, relevant, and accessible to all stakeholders. In the short term, the initiative aims to ensure that all BFH staff are aware of the data center located on partnersforfamilyhealth.org, and have the capacity to effectively communicate to internal and external partners about available data and resources and how to efficiently access them. The long-term goal is to update BFH websites and other public interfaces to provide easy access to data request forms and increased transparency via live data with regularly scheduled updates.

Overview and context of the population domain

The 2020 Needs Assessment identified violence as a significant contributor to poor maternal health outcomes in Louisiana. According to the Violence Policy Center 2020 study, *When Men Murder Women*, Louisiana ranked 5th in the United States for women murdered by men, with a homicide rate of 2.18 per 100,000 females killed by males in single victim/single offender incidents.[1] For homicides in which the victim-to-offender relationship could be identified, 98 percent of female victims (39 out of 40) were murdered by someone they knew. Of the victims who knew their offenders, 56 percent (22 victims) were wives, common-law wives, ex-wives, or girlfriends of the offenders. From 2017-2019, homicide was the second leading cause of pregnancy-associated deaths in Louisiana.[2]

Rates of substance use disorders have risen for several years[3]. According to the 2017-2019 Pregnancy-Associated Mortality Review (PAMR) Report, substance use is a leading contributor to pregnancy-associated mortality. In one-fourth (25%) of deaths, the individual giving birth had a Substance Use Disorder (SUD) that contributed to their death.[1] High rates of substance use are correlated with high rates of mental health issues. According to the 2020 Pregnancy Risk Assessment Monitoring System (PRAMS) Report, roughly 14% of individuals surveyed reported experiencing depression prior to and during pregnancy. 16.8% reported frequent symptoms of postpartum depression. Even if violence, substance use or mental health issues are only present prior to conception, traumatic experiences can still have negative implications for a woman and her future children. Research shows that child behavioral health problems are linked to higher Adverse Childhood Experiences (ACEs) scores by their parents[4].

Women / maternal health priority needs and performance measures

Priority needs:

The 2020 Needs Assessment priority ranking process underscored the importance of improving birth outcomes and mental health for individuals who give birth in Louisiana. The 2021-2025 State Action Plan strategies for this population domain are aligned with the following *population priority*:

- Improve birth outcomes for individuals who give birth and infants

To strengthen the systems and supports that shape these factors, Louisiana Title V continues to execute strategies that align with the following *systems priorities*:

- Ensure equitable access to high-quality and coordinated clinical and support services
- Ensure Title V strategies are outcomes-focused and rooted in essential public health services

Performance measures:

Throughout the FFY 2021-2025 strategic period, Title V investments in the women/ maternal health population domain in Louisiana will contribute to improvement of the following outcomes at both state and national levels:

- Reducing the rate of severe maternal morbidity per 10,000 delivery hospitalizations (National Outcome Measure (NOM) 2)
- Reducing the rate of maternal mortality per 100,000 live births (NOM 3)

Recognizing the evidence of the strong linkages between the desired outcomes and interventions aiming to reduce the percentage of cesarean deliveries among low-risk first births, Title V supported programs in Louisiana will deliver actions aiming to effect the following performance measure(s):

- Reducing the percent of cesarean deliveries among low-risk first births (National Performance Measure (NPM) 2)

The strategies implemented to reduce cesarean deliveries among low-risk first births are evidence-based, and

adapted to the unique context of the state of Louisiana. In FFY2024, LA Title V will implement strategies to achieve the following objective(s) in relation to the women/maternal health population domain:

- By December 2024, reduce the number of low-risk, first-time Cesarean births from 27.6% (end of year 2022) to 24.7% through the third year of the Louisiana Perinatal Quality Collaborative (LaPQC) Safe Births Initiative.
- Annually award Louisiana Birth Ready Designation to birthing hospitals meeting designation criteria
- By September 2024, register the first cohort of doulas in the Doula Registry making them eligible for insurance under Act 182.
- By September 2024, enroll 10 additional pediatric practices in the Caregiver Perinatal Depression Screening Initiative.
- By September 2024, following an initial period of integration of the perinatal consultation program into the Provider to Provider Consultation Line (PPCL), conduct an internal review to identify challenges and define strategies for improvement.
- The PAMR process is strengthened as a result of collection of complimentary informant interview data.
- Timely access to domestic violence services and health services is improved as a result of the implementation of a bi-directional referral system.
- LA PRAMS data collection is strengthened following the introduction of additional online survey data collection methods.
- Publish at least two LA PRAMS data reports annually

Planned Title V efforts and alignment with women / maternal health priorities

Population Priority: Improve birth outcomes for individuals giving birth and their infants

One of the key factors related to birth outcomes is access to quality preventive and specialty care, including family planning services and pregnancy-related care and support through one year postpartum. Title V-supported strategies focus on system improvement efforts complemented by reinforcing policy change to improve access to and care and to ensure that the available and accessible care is provided with the skill, integrity, and accountability necessary for optimal outcomes.

Implement the LaPQC Safe Births Initiative with a focus on reducing Louisiana's nulliparous, term, singleton, vertex (NTSV) cesarean section rate: In FFY2024, Title V will continue to provide support and leadership oversight for the ongoing implementation of the LaPQC Safe Births Initiative. As part of the Safe Births Initiative, participating hospitals will continue to submit data related to priority improvement areas related to obstetric sepsis and sustaining gains for NTSV. Using a secure data portal, participating hospital teams will track their implementation progress and use their own data to identify new areas of improvements.

Provide technical assistance and data support to birthing facilities pursuing the LaPQC Louisiana Birth Ready Designation: In FFY2024, the LaPQC will continue to provide support to all facilities seeking Birth Ready designation and re-designation. All previously designated facilities will be required to apply for redesignation each year. Moving forward, the Louisiana Birth Ready Designation period will be from January to December, and the LaPQC team will review applications for designations and re-designations annually. In FFY2024, birthing hospitals will apply for designation for requirements met in 2023. The 2023 Birth Ready requirements were expanded to include additional measures around health equity and patient partnership; policy and procedures around obstetric sepsis; annual staff and provider education around obstetric sepsis; the spread of obstetric drills to multidisciplinary teams and emergency departments; structured debriefs with patients and families after severe obstetric events; and patient education on sign and symptoms of perinatal mood and anxiety disorders (related to Act 188). As substance use disorder is now the leading cause of pregnancy-associated deaths according to the 2017-2019 Louisiana PAMR Report, birthing facilities applying for designation are required to implement a validated screening tool for substance

use. Birth Ready Designation reflects the next level of the LaPQC tools and approaches to encourage hospitals to implement best practices to improve readiness for addressing the leading causes of maternal deaths.

Through the Safe Birth Initiative, over FFY2023, participating hospitals completed several structural measures to prepare for a deeper dive into process measures. In FFY2024, birthing facilities will evaluate their process measures to ensure compliance with evidence-based recommendations to ensure compliance with the Society for Maternal Fetal Medicine for labor dystocia. Additionally, participating facilities will now submit their low-risk, first time cesarean birth rate as defined by the Joint Commission (TJC) PC-02 disaggregated by race and ethnicity to ensure equitable care. Because we are still focusing on improving Severe Maternal Morbidity for hemorrhage and hypertension, birthing facilities will continue to submit process measures - risk assessment on admission to Labor and Delivery, quantification of blood loss during delivery, postpartum risk assessment, timely treatment of hypertension and postpartum follow-up in three days for patients with severe hypertension. As with TJC PC-02, facilities are required to submit timely treatment of hypertension and postpartum follow-up data, disaggregated by race and ethnicity. While other reporting agencies are now starting to require disaggregated data, most facilities are not optimized to do so. Title V funding will be utilized to provide the technical assistance needed to guide the birthing facilities in both submitting and analyzing their disaggregated data to ensure equity in these process and outcome measures.

Progress related to these strategies will be measured by tracking two evidence-based strategy measures (ESM): ESM 2.1: Percent of birthing hospitals actively participating in Louisiana Perinatal Quality Collaborative Initiatives; and ESM 2.2: Percent of birthing hospitals achieving Louisiana Birth Ready Designation.

System Priority: Ensure equitable access to high-quality and coordinated clinical and support services

Support implementation of new regulations for Louisiana's birthing facilities: In FFY2024, Title V will continue to provide subject matter expertise to the department and to the state's birthing hospitals and free-standing birth centers as they implement the new licensing requirements. In the new requirements, hospitals and free-standing birth centers are now required to participate in the state Perinatal Quality Collaborative. While participation requirements may be more or less intensive depending on the level of care, all facilities are allowed to participate in any of the initiatives or quality designation systems that are applicable to the types of services provided. In FFY2024, the LaPQC will begin to enroll free-standing birth centers who apply for licensure. The LaPQC will work with enrolled freestanding birth centers to co-create implementation strategies aligning with Alliance for Innovation on Maternal Health (AIM) bundles and infant feeding best practices. In addition, the LaPQC will build quality improvement capacity in enrolled freestanding birth centers through collaborative learning and technical assistance from LaPQC improvement coaches, improvement advisor and faculty.

Increase the readiness and response of statewide healthcare facilities to address and improve perinatal and neonatal outcomes: In FFY2024, the LaPQC will continue to lead the expansion of several initiatives to improve readiness and response of birthing facilities statewide through The Gift, a breastfeeding and infant feeding initiative; Improving Care for the Substance Exposed Dyad, an initiative that addresses the mother and infant dyad impacted by substance use disorder; and the Safe Births Initiative, which is focused on implementation of the AIM patient safety bundles for obstetric hemorrhage, severe hypertension in pregnancy, safe reduction of primary cesarean birth, and sepsis in obstetric care.

In FFY2024, the LaPQC will expand quality improvement efforts to emergency departments. In review of the 2017-2019 PAMR Report, improving readiness, recognition and response among healthcare providers and birthing facilities is an area of opportunity to prevent maternal deaths. Throughout FFY2024, the LaPQC will partner with emergency departments across the state to implement the components of the newly released AIM Obstetric

Emergency patient safety bundle.

The LaPQC will publish its inaugural report and improve stakeholders' timely access to data and information through regular reporting to key partner groups including patients, communities, legislators, and health care systems. In addition, the LaPQC will launch its new website to increase visibility of the LaPQC's work and support improvement teams through a tool and resource hub accessed through the website.

Decrease racial/ethnic disparities in outcome measures across all LaPQC initiatives: In FFY2024, the LaPQC will continue to work collaboratively with participating facilities to address racial and ethnic disparities across outcome and key process measures. The LaPQC will continue to work with data equity experts to implement a data equity framework, inclusive of data equity tools and scripting, develop a system for quick capture, dissemination, analysis and sharing of stratified data and support the transition of participating facilities to allow for exclusive submission of data stratified by race/ethnicity. In addition, the LaPQC will develop and implement consistent, right-sized stratification across all of its initiatives and programs. A health equity plan to support hospitals in taking the "what now" steps to address disparities identified from their data. will be finalized and piloted. The LaPQC will also create a roadmap to help participating facilities use and communicate data for equity at the facility level and to community partners.

Progress related to the above strategies will be measured by tracking two evidence-based strategy measures (ESM): ESM 2.1: Percent of birthing hospitals actively participating in Louisiana Perinatal Quality Collaborative Initiatives; and ESM 2.2: Percent of birthing hospitals achieving Louisiana Birth Ready Designation.

Support the Louisiana Doula Registry Board with developing and implementing the Louisiana Doula Registry, aligning requirements to facilitate potential coverage by Medicaid and other insurers: In FFY2024, BFH will continue to provide support to the Louisiana Doula Registry Board and facilitate the development and implementation of the state's voluntary registry. Since facilitating the inaugural Louisiana Doula Registry Board meeting in January 2022, BFH has been working with doulas, community advocates, healthcare providers, and insurers to draft the doula registry application and the administrative rules that define the duties of the doula board and the process of registration. BFH is working to align the Doula Registry requirements that facilitate registration through an online application. We anticipate we will begin accepting applications from doulas to join the Louisiana Doula Registry in FFY2024. As the requirements are defined through rulemaking, the process is lengthy but should be completed by the end of FFY2023. Overall, doulas are becoming more formally recognized as a part of the state's maternal support and care landscape with state policy actions such as the establishment of the registry, and most recently, the passage of House Bill 272 of the 2023 Regular Session of the Louisiana Legislature which will require insurers to cover doula services for doulas within the registry. BFH expects to hire a dedicated position to coordinate the Doula Registry Board and the Perinatal Commission by the end of FFY2023. This position will be supported in part through Title V funding.

Support the implementation of perinatal depression screening in pediatric settings: In January 2021, a Medicaid policy change took effect that allowed pediatric healthcare providers to be reimbursed for administering developmental screening, autism screening, and perinatal depression screening. This change provides a key incentive for providers, who can now bill additional codes for these screening services. To be eligible for reimbursement, providers must use a standardized tool, and complete robust documentation, referral, and follow-ups for each screening in accordance with recognized best practices.

To support implementation of this new policy, in FFY2022, BFH launched the LaPQC Caregiver Perinatal Depression Screen (CPDS) in Pediatric Practices pilot to determine which quality improvement strategies are

needed to integrate depression screening and linkage to care in pediatric practices. The LaPQC CPDS initiative was a purposefully small initiative that included four pediatric practices that demonstrated readiness for integrating the caregiver perinatal depression screening into their practice.The goal of the LaPQC CPDS pilot was to implement best practices that promote equitable access to caregiver perinatal depression screening and appropriate referral when risk is identified through a warm hand-off. By the end of the CPDS pilot, 99% of caregivers were screened for depression using a validated screening questionnaire; 100% of those caregivers who screened positive were referred to care; and 90% of those referrals were performed through a warm-hand off.

Findings from the pilot will be included in the LaPQC's first annual report in September 2023. Building on the findings of the CPDS pilot, the LaPQC will work closely with the Developmental Screening(DS) initiative and the PPCL system to develop an implementation model to support the spread and scale of screening for perinatal mood and anxiety disorder in pediatric sites across the state.

Support the Louisiana PPCL in the development of a statewide mental health consultation system for pediatric and perinatal healthcare providers: The five year grant that has funded a majority of the development and pilot implementation of Louisiana Mental Health Perinatal Partnership's (LAMHPP) consultation, training, and resource and referral support services for perinatal providers ends in FFY2023. Although an application has been submitted for an additional five year grant to support these services, much of FFY2023 focused on transitioning the primary management of the program from Tulane to BFH to ensure long-term sustainability and growth of the program. As of July 1, 2023, LAMHPP is fully integrated under BFH's Provider-to-Provider Consultation Line (PPCL) system. The integration allows BFH to leverage multiple funding sources to support consultation services across the state and has resulted in increased efficiencies and capacity related to management, infrastructure, outreach and marketing, and staffing. In July 2022, BFH applied for and received supplemental grant funding to support a robust evaluation of its perinatal consultation services. The evaluation consists of a comprehensive analysis of all available program data as well as a qualitative component reflecting the provider experience with using perinatal consultation services. The evaluation is expected to be completed in September 2023, and in FFY2024, the BFH team will use the findings and recommendations to set the future direction of the program and to improve the program to better meet the needs of providers utilizing the program.

Provide supplemental funding and infrastructure support to all BFH reproductive health efforts to support access to high-quality family planning and reproductive health care: In FFY2022, BFH applied for and was awarded a new five-year competitive Title X Family Planning Services grant. For many years, the role of Louisiana's Title X program was to administer the federal award, provide technical assistance, lead education programs, develop resources, conduct outreach and develop new service providers, in addition to extensive oversight and policy responsibilities for all reproductive health services delivered in OPH parish health units (PHU). With a changing healthcare landscape; however, the role of BFH has been shifting to a greater focus on strategies to develop a broader Title X clinical network in community healthcare settings and support the efficiency, effectiveness, quality and equitable access to high quality reproductive health services in the state overall. This service system and work is supported in part through Title V funding.

In FFY2024, the BFH Reproductive Health Program (RHP) will begin implementing strategies that model several Title V systems-building strategies. Inspired by the DS toolkit (discussed in the Child Health domain), BFH will build and launch an interactive online toolkit that healthcare providers can use to build capacity to incorporate high-quality reproductive health services into their practice. Content for the website is expected to be based on the Quality Family Planning (QFP) and other recommendations, guidelines, and best practices in the reproductive health field. The Title X program is designing a quality designation system similar to the successful Title V-funded LaPQC Gift program (described in the Perinatal/Infant domain) and Birth Ready hospital designation initiatives to recognize primary care practices that have demonstrated successful implementation of sexual and reproductive health services

into their daily practice.

System Priority: Ensure Title V strategies are outcomes-focused and rooted in essential public health services

Ensure robust, high-functioning PAMR: With the joint funding of Title V and the Centers for Disease Control and Prevention (CDC) Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE-MM) grant, BFH will continue to support the development of PAMR as a core public health surveillance and systems change process, furthered now with a restructured and revitalized multi-disciplinary review team and the establishment of the LaPQC as one of the primary strategies for generating changes that will improve outcomes. The core PAMR team, consisting of the PAMR medical director, PAMR coordinator and maternal morbidity and mortality epidemiologist, is working on efforts to ensure that the PAMR committee is able to continue high quality, robust case reviews. In FFY2024, a new process for recruitment will begin with the implementation of an application process to fill committee positions. The application and subsequent approval process will ensure that the committee remains diverse in gender, race/ethnicity, age, geographic location and subject matter expertise/lived experience. New members will receive orientation prior to attending their first meeting.

Ensure high-quality data collection and analyses: The PAMR team is working closely with the CDC ERASE-MM team and Louisiana Vital Records to ensure that the Final Death files reflect the most accurate data with respect to maternal mortality. This will help ensure that the National Center for Health Statistics (NCHS) is reporting the most accurate maternal mortality data for Louisiana. The PAMR team will continue to look at the pregnancy checkbox on Louisiana death certificates to ensure accuracy around the reporting of maternal deaths in the state. In 2020, PAMR began geocoding maternal deaths across the state, examining contributing maternal mortality factors related to health equity, racial and ethnic disparities, and community-level contributing factors. This work, which is ongoing, led to the creation of the Louisiana Bias or Racism and Social Determinants of Health (LABoRS) tool which incorporates socio-spatial data, social determinants of health variables, and checkbox indicators to identify racism, bias or discrimination in case data. This innovative tool and implications to the work of PAMR was recognized by CDC. Additionally, PAMR will continue to implement the Utah Tool for suicide and overdose cases. The standardized tool helps Maternal Mortality Review Committes determine pregnancy relatedness for deaths due to accidental drug overdoses and suicides. The successful implementation of the LABoRS tool and the Utah tool, shows the necessity of having non-clinical information available for case narratives and committee discussions. With this information, in FFY2024, the PAMR team will pilot an informant interview program, beginning with the review of 2022 cases, in order to obtain information that may not be readily available in medical records. Informant interviews will provide additional qualitative and subjective information about the decedent, including her perceptions and experiences throughout her pregnancy and a more in depth social and emotional history.

Support strategic action to improve outcomes: The Perinatal Commission and LaPQC will be leveraged as action-focused communication, policy, and systems-change platforms for the needs and opportunities illuminated through the report. Title V funding will partially sustain the network of regional MCH coordinators responsible for the abstractions and staff support for the PAMR meetings and follow-up actions. In addition, Title V-funded communications, policy, and strategy support will be integral to advancing the work of the review committee and its recommendations.The release of the annual PAMR Report will include data and recommendations from the 2022 review of 2020 cases. The 2020 PAMR Report will outline recommendations for action directed toward specific entities, including healthcare professionals, healthcare systems, policy makers, government and public health agencies, payers and insurance carriers, and social and local community organizations. There is a robust dissemination plan for the 2020 report for optimal visibility and reach. In FFY2024, the LaPQC will partner with the regional maternal and child health (MCH) coordinators to leverage the Community Advisory and Actions teams

(CAATs) to increase visibility of the PAMR Report and the initiatives of the LaPQC in response to that data, as well as bolster community-hospital linkages. Progress related to the above strategies will be measured by tracking two evidence-based strategy measures (ESM): ESM 2.1: Percent of birthing hospitals actively participating in Louisiana Perinatal Quality Collaborative Initiatives; and ESM 2.2: Percent of birthing hospitals achieving Louisiana Birth Ready Designation.

Establish a statewide Domestic Abuse Fatality Review (DAFR) panel that uses standardized processes for data collection, review, and prevention recommendations to review maternal deaths due to violence: In FFY2022, BFH used Department of Health and Human Services (DHHS) grant money to help fund representatives from all mandated organizations. The first quarterly DAFR meeting was held in March 2022. Thus far, the group has developed data abstraction and review procedures, established a meeting schedule, and solicited member feedback on forms. By the end of October 2022, a DAFR chair will be selected and all forms and processes will be formalized. The first cohort of case reviews will be presented to the DAFR Panel by February 2023. In FFY2023, BFH will support DAFR in reviewing 100% of identified “domestic violence maternal” death cases from 2020 and 30% of cases from 2021. In Summer 2023, the DAFR will produce an initial report to share preliminary information and recommendations from the initial case reviews.

Ensure a robust, high-functioning Louisiana PRAMS: LaPRAMS data are representative of Louisiana maternal experiences and are actionable for informing state programming and policy related to the health and experiences of individuals who give birth in the state. In FFY2024, Title V will continue to supplement infrastructure support for LaPRAMS as one of the core public health surveillance systems for MCH. In July 2023, CDC implemented Phase 9 of the PRAMS survey and protocol for the 2023 birth sample. Supplemental questions related to Social Determinants of Health (SDOH, e.g., living and food environments, transportation, health literacy, mental health and discrimination) were added to the core survey and now, there is an option to complete the survey online. Over the past year, the Bureau has been preparing to implement Phase 9 by seeking approval of the Institutional Review Board, testing user acceptance testing for the PRAMS Integrated Data Collection System, developing content for the web-based survey and processes for an infant death match for the data pull each month and updating print materials and phone scripts. The first year of data (2023 births) following the Phase 9 protocol will occur during FFY2024.

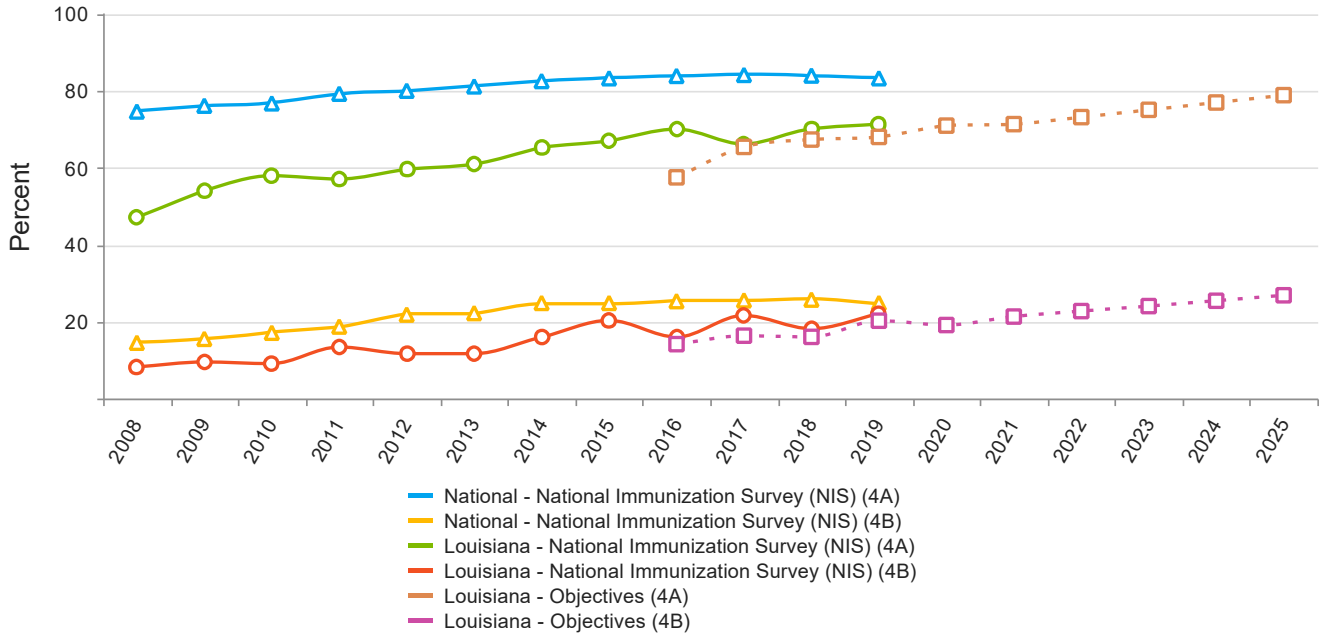
Effectively communicate findings, implications, and recommendations: In late FFY2023 and FFY2024, BFH will publish and share two LaPRAMS reports: 1) the annual data report, which is published within three months of receiving the weighted data set to ensure partners have access to timely, useable data; and 2) the surveillance report, which provides a deeper analysis of the data and includes graphics, plain-language data translation, and public health implications. Both reports will be published on the Partners for Family Health Data Center webpage and shared with partners. In July 2023, the 2019 PRAMS Surveillance Report and Social Media Toolkit were made publically available in July 2023 and the 2020 PRAMS Data Report will be released in late FFY2023. The survey data collected in FFY2023, which includes responses to the supplemental SDOH questions will be reported in FFY2024, along with the 2021 PRAMS Data Report. Additionally, BFH communications staff will update the report features to highlight relevant findings and recommendations and provide additional context to the data.

Support strategic action to improve outcomes: A limitation of PRAMS data is that it can only be reported at the whole state or stratum-specific level (race for Louisiana). To develop a robust methodology for analyzing data at the parish level, CDC PRAMS proposed that a team of internal CDC statisticians and epidemiologists work with PRAMS data from multiple sites. In FFY2024, LaPRAMS and Louisiana Vital Records will participate in this small area estimation project and provide two additional variables from the 2016-2020 birth file: maternal parish of residence and maternal age (years). PRAMS will continue to provide data to contextualize, support, and inform the work of programs across BFH, including injury prevention, mortality surveillance, and ACEs.

Perinatal/Infant Health

National Performance Measures

NPM 4 - A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months
Indicators and Annual Objectives



NPM 4A - Percent of infants who are ever breastfed

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	67.3	68	70.9	71.3	73.1
Annual Indicator	67.0	70.1	66.2	70.2	71.1
Numerator	42,310	36,572	36,465	38,183	36,006
Denominator	63,155	52,171	55,094	54,373	50,644
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2015	2016	2017	2018	2019

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	75.0	76.9	78.8

NPM 4B - Percent of infants breastfed exclusively through 6 months

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	16.1	20.3	19.2	21.4	22.8
Annual Indicator	20.2	16.1	21.8	18.2	22.2
Numerator	12,389	8,285	11,878	9,743	10,882
Denominator	61,452	51,454	54,509	53,557	49,073
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2015	2016	2017	2018	2019

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	24.1	25.5	26.9

Evidence-Based or –Informed Strategy Measures

ESM 4.1 - Percent of births that were delivered at Gift-designated facilities

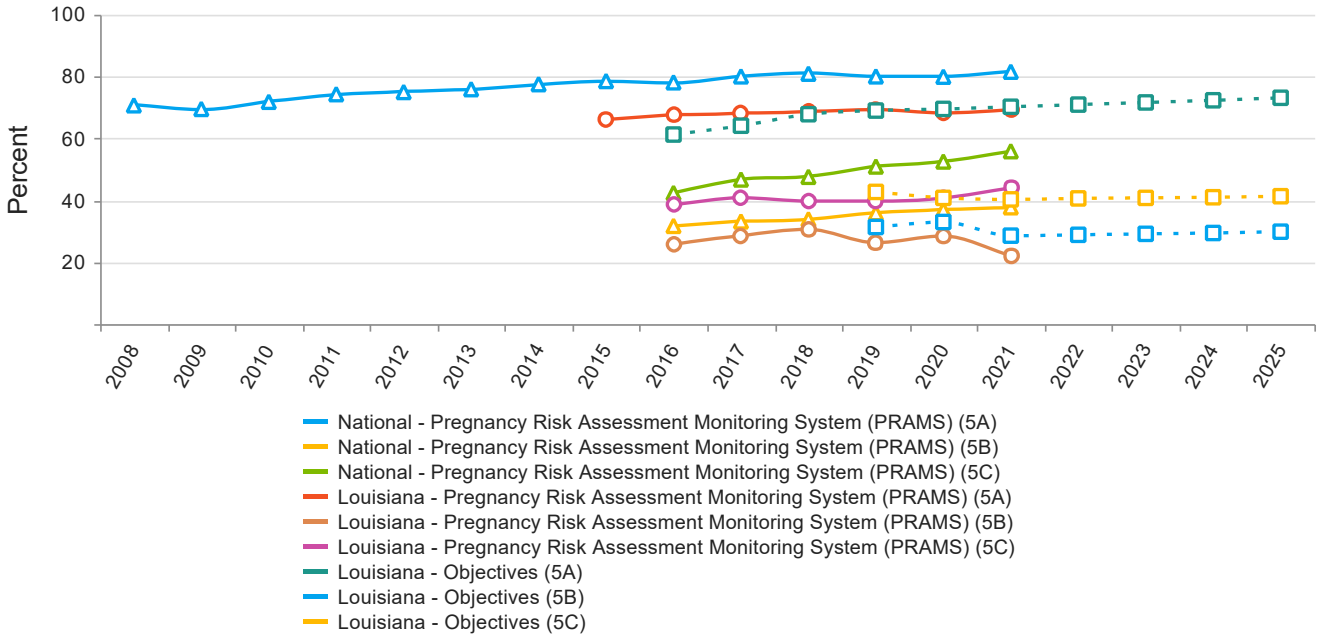
Measure Status:	Active

State Provided Data				
	2019	2020	2021	2022
Annual Objective			91.2	92.3
Annual Indicator	92.5	90.6	91.9	95
Numerator	54,632	52,030	52,925	53,858
Denominator	59,088	57,401	57,596	56,711
Data Source	Louisiana Vital Statistics Birth Records	Louisiana Vital Statistics Birth Records and Gift	Louisiana Vital Statistics Birth Records and Gift	Louisiana Vital Statistics Birth Records and Gift
Data Source Year	2019	2020	2021	2022
Provisional or Final ?	Final	Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	93.2	93.2	93.8

NPM 5 - A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding

Indicators and Annual Objectives



NPM 5A - Percent of infants placed to sleep on their backs

Federally Available Data					
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	67.7	68.9	69.4	70.1	70.8
Annual Indicator	67.9	68.5	69.3	68.1	69.3
Numerator	39,089	38,351	38,239	37,066	37,547
Denominator	57,542	56,019	55,216	54,404	54,152
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2017	2018	2019	2020	2021

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	71.5	72.2	73.0

NPM 5B - Percent of infants placed to sleep on a separate approved sleep surface

Federally Available Data					
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective		31.4	33	28.6	28.9
Annual Indicator	28.6	30.5	26.2	28.3	22.3
Numerator	16,010	16,846	14,266	15,336	11,855
Denominator	56,055	55,303	54,492	54,212	53,272
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2017	2018	2019	2020	2021

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	29.2	29.5	29.9

NPM 5C - Percent of infants placed to sleep without soft objects or loose bedding

Federally Available Data					
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective		42.7	40.8	40.3	40.6
Annual Indicator	40.7	39.8	39.8	40.7	44.3
Numerator	23,172	22,065	21,721	22,078	23,594
Denominator	56,925	55,485	54,569	54,257	53,233
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2017	2018	2019	2020	2021

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	40.8	41.0	41.3

Evidence-Based or –Informed Strategy Measures

ESM 5.1 - Number of professionals trained to recognize, identify, and model safe sleep environments

Measure Status:	Active

State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective	500	500	800	840	950
Annual Indicator	403	760	835	941	3,146
Numerator					
Denominator					
Data Source	Training attendance records	Training attendance records	Training attendance records	Training attendance records	Training attendance records
Data Source Year	2018	2019	2020	2021	2022
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	1,040.0	1,090.0	1,140.0

State Action Plan Table

State Action Plan Table (Louisiana) - Perinatal/Infant Health - Entry 1	
Priority Need	
Improve birth outcomes for individuals who give birth and infants	
NPM	
NPM 4 - A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months	
Objectives	
By December 2024, pilot the integration of the community into a joint Gift and Safe Births hospital task force	
Strategies	
Align hospital-based quality improvement initiatives to foster culture of improvement among Louisiana's birthing facilities	
ESMs	**Status**
ESM 4.1 - Percent of births that were delivered at Gift-designated facilities	Active
ESM 4.2 - Percent of births that were delivered at Baby-Friendly Designated facilities	Inactive
NOMs	
NOM 9.1 - Infant mortality rate per 1,000 live births	
NOM 9.3 - Post neonatal mortality rate per 1,000 live births	
NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births	

State Action Plan Table (Louisiana) - Perinatal/Infant Health - Entry 2

Priority Need

Ensure equitable access to high-quality and coordinated clinical and support services

NPM

NPM 4 - A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

Objectives

By Q3 of FFY24, routinize providing stratified data to birthing hospitals during quarterly quality improvement planning meetings with hospital teams to support them in identifying strategies to reduce racial disparities

By June 30, 2024, 80% of participating ICSED facilities will implement key hospital-based structures that improve the identification, care, and treatment of birth parent/infant dyads affected by substance use/misuse in service of addressing key clinical contributors of pregnancy associated, but not related maternal death attributed to overdose

Strategies

Promote and support implementation of evidence-based maternity care and breastfeeding practices in birthing hospitals, and their affiliated special care/neonatal intensive care units (NICUs), and freestanding birthing centers through the LaPQC's breastfeeding/infant feeding quality improvement and hospital designation program, (The Gift)

Assist hospitals with identifying strategies to reduce racial disparities, including collecting and reporting on outcome measures stratified by race and providing hospital/clinical staff and provider education that addresses racial and socio-economic disparities in breastfeeding

Support alignment of activities and continuity of care between hospitals and community breastfeeding support resources

Provide funding and staff support for community-based, culturally appropriate, peer-based breastfeeding support for women of color

Support implementation, monitoring, and evaluation of the Medicaid breast pump policy and promote awareness of Medicaid human donor milk coverage

Scale evidence-based practices related to the care and treatment of birthing persons and newborns affected by opioids through the LaPQC Improving Care for the Substance Exposed Dyad (ICSED) initiative

ESMs	Status
ESM 4.1 - Percent of births that were delivered at Gift-designated facilities	Active
ESM 4.2 - Percent of births that were delivered at Baby-Friendly Designated facilities	Inactive

NOMs

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

State Action Plan Table (Louisiana) - Perinatal/Infant Health - Entry 3

Priority Need

Reduce child injury and violence

NPM

NPM 5 - A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding

Objectives

Publish one comprehensive Child Death Review report annually that includes specific practice and policy recommendations to prevent sleep-related infant injury and death.

Strategies

Ensure high-quality fetal, infant, and child mortality review processes

Train professionals on evidence-based safe sleep practices

ESMs	Status
ESM 5.1 - Number of professionals trained to recognize, identify, and model safe sleep environments	Active

NOMs

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

Overview and context of population domain

The perinatal and infant period is a time of transition for women and families and an unparalleled period of development for the child. Through the child's first three years, 700 new neural connections are created every second[1]. Strong, stable, and nurturing relationships in this period can have lifelong impacts on health and development. The foundation for health and well-being starts here. Louisiana Title V invests in a variety of programs and initiatives to support infants and their families during this sensitive developmental period.

Louisiana has the third highest infant mortality rate in the country[2]. According to the most recent State Child Death Review (CDR) report, 43% of infant deaths are due to conditions originating in the perinatal period[3]. These conditions are closely related to maternal health before conception. Maternal health is also closely linked to low birth weight and premature birth[4], both of which are risk factors for the second most common category of infant death in Louisiana, Sudden Unexpected Infant Death (SUID). Many of these deaths are sleep-related. While behaviors like co-sleeping expose infants to a heightened risk of SUID, social factors may influence a caregiver's decision to co-sleep with their baby[5].

Perinatal / infant health priority needs and performance measures

Priority needs:

The 2020 Needs Assessment priority ranking process underscored the importance of improving birth outcomes, supporting secure infant-caregiver attachments, and reducing injury for Louisiana's babies. The 2021-2025 State Action Plan strategies for this population domain are aligned with the following *population priorities*:

- Improve birth outcomes for birthing persons and infants
- Reduce child injury and violence

To strengthen the systems and supports that shape these factors, Louisiana Title V continues to execute strategies that align with the following *systems priorities*:

- Partner with families, youth, and communities at all levels of systems change
- Ensure equitable access to quality, coordinated care and supportive services

Performance measures:

Throughout the FFY 2021-2025 strategic period, Title V investments in the perinatal / infant health population domain in Louisiana will contribute to improvement of the following outcomes at both state and national levels:

- Reducing the infant mortality rate per 1,000 live births (NOM 9.1)
- Reducing the post neonatal mortality rate per 1,000 live births (NOM 9.3)
- Reducing the sudden Unexpected Infant Death (SUID) rate per 100,000 live births (NOM 9.5)

Recognizing the evidence of the strong linkages between the desired outcomes and interventions promoting breastfeeding and safe sleep practices, Title V supported programs in Louisiana delivered strategies to improve the following performance measure(s):

- Percent of infants who are ever breastfed (NPM 4a)
- Percent of infants breastfed exclusively through 6 months (NPM 4b)
- Percent of infants placed to sleep on their backs (NPM 5a)
- Percent of infants placed to sleep on a separate approved sleep surface (NPM 5b)
- Percent of infants placed to sleep without soft objects or loose bedding (NPM 5c)

The strategies implemented to improve breastfeeding and safe sleep practices are evidence-based, and adapted to the unique context of the state of Louisiana. In FFY2022, LA Title V aimed to achieve the following objective(s) in

relation to the perinatal / infant health population domain:

- By June 2022, host a joint Gift and LaPQC statewide hospital collaborative meeting
- Publish one comprehensive Child Death Review report annually that includes specific practice and policy recommendations to prevent sleep-related infant injury and death
- Support at least one dedicated internship project annually to further BFH father engagement efforts
- By September 2022, recruit and onboard at least eight birthing facilities to participate in Wave 1 of the LaPQC Improving Care for the Substance Exposed Dyad (ICSED) initiative
- Provide monthly customized reports to 100% of Gift facilities on newborn screening breastfeeding initiation rates, stratified by race, to assist hospitals with identifying strategies to reduce racial disparities

Summary of perinatal / infant health interventions supported by Title V in FFY2022

Population Priority: Improve birth outcomes for individuals who give birth and infants

Since improving maternal health before and after conception is a critical component of preventing infant mortality, many of Louisiana's Title V initiatives that aim to improve perinatal and infant health outcomes are closely linked to maternal health efforts described in the previous section.

Similar to the NPM 2 strategies outlined in the Maternal / Women health domain, the core strategies related to NPM 4 also align with the Addressing Disparities in Maternal and Child Health Outcomes for African Americans: Summit Recommendations Report recommendation that "*birthing facilities in Louisiana should be well-supported, equipped, and motivated to supply sustainable, high-quality, equitable, dignified, and patient-centered maternal and infant care.*"

Align birthing hospital quality improvement initiatives: Prior to the creation of the Louisiana Perinatal Quality Collaborative (LaPQC), The Gift was Louisiana Title V's flagship hospital quality-improvement program. Through many years of implementing, innovating, refining, and scaling The Gift, Louisiana Title V built institutional expertise in quality improvement science and developed valuable relationships with birthing facilities across the state. In many ways, The Gift laid the foundation upon which the LaPQC and its growing number of initiatives were built.

As the LaPQC began scaling its Reducing Maternal Mortality Initiative (RMMI) in birthing facilities across the state and gaining recognition as a leader in hospital quality improvement, The Gift program was restructured as an initiative under the umbrella of the LaPQC. To build the overall capacity of BFH's perinatal and neonatal quality improvement work, The Gift quality improvement coaches expanded their scope and continue to provide coaching support across all initiatives under the LaPQC.

Population Priority: Promote healthy child development and family resilience through policies and practices rooted in core principles of development

Supporting secure infant-caregiver attachments was a top priority for the perinatal / infant domain. Supporting secure attachments during infancy is only one component of what is needed to promote healthy early childhood development, which is why the final priority need was expanded in consideration of the three core concepts of early childhood development, as described by the Harvard Center on the Developing Child[5]:

- Experiences build brain architecture
- Serve and return interaction shapes brain circuitry
- Toxic stress derails healthy development

All State Action Plan (SAP) strategies related to this priority need are discussed in the Child Health domain since

the strategies also target early childhood years beyond infancy and also align with NPM 6: Developmental Screening.

Population Priority: Reduce child injury and violence

Ensure consistent, evidence-based safe sleep messaging: Title V has established itself as the go-to expert and resource for safe-sleep resources and education in Louisiana. Title V continues to fill this role by staying abreast of the most current research and disseminating up-to-date best practices. In FFY2022, BFH continued to maintain the GiveYourBabySpace.org website, which is the most public-facing element of Louisiana's safe sleep educational materials and resources.

Train professionals on evidence-based safe sleep practices: In FFY2022, regional MCH coordinators led Title V efforts to provide community-based safe sleep training to professionals from a variety of settings, including nursing schools, provider networks, and other agencies. For in-person training, they utilized safe sleep demonstration kits, consisting of a flipbook, Pack-N'-Play and a baby doll, that were then shared with community partners for presentations and teaching opportunities about safe infant sleep. In response to the COVID-19 pandemic, the regional MCH coordinators adapted the training curriculum and began providing sleep training virtually. Despite the numerous challenges facing the regional MCH coordinator workforce in FFY2022, the staff exceeded their annual ESM target and trained 99,041 professionals to recognize, identify, and model safe sleep environments.

Support a statewide network of qualified Louisiana Child Care Health Consultants (CCHC) to provide training on safe infant sleep to licensed child care facilities: In FFY2022, BFH worked with subject matter experts to revise and update the *Supporting Infant Feeding in Child Care Settings* training for Child Care Health Consultants. The training and its materials were integrated into a training platform housed on the CCHC's website. Information about the available online resource was disseminated to encourage participation in the training. In October 2022, a two day workshop was organized to further support capacity building of CCHC's. The workshop invited subject matter experts from around the state to deliver presentations on a variety of topics of relevance.

Ensure high-quality fetal, infant, and child mortality review processes: In FFY2022, Louisiana conducted statewide fetal and infant mortality surveillance through the Child Death Review (CDR) program which is driven by a statewide team of regional MCH Coordinators. Louisiana's CDR system consists of two parallel strategies: case review and Community Action and Advisory Teams (CAATs). MCH Coordinators abstract comprehensive information from vital records, coroner, law enforcement, and medical reports, and summarize information on deaths among children under the age of 15 years, which are then presented to a regional CDR panel for case review. Louisiana's regional CDR panels review case materials and craft recommendations. Regional CAATs translate recommendations from case review into action at the local level. The regional panels are supported by a state CDR panel that serves as a platform to elevate local issues requiring state-level action or the support of state CDR partners. Local and state-level CDR panels include subject matter experts with expertise in infant and child health and safety.

Sudden Unexpected Infant Deaths (SUID) are the leading cause of injury-related deaths among infants in Louisiana. MCH Coordinators oversee the SUID Case Registry, a CDC-funded surveillance strategy that allows BFH to explore the context of sleep-related deaths and identify opportunities for prevention. BFH provides ongoing support to coroner's offices through regular training opportunities, investigation tools, and reimbursements for case information. In FFY2022, the mortality surveillance team continued to offer training through the Coroner Portal, hosted on BFH's learning management system, where coroner investigators can learn how to investigate SUID cases, including doll reenactments. Doll reenactments assist mortality review teams to better understand the environmental circumstances contributing to the death. Supplies for these reenactments are purchased at regular intervals to ensure coroners and law enforcement have adequate tools to investigate SUIDs. Coroners also receive training on completing tailored SUID Investigation Reporting Forms (SUIDIRF). The SUIDIRFs provide information specific to infant death scenes and, coupled with a full abstraction, help mortality surveillance teams create a narrative of the circumstances that lead to the death. To encourage quality and completeness, Title V allocated additional funds to

reimburse coroners for submitting autopsies and SUIDIRFs.

The mandated CDR, as well as several regional CAATs, continued to keep Safe Infant Sleep Subcommittees active and use SUID data to assure continuous focus and action related to the issue. In FFY2022 and FFY2023, the State CDR Safe Sleep Subcommittee, composed of over 30 multi-disciplinary partners, met regularly to discuss gaps in safe sleep education and evidence-based strategies. The two priorities identified over this time period included (1) updating safe sleep communication materials to meet community and trainer feedback and (2) documenting good practices and lessons learned in each region to be shared throughout the state.

System Priority: Partner with families, youth, and communities at all levels of systems change

Identify strategies for father engagement: To incorporate fatherhood into BFH strategic planning, a partnership was established with the Tulane University Center of Excellence in Maternal and Child Health (CEMCH). Six scholars acted as "consultants" to assess BFH's current work modalities and provide recommendations on how BFH's operations can more effectively include fathers/men more in our Title V work. The scholars worked with BFH for a total of four months (January – April 2022). Each was assigned to a specific Title V population domain.

After the CEMCH scholars practicum concluded, BFH contracted a paid intern from Tulane University School of Public Health to develop a slide deck to assist the LaPQC team in delivering fatherhood related content to participating teams. The video included a historical landscape of fathers in MCH, the importance of fatherhood engagement, and prompts to help programs elicit discussion around/consideration of fathers in current work.

System Priority: Ensure equitable access to high-quality and coordinated clinical and support services

Promote and support implementation of evidence-based maternity care and breastfeeding practices in birthing hospitals, pediatric hospitals, and freestanding birthing centers through the The Gift quality improvement and hospital designation program

Birthing Hospital Designation (https://thegiftla.org/gift-designated-facilities/): The Gift hospital breastfeeding quality initiative and designation program continue to be Louisiana Title V's primary system change vehicle to increase breastfeeding rates across the state. The Gift continued its evolution from a simple designation program to a comprehensive initiative addressing both in-hospital and community breastfeeding support focusing on three main goals:

- Improving maternity care practices
- Establishing consistent breastfeeding messaging
- Ensuring that pregnant women and new mothers are aware of available breastfeeding resources and other important services, like WIC (Women, Infant, and Children nutrition services) and home visiting

BFH is particularly proud of The Gift's sustainment of successful hospital participation. By the end of FFY2022, 47 out of 48 Louisiana birthing facilities were engaged in The Gift, with 42 of those facilities having achieved designation**.** While there were not any new designations, a total of 25 facilities re-designated under The Gift 3.0 criteria. A record high number of teams reported data in LifeQI (80%), and The Gift continued to provide participating hospitals with high quality online training for nursing staff and providers (physicians), as well as a comprehensive system of tools to facilitate consistent breastfeeding messaging and referral to community breastfeeding resources.

Provide specialized support to Baby-Friendly designated facilities and facilities that are in the Baby-Friendly pathway: Over the years, The Gift built a culture of interest in the Ten Steps to Successful Breastfeeding and has often been viewed as a pathway to Baby-Friendly Hospital Designation. The Gift also plays a key role in supporting interested hospitals in achieving and maintaining their Baby-Friendly Hospital designation. However, due to hospital

fiscal and staffing challenges, the number of Baby-Friendly facilities decreased from 16 to 9 in FFY2022. The evidence behind the Ten Steps to Successful Breastfeeding still remains a constant key to improving breastfeeding outcomes. The Gift encourages and supports hospital teams in achieving dual designation with Baby-Friendly to hold facilities to high standards of care by monitoring benchmarks, stratified by race and ethnicity, on skin-to skin practices, breastfeeding initiation and exclusivity rates, linkages to community resources for continuation of care, and the importance of education, prenatal and throughout the hospital stay, so parents can make informed choices about infant feeding. The Gift, in partnership with Coffective, made significant efforts to encourage and support birthing hospitals in completing the CDC's Maternity Care Practices in Infant Nutrition and Care (mPINC) 2022 survey. Ninety-two percent of Louisiana's birthing hospitals completed the survey.

LaPQC and Gift Joint Quality Improvement Task Forces. Due to significant overlap in hospital improvement teams that participate in both The Gift and other LaPQC initiatives, The Gift and the LaPQC teams continued implementing joint topic calls to include cross-cutting topics to benefit all hospital teams, as as well as collaborative learning (coaching) calls and quarterly improvement planning meetings (charter chats) with birthing facility teams. In April 2022, the LaPQC held its Perinatal-Neonatal Quality Improvement Conference, virtually. The conference included topics spanning all LaPQC initiatives, with a focus on equity.The Gift and the LaPQC teams built on FFY2021 efforts to support birthing facilities in developing joint (maternal-infant) quality improvement task forces, by standardizing "charter chats" that helped teams plan their improvement activities for multiple LaPQC initiatives during one meeting.

Evaluating impact of The Gift. A study[7], that was published in FFY 2022, utilized 2016-2019 LaPRAMS data to identify hospital practices associated with breastfeeding maintenance, assessed how frequently these practices are followed at Baby Friendly-designated, Gift-designated, and non-designated birthing facilities in Louisiana, and the relationship between these practices and breastfeeding maintenance by race. Findings showed that women who delivered at Gift- or Baby Friendly-designated hospitals were more likely to be exposed to breastfeeding-supportive practices than women delivering in non-designated hospitals; however, Non-Hispanic Black (NHB) women are benefitting less from these practices than Non-Hispanic White women. Additionally, among women delivering at Gift-designated hospitals, NHB women were less likely than NHW women to be exposed to certain practices that are positively associated with breastfeeding outcomes.

Support alignment and continuity of care between hospitals and community: As one of the key pillars of The Gift, BFH continued to facilitate linkages between hospitals and community breastfeeding support resources through the use of the Coffective system of tools. The Coffective online breastfeeding resource directory is a tool that serves to strengthen continuity of care by increasing awareness of services and resources that can assist mothers with their goals. Louisiana hospitals continued to have the ability to customize a prenatal preparation form, the "We're Prepared!" Checklist. This tool outlines 15 evidence-based practices to help prepare each mother for her hospital stay and highlights postpartum appointments to optimize continuity of care. Also designed to assist with the postpartum period, this tool also directs mothers to the Coffective app that connects to the online breastfeeding resource directory, where they can continue to build their team and get connected to resources after discharge.

Support community breastfeeding organizations: Title V continued to provide staff support to the Louisiana Breastfeeding Coalition (LBC) steering committee. The LBC works across sectors at the state and local level with the mission "to make breastfeeding the norm for all babies in Louisiana." In FY 2022, Title V staff supported the LBC in transitioning to a fully community-led leadership and continued to support the steering committee in maintaining activities, projects, grants, building coalition capacity, and providing scholarships and peer support to expand the workforce of lactation consultants of color in Louisiana.

Support implementation, monitoring, and evaluation of the Medicaid breast pump policy and promote awareness of Medicaid human donor milk coverage:

Inform and support Medicaid Policy. In FFY2022, BFH continued collaborative efforts with the Louisiana Medicaid

Medical Director to help plan for more in-depth strategies to support breastfeeding in future fiscal years. The Gift Team met regularly with the Louisiana Medicaid Medical Director and representatives from Medicaid Managed Care Organizations to plan for and implement rollouts of new breastfeeding-related benefits coverage and messaging and information on how to access new and existing benefits throughout the state, including breast pump and donor milk coverage.The Gift team also worked closely with the Louisiana Medicaid Medical Director to develop a plan for outpatient lactation coverage that was part of the Louisiana Business Plan.

Scale evidence-based practices related to the care and treatment of birthing persons and newborns affected by opioids through the LaPQC Improving Care for the Substance Exposed Dyad (ICSED) initiative: In FFY2022, BFH remained involved in state-level, interagency collaborative efforts to enhance Neonatal Opioid Withdrawal Syndrome (NOWS) identification, treatment, and prevention in Louisiana, to identify best practices, and to make recommendations to stem the growing number of NOWS cases statewide. Overdose is the leading cause of pregnancy-associated death in Louisiana. The Office of Behavioral Health (OBH) is the designated lead agency to address the opioid crisis in Louisiana, and Regional MCH coordinators collaborated with regional OBH-funded Opioid Prevention Outreach Coordinators to integrate local opioid efforts.

Improving Care for the Substance-Exposed Dyad (ICSED) launched in September 2021 and builds off of the legislatively mandated two-year NOWS Pilot project, which charged LDH with creating a demonstration project to optimize outcomes associated with NOWS. ICSED employs a quality improvement (QI) framework to scale evidence-based practices related to the care and treatment of birthing persons and newborns affected by opioids and other substances. To improve outcomes for dyads affected by substance use, care must be provided in respectful, informed, and collaborative ways, and grounded in policies and procedures based in evidence and free from stigma and bias. The goal of ICSED is to build hospital-based structures that assure high-quality, evidence-based, compassionate care for dyads affected by substance use.

While attrition occurred in FFY 2022, 11 birthing hospitals remained active in the initiative. ICSED QI efforts included monthly coaching calls and quarterly QI planning through charter chats. Subject matter experts delivered coaching call content and helped to develop resources and training modules for participating facilities. Coaching calls cover a variety of topics; examples including motivational interviewing and case study review. These efforts are grounded in addressing stigma and bias in health and birthing care. As a short-term aim, ICSED participating facilities worked to develop policies and procedures related to: screening, non-pharmacologic care, breastfeeding, and coordinated perinatal and infant discharge, inclusive of resource mapping and a referral and support plan.

Boldly work to undo systemic drivers of disparities and institutionalize equitable policies and practices.
Assist hospitals with identifying strategies to reduce racial disparities, including collecting and reporting on outcome measures stratified by race and providing hospital/clinical staff and provider education that addresses racial and socio-economic disparities in breastfeeding:The Gift continued to implement Gift 3.0 - the third iteration of the program, which includes an explicit focus on reducing the Black-White gap in breastfeeding initiation that persists both in Louisiana and nationally. Gift 3.0 criteria includes important changes from the previous Gift 2.0 criteria. The updated Gift 3.0 designation criteria requires hospitals to collect and submit monthly data, stratified by race, and address structural measures related to health disparity and patient partnership. The updated requirements are designed to help hospital teams identify and address areas for improvement to reduce racial breastfeeding disparities.

Provide funding and staff support for community-based, culturally appropriate, peer-based breastfeeding support for women of color
Birthmark Doula Collective- New Orleans Breastfeeding Center Cafe au Lait Groups: To help address racial breastfeeding disparities, BFH continued to provide support to the Birthmark Doula Collective-New Orleans

Breastfeeding Center (NOBC) to build a network of community-based breastfeeding support groups for women of color. Support included overcoming barriers to breastfeeding as well as the prevention and management of breastfeeding problems during the prenatal/postpartum periods. The six Cafe au Lait groups, located throughout Louisiana, are led by persons of color who are trained breastfeeding professionals. The primary focus is to build peer relationships and learn from community knowledge as opposed to conducting “lactation expert classes.” Peer support groups have demonstrated to be effective in increasing the initiation, duration, and exclusivity of breastfeeding. Additionally, the partnership with NOBC aims to increase the skills, capacity and number of professional and peer lactation supporters of color and advance health equity in BFH breastfeeding programs and strategies. This was accomplished through the training of NOBC’s Cafe au Lait facilitators as well as conducting quarterly Breastfeeding Grand Rounds to review and learn from current lactation case studies. The partnership with NOBC provides a mechanism for community feedback to better inform and influence BFH Breastfeeding activities designed to address the reduction of breastfeeding disparities.

Perinatal/Infant Health - Application Year

Overview and context of population domain

The perinatal and infant period is a time of transition for individuals who give birth and families, as well as an unparalleled period of development for the child. Through the child's first three years, 700 new neural connections are created every second[1]. Strong, stable, and nurturing relationships in this period can have lifelong impacts on health and development. The foundation for health and well-being starts here. Louisiana Title V invests in a variety of programs and initiatives to support infants and their families during this sensitive developmental period.

Louisiana has the third highest infant mortality rate in the country[2]. According to the most recent state Child Death Review (CDR) report, 43% of infant deaths are due to conditions originating in the perinatal period[3]. These conditions are closely related to maternal health before conception. Maternal health is also closely linked to low birth weight and premature birth[4], both of which are risk factors for the second most common category of infant death in Louisiana, Sudden Unexpected Infant Death (SUID). Many of these deaths are sleep-related. While behaviors like co-sleeping expose infants to a heightened risk of SUID, social factors may influence a caregiver's decision to co-sleep with their baby[5].

Perinatal / infant health priority needs and performance measures

Priority needs:

The 2020 Needs Assessment priority ranking process underscored the importance of improving birth outcomes, supporting secure infant-caregiver attachments, and reducing injury for Louisiana's babies.

Although breastfeeding was not identified as a top priority issue during the 2020 Needs Assessment, Louisiana Title V investments in The Gift hospital quality-improvement program have laid the foundation for other Louisiana Perinatal Quality Collaborative (LaPQC) hospital quality-improvement initiatives that aim to improve birth outcomes. Title V will continue to support and evaluate efforts related to NPM 4 and apply successful strategies to improve access to quality, coordinated care and support in other topic areas and population domains.

Sleep related injury is the leading cause of deaths in infants in Louisiana. Through years of strategic investment and leadership in infant health promotion, Louisiana Title V has established itself as a trusted resource for up-to-date safe sleep information, education, and recommendations for policy and practice improvements. Title V will build upon successful activities from the previous cycle and introduce new strategies to improve safe sleep practices in Louisiana.

The 2021-2025 State Action Plan strategies for this population domain are aligned with the following *population priorities*:

- Improve birth outcomes for individuals who give birth and infants
- Reduce child injury and violence

To strengthen the systems and supports that shape these factors, Louisiana Title V continues to execute strategies that align with the following *systems priorities*:

- Ensure equitable access to quality, coordinated care and supportive services

Performance measures:

Throughout the FFY 2021-2025 strategic period, Title V investments in the perinatal / infant health population domain in Louisiana will contribute to improvement of the following outcomes at both state and national levels:

- Reducing the infant mortality rate per 1,000 live births (NOM 9.1)
- Reducing the post neonatal mortality rate per 1,000 live births (NOM 9.3)

- Reducing the sudden Unexpected Infant Death (SUID) rate per 100,000 live births (NOM 9.5)

Recognizing the evidence of the strong linkages between the desired outcomes and interventions promoting breastfeeding and safe sleep practices, Title V supported programs in Louisiana will deliver actions aiming to effect the following performance measure(s):

- Percent of infants who are ever breastfed (NPM 4a)
- Percent of infants breastfed exclusively through 6 months (NPM 4b)
- Percent of infants placed to sleep on their backs (NPM 5a)
- Percent of infants placed to sleep on a separate approved sleep surface (NPM 5b)
- Percent of infants placed to sleep without soft objects or loose bedding (NPM 5c)

The strategies implemented to improve breastfeeding and safe sleep practices are evidence-based, and adapted to the unique context of the state of Louisiana. In FFY2024, LA Title V will implement strategies to achieve the following objectives in relation to the perinatal / infant health population domain:

- By December 2024, pilot the integration of the community into a joint Gift and Safe Births hospital task force
- By Q3 of FFY24, routinize providing stratified data to birthing hospitals during quarterly quality improvement planning meetings with hospital teams to support them in identifying strategies to reduce racial disparities
- By June 30, 2024, 80% of participating Improving Care for the Substance-Exposed Dyad (ICSED) facilities will implement key hospital-based structures that improve the identification, care, and treatment of birth parent/infant dyads affected by substance use/misuse in service of addressing key clinical contributors of pregnancy associated, but not related maternal death attributed to overdose
- Publish one comprehensive CDR report annually that includes specific practice and policy recommendations to prevent sleep-related infant injury and death.

Planned Title V efforts and alignment with perinatal / infant priorities

Population Priority: Improve birth outcomes for individuals who give birth and infants

Align hospital-based quality improvement initiatives to foster culture of improvement among Louisiana's birthing facilities: In FFY2024, BFH will continue to align overlapping and mutually reinforcing quality improvement methods and strategies among all LaPQC initiatives, including The Gift, to foster a culture of improvement among Louisiana's birthing facilities. In particular, the LaPQC will continue to conduct joint coaching calls and host annual in-person joint statewide hospital collaborative meetings. Statewide communication about program activities will be promoted through the newly launched LaPQC website, first public annual report, and a monthly LaPQC email update.

Improvement teams participating in LaPQC initiatives will continue to utilize LifeQI, a shared quality improvement platform designed to facilitate the management and reporting of multi-site quality improvement (QI) projects. To further assist facilities with the coordination of multiple Perinatal Quality Collaborative (PQC) initiatives, in addition to a singular data reporting platform, the LaPQC team will use lessons learned during FFY2023 to encourage joint task force development at additional facilities. The LaPQC will provide guidance and support for developing a joint task force to increase efficiency and strengthen a facility's capacity to implement and sustain change based on quality improvement science. In FFY2024, the LaPQC will support improvement teams by encouraging utilization of the Task Force toolkit developed in FFY2023. In addition, the LaPQC will utilize a team of community-based organization advisors and a model developed by Coffective to facilitate the inclusion of the community into hospital-based quality improvement work. This strategy will be measured by ESM 4.1: Percent of births that were delivered at Gift designated facilities.

System Priority: Ensure equitable access to high-quality and coordinated clinical and support services

Promote and support implementation of evidence-based maternity care and breastfeeding practices in birthing hospitals, and their affiliated special care/neonatal intensive care units (NICUs), and freestanding birthing centers through the LaPQC's breastfeeding/infant feeding quality improvement and hospital designation program, The Gift: The LaPQC/The Gift will continue to provide training, technical assistance, tools and collaborative learning opportunities to participating hospitals to increase the implementation of evidence-based maternity care and breastfeeding practices and increase the number of Gift designated facilities. This strategy will also be measured by ESM 4.1: Percent of births that were delivered at Gift designated facilities.

Assist hospitals with identifying strategies to reduce racial disparities, including collecting and reporting on outcome measures stratified by race and providing hospital/clinical staff and provider education that addresses racial and socio-economic disparities in breastfeeding: In January 2024, The Gift will disseminate the updated Gift 3.0 designation requirements. The updated requirements strengthen requirements for race and ethnicity data stratification (consistent with other LaPQC initiatives), skills-based staff training, and spread of breastfeeding best practices and quality improvement methods to NICU and Emergency Departments. In addition, The Gift will introduce new designation names, Gift and Gift+, in alignment with LaPQC's Birth Ready and Birth Ready+ designation.

In FFY2024, The Gift will provide additional technical and data support to facilities to help implement the new requirements. The Gift will utilize hospital-collected data and feedback from participating facilities to continuously improve upon the technical assistance and data support components provided by the team. The Gift will also continue to award designation to hospitals that meet the updated designation and redesignation criteria by maintaining a standardized application review process.

Support alignment of activities and continuity of care between hospitals and community breastfeeding support resources: BFH will continue to facilitate linkages between hospitals and community breastfeeding support resources through the use of the Coffective system of tools such as the online breastfeeding resource directory, a prenatal preparation form, the *We're Prepared! Checklist,* and the Coffective app, which connects to the online breastfeeding resource directory. The Gift team will encourage facilities to implement strategies to coordinate and provide every family with culturally appropriate support and care, ensure evidence-based and patient-centered continuity of care, provide and refer to peer and professional breastfeeding, recovery and parenting support to meet the specific needs of each patient.

Provide funding and staff support for community-based, culturally appropriate, peer-based breastfeeding support for women of color: In FFY2024, BFH will continue to partner with the New Orleans Breastfeeding Center/Birthmark Doulas and other community-based organizations by testing a community-based organization and patient advisory group through the LaPQC. BFH will work closely with the Louisiana Breastfeeding Coalition to identify opportunities to increase the number of lactation professionals and peer lactation supporters of color.

Support implementation, monitoring, and evaluation of the Medicaid breast pump policy and promote awareness of Medicaid human donor milk coverage: In FFY2024, BFH will continue to increase awareness of Medicaid coverage for breast pumps and accessories, donor human milk, and outpatient lactation coverage. BFH will continue working with hospitals, providers, and community partners to facilitate successful development and implementation of the Medicaid breast pump policy, human milk storage bags, and will continue to work with Medicaid plans that are expanding coverage for outpatient lactation services. To support policy implementation, BFH will continue to develop and refine supporting materials for providers and mothers, and monitor a public facing email address (breastfeeding@la.gov) that serves as a feedback loop for breastfeeding related questions, issues, and concerns for the general public. This email address will continue to be listed on public facing documents related to Medicaid's

breast pump policy, as well any emerging benefits, including outpatient lactation services. E-mail communication through this address will be used to support the monitoring and evaluation plan of this policy and will help BFH provide feedback from the community to Medicaid regarding the policy. BFH will continue researching Medicaid industry standards to make policy improvement recommendations.

Scale evidence-based practices related to the care and treatment of individuals who give births and newborns affected by opioids through the LaPQC Improving Care for the Substance Exposed Dyad (ICSED) initiative: Given BFH's involvement in Neonatal Abstinence Syndrome (NAS) surveillance, unintentional injury surveillance and prevention, and close working relationship with the Office of Behavioral Health, in FFY2024, BFH will continue to assume a lead role in the imminent work of OPH in addressing the opioid epidemic.

In FFY2024, the LaPQC will continue to participate in a state team receiving technical assistance from the National Center for Substance Abuse and Child Welfare (NCSACW) to support policy and practice changes related to the needs of newborns prenatally affected by substances and their affected families. This Louisiana state team includes representatives from the Louisiana Department of Children and Family Services, Louisiana Department of Health's Office of Behavioral Health and Office of Public Health, and the Pelican Center for Children and Families/Louisiana Supreme Court. Louisiana transitioned from the NCSACW's Policy Academy to In Depth Technical Assistance (IDTA) in March of 2023. The LaPQC will continue to leverage a perinatal substance use disorder workgroup, established in January 2021 to actively engage in this cross-systems effort.

With support from LDH Office of Behavioral Health's Substance Abuse and Mental Health Services Administration (SAMHSA) funded Louisiana State Opioid response (LaSOR) 3.0 grant, the LaPQC will continue to develop high-quality resources, training and technical assistance for facilities to support their implementation of evidence-based practices related to the identification and treatment of pregnant and postpartum individuals and neonates affected by substance use/use disorder. The LaPQC website will be used to house and distribute these resources.

The LaPQC will continue to support the ten facilities participating in ICSED as well as additional birthing hospitals working to implement universal screening for SUD, which was added to the Birth Ready Designation requirements for 2023. The LaPQC will also work closely with subject matter experts to support five hospitals in providing overdose education and naloxone directly to at-risk pregnant and postpartum patients and families as part of the LaPQC's ICSED Naloxone Pilot Project which launched in May 2023. This exciting project is focused on providing tailored, one-on-one technical assistance to birthing hospitals to develop the processes and ability to provide overdose education and naloxone directly to at-risk pregnant and postpartum patients and families. While five facilities signed up to participate, the LaPQC hopes to recruit additional facilities in FFY2024.

Population Priority: Reduce child injury and violence

Ensure high-quality fetal, infant, and child mortality review processes: In FFY2024, the network of nine regional MCH coordinators will continue to provide leadership to regional CDR teams. The regional CDR teams will conduct case reviews for all unexpected infant and child deaths, including SUIDs, and will provide prevention strategy recommendations to local Community Action and Advisory teams (CAATs) and the state CDR panel. The state CDR, as well as several regional CAATs, will maintain active Safe Infant Sleep Subcommittees to assure continued focus and data-informed action related to improve safe sleep practices around the state. Since FFY2022, local CDR panels noted increases or stagnation in SUID cases and elevated the discussion to the state CDR panel. In FFY2024, the state CDR Safe Infant Sleep Subcommittee will continue to expand its membership, meet routinely, investigate specific challenges identified within state CDR data surrounding SUID, and identify the best interventions to use based on the identified challenges.

As a Centers for Disease Control and Prevention (CDC) SUID Registry grantee, BFH will ensure SUID prevention

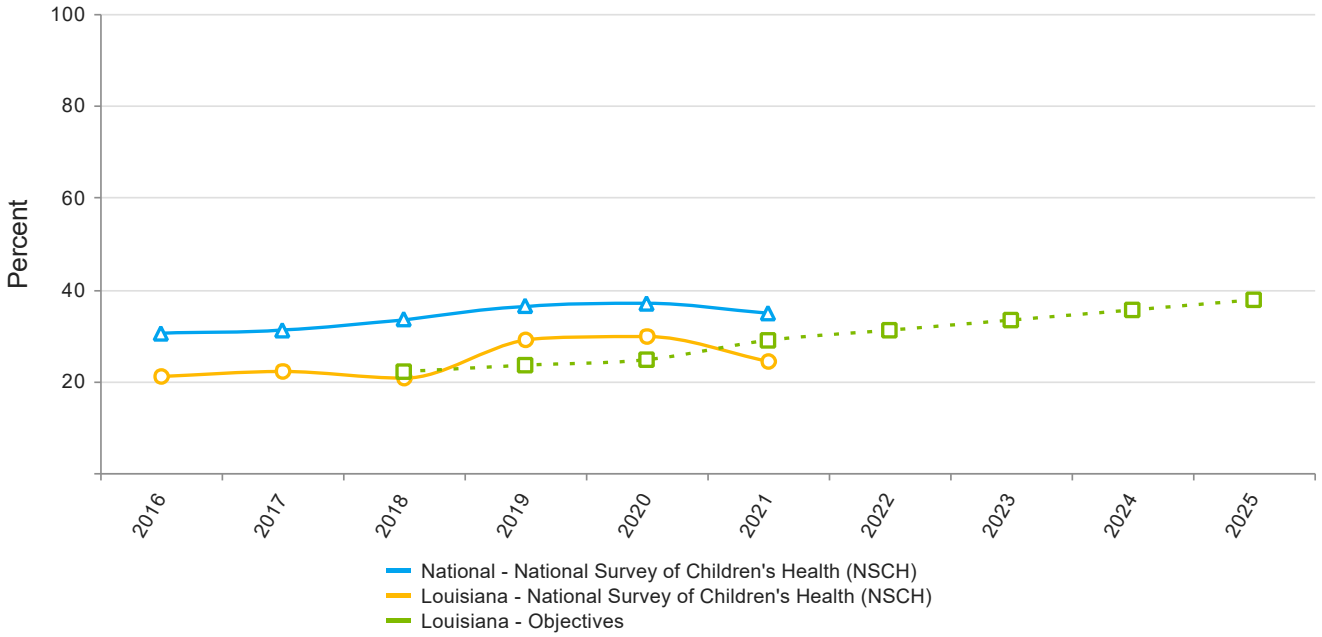
continues to be a key component of Louisiana's mortality surveillance system. Title V will continue to contribute funds to reimburse coroners for submitting complete autopsies and investigation forms. In FFY2024, training and QI efforts with coroners statewide will continue to help assure the accuracy of coding and quality of the SUID mortality investigations.

Train professionals on evidence-based safe sleep practices: In July 2022, the American Academy of Pediatrics (AAP) released an updated policy statement and corresponding technical report on evidence-based infant safe sleep recommendations. The updated recommendations emphasized the need for physicians, nonphysician clinicians, hospital staff, and child care providers to endorse and model safe infant sleep guidelines from the beginning of pregnancy. In FFY2023, the state CDR Safe Sleep subcommittee updated presentation materials based on trainer and community feedback, as well as a review of other national communication materials.The updated presentation now includes the updated AAP guidelines and more visuals and videos. In FFY2024, regional MCH coordinators will continue to conduct community training on safe infant sleep to teach professionals and caregivers how to recognize, identify and model safe sleep environments. This strategy will be measured by ESM 5.1: Number of professionals trained to recognize, identify, and model safe sleep environments.

National Performance Measures

NPM 6 - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

Indicators and Annual Objectives



Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	22.1	23.5	24.7	28.9	31.1
Annual Indicator	22.3	20.8	29.0	29.9	24.2
Numerator	27,095	32,009	50,909	48,525	32,172
Denominator	121,710	153,621	175,529	162,221	133,071
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016_2017	2017_2018	2018_2019	2019_2020	2020_2021

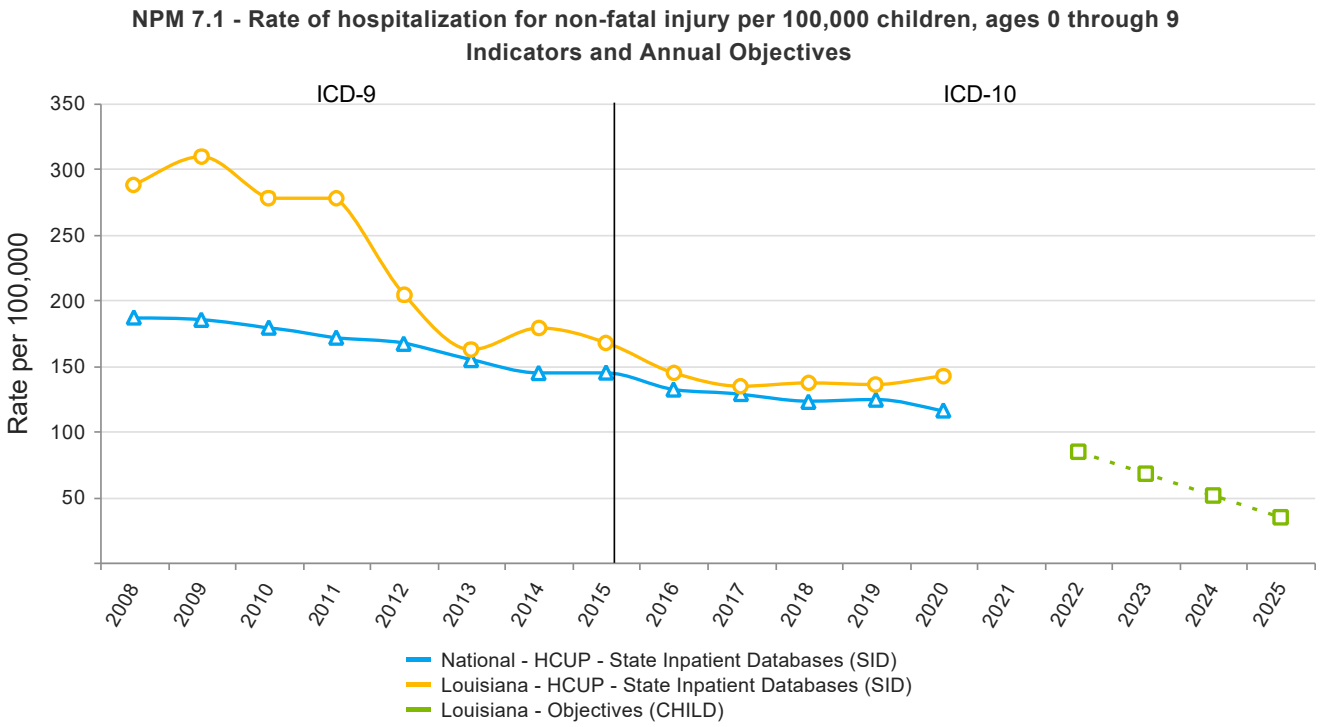
Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	33.3	35.5	37.7

Evidence-Based or –Informed Strategy Measures

ESM 6.1 - Number of early care/education and health providers receiving developmental, social/emotional, and environmental screening trainings

Measure Status:				Active	
State Provided Data					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	24	24	24	200	400
Annual Indicator	23	32	150	786	791
Numerator					
Denominator					
Data Source	Internal program records	Internal program records	Internal program records	Internal program records	Internal Program Records
Data Source Year	2018	2019	2020	2021	2022
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	800.0	900.0	1,000.0



Note: ICD-10-CM beginning in 2016; previously ICD-9-CM with 2015 representing January - September

Federally Available Data			
Data Source: HCUP - State Inpatient Databases (SID)			
	2020	**2021**	**2022**
Annual Objective			84.5
Annual Indicator	136.9	135.6	142.4
Numerator	833	817	851
Denominator	608,586	602,686	597,623
Data Source	SID-CHILD	SID-CHILD	SID-CHILD
Data Source Year	2018	2019	2020

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	67.9	51.3	34.7

Evidence-Based or –Informed Strategy Measures

ESM 7.1.1 - Number of households participating in evidence-based home visiting programs

Measure Status:	Active

State Provided Data			
	2020	2021	2022
Annual Objective			2,500
Annual Indicator	2,186	2,471	2,951
Numerator			
Denominator			
Data Source	MIECHV Annual Performance Report	MIECHV Program Records	MIECHV Program Records
Data Source Year	2020	2021	2022
Provisional or Final ?	Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	2,550.0	2,600.0	2,650.0

State Action Plan Table

State Action Plan Table (Louisiana) - Child Health - Entry 1	
Priority Need	
Promote healthy development and family resilience through policies and practices rooted in core principles of development	
NPM	
NPM 6 - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year	
Objectives	
By September 2024, Louisiana healthcare providers and childcare providers have an increased capacity to perform developmental screenings in line with national guidelines as a result of training and technical assistance from BFH	
By December 2024, complete a State Asset and Gap Analysis via application of Targeted Universalism Steps 2-4	
Strategies	
Support implementation of new developmental screening Medicaid policies	
Promote provider utilization of the Developmental Screening Toolkit to implement the Louisiana Developmental Screening Guidelines and integrate developmental screening services into their day-to-day practice	
Expand developmental screening resources for use in early childhood education settings	
Support successful implementation of Project SOAR (Screen Often and Accurately and Refer) to build Louisiana's capacity to ensure that all individuals who give birth and children birth to three have equitable access to timely and accurate developmental screening and follow-up via a coordinated system of maternal health and early childhood providers	
ESMs	**Status**
ESM 6.1 - Number of early care/education and health providers receiving developmental, social/emotional, and environmental screening trainings	Active
NOMs	
NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)	
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	

State Action Plan Table (Louisiana) - Child Health - Entry 2

Priority Need

Reduce child injury and violence

NPM

NPM 7.1 - Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9

Objectives

Provide injury prevention education to 100% of families participating in Louisiana MIECHV programs

By September 29, 2025, engage parent leaders on each of the 18 regional home visiting teams via implementation of activities as outlined in Stages 1-3 of the Home Visiting Collaborative Improvement and Innovation Network (HV COIIN) 2.0 Parent Leadership Toolkit.

Strategies

Provide injury prevention education through evidence-based home visiting

Investigate and analyze trends in child injury and violence

Support new and ongoing policy efforts to reduce child injury and mortality in partnership with the local and State Child Death Review (CDR) panels and others

Provide infrastructure support to Emergency Medical Services for Children (EMSC) and identify areas of collaboration to reduce the impact of child injury

ESMs	Status
ESM 7.1.1 - Number of households participating in evidence-based home visiting programs	Active

NOMs

NOM 15 - Child Mortality rate, ages 1 through 9, per 100,000

NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000

Overview and context of population domain

Childhood is a time of rapid, continuous development. As a child's brain and body develop, their health is shaped by the foods they eat, the attention they receive, and the interactions they have with their surroundings. Critical cognitive skills develop in early childhood. The early acquisition and refinement of these executive functioning and self-regulation skills can have positive, life-long effects.[1] Such skills are crucial for learning, social development, and the adoption of positive behaviors. The early identification of developmental issues, therefore, is critical to the child's wellbeing.[2] The 2020-2021 National Survey of Children's Health (NSCH) indicates that Louisiana's developmental screening rates remain significantly below the national average (LA 24.2%/US 34.8%).[3]

While childhood is a time of tremendous development, it can also be a time of vulnerability. From 2017-2019, 1,968 children died, representing a yearly average of 656 infant and child deaths. During this time period, Louisiana ranked in the top 10 states with the highest mortality rates for infants and children in almost all age groups[4]. Half of these deaths were due to injury and are largely considered preventable. The majority of child injury deaths in Louisiana are due to motor vehicle crashes, drowning, and homicide. Nearly one in ten of these injury deaths were due to suicide.[5] Non-fatal injuries can have life-long consequences for a child, and injury-related hospitalizations are a leading cause of child hospitalizations in Louisiana.

Child health priority needs and performance measures

Priority Needs:

The 2020 Needs Assessment priority ranking process underscored the importance of reducing violence and injury and ensuring that all Louisiana children are screened for a broad range of developmental needs and receive early intervention. The 2021-2025 State Action Plan strategies for this population domain are aligned with the following *population priorities*:

- Promote healthy development and family resilience through policies and practices rooted in core principles of development
- Reduce child injury and violence

To strengthen the systems and supports that shape these factors, Louisiana Title V continues to execute strategies that align with the following *systems priorities*:

- Partner with families, youth, and communities at all levels of systems change
- Ensure equitable access to high-quality and coordinated clinical and support services

Performance Measures:

Throughout the FFY 2021-2025 strategic period, Title V investments in the child health population domain in Louisiana will contribute to improvement of the following outcomes at both state and national levels:

- Percent of children meeting the criteria developed for school readiness (NOM13)
- Child Mortality rate, ages 1 through 9, per 100,000 (NOM 15)
- Adolescent mortality rate ages 10 through 19, per 100,000 (NOM 16.1)
- Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 (NOM 16.2)
- Adolescent suicide rate, ages 15 through 19, per 100,000 (NOM 16.3)
- Percent of children, ages 0 through 17, in excellent or very good health (NOM19)

Recognizing the evidence of the strong linkages between the desired outcomes and interventions related to the promotion of developmental screening and child injury prevention, Title V supported programs in Louisiana delivered strategies to improve the following performance measure(s):

- Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-

completed screening tool in the past year (NPM 6)
- Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9 (NPM 7.1)

The strategies implemented to promote developmental screening and prevent child injury are evidence-based, and adapted to the unique context of the state of Louisiana. In FFY2022, LA Title V aimed to achieve the following objective(s) in relation to the child health population domain:

- By March 2022, release updated training videos related to the recommended to the Louisiana Developmental Screening Guidelines and related developmental screening tools
- Provide injury prevention education to 100% of families participating in Louisiana MIECHV programs
- By September 2022, onboard at least one family member and one provider representative to the Young Child Wellness Collaborative
- By March 2022, review MIECHV financing research with Medicaid and determine feasibility of options

Summary of child health interventions supported by Title V in FFY2022

Population Priority: Promote healthy child development and family resilience through policies and practices rooted in core principles of development

Support implementation of new developmental screening Medicaid policies: Louisiana Title V's primary focus in the child health domain has been building statewide capacity to support comprehensive early childhood systems that promote healthy child development. In alignment with national Title V priorities, these efforts have been designed to strengthen developmental screening (DS) services in pediatric/family medicine healthcare settings. Since FFY2017, Title V has funded a full-time DS coordinator position to advance the DS NPM 6 State Action Plan and align DS strategies across internal and external partner programs and initiatives.

In recent years, Louisiana Medicaid implemented key policy changes aligned with BFHs' early childhood DS goals. In December of 2020, Medicaid adopted the American Academy of Pediatrics (AAP) Bright Futures periodicity schedule to maintain ongoing alignment of the Louisiana Early Periodic Screening Diagnostic and Treatment (EPSDT) benefit with current AAP recommended best practices. Also, following several years of Title V advocacy around unbundling Medicaid payment for early childhood screening services, beginning January 1, 2021, Medicaid implemented separate reimbursement for developmental, autism and perinatal depression screenings in pediatric settings. Lastly, in 2022, Medicaid launched a Developmental and Autism Screening incentive arrangement as part of the Managed Care Incentive program (MCIP). Through the MCIP, the managed care organizations (MCOs) receive financial incentives for reaching periodic milestones related to quality improvement (QI) initiatives. The main goal of this incentive arrangement is to increase performance on the Centers for Medicare and Medicaid Services (CMS) Child Core Set measure: *Developmental Screening in the First Three Years of Life*. This incentive arrangement will last five years, with milestones building upon one another throughout this time period.

Louisiana Title V's ongoing effort to improve developmental screening rates has centered around training family medicine and pediatric providers on implementation of the Louisiana Developmental Screening Guidelines (LDSG). The LDSG were created to support pediatric and family medicine providers who serve children 0-3 years with the tools to implement and maintain robust screening services at the practice level. Screening services aim to ensure that children experiencing developmental challenges will be promptly identified, referred for evaluation, and linked to early intervention services when indicated. The LDSG includes five developmental domains: general development, autism, perinatal depression, social-emotional development, and barriers to health/family wellness. The purpose of the guidelines is to outline the domains and highlight specific tools that are best suited to fulfill the developmental screening needs of Louisiana's children and families. These recommendations are intended to represent the

minimum amount of screening pediatric providers should conduct to ensure optimal developmental health.

During FFY2022, Title V implemented work plan strategies aimed toward maximizing the impact of Medicaid policy changes and promoting adoption of the LDSG in family medicine/pediatric settings. Through partnerships with the Louisiana Chapter of the AAP (LAAP) and Louisiana Medicaid, BFH facilitated a summer series of provider trainings related to early childhood DS and corresponding Medicaid DS policies. Attendees were eligible to receive continuing education (CE) credits for attending training sessions and completing an evaluation at the end of the webinar program. The FFY2022 training series topics included medicaid reimbursement; how to use the Modified Checklist for Autism in Toddlers, Revised with Follow-up (MCHAT-RF); how to use the Ages & Stages Questionnaire, Third Edition (ASQ-3); perinatal depression screening; and the BFH DS Toolkit. One hundred and sixty-nine providers and clinic administrators attended the training series.

Promote provider utilization of the DS Toolkit to implement the LDSG and integrate developmental screening services into their day-to-day practice: In 2021, BFH dedicated considerable resources towards development of a DS Toolkit to support pediatric/family medicine health providers with implementation of universal early childhood DS services at the practice level. Following recommendations from the LDSG, the toolkit uses a QI framework that allows practitioners to systematically improve the way healthcare is delivered to patients. The toolkit contains a series of webpages, training videos, and worksheets to help practitioners tailor screening services to their individual goals, capacity, and time. Blank quality improvement tools and worksheets are available for download and include a provider request form for project technical assistance (TA) -now marketed as Implementation, Training and Support (ITS)- services funded through Title V. BFH assessed the structure of the ITS offerings amongst its various medical home (MH) projects and made modifications to better support and meet provider need. ITS services offer providers the opportunity to engage in customized and tailored implementation training, screening tool assistance, project planning, staff training, and process mapping. Providers can request ITS using the updated ITS Request Form. In addition to DS, the ITS form can be used to request support for care coordination, youth health transition and pediatric and perinatal mental health, all at no charge to the practice.

As part of toolkit content management activities, the DS coordinator led the annual update for the DS referral guides for each of the nine LDH administrative regions. The guides were developed as a resource to support appropriate and timely referrals when risk is identified through recommended early childhood screenings and are divided into three sections which address family wellness, developmental milestones, and social-emotional/autism resource and referral information. The annual update process encompassed robust fact checking, research for new early childhood development resources and evidence-based therapies, content updates, and reformatting. Additional toolkit management efforts in FFY2022 included a new set of on-demand micro-learnings (short trainings) on DS topics. The plan for these trainings emerged from provider feedback around learning preferences.

BFH teams also offered DS Office Hours in FFY2022. Office Hours focused on how to use a DS QI project to obtain Maintenance of Certification, Part Four (MOC4) credit for the American Board of Pediatrics. Along with changes to the TA/ITS products, the DS coordinator also reimagined the Office Hours structure based upon feedback received from providers and partners. The new Office Hours are now conducted once per month focusing on topics pertinent to providers. Each month, providers and partners are invited to attend the informal 30-minute session where a pre-selected topic is discussed and attendees engage in conversations, ask questions, and receive information about relevant resources.

In FFY2022, two new pieces of legislation with direct implications for state DS projects were passed. The first mandated pediatricians and family medicine providers to screen caregivers for perinatal depression between 0-6 month well-child visits. To support this legislation, BFH was tasked with developing an evidence-based provider resource webpage on perinatal depression. The webpage was completed with collaborative support from the DS

coordinator, mental health consultation manager, MH/EPSDT coordinator, statewide nurse consultant, and the Communications team and includes resources to aid clinicians who treat or support patients experiencing a perinatal mood disorder. To further support providers in complying with this legislation, BFH developed a provider "quick start" guide to support implementation of perinatal depression screening in pediatric settings and updated the perinatal depression section of the Medicaid-recommended screening tools. The second piece of legislation further enforced Bright Futures' recommendation for autism screenings at 18 and 24 month well-child visits, mandating the provision of autism screenings at recommended intervals during well-care visits. BFH directed efforts to ensure providers are aware of the autism screening resources available through the DS Toolkit.

Prior to the passage of the new legislation, the bureau planned a learning collaborative pilot -modeled after the Institute of Healthcare Improvement's Breakthrough Series Model- to promote implementation of Medicaid's recommendation/policy change related to perinatal depression screening in pediatrics (PDSP) during well-child visits. This learning collaborative was administered under the Louisiana Perinatal Quality Collaborative (LaPQC), a voluntary network of perinatal care providers, public health professionals, and patient and community advocates who work to advance equity and improve health outcomes for individuals who give birth, families, and newborns. The aim of the PDSP pilot was to achieve and maintain an 85% screening rate among caregivers using a validated tool at the 1-month, 2-month, 4-month, and 6-month well-child visit in participating clinics.The pilot included practice incentives to support time and effort for data measurement and reporting, as well as stipends for faculty. The LaPQC recruited four practices that met participation eligibility criteria from different areas of the state. The pilot launched in May of 2022 and ended in June of 2023. Preliminary data reports indicate that the pilot far exceeded goals. A complete report on the pilot project will be submitted within the Title V's FFY2023 report.

BFH implemented a new strategy in FFY2022 to promote engagement of providers with BFH sponsored training. A team of five nursing staff from various BFH teams collaborated to submit a successful application to the Louisiana State Nurses Association to become credentialed as a nursing Continuing Education Provider Unit (CEPU). Additionally, the statewide social worker consultant was successful in an application as a social work CE approver. Together, these activities created the new BFH Social Work/Nursing CEPU supported by the statewide nurse consultant, the statewide social worker consultant, and the BFH care coordinator specialist. During FFY2022, the CEPU team collaborated with LAAP, to offer social work, nursing, and medical CE credit for BFH and LAAP provider events.

Efforts to integrate systems continued for the child health domain in FFY2022. The DS coordinator collaborated with the Office of Teaching and Learning to serve as a content expert on the LDSG and provided support for the LDOE early care and education DS initiative. The DS coordinator and the LDOE family support and coordinated enrollment manager co-facilitated a monthly meeting between BFH and the LDOE Early Childhood Strategy team to support collaboration for aligned initiatives. The LDOE team actively participated in the BFH-led Young Child Wellness Collaborative, the advisory body for the Early Childhood Comprehensive Systems (ECCS) project, which served as a valuable thought partner for this work. At the end of FFY2022, the DS coordinator, the MH coordinator, and the Family Resource Center (FRC) manager joined LDOE content expert workgroups to support the development of a planned family-facing website containing information and resources for promoting optimal child development. LDOE completed extensive pre-work for this initiative, Including surveying families of young children about their needs and preferences for receiving developmental resources and information.

In the latter part of FFY2022, the DS coordinator invested considerable time and effort to update and review the DS initiative work plan to reflect current Title V priorities. The work plan outlined and categorized strategies and supporting activities aimed toward increasing DS rates in pediatric primary care settings. Using the Monday.com project management system, the DS coordinator developed a project timeline with key benchmarks to support

advancement of the initiative with collaborative input from the MH coordinator and the CC consultant. The DS coordinator also supported team learning on the Monday.com platform.

Support successful implementation of Project SOAR (Screen Often and Accurately and Refer) to address gaps and barriers within the state's EPSDT system: BFH was awarded the HRSA-funded ECCS Health Integration Prenatal-to-Three Program grant in FFY2021 to fund Project SOAR (Screen Often and Accurately and Refer), a project conceived through a collaboration between the Louisiana Title V, MIECHV, and ECCS programs. In FFY2022, the SOAR team worked to build competency in Targeted Universalism (TU), the equity framework selected to guide the project. In alignment with the principles of TU, the SOAR team also collaborated with the YCWC and federal TA providers to develop the following aspirational, universal goal for the project: *All children receive equitable, timely, and accurate developmental screenings and follow-up; all pregnant and parenting caregivers receive equitable, timely, and accurate perinatal depression screening and follow-up.*

Throughout FFY2022, the team focused on operationalizing the ECCS work plan and developing processes and structures to support project implementation and continued alignment with the TU framework. Supported by the Family and Community Systems team project and strategy manager, the team concentrated on building strategies to support engagement of families and health providers as key collaborators in systems-level work. As implementation of the project advances, Title V will capture lessons learned that can then be replicated and adapted for other programs and initiatives across the Bureau.

Provide developmental screening and early intervention support through evidence-based home visiting and mental health consultation:
Provide home-based developmental screening and early intervention supports: In FFY2022, BFH continued to serve as the state's lead agency for MIECHV, offering no-cost, voluntary family support and coaching services to improve the health and well-being of pregnant and parenting families with young children. In Louisiana, the MIECHV program includes two of the nationally recognized, evidence-based home visiting models--Nurse-Family Partnership (NFP) and Parents as Teachers (PAT). Families are matched with registered nurses or certified parent educators who provide personalized education, guidance, and support to meet each family's individual needs and empower them to reach their goals.

Louisiana Pediatric Mental Health Care Access grant: To enhance Title V efforts to ensure equitable access to quality, coordinated care and supportive services, in FFY2021, BFH applied for and was awarded a five-year Maternal and Child Health Bureau (MCHB) grant to build the capacity of Louisiana's pediatric primary care providers, especially those practicing in rural areas, to appropriately screen, diagnose, treat, and refer children and youth who present with behavioral health conditions and concerns. In FFY2022, BFH developed the infrastructure and staffing necessary to launch the Louisiana Provider-to-Provider Consultation Line (PPCL). The PPCL was officially launched in October 2022. The PPCL provides training, mental health consultation, and resource and referral support to pediatric providers across Louisiana, thereby supporting the integration of behavioral health services into the pediatric primary care setting and increasing the access of children and youth to comprehensive care and strengthening the implementation of Medicaid's EPSDT benefit. Since the primary target population for this program is children and youth with behavioral health needs, Title V strategies to support the Louisiana Pediatric Mental Health Care Access program (LaPMHCA) are discussed in the children and youth with special health care needs (CYSHCN) domain narrative.

Population Priority: Reduce child injury and violence
Provide injury prevention education through evidence-based home visiting: The Louisiana MIECHV program continued to provide home visiting services, catering to the specific needs of individual clients and families. In total, the MIECHV team reached 4,160 clients in FFY2022. Home visitors utilize a variety of curriculum materials, also

known as facilitators, to educate clients and families. Facilitators used to address child safety and injury prevention in FY2022 included:

- Keeping Your Baby Safe
- Have I Crawled Around My Home?
- Childproofing Your Home
- Spring and Summer Safety
- Water Fun and Safety
- Safety Tips for Outdoor Play
- Safety During a Violent Event
- Protecting Your Toddler From Guns
- Safety and My Emotional Health
- Crib Safety
- Safety at Work and School

Examples of PAT facilitators used to address child safety include:

- Planning for Emergency
- Play it Safe with Animals
- Childproofing Your Home Now That You Have A Toddler
- Safety Tips for Homemade Toys
- Keeping Your Baby Safe
- Staying Safe on the Go
- Creating a Safe Environment For You and Your Child

Collaborate with the Department of Children and Family Services (DCFS) on shared data projects related to child welfare, health systems, and injury prevention: In late FFY2021, the former injury epidemiologist resigned, and BFH lost Core State Violence and Injury Prevention program (SVIPP) funding that helped support data linkage projects with DCFS. At the same time, BFH was awarded the Comprehensive Suicide Prevention grant. In FFY2022, BFH hired a new injury epidemiologist to support the grant activities related to suicide data tracking and evaluation. This position works closely with the mortality and morbidity epidemiologist to analyze trends and monitor child injury and violence data. These positions work closely with the Injury Prevention and Communications teams to respond to data requests, develop data products, and disseminate findings to inform prevention work.

Work with members on the local and State Child Death Review (CDR) panels and partners to support new and ongoing policy efforts to reduce child injury and mortality: Title V continued to support a mortality epidemiologist and a statewide network of nine regional maternal and child health (MCH) coordinators who work within their communities on critical maternal and child mortality surveillance activities. For CDR, the MCH coordinators abstract comprehensive information from vital records, coroner, law enforcement, and medical reports, and summarize information on deaths among children under the age of 15 years for local panel review and systems action. The local panels are complemented by a state CDR that serves as a platform to elevate local level issues that require state-level action or the support of state CDR partners to generate change. Local and state-level CDR panels include subject matter experts in infant and child health and safety. In addition to the nine regional MCH coordinators, Title V continued to provide funding support for the mortality epidemiologist, leadership, communications support, and policy and legislative support. The local and state-level reviews resulted in recommendations for interventions related to the investigation and prevention of sleep-related, motor vehicle crash, drowning, homicide, and suicide deaths.

Provide infrastructure support to Emergency Medical Services for Children (EMSC) and identify areas of collaboration to reduce the impact of child injury: In FFY2018, the state's EMSC program was moved under the

purview of BFH. Louisiana's EMSC program works with EMS agencies, emergency departments, healthcare providers, policymakers, communities, and families to reduce pediatric morbidity and mortality rates caused by acute illnesses and injuries. Louisiana EMSC did not directly receive Title V funding, but the program continued to be supported by Title V infrastructure positions. EMSC program staff also participated in several collaborative projects with Title V programs and participated in the Title V Needs Assessment process. EMSC continued to work closely with the Child Death Review board as a panel member to improve the emergency medical services provided to children. This collaboration has proven to be crucial for identifying trends, analyzing data, and implementing strategies to prevent deaths and enhance the quality of care provided in emergency situations. The EMSC program continued to actively collaborate with various agencies to provide education, training, and equipment to local Emergency Medical Services (EMS) and emergency room professionals. The aim of this collaboration is to ensure that EMS professionals receive the specialized training and knowledge required to effectively assess, stabilize and transport children in emergency situations. These partnerships facilitate the dissemination of best practice and empower EMS providers to provide optimal care to children in our community. The EMSC program continued work to enhance system response to pediatric emergencies by advocating for policy changes, investing in educational resources, and promoting the use of pediatric equipment. In FFY2022, EMSC laid the foundation toward implementing the ED Pediatric Readiness Recognition Program. A committee was established focused solely on developing criteria for two levels of recognition: Pediatric Ready and Advanced Pediatric Ready. The recognition criteria were tailored to meet the specific needs of Louisiana's ED's. The EMSC program established the Statewide Pediatric Emergency Care Coordinator (PECC) Consortium, which is a group of EMS leaders from across the state who collaborate to standardize pre-hospital emergency healthcare.

System Priority: Partner with families, youth, and communities at all levels of systems change

Expand YCWC membership to ensure greater family and provider representation: In FFY2022, BFH led efforts to realign the YCWC with shared Title V and ECCS early childhood priorities. Engagement of YCWC membership as the advisory body for Project SOAR was a key priority. Due to the population of focus for SOAR (prenatal-age 3), the team also expanded the focus of the YCWC to include the prenatal time period and the health of individuals who give birth. The YCWC identified goals to expand membership representation to include all stakeholders of the early childhood developmental health system, particularly families and health providers. BFH coordinated with Families Helping Families (FHF), as well as pediatric and perinatal health providers to promote YCWC participation. The Region 6 FHF EarlySteps outreach coordinator expressed interest in participating in the collaborative and was oriented to the YCWC. Pediatric and perinatal health providers invited to join the collaborative expressed concerns about competing priorities. The SOAR team continued to develop provider engagement strategies to achieve the envisioned multi-stakeholder participation.

During the first quarter of FFY2022, the SOAR team updated communication materials, including the YCWC one-pager, and convened a cross-sector meeting of the collaborative to reflect on historical accomplishments and provide an in-depth presentation of Project SOAR. The meeting also provided an opportunity for participant input on the support, structure, and training needed for the group to effectively advise Project SOAR's implementation. .

Over FFY2022, the YCWC explored early childhood project intersections, completed training on TU, and informed goal setting for Project SOAR. The refined priorities of the YCWC focused on specific areas of shared work across the full breadth of systems touching pregnant and parenting families with young children. The SOAR team and YCWC also worked on strategies for welcoming families and health providers into systems improvement work and determining how to support meaningful participation.

System Priority: Ensure equitable access to quality, coordinated care and supportive services

Collaborate with Medicaid to examine options for reimbursement for eligible home visiting services: In recent years, BFH has worked toward further diversified funding for evidence-based home visiting through exploration of Medicaid reimbursement options. The foundational work that began with the Johnson Group Consulting and ZERO TO THREE consultative processes and continued through the RFP recommendations has been synthesized into an LDH Early Childhood Strategic Plan. LA MIECHV leadership and the Health Systems and Strategy team researched Medicaid funding mechanisms to support these efforts and initiated discussions with other states who have successfully leveraged Medicaid funds for home visiting and mental health consultation for home visitors. In FFY2021 and FFY2022, this work was paused due to vacancies and transitions of key leadership positions on the LA MIECHV and Health Systems Strategy teams and then due to timing. Currently, Medicaid is not in a position to support major funding transitions, though the groundwork has been laid for future efforts. In the meantime, LA MIECHV continued to focus on building relationships with the Healthy Louisiana Plans, some of which have expressed interest in discussing funding for home visiting services

Overview and context of population domain

Childhood is a time of rapid, continuous development. As a child's brain and body develop, their health is shaped by the foods they eat, the attention they receive, and the interactions they have with their surroundings. Critical cognitive skills develop in early childhood. The early acquisition and refinement of these executive functioning and self-regulation skills can have positive, life-long effects.[1] Such skills are crucial for learning, social development, and the adoption of positive behaviors. The early identification of developmental issues, therefore, is critical to the child's wellbeing.[2] The 2020-2021 National Survey of Children's Health (NSCH) indicates that Louisiana's developmental screening rates remain significantly below the national average (LA 24.2%/US 34.8%).[3]

While childhood is a time of tremendous development, it can also be a time of vulnerability. Between 2018-2020, the Louisiana mortality rate for children aged 0-14 was 22.6 per 100,000, compared to 16.2 nationally. Half of these deaths were due to injury and are largely considered preventable. The majority of child injury deaths in Louisiana are due to motor vehicle crashes, drowning, and homicide. Nearly one in ten of these injury deaths were due to suicide.[4] Non-fatal injuries can have life-long consequences for a child, and injury-related hospitalizations are a leading cause of child hospitalizations in Louisiana.

Child health priority needs and performance measures

Priority Needs:

The 2020 Needs Assessment priority ranking process underscored the importance of reducing violence and injury and ensuring that all Louisiana children are screened for a broad range of developmental needs and receive early intervention. The 2021-2025 State Action Plan strategies for this population domain are aligned with the following *population priorities*:

- Promote healthy development and family resilience through policies and practices rooted in core principles of development
- Reduce child injury and violence

Performance Measures:

Throughout the FFY 2021-2025 strategic period, Title V investments in the child health population domain in Louisiana will contribute to improvement of the following outcomes at both state and national levels:

- Percent of children meeting the criteria developed for school readiness (NOM13)
- Child Mortality rate, ages 1 through 9, per 100,000 (NOM 15)
- Adolescent mortality rate ages 10 through 19, per 100,000 (NOM 16.1)
- Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 (NOM 16.2)
- Adolescent suicide rate, ages 15 through 19, per 100,000 (NOM 16.3)
- Percent of children, ages 0 through 17, in excellent or very good health (NOM19)

Recognizing the evidence of the strong linkages between the desired outcomes and interventions related to the promotion of developmental screening and child injury prevention, Title V supported programs in Louisiana are delivering actions aiming to effect the following performance measures:

- Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (NPM 6)
- Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9 (NPM 7.1)

The strategies implemented to promote developmental screening and prevent child injury are evidence-based, and adapted to the unique context of the state of Louisiana. In FFY2024, LA Title V will implement strategies to achieve the following objectives in relation to the child health population domain:

- Louisiana healthcare providers and childcare providers have an increased capacity to perform developmental screenings in line with national guidelines as a result of training and technical assistance from BFH
- By December 2024, complete a State Asset and Gap Analysis via application of Targeted Universalism Steps 2-4
- Provide injury prevention education to 100% of families participating in Louisiana MIECHV programs
- By September 29, 2025, engage parent leaders on each of the 18 regional home visiting teams via implementation of activities as outlined in Stages 1-3 of the Home Visiting Collaborative Improvement and Innovation Network (HV COIIN) 2.0 Parent Leadership Toolkit.

Planned Title V efforts and alignment with child health priorities

Population Priority: Promote healthy child development and family resilience through policies and practices rooted in core principles of development.

Support implementation of new developmental screening Medicaid policies:

A new state report on DS rates for children covered by Medicaid insurance is planned for FFY2024. The report will be developed from a collaborative Medicaid and Title V data analysis of Medicaid DS claims data. Through conducting a retrospective data review, the team seeks to understand the impact of the 2021 Medicaid DS reimbursement policy change on screening rates for children 0-36 months covered through Medicaid insurance. A report on the findings from this analysis is planned for release during FFY2024.

Promote provider utilization of the Developmental Screening Toolkit to implement the Louisiana Developmental Screening Guidelines and integrate developmental screening services into their day-to-day practice:

Many of BFH's strategies to increase uptake of the Louisiana Developmental Screening Guidelines (LDSG) and integration of universal developmental screening in pediatric health care settings are centered around the online Developmental Screening (DS) Toolkit. The toolkit uses a quality improvement (QI) framework, which allows practitioners to systematically improve the way healthcare is delivered to patients. Through a series of webpages, training videos, and worksheets, clinics can implement a practice improvement project to tailor screening services to their individual goals and capacity. As the flagship resource for the DS initiative, maintenance of the web content for the DS Toolkit will remain a major priority during FFY2024. The DS coordinator, with support from the Communications and Medical Home teams, will endeavor to maintain, update, and create resources to fill identified resource gaps.The team will use website analytics and provider feedback to drive improvement strategies. These efforts will focus on ensuring the DS Toolkit remains relevant and in keeping with current research and recommendations.

BFH teams will use similar methods to maintain the new perinatal mental health and infant/early childhood mental health web content. These new, provider-focused web pages deliver easy access to recommendations on perinatal, infant and early childhood mental health from the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP). The site includes quick links to Medicaid and LDSG recommended perinatal depression screening instruments and a quick-start guide to implementing perinatal depression screenings in pediatric settings. Additionally, these webpages link providers to access information for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program and the Louisiana Provider-to-Provider Consultation Line (PPCL) services. PPCL is a grant funded telehealth consultation and education program that helps health care providers address the behavioral and mental health needs of pediatric patients (ages 0-21) and perinatal patients. The program aims to increase the capacity to screen, diagnose, treat, and refer patients to supportive services by integrating behavioral health into clinical settings.

To ensure the ongoing viability of the LDSG, the DS coordinator recently created and documented a detailed process to review and update the LDSG on a biennial schedule. Using evidence-informed policy development processes from the CDC and the National Institute of Health, formal review activities will commence in late FFY2023. The review of the LDSG will include a review of current early childhood developmental science, state/national clinical policies, state legislation and Medicaid policies, and the identified needs of Louisiana's population. Processes for convening diverse committee subgroups are outlined in the LDSG review plan. The review should conclude during the first quarter of FFY2024. Publication of final recommendations for the LDSG is anticipated by January 2024.

Over the upcoming year the DS initiative will actively promote the DS Toolkit, as well as Louisiana's new Care Coordination (CC) Toolkit. One of the priorities for the CC Toolkit publication is providing clinicians with the tools to develop efficient and effective referral pathways and follow-up loops to ensure children receive timely and appropriate referrals when risk is identified through early childhood screenings. Additionally, the DS coordinator and Medical Home team will promote Implementation,Training, and Support (ITS) technical assistance to community health providers and administrators. The ITS model is designed to support practices with planning and problem-solving throughout their QI cycles.

DS Office Hours will be ongoing over FFY2024. Office Hours are 30-minute informal sessions that provide an easy access/low commitment experience for administrators and health providers. The monthly topics are determined from webinar and conference feedback forms as well as conversations from previous Office Hours sessions. As topics vary within the scope of DS, Office Hours presenters range from the DS coordinator to BFH content experts. Office hours include a micro-learning session with "open-mic" questions. Participants are encouraged to tap into sessions to receive answers to practice specific questions as well as access relevant information, resources, and provider services available through the initiative. Office Hours topics and upcoming dates can be found on the LDH Implementation Training & Support page. The Family and Community Systems (FCS) and Communications teams support marketing of these sessions through the LDH/BFH website, community networks, and through LDH social media channels.

During FFY2024 the DS Coordinator and the Medical Home Coordinator (Learn the Signs Act Early ambassador) will submit abstracts for presentations on LDSG and Learn the Signs Act Early content to various health provider convenings such as the Louisiana APP Chapter, Louisiana Family Physicians, and Louisiana Primary Care Association's conferences and workshops. Further provider training will be conducted through the DS summer training series, a Medicaid and Louisiana AAP annual collaborative provider education series. Medicaid will support training content around all things related to Medicaid provider reimbursement policies, required documentation, and Medicaid recommended tools and the LA AAP chapter will support credentialing and provision of medical provider continuing education credit.

Expand developmental screening resources for use in early childhood education settings: Continuing early childhood systems partnerships, the DS coordinator will provide content expertise for LDOE developmental screening and developmental promotion initiatives. The DS coordinator will submit abstracts to the Early Childhood Education Conference as well as the Teacher Leader Summit. The DS coordinator will support LDOE initiatives through collaborative development of evidence-based materials for early education professionals to aid learning centers and schools with implementation of the LDOE screening initiative and will continue participation in the LDOE early childhood developmental promotion website work group.

Other ongoing projects aimed toward supporting optimal early childhood development supported by BFH staff include the Medical Home coordinator's work as the ambassador for Learn the Signs Act Early, which includes collaborations with LDOE and the Women's Infant Child (WIC) nutrition program to expand implementation of the

CDC's developmental milestone materials. Collaboration with these programs will help to inform young families about the importance of early childhood development and build their capacity to support optimal development for their child. Another effort to ensure families have access to early childhood development information involves leverage of the BFH-Families Helping Families (FHF) partnership. As the states' peer support organization, Families Helping Families is a trusted resource in the community and is an expert in providing family-centric training. For FFY2024, FHF networks will host quarterly training targeting the P-3 audience on topics related to early childhood development. The goal of these collective efforts is to empower families with information that can support the facilitation of deeper discussions with their health providers about their child's growth and development. This strategy will be measured by ESM 6.1: Number of early care/education and health providers receiving developmental, social/emotional, and environmental screening training.

Support successful implementation of Project SOAR (Screen Often and Accurately and Refer) to build Louisiana's capacity to ensure that all individuals who give birth and children birth to three have equitable access to timely and accurate developmental screening and follow-up via a coordinated system of maternal health and early childhood providers: In FFY2024, Title V will continue to align early childhood strategies and provide in-kind leadership and program support to Project SOAR (Screen Often and Accurately and Refer). The ECCS team, with Title V support, will implement a set of coordinated strategies to gather qualitative data around the experiences of Louisiana families (prenatal to age 3) with the early childhood developmental health system. Project SOAR has used the Targeted Universalism (TU) equity framework to operationalize work plan activities and strategies. During FFY2024, the SOAR team will work with internal and external early childhood partners to recruit a diverse representation of community families to participate in a statewide family experience survey. Families will have the option to participate in follow-up key informant interviews to further explore their survey responses. After analysis and summary of the qualitative data, the team will recruit underrepresented family groups to participate in SOAR focus groups/listening sessions. Demographic data from the focus groups will assist the team with identification of underrepresented groups. These family sessions will be used to "ground truth" findings from the qualitative data gathering efforts (surveys and key informant interviews) to ensure diverse family experiences are authentically captured.
A major focus of Project SOAR is building and testing strategies to create trusted partnerships with community families in order to better engage them in informing and guiding systems improvement work. The project's end goal is to partner with families to co-create an Early Childhood Developmental Health Strategic Plan that outlines system improvement strategies based on input gathered from community families and health providers, P-3 family leaders and the SOAR advisory body..These efforts are in direct alignment with BFH goals to embed pathways for families and providers to become trusted and equal partners in Title V work.

Lastly, the SOAR team will continue efforts to build the capacity of the SOAR advisory body (Young Child Wellness Collaborative) and expand membership to include community families, as well as perinatal and pediatric providers. Dedicated efforts to advance health equity competency among the SOAR team, advisory body, and Title V will continue to ensure application of the TU equity framework within SOAR and beyond.

Population Priority: Reduce child injury and violence
Provide injury prevention education through evidence-based home visiting: Evidence-based home visiting programs, such as those supported through the federal MIECHV program and implemented by BFH, have been linked to improvements in a variety of indicators of child and family health, including those related to child injury and violence. A systematic review of evidence related to reducing injury hospitalizations in children suggests that home visiting can be an effective venue for promoting childhood safety and preventing injury through parent education.

BFH currently implements two evidence-based home visiting models: Nurse-Family Partnership (NFP) and Parents as Teachers (PAT). In both models, home visitors cater education and coaching activities to the needs of the

individual clients. Home visitors are trained in and equipped with a variety of curriculum materials, also known as facilitators, to utilize when administering education interventions. Examples of NFP facilitators addressing child safety include:

- Keeping Your Baby Safe
- Safety in a New Place
- Have I Crawled Around My Home?
- Childproofing Your Home
- Spring and Summer Safety
- Fall and Winter Safety
- Water Fun and Safety
- Safety Tips for Outdoor Play
- Safety During a Violent Event
- Protecting Your Toddler From Guns
- Safety and My Emotional Health
- Crib Safety
- Safety at Work and School

Examples of PAT facilitators addressing child safety include:

- Planning for Emergency
- Play it Safe with Animals
- Childproofing Your Home Now That You Have A Toddler
- Safety Tips for Homemade Toys
- Keeping Your Baby Safe
- Staying Safe on the Go
- Creating a Safe Environment For You and Your Child

Although Louisiana MIECHV does not currently collect data on the specific education activities and facilitators utilized during home visits, all clients receive some education related to child injury prevention. This strategy will be measured by ESM 7.1.1: Number of households participating in evidence-based home visiting programs.

Investigate and analyze trends in child injury and violence: In FFY2024, Title V will continue to partially fund a senior injury epidemiologist to lead data collection, analysis, and evaluation work related to BFH's injury and violence prevention activities. Once filled, the position will also continue to support activities related to BFH's ongoing partnership and data sharing agreement with the Department of Children and Family Services (DCFS).

Support new and ongoing policy efforts to reduce child injury and mortality in partnership with the local and State Child Death Review (CDR) panels and others: In FFY2023 and continuing in FFY2024, Title V will fund mortality review staff and provide infrastructure support to the local and state CDR panels. A focus for the 2021-2025 cycle is supporting the movement of CDR recommendations to action. In FFY2023, local and state CDRs are focusing on the leading causes of infant and child death by continuing to promote a secure firearm storage campaign, working to prevent motor vehicle crashes through car seat check events and education, and promoting drowning prevention strategies. Additionally, the state CDR formed a multidisciplinary workgroup focused on sudden unexpected infant deaths (SUIDs), including updating safe sleep communication materials and analyzing regional successes to replicate in other regions with the highest SUID rates. In FFY2024, Title V staff will continue to work with members on the local and state CDR panels and partners to support new and ongoing prevention and policy efforts.

Provide infrastructure support to Emergency Medical Services for Children (EMSC) and identify areas of collaboration to reduce the impact of child injury: The Bureau of Family Health (BFH) leads the statewide injury and

mortality surveillance programs. BFH puts health equity into action to ensure that health needs are addressed for women, children, youth, and their families across the generations. The Louisiana Emergency Medical Services for Children (EMSC) program is directly aligned within the OPH BFH and has access to and actively engages with the MCH programs, including: data to action and epidemiologist teams, quality improvement and quality assurance teams, strategy and policy subject matter experts, and business operations teams. Each of these teams within BFH work collaboratively to support MCH initiatives across Louisiana, and the EMSC program benefits from actively participating and being closely aligned with them.

The Emergency Medical Services for Children (EMSC) State Partnership (SP) program, through collaborative efforts with stakeholders, strengthens the healthcare improvement and prevention work, particularly across the emergency healthcare settings including, pre-hospital emergency medical services (EMS) agencies and hospital-based emergency departments. This work ensures that all children who access the emergency systems of healthcare are provided timely and critical care, encouraging the best chance for positive health outcomes.

In FFY2024, EMSC will continue to participate as an active reviewer in the Emergency Medical Services (EMS) and Emergency Department (ED) Facility Recognition site, ensuring that EMS and ED facilities meet the necessary standards. The foundation has been laid and state specific criteria is established for this project. The next phase includes piloting, socializing, and fully implementing the recognition program which will provide guidance to hospital-based EDs to apply for Pediatric Ready or Advance Pediatric Ready levels of recognition. The EMSC manager will attend EMS and Facility Recognition Sites as an active reviewer. Additionally, EMSC is deeply committed to engaging in community outreach activities, effectively connecting with the public and raising awareness about EMS.

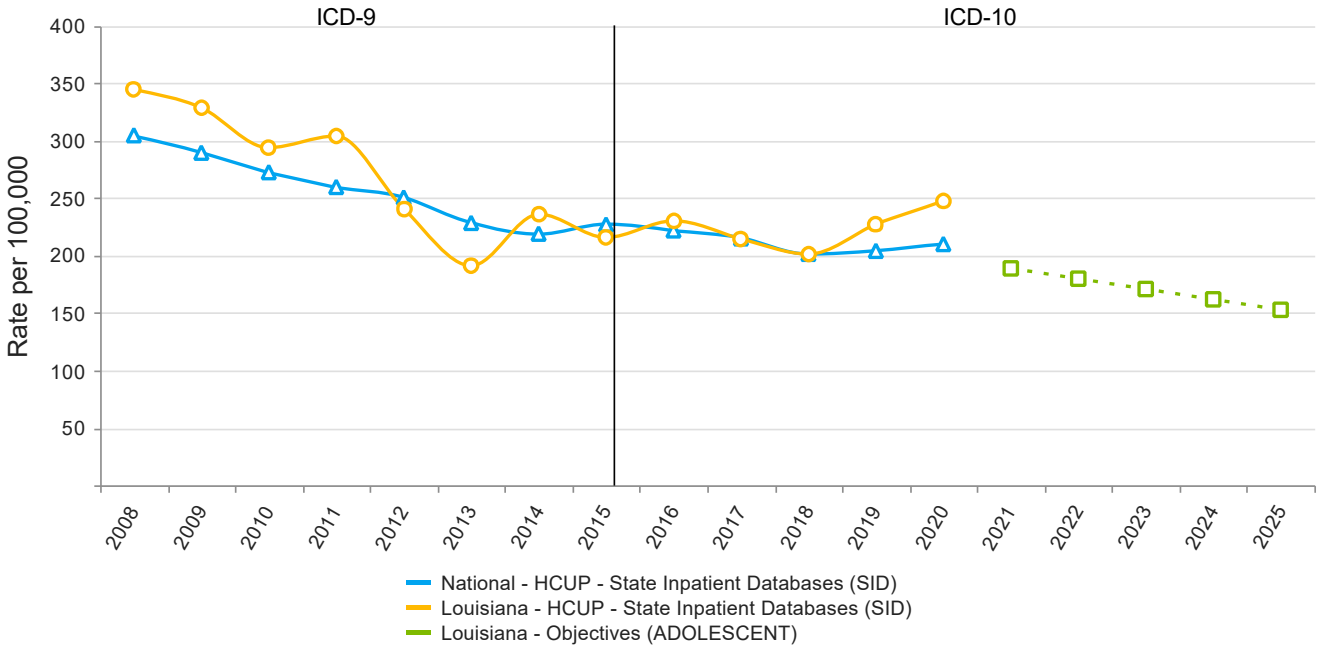
Another exciting project in the pipeline is the launch of a Virtual Reality Headset program, which will provide outlying EMS agencies with advanced tools to enhance their capabilities. A major focus of EMSC’s efforts will be to conduct a widespread outreach campaign promoting the 2024 Pre-Hospital Readiness Program (PHRP) Assessment, furthering the improvement and preparedness of EMS for pediatric care.

Lastly, EMSC is actively involved in disseminating a statewide model disaster plan for both ED and EMS agencies, contributing to the development of comprehensive emergency response strategies across the state.

Adolescent Health

National Performance Measures

NPM 7.2 - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19
Indicators and Annual Objectives



Note: ICD-10-CM beginning in 2016; previously ICD-9-CM with 2015 representing January - September

Federally Available Data				
Data Source: HCUP - State Inpatient Databases (SID)				
	2019	**2020**	**2021**	**2022**
Annual Objective			188.9	179.9
Annual Indicator	214.9	201.4	226.8	246.9
Numerator	1,302	1,215	1,362	1,473
Denominator	605,840	603,371	600,579	596,490
Data Source	SID-ADOLESCENT	SID-ADOLESCENT	SID-ADOLESCENT	SID-ADOLESCENT
Data Source Year	2017	2018	2019	2020

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	170.9	161.9	152.9

Evidence-Based or –Informed Strategy Measures

ESM 7.2.2 - Number of “gatekeepers” trained in adolescent suicide prevention

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives			
	2023	2024	2025
Annual Objective	468.0	540.0	720.0

State Action Plan Table

State Action Plan Table (Louisiana) - Adolescent Health - Entry 1	
Priority Need	
Reduce child injury and violence	
NPM	
NPM 7.2 - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19	
Objectives	
Publish an annual report on injury and violence in Louisiana	
By September 2024, publish the annual Louisiana injury and violence report, which will include a section on fire-arm related injuries.	
Strategies	
Investigate and effectively communicate trends and factors related to injury hospitalizations and deaths	
Support implementation of Be SMART Louisiana campaign to promote responsible gun ownership to reduce child gun deaths and injuries	
ESMs	**Status**
ESM 7.2.1 - Number of professionals trained in Adverse Childhood Experiences (ACEs)	Inactive
ESM 7.2.2 - Number of “gatekeepers” trained in adolescent suicide prevention	Active
NOMs	
NOM 15 - Child Mortality rate, ages 1 through 9, per 100,000	
NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000	
NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000	
NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000	

State Action Plan Table (Louisiana) - Adolescent Health - Entry 2

Priority Need

Improve adolescent mental health and well-being

NPM

NPM 7.2 - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19

Objectives

By July 2024, strategies outlined in the Whole Health Louisiana state plan will be operationalized by sector and will include a continuous quality improvement plan to guide implementation efforts.

By June 2024, under-resourced rural populations, identified by the ACE Educator Program, will have improved capacities to identify, prevent and respond to childhood adversity as a result of increased access to training and other individual and organizational capacity building efforts.

By January 2024, and every quarter thereafter for FFY2024, SBHCs participating in the pilot program for RAAPs will identify the top five risk behaviors affecting adolescents through use of the RAAPS screening tool. This data will be shared with school administration and inform SBHC providers implementation strategies.

By June 30, 2024, OPH-affiliated SBHCs will report the percentage of students with a positive risk screening. This information will identify those communities in which adolescents display high risk factors.

Strategies

Support implementation of the CDC-funded Comprehensive Suicide Prevention (CSP) program and expand evidence-based suicide prevention gatekeeper trainings

Support implementation of the State Injury Prevention Strategic Action Plan strategies addressing shared or related priorities

Build community awareness around adverse childhood experiences (ACEs), trauma, and resilience science

Lead a community-driven process to develop a statewide trauma informed plan to set priorities for the state and inform action around addressing the drivers of ACEs and childhood trauma

Oversee the delivery of rape prevention education activities

Support quality improvement in School Based Health Centers (SBHC) and develop and implement strategies to better meet adolescent mental and behavioral service needs

ESMs	Status
ESM 7.2.1 - Number of professionals trained in Adverse Childhood Experiences (ACEs)	Inactive
ESM 7.2.2 - Number of “gatekeepers” trained in adolescent suicide prevention	Active

NOMs

NOM 15 - Child Mortality rate, ages 1 through 9, per 100,000

NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000

Overview and context of population domain

Adolescence is a critical period for physical, mental, and emotional development. Reducing risk exposure and adapting health-promoting behaviors at this transitional stage can have life-long impacts on health outcomes. At the same time, experiencing trauma or adopting unhealthy behaviors during adolescence may have negative impacts on long-term well-being[1]. While certain adolescent health indicators have improved in Louisiana**,** significant concerns remain for safety, as well as social-emotional and behavioral support.

Adverse experiences in childhood can impact the mental and physical well-being of individuals throughout the life course. Louisiana's Adverse Childhood Experiences
(ACE) rate is one of the highest in the nation. Nearly 20% of Louisiana children age 0 -17 have experienced two or more ACEs, compared to 14.8% nationally.[2] Suicide is another concern for children and young adults. According to the American Foundation for Suicide Prevention, suicide was the 3rd leading cause of death for Louisianans aged 10-24 and 25-34 in 2020.[3] Multiple risk factors related to suicidal thoughts and behaviors are on the rise across the state. Depression rates of Louisiana adolescents age 18-24 are increasing steadily.[4] Environmental stressors including community and domestic violence, hurricanes and other natural disasters, and the ongoing stresses associated with the COVID-19 pandemic all contribute to this increase in mental health issues.

Adolescent health priority needs and performance measures

Priority needs:

The 2020 Needs Assessment priority ranking process underscored the importance of improving adolescent health and reducing child injury. The 2021-2025 State Action Plan strategies for this population domain are aligned with the following *population priorities*:

- Improve adolescent health and well-being
- reduce child injury and violence population

To strengthen the systems and supports that shape these factors, Louisiana Title V continues to execute strategies that align with the following *systems priorities*:

- Ensure Title V strategies are outcomes-focused and rooted in essential public health services
- Partner with families, youth, and communities at all levels of systems change.

Performance measures:

Throughout the FFY 2021-2025 strategic period, Title V investments in the adolescent health population domain in Louisiana will contribute to improvement of the following outcomes at both state and national levels:

- Child Mortality rate, ages 1 through 9, per 100,000 (NOM 15)
- Adolescent mortality rate ages 10 through 19, per 100,000 (NOM 16.1)
- Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 (NOM 16.2)
- Adolescent suicide rate, ages 15 through 19, per 100,000 (NOM 16.3)

Recognizing the evidence of the strong linkages between the desired outcomes and interventions promoting adolescent injury prevention, Title V supported programs in Louisiana delivered strategies to improve the following performance measure(s):

- Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 (NPM 7.2)

The strategies implemented to promote adolescent injury prevention are evidence-based, and adapted to the unique context of the state of Louisiana. In FFY2022, LA Title V aimed to achieve the following objective(s) in relation to the adolescent health population domain:

- By September 2022, review findings from the Rapid Assessment for Adolescent Preventive Services (RAAPS) tool pilot and evaluate feasibility for scaling use of the tool in all Title V-supported school-based health centers
- By January 2022 and annually thereafter, publish an annual report on injury and violence in Louisiana
- Facilitate four Adolescent School Health Initiative Coordinating Council meetings annually

Summary of adolescent health interventions supported by Title V in FFY2022

Population Priority Needs: Improve adolescent mental health and reduce child injury and violence
The Title V State Action Planning sessions that occurred during the 2020 Needs Assessment provided BFH staff a chance to reflect on the state of adolescent mental health care in Louisiana. Searching for improvement opportunities, participants identified systemic gaps and cultural barriers to optimal behavioral health provision. Identified challenges included a persistent stigma associated with seeking help for mental health concerns and a tendency for public health agencies to set strategic priorities without consulting focus populations (e.g., youth in Louisiana), thereby limiting program uptake and impact. BFH staff also recognized the need to refine the Bureau's role in improving mental health outcomes, acknowledging that other organizations may be better positioned to reach priority populations. To this end, participants considered how BFH might support partner agencies already working to improve adolescent mental health. Similar themes emerged from the State Action Planning workgroup that focused on reducing child injury and violence. While the specific objectives in each workgroup varied, both workgroups elevated issues of consumer engagement, alignment of messaging, and complementing existing efforts as the basis of their proposed Title V strategies.

Over the past several years, BFH has significantly strengthened its injury prevention portfolio and capacity and is now positioned as the leader of the state's injury and violence prevention efforts. Historically, Title V had funded the bulk of BFH's injury prevention work; however, since the 2016-2020 grant cycle, BFH secured numerous discretionary grant awards to expand its injury prevention capacity. BFH's injury prevention programs and initiatives are now largely funded through competitive federal grants, and the concurrent action planning processes clarified that Title V is currently best suited to play an active supportive, rather than leading, role in most of the Bureau's injury and violence prevention efforts.

Actively support implementation of the State Injury Prevention Strategic Action Plan strategies addressing shared or related priorities: Concurrent with the Title V State Action Planning process, the BFH Injury program utilized the Centers for Disease Control and Prevention (CDC) Core State Violence and Injury Prevention Program (SVIPP) funding to spearhead the development of a five-year state Injury Prevention Strategic Action Plan with the aim of galvanizing agencies and resources into a comprehensive and coordinated effort to prevent injuries and violence across the state. The plan focuses on the connections between and causes of different types of injuries (shared risk and protective factors), evidence-based strategies already being implemented around the state, and existing and new critical priority areas for intervention and prevention. The plan also considers how interventions affect change at the individual, relationship, community, and societal levels to ensure maximum reach and impact.

While the Title V and Injury Prevention assessments and plans were developed separately and under different directives, there was significant overlap in the identified priorities and collaboration throughout the planning processes of each grant. The leader and coordinator of the State Injury Strategic Action Plan participated in the Title V planning sessions, and the Title V strategy manager and Title V coordinator actively participated in the injury prevention planning sessions. With a mutual upstream focus on shared risk and protective factors, both plans contained similar strategies related to consumer and stakeholder engagement, alignment of BFH and partner efforts, and strategic communications rooted in market research. In FFY2022, the Title V and Injury team continued to meet and identify opportunities for collaborative implementation of strategies.

Participate in third cohort of the Child Safety Learning Collaborative (CSLC) and support implementation of hospital-based and community interventions for Suicide and Self-Harm Prevention (SSHP): Since 2019, BFH has participated in the Child Safety Learning Collaborative (CSLC), an initiative jointly sponsored by the Maternal and Child Health Bureau (MCHB) and the Children's Safety Network that aims to reduce fatal and serious injuries among

infants, children, and adolescents. The first cohort ran from November 2018 - April 2020, and the second cohort ran from May 2020 - October 2021. The third and final cohort was November 2021 - April 2023.

While the CSLC team previously focused on buildling hospital emergency department capacities to screen and identify children and youth at risk of self harm, in FFY2021 the CSLC team shifted focus and began partnering with local agencies, including The Family Tree Jacob Crouch Suicide Prevention Services, to offer evidence-based gatekeeper trainings across Louisiana. In FFY2022, Family Tree trained over 250 people including mental health professionals, educators, child welfare professionals, and others.

The CSLC team also partnered with LivingWorks Start program, a 90-minute self-directed suicide prevention training that teaches trainees to recognize when someone is thinking about suicide and connect them to help and support. Through this training, professionals with busy schedules can complete the training in their own time. The training was offered to professionals from the Office of Aging and Adult Services, the Department of Children and Family Services and extended foster parents, and school-based health centers. Over 80 people participated in LivingWorks Start.

Support implementation of Comprehensive Suicide Prevention (CSP) program: In September 2021, BFH was awarded the CDC Comprehensive Suicide Prevention grant. This project focuses primarily on reducing and preventing suicide among youth and veterans. The BFH Injury team built on the partnerships and work resulting from the CSLC. Beginning in September 2022, the Emergency Department Surveillance of Nonfatal Suicide-Related Outcomes (ED-SNSRO) program was rolled into the CSP program to align suicide data tracking and to inform prevention efforts.

Build community awareness around Adverse Childhood Experiences (ACEs), trauma, and resilience science:
ACE Educator program: Research has shown that many ACEs are associated with an increased population risk for health and social problems such as injury and violence. Even if violence, substance use or mental health issues are only present prior to conception, traumatic experiences can still have negative implications for a woman and her future children. Research shows that child behavioral health problems are linked to higher Adverse Childhood Experiences (ACEs) scores by their parents, particularly their mothers[5]. Social service professionals across the country have leveraged their ACEs awareness to create innovative, trauma-informed programs and approaches. Throughout the FFY 2016-2020 block grant cycle, Title V funded a statewide ACE Educator program to build community awareness around ACEs, trauma, and resilience science. The program trains small cohorts of volunteers to become ACE Educators. Once trained, these educators offer no-cost presentations to agencies, organizations, and community groups across Louisiana.

In FFY2022, the ACE Educator program trained a total of 3,901 professionals from a diverse range of sectors. Following significant staffing changes in FFY2021, the ACE Educator program developed new training materials including tips and best practices for presenting on ACEs, as well as additional training modules for *Trauma-Informed Education*, *Parenting and ACEs*, and *General Approaches to Trauma-Informed Care*. A virtual option for the *Trauma-Informed Education* module was developed to meet Louisiana Department of Education training requirements for teachers and other school personnel. Efforts were made to re-engage with volunteer educators, and analyses were conducted to determine which regions and parishes were most in-need of ACE cohorts. These analyses used chronic disease burden as a proxy for ACEs burden, and found that the highest ACEs burden was located primarily in rural areas with very few ACE Educators. This data was analyzed and an internal report was published in September 2022. The ACE Educator Program is developing opportunities to promote cohort training for volunteer ACE Educators throughout these rural areas.

Trauma & resilience strategy: In FFY2020, Title V invested funds to develop a new position to support state- and

local-level efforts to integrate trauma-informed strategies beyond ACEs training. The trauma & resilience strategy lead (TRSL) coordinates BFH's efforts to develop strategic partnerships in state- and local-level systems to support integration of trauma-informed programming, policies, and protocols in settings impacting vulnerable youth and their families. The TRSL also provides support for state- and local- level efforts building cross-system infrastructure, integrated service delivery systems, and protective community environments that can reduce the prevalence of ACEs, trauma, and inequity.

In 2021, the TRSL provided support for Whole Health Louisiana, a coordinated effort spearheaded by First Lady Donna Edwards' Louisiana First Foundation to develop a shared framework and state trauma-informed plan for child- and family-serving entities across the state.The TRSL worked with the Office of the First Lady and a consultant team to conduct a discovery process to identify existing resources, deficits and attitudes regarding trauma-informed practices in the state. The discovery process took place from September 2021 - August 2022 and gathered input from over 800 experts, advocates and community members. The discovery process culminated in the publication of the Whole Health Louisiana Statewide ACEs Discovery Report.

Rape prevention and education: Throughout the FFY 2016-2020 block grant cycle, BFH continued to oversee the CDC-funded Rape Prevention and Education (RPE) program. The RPE program works in collaboration with the Louisiana Foundation Against Sexual Assault (LaFASA) and their partners to implement comprehensive, evidence-based prevention strategies in 27 parishes. The RPE program delivers school-based primary prevention programs to educate youth about healthy relationships, as well as training for middle school to college-age students on how to safely intervene when they witness someone engaging in unhealthy behaviors. The RPE program also works with communities to implement social norms approaches that promote safe, stable and nurturing relationships and environments.

In FFY2022, the CDC encouraged grantees to begin prioritizing health equity as a fundamental part of programming. Louisiana RPE leadership contracted with Trepwise to conduct a community-centered discovery process to provide insights on health equity in rape prevention. In addition, the local prevention coordinators used the virtual Community of Practice meetings to present strategies listed in a CDC funded publication, *A Health Equity Approach to Preventing Sexual Violence*. The presentations led to rich conversations regarding how to infuse health equity in prevention work.

Support school-based health centers (SBHCs) with piloting a standardized validated risk screening tool that supports professionals in addressing the risk behaviors impacting health, well-being, and academic success in youth: Louisiana Title V strategies to improve adolescent health include improving the quality, relevance, and uptake of available services at school-based health centers (SBHCs) affiliated with the OPH Adolescent School Health program (ASHP). The legislatively-mandated charge of ASHP is to "facilitate and encourage the development of comprehensive health centers in Louisiana public schools." Title V funds staff to manage ASHP and facilitates evidence-based quality improvement in Louisiana SBHCs by providing informational resources, technical assistance, strategic direction, and contract monitoring.

OPH affiliated SBHCs provide medical and behavioral health services and are charged with conducting risk screenings through use of sponsor-selected risk screening tools. In September 2018, ASHP offered each SBHC the opportunity to participate in a pilot study of Rapid Adolescent Prevention Screening (RAAPS), a validated risk screening tool. RAAPS is completed via a computer or tablet and allows programs to run analyses and generate reports to identify top risk behaviors and supports collaboration with partnering agencies to reduce risk behaviors.

Five SBHCs participated in the pilot and an additional three SBHCs have implemented RAAPs since the pilot's end.

In FFY2022, eight OPH-affiliated SBHCs used the RAAPS to screen 1,315 students. The majority of students screened (54%) were between 12 and 15 years of age. Screenings were conducted by both medical and behavioral health providers. Programs shared information regarding the top five risk behaviors evident in the screening results with school administrators. A summary of risk factors identified by RAAPs was provided in the Louisiana Adolescent School Health Initiative Annual Report.

ASHP continued to work with SBHC staff on data analysis and how to use RAAPS data to inform their practices. In FFY2022, the ASHP program coordinator continued to facilitate quarterly quality improvement (QI) meetings. The QI quarterly teams were developed based on their selected QI topic rather than by their respective sponsoring agencies. The program coordinator continued to provide individual and group support to the QI champions and SBHC teams. At the conclusion of FFY2022, QI champions reported a deeper understanding of the QI process and also expressed satisfaction with the process. Some QI champions shared that initially they found the QI process to be "just one more task" but as they saw changes in their processes that resulted in greater efficiency and outcomes they became invested in the process.

In addition to the support provided for QI through the QI quarterly meetings, ASHP also resumed site monitoring visits in FFY2022. The program monitor developed a site assessment tool that extended beyond a checklist of activities. SBHC staff were interviewed about their processes used to provide physical and behavioral health services. In addition to SBHC staff interviews, school administration, school nurse, school counselor and students were interviewed about their experiences with the SBHC. During the site visit, ASHP provided suggestions and identified potential QI projects.

System Priority Need: Ensure Title V strategies are outcomes-focused and rooted in essential public health services

Investigate and effectively communicate trends and factors related to injury hospitalizations and deaths:

Mortality and injury surveillance: Historically, Louisiana Title V's primary investment in addressing youth suicide has been through the Louisiana Child Death Review (CDR). As described in other domain narratives, the CDR consists of state and local panels that meet to review unexpected deaths of children under age 15, identify risk factors, and provide recommendations for preventive action. Beginning in FFY2019, a specific section in the annual CDR report was included to bring extra attention to child deaths by suicide. According to the most recent CDR report, during 2018-2020 30 children under the age of 15 years old died from suicide in Louisiana and 43% of those deaths were completed using firearms.

Although CDR does not review deaths among adolescents 15 years and older, suicide fatalities for individuals of all ages are included in the CDC-funded National Violent Death Reporting System (NVDRS). BFH has participated in NVDRS since 2016 and began collecting statewide data in January 2018. Collection of NVDRS data enables enhanced monitoring of trends among suicides, as well as contributing factors for these fatalities among older adolescents.

In 2019, BFH partnered with the OPH Infectious Disease Epidemiology (ID Epi) program on a CDC-funded ED-SNSRO project to expand surveillance to include non-fatal suicide attempts as well as suicidal ideation. As of September 2022, the ED-SNSRO project was rolled into the current CDC Comprehensive Suicide Prevention program also held by BFH. In FFY2022, the team surveyed key suicide prevention partners to determine what data would be most useful to them and in what preferred formats. Since fatality data can be delayed by several years, partners identified the importance of assessing near-time suicide ideation and attempt data by demographics and region. The communications specialist and injury epidemiologist worked with a Tableau expert from the Office of Technology Services to develop a public-facing data dashboard that aligned with partners' interests by utilizing syndromic surveillance data. The interactive data dashboard gives partners the ability to access and track nonfatal

suicide-related trends over time and in their regions.

Supported state Child Death Review (CDR) panel: Since FFY2019, the state CDR panel has made safe firearm storage a priority focus area and created a workgroup to address and promote safe firearm storage to prevent child deaths. Title V-funded communications specialists and other Title V staff supported the CDR Firearm Safe Storage workgroup with the development of a social norms campaign targeting Louisiana gun owners with children who live in or visit their homes and store their firearms unlocked or otherwise unsecured. In FFY2020, the CDR Firearm Safe Storage workgroup partnered with the Every Town for Gun Safety's national Be SMART campaign to create Louisiana-specific social marketing materials to help parents and other adults normalize conversations about gun safety and take responsible actions that can prevent child gun deaths and injuries. In FFY2021, BFH conducted audience testing of the draft materials with Louisiana gun owners and worked with the workgroup and Be SMART to adjust the materials in response to the audience feedback. In FFY2022, State CDR received funding from Louisiana Children's Trust Fund in collaboration with the Louisiana Chapter of the American Academy of Pediatrics to print the materials for distribution. State and local CDR partners have actively distributed these materials in their communities. In FFY2022, 17,508 materials (posters, palm cards, and brochures) were distributed. Key audiences that received materials include gun retailers and ranges, faith-based organizations, law enforcement, childcare providers, pediatrician offices, and local governmental agencies.

Injury-Free Louisiana (IFLA): One of the first shared risk and protective factors (SRPF) collaborative initiatives spearheaded by BFH was Injury-Free Louisiana (IFLA). IFLA is a team of partners that works to address the common underlying factors influencing multiple forms of injury affecting Louisiana families and communities. IFLA facilitates shared learning opportunities through webinars and training and offers peer-to-peer support among organizations who work in different injury areas. Participants usually include law enforcement, sexual violence and domestic abuse prevention agencies, behavioral health practitioners, child welfare, mangaged care organizations, social services, and other nonprofit organizations. IFLA trains this workforce through an interactive, four-day training academy that increases knowledge of SRPF approaches and develops skills in primary prevention, program planning and implementation, and evaluating evidence-based strategies to prevent injury among diverse populations.

To support further growth of IFLA and the growing portfolio of injury prevention efforts, BFH partnered with LDH Bureau of Health Informatics (BHI) on their CDC-funded Overdose Data to Action (OD2A) Initiative. Through this new collaboration, BFH hired a designated IFLA coordinator and expanded the focus to include substance misuse and opioid overdose prevention. IFLA teams selected various SRPFs to address within their communities, including community support and connectedness, connections to caring adults, coordination of resources and services, and addressing cultural norms that support aggression.

Since partnering with OD2A and hiring the IFLA coordinator in 2020, IFLA facilitated an in-person IFLA Academy held in Baton Rouge and a webinar series focused on primary prevention and connections between ACEs, suicide, and overdose. The in-person Academy included fifteen participants, and the webinar series had over 150 participants. IFLA also created contracts with local agencies and IFLA participants so that attendees can hear presentations and have discussions with injury and violence prevention subject matter experts and past IFLA participants. IFLA will host one more in-person Academy by August 2023. There will also be a formal program evaluation to determine program outcomes since the inception of IFLA Academy.

System Priority Need: Partner with families, youth, and communities at all levels of systems change
Support the Adolescent School Health Initiative (ASHI) coordinating council: The Adolescent Health Initiative requires the Office of Public Health to convene and participate in an intergovernmental coordinating council composed of

representatives from the departments of education, children and family services, health and other governmental entities or programs related to health services. The charge of the council is to assist in implementation, oversight and funding assistance for health centers in schools. Following the initial meeting in June 2021, two additional meetings were held (December 8, 2021 and March 9, 2022). In March 2022, it was determined that the legislation mandating the council was vague and ASHP began working with the BFH Policy and Legislative team to seek clarity on the legislation and to identify membership and meeting frequency.

Overview and context of population domain

The 2020 Needs Assessment displayed increasing trends in suicide, self-harm thoughts and behaviors, and mental health disorders among adolescents. These findings highlighted a significant and urgent need for mental and behavioral health services for adolescents across the state. The assessment also demonstrated a need to address toxic stress and trauma among Louisiana's adolescents, both of which can precipitate mental health issues, including those linked to various forms of violence and injury.

Adverse experiences in childhood can impact the mental and physical well-being of individuals throughout the life course. Louisiana's Adverse Childhood Experiences
(ACE) rate is one of the highest in the nation. Nearly 20% of Louisiana children age 0 -17 have experienced two or more ACEs, compared to 14.8% nationally.[1] Suicide is another concern for children and young adults. According to the American Foundation for Suicide Prevention, suicide was the 3rd leading cause of death for Louisianans aged 10-24 and 25-34 in 2020.[2] Multiple risk factors related to suicidal thoughts and behaviors are on the rise across the state. Depression rates of Louisiana adolescents age 18-24 are increasing steadily.[3] Environmental stressors including community and domestic violence, hurricanes and other natural disasters, and the ongoing stresses associated with the COVID-19 pandemic all contribute to this increase in mental health issues.

Adolescent health priority needs and performance measures

Priority needs:

The 2020 Needs Assessment priority ranking process underscored the importance of improving adolescent health and reducing child injury. The 2021-2025 State Action Plan strategies for this population domain are aligned with the following *population priorities*:

- Improve adolescent health and well-being
- reduce child injury and violence population

To strengthen the systems and supports that shape these factors, Louisiana Title V continues to execute strategies that align with the following *systems priorities*:

- Ensure Title V strategies are outcomes-focused and rooted in essential public health services
- Partner with families, youth, and communities at all levels of systems change.

Performance measures:

Throughout the FFY 2021-2025 strategic period, Title V investments in the adolescent health population domain in Louisiana will contribute to improvement of the following outcomes at both state and national levels:

- Child Mortality rate, ages 1 through 9, per 100,000 (NOM 15)
- Adolescent mortality rate ages 10 through 19, per 100,000 (NOM 16.1)
- Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 (NOM 16.2)
- Adolescent suicide rate, ages 15 through 19, per 100,000 (NOM 16.3)

Recognizing the evidence of the strong linkages between the desired outcomes and interventions promoting adolescent injury prevention, Title V supported programs in Louisiana are delivering actions to improve the following performance measure:

- Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 (NPM 7.2)

The strategies implemented to promote adolescent injury prevention are evidence-based, and adapted to the unique context of the state of Louisiana. In FFY2024, LA Title V will implement strategies to achieve the following objectives in relation to the adolescent health population domain:

- Publish an annual report on injury and violence in Louisiana
- By September 2024, publish the annual Louisiana injury and violence report, which will include a section on fire-arm related injuries.
- By July 2024, strategies outlined in the Whole Health Louisiana state plan will be operationalized by sector and will include a continuous quality improvement plan to guide implementation efforts.
- By June 2024, under-resourced rural populations, identified by the ACE Educator Program, will have improved capacities to identify, prevent and respond to childhood adversity as a result of increased access to training and other individual and organizational capacity building efforts.
- By January 2024, and every quarter thereafter for FFY2024, SBHCs participating in the pilot program for RAAPs will identify the top five risk behaviors affecting adolescents through use of the RAAPS screening tool. This data will be shared with school administration and inform SBHC providers implementation strategies.
- By June 30, 2024, OPH-affiliated SBHCs will report the percentage of students with a positive risk screening. This information will identify those communities in which adolescents display high risk factors.

Planned Title V efforts and alignment with adolescent health priorities

Population Priority Need: Reduce child injury and violence

Investigate and effectively communicate trends and factors related to injury hospitalizations and deaths: In FFY2024, Louisiana Title V will continue to fund and support state and local Child Death Review (CDR) panels to review unexpected deaths of children under age 15, identify risk factors, and disseminate prevention recommendations. Title V will also continue to collaborate with the National Violent Death Reporting System (NVDRS), which will monitor trends in violent deaths among adolescents of all ages and investigate contributing factors for these fatalities.

In FFY2024, the BFH will continue implementation of the Centers for Disease Control and Prevention (CDC)-funded Comprehensive Suicide Prevention (CSP) program, which now encompasses the Emergency Department Surveillance of Nonfatal Suicide-Related Outcomes (ED-SNSRO) project. The OPH Infectious Disease Epidemiology (ID Epi) program is working with the BFH Communications team to share new emergency department data with suicide prevention partners across Louisiana. The team interviewed key audience members (e.g., behavioral health providers, suicide experts, legislators, etc.) to discuss which numbers and what formats would be most helpful for local suicide prevention. In FFY2022, the team began developing products to empower prevention partners with previously unavailable data: an email-based rapid alert system for suicidal activity at the parish level and an interactive data dashboard showing statewide suicide trends over time. In FFY2024, the team will develop additional data products based on partner and stakeholder feedback. The overarching goal is to make suicide data easier to access, thereby equipping partners with the best available evidence to plan their prevention projects.

Support implementation of Be SMART Louisiana campaign to promote responsible gun ownership to reduce child gun deaths and injuries: In FFY2022, the state CDR launched the Be SMART campaign, and MCH coordinators and other partners began distributing materials across the state to target audiences, including gun rangers, gun shops, children's hospitals, pediatrician offices, law enforcement, and coroners. In FFY2024, BFH will support the ongoing implementation of the Be SMART Louisiana campaign to promote responsible gun ownership to reduce child gun deaths and injuries. BFH will continue to support the distribution of physical materials, such as palm cards, posters, and pamphlets, as well as the social media graphics for digital use.

This strategy will be measured by ESM 7.2.2: Number of "gatekeepers" trained in adolescent suicide prevention.

Population Priority Need: Improve adolescent mental health and well-being

Support implementation of the CDC-funded Comprehensive Suicide Prevention (CSP) program and expand evidence-based suicide prevention gatekeeper trainings:

In FFY2024, Title V will continue to support the implementation of CDC-funded CSP program. In FFY2023, BFH began the collaborative process to create a Comprehensive Suicide Prevention Plan that leverages current public health and behavioral health approaches and partnerships and elevates best practice prevention work. BFH began this process by forming a Statewide Suicide Prevention coalition with over 40 mutli-disciplinary partners. The coalition convened in October 2022 to identify successes, challenges, and priorities the group could address over the next year. The coalition will continue to meet annually to identify priorities and complete development of the statewide prevention plan. BFH's state and local Child and Maternal Mortality Review panels, regional Community Advisory and Action teams, and suicide prevention coalitions will play an essential role in developing and finalizing the goals of the plan.

BFH will address several risk and protective factors through the implementation of evidence-based strategies chosen from the CDC's *Preventing Suicide: A Technical Package of Policy, Programs, and Practices*. Building on the partnership developed through the Child Safetly Learning Collaborative (CSLC) cohort activities described in the FFY2022 report narrative, BFH is partnering with The Family Tree to enhance their suicide prevention training by funding an additional suicide prevention coordinator. The Family Tree's Jacob Crouch Suicide Prevention Services consist of suicide awareness and prevention programs for schools in the Region 4 area, and the addition of the BFH-funded suicide prevention coordinator will enable the organization to expand evidence-based gatekeeper training for school personnel and peers statewide. These programs provide participants with the tools necessary to help themselves or others showing signs of at-risk behavior. Additionally, the CSP grant supports Beacon Community Connections' youth care navigation program. This program works with law enforcement and hospital intake specialists to provide care coordination services (such as follow-up services and resources) to youth who visited the emergency department or were admitted to a hospital due to suicidal ideation or attempt. This strategy will be measured by ESM 7.2.2: Number of "gatekeepers" trained in adolescent suicide prevention.

Support implementation of the State Injury Prevention Strategic Action Plan strategies addressing shared or related priorities: In 2021, BFH was not awarded the CDC grant funds intended to support the activities outlined in the State Injury Strategic Action Plan. However, BFH was awarded funds for the CDC Comprehensive Suicide Prevention grant and the Office of Women's Health State, Local, Territorial, and Tribal Partnership Programs to Reduce Maternal Deaths Due to Violence grant in quick succession. For most of FFY 2022-23, the BFH Injury team focused efforts on rapidly executing these new grant deliverables and adjusting the team's structure, so implementation of the Injury Prevention Strategic Action Plan was temporarily put on hold. In FFY2024, Title V staff and infrastructure resources will support the BFH Injury team with updating the implementation plan for the Injury Prevention Strategic Action Plan to ensure advancement of shared strategies and better align with related initiatives, including the CSP program.

Build community awareness around adverse childhood experiences (ACEs), trauma, and resilience science: The ACE Educator program seeks to build community awareness around ACEs, trauma, and resilience science via a robust network of trained educators. This work is part of a larger effort to develop policies and practices informed by an understanding of the lifelong impact of childhood adversity and trauma. Abuse, neglect, and other experiences of childhood adversity are not only a cause of child injury, but are also associated with a heightened population risk for many other social and health problems, including adolescent suicide[4]. Through training on childhood adversity and its impacts on brain development and resilience, adults who work with children and adolescents become more adept at identifying and responding to ACEs, both to prevent harm and to buffer lasting negative effects. This work provides a foundation for the creation of safe, stable, nurturing relationships and environments for all youth.

In FFY2024, the ACE Educator program will increase the number of cohort trainings offered annually and promote those trainings widely among rural area partners and stakeholders. The ACE Educator program has planned cohort training in Regions 5 and 6, based on population density and a lack of ACE educators in the region. In addition to the increase in the number of cohort trainings, the ACE Educator program will also train ACE Educators in the new *Structural Inequities and ACEs* module which focuses on the impacts of racial trauma.

Lead a community-driven process to develop a statewide trauma informed plan to set priorities for the state and inform action around addressing the drivers of ACEs and childhood trauma: The trauma and resilience strategy lead (TRSL) is working closely with the Office of the First Lady, child- and family-serving sector leaders, and advocates across the state to develop the Whole Health Louisiana (WHL) initiative. WHL includes several development phases to create a trauma-informed plan that can be implemented by all child- and family-serving entities across the state. The WHL trauma-informed statewide plan seeks to raise awareness and reduce the occurrence of childhood adversity and its impacts and to improve equitable health and life outcomes for the people of Louisiana, across race, ability, income, identity, and parish.

In Quarter 1 of FFY2023, BFH and the Office of the First Lady coordinated and held a statewide convening of sector leaders, key decision makers, and child advocates to ensure alignment on plan goals and to foster buy-in. Following the WHL convening, BFH and the TRSL, assembled a steering committee composed of sector leaders and child and youth advocates, a working group, and several advisory groups. These groups meet on a monthly and bi-monthly basis to ensure alignment of priorities and strategies, review recommendations, and provide input on the trauma-informed state plan. BFH, working with facilitation partners, will host nine community conversations in each of the state's public health regions to solicit input from Louisiana community members on the state plan. Four of the nine community conversations have been held with all conversations scheduled to be completed by the end of FFY2023.The state plan will be completed and released in Quarter 1 of FFY2024. The preparation and action phases of the WHL plan implementation process will take place in Quarters 2-4 of FFY2024. Activities during this time will include dissemination and education of plan components, recruitment and engagement of interested entities, and infrastructure building.

Oversee the delivery of rape prevention education activities: In FFY2024, the Rape Prevention and Education (RPE) program will enter a new five-year grant cycle. The grant application is due in October 2023. The CDC is requiring grantees to apply a health equity lens to rape prevention programs. Louisiana RPE leadership will use the findings of the Trepwise discovery report, which includes community and staff perceptions of equity efforts to date, to inform how the RPE program will promote and practice health equity in the future.

Support quality improvement in School-Based Health Centers (SBHC) and develop and implement strategies to better meet adolescent mental and behavioral service needs: In FFY2023, Title V-funded staff will continue to manage contracts for 57 state-affiliated SBHCs through the Adolescent School Health program (ASHP). Building on the quality improvement (QI) education offered to the SBHC champions in FFY2021 and FFY2022, each SBHC is required to identify at least one QI initiative to implement in FFY2023. Programs will select a QI initiative through use of the seven core competencies identified by the National School Health Alliance quality initiative. ASHP will host monthly office hours and continuous monitoring to support programs in the selection and implementation of their initiative.

In alignment with the priority needs, ASHP is working to develop and implement strategies to meet adolescent mental health needs through SBHCs. In FFY2023, behavioral health specialists from five SBHCs will continue to participate in a pilot program to test the implementation, utilization, data analytics and reporting capabilities of the Rapid Assessment for Adolescent Preventive Services (RAAPS) online tool. The RAAPS tool is a standardized

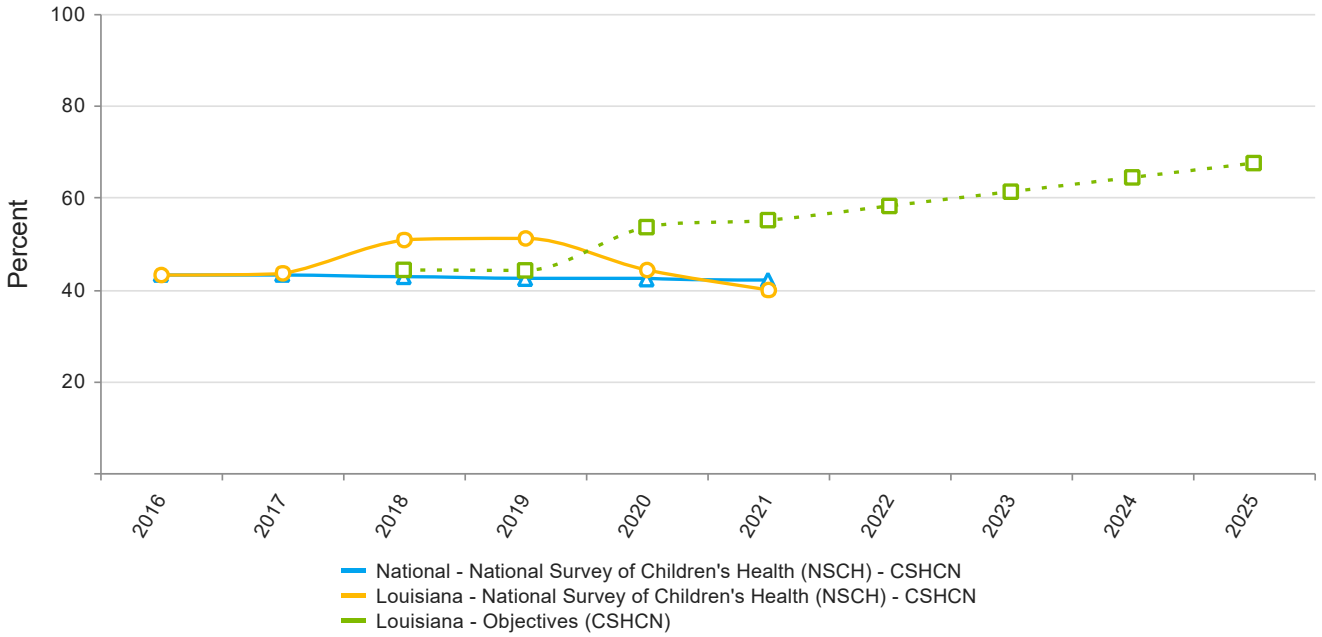
validated risk screening tool that supports professionals in addressing the risk behaviors impacting health, well-being, and academic success in youth. In FFY2023, ASHP analyzed the data collected from this pilot group and identified top risk factors among adolescents in this pilot group. Louisiana Clinical Services (LCS) will continue to provide funding to support the implementation of RAAPS. Moving forward, ASHP will utilize the analytics available in the RAAPS online system to develop similar reporting capabilities among those programs that do not utilize RAAPS, allowing programs to identify top risk behaviors and develop intervention strategies. SBHC providers will be encouraged to work with school administrators to address these risk factors.

Children with Special Health Care Needs

National Performance Measures

NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Indicators and Annual Objectives



NPM 11 - Children with Special Health Care Needs

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CSHCN					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	44.2	44.1	53.5	55	58.1
Annual Indicator	43.6	50.8	51.1	44.2	39.7
Numerator	112,534	133,087	135,582	108,240	99,237
Denominator	258,079	261,996	265,306	245,057	249,824
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2016_2017	2017_2018	2018_2019	2019_2020	2020_2021

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	61.2	64.3	67.4

Evidence-Based or –Informed Strategy Measures

ESM 11.1 - Number of of health care providers trained on Medical Home, Care Coordination and Youth Health Transition

Measure Status:				Active	
State Provided Data					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	222	350	300	150	350
Annual Indicator	344	223	24	303	271
Numerator					
Denominator					
Data Source	Internal program records.	Internal program records.	Internal program records.	Internal program records.	Internal Program Records
Data Source Year	2018	2019	2020	2021	2022
Provisional or Final ?	Provisional	Final	Final	Final	Final

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	400.0	450.0	500.0

State Action Plan Table

State Action Plan Table (Louisiana) - Children with Special Health Care Needs - Entry 1

Priority Need

Ensure all CYSHCN receive care in a well-functioning system

NPM

NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Objectives

By June 2024, conduct an in depth analysis of the National Survey of Children's Health oversample data to better understand the CYSHCN population needs

By June 2024, conduct an analysis of MCO Case Management Quality Improvement reports to better understand which CYSHCN are receiving MCO case management services.

By September 2024, finalize and implement a communications plan to promote awareness of Family Resource Center (FRC) services through all BFH programs.

Pediatric and Perinatal healthcare providers have increased knowledge about recognizing and responding to mental health needs of their patients.

By June 20, 2024, develop a list of all of the variables required for the Sickle Cell Registry and identify the resources required to implement and maintain the Sickle Cell Registry

Strategies

Increase Title V organizational capacity to utilize National Survey of Children's Health data

Conduct targeted ongoing needs assessment activities and research projects to identify gaps and opportunities for improvement within the state systems of care for CYSHCN

Equip clinicians around the state with the knowledge, tools, and resources to promote and provide care coordination and make appropriate community referrals in their personal practices

Support the redevelopment and expansion of Family Resource Center (FRC) services as a virtual, statewide, resource and referral hub

Support the Louisiana Provider to Provider Consultation Line in the development and implementation of a statewide consultation system for pediatric and perinatal healthcare providers

Build the foundations for the systems to monitor the health of individuals with Sickle Cell Disease (SCD) and the ability of care systems to support people living with SCD

ESMs	Status
ESM 11.1 - Number of of health care providers trained on Medical Home, Care Coordination and Youth Health Transition	Active

NOMs
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system
NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health
NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year

State Action Plan Table (Louisiana) - Children with Special Health Care Needs - Entry 2

Priority Need

Partner with families, youth, and communities at all levels of systems change

NPM

NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Objectives

Inputs from family-led organizations are utilized to develop, or adapt , trainings on the concept of high quality medical home to local pediatric healthcare providers to tailor trainings to the needs of local communities

Strategies

Support family-led organizations to co-create capacity building initiatives which target local pediatric healthcare providers and promote high-quality medical home care that is tailored to the specific needs of CYSHCN and families in the community

Enhance partnerships with family and community-led organizations to increase population reach and support services for CYSHCN and families

ESMs	Status
ESM 11.1 - Number of of health care providers trained on Medical Home, Care Coordination and Youth Health Transition	Active

NOMs

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year

State Action Plan Table (Louisiana) - Children with Special Health Care Needs - Entry 3

Priority Need

Ensure Title V strategies are outcomes-focused and rooted in essential public health services

NPM

NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Objectives

By September 2024, LBDMN will increase the number of referrals to the FRC by developing protocols to include children who could benefit from a referral needs assessment, but who do not meet LBDMN case definition for inclusion in the registry. This would include children under three years old with developmental and medical involvement due to a birth defect or medical condition outside of the National Birth Defects Prevention Network standards for reporting.

By September 2024, in partnership with the FRC, LBDMN will develop protocols for contacting families while infants are still in NICU through partnerships with hospital social workers or RN case managers. Track initial contacts including introductions of availability of referral services post discharge along with a tracking mechanism for follow-up.

Strategies

Optimize efficiency and quality of services delivered through CYSHCN clinics provided in the OPH Parish Health Unit clinical network

Collaborate with Medicaid and the State Laboratory to develop policy, operational, and funding mechanisms to support universal newborn screening for all conditions recommended by U.S. Secretary of the Department of Health and Human Services' Advisory Committee on Heritable Disorders on Newborns and Children

Improve timely linkage to care in screening and surveillance systems

ESMs	Status
ESM 11.1 - Number of of health care providers trained on Medical Home, Care Coordination and Youth Health Transition	Active

NOMs

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year

Overview and context of population domain

Of all Title V populations, children and youth with special healthcare needs (CYSHCN) are most vulnerable to changes in our healthcare system. The national medical home (MH) healthcare delivery model was specifically designed to meet the needs of CYSHCN and has become the recommended standard of care for all children. Screening, resource linkage, transition support, and timely access to comprehensive, coordinated care in a MH are critical to ensure that CYSHCN minimize their disabilities and maximize their independence. As a state, Louisiana has one of the highest percentages of CYSHCN in the country, with over 23% of children ages 1-17 having a special health care need. Furthermore, nearly one quarter (23.5%) of CYSHCN in Louisiana do not receive effective care coordination, with only 36.6% of CYSHCN receiving ongoing, comprehensive care within a MH.[1]

CYSHCN priority needs and performance measures

Priority needs:

The 2020 Needs Assessment priority ranking process underscored the importance of ensuring access to specialty clinical care and care coordination for Louisiana's CYSHCN population. The 2021-2025 State Action Plan strategies for this population domain are aligned with the following *population priority*:

- Ensure all CYSHCN receive care in a well-functioning system

To strengthen the systems and supports that shape these factors, Louisiana Title V continues to execute strategies that align with the following *systems priorities*:

- Ensure equitable access to quality, coordinated care and supportive services
- Partner with families, youth, and communities at all levels of systems change

Performance measures:

Throughout the FFY 2021-2025 strategic period, Title V investments in the CYSHCN population domain in Louisiana will contribute to improvement of the following outcomes at both state and national levels:

- Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (National Outcome Measure (NOM) 17.2)
- Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (NOM 18)
- Percent of children, ages 0 through 17, in excellent or very good health (NOM 19)
- Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year (NOM 25)

Recognizing the evidence of the strong linkages between the desired outcomes and interventions promoting access to quality medical homes, Title V supported programs in Louisiana delivered strategies to improve the following performance measure(s):

- Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (National Performance Measure (NPM) 11)

The strategies implemented to promote improved access to quality medical homes are evidence-based, and adapted to the unique context of the state of Louisiana. In FFY2022, LA Title V aimed to achieve the following objective(s) in relation to the CYSHCN population domain:

- By March 2022, complete second phase of pediatric subspecialty landscape assessment
- Annually identify one area of the state underserved by the Early Hearing Detection and Intervention (EHDI) system and develop a plan for improvement
- By December 2022, co-create a continuous collaboration forum to support alignment and synergy among Title

V-supported programs and initiatives working to ensure a well-functioning system of care for CYSHCN and their families
- By October 2022, implement Change Package Checklist with all partner Families Helping Families (FHF) organizations
- By September 2023, develop and implement a statewide plan for active outreach, communication, and promotion of the existing Family Resource Center (FRC) resource and referral services to ensure awareness and encourage more active use of existing services by families and providers
- By September 2022, implement pilot with FRC to facilitate timely, meaningful referrals to care for families of children identified as having a birth defect
- Conduct at least 10 regional Resource Information Workshops (RIWs) annually via partnership with FHF organizations
- By December 2022, pilot, evaluate, and disseminate a Louisiana Youth Health Transition (YHT) toolkit

Summary of Title V supported interventions for CYSHCN in FFY2022

Population Priority: Ensure all CYSHCN receive care in a well-functioning system

Expand Title V CYSHCN reach by shifting direct service resources to population services: One of the most significant areas of transformation within Louisiana's Title V program during the FFY 2021-2025 cycle will be within the CYSHCN domain. Historically, a majority of Louisiana Title V investment in the CYSHCN domain has been focused on the condition-specific population eligible for services through Children's Special Health Services (CSHS) and the Genetics Diseases program. Title V has also maintained smaller investments in various care coordination (CC), parent support, and resource linkage activities. The 2020 Needs Assessment demonstrated that BFH has been effective in providing direct and enabling services through these programs and activities, but Title V is reaching only a small percentage of the CYSHCN population in Louisiana. Therefore, the priority needs focus on assuring a well-functioning, family centered, community-based system of care for *all* CYSHCN, including but not limited to those with complex needs served through Title V-sponsored direct service clinics. Addressing this new priority demands a shift of Title V investments and efforts "down the maternal and child health (MCH) pyramid" towards more population-level strategies.

Conduct pediatric subspecialty provider access landscape assessments for each region: Between FFY2020 and FFY2022, BFH completed a two-phase landscape assessment survey collecting data from the local providers throughout all nine administrative regions of Louisiana. The assessment was designed based on the following guiding research questions:

- Are there patient-provider access gaps in Louisiana for children with complex medical needs?
    - Is there sufficient access to the providers that serve this population?
    - What is the current need for these providers?
- How should accessible care in Louisiana look when compared to CSHS and industry standards?

The first phase of the assessment focused on defining an ideal vision of the health system and accessible patient care in order to measure how BFH clinic practices and the system they are situated within compare to national and industry standards. This process included an in-depth review of the various industry standards that relate to care provision for children with complex medical needs. These standards were compared with the care standards of the BFH CSHS sub-specialty clinics.

The second phase of the assessment focused on measuring patient access to care by identifying the population need for pediatric sub-specialty services and assessing PHU and private providers' ability to meet the identified

need. To better understand where children in need of accessible pediatric subspecialty care live throughout the state, BFH epidemiologists conducted population geo-mapping based on Pediatric Medical Complexity Algorithm and Medicaid claims data. To capture the true accessibility of the subspecialty providers in each region, BFH worked with the regional FHF organizations to contact all specialty providers in each region to collect information for the assessment.

The data collected from both phases of the survey were merged and analyzed by BFH teams. The landscape assessment focused on locating pediatric providers that accepted Medicaid patients and had available appointments within the next two months. Of the 1,615 Louisiana providers contacted, 1,112 completed the survey and 394 met the criteria stated above. The findings showed the distribution of providers by specialty in each region and their availability to serve patients covered by Medicaid. Additionally, the analysis gave a clearer picture of the geographic areas where residents had inadequate access to specific specialties. For example, according to the landscape assessment findings, only one provider specializing in genetic diseases was available to accept new Medicaid patients. Further analysis will be conducted to inform evidence-based operational changes to improve the sustainability of services and the overall efficiency in using current resources.

Conduct targeted ongoing needs assessment activities and research projects to identify gaps and opportunities for improvement within the state systems of care for CYSHCN: *Identify areas of Louisiana underserved by the EHDI system*: The Louisiana EHDI program supports coordinated systems of care that ensure families of babies and children who are deaf or hard-of-hearing (D/HH) receive appropriate and timely services. These services include hearing screening, diagnosis, early intervention (EI) and family to family support. EHDI follows the Joint Committee on Infant Hearing's (JCIH) *Principles and Guidelines for Early Hearing Detection and Intervention Programs* and national 1-3-6 benchmarks for hearing screening no later than 1 month of age, diagnosis no later than 3 months of age for infants who did not pass the screening, and enrollment in early intervention services no later than 6 months of age for those identified as D/HH. Hearing screening is the first step in finding out if a child is D/HH. Louisiana law mandates that all babies are screened prior to hospital discharge. It is important to identify a baby's hearing level as early as possible so families can learn how best to support and communicate with their child. Enrollment in EI as soon as possible plays an important part in helping children who are D/HH reach their full potential. Louisiana's progress on the EDHI 1-3-6 goals for children born in 2022 shows that 99.25% of babies were screened by 1 month of age (benchmark is 98%), and that among children diagnosed with permanent loss, 71.7% of children who did not pass the initial newborn hearing screening received a diagnosis by 3 months of age (representing an improvement of 7.27% over the 2017 baseline value of 66.84%, just shy of the targeted 10% over baseline). Seventy-eight percent of babies enrolled in early intervention overall, but only 42% of those were by 6 months of age. LA EHDI is in the process of refining a plan to expand data collection and reporting for children up to 3 years of age.

Geomapping was conducted to evaluate the impact of geographic location on babies in the EHDI system. Upon internal review of the geo maps and follow-up data, the northwest area of the state was identified as underserved by the EHDI system and a committee was convened to focus on improving access to timely services from community-based providers. The committee has since transitioned to a regularly held meeting with community audiologists to ensure timely services for children who need them.

Additionally in FFY2022, EHDI regional collaboratives were held in six of the 9 LDH regions. Each collaborative brought together EHDI regional stakeholders to review region-specific data related to EHDI's 1-3-6 goals and identify strategies to increase the number of children connected to community-based services for audiological testing and EI.

Information about late-onset childhood hearing loss has been incorporated into all EHDI stakeholder presentations. Stakeholders are encouraged to ensure audiological testing for any child with a speech/language delay, and any

child with risk factors for delayed onset or progressive hearing loss. The incidence of late-onset childhood hearing loss and the importance of early childhood hearing screenings are also covered. The EDHI team developed and distributed a flyer: *Your Baby Needs Another Hearing Test by 9 Months of Age-What Families Need to Know* to hospitals as a resource for families with infants who passed newborn hearing screening but had risk factors for late-onset hearing loss. The flyer explains why audiological testing by 9 months of age is important, and next steps.

The EHDI team developed a partnership with the Louisiana State University Health Sciences Center (LSUHSC) and the nurse health specialist for the Early Head Start (EHS) Child Care Partnership to obtain screening results for children lost to follow-up after newborn hearing screening, as well as children who were never screened. The team met with the LSUHSC director of early childhood initiatives, who shared hearing screening procedures and protocols for EHS centers and connected the team with the director of the Louisiana Head Start (HS) State Collaboration Office. The HS director shared a directory of all EHS centers in Louisiana. The EDHI team conducted a survey of each center to learn more about which personnel perform hearing screenings, follow-up protocols for children who did not pass their screenings, and where children are referred when audiological testing is required. Moving forward, the team will focus on building connections between centers and pediatric audiologists.

Finally, the EHDI team presented two sessions at the Powering Up Early Childhood Conference titled: “Why is Early Childhood Hearing Screening Important?” in July 2022 to EHS and HS staff, as well as other early childhood providers.

Facilitate alignment and meaningful collaboration among all Title V supported programs and initiatives working to ensure a well-functioning system of care for CYSHCN and their families: Historically, Louisiana Title V invested in myriad parent support, CC, and resource linkage activities with variable scope and reach. While some of these activities were linked to the CSHS PHU clinic services, many CC services were delivered as part of other BFH programs and various contracts with external specialty clinics, academic medical homes, and resource centers. To align these various CC activities across the bureau, BFH established a CC special projects position and workgroup just prior to the onset of the pandemic.

In FFY2022, the CC consultant focused on advancement and implementation of strategies to leverage BFH’s investments in and institutional knowledge of CC to enhance the overall system of care for CYSHCN. Aligning CC activities across BFH has been a particular focus throughout this 5-year Block Grant cycle. Following an in-depth review of CC definitions, BFH determined to fully adopt the National Care Coordination Standards (2020) definition to frame BFH CC activities: “Pediatric care coordination is a family-centered, assessment-driven, team-based activity designed to meet the needs of children and youth while enhancing the caregiving capabilities of families. Care coordination addresses interrelated medical, oral, social, developmental, behavioral, educational, and financial needs in order to achieve optimal health and wellness outcomes.”

The CC consultant, with collaborative support from BFH teams, worked to further define Levels of Care (LOC) based on current research and earlier Title V field research. Once refined, BFH adopted the CC LOC definitions in order to facilitate standardization of Title V pediatric CC services, investments, policy advocacy and system accountability efforts. LOC definitions are essential to this work, since variable CC terminology across industries and sectors creates barriers to data aggregation and comparison between programs and organizations. Louisiana Title V has defined the levels as follows:

- Level 1: Light touch, time-limited (single or periodic contact), phone-email-text, follow-up with family consent only, may refer to high touch/Level 3 care coordination (Ex. Resource/referral services, links or directs to a community program, resource, or specific service)
- Level 2: Medium touch, in-person or telephonic (email/text), may be time bound, may be condition-specific (Ex. EarlySteps support coordination, home visiting, waiver support coordinator, practice-based navigator,

Resource Center universal care coordinator, community health worker)
- Level 3: High touch, in-person and telephonic, long-term, comprehensive coordination of care (assigned, designated practice-based care coordinator, and/or payor sponsored case manager and has access to the patient health record, services may be time-limited or targeted based on the service provider).

Alongside the work to standardize CC definition, the CC consultant, supported by the Health systems strategy manager and the CYSHCN epidemiologist, also worked to identify and define types of CYSHCN. Historically, Title V operated from the MCHB CYSHCN definition. However, after thorough study of CYSHCN population definitions, BFH adopted the following definitions to clarify and guide work related to CYSHCN in Louisiana:

- Children with Special Health Care Needs (CSHCN) are those children who have or are at increased risk of a chronic physical, developmental, behavioral, or emotional condition and require health care and related services of a type or amount beyond that required by children generally.[2]
- Children with Medical Complexity (CMC) are those children "clinically recognized by at least 1 chronic condition resulting in high family-identified service need, medical equipment addressing functional difficulties, multiple subspecialist involvement, and elevated health service use."[3]
- Children with Social Complexity (CSC): "a set of co-occurring individual, family or community characteristics that have a direct impact on health outcomes or an indirect impact by affecting a child's access to care and/or a family's ability to engage in recommended medical and mental health treatments."[4]

In FFY2022, the CC consultant led the update and expansion of the BFH CC Matrix and collaboratively identified strategies to align BFH CC activities around the consensus CC and CYSHCN population definitions. The CC consultant conducted key informant interviews with BFH teams that included a level-setting discussion on CC and CYSHCN population definitions and collected input to inform/refine the CC LOC definitions. These meetings also provided an opportunity to update teams on available CC resources, including provider toolkits and Regional Resource Guides.

Additional CC strategy work included an environmental scan of state CC models, continued exploration of funding structures for CC services, and finalization of the working draft of the CC/Case Management Role document that used a classification of needs framework to map CC roles to responsible entities (MCO, Medicaid, Public Health Policy, Public Health Provisional Support, Direct Service/Health Provider). In addition to role identification, a swim lane diagram was used to illuminate linkages between responsible entities and advance discussions with Medicaid partners around potential CC collaborations and opportunities to align efforts.

The FFY2022 CC strategy efforts highlighted the need to redevelop the 2014 CC toolkit that was originally published to support dissemination of early Title V CC research and facilitate integration of CC best-practices in outpatient clinical settings. The team launched this work with a comprehensive review of the 2020 National Care Coordination Standards for Children and Youth with Special Health Care Needs and a literature review to ensure the revised provider toolkit would be consistent with current evidence and recommendations for CC services. Furthermore, the team prepared for the e-toolkit to be organized around the quality improvement (QI) framework that guided redevelopment of the BFH YHT and DS toolkits. The CC toolkit was ultimately completed and published online in April 2023.

System Priority: Partner with families, youth, and communities at all levels of systems change

Assist the regional FHF centers with implementation, capacity building, and continuous quality improvement related to building a coordinated resource and referral network: Over FFY2022, BFH continued to expand its partnership with 10 regional FHF organizations. Prior to COVID-19, Title V had contractual staffing partnerships with these

organizations for personnel who provided peer support to CYSHCN and families served in the OPH PHU safety net clinics and the FRC when it was located at Children's Hospital in New Orleans (CHNO). Over the course of the pandemic, BFH began working with the FHF organizations to expand the reach of family support beyond the PHUs and CHNO clinic population. In contrast to the previous contracts which provided support for a particular role, the new deliverable-based contracts aimed to increase the overall organizational capacity of local FHF organizations to effectively serve *all* CYSHCN in their region. This change also expanded the reach of the FHF organizations beyond their historic focus on the subset of CYSHCN with developmental disabilities. The contract deliverables were designed to build FHF organizations' knowledge about the CYSHCN populations residing in their communities, including their conditions, needs and challenges; to build understanding of the the healthcare service system strengths and gaps in their regions; and to build BFH's capacity to engage and partner with community families within public health projects. The contract deliverables focused on activities that promoted FHF services to healthcare providers serving CYSHCN. Additionally, the BFH-FHF collaboration aimed to increase FHF agency and workforce readiness to potentially integrate their family support activities into future healthcare systems and service payment models.

During FFY2022, BFH provided the FHF networks with coaching and TA around implementation of contract deliverables. This process allowed the BFH family consultant and statewide nurse consultant to build relationships with each of the ten FHF centers. To assist the FHF centers with implementation, capacity building, and continuous quality improvement related to creating a coordinated resource and referral network, the BFH family consultant and statewide nurse consultant developed a Change Package Checklist tool. This Change Package Checklist was updated during FFY2022 and remains a resource to support the FHF-BFH project and to orient new staff to the work. FHF have served as thought partners and key informants around best practices for family engagement and this shared expertise has supported capacity building of BFH staff.

In addition to activities related to understanding and reaching the broader CYSHCN populations in their respective regions, the FFY2022 FHF-BFH work plan included the annual Regional Information Workshops (RIWs). Eight two-hour educational workshops were hosted by FHF-BFH collaboratively, reaching over 475 providers statewide. Each RIW offered continuing education credits (CEs) for nurses and social workers and designed to build workforce competency around essential CYSHCN services and supports.

As noted in last year's Block Grant application, BFH and FHF networks were impacted by a terrible loss in April 2022: BFH family consultant, Cathy Dove, passed away following a short but courageous battle with cancer. Cathy worked with Title V programs for over 20 years, starting her career as a parent liaison supporting families that attended CSHS Pediatric Specialty Clinics. She later took the position as the CSHS statewide parent training coordinator and trained parent liaisons. When CSHS moved under the BFH, Cathy served as the first BFH statewide family consultant and was assigned the role of project liaison for the BFH-FHF initiative. Cathy was an amazing leader and passionate advocate for families and continues to be missed by her FHF and BFH colleagues. Due to Cathy's effective coaching and support to the regional FHF organizations, the FHF-BFH project is now in its third successful year.

Enhance partnerships with family and community-led organizations to increase population reach and support services for CYSHCN and families: In addition to the FHF centers, BFH also has long-standing partnerships with other community-based service organizations that provide individual support and resources to specific CYSHCN populations, including individuals living with Sickle Cell Disease (SCD), individuals who are d/Deaf and hard-of-hearing, and their respective families.

Sickle Cell Foundations are independent, nonprofit community based organizations that provide care coordination and supportive services free of charge to individuals living with sickle cell disease and their families. Families

identified through newborn screening are referred to these regional support organizations. In FFY2022, BFH continued to provide funding and technical assistance to these centers for their work to support children and families in Louisiana.

LA EHDI works closely with Louisiana Hands & Voices (H&V), a statewide parent-driven organization that supports families of children who are D/HH. An extension of the H&V program is the Guide By Your Side program (GBYS), which features parent guides (parents of children who are diagnosed as D/HH and have received specialized training) and deaf guides (d/D adults willing to share their unique perspectives with families, have also received specialized training).The LA EHDI team implemented new processes and strategies to increase collaboration and teamwork with H&V. In FFY2022, the EHDI and H&V teams revised performance expectations in an effort to identify strengths, weaknesses, and training opportunities. A self-assessment checklist was completed by each guide.

Optimize effectiveness of boards and commissions serving CYSHCN populations:
Early Identification of Deaf and Hard of Hearing Infants Advisory Council: In FFY2022, a workgroup was tasked with reviewing the existing statute regulating the formation and functioning of the Council. The workgroup recommended the following updates to the statute:

- program purpose and definitions should be updated to reflect more inclusive language and guidance from the Joint Committee of Infant Hearing (JCIH)
- reporting requirement for all providers of outpatient audiological testing
- Council membership should be updated to include an early intervention stakeholder

Two legislative leads from BFH assisted the Council throughout the process, but ultimately the recommended changes were not picked up during the legislative session.

Sickle Cell Commission: The mandate of the Louisiana Sickle Cell Commission (LSCC) is to improve the delivery of sickle cell services in Louisiana. Under the guidelines established in RS 40:1125.1, the charges of the LSCC are:

1. Ensure the delivery of sickle cell services to affected persons in all parishes in Louisiana and assist in establishing geographical service delivery boundaries.
2. Promulgate guidelines for creating uniformity in the delivery of services and the management of statewide programs.Requests the Department of Health to provide for equitable access to transformative therapies for sickle cell disease.
3. Submit budget recommendations to the Legislature and the governor.
4. Prepare and publish an annual report on sickle cell with these details:
    a. An assessment of the programs and activities aimed at sickle cell.
    b. A description of the level of coordination existing between the state and private stakeholders in the management and treatment of sickle cell.
    c. The development of a detailed action plan for battling sickle cell

During FFY2022, BFH implemented Act 647 of the 2022 state regular legislative sessions. This act was generated through the advocacy of the LSCC and required the establishment of a sickle cell registry. BFH began the process of determining what information should be included into the registry and from which sources data should be obtained.

Rare Disease Advisory Council: The Louisiana Rare Disease Advisory Council (LA RDAC) is mandated to serve in a resource capacity for any public and private agency in Louisiana that provides services for a person who has been diagnosed with a rare disease. The RDAC was established under RS 40:1122.1. The primary charges of the RDAC are to:

1. provide input and feedback to the department and any other state agency on matters that affect a person who

has been diagnosed with a rare disease,
2. provide expert and clinical advice to the board in its review of treatments for a rare disease, including drug or biologic product treatments emerging from fields of personalized medicine and non-inheritable gene editing therapeutics, and
3. provide a report to the governor, the Legislature of Louisiana, LDH, and any other relevant agency on any findings, activities, and progress of the advisory council and any recommendations for addressing the needs of a person living with a rare disease in this state.

During FFY2022, BFH worked with the Louisiana Boards and Commissions Office to seat the required membership in the law and began holding quarterly meetings to discuss bylaws, committees, reports, etc.

Louisiana Birth Defects Monitoring Network (LBDMN) Advisory Council: The LBDMN Advisory Board is a group of volunteer stakeholders appointed by the LDH Secretary to guide the birth defects surveillance system as specified by law and administrative rule. The mission of the Advisory Board is to collect, analyze, and disseminate high quality, timely, actionable data to inform policy and systems-change to eliminate preventable birth defects, mitigate disability, and connect families with resources to improve their quality of life. The advisory board consists of nine members representing maternal fetal medicine, pediatrics, genetics, epidemiology, parents of children with birth defects, and persons with birth defects. Along with other OPH partners, these subject matter experts provide expertise and perspective to guide LBDMN staff in surveillance operations, referral to resources initiatives, and birth defects prevention strategies.

In FFY2022, the focus of the LBDMN Advisory Board shifted from surveillance system organization and implementation to informing recommendations for strategies to improve Louisiana's MCH system. Title V supported LBDMN data collection specialists collect birth defects data and the LBDMN epidemiologist conducts analysis and reporting of data. Data and recommendations are reported to the CDC, the National Birth Defects Prevention Network, the Louisiana Legislature, and the Environmental Public Health Tracking Network. Complete findings are in the LBDMN 2022 Annual Report to the legislature.

System Priority: Ensure equitable access to high-quality and coordinated clinical and support services
Support the development and expansion of FRC services as a virtual, statewide, resource and referral hub resource hub: Currently the FRC functions as a statewide resource staffed by a small number of resource specialists families can contact directly by phone or email. The FRC resource specialists assist families with identifying and enrolling in or requesting support services. They also provide families with guidance on how to best navigate the insurance, health, early intervention and school systems. The ideal user experience for families is that they are able to contact the FRC, complete a brief inventory of needs, and leave the interaction having identified, understood, and connected with the resources and referrals that are most relevant and useful to them. Needs are always prioritized based on the families' stated preferences. If the family provides their contact information, the resource specialist conducts follow-up to ensure the family's needs are met. Alternatively, clinicians can email the FRC directly to provide information on referral needs of families assessed during a clinic visit. The resource specialist will either respond directly to the provider or connect directly with the family based on the providers' referral request. The FRC in its current structure is a valuable resource to the providers and families that routinely use it.

Throughout FFY2022, BFH trained FRC staff to deliver services virtually and by phone, expanded their statewide resource database, tested reporting templates to enable QI measurement, created a QR code to provide easy access to the menu of FRC services/contact information, and created a series of briefs outlining new resources to disseminate to staff, partners as well as families served by OPH PHU clinic.

While BFH laid significant groundwork to move the FRC expansion forward, FFY2022 activities concentrated on FRC coordination and alignment strategies within and across Bureau projects to ensure the resource effectively supported families already touching Bureau programs. These alignment initiatives included meetings with team leads, developing family support strategies, establishing communication channels between the FRC and field staff, developing resources for providers and families, and testing and refining proposed alignment strategies. Alignment efforts continued into FFY2023 and once sustainable workflows are established, the FRC will develop a strategic communication plan to support staged growth of the resource, as well as to ensure equitable access across all communities in the state.

Improve timely linkage to care in screening and surveillance systems:
Newborn genetics screening and follow-up: The Genetic Diseases program ensures that all infants who screen presumptive positive for a genetic condition on the newborn screening panel receive timely and appropriate follow-up, and that these children are monitored until a diagnosis is confirmed. In FFY2022, 100% of newborns with positive screens received timely follow up to definitive diagnosis and clinical management. In FFY2022, BFH promulgated rules to update the panel to include Spinal Muscular Atrophy, Mucopolysaccharidosis type I, and Glycogen Storage Disease Type II. To facilitate early detection and initiation into specialized care, Title V continued to support contracts with medical geneticists, endocrinologists, hematologists, and pulmonologists to conduct specialty clinics around the state.

Louisiana Birth Defects Monitoring Network (LBDMN): In FY2022, Louisiana Title V continued to fund the LBDMN, the program responsible for surveillance of birth defects in Louisiana's children. Monitoring the health status of newborns provides population-based data to help inform policies, educate the public, support efforts of community partners, and improve health outcomes by connecting families to resources. LBDMN evaluates concerns about unexpected groups of birth defects as well as the effectiveness of preventive interventions. Regionally assigned data collection specialists (DCS) evaluate patient discharge information of children (age 0-3) from all birthing hospitals in Louisiana, as well as at New Orleans Children’s Hospital, Tulane University Medical Center, and Our Lady of the Lake Children’s Hospital. LBDMN maintains a private and confidential database of children affected by congenital structural, functional, and/or genetic birth defects. De-identified medical record data are analyzed statistically for patterns and trends over time, and shared with researchers from the CDC, universities, and other states investigating possible causes of specific birth defects.

LBDMN data informs one-on-one needs assessments with families of children with birth defects (ages 0-3) who may benefit from assistance identifying appropriate medical, educational, public health, and peer support resources. LBDMN data are also used to provide preventive education to the public regarding birth defects and to inform policy makers about environmental risk factors and other causes potentially linked to specific birth conditions.

In FFY2022, LBDMN enjoyed efficiencies resulting from strategic operational changes in FFY2020-21. From October 2021 to September 2022, LBDMN processed data across three birth years (2018-2020), which resulted in the identification of 3,506 children with qualifying birth defects. The National Birth Defects Prevention Network (NBDPN) sets and assesses national data quality standards for population-based birth defects surveillance programs in the US, using eleven data quality measures to assess for data completeness, timeliness, and accuracy. Programs may achieve three performance levels: 1- Rudimentary, 2- Essential, or 3- Optimal. In 2022, LBDMN achieved an overall score of 2.7, slightly higher than the national average. LBDMN scores for each category were as follows: Completeness = 2.6; Timeliness = 2.5; Accuracy = 2.7. Louisiana’s timeliness score has improved significantly since the first assessment in 2015 when the state scored a zero. This improvement has allowed the program to identify and proactively refer 929 children born in 2020-2021 to the new central virtual FRC during FFY2022.

The most recent findings from LBDMN's active surveillance of birth defects in children born in Louisiana were published in the LBDMN 2022 Annual Report to the legislature.

Collaborate with Medicaid and the State Laboratory to develop policy, operational, and funding mechanisms to support universal newborn screening for all conditions recommended by the U.S. Secretary of the Department of Health and Human Services' Advisory Committee on Heritable Disorders on Newborns and Children: The Genetic Diseases program met with the State Laboratory and Medicaid to assess the resources and time required to add a new condition to the respective systems for each entity. Deliberation with Medicaid included discussions regarding potential reimbursement for a new test, as well as the cost of adding a new test and the timeframe required to add a new condition to their budget. The State Laboratory was assessed to determine if any new equipment would be required, if any new staff would need to be hired for new conditions, and, if so, what would be a reasonable timeframe to implement new testing. Likewise, the Genetic Diseases program was assessed to determine if any new staffing was required for follow-up and if any new contracts would be needed for referrals to a specialty provider. [1]

In alignment with national standards, optimize efficiency and quality of services delivered through BFH CSHS and Genetics safety-net clinics:
CSHS and Genetic Diseases program evaluations: Historical CYSHCN services have focused on provision of gap filling services through the OPH parish health units (PHU). Over the past two years, Title V has conducted several formal evaluations and systematic assessments of these services and their reach. The results from these activities have illuminated opportunities to strengthen the alignment of core public health screening and diagnostic systems with shared definitions and standards, in particular for CC, and the beginning of a new vision for how Title V works to strengthen the systems of care and support for CYSHCN.

The BFH CSHS and Genetic Diseases programs based their program evaluations on the Institute for Healthcare Improvement (IHI) Triple Aim Quality Framework, which aims to: 1) improve the patient experience of care (including quality and satisfaction); 2) improve the health of populations (good outcomes); and 3) reduce the per capita cost of health care. Both evaluations were guided by the question: What processes are in place that assure that BFH CYSHCN clinical programs are providing the highest quality services to all the intended population, according to the statutory requirements and the Triple Aim Quality Framework? Programmatic evaluations were completed in FFY2021. In FFY 2022, the CSHS and Genetics programs developed and implemented comprehensive work plans to address evaluation recommendations.

Support development of statewide mental health consultation system: In FY2022, BFH expanded efforts to develop a statewide mental health consultation system to build the capacity of frontline healthcare providers to effectively address the mental health needs of their patients. In 2018, BFH received a five-year Maternal Depression and Related Behavioral Health Disorders grant from HRSA to implement the Louisiana Mental Health Perinatal Partnership (LAMHPP) which supports the early recognition and response to potential mental health concerns among pregnant and postpartum patients in Louisiana by giving providers access to phone consultation with licensed mental health professionals and psychiatrists; trainings and online resources related to perinatal depression, anxiety, substance use disorders, interpersonal violence, and related health risks; and resource and referral support. Consultations focus on promoting screening for mental health concerns, first line management of mental health and substance use disorders, and making effective referrals to additional community resources. In FFY2022, BFH worked with the partners at Tulane to increase its in-person outreach to providers statewide and to implement new QI processes and a data dashboard to enhance the quality and reporting of the data collected during consultations. FFY2022 was also the first year of a five-year Pediatric and Mental Health Care Access grant that BFH was awarded by HRSA to develop a program that offers services similar to those that are offered by LAMHPP,

but with the population of focus being pediatric providers. By the end of FFY2022, BFH had the infrastructure in place to launch the Provider-to-Provider Consultation Line (PPCL) for pediatric providers. In addition, the decision was made to begin moving LAMHPP under the PPCL umbrella and the day-to-day oversight of the Bureau, thus creating a mental health consultation and training program that provides support and guidance to both perinatal and pediatric providers.

Support development of future and existing CYSHCN workforce by providing training to health care providers on care coordination, youth health transition, and medical home:
During FFY2022, BFH supported a number of education activities that targeted healthcare practitioners and trainees. These education activities aimed to ensure clinicians have the knowledge, tools, and experience to promote and provide CC and make appropriate community referrals in their personal practices.

In collaboration with LSU New Orleans pediatric residency program, BFH supported enhanced MH/CC training for resident physicians as a component of their Developmental Pediatrics rotation. During the month-long rotation, residents work exclusively with CYSHCN experiencing varied developmental delays. Monthly, the BFH statewide CSHS RN program consultant, supported by the CC specialist, provides MH didactics to residents on rotation. The didactic content includes content on the MH delivery model, CC, YHT, the County Health Rankings Health Outcomes Model, the Medicaid Early, Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, the LDH Office of Citizens with Developmental Disabilities programs, the role of peer support, and key community programs that provide essential support services for CYSHCN. Residents are provided a MH resource packet that includes the CSHS Regional Resource Guides, DS Resource Guides, and a Community Referral info sheet along with links to BFH pediatric provider toolkits. Rotation wrap-up includes a resident case presentation through the lens of care provision in a high quality MH, facilitated by the nurse consultant and the CC specialist. Following each presentation, the CC specialist facilitates a case debrief. Over the course of FFY2022, 24 residents completed MH didactics.

During FY2022, BFH also hired a MH/EPDST coordinator to support expansion of NPM 11, with an aim to build workforce capacity and integration of MH competencies into providers-in-training coursework. Since hire, the MH coordinator worked to develop and operationalize a work plan grounded in Title V's historical work with LSU and Tulane University residency programs, the Council for Graduate Medical Education requirements for pediatric residency programs, and Title V MH/CC field research. The MH didactic expansion planning effort also utilized feedback from former resident participants and American Academy of Pediatrics (AAP) MH training modules to inform and refine a menu of didactic offerings. Additionally, the MH coordinator focused on building strategies to engage all pediatric primary care provider types so that the gold standard of pediatric care (care in a MH) is effectively delivered through the entire healthcare system (nurse practitioners, physician assistants, pediatrician and family medicine residents). This work aims to directly impact the number of all children receiving care in a high quality MH that includes the benefits of DS, CC, and YHT services.

Sponsorship of care coordinators: During FFY2022, Title V continued to sponsor care coordinators in four academic clinics[2]. While direct service CC investments provide pediatric and family medicine residents and medical students the opportunity to train in a MH setting, this strategy has limitations. Sponsorship of masters-level professionals with specialized expertise with CYSHCN populations prohibits scale and spread of these services, thereby limiting access to a very small percentage of the CYSHCN in the state. Rather than continuing to sponsor the full salary of a small number of care coordinators in a limited number of practices, BFH has focused on unifying definitions of and standards for CC, developing of resources and tools (e.g.,CC and MH toolkits), promoting standards and tools to practitioners and trainees, and developing a universally available CC resource through a virtual statewide Family Resource Center (FRC).

Promotion of care coordination referral resources: Additional strategies in FFY2022 to build MH and CC capacity

among existing and emerging health care providers focused on ensuring that clinicians have the tools and resources to deliver quality CC services to their patients. A key element of CC is effective referrals to community resources. To support effective referrals, Title V maintained and promoted region-specific resource guides which include basic service information, eligibility criteria, and contact information for the most frequently used pediatric and adolescent community supports and mental health services. Management of the CSHS Regional Resource Guides (RRG) included the annual content check to ensure information remains current. Inter-periodic edits occur when state program changes are announced. These RRGs were disseminated at CSHS sponsored workshops/presentations, provider conferences, and are available for download from the CSHS landing page on the LDH and Partners for Family Health websites.

Pilot, evaluate, and disseminate a Louisiana YHT toolkit to support medical homes around youth transition services
To further support MHs in the state, specifically around YHT services, Title V developed and published a Louisiana YHT toolkit based on clinical practice guidelines, Got Transitions: Six Core Elements of Transition, and lessons learned from field experts. Using a QI framework, the toolkit provides a systematic approach for implementing and improving evidence-based transition services in primary or specialty care settings. In FFY2022, BFH facilitated two successful practice-based pilots of the YHT toolkit. In the first pilot, the OPH PHU CSHS clinics revised and published a YHT policy and implemented the YHT Readiness Checklist. All youth served through these clinics completed a readiness assessment as part of their clinical experience throughout adolescence. In the second pilot, a CC partner clinic implemented the toolkit in three pediatric sites. The clinics adapted the YHT Readiness Checklist and established a YHT text line monitored by the clinic CC. These activities were supported by modifications to the electronic medical records and clinic protocols. While the toolkit is only currently available as PDF, BFH plans to develop a web-based version in FFY2024, modeled after Louisiana's web-based DS and CC toolkits.

CSHS and Genetics clinical quality improvement: To guide QI efforts in FY2022, CSHS staff developed a clinical services QI plan and corresponding quality assurance performance measures based upon nationally recognized standards including the National Standards for Systems of Care for Children and Youth with Special Health Care Needs, National Care Coordination Standards for Children and Youth with Special Health Care Needs, and Got Transition: Six Core Elements. The quality assurance measures track performance in relation to the following areas:

- Measure 1. Eligibility and Enrollment in Health Coverage
    - Purpose: Ensuring eligibility and enrollment in health insurance coverage for all CSHS-Clinical Service patients.
- Measure 2. Medical Home
    - Purpose: Ensure access to a MH to provide family-centered, coordinated, and ongoing comprehensive care.
- Measure 3. Care Coordination
    - Purpose: Ensure CSHS-Clinical Services patients receive CC services to allow for optimal coordination and integration of services needed by the child and family.
- Measure 4. Referrals
    - Purpose: Ensure the results of referrals to therapies and other service systems are documented in the EHR to enhance continuity of care
- Measure 5. Behavioral Health
    - Purpose: All children and youth attending a medical visit will receive a behavioral health assessment to ensure behavioral health needs are addressed
- Measure 6. Nutrition Services
    - Purpose: All children and youth attending a medical visit are screened for nutritional risk factors to ensure nutritional health needs are addressed.
- Measure 7. Transition

- Purpose: Ensure CSHS-Clinical Service patients aged 14 and above receive transition to adulthood planning and readiness assistance

The BFH statewide social work consultant and statewide pediatric nurse consultant optimized the clinic electronic health records (EHR) to enable regular reporting of the defined measures. In 2021, BFH staff analyzed EHR data to determine baselines for the quality assurance measures and identify priority improvement areas. Of the seven quality measures listed above, CSHS clinics were exceeding the performance target for only one measure at baseline. The BFH statewide consultants received quarterly updates on these performance measures and, based on the data, engaged in QI activities including staff training on evidence-based care practices and revision of internal processes to support high quality service provision. By the end of FFY2022, performance on five out of seven quality measures were exceeding the target. The BFH statewide consultants will continue to meet with CSHS clinical teams and lead the implementation of new tests of change with the goal of improving the quality of care.

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[1]This all essentially restates the first sentence. Is there any additional information here? What did the discussion yield? What are the next steps?
[2]The content beyond the first sentence seems to contradict the first sentence. Are we discontinuing care coordinator sponsorship moving forward?

Children with Special Health Care Needs - Application Year

Overview and context of population domain

Of all Title V populations, children and youth with special healthcare needs (CYSHCN) are most vulnerable to changes in our healthcare system. Louisiana has one of the highest percentages of CYSHCN in the country, with over 23% of children ages 1-17 having a special health care need. Furthermore, nearly one quarter (23.5%) of CYSHCN in Louisiana do not receive effective care coordination, with only 36.6% of CYSHCN receiving ongoing, comprehensive care within a medical home.[1]

The national Medical Home healthcare delivery model was specifically designed to meet the needs of CYSHCN and has become the recommended standard of care for all children. Screening, resource linkage, transition support, and timely access to comprehensive, coordinated care in a medical home are critical to ensure that CYSHCN minimize their disabilities and maximize their independence.

CYSHCN priority needs and performance measures

Priority needs

The 2020 Needs Assessment priority ranking process underscored the importance of ensuring access to specialized clinical care and care coordination for Louisiana's CYSHCN population. The 2021-2025 State Action Plan strategies for this population domain are aligned with the following *population priority*:

- Ensure all CYSHCN receive care in a well-functioning system

To strengthen the systems and supports that shape these factors, Louisiana Title V continues to execute strategies that align with the following *systems priorities*:

- Partner with families, youth, and communities at all levels of systems change
- Ensure Title V strategies are outcomes- focused and rooted in essential public health services

Performance Measures

Throughout the FFY 2021-2025 strategic period, Title V investments in the children and youth with special healthcare needs (CYSHCN) population domain in Louisiana will contribute to improvement of the following outcomes at both state and national levels:

- Percent of children and youth with special health care needs (CYSHCN), ages 0 through 17, who receive care in a well-functioning system (NOM 17.2)
- Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (NOM 18)
- Percent of children, ages 0 through 17, in excellent or very good health (NOM 19)
- Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year (NOM 25)

Recognizing the evidence of the strong linkages between the desired outcomes and interventions promoting access to quality medical homes, Title V supported programs in Louisiana are delivering actions to improve the following performance measure:

- Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (NPM 11)

The strategies implemented to promote improved access to quality medical homes are evidence-based, and adapted to the unique context of the state of Louisiana. In FFY2024, LA Title V will implement strategies to achieve the following objectives for the children and youth with special healthcare needs domain:

- By June 2024, conduct an in depth analysis of the National Survey of Children's Health oversample data to

better understand the CYSHCN population needs

- By June 2024, conduct an analysis of MCO Case Management Quality Improvement reports to better understand which CYSHCN are receiving MCO case management services.
- By September 2024, finalize and implement a communications plan to promote awareness of Family Resource Center (FRC) services through all BFH programs.
- By September 2024, Pediatric and Perinatal healthcare providers have increased knowledge about recognizing and responding to mental health needs of their patients.
- By June 2024, develop a list of all of the variables required for the Sickle Cell Registry and identify the resources required to implement and maintain the Sickle Cell Registry
- By June 2024, inputs from family-led organizations are regularly utilized to develop or adapt trainings on the concept of high quality medical home to local pediatric healthcare providers to tailor trainings to the needs of local communities
- By September 2024, LBDMN will increase the number of referrals to the FRC by developing protocols to include children who could benefit from a referral needs assessment, but who do not meet LBDMN case definition for inclusion in the registry. This would include children under three years old with developmental and medical involvement due to a birth defect or medical condition outside of the National Birth Defects Prevention Network standards for reporting.
- By September 2024, in partnership with the FRC, LBDMN will develop protocols for contacting families while infants are still in NICU through partnerships with hospital social workers or RN case managers. Track initial contacts including introductions of availability of referral services post discharge along with a tracking mechanism for follow-up.

Planned Title V efforts and alignment with CYSHCN health priorities

In FFY2024, Louisiana will continue reevaluating the need for ongoing Title V investment in the safety net service provision and will continue efforts to broaden population reach and increase system capacity to serve all CYSHCN. Moving forward, Title V will also continue to expand the CYSHCN population focus beyond state-defined, condition-specific populations to better align with the Maternal and Child Health Bureau (MCHB) CYSHCN definition: “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.”

Expanding access to MHs among CYSHCN requires population-level data related to children’s health as well as families’ needs and experiences with care and supportive resources. The 2020 Title V Five-year Needs Assessment revealed that Louisiana did not have sufficient data to produce reliable estimates for key sub-populations, including CYSHCN. In order to ensure sufficient data for monitoring progress, Louisiana committed Block Grant funds for data from the National Survey of Children's Health (NSCH). In 2021, an oversample was implemented to ensure reliable two-year combined estimates for all Title V NPMs. While the goal for reliable total population estimates was achieved, Louisiana’s commitment to disaggregating and analyzing data by various demographic characteristics and among key sub-populations resulted in the recognition that a larger oversample would be required. In 2022, Louisiana significantly increased the oversample investment with the goal of achieving reliable estimates disaggregated by race-ethnicity and CYHSCN status. The first year of data from this oversample will become available in the Fall of 2023. As the oversample was continued for 2023 data collection, Louisiana expects to receive data enabling reliable two-year estimates disaggregated by race and CYSHCN status in Fall 2024. HRSA has confirmed that the funding will be directed from the state’s Block Grant award as direct assistance allocation.

Population Priority: Ensure all CYSHCN receive care in a well-functioning system

Increase Title V organizational capacity to utilize National Survey of Children's Health (NSCH) data: For Louisiana Title V to meaningfully operationalize the MCHB CYSHCN definition, BFH will need to understand the demographics of the CYSHCN in the state who fall under the broader definition. As the only data source that collects data in alignment with the MCHB definition of CYSHCN, the NSCH will be an increasingly valuable resource for informing Title V's efforts to ensure all CYSHCN receive care in a well-functioning system. Title V funds have been allocated to allow for a substantial oversample of the 2023 NSCH to ensure reliable disaggregated data by race and CYSHCN status for all NPMs. Epidemiology and program staff across the bureau will work to increase familiarity with and utilization of NSCH data to inform Title V strategies for systems change.

Conduct targeted ongoing needs assessment activities and research projects to identify gaps and opportunities for improvement within the state systems of care for CYSHCN: In FFY2022, BFH completed the second phase of its survey of subspecialty providers. This phase of the survey was designed to assess availability of subspecialty providers for pediatric patients and the types of insurance accepted by available providers. In FFY2023, BFH closed the inquiry and aggregated the data in order to begin comparing provider availability data with the utilization of services in the OPH Parish Health Units (PHUs). Additionally, the team analyzed financial data for calendar years 2021 and 2022 for the costs of services provided in the PHU. Geospatial analysis was also performed to map the provider locations and access areas to compare with the locations of CSHS patients of corresponding specialty need. Both Medicaid and non-Medicaid patients and providers were included in the analysis to identify areas with gaps in access that may benefit from additional CSHS providers. The findings contributed to BFH leadership's understanding of the current services distribution and underserved areas that would benefit from service expansion. In FFY2024, BFH will assess the role of Title V-funded subspecialty clinics in providing gap-filling care and identify opportunities for targeted provider- and/or system-focused strategies to ensure accessible subspecialty care for all children with complex medical needs in Louisiana. Louisiana will also consider whether or not there is a need for OPH to continue to host sub-specialty clinics and the opportunities to support those children and families differently if transitioned to care in their local healthcare delivery systems.

Equip clinicians around the state with the knowledge, tools, and resources to promote and provide care coordination and make appropriate community referrals in their personal practices:

Equip clinicians with care coordination knowledge, tools, and resources: In FFY2024, Title V will continue to shift historical CC efforts "down the MCH pyramid" in order to expand population reach and increase system capacity. As described in the FFY2022 report, Title V sponsors a small number of masters-level CC professionals in academic practices that possess specialized expertise with CYSHCN populations. These individuals will be largely shifting away from providing support to specific clinics in FFY2024 to focus on Title V's provider training and systems building efforts, as well as FRC expansion strategies. In FFY2023, BFH redeveloped the role for one of the Title V-sponsored care coordinators to include a greater emphasis on medical home education and resource development. Over the next fiscal year, it is anticipated that this position will fully shift away from direct services to support MH didactic work, FRC services, and the BFH Social Work/Nursing Continuing Education Provider Unit (CEPU).

To ensure a smooth, staged transition for the practices that have been receiving salary support for the dedicated CC staff, BFH will continue collaborations with the partner clinic manager, ensuring the clinic's shift from a clinic-based CC model to virtual FRC support is successful. During the transition phase, clinic teams will test various referral processes and formalize the most effective and efficient referral pathways. The care coordinator will train existing clinic staff on CC competencies, provide an updated clinic specific resource library, and support establishment of effective work flows and follow-up protocols for clinic staff roles identified by the clinic manager. The statewide nurse consultant, in collaboration with the clinic manager and CC specialist, will provide technical assistance (TA) and administrative support over the six to nine month transition.

Promoting MH and youth health transition (YHT): In FFY2022, a Title V-funded MH/Early Periodic Screening Testing Diagnostic (EPSDT) coordinator position was established to support provider education expansion efforts and coordinate BFH's collection of MH initiatives (CC, developmental screening (DS), and YHT). BFH recognized an opportunity to build state MH capacity through expansion of the Title V provider-in-training didactic offerings. During FFY2024, the MH/EPSDT coordinator will complete a Statewide Health Provider Graduate Education Landscape Assessment and use these findings to shape expansion strategies for provider-in-training educational offerings. The MH coordinator will engage the American Academy of Pediatrics (AAP) state chapter, along with existing higher-education partners to serve as thought partners and content advisors. This education strategy operationalizes pediatric MH improvement by ensuring early career professionals are prepared to offer comprehensive, coordinated, family-centered, MH services.

BFH promotes CC as a core element of the pediatric MH and aims to engage medical, nursing, social work, and allied health schools, as well as practicing pediatric and family medicine providers, with existing and new virtual training on CC and associated topics. In FFY2023, BFH released a new provider CC toolkit designed to support practices with improving or expanding care coordination services at the clinic level. Over FFY2024, BFH will expand the CC toolkit content with a focus on publishing care pathway guides for high-need target populations, as well as developing micro-learning video content and marketing resources to enhance the toolkit. Additionally, Title V will offer Implementation, Training and Support (ITS) and customized technical assistance to support practices with establishing effective and efficient care coordination services in family medicine, pediatric, and adolescent primary care settings. With support from the BFH Communications team, the CC toolkit and ITS services will be promoted to state pediatric primary care providers and managed care organization (MCO) quality teams through LDH channels and established networks. The BFH MH team will continue to submit abstracts to provider conferences and convenings through provider professional organizations. Throughout FFY2024, BFH will develop, test, disseminate, and promote utilization of the CC toolkit to support clinicians with the provision of effective and efficient care coordination services.

Youth health transition: In FFY2024, BFH plans to continue to advance YHT service provision as another core component of the pediatric MH. Over the coming year, the MH team will continue the development of a web-based YHT toolkit, building from the resource released in 2021. The 2021 toolkit supported two YHT initiative pilots facilitated by the MH team. Lessons learned from these pilots will be used to inform updates and the transition of the toolkit into an interactive web-based tool. Each of the BFH MH toolkits (DS, CC, YHT) utilize a quality improvement (QI) framework, which allows practitioners to systematically improve the way health care is delivered to patients. QI offers a process for planning and testing changes on a small scale, with the goal of implementing them across the entire practice.

As described in the FFY2022 report, BFH is now authorized by the Louisiana State Nurses Association and State Board of Social Work to credential training for continuing education CE credit. In FFY2022, the Social Work/Nurse CEPU will continue to facilitate credentialing of training related to YHT, MH, and other provider education initiatives.

Implementation of this strategy will be measured by ESM 11.1: Number of healthcare providers trained on Medical Home, Care Coordination and Youth Health Transition.

Support the redevelopment and expansion of FRC services as a virtual, statewide, resource and referral hub: As described in the FFY2022 report, the historically facility-based FRC now operates as a fully virtual, statewide resource center. As such, the FRC is available to assist all families in the state with identifying and enrolling in needed programs and services and navigating the insurance, health, early intervention, and school systems. The virtual FRC is staffed by a small number of resource specialists available by phone, email, and text. Additionally, the

FRC is developing Spanish and Vietnamese translated resources with instructions on how to request language support. Historically, the FRC has been promoted most actively to families with CYSCHN identified through or served by BFH systems and programs (e.g. newborn screening,Louisiana Birth Defects Monitoring Network (LBDMN), etc.). Starting in FFY2022, strategies to disseminate awareness of FRC virtual services towards other MCH populations by integrating awareness messages into the other programs of the Bureau were initiated. These alignment efforts continued into FFY2023. In FFY2024, BFH will develop a strategic communication plan to support staged growth of the FRC as well as to ensure equitable access across all communities in the state with specific emphasis on traditionally marginalized population groups.

Support the Louisiana Provider to Provider Consultation Line in the development and implementation of a statewide consultation system for pediatric and perinatal healthcare providers: As a part of Louisiana's strategies to build the capacity of pediatric primary care providers to appropriately screen, diagnose, treat, and refer CYSHCN who present with behavioral health conditions and concerns, the Provider-to-Provider Consultation Line (PPCL) is a relatively new system that has evolved from Title V's innovations in piloting mental health consultation approaches to address the needs of perinatal and pediatric providers. In FFY2024 Title V will continue to provide strategy, policy, and communications support for the implementation of the MCHB-funded PPCL. In FFY2024, the PPCL will seek to increase use of program services by conducting outreach to providers across the state, especially to those practicing in clinics in rural and underserved areas. In FFY2024, the PPCL will also offer multiple training opportunities to increase the capacity of healthcare providers to recognize and appropriately respond to the mental health needs of pediatric and perinatal patients. These training opportunities will include a Pediatric Mental Health TeleECHO series. During the TeleECHO sessions, providers will present de-identified patient cases to expert teams who guide the learners through managing patients with complex conditions. Each session will provide mentorship through case-based learning, clinical discussion, and brief-focused didactic learning from each other's experiences to support knowledge in practice. Participation in TeleECHO sessions will provide opportunities for continuing medical education credits (CMEs) and continuing education for doctors, nurses, and social workers.

Enhance impact of the Medicaid managed care case management benefit: In FFY2024, the CC consultant will continue to support alignment and linkages between BFH's various community and clinical services. As described in the FFY2022 report, BFH has worked with Louisiana Medicaid as a part of the ongoing Title V/Title XIX interagency coordination meetings for systems-level collaboration around CC for CYSHCN. After the initial meetings, the CC consultant developed a CC SwimLane document to help identify points of intersection between LDH Medicaid, Medicaid MCOs, public health policy, public health provisional supports, and pediatric direct service providers. Over FFY2024, the CC consultant will lead continued alignment efforts between Title V and Medicaid to seek opportunities to improve access to and enhance CC services for CYSHCN enrolled in Medicaid. Additionally, the CC consultant, with the support of the MH team, will apply the 2022 MCHB Blueprint for Change for CYSHCN to these efforts, with a focus on removing barriers to care access, addressing system gaps for special need populations, and improving coordination of services.

To improve understanding of the six state MCO Case Management (CM) programs and beneficiary utilization of these services, BFH recently requested Medicaid MCO quarterly CM data. Over the course of the next fiscal year, BFH will conduct quarterly analysis of Medicaid MCO CM reports and will use the findings to expand knowledge of the CM service system and to support identification of areas of intersection and potential collaboration between Medicaid/MCOs and BFH to the system of care for CYSHCN.

Build the foundations for systems to monitor the health of individuals with sickle cell disease (SCD) and the ability of care systems to support people living with SCD: In FFY2024, Title V will continue to provide support to the Sickle Cell Foundations (community based organizations providing supportive services) and the sickle cell clinics. Additionally, Title V will provide staff support for the Sickle Cell Commission, a statutorily established advisory group

charged with making recommendations to advance the health and care for individuals living with SCD. BFH will also work to promote two toolkits developed in FFY2023: the SCD toolkit for schools and the SCD pain management toolkit for emergency providers. Both of these toolkits were developed as a part of Initiative 5 of the LDH SFY 2023 Business Plan.

Nationally and in Louisiana, SCD is being elevated as a health issue that is overdue for investment and policy action. In Louisiana, there have been several substantive legislative actions related to SCD over the past several years, one of which charged LDH with establishing a comprehensive sickle cell registry. Patient registries and public health monitoring systems are foundational components to improving clinical care and quality of life for people living with SCD[2]. In FFY2024, Title V will provide some support for the foundational work required to establish Louisiana's registry, which will become a key data source for efforts to improve the health and care of individuals in Louisiana living with SCD. In FFY2024, BFH expects to link records from the newborn screening registry with other sources such as Medicaid claims, hospital discharge and emergency room data for preliminary analyses to inform the registry development. Please see *Establishment of a Sickle Cell Registry in Louisiana: Preliminary Research, Findings and Recommendations – February 2023* and *Establishment of a Sickle Cell Registry in Louisiana: Feedback on Preliminary Recommendations – June 2023* for additional information.

System Priority Need: Partner with families, youth, and communities at all levels of systems change

Support family-led organizations to co-create capacity building initiatives which target local pediatric healthcare providers and promote high-quality medical home care that is tailored to the specific needs of CYSHCN and families in the community: As described in the FFY2022 report, the statewide network of FHF agencies is an integral part of the state's efforts to promote access to resources and support for CYSHCN and their families. In FFY2024, BFH will continue to partner with FHF to build the networks' internal capacity to understand and serve CYSHCN populations in their communities. As part of this work, FHF agencies will engage community health providers to ensure local providers are aware of the FHF resource and best-practices for supporting CYSHCN with community referrals.

Building on the historical success of FHF-BFH provider education workshops, FHF agencies, with collaborative support from BFH, will also facilitate annual Regional Information Workshops (RIW) for community providers in an effort to disseminate best practice recommendations for the care and support of CYSHCN. These educational and resource-sharing events are marketed in all regions of the state. RIW events have been provided virtually since the onset of Covid-19. In FFY2024, two of the FHF Networks will test a hybrid workshop, providing options for virtual and in-person participation.

During FFY2024, BFH's collaboration with the FHF network will be facilitated through a team coaching model with individual TA offered as needed.

Implementation of this strategy will be measured by ESM 11.1: Number of healthcare providers trained on Medical Home, Care Coordination and Youth Health Transition.

Enhance partnerships with family and community-led organizations to increase population reach and support services for CYSHCN and families: In FFY2024, BFH will continue to strengthen its partnerships with community-based service organizations that provide individual support and resources to CYSHCN generally, through partnership with the FHF organizations, as well as specifically for children and families with SCD and those who are d/Deaf or hard of hearing (D/HH). In FFY2024, BFH is expecting to transition oversight of the contracts with the state's regional Sickle Cell Foundations to the same section that supports the FHF activities. This alignment is intended to facilitate the connections between the local organizations and to align the approaches to CC with the

definitions and standards developed over the past several years through Title V. BFH will also continue efforts to strengthen the capacity of local organizations to support and engage families with children who are D/HH and adults who are D/HH. This work will be led by the Louisiana Early Hearing Detection and Intervention (LA EHDI) program, with guidance from the State of Louisiana Advisory Council for the Early Identification of Deaf and Hard of Hearing Infants. The council is composed of fourteen familial and community stakeholders. The council is inclusive of parents whose children are diagnosed as D/HH, d/Deaf adults, representation from the Louisiana Commission for the Deaf and Louisiana Association of the Deaf, educational providers with experience working with deaf children, related medical providers, and the Louisiana Department of Education (LDOE) and OPH. These efforts are expected to include the continuation of EHDI regional collaboratives across the state, as the conclusion of 2023 will re-start the nine region tour. Each collaborative brings together EHDI regional stakeholders, including the family-to-family support organizations, Hands and Voices (H&V) and Guide By Your Side (GBYS); Early Steps providers; the Parent-Pupil Education program (PPEP); and hospital screening staff and audiologists, to review region-specific data related to EHDI's 1-3-6 goals (screening by 1 month of age, identification by 3 months of age, and enrollment in early intervention by 6 months of age). Each collaborative features a minimum of one parent of that region willing to share their experience through the identification process. Potential strategies to address barriers are identified to improve the number of children who are connected to community-based services for audiological testing and early intervention, and serves to identify the needs of the diverse population and aid in developing an inclusive plan for improvement within the EHDI system.

The GBYS program features both parent guides (parents of children who are identified as D/HH and have received specialized training) and deaf guides (d/D adults willing to share their unique perspectives with families, have also received specialized training). LA EHDI will continue collaboration with the GBYS program by supporting the completion of quarterly self-assessment checklists for each guide to indicate areas of strengths and weaknesses and to determine training needs.
Families who decline the support offered by the H&V program will be offered website links for resources, as well as the contact information in the event support is desired in the future. The H&V program will continue to host family events around the state, with deaf guides in attendance for networking and support. While most of these efforts are supported by other federal awards, they are coordinated under the direction of the state Title V program with strategy, policy, and communications support largely funded through Title V infrastructure allocations.

System Priority: Ensure Title V strategies are outcomes- focused and rooted in essential public health services

In alignment with national standards, optimize efficiency and quality of services delivered through BFH Children's Special Health Services (CSHS) and Genetics safety-net clinics: As described in the FFY2022 report, the CSHS and Genetics programs developed a clinical services QI plan to assure that BFH CYSHCN clinical programs are providing the highest quality services to all the intended populations. In FFY2024, BFH will continue implementing Plan Do Study Act (PDSA) cycles with OPH CSHS clinic staff and will conduct training and provide TA to improve clinical outcomes and achieve performance measure targets. CSHS central office staff will look at methods to ensure removal of social barriers limiting access to quality health services in the community setting and develop a standard of equitable community care for all children with special healthcare needs across the state.

Collaborate with Medicaid and the State Laboratory to develop policy, operational, and funding mechanisms to support universal newborn screening for all conditions recommended by U.S. Secretary of the Department of Health and Human Services' Advisory Committee on Heritable Disorders on Newborns and Children: In FFY2024, BFH will maintain and continue to strengthen the state's newborn screening system to ensure all newborns in Louisiana are tested for all conditions listed on the recommended universal screening panel of the U.S. Secretary of the Department of Health and Human Services' Advisory Committee on Heritable Disorders on Newborns and Children.

In FFY2022, BFH promulgated rules to update the panel to include Spinal Muscular Atrophy, Mucopolysaccharidosis type I, and Glycogen Storage Disease Type II. The next condition BFH will work to add to the panel is X Linked Adrenoleukodystrophy.Over the past several years, Title V leadership has worked with OPH and LDH leaders to propose an important modernization to the state newborn genetic screening law to create a more defined process and timeline for adding new conditions to the panel. In the absence of defined processes and timelines, the planning, coordination, and commitments needed between the public health laboratory, the OPH Genetics program, Medicaid, agency priority setting and budgeting cycles, and the legislature had become overly complex and resulted in Louisiana falling behind in the adoption of nationally recommended conditions. Frustrated constituents turned to the legislature each year to mandate the study of and or addition of new conditions. While this resulted in some conditions being added, it also created even greater complexity to a cumbersome law and process. In the 2023 Regular Session of the Louisiana legislature, a bill was proposed that ultimately simplified the law and created specific timelines and accountabilities for the state to remain current with national recommendations. In FFY2024, BFH will work to implement the state's newly-modernized newborn screening law, beginning with new conditions recently added to the Recommended Uniform Screening Panel (Mucopolysaccharidosis type II in 2022 and Guanidinoacetate methyltransferase deficiency in 2023).

Improve timely linkage to care in screening and surveillance systems: In FFY2024, the BFH Genetics program will continue working to reduce the time between a presumptive positive heel stick screen and referral to specialist for final diagnosis. BFH has implemented QI processes with the state laboratory and hospitals to identify exactly where delays are occurring between sample collection, processing, reporting, and referral. As sources of the delays are identified, BFH will work with the involved entities to implement customized process improvements. This targeted approach is designed to increase overall program efficiency and direct resources towards improvement-focused activities.

The Joint Committee on Infant Hearing's *Principles and Guidelines for Early Hearing Detection and Intervention Programs* outlines benchmarks related to timely identification of infants who are D/HH. These benchmarks address screening by 1 month of age, diagnosis by 3 months of age, and enrollment in early intervention by 6 months of age. EHDI will strive to maintain at least a 99% screening rate. This can be defined as the number of infants that completed a newborn hearing screen prior to hospital discharge or no later than 1 month of age, among the total number eligible for screen. Data for infants born between January 1, 2022 and December 31, 2022, reflects a screening rate of 99.25%, which is higher than the benchmark average of 98%. Activities to maintain this measure will continue to include closely monitoring timely data reporting at each birthing hospital. Newborn hearing screening hospital supervisors are encouraged to use the LA EHDI-Information System (LA EHDI-IS) to identify infants with unreported newborn hearing screening status. Additionally, the LA EHDI data coordinator provides monthly lists of those infants to the hospital newborn hearing screening supervisor and nursery supervisor with a request to enter the missing data. The data coordinator reviews the data to identify any infants' records still missing information, and follows up with hospitals as needed. In addition to monitoring the completeness of hearing screening data, quarterly quality reviews are conducted. LA EHDI-IS provides the ability to generate a report of infants likely to have inaccurate newborn hearing screening results entered in LA EHDI-IS. The report lists all infants who passed their newborn hearing screen, had no risk factors for permanent hearing loss, but received outpatient follow-up within 3 months. The data coordinator contacts the birth hospitals, requesting verification of the newborn hearing screening results. Once verified, inaccurate results are corrected at the hospital level in the Louisiana Electronic Event Registration System (LEERS). These data quality reviews allow LA EHDI to identify data entry errors and request corrections when needed. For children born in 2022 and diagnosed with permanent hearing loss, 71.7% of children who did not pass the initial newborn hearing screening received a diagnosis by 3 months of age, representing an improvement of 7.27% over the 2017 baseline value of 66.84%, just shy of the targeted 10% over baseline. Enrollment in early intervention by 6 months of age continues to be watched closely by the LA EHDI team, as a growing trend of families

declining referral to and enrollment in early intervention following their child's diagnosis as D/HH has been observed. Specifically, in the 2021 cohort, 86% of children identified enrolled in early intervention, but only 57% enrolled by the age of 6 months. In 2022, 75% of children identified enrolled in early intervention, of which only 63% were enrolled by 6 months of age. The LA EHDI team, with guidance from the Statewide Advisory Council Language Development committee, has outlined several change strategies which include continued: 1) documentation of the reason each family declines a referral to early intervention, 2) provision of additional support to families of children with unilateral hearing loss through the initial Individualized Family Service Plan (IFSP), 3) notification of each child's audiologist and primary care provider when a family declines early intervention, 4) collection and development of materials that focus on the importance of language development, 5) sharing of early intervention materials with families and discussing the importance of early intervention by audiologists, 6) presenting information on the importance of discussing language development and early intervention with families to audiologists, and 7) continued education on the importance of language development the EHDI Hot Topics newsletter for audiologists statewide. Additionally, a PDSA was conducted to: 1) decrease the time between referral to PPEP (non-Part C intervention) and initial family contact, 2) increase collaborative efforts between PPEP and EarlySteps (Part C), and 3) ensure that PPEP teachers were invited to the IFSP meetings. Results of the initial PDSA cycle are positive, therefore LA EHDI will continue monitoring and intervening as necessary in the coming year.

Louisiana Birth Defects Monitoring Network (LBDMN): Title V will continue to support the work of the LBDMN in FFY2024. Building on the progress made in FFY2022 to provide timely information and intervention to families (including support to access resources and services), the LBDMN team will apply the new methods to ensure provision of timely intervention for families in FFY2024. Among all children born in 2023, those identified by the monitoring network are scheduled to be contacted in September 2023.This timing is critical to connect children to early intervention services within the first year of life to improve health and developmental outcomes as well as the quality of life for those impacted by birth defects. In FFY2024, the LBDMN team will aim to achieve the following quality standards:

- Completing cases within 60 days of identification
- FRC processing cases within 90 days of a child being placed on the registry
- Expanding referrals to include children who could benefit from referral services, but who do not meet LBDMN case definition for inclusion in the registry and children with developmental and medical involvement due to a birth defect or medical condition outside of the National Birth Defects Prevention Network standards for reporting (e.g., those with global developmental involvement due to extreme prematurity, but no structural or genetic birth defects).
- Developing FRC protocols for contacting families while infants are still in the neonatal intensive care unit (NICU) through partnerships with hospital social workers or registered nurse (RN) case managers. Initial contacts for introduction and availability of referral services post discharge along with a tracking mechanism for follow-up.

Implementation of this strategy will be measured by ESM 11.1: Number of healthcare providers trained on Medical Home, Care Coordination and Youth Health Transition.

Cross-Cutting/Systems Building

State Performance Measures

SPM 1 - Percent of recommended actions resulting from externally assessed equity audit that have been successfully implemented

Measure Status:	Active

State Provided Data				
	2019	2020	2021	2022
Annual Objective			0	38
Annual Indicator			0	40
Numerator			0	4
Denominator			10	10
Data Source			Internal records	Internal Scoring Instrument
Data Source Year			2021	2022
Provisional or Final ?			Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	58.0	75.0	95.0

SPM 2 - Organizational Commitment to Family Engagement in Systems Change

Measure Status:	Active

State Provided Data				
	2019	2020	2021	2022
Annual Objective			40	50
Annual Indicator			25	40
Numerator			5	8
Denominator			20	20
Data Source			Family Engagement in Systems Assessment Tool	Family Engagement in Systems Assessment
Data Source Year			2021	2022
Provisional or Final ?			Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	50.0	75.0	80.0

State Action Plan Table

State Action Plan Table (Louisiana) - Cross-Cutting/Systems Building - Entry 1
Priority Need
Boldly work to undo systemic drivers of disparities and institutionalize equitable policies and practices
SPM
SPM 1 - Percent of recommended actions resulting from externally assessed equity audit that have been successfully implemented
Objectives
By June 2024, BFH Title V personnel will have increased access to learning opportunities concerning health equity and related concepts
Strategies
Institutionalize equity within BFH policies and practice
Build workforce and partner capacity to promote health equity, anti-racism, and social justice

State Action Plan Table (Louisiana) - Cross-Cutting/Systems Building - Entry 2

Priority Need

Partner with families, youth, and communities at all levels of systems change

SPM

SPM 2 - Organizational Commitment to Family Engagement in Systems Change

Objectives

By September 2024, a draft Family Partnership strategy will be defined.

By September 2024, identify key stakeholders, prioritizing those representing targeted MCH population, for each population domain who have the potential to be engaged as future partners of the BFH.

By June 2024, BFH Title V team and the new AMCHP Family Delegate will collaborate to define the roles and responsibilities of the LA Family Delegate.

Strategies

Improve active participation of persons with lived experience and/or family members in BFH supported Boards, Councils, and Commissions

Facilitate space for local partners and community based organizations to increase input into BFH program planning, monitoring, and evaluation

Increase resources and opportunities for the BFH family representative to fulfill the role of effectively participating in BFH strategic planning processes

Continue to support the Title V Helpline as a resource for families

Support Project SOAR with implementation of the Targeted Universalism framework and family engagement strategy to inform the development of a BFH-wide family partnership strategy

Support the MIECHV Program with implementation of the Home Visiting Collaborative Improvement and Innovation Network (HV COIIN) 2.0 Parent Leadership Toolkit

State Action Plan Table (Louisiana) - Cross-Cutting/Systems Building - Entry 3

Priority Need

Ensure Title V strategies are outcomes-focused and rooted in essential public health services

Objectives

In FFY2024, new training and technical assistance will be available to support BFH staff who have a direct role in supporting or leading one or more public boards, councils or commissions, which will contribute to their increased confidence and competence to support, organize, and facilitate effective meetings.

Strategies

Implement a bureau-wide strategic communications plan to assure consistent messaging across communication channels and products related to Title V priorities

Provide high-level support to the legislatively-mandated commissions and action bodies under the purview of BFH to build their capacities as agents of systems-level change

Develop and operationalize processes and templates to support BFH policy recommendations

Cross-Cutting/Systems Builiding - Annual Report

Overview and context

In addition to the State Action Plan (SAP) strategies outlined throughout the population domain narratives, Louisiana Title V has invested in strategies that aim to improve the state's maternal and child health (MCH) capacities through investment in core infrastructure and capacity-building strategies focusing on health equity, family engagement, communications, and public policy engagement. Louisiana Title V has significantly contributed to improving BFH's effectiveness as the public health system for women, children, and families in the state.

During the FFY 2016-2020 strategic period, BFH completed an organizational strategic planning process that led to a structural reorganization which included creation of the Strategy, Policy, Alignment, Communications, and Equity (SPACE) team to facilitate the development of systematic processes for strategy development and program quality improvement across the Bureau.

Cross-cutting / systems building priority needs and performance measures

Priority needs:

The 2020 Needs Assessment identified key issues including promotion of health equity, engagement with families and communities, and improvement of evidence-based strategic development as cross-cutting priorities for Title V programming in the state of Louisiana. To strengthen the systems and supports that shape these factors, Louisiana Title V continues to execute strategies that align with the following *systems priorities*:

- Boldly work to undo systemic drivers of disparities and institutionalize equitable policies and practices
- Partner with families, youth, and communities at all levels of systems change
- Ensure Title V strategies are outcomes focused and rooted in essential public health services

Performance measures:

Throughout the FFY 2021-2025 strategic period, Title V investments in cross-cutting and systems strengthening initiatives in Louisiana will contribute to improvement of the following state-level performance measures (SPM):

- Percent of recommended actions resulting from externally assessed equity audit that have been successfully implemented (SPM 1)
- Organizational commitment to family engagement in systems change (SPM 2)
- Percentage of programs using and implementing audience tested message frames (SPM 3)

In FFY2022, LA Title V aimed to achieve the following objective(s) in relation to cross-cutting and systems strengthening:

- By June 2022, develop BFH improvement and accountability plan based on external equity audit recommendations
- By January 2022, engage 100% of BFH staff in the Conscious Roots Diversity, Equity, and Inclusion training series
- By January 2022, support the hiring and onboarding of the Project SOAR manager of family engagement
- Host quarterly individual quality improvement meetings with facilitators of BFH-supported boards and commissions

Summary of cross-cutting / systems-building interventions supported by Title V in FFY2022

Systems Priority: Boldly work to undo systemic drivers of disparities and institutionalize equitable policies and practices

Institutionalize equity within BFH by establishing or amending existing policies and practices to ensure BFH

operates with equity, consistently incorporating a social justice and anti-racism lens: Reducing health disparities, particularly racial health disparities, has been a priority for BFH since 2010. In the previous Title V strategic cycle (FFY 2016-2020), BFH created a Health Equity Action team (HEAT), which was guided by a formal steering committee and aimed to build organizational capacity for promoting health equity. HEAT has since evolved to include a HEAT Advisory Committee and four workgroups (Staff Development and Internal Processes; Data Collection, Analysis, and Distribution; Communications; and Policy Response and Development).

As part of the 2020 Needs Assessment and in preparation for the new five-year strategic cycle (FFY 2021-2025), a BFH outlined a five-year health equity vision. As part of this five-year vision, BFH aims to:

- Acknowledge the historical and ongoing systems of oppression that have resulted in present health inequities.
- Approach all organizational and programmatic goals with a social justice and equity lens to work toward health equity for all.
- Develop and maintain routine analyses of current BFH practices to work towards quality improvement with an equity lens.
- Through restorative practices, establish and maintain a work culture in which staff are empowered to identify and address (including but not limited to) racism, ableism, heterosexism, and classism.
- Elevate and support community and family leaders and partnerships, utilizing a “nothing about me without me” approach.
- Ensure that BFH lifts and centers the voices of our state’s populations by going beyond existing data sources and analyses. We will develop and leverage fully engaged community partnerships to accomplish this.
- Regularly examine the health landscape through a health equity and social justice lens and identify partnerships that can influence and change systems of inequity.

Since FFY2021, the below strategies have been undertaken to contribute to the realization of BFH’s health equity system priority**.**

Institutionalizing equity within BFH policies and practice: The 2020 Needs Assessment highlighted a growing and urgent need to maintain a health equity strategy beyond BFH HEAT. To promote accountability around implementing the above vision and institutionalize equity within BFH policies and practices, BFH contracted Conscious Roots, LLC, to conduct a diversity, equity, and inclusion audit of BFH. The audit was conducted during spring 2021 and consisted of an anonymous survey and optional follow-up interviews with staff. Nearly a third of BFH staff completed the survey, and thirteen follow-up interviews were conducted. In June 2021, Conscious Roots provided BFH leadership with a comprehensive summary report of key findings. Findings were organized around the themes of Leadership, Access and Equity, Promotion and Retention, and Climate. The external equity audit resulted in nine recommended actions, which form the foundation of BHF’s State Performance Measure (SPM) 1.

In FFY2022, BFH HEAT created a monitoring framework, including scoring procedure and timeline, to respond to the recommendations received from Conscious Roots. A baseline score was established in August 2022 and annual progress targets have been set for FFY2023 - FFY2025. An implementation plan was also created to prioritize which recommendations could be implemented first and to determine which recommendations were in BFH, LDH, and OPH’s scope of work. Progress against the nine recommended actions are summarized below:

- *Recommendation 1. Creation of an (a) anti-racism statement and strategies to ensure this statement is lived out as part of BFH’s foundation. Creation of a (b) EDI statement and strategies to ensure this statement is lived out as part of BFH’s foundatio*n. Select staff and partners began the development of BFH’s EDI and anti-racist statements. Between January and March 2022, select staff (bureau director, BFH Advisory Board, and Dr. Gillespie-Bell) came together and developed BFH’s EDI statement. After the final draft was written, it was presented to all staff who had the option to respond. Following staff feedback, the EDI

statement was made final and shared with all staff and partners via email, an all staff meeting, and was added to BFH's Learning Management System (LMS), Moodle and the Partners for Family Health page on the LDH website. Once the EDI statement was created, work began on the development of the anti-racist statement. The initial drafts were again written with guidance and feedback from bureau director, BFH Advisory Board, and Dr. Gillespie-Bell. Many considerations were taken into account due to the sensitive nature of racism. Several drafts of the statement were written between March and July 2022. After the HEAT Advisory group met in July, it was decided to develop an anti-oppression statement in lieu of an antii-racist statement to expand the scope of BFH's equity commitment to include consideration of race/ethnicity, disability, and genderism. The next steps are to present the statement to OPH leadership for approval.

- *Recommendation 2. Examination of the evaluation, promotion, and pay structures through an equity, diversity, and inclusion (EDI) lens as this is a major pain point contributing negatively to the employee experience and retention of talent*. The OPH HEAT developed (October 2021 - September 2022) EDI recommendations that span the entire employee life cycle. This Employee Life Cycle Recommendations document aims to guide OPH leadership and human resources in creating and maintaining an affirming, inclusive, and welcoming work environment, and support the LDH Business Plan. The recommendations are divided into eight areas: Attract, Recruit, Interview, Hire, Onboard, Develop, Retain, and Separate; and includes three recommendations with 92 accompanying strategies or actions.

- *Recommendation 3. Put additional resources into building out a more representative and diverse pipeline of candidates for leadership positions, and create the necessary structures and systems to grow, develop, and promote people from within teams and the institution broadly*. There was no significant progress made against this recommendation in FFY2022.

- *Recommendation 4. Examination of current policies, procedures, and systems through an EDI lens*. There was no significant progress made against this recommendation in FFY2022.

- *Recommendation 5. Ensure that EDI is integrated into all of BFH's strategic plans with timelines and accountability measures for leadership team members*. There was no significant progress made against this recommendation in FFY2022.

- *Recommendation 6. Provide professional development sessions for all system members that include understanding of EDI, identity and self-awareness, and ways in which this learning can be made tangible through application to daily work.* After the Conscious Root's Equity, Diversity, and Inclusion (EDI) series concluded, the recorded sessions were made available to all staff via BFH's learning management system (LMS), Moodle. Although this training series has already occurred, learning opportunities are continuously being shared with staff to further their learning until we can proceed with future training.

- *Recommendation 7. Offer formalized departmental/team/organizational mentoring programs where departments pair an experienced team member with a new team member; this can also be effectively implemented in a cross-departmental manner.* BFH's health equity coordinator did an environmental scan to learn what is happening around this recommendation. The coordinator found that OPH offers a mentoring program that pairs mentors and mentees based on strengths of mentor, interests of mentee, and desired outcomes. Both mentors and mentees have to apply. If anyone is not selected, they can reapply the following year.

BFH currently uses an informal “buddy” system where new staff are matched with more tenured staff to support new staff during their onboarding process. Some managers pair new staff with tenured staff who share the same contract, who are on the same team, but different programs, different teams completely – staff selection depends on who the manager believes can best support the new staff member as they orient to BFH.

- *Recommendation 8. Develop funding models that reallocate significant resources to support widespread organizational transformation. For example, every unit should allocate a percentage of total operating budget to a central fund that will be used to develop diversity programs and initiatives.* There was no significant progress made against this recommendation in FFY2022.

- *Recommendation 9. Create a cohesive, consistent, and streamlined communication system where information is disseminated in a way that feels clear and accessible, and where all system employees feel informed.* In May 2021, LDH purchased Monday.com as a project management software for staff to improve communication and information flow with projects and work plans. Licenses have been provided to staff members where it is relevant to their work.

  A debrief session was also held for staff to provide feedback on their experience and what they would like to see in future training/workshops, as well as an internal communication survey was sent out to staff to understand how BFH can work to streamline its communication system. Questions centered around learning what information staff knew, what information staff find difficult to find, what staff think about current communication platforms, and what staff would like to know regarding health equity. Survey results will be used to guide future communication system work and will be used in the next health equity intern project.

Build workforce and partner capacity to promote health equity, anti-racism, and social justice: In FFY2022, BFH continued to invest in building workforce and partner capacity to promote health equity, anti-racism, and social justice. BFH’s approach to building a workforce dedicated to health equity and anti-racism is grounded in the promotion of Health and Racial Equity Core Competencies, which were initially defined in FFY2019 and reviewed in FFY2021. BFH facilitates a health equity orientation for staff bimonthly. At the end of orientation and via a follow-up email, staff are asked to complete a short survey for quality improvement. The orientation was updated in May of 2022 to reflect feedback provided by staff. BFH also has a HEAT newsletter that provides status updates on HEAT activities and information about particular health equity concepts. This newsletter was redesigned to also include updates from LDH health equity work and OPH HEAT.

The Communications team also facilitated presentations on equitable communications for staff and partners. This presentation examined written and spoken language used to describe identity markers (age, gender, race/ethnicity, etc.) to share which words and sayings should be used and which ones should not be used due to negative connotations. The presentations were presented to BFH staff, and at the Women, Infants, and Children (WIC) virtual conference (May 2022) and the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Annual Education Event (March 2022).

Integrate health equity into legislative policy processes: BFH has increasingly been called upon by the legislature for subject-matter expertise, both during legislative sessions through testimony and talking points, and between sessions for policy development and implementation. To better prepare for time-sensitive requests received during legislative sessions, BFH began to proactively track relevant bills and legislative proceedings in 2016. The initial effort was spearheaded by the Title V coordinator and health systems strategy manager, whow were joined by the health equity coordinator in 2017. In 2018, the core team identified an opportunity to integrate the legislative tracking work into the HEAT policy action plan. This integration into the HEAT policy action plan had the mutual benefit of

expanding the tracking capacity of the BFH team and increased bureau staff understanding of health equity legislation that was outside of the scope of BFH operations. In the 2023 legislative session, nearly 20% of legislation tracked was health equity related. (See also the below report strategy: Provide high-level support to the legislatively-mandated commissions and action bodies under the purview of BFH to ensure compliance with their mandated requirements and maximize impact.)

In recent years, several high-profile incidents involving discrimination based on hairstyles and hair textures historically associated with race have prompted legislative action at both the state and federal levels. In the wake of increased national dialogue on the issue, legislation was proposed to protect persons from discrimination based on natural, protective, or cultural hairstyle. The BFH legislative tracking team monitored the proposed legislation. Through legislative updates that occurred on a weekly basis, the legislative policy coordinator presented updates on the progress of the legislation and its content. House Bill 1083, signed into law by the governor as Act 529, of the 2022 Regular Legislative Session of the Louisiana Legislature added “natural, protective, or cultural hairstyle” as a trait protected against discrimination in Louisiana. The integration of this topic into the list of BFH-tracked legislation prompted increased awareness amongst staff within the Bureau that the trait of "natural, protective, or cultural hairstyle" has been just one piece of a pattern of harassment for Black, Indigenous, People of Color (BIPOC) and contributed to larger conversations on systemic racism.

System Priority: Partner with families, youth, and communities at all levels of systems change

The 2020 Title V Needs Assessment highlighted the need to improve family and community engagement at all levels of systems change, regardless of the population of focus, and that a robust collaborative effort is needed to build BFH organizational capacity to support ethical, meaningful engagement. To promote accountability as BFH works to institutionalize family partnership as a foundational component of all systems change initiatives, Title V introduced SPM 2: Organizational Commitment to Family Engagement in Systems Change for the FFY 2021-2025 cycle. SPM 2 utilizes the scoring criteria in the "Commitment" Domain of the Family Engagement in Systems Assessment Tool (FESAT) developed by Family Voices. Baseline and original targets for this measure were set by a group of Title V staff and family and youth partners from Families Helping Families (FHF) organizations.

Naming an Association of Maternal and Child Health Programs (AMCHP) family delegate: After several gap years, BFH was pleased to identify a new AMCHP family delegate in FFY2022. The delegate has been an active member of multiple Bureau supported boards, commissions, and working groups and expressed interest to take a more formalized role to support the overall mission of the Bureau. The delegate participated in the 2022 AMCHP Annual Conference.

Strengthening relationships with community based organizations: BFH worked to strengthen family partnership strategies through the collaborative project with the state’s family peer support organization, FHF. FHF organizations are independent non-profit, family-driven resource centers, located in every region of the state. The BFH-FHF project was launched during the COVID-19 pandemic to support expansion of FHFs capacity to serve all CYSHCN in their area, to ensure CYSHCN in the state had access to community level resource and referral services, and to build BFH’s capacity to engage and partner with community families to guide public health initiatives. Several successful initiatives have resulted from this partnership since its inception. The FHF-BFH project supported both phases of the BFH Specialty Provider Landscape Assessment which surveyed pediatric specialty providers statewide. Lessons learned from this work continue to support Title V strategies. The BFH-FHF partnership also resulted in establishment of coordinated referral pathways between FHF and the Family Resource Center (FRC). Additionally, this partnership supported annual provider capacity building education workshops, which reached over 470 providers in FFY2022. As family engagement experts, FHF was also a valued thought partner as the Project SOAR (Screen Often and Accurately and Refer) team worked to operationalize the SOAR work plan. BFH looks forward to

ongoing collaborative work with the FHF statewide network.

Piloting an innovative family engagement strategy through Project SOAR: To help build forward momentum, the decision was made to focus on piloting an innovative family partnership strategy within one BFH program. In FFY2022, Title V began testing a different approach to supporting family engagement, partnership, and leadership within the scope of a newly-funded Early Childhood Comprehensive Systems (ECCS) project entitled Project SOAR. Given the grant requirements to incorporate family partnership throughout the project, this grant presented an opportunity to operationalize and evaluate family partnership strategies within the scope of the early childhood systems project. SOAR keenly focuses on creating pathways for family participation and partnership within systems strengthening work.

Throughout FFY2022 the team focused on operationalizing work plans and putting processes and structures in place to implement SOAR using the Targeted Universalism (TU) equity framework. As part of initial project implementation, the team worked through the first step of TU and developed an aspirational, universal goal for SOAR. Goal setting was informed by the YCWC and grant TA providers. The Louisiana goal for Project SOAR reads, *all children receive equitable, timely and accurate developmental screenings and follow-up; all pregnant and parenting caregivers receive equitable, timely and accurate perinatal depression screening and follow-up.*

Additional SOAR efforts focused on the core team and Young Child Wellness Collaborative (YCWC) learning and understanding the TU framework, resetting and building the capacity of the cross sector YCWC to serve as the advisory body for SOAR, and exploring best practices for engaging family partners and building family leaders. As part of the best practice exploration, the team completed key-informant interviews with internal and external partners that have content expertise in family engagement strategies.

System Priority: Ensure Title V strategies are outcomes focused and rooted in essential public health services

This revised priority need builds off of the previous progress and work related to the 2015-2020 priority to *ensure high performing essential MCH screening and surveillance systems*. As described when introduced in the 2015 Needs Assessment Summary, the original priority need was intended to ensure Louisiana maintains robust screening and epidemiology capacity to monitor health and well-being, ensure timely individual and system-level follow up as needed, guide programs, and inform public policy that affect women, mothers, children inclusive of those with special health care needs, and families. The original priority need was rooted in the Essential Public Health Services of monitoring health, diagnosing and investigating health concerns, and evaluating the effectiveness, accessibility and quality of health services, and the revised version of this priority need is likewise rooted in the following proposed updated Essential Public Health Services:

- Assess and monitor health status, factors that influence health, needs, and assets to understand and improve population health and wellbeing;
- Diagnose, investigate, and address health problems and hazards affecting the population, including the identification of root causes.
- Communicate effectively to inform and educate people about health, including factors that influence it and how to improve it.
- Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.

This revised priority captures the need for Title V strategies and investments to be outcomes-focused and able to demonstrate effectiveness. This has been an expressed need for several years, and it was one of the themes that

inspired the reorganization and strategic planning overhaul of BFH. This theme was also at the center of the needs assessment process.

Ensure effective Title V communication strategies through the implementation of the Frameworks Institute approach to develop, test and use thematic frames and core stories:
Building internal communications capacity: At the time of the 2015 Needs Assessment, Title V had two dedicated communications staff to manage topic-specific health communications projects, web presence, and the mandated Title V resource hotline. Communications strategies were primarily focused on delivering messages to families to reduce infant mortality and were related to specific topics such as early prenatal care, preconception health, and safe infant sleep.

With LDH reorganization in 2016 and the subsequent merger of several programs into BFH, the capacity of the communications team was built out to support communications across all BFH teams. As the role of the BFH continued to evolve and focus turned towards reaching provider influencers and impacting systems and policy, communication strategies were subsequently designed to target providers, community stakeholders, and policy makers. In 2017, a new umbrella website, PartnersforFamilyHealth.org was built to reflect that shift. The Communications team began to support policy work, including writing policy briefs, talking points and legislatively mandated reports. The team also provided leadership in the development of select operational processes for the BFH, such as processes for working with the media, developing new communications products, and adding topics into a workflow for boards and commissions.

Shift towards strategic and effective health communications: As Title V grew its communications capacity over the past few years, BFH programs began to leverage communications strategies and products (webpages, fact sheets, one-pagers, postcards, talking points, reports, etc.) more frequently to motivate, empower, or persuade parents or providers to do something, or to do something differently. To accommodate demand, the communications team typically works with programs separately, on a project-by-project basis. Within programs, communications products build on one another. Across programs, however, messaging and distribution channels are not aligned, even when communication products are targeting the same audience and have similar communication objectives. Therefore, across BFH, agency communications can be fragmented and inconsistent, and may be confusing, overwhelming, or forgettable to users.

Despite increasing Title V investment in communications expertise, BFH does not have an evaluation mechanism in place to determine whether or not BFH communications products are effective in achieving their intended outcomes. BFH communications products are grounded in communications best practices to the fullest extent possible, but time, capacity, and resource restraints have limited BFH's ability to consistently conduct audience-testing during and after product development.

In FFY2021, BFH Communications team began laying the groundwork to design a new strategic communications approach internally to ensure more effective Title V communication strategies and set the stage for robust communications evaluation. The proposed strategic communications strategy was based, in part, on the Frameworks Institute approach to develop, test and use thematic "frames" and "core stories." Through this evidence-based approach, core stories embed frame elements (values, metaphors, and explanatory chains) in a coherent narrative that reorients and restructures how Americans think about a complex issue. Developing and repeating frames and core stories will help establish messaging consistency across BFH. When organizations repeat messages to external audiences with a unified voice, these messages are amplified and more likely to reach a message saturation point. In FFY 2021, the communications team developed a step-by-step roadmap to transitioning BFH's current processes to the new overarching communications strategy, outlining the specific workflow changes that would have to occur across the bureau.

FFY2022 brought many staff changes with the BFH Communications team. A new communications, strategy, and operations manager was hired and the team structure changed to assign one communications specialist to each of the three teams (data, clinical, and family) to help tie the messaging within each team more closely together. The team began creating a standardized process for how each member will be involved in working with programs to create materials from performing a needs assessment when communications needs arise through the final approval and distribution process.

MCH toll-free hotline: In FFY2022, BFH hosted two interns through the Title V MCH Internship program. The intern project revolved around resource management and coordination across BFH with a specific focus on the mandated toll-free telephone number and website. At its core, the project was intended to support BFH's continued responsible, effective stewardship of Title V funding. This project was directly related to two of our cross-cutting Title V priority needs for the FFY 2021-2025 strategic period: 1) Ensure equitable access to high-quality and coordinated clinical and support services and 2) Ensure Title V strategies are outcomes focused and rooted in essential public health services.

The internship was broken up into two phases. In the first phase, the interns documented and evaluated all of BFH's current resources and referral activities. Interns conducted a SWOT analysis, interviewed staff, inventoried and reviewed documents, estimated effectiveness of resources, and synthesized major themes. In the second phase, interns researched best practices for resource management and referral. Interns reviewed what other states used, what other Louisiana entities used, and what was available overall. They synthesized the information and presented a summary of approaches that could improve the way BFH manages resources and referrals.

Based on their findings, the interns recommended transferring oversight of the current helpline contract with APA to WIC since the majority of calls are about WIC services. For BFH related work, they recommended using the FRC as a general helpline. The mandate does not require for the helpline to be 24/7 as initially believed, so the FRC can serve as the helpline during their hours of operation. Finally, they recommended using a centralized resource referral platform and provided research on FindHelp, UniteUs, Exceptional Lives, IRIS, VIA Link 211 and United Way 211.

Provide high-level support to the legislatively-mandated commissions and action bodies under the purview of BFH to ensure compliance with their mandated requirements and maximize impact:
Policy and governmental relations: As BFH elevated the quality of its data and communications products and strengthened relationships with boards and commissions, BFH has increasingly been called upon by the legislature for subject-matter expertise, both during legislative sessions through testimony and talking points, and between sessions for policy development and implementation. To better prepare for time-sensitive requests received during legislative sessions, BFH began to proactively track relevant bills and legislative proceedings in 2016. In addition to tracking legislation, the team coordinates responses to requests for talking points and helps prepare staff asked to testify as subject matter experts. To keep staff informed about relevant legislation that could impact MCH and CYSHCN populations, the team hosts regular legislative huddles and maintains a shareable tracking spreadsheet. In preparation for the 2020 legislative session, BFH established a new position, the legislative policy coordinator. Since then, the legislative policy coordinator has continued to define the protocols, procedures, and staff responsibilities during the legislative session and promoted the coordination of legislative and strategic policy initiatives whether during or between legislative sessions.

In FFY2022, BFH continued to increase staff capacity to administer Title V policy work by establishing a new position, the legislative and policy lead. As the manager of the Policy, Research, and Development section, the legislative and policy lead will oversee policy and legislative operations to ensure that BFH policy initiatives,

legislative responses, and legislatively-required public bodies and other action bodies are guided by rigorous policy planning and evaluation methods, from research to partner engagement, review, approval, and implementation. BFH began the search to recruit and attract the legislative and policy lead in late FFY2022, with selection of the candidate anticipated in early FFY2023.

Boards and commissions support: In FFY2018, Title V began investing in a boards and commissions coordinator position to provide high-level support for ensuring that the legislatively mandated commissions and action bodies under the purview of BFH are cultivated to reach their potential. At the time the position was created, some of the boards and commissions had active membership with a defined scope and were actively engaged with meaningful systems-level change, but many did not. Since then, the boards and commissions coordinator has continued to define and support baseline standards for the bodies under the purview of BFH. This included an initial assessment of each body in accordance with mandated requirements, identification of areas requiring additional support to maintain compliance, and definition of individualized roadmaps for each group to achieve their optimum success.

In FFY2022, BFH continued to support 16 statewide public bodies (i.e., boards, commissions, councils) and two internally created action bodies serving as workgroups to make systems-level changes and propose policy changes. BFH staff provided technical expertise and a variety of administrative support functions, such as meeting facilitation and coordination of meeting logistics and minutes, communication with appointed members, and supporting the implementation of recommendations. While each board, commission, and council has a unique charge and responsibility, the boards and commissions coordinator has promoted the creation and implementation of uniform operating guidelines, streamlining robust processes to yield quality recommendations, and tracking significant accomplishments in a centralized hub in order to measure growth over time. Through identifying roadblocks and solidifying processes of quality improvement, these commission and action bodies are supported and encouraged to serve as effective change agents from cross-cutting angles.

A continued challenge in providing boards and commission support has been to fully equip staff in understanding and appropriately implementing public meetings to most effectively leverage the boards, commissions, and councils under BFH's purview. In FFY2022, the boards and commissions coordinator established standard operating procedures for internal staff working closely with boards, commissions, and councils. Standard operating procedures, as well as additional resources regarding maintaining and storing public records and documents, were shared as part of the initial creation of a toolkit of information, processes, procedures, best practices, templates, and tools that will be continued to be developed through FFY2023 for staff working closely with boards, commissions, and councils. The goal of this toolkit is to have a centralized repository of information to provide staff with robust resources to optimize involvement and support the charges and goals of the 16 boards, commissions, and councils under BFH purview.

Legislative policy support: In preparation for the 2020 legislative session, BFH established a new position, the legislative policy coordinator. In FFY2022, the legislative policy coordinator served as a liaison between the legislative offices of the state and BFH to ensure that the programs within BFH had the opportunity to put forth legislation and provide expertise on legislation related to the work of BFH. A large part of the work included navigating politically-sensitive work, including but not limited to: newborn screening, sickle cell disease, policy monitoring, programmatic and population impact resulting from policies related to abortion and medical futility, economic policies for women and families, maternal mental health, maternal mortality,perinatal systems of care regulations (maternal levels of care, neonatal intensive care unit (NICU) levels of care, and free-standing birth centers), pregnancy and postpartum support (doulas, home visiting programs), and care coordination for children and youth with special healthcare needs and special populations.

Moreover, the legislative policy coordinator worked with BFH subject-matter experts, legislators, other policymakers,

and community partners to produce legislative study commission reports assigned to BFH in FFY2022. House Concurrent Resolution (HCR) 94 of the 2022 Regular Legislative Sessions of the Louisiana Legislature, also known as the “Baby Bonds" Study, requested that LDH and Department of Children and Family Services (DCFS) conduct a study regarding the potential establishment of a program to provide children born to low-to moderate- income parents with a trust that, at maturity, can be used for postsecondary education, the purchase of a home, or formation of a business. Senate Resolution 131 of the 2022 Regular Legislative Sessions of the Louisiana Legislature established the Study Commission on Maternal Health and Wellbeing, which was facilitated by the legislative policy coordinator. The purpose of this study commission was to identify findings and recommendations, together with specific proposals for legislation from the study commission that (1) identify and assess the functions and activities of existing state efforts and service systems focused on the health and wellbeing of individuals before, during, and after childbirth; and (2) seek ways to address a reduction of adverse maternal-health behaviors during pregnancy, dysfunctional infant caregiving, and stressful environmental conditions that interfere with parental and family functioning. Both reports will be due for submission to the respective entities and/or individuals named in the legislation in the second quarter of FFY2023. In addition to these mandatory reports, the legislative policy coordinator supported Title V initiatives through the monitoring of implementation for all other reports that BFH-affiliated boards, commissions, and councils are responsible for producing on an annual basis.

Develop and operationalize processes and templates to support BFH policy recommendations:
Advancing Title V health systems strategy: After significant advancement of its health systems strategy between FFY 2015-2019, BFH recognized the need to extend its strategy beyond a liaison and coordination role. After the original health systems strategy (HSS) manager resigned, BFH onboarded a new HSS manager in FFY2020 who had previously worked in the private insurance sector and brought deep technical knowledge of insurance coding processes, financing structures and policies, and research practices. The new HSS manager utilized this skill set and experience to support the Bureau in creating a stronger integration between public health practices and research and health systems and services policy and research. In FFY2021, the HSS manager spearheaded several in-depth health systems research projects to help inform decision-making in high-priority areas, including reviews of Title V/Title XIX interagency agreements and MIECHV Medicaid financing structures across the country.

Another key charge of the HSS anager position was to build Title V workforce capacity to understand and navigate health systems. In FFY2020, the HSS manager initiated a health systems strategy technical assistance (TA) workgroup. The new TA workgroup was designed to increase Title V workforce capacity to research, propose, and implement health systems strengthening initiatives. The TA workgroup supported BFH's transition from knowledge and understanding of health systems to having the capacity to act. In FFY2021, the HSS manager created strategy support toolkits, including frameworks for Medicaid research, health systems and services research, systems-level thinking and policy decision-making. These efforts have led to programs taking more ownership over their respective health systems initiatives.

In FFY2022, the HSS manager position transitioned to a new staff member and BFH leadership redeveloped the position again to expand the scope of BFH’s health systems strategy beyond the Title V/Title XIX partnership. Oversight of the HSS manager position also shifted from the SPACE team to the Clinical Services and Systems team. The new HSS manager focused on defining Louisiana Title V’s current and future role in supporting the overall health care delivery system. Based on their background in public health as well as health economics, their contributions have expanded into data-driven analyses and recommendations with the goal of increasing the efficiency and sustainability of Title V services. This work has been used to inform the strategic direction of the Title V clinical services within each level of the MCH pyramid. In FFY2022, the HSS manager conducted the third phase of the pediatric subspecialty landscape analysis (described in the CYSHCN narrative), and has contributed to other special studies in collaboration with programs and BFH leadership.

Cross-Cutting/Systems Building - Application Year

Overview and context

In addition to the strategies outlined throughout the population domain narratives, Louisiana Title V has invested in strategies that aim to build internal capacities and improve performance in the cross-cutting areas of health equity, family engagement, communications, and public policy development.

During the FFY 2016-2020 strategic period, BFH completed an organizational strategic planning process that led to a structural reorganization which included creation of the Strategy, Policy, Alignment, Communications, and Equity (SPACE) team. The team was created to facilitate the development of systematic processes for strategy development and program quality improvement across the Bureau.

Cross-cutting / systems building priority needs and performance measures

Priority needs

The 2020 Needs Assessment identified key issues including promotion of health equity, engagement with families and communities, and improvement of evidence-based strategic development as cross-cutting priorities for Title V programming in the state of Louisiana. To strengthen the systems and supports that shape these factors, Louisiana Title V continues to execute strategies that align with the following *systems priorities*:

- Boldly work to undo systemic drivers of disparities and institutionalize equitable policies and practices
- Partner with families, youth, and communities at all levels of systems change
- Ensure Title V strategies are outcomes focused and rooted in essential public health services

Performance measures

Throughout the FFY 2021-2025 strategic period, Title V investments in cross-cutting and systems strengthening initiatives in Louisiana aim to effect the following state-level performance measures (SPM):

- Percent of recommended actions resulting from externally assessed equity audit that have been successfully implemented (SPM 1)
- Organizational Commitment to Family Engagement in Systems Change (SPM 2)

In FFY2024, Title V supported programs in Louisiana will implement strategies to achieve the following objectives:

- By June 2024, BFH Title V personnel will have increased access to learning opportunities concerning health equity and related concepts
- By September 2024, a draft family partnership strategy will be defined.
- By September 2024, identify key stakeholders, prioritizing those representing targeted MCH population, for each population domain who have the potential to be engaged as future partners of the BFH.
- By June 2024, BFH Title V team and the new Association of Maternal and Child Health Programs (AMCHP) family delegate will collaborate to define the roles and responsibilities of the Louisiana family delegate.
- By September 2024, new training and technical assistance will be available to support BFH staff who have a direct role in supporting or leading one or more public boards, councils or commissions, which will contribute to their increased confidence and competence to support, organize, and facilitate effective meetings.

Planned Title V efforts and alignment with cross-cutting priorities

Systems Priority: Boldly work to undo systemic drivers of disparities and institutionalize equitable policies and practices

BFH has intentionally worked over several years to develop the organization's foundational knowledge and awareness of the impact of systemic oppression, particularly racism, on the health of Title V target populations. Now

that these critical foundations have been established, BFH is better positioned to institutionalize equitable strategies, practices, and policies to promote health equity, while providing continuous support to staff development and learning.

Institutionalize equity within BFH by establishing or amending existing policies and practices to ensure BFH operates with equity, consistently incorporating a social justice and anti-racism lens: In FFY2024, Title V will continue efforts to establish or amend existing policies and practices to ensure BFH operates with equity, consistently incorporating a social justice and anti-racism lens. As described in the 2022 Narrative Report, progress is underway on the implementation of an action plan responding to nine recommendations resulting from an external equity audit in FFY2021. In FFY2024, BFH's health equity coordinator will develop an updated set of objectively measurable indices to enable improved monitoring of progress in achievement of the nine recommended actions. Following approval of the final Equity, Diversity, and Inclusion (EDI) and anti-oppression statements, the health equity coordinator and SPACE team will work to promote widespread awareness across BFH teams and promote reflection on how to operationalize these equity commitments in the daily work of the organization. The health equity coordinator will also focus on ways to streamline communications in alignment with the recommendations, and determine how to support BFH staff in their health equity work. Title V will continue to utilize SPM 1: Percent of recommended actions resulting from an externally assessed equity audit that have been successfully implemented to measure progress in relation to these strategies.

In FFY2023, BFH's health equity coordinator met with programs and team leads to learn what they are doing to institutionalize equity to determine gaps, what can be enhanced, modified, or can be implemented bureau-wide. In FFY2024, the health equity coordinator will continue building upon those conversations to guide future health equity work through BFH's internal communication systems.

BFH's Health Equity Work Plan, framed within a template provided by the LDH Bureau of Community Partnerships and Health Equity, was updated in FFY2023. In FFY2024, the health equity coordinator will disseminate the work plan and continuously collect feedback from BFH staff. The coordinator will monitor progress, ensure the work plan remains updated, and that the BFH management team remains informed of progress, bottlenecks, and lessons learned.

In 2016 and 2017, BFH formed a Health Equity Action team (HEAT) Advisory Board and sub-working groups to promote health equity throughout BFH. HEAT was paused in October 2022 due to limited staff capacity and was un-paused in spring 2023, when staff capacity increased. The relaunch of the work groups led to a reflection period and critical examination on their overall effectiveness in realizing BFH's health equity vision. In FFY2023, workgroups redeveloped their purpose statements and created work plans that could be more easily integrated into member's day-to-day work. In FFY2024, BFH will work with a contractor to facilitate a strategic planning session, which will aim to deliver guidance on how to effectively organize working groups and achieve concrete tasks towards realizing the overall HEAT action plan. After the planning session, the health equity coordinator, supported by the HEAT Advisory Board, will be responsible to coordinate the improvement of work group functioning.

Activities to further examine the evaluation, promotion, and pay structures of BFH and OPH through a DEI lens (Recommendation #2) will continue in FFY2024. In May 2023, OPH leadership approved the request made by OPH HEAT to implement the Employee Life Cycle Recommendations within OPH. In FFY2024, a concrete work plan will be defined to clarify separation of roles between OPH and BFH as well as to agree on priorities and overall methods to be employed.

LDH-OPH-BFH's current holiday schedule excludes many religious faiths and values while overly reflecting others. Rather than following a standard holiday schedule, floating holidays can be offered as paid time off (PTO) that staff

can decide when to use. Advocating for floating holidays brings equity to the holiday structure. In FFY2024, OPH HEAT will advocate for a change of the current holiday schedule to reduce the number of holidays on the standard schedule and offer 1 or more floating holidays, which can be used by employees on the day(s) of their choice. This process will involve looking at data of when employees generally use PTO, research what needs to be involved to make this change possible, and advocating for action.

Build workforce and partner capacity to promote health equity, anti-racism, and social justice: In FFY2024, BFH will continue to offer formal and informal learning opportunities on health equity, anti-racism, and social justice. BFH provides a bi-monthly health equity orientation for staff that explains key health equity concepts, shares BFH's EDI statement, and how BFH works towards health equity and equitable outcomes. A previous communication survey found that most staff would like more opportunities to improve their knowledge and capacities around EDI promotion. However, following several years of progress in the promotion and training around EDI concepts, the capacity development needs of longer tenured staff vs. newly arriving employees creates a need to diversify capacity development modules and modalities.
In FFY2023, the health equity coordinator developed a plan to revise the health equity and EDI learning experience for staff at BFH which included inventorying and mapping BFH's current EDI resources into four learning phases (awareness, knowledge, skills/application, and mastery). In FFY2024, the coordinator will continue to build out the series of modules and make them available in BFH's learning management system (Moodle). An external contractor will be utilized to develop an overall learning strategy (especially in the skills/application phase) and develop evaluation metrics to ensure staff are meeting the learning goals of each module as well as to ensure that learning is applied in the daily life of BFH.

Future efforts to build workforce and partner capacity also involves work at the OPH. The OPH HEAT state fiscal year (SFY) 2023 work plan consists of developing a subgroup to be named the Employee Resource Group (ERG) committee. ERGs, also known as "affinity groups", are composed of staff that are centered on a common interest. ERGs can be voluntary or requested by the organization and are commonly formed around the aspects of identity: age, disability, gender, parental status, national race/ethnicity, sexual orientation, and religion or belief. ERGs are beneficial to an organization and staff because they provide staff with a sense of belonging; feeling like they can be their authentic selves at work, and while also adding more meaning and purpose to their work. In FFY2024, the ERG committee of the OPH HEAT will define the structure of ERGs and establish benchmarks for ERG creation and implementation. By June 2024, the committee will establish two ERGs with clear leadership and goals assigned to ERGs. The ERGs will report to OPH HEAT.

System Priority: Partner with families, youth, and communities at all levels of systems change
BFH believes that the delivery of transformative MCH services requires full, honest, and equitable partnership among families, health practitioners, communities, and statewide policymakers. The Bureau seeks to pursue an integrated strategy to support the exchange of information, purposeful interaction, and meaningful participation of all key stakeholders in the design of programs, projects, and initiatives relevant to MCH populations.

Recognizing the need for meaningful participation of all key stakeholders, specifically including persons with lived experiences and family members, the Bureau does aim to define a comprehensive strategy for family, youth, and community engagement, the core components of which are summarized below. Title V introduced SPM 2: Organizational Commitment to Family Engagement in Systems Change for the FFY 2021-2025 cycle to promote accountability as BFH works to institutionalize partnerships with families and communities as a foundational component of all systems change initiatives.

Improve active participation of persons with lived experience and/or family members in BFH supported Boards, Councils or Commissions: A key element of the overall family engagement strategy is the inclusion of persons with lived experience and/or family members in the 16 statewide public bodies (i.e., boards, commissions, councils) and two internally created action bodies supported by the Bureau.
One key barrier is the reality that the structure of most boards, commissions, and councils were created without a designated space for families, advocates, and caregivers, thus making it difficult to actively engage their participation without formal representation in membership. Currently, only four out of the 16 boards, commissions, and councils have a named family delegate as a voting member of the public body; however, close to half of the Board, Councils or Commissions have dedicated seats for individuals with lived experiences and/or family representatives. The entities that do have designated membership for persons with lived experience and/or family members see consistent and active participation of these members. When there are vacancies in these seats, the Bureau supports potential replacements to understand the roles and responsibilities of their participation if they choose to accept nomination to join.

In accordance with the state's Open Meetings Law, all meetings of the 16 statewide public bodies are open to public participation. The Bureau promotes the participation of any and all community members, including persons with lived experiences and family members, as non-voting observers. It is the policy of the Bureau to post meeting agendas no later than two weeks in advance. This policy allows for ample notice of upcoming public meetings, with the hope that families and individuals with lived experience can make the necessary arrangements to actively attend.

Facilitate space for local partners and community based organizations to increase input into BFH program planning, monitoring, and evaluation: Throughout all population domains, BFH programs collaborate and/or partner with a variety of community based organizations and stakeholders including contractors, implementing partners, community based organizations, family led organizations, professional associations, self-advocacy organizations, academic institutions, etc. The Bureau has identified a cross-cutting need to develop guidance on recommended practices and approaches for engaging with these varying program stakeholders. Guidance will be specifically relevant for onboarding of new program staff who may have less familiarity with the MCH stakeholder landscape in the state and how BFH's mission and values should inform our approaches to working with our partners and key stakeholders. In FFY2024, BFH will organize internal information sessions to facilitate reflection on the Bureau's mission and values and sharing of experiences and lessons learned concerning partner and stakeholder engagement. The information sessions will clarify key differences between contractors, implementing partners, community based organizations, family led organizations, professional associations, self-advocacy organizations, etc. and discuss different partnership modalities related to each. The sessions will also support identification of further capacity building needs.

Increase resources and opportunities for the BFH family representative to fulfill the role of effectively participating in BFH strategic planning processes: In FFY2024, the Title V team will take the lead in working closely with the newly appointed AMCHP Family Delegate to co-create a role and scope of work for advising Title V implementation. The Title V Block Grant Strategy Manager will explore recommended practices from other states, as well as AMCHP resources, to facilitate dialogue about definition of the roles and responsibilities of the LA Family Delegate. By June 2024, a proposed outline of the roles and responsibilities of the LA Family Delegate will be presented for the BFH management team's consideration and feedback.

Continue to support the Title V Helpline as a resource for families: The toll-free helpline is an important resource for families seeking information about MCH services available throughout the state. BFH will continue to support families to have access to essential information by continuing to make the toll free hotline available on a 24/7 basis. Helpline staff will continue to conduct a brief screening to collect information about each families' situation and make referrals to the most appropriate services including but not limited to: The Special Supplemental Nutrition Program

for Women, Infants, and Children (WIC), prenatal care, pregnancy testing, evidence-based home visiting (family support and coaching) programs, Medicaid, breastfeeding, immunizations, family planning, substance abuse and other social service information, children with special health needs.

Support Project SOAR (Screen Often and Accurately and Refer) with implementation of the Targeted Universalism framework and family engagement strategy to inform the development of a BFH-wide family partnership strategy: As described in the Child Health domain narrative, during year one of implementation, the BFH Project SOAR team made significant adjustments to the project work plan to better align with the Targeted Universalism (TU) equity framework. This shift was intended to create accountability for centering equity and leadership from P-3 families and providers for the duration of the project and beyond.

Guiding all Project SOAR strategies, the five steps of the TU equity framework are:

- Set a universal goal.
- Assess the general population performance relative to the universal goal.
- Assess and identify the performance of groups that are performing differently with respect to the universal goal.
- Assess and understand the structures and other factors that support or interfere each group from achieving the universal goal.
- Develop and implement targeted strategies for each group to reach the goal.

During FFY2023, the SOAR team, with the support of the grant's project officer and the TA team, dedicated time to refining the work plan to ensure a keen focus on family participation and leadership building opportunities, alignment with other state prenatal-to-three initiatives, and expediting the data collection interval to advance the timeline for creation of the early childhood developmental health state strategic plan. The project pivots enabled formulation of a solid work plan that supports implementation and testing of system strengthening strategies co-developed with family and provider partners before the term of the grant.

As the project moves toward full implementation, the SOAR team will lean into existing relationships with internal and external partners that touch young families. Community partners such as FHF, the FRC, and the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, along with the Young Child Wellness Collaborative (YCWC) advisory body, will play a significant role in recruitment of community families to participate in the SOAR initiative. Additionally, family partners and programs with family leadership expertise, will help inform leadership development strategies for families interested in participating in systems improvement efforts.

Support the MIECHV program with implementation of the *Home Visiting Collaborative Improvement and Innovation Network (HV COIIN) 2.0 Parent Leadership Toolkit*:
LA MIECHV has adopted the *HV COIIN 2.0 Toolkit to Build Parent Leadership in Continuous Quality Improvement* as the framework for family engagement efforts. The toolkit proposes five stages for integrating parent leadership into continuous quality improvement (CQI) initiatives and sustaining parents' involvement, from early readiness to long-term strategies for bolstering the infrastructure and team functioning required for parent leadership to flourish. Over the course of the project period, LA MIECHV will implement Stages 1-3 of the toolkit, which outline activities to support 1) getting teams on board with parent leadership and developing a more comprehensive understanding of program and team-level readiness; 2) setting concrete goals and developing team-specific action plans; and 3) engaging in short term strategies to learn more about local communities, build relationships, and recruit parent leader.

LA MIECHV will continue to administer the annual Client/Parent Satisfaction Survey. Each year the survey is

adapted based on survey results and home visitor feedback to ensure questions asked will lead to programmatic improvement for clients. In FFY2024, LA MIECHV will work directly with families to update the survey as part of our efforts to build parent leadership using the framework outlined in the HV COIIN 2.0 parent leadership toolkit.

System Priority: Ensure Title V strategies are outcomes-focused and rooted in essential public health services.

Implement a Bureau-wide strategic communications plan to assure consistent messaging across communication channels and products related to Title V priorities: In FFY2023, BFH Communications team created and memorialized a process for how the team functions. Templates such as a Needs Assessment Form and Project Planning Document were created to guide the process and document each step of the collaboration between communications team members and program experts. Monday.com was introduced as a project management software to track projects as they were edited and approved to ensure timelines were met.
In FFY2022, the communications team was restructured to better align with BFH's current priorities and vision for the future. Many staff members were hired in FFY2023. The restructured communications team now consists of the following positions within the larger SPACE team:

- Health communications operations and strategy manager, who oversees the communications unit and works to set and guide BFH's strategic communication goals so they consistently articulate and align with BFH's current priorities. The health communications operations and strategy manager is also responsible for developing and continually improving the processes and tools that can be used to align key information and messages across initiatives and communication products. This position was filled in May 2022 - June 2023, and a search for a new candidate is currently in process.
- Health communications projects manager, who manages and assures timely and quality completion health communication plans projects for all materials and reports across the bureau. Health communications projects manager also serves as the communications lead for the Bureau's various public-facing reports.
- Three health education and communications specialists, who are responsible for implementing and executing the Bureau's communication projects. These positions were filled in FFY2023.

Title V is aiming to redevelop the overall BFH communications strategy using an evidence-based approach to develop coherent, audience-tested narratives about priority health outcomes and establish messaging consistency across all BFH programs. In FFY2024, the BFH Communications team will continue work toward implementing a strategic communications approach across the Bureau. The team will focus on addressing larger, Bureau wide projects such as evaluating the effectiveness of websites and exploring avenues for increasing efficiency and viewership, creating a standardized process for how programs within the Bureau can utilize translation services, and increasing partnership efforts with the LDH Bureau of Media and Communications team to increase engagement on social media channels.

Provide high-level support to the legislatively-mandated commissions and action bodies under the purview of BFH to build their capacities as agents of systems level change: In FFY2018, BFH recognized the need for a Policy, Research, and Development team dedicated to liaising with policymakers and legislative stakeholders to track ongoing issues of concern to the Bureau, coordinating the Bureau's inputs to public policy dialogue including responding to regular inquiries/requests from state policymakers, and strengthening of the 16 public bodies (Boards, Councils and Commissions) and the two internally-created action bodies under its purview. Located within the larger SPACE Team introduced above, the team continuously researches national and state health policy trends relevant to MCH populations and ensures that BFH teams are informed of relevant policies and up to date on ongoing policy development processes. The team also coordinates work with the state-required rulemaking process to ensure the BFH operational framework is aligned with the intent of existing legislation, long-term plans, policies, and procedures. When needed, the team provides interpretation of revised statutes, rules, regulations, policies, and procedures for BFH program teams, members of the Boards, Councils and Commissions under the purview of BFH,

and other community partners.

In FFY2024, the team will continue to develop guidelines and protocols for transparency in operations of supported Boards, Councils and Commissions to ensure compliance with state Open Meeting Laws and related regulations. The team will also provide capacity building to members of supported Boards, Councils, and Commissions through development and facilitation of training on public body protocols and tailored coaching of individual members.

III.F. Public Input

As part of the Louisiana Office of Public Health's (OPH) ongoing efforts to maintain accreditation with the Public Health Accreditation Board, a State Health Assessment (SHA) was carried out from June 2021 - April 2022. In June and July 2021, OPH hosted a series of virtual meetings to collect community input on health-related issues within each of the nine regions of the state. In August 2021, OPH released a statewide survey (available in Spanish and Vietnamese) to solicit additional public input on the health issues that Louisianans think are most important to address and what could make their communities healthier. An SHA Dashboard was then shared with Louisiana residents to gather feedback on the findings. This process reached nearly 6,000 Louisiana residents via two sets of meetings in each of Louisiana's nine public health regions. A report on the findings was published by OPH in July 2022.

In 2022, OPH established a Maternal and Child Health Workgroup, which is open to all residents of Louisiana, to facilitate the development of the MCH portion of the State Health Improvement Plan (SHIP).

In accordance with Section 505a, a notice was posted in the April 2023 *Louisiana Register*, in the Potpourri section, to announce that the BFH had completed the 2023 Application / 2021 report. The notice provided a link to the report/application to allow community review. The notice also provided contact information to allow community feedback. The *Louisiana Register* is a monthly publication which provides access to the certified regulations, legal, and other official notices issued by the executive branch of the Louisiana state government. The announcement provided information about where to request a draft of the narrative and provide input.

III.G. Technical Assistance

In FFY2024, Louisiana Title V would like to request technical assistance for several purposes including to introduce new members of the LA Title V coordination team and link them with the various technical assistance resources and channels available and to clarify questions from new team members related to the overall Title V monitoring framework. In addition, we would like to follow-up on requests made in the previous FFY2023 application.

In FFY2023, the Bureau of Family Health (BFH) welcomed a new Lead of our Strategy, Policy, Alignment, Communications, and Equity (SPACE) team. Within the SPACE Team, we have also welcomed a new Title V Block Grant Strategy Manager and Title V Block Grant Coordinator. The Title V Block Grant Strategy Manager plays a central role in coordinating the state's block grant application and reporting, as well as supporting teams to access technical assistance resources available. An orientation on the various supports available would therefore be highly appreciated.

In addition to the above general introduction and orientation support requested, we would like to request a specific briefing to discuss the overall Title V monitoring framework. While the level of NOMs and NPMs are clearly defined and described, we would like advice on best practices for defining priority needs, evidence-based strategy measures, and annual objectives.

Additionally, Louisiana Title V and the Early Childhood Comprehensive Systems (ECCS) Project SOAR teams are interested in exploring technical assistance offerings from Family Voices in relation to good practices for utilizing the Family Engagement in Systems Assessment Tool (FESAT).

As described in the MCH Workforce Development narrative, BFH is currently working to develop a more systematic approach to individual staff professional development that is guided by the MCH competencies that are most pertinent to their roles and the priorities of the agency. Some teams within the Bureau have piloted processes utilizing resources available through the National MCH Workforce Development Center (WDC), such as the MCH Navigator online self-assessment tool. BFH is interested in seeking technical assistance from the MCH WDC to support Bureau-wide utilization of the MCH Navigator tools.

A new strategy in the CYSHCN domain is to "Increase Title V organizational capacity to utilize National Survey of Children's Health data." In FFY2024, Title V will be investing in a large oversample of the 2023 NSCH to ensure reliable disaggregated data by race and CYSHCN status for all NPMs. Louisiana Title V is interested in exploring technical assistance offerings from the Data Resource Center for Child and Adolescent Health to support staff, leadership, and partner capacity to interpret and utilize NSCH data.

IV. Title V-Medicaid IAA/MOU

The Title V-Medicaid IAA/MOU is uploaded as a PDF file to this section - Signed Title V_XIX IAA_FINAL.pdf

V. Supporting Documents

The following supporting documents have been provided to supplement the narrative discussion.

Supporting Document #01 - Acronyms List.pdf

Supporting Document #02 - References List.pdf

VI. Organizational Chart

The Organizational Chart is uploaded as a PDF file to this section - Organization Chart_LA BFH_July2023.pdf

VII. Appendix

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Form 2
MCH Budget/Expenditure Details

State: Louisiana

	FY 24 Application Budgeted	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 12,957,668	
A. Preventive and Primary Care for Children	$ 5,201,974	(40.1%)
B. Children with Special Health Care Needs	$ 4,791,883	(36.9%)
C. Title V Administrative Costs	$ 1,295,766	(10%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 11,289,623	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 10,036,713	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$ 0	
5. OTHER FUNDS (Item 18e of SF-424)	$ 2,877,075	
6. PROGRAM INCOME (Item 18f of SF-424)	$ 3,893,661	
7. TOTAL STATE MATCH (Lines 3 through 6)	$ 16,807,449	
A. Your State's FY 1989 Maintenance of Effort Amount $ 6,207,276		
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	$ 29,765,117	
9. OTHER FEDERAL FUNDS Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2.		
10. OTHER FEDERAL FUNDS(Subtotal of all funds under item 9)	$ 24,518,259	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 54,283,376	

OTHER FEDERAL FUNDS	FY 24 Application Budgeted
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Early Childhood Comprehensive Systems (ECCS): Building Health Through Integration	$ 255,600
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Emergency Medical Services for Children (EMSC)	$ 615,650
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > State-Based Perinatal Quality Collaboratives (PQCs) Cooperative Agreement	$ 275,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Safeguarding Two Lives: Expanding Early Identification & Access to Perinatal Mental Health	$ 648,135
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Formula Grants	$ 10,381,042
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > National Violent Death Registry	$ 330,086
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Pregnancy Risk Assessment Monitoring System (PRAMS)	$ 175,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	$ 100,000
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Sudden Unexpected Infant Death (SUID) Case Registry Program	$ 95,600
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Rape Prevention and Education (RPE) Program	$ 561,455
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Early Hearing Detection and Intervention (EHDI) State Programs	$ 234,980
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Early Hearing Detection and Intervention (EHDI) State Programs	$ 165,998
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Pediatric Mental Health Care Access Program	$ 1,093,606
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees	$ 450,000

OTHER FEDERAL FUNDS	FY 24 Application Budgeted
Department of Health and Human Services (DHHS) > Office of Population Affairs (OPA) > Title X Family Planning	$ 4,788,720
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) American Rescue Plan (ARP)	$ 3,282,780
Department of Health and Human Services (DHHS) > Other > State, Local, Territorial and Tribal Partnership Programs to Reduce Maternal Deaths due to Violence	$ 280,607
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Comprehensive Suicide Prevention Plan	$ 784,000

	FY 22 Annual Report Budgeted		FY 22 Annual Report Expended	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 12,123,011 (FY 22 Federal Award: $ 12,737,193)		$ 12,686,300	
A. Preventive and Primary Care for Children	$ 4,176,791	(34.5%)	$ 5,218,068	(41.1%)
B. Children with Special Health Care Needs	$ 5,058,160	(41.7%)	$ 4,502,450	(35.4%)
C. Title V Administrative Costs	$ 1,212,301	(10%)	$ 1,268,630	(10%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 10,447,252		$ 10,989,148	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 7,845,617		$ 10,159,646	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$ 0		$ 0	
5. OTHER FUNDS (Item 18e of SF-424)	$ 2,877,075		$ 2,877,075	
6. PROGRAM INCOME (Item 18f of SF-424)	$ 3,760,500		$ 5,422,400	
7. TOTAL STATE MATCH (Lines 3 through 6)	$ 14,483,192		$ 18,459,121	
A. Your State's FY 1989 Maintenance of Effort Amount $ 6,207,276				
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	$ 26,606,203		$ 31,145,421	
9. OTHER FEDERAL FUNDS Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2.				
10. OTHER FEDERAL FUNDS (Subtotal of all funds under item 9)	$ 21,431,525		$ 18,498,039	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 48,037,728		$ 49,643,460	

OTHER FEDERAL FUNDS	FY 22 Annual Report Budgeted	FY 22 Annual Report Expended
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Early Hearing Detection and Intervention (EHDI) State Programs	$ 159,998	$ 66,386
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > National Violent Death Registry	$ 380,086	$ 205,896
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Pregnancy Risk Assessment Monitoring System (PRAMS)	$ 160,020	$ 107,244
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Rape Prevention and Education (RPE) Program	$ 595,938	$ 574,972
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees	$ 450,000	$ 305,019
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > State and Local Healthy Homes and Childhood Lead Poisoning Prevention Programs (CLPPPs)	$ 550,000	$ 274,070
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > State-Based Perinatal Quality Collaboratives (PQCs) Cooperative Agreement	$ 300,000	$ 278,363
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Sudden Unexpected Infant Death (SUID) Case Registry Program	$ 95,600	$ 76,138
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Early Childhood Comprehensive Systems (ECCS): Building Health Through Integration	$ 255,600	$ 140,632
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Emergency Medical Services for Children (EMSC)	$ 130,000	$ 126,890
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Formula Grants	$ 10,317,930	$ 9,586,087

OTHER FEDERAL FUNDS	FY 22 Annual Report Budgeted	FY 22 Annual Report Expended
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Safeguarding Two Lives: Expanding Early Identification & Access to Perinatal Mental Health	$ 648,135	$ 303,322
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	$ 100,000	$ 38,091
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Universal Newborn Hearing Screening and Intervention	$ 244,970	$ 242,280
Department of Health and Human Services (DHHS) > Office of Population Affairs (OPA) > Title X Family Planning	$ 4,500,000	$ 4,788,720
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Louisiana Comprehensive Suicide Prevention Plan	$ 651,000	$ 292,525
Department of Health and Human Services (DHHS) > Other > Virginia Graeme Baker Pool Safety	$ 250,000	$ 0
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > EMS C Targeted Issue	$ 325,000	$ 342,608
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > American Recovery Plan Act Funding For Home Visiting	$ 1,067,248	$ 748,796
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Core Violence and Injury Prevention	$ 250,000	$ 0

Form Notes for Form 2:

None

Field Level Notes for Form 2:

1.	**Field Name:**	**Federal Allocation, A. Preventive and Primary Care for Children:**
	Fiscal Year:	**2022**
	Column Name:	**Annual Report Expended**
	Field Note: Preventive and Primary Care for Children expenditures were higher than budgeted due to State funding utilization to support Preventive and Primary Care for Children activities.	
2.	**Field Name:**	**Federal Allocation, B. Children with Special Health Care Needs:**
	Fiscal Year:	**2022**
	Column Name:	**Annual Report Expended**
	Field Note: Children and Youth with Special Health Care Need expenditures were less than budgeted in part due to lower funding cost of mental health consultation, education, and training to providers supporting CSHS parents and families. Mental health consultation was supported in part with funding from the Pediatric Mental Healthcare Access grant award.	
3.	**Field Name:**	**3. STATE MCH FUNDS**
	Fiscal Year:	**2022**
	Column Name:	**Annual Report Expended**
	Field Note: State MCH Funds were higher than budgeted due in part to State funding utilization to support Preventive and Primary Care for Children activities.	
4.	**Field Name:**	**6. PROGRAM INCOME**
	Fiscal Year:	**2022**
	Column Name:	**Annual Report Expended**
	Field Note: Program Income was higher than budgeted due to higher billing services for Genetics and CYSHCN due in part to back billing for reimbursable services.	
5.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Emergency Medical Services for Children (EMSC)**
	Fiscal Year:	**2024**
	Column Name:	**Application Budgeted**

	Field Note: EMS for Children award $190,650 and EMS Targeted Issues for Children grant award $425,000.	
6.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Pediatric Mental Health Care Access Program**
	Fiscal Year:	**2024**
	Column Name:	**Application Budgeted**
	Field Note: Pediatric Mental Health Award $733,606 and Expansion award $360,000.	

Data Alerts: None

Form 3a
Budget and Expenditure Details by Types of Individuals Served

State: Louisiana

I. TYPES OF INDIVIDUALS SERVED

IA. Federal MCH Block Grant	FY 24 Application Budgeted	FY 22 Annual Report Expended
1. Pregnant Women	$ 515,670	$ 490,626
2. Infants < 1 year	$ 702,375	$ 756,526
3. Children 1 through 21 Years	$ 5,201,974	$ 5,218,068
4. CSHCN	$ 4,791,883	$ 4,502,450
5. All Others	$ 450,000	$ 450,000
Federal Total of Individuals Served	$ 11,661,902	$ 11,417,670

IB. Non-Federal MCH Block Grant	FY 24 Application Budgeted	FY 22 Annual Report Expended
1. Pregnant Women	$ 2,738,538	$ 2,738,538
2. Infants < 1 year	$ 2,738,538	$ 2,738,537
3. Children 1 through 21 Years	$ 237,328	$ 1,407,044
4. CSHCN	$ 10,718,045	$ 11,200,002
5. All Others	$ 375,000	$ 375,000
Non-Federal Total of Individuals Served	$ 16,807,449	$ 18,459,121
Federal State MCH Block Grant Partnership Total	$ 28,469,351	$ 29,876,791

Form Notes for Form 3a:

None

Field Level Notes for Form 3a:

None

Data Alerts: None

Form 3b
Budget and Expenditure Details by Types of Services

State: Louisiana

II. TYPES OF SERVICES

IIA. Federal MCH Block Grant	FY 24 Application Budgeted	FY 22 Annual Report Expended
1. Direct Services	$ 90,886	$ 84,454
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	$ 0	$ 0
B. Preventive and Primary Care Services for Children	$ 0	$ 0
C. Services for CSHCN	$ 90,886	$ 84,454
2. Enabling Services	$ 5,998,022	$ 4,558,078
3. Public Health Services and Systems	$ 6,868,760	$ 8,043,768
4. Select the types of Federally-supported "Direct Services", as reported in II.A.1. Provide the total amount of Federal MCH Block Grant funds expended for each type of reported service		
Pharmacy		$ 0
Physician/Office Services		$ 84,234
Hospital Charges (Includes Inpatient and Outpatient Services)		$ 0
Dental Care (Does Not Include Orthodontic Services)		$ 0
Durable Medical Equipment and Supplies		$ 0
Laboratory Services		$ 220
Direct Services Line 4 Expended Total		$ 84,454
Federal Total	$ 12,957,668	$ 12,686,300

IIB. Non-Federal MCH Block Grant	FY 24 Application Budgeted	FY 22 Annual Report Expended
1. Direct Services	$ 0	$ 0
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	$ 0	$ 0
B. Preventive and Primary Care Services for Children	$ 0	$ 0
C. Services for CSHCN	$ 0	$ 0
2. Enabling Services	$ 6,706,294	$ 5,922,475
3. Public Health Services and Systems	$ 10,101,155	$ 11,842,927
4. Select the types of Non-Federally-supported "Direct Services", as reported in II.B.1. Provide the total amount of Non-Federal MCH Block Grant funds expended for each type of reported service		
Pharmacy		$ 0
Physician/Office Services		$ 0
Hospital Charges (Includes Inpatient and Outpatient Services)		$ 0
Dental Care (Does Not Include Orthodontic Services)		$ 0
Durable Medical Equipment and Supplies		$ 0
Laboratory Services		$ 0
Direct Services Line 4 Expended Total		$ 0
Non-Federal Total	$ 16,807,449	$ 17,765,402

Form Notes for Form 3b:

None

Field Level Notes for Form 3b:

None

Form 4
Number and Percentage of Newborns and Others Screened Cases Confirmed and Treated

State: Louisiana

Total Births by Occurrence: 56,711 **Data Source Year: 2022**

1. Core RUSP Conditions

Program Name	(A) Aggregate Total Number Receiving at Least One Valid Screen	(B) Aggregate Total Number of Out-of-Range Results	(C) Aggregate Total Number Confirmed Cases	(D) Aggregate Total Number Referred for Treatment
Core RUSP Conditions	55,865 (98.5%)	6,576	349	329 (94.3%)

Program Name(s)				
3-Hydroxy-3-Methyglutaric Aciduria	3-Methylcrotonyl-Coa Carboxylase Deficiency	Argininosuccinic Aciduria	Biotinidase Deficiency	Carnitine Uptake Defect/Carnitine Transport Defect
Citrullinemia, Type I	Classic Galactosemia	Classic Phenylketonuria	Congenital Adrenal Hyperplasia	Cystic Fibrosis
Glutaric Acidemia Type I	Glycogen Storage Disease Type II (Pompe)	Hearing Loss	Holocarboxylase Synthase Deficiency	Homocystinuria
Isovaleric Acidemia	Long-Chain L-3 Hydroxyacyl-Coa Dehydrogenase Deficiency	Maple Syrup Urine Disease	Medium-Chain Acyl-Coa Dehydrogenase Deficiency	Methylmalonic Acidemia (Cobalamin Disorders)
Methylmalonic Acidemia (Methylmalonyl-Coa Mutase)	Mucopolysaccharidosis Type I (MPS I)	Primary Congenital Hypothyroidism	Propionic Acidemia	S, ßeta-Thalassemia
S,C Disease	S,S Disease (Sickle Cell Anemia)	Severe Combined Immunodeficiences	Spinal Muscular Atrophy Due To Homozygous Deletion Of Exon 7 In SMN1	ß-Ketothiolase Deficiency
Trifunctional Protein Deficiency	Tyrosinemia, Type I	Very Long-Chain Acyl-Coa Dehydrogenase Deficiency		

2. Other Newborn Screening Tests

None

3. Screening Programs for Older Children & Women

Program Name	(A) Total Number Receiving at Least One Screen	(B) Total Number Presumptive Positive Screens	(C) Total Number Confirmed Cases	(D) Total Number Referred for Treatment
Lead Screening (children 0 - 72 months)	52,146	2,241	1,071	1,071

4. Long-Term Follow-Up

Louisiana has a short term follow-up program. Infants are followed until the program receives a confirmed diagnosis, then they are referred for treatment. Additionally, infants who have a confirmed diagnosis of certain metabolic disorders receive prescribed formula for life, as a treatment for their condition. In the lead screening program, the length of follow-up depends on an individual child's blood lead level.

Form Notes for Form 4:

None

Field Level Notes for Form 4:

1.	**Field Name:**	**Total Births by Occurrence**
	Fiscal Year:	**2022**
	Column Name:	**Total Births by Occurrence Notes**
	Field Note: Occurrent births are defined as all births in Louisiana regardless of residence of mother.	
2.	**Field Name:**	**Data Source Year**
	Fiscal Year:	**2022**
	Column Name:	**Data Source Year Notes**
	Field Note: Preliminary occurrent birth values derived from 2022 Vital Records Birth file, retrieved 3/2023.	
3.	**Field Name:**	**Core RUSP Conditions - Total Number Receiving At Least One Screen**
	Fiscal Year:	**2022**
	Column Name:	**Core RUSP Conditions**
	Field Note: Newborn genetic heelstick screenings: 55,865 Newborn heariing loss screenings: 56,078	
4.	**Field Name:**	**Core RUSP Conditions - Total Number of Out-of-Range Results**
	Fiscal Year:	**2022**
	Column Name:	**Core RUSP Conditions**
	Field Note: Newborn genetic heelstick presumptive positive screenings: 4,690 Newborn hearing loss presumptive positive screenings:1,886	
5.	**Field Name:**	**Core RUSP Conditions - Total Number Confirmed Cases**
	Fiscal Year:	**2022**
	Column Name:	**Core RUSP Conditions**
	Field Note: Newborn genetic heelstick confirmed cases: 246 Newborn hearing loss confirmed cases: 103	
6.	**Field Name:**	**Core RUSP Conditions - Total Number Referred For Treatment**

Fiscal Year:	**2022**
Column Name:	**Core RUSP Conditions**

Field Note:
Newborn genetic heelstick confirmed cases referred for treatment: 236
Newborn hearing loss confirmed cases referred for treatment: 93

Data Alerts: None

Form 5
Count of Individuals Served by Title V & Total Percentage of Populations Served by Title V

State: Louisiana

Annual Report Year 2022

Form 5a – Count of Individuals Served by Title V (Direct & Enabling Services Only)

		Primary Source of Coverage				
Types Of Individuals Served	(A) Title V Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private / Other %	(E) None %	(F) Unknown %
1. Pregnant Women	3,908	78.9	0.0	7.3	12.4	1.4
2. Infants < 1 Year of Age	1,551	90.1	0.0	3.0	1.2	5.7
3. Children 1 through 21 Years of Age	36,280	72.3	0.0	17.4	8.1	2.2
3a. Children with Special Health Care Needs 0 through 21 years of age^	1,247	79.8	0.0	16.8	1.1	2.3
4. Others	23,628	61.4	0.0	12.3	26.0	0.3
Total	65,367					

Form 5b – Total Percentage of Populations Served by Title V (Direct, Enabling, and Public Health Services and Systems)

Populations Served by Title V	Reference Data	Used Reference Data?	Denominator	Total % Served	Form 5b Count (Calculated)	Form 5a Count
1. Pregnant Women	57,437	No	56,711	95.0	53,875	3,908
2. Infants < 1 Year of Age	57,625	No	56,711	98.5	55,860	1,551
3. Children 1 through 21 Years of Age	1,260,599	No	1,294,960	20.3	262,877	36,280
3a. Children with Special Health Care Needs 0 through 21 years of age^	305,316	No	300,431	20.3	60,987	1,247
4. Others	3,308,030	No	3,330,955	1.6	53,295	23,628

^Represents a subset of all infants and children.

Form Notes for Form 5:

None

Field Level Notes for Form 5a:

1.	**Field Name:**	**Pregnant Women Total Served**
	Fiscal Year:	**2022**
	Field Note: Title X unduplicated females with positive pregnancy test FFY2022 (enabling); Pregnant women served through MIECHV FFY2022 (enabling)	
2.	**Field Name:**	**Infants Less Than One YearTotal Served**
	Fiscal Year:	**2022**
	Field Note: Children <1 year old served through MIECHV SFY2022 (enabling)	
3.	**Field Name:**	**Children 1 through 21 Years of Age**
	Fiscal Year:	**2022**
	Field Note: Title X Unduplicated 21 and under males and females FFY2022 (enabling); Children >1 served through MIECHV FFY2022 (enabling); Mothers <21 served through MIECHV FFY2022 (enabling); Unduplicated children served at School Based Health Centers - SY 2021-2022 (enabling)	
4.	**Field Name:**	**Children with Special Health Care Needs 0 through 21 Years of Age**
	Fiscal Year:	**2022**
	Field Note: CYSHCN served at CSHS clinics (direct and enabling); CYSHCN served at Genetics clinics (direct and enabling); Number served at sponsored Care Coordination sites (enabling); Unduplicated family interactions through the BFH Family Resource Center (enabling)	
5.	**Field Name:**	**Others**
	Fiscal Year:	**2022**
	Field Note: Title X Unduplicated 22 and older males and females FFY2022 (enabling); Unduplicated number of mothers 22 years and older served through MIECHV FFY2022 (enabling)	

Field Level Notes for Form 5b:

1.	**Field Name:**	**Pregnant Women Total % Served**
	Fiscal Year:	**2022**

	Field Note: Numerator is number of deliveries during calendar year 2022 at Gift-enrolled hospitals (Enrolled on or before 12/31/2022)	
2.	**Field Name:**	**Pregnant Women Denominator**
	Fiscal Year:	**2022**
	Field Note: Denominator - Preliminary 2022 State Vital Records - Occurrent Live Births	
3.	**Field Name:**	**Infants Less Than One Year Total % Served**
	Fiscal Year:	**2022**
	Field Note: Numerator is # of newborns screened for genetic conditions.	
4.	**Field Name:**	**Infants Less Than One Year Denominator**
	Fiscal Year:	**2022**
	Field Note: Denominator - Preliminary 2022 State Vital Records - Occurrent Live Births	
5.	**Field Name:**	**Children 1 through 21 Years of Age Total % Served**
	Fiscal Year:	**2022**
	Field Note: Numerator: All children ages 1-5 enrolled in Louisiana Medicaid impacted by Title V/Title XIX collaboration to strengthen EPSDT system; Students in grades K-12 in schools with school-based health center access; All children 14-21 receiving no/low-cost reproductive health services through Parish Health Units in Louisiana	
6.	**Field Name:**	**Children 1 through 21 Years of Age Denominator**
	Fiscal Year:	**2022**
	Field Note: US Census Data for Louisiana Residents Ages 1-21, 2022	
7.	**Field Name:**	**Children with Special Health Care Needs 0 through 21 Years of Age Total % Served**
	Fiscal Year:	**2022**
	Field Note: Prevalence Rate of CSHCN Ages 0-17 in Louisiana as per the 2020-2021 National Survey of Children's Health / Total population of Children ages 1-21 in Louisiana as per the 2022 Census.	
8.	**Field Name:**	**Children with Special Health Care Needs 0 through 21 Years of Age Denominator**
	Fiscal Year:	**2022**

	Field Note: Prevalence Rate of CSHCN Ages 0-17 in Louisiana as per the 2020-2021 National Survey of Children's Health multiplied by the total population of Louisiana children ages 1-21 as per the 2022 Census 23.20% x 1,294,960 = 300,431	
9.	**Field Name:**	**Others Total % Served**
	Fiscal Year:	**2022**
	Field Note: Numerator: Title X Unduplicated 22 and older males and females FFY2022; Unduplicated number of mothers 22 years and older served through MIECHV FFY2022; Number of Hits to Title V Program Social Media Websites CY2022	
10.	**Field Name:**	**Others Denominator**
	Fiscal Year:	**2022**
	Field Note: 2022 census data for all Louisiana residents age 22+ years old	

Data Alerts: None

Form 6
Deliveries and Infants Served by Title V and Entitled to Benefits Under Title XIX

State: Louisiana

Annual Report Year 2022

I. Unduplicated Count by Race/Ethnicity

	(A) Total	(B) Non-Hispanic White	(C) Non-Hispanic Black or African American	(D) Hispanic	(E) Non-Hispanic American Indian or Native Alaskan	(F) Non-Hispanic Asian	(G) Non-Hispanic Native Hawaiian or Other Pacific Islander	(H) Non-Hispanic Multiple Race	(I) Other & Unknown
1. Total Deliveries in State	56,711	28,063	20,025	5,945	278	897	24	845	634
Title V Served	53,858	26,591	18,916	5,785	261	871	23	801	610
Eligible for Title XIX	28,160	7,950	11,291	6,980	228	178	6	0	1,527
2. Total Infants in State	56,332	27,447	19,857	5,914	276	887	24	831	1,096
Title V Served	55,865	27,658	20,211	5,844	409	995	35	701	12
Eligible for Title XIX	83,796	16,395	24,300	6,009	113	627	71	0	36,281

Form Notes for Form 6:

None

Field Level Notes for Form 6:

1.	**Field Name:**	**1. Total Deliveries in State**
	Fiscal Year:	**2022**
	Column Name:	**Total**
	Field Note: Preliminary 2022 Vital Records--The deliveries in this case are defined as all births in LA regardless of residence of mother	
2.	**Field Name:**	**1. Title V Served**
	Fiscal Year:	**2022**
	Column Name:	**Total**
	Field Note: Number of deliveries during calendar year 2022 at Gift-engaged hospitals (Participating on or before 12/31/2022)	
3.	**Field Name:**	**1. Eligible for Title XIX**
	Fiscal Year:	**2022**
	Column Name:	**Total**
	Field Note: Data sourced from Medicaid paid claims data for calendar year 2022.	
4.	**Field Name:**	**2. Total Infants in State**
	Fiscal Year:	**2022**
	Column Name:	**Total**
	Field Note: Preliminary 2022 Vital Records - The total infants in state are defined as births only to LA residents, regardless if they were born in LA or not	
5.	**Field Name:**	**2. Title V Served**
	Fiscal Year:	**2022**
	Column Name:	**Total**
	Field Note: Number of infants screened for genetic conditions during calendar year 2022	
6.	**Field Name:**	**2. Eligible for Title XIX**
	Fiscal Year:	**2022**

Column Name:	**Total**

Field Note:
Data sourced from Medicaid paid claims for the 2022 calendar year. The data also includes infants born in 2021 and 2022 because both would have been infants for some part of the year.

Form 7
State MCH Toll-Free Telephone Line and Other Appropriate Methods Data

State: Louisiana

A. State MCH Toll-Free Telephone Lines	2024 Application Year	2022 Annual Report Year
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 251-2229	(800) 251-2229
2. State MCH Toll-Free "Hotline" Name	Partners for Healthy Babies	Partners for Healthy Babies
3. Name of Contact Person for State MCH "Hotline"	Andrea Outhuse	Andrea Outhuse
4. Contact Person's Telephone Number	(504) 568-5056	(504) 568-5056
5. Number of Calls Received on the State MCH "Hotline"		3,249

B. Other Appropriate Methods	2024 Application Year	2022 Annual Report Year
1. Other Toll-Free "Hotline" Names	NA	NA
2. Number of Calls on Other Toll-Free "Hotlines"		0
3. State Title V Program Website Address	www.partnersforhealthybabies.org and www.partnersforfamilyhealth.org	www.PartnersForHealthyBabies.org and www.PartnersForFamilyHealth.org
4. Number of Hits to the State Title V Program Website		36,016
5. State Title V Social Media Websites	https://www.facebook.com/LouisianaPHB, https://twitter.com/LouisianaPHB	https://www.facebook.com/LouisianaPHB, https://twitter.com/LouisianaPHB
6. Number of Hits to the State Title V Program Social Media Websites		28,689

Form Notes for Form 7:

None

Form 8
State MCH and CSHCN Directors Contact Information

State: Louisiana

1. Title V Maternal and Child Health (MCH) Director	
Name	Amy Zapata
Title	Director, Bureau of Family Health
Address 1	1450 Poydras Street
Address 2	Office #2032
City/State/Zip	New Orleans / LA / 70112
Telephone	(504) 568-3504
Extension	
Email	amy.zapata@la.gov

2. Title V Children with Special Health Care Needs (CSHCN) Director	
Name	Amy Zapata
Title	Director, Bureau of Family Health
Address 1	1450 Poydras Street
Address 2	Office #2032
City/State/Zip	New Orleans / LA / 70112
Telephone	(504) 568-3504
Extension	
Email	amy.zapata@la.gov

3. State Family Leader (Optional)	
Name	Tiffany Allemand
Title	Family Delegate
Address 1	419 Tanglewood Drive
Address 2	
City/State/Zip	Houma / LA / 70364
Telephone	(985) 665-9256
Extension	
Email	teea86@yahoo.com

4. State Youth Leader (Optional)	
Name	
Title	
Address 1	
Address 2	
City/State/Zip	
Telephone	
Extension	
Email	

Form Notes for Form 8:

None

Form 9
List of MCH Priority Needs

State: Louisiana

Application Year 2024

No.	Priority Need
1.	Improve birth outcomes for individuals who give birth and infants
2.	Promote healthy development and family resilience through policies and practices rooted in core principles of development
3.	Reduce child injury and violence
4.	Improve adolescent mental health and well-being
5.	Ensure all CYSHCN receive care in a well-functioning system
6.	Ensure equitable access to high-quality and coordinated clinical and support services
7.	Ensure Title V strategies are outcomes-focused and rooted in essential public health services
8.	Boldly work to undo systemic drivers of disparities and institutionalize equitable policies and practices
9.	Partner with families, youth, and communities at all levels of systems change

Form Notes for Form 9:

None

Field Level Notes for Form 9:

None

Form 9 State Priorities – Needs Assessment Year – Application Year 2021

No.	Priority Need	Priority Need Type (New, Revised or Continued Priority Need for this five-year reporting period)
1.	Improve birth outcomes for birthing persons and infants	New
2.	Promote healthy development and family resilience through policies and practices rooted in core principles of development	New
3.	Reduce child injury and violence	New
4.	Improve adolescent mental health and well-being	New
5.	Ensure all CYSHCN receive care in a well-functioning system	New
6.	Ensure equitable access to high-quality and coordinated clinical and support services	Continued
7.	Ensure Title V strategies are outcomes-focused and rooted in essential public health services	New
8.	Boldly work to undo systemic drivers of disparities and institutionalize equitable policies and practices	Revised
9.	Partner with families, youth, and communities at all levels of systems change	Revised

Form 10
National Outcome Measures (NOMs)

State: Louisiana

Form Notes for Form 10 NPMs, NOMs, SPMs, SOMs, and ESMs.

None

NOM 1 - Percent of pregnant women who receive prenatal care beginning in the first trimester

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	76.9 %	0.2 %	42,474	55,232
2020	75.2 %	0.2 %	41,968	55,838
2019	76.4 %	0.2 %	43,982	57,547
2018	77.0 %	0.2 %	44,849	58,249
2017	77.1 %	0.2 %	45,856	59,496
2016	74.6 %	0.2 %	45,667	61,203
2015	73.0 %	0.2 %	45,938	62,963
2014	72.3 %	0.2 %	45,263	62,646
2013	71.3 %	0.2 %	42,797	60,060
2012	74.2 %	0.2 %	44,309	59,746
2011	75.7 %	0.2 %	45,326	59,842

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM 1 - Notes:

None

Data Alerts: None

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

Data Source: HCUP - State Inpatient Databases (SID)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2020	81.5	3.9	440	53,998
2019	74.9	3.7	423	56,458
2018	71.7	3.6	402	56,102
2017	76.8	3.7	440	57,324
2016	80.8	3.7	488	60,406
2015	89.5	4.5	405	45,245
2014	82.5	3.7	499	60,503
2013	78.6	3.7	451	57,344
2012	70.1	3.5	399	56,955
2011	79.5	3.7	458	57,620
2010	70.9	3.6	396	55,818
2009	78.1	3.7	457	58,537
2008	64.7	3.3	378	58,390

Legends:

Indicator has a numerator ≤10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 2 - Notes:

None

Data Alerts: None

NOM 3 - Maternal mortality rate per 100,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2017_2021	39.4	3.7	116	294,339
2016_2020	38.7	3.6	116	300,080
2015_2019	39.0	3.6	120	307,444
2014_2018	40.3	3.6	126	313,000

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 3 - Notes:

None

Data Alerts: None

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2021	11.3 %	0.1 %	6,507	57,418
2020	10.9 %	0.1 %	6,245	57,306
2019	10.8 %	0.1 %	6,348	58,908
2018	10.8 %	0.1 %	6,428	59,591
2017	10.7 %	0.1 %	6,519	60,992
2016	10.6 %	0.1 %	6,720	63,150
2015	10.6 %	0.1 %	6,839	64,663
2014	10.5 %	0.1 %	6,786	64,466
2013	10.9 %	0.1 %	6,901	63,169
2012	10.8 %	0.1 %	6,740	62,615
2011	10.9 %	0.1 %	6,773	61,856
2010	10.7 %	0.1 %	6,700	62,357
2009	10.6 %	0.1 %	6,915	64,945

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM 4 - Notes:

None

Data Alerts: None

NOM 5 - Percent of preterm births (<37 weeks)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2021	13.5 %	0.1 %	7,762	57,404
2020	12.9 %	0.1 %	7,386	57,295
2019	13.1 %	0.1 %	7,726	58,909
2018	13.0 %	0.1 %	7,743	59,587
2017	12.7 %	0.1 %	7,725	61,000
2016	12.6 %	0.1 %	7,982	63,153
2015	12.3 %	0.1 %	7,964	64,657
2014	12.3 %	0.1 %	7,925	64,467
2013	12.5 %	0.1 %	7,918	63,161
2012	12.5 %	0.1 %	7,841	62,599
2011	12.4 %	0.1 %	7,687	61,828
2010	12.3 %	0.1 %	7,687	62,350
2009	12.4 %	0.1 %	8,051	64,944

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM 5 - Notes:

None

Data Alerts: None

NOM 6 - Percent of early term births (37, 38 weeks)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	33.1 %	0.2 %	19,013	57,404
2020	32.7 %	0.2 %	18,753	57,295
2019	32.0 %	0.2 %	18,835	58,909
2018	31.0 %	0.2 %	18,446	59,587
2017	30.4 %	0.2 %	18,536	61,000
2016	29.4 %	0.2 %	18,597	63,153
2015	28.4 %	0.2 %	18,365	64,657
2014	28.3 %	0.2 %	18,245	64,467
2013	28.9 %	0.2 %	18,258	63,161
2012	29.9 %	0.2 %	18,707	62,599
2011	32.0 %	0.2 %	19,797	61,828
2010	34.4 %	0.2 %	21,421	62,350
2009	36.0 %	0.2 %	23,377	64,944

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM 6 - Notes:

None

Data Alerts: None

NOM 7 - Percent of non-medically indicated early elective deliveries

Data Source: CMS Hospital Compare

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2021/Q1-2021/Q4	2.0 %			
2020/Q4-2021/Q3	2.0 %			
2020/Q3-2021/Q1	2.0 %			
2019/Q4-2020/Q3	2.0 %			
2019/Q1-2019/Q4	2.0 %			
2018/Q4-2019/Q3	2.0 %			
2018/Q3-2019/Q2	2.0 %			
2018/Q2-2019/Q1	2.0 %			
2018/Q1-2018/Q4	2.0 %			
2017/Q4-2018/Q3	2.0 %			
2017/Q3-2018/Q2	2.0 %			
2017/Q2-2018/Q1	2.0 %			
2017/Q1-2017/Q4	1.0 %			
2016/Q4-2017/Q3	2.0 %			
2016/Q3-2017/Q2	2.0 %			
2016/Q2-2017/Q1	2.0 %			
2016/Q1-2016/Q4	3.0 %			
2015/Q4-2016/Q3	2.0 %			
2015/Q3-2016/Q2	3.0 %			
2015/Q2-2016/Q1	3.0 %			
2015/Q1-2015/Q4	3.0 %			
2014/Q4-2015/Q3	3.0 %			
2014/Q3-2015/Q2	3.0 %			

Year	Annual Indicator	Standard Error	Numerator	Denominator
2014/Q2-2015/Q1	4.0 %			
2014/Q1-2014/Q4	5.0 %			
2013/Q4-2014/Q3	5.0 %			
2013/Q3-2014/Q2	5.0 %			
2013/Q2-2014/Q1	4.0 %			

Legends:

NOM 7 - Notes:

None

Data Alerts: None

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	6.2	0.3	358	57,498
2019	6.1	0.3	361	59,066
2018	6.1	0.3	362	59,769
2017	5.5	0.3	334	61,186
2016	6.3	0.3	396	63,356
2015	5.9	0.3	382	64,861
2014	5.6	0.3	362	64,648
2013	6.1	0.3	386	63,330
2012	6.0	0.3	374	62,780
2011	6.5	0.3	405	62,051
2010	6.1	0.3	382	62,558
2009	6.3	0.3	412	65,134

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 8 - Notes:

None

Data Alerts: None

NOM 9.1 - Infant mortality rate per 1,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	7.6	0.4	435	57,328
2019	8.0	0.4	470	58,941
2018	7.6	0.4	456	59,615
2017	7.1	0.3	431	61,018
2016	8.0	0.4	504	63,178
2015	7.6	0.3	489	64,692
2014	7.5	0.3	485	64,497
2013	8.7	0.4	549	63,201
2012	8.1	0.4	509	62,642
2011	8.2	0.4	509	61,888
2010	7.6	0.4	471	62,379
2009	8.8	0.4	573	64,973

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 9.1 - Notes:

None

Data Alerts: None

NOM 9.2 - Neonatal mortality rate per 1,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	4.2	0.3	239	57,328
2019	5.0	0.3	295	58,941
2018	4.5	0.3	266	59,615
2017	3.6	0.2	217	61,018
2016	4.4	0.3	279	63,178
2015	4.3	0.3	278	64,692
2014	4.3	0.3	275	64,497
2013	5.1	0.3	322	63,201
2012	4.8	0.3	301	62,642
2011	5.0	0.3	309	61,888
2010	4.2	0.3	264	62,379
2009	5.0	0.3	328	64,973

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 9.2 - Notes:

None

Data Alerts: None

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2020	3.4	0.2	196	57,328
2019	3.0	0.2	175	58,941
2018	3.2	0.2	190	59,615
2017	3.5	0.2	214	61,018
2016	3.6	0.2	225	63,178
2015	3.3	0.2	211	64,692
2014	3.3	0.2	210	64,497
2013	3.6	0.2	227	63,201
2012	3.3	0.2	208	62,642
2011	3.2	0.2	200	61,888
2010	3.3	0.2	207	62,379
2009	3.8	0.2	245	64,973

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 9.3 - Notes:

None

Data Alerts: None

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2020	247.7	20.8	142	57,328
2019	263.0	21.2	155	58,941
2018	266.7	21.2	159	59,615
2017	204.9	18.3	125	61,018
2016	269.1	20.7	170	63,178
2015	252.0	19.8	163	64,692
2014	260.5	20.1	168	64,497
2013	310.1	22.2	196	63,201
2012	282.6	21.3	177	62,642
2011	331.2	23.2	205	61,888
2010	251.7	20.1	157	62,379
2009	318.6	22.2	207	64,973

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 9.4 - Notes:

None

Data Alerts: None

NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2020	167.5	17.1	96	57,328
2019	156.1	16.3	92	58,941
2018	147.6	15.8	88	59,615
2017	165.5	16.5	101	61,018
2016	148.8	15.4	94	63,178
2015	163.9	15.9	106	64,692
2014	151.9	15.4	98	64,497
2013	147.1	15.3	93	63,201
2012	126.1	14.2	79	62,642
2011	106.6	13.1	66	61,888
2010	141.1	15.1	88	62,379
2009	178.5	16.6	116	64,973

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 9.5 - Notes:

None

Data Alerts: None

NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy

Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	3.5 %	0.8 %	1,915	54,777
2020	5.7 %	0.9 %	3,159	55,280
2019	6.7 %	0.9 %	3,850	57,074
2018	4.5 %	0.8 %	2,559	56,796
2017	5.9 %	0.9 %	3,443	58,657
2016	5.2 %	0.8 %	3,149	61,088
2015	6.5 %	0.9 %	4,075	62,331

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has an unweighted denominator between 30 and 59 or confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

NOM 10 - Notes:

None

Data Alerts: None

NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations

Data Source: HCUP - State Inpatient Databases (SID)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	5.3	0.3	274	51,667
2019	5.5	0.3	297	53,997
2018	5.4	0.3	287	53,499
2017	5.7	0.3	300	52,733
2016	4.7	0.3	265	56,001
2015	5.1	0.4	215	42,145
2014	5.1	0.3	287	55,898
2013	4.4	0.3	237	54,274
2012	3.7	0.3	201	54,328
2011	3.2	0.2	176	55,687
2010	3.5	0.3	171	48,241
2009	2.5	0.2	125	49,265
2008	2.2	0.2	116	52,661

Legends:

Indicator has a numerator ≤10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 11 - Notes:

None

Data Alerts: None

NOM 12 - Percent of eligible newborns screened for heritable disorders with on time physician notification for out of range screens who are followed up in a timely manner. (DEVELOPMENTAL)

Federally available Data (FAD) for this measure is not available/reportable.

NOM 12 - Notes:

None

Data Alerts: None

NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)

Federally available Data (FAD) for this measure is not available/reportable.

NOM 13 - Notes:

None

Data Alerts: None

NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	16.5 %	1.3 %	169,482	1,027,773
2019_2020	14.8 %	1.3 %	154,385	1,041,170
2018_2019	12.8 %	1.4 %	133,143	1,037,642
2017_2018	11.5 %	1.6 %	119,223	1,040,639
2016_2017	11.9 %	1.6 %	125,343	1,053,673
2016	13.0 %	1.9 %	136,312	1,052,432

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 14 - Notes:

None

Data Alerts: None

NOM 15 - Child Mortality rate, ages 1 through 9, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2021	30.1	2.4	160	531,057
2020	23.5	2.1	127	540,489
2019	22.2	2.0	121	544,676
2018	25.3	2.2	139	548,831
2017	27.4	2.2	152	555,570
2016	30.2	2.3	169	559,383
2015	30.0	2.3	168	560,821
2014	31.2	2.4	175	560,903
2013	25.1	2.1	141	561,103
2012	29.1	2.3	164	562,936
2011	26.4	2.2	148	559,836
2010	23.1	2.0	129	558,740
2009	27.5	2.2	152	553,062

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 15 - Notes:

None

Data Alerts: None

NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	70.9	3.4	432	609,433
2020	60.7	3.2	362	596,490
2019	48.8	2.9	293	600,579
2018	44.1	2.7	266	603,371
2017	49.8	2.9	302	605,840
2016	46.6	2.8	283	607,772
2015	48.5	2.8	294	606,700
2014	42.1	2.6	256	607,784
2013	47.6	2.8	291	611,044
2012	44.8	2.7	276	615,760
2011	44.8	2.7	280	624,808
2010	49.7	2.8	315	633,615
2009	57.4	3.0	364	634,636

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 16.1 - Notes:

None

Data Alerts: None

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2019_2021	17.6	1.4	155	883,141
2018_2020	15.8	1.3	139	881,542
2017_2019	17.5	1.4	156	889,542
2016_2018	18.3	1.4	164	898,616
2015_2017	18.0	1.4	163	904,438
2014_2016	16.2	1.3	147	905,024
2013_2015	15.6	1.3	141	904,396
2012_2014	17.2	1.4	156	908,415
2011_2013	17.7	1.4	163	922,898
2010_2012	19.8	1.5	188	947,371
2009_2011	21.6	1.5	210	971,386
2008_2010	24.3	1.6	240	988,235
2007_2009	27.6	1.7	273	990,871

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 16.2 - Notes:

None

Data Alerts: None

NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2021	11.8	1.2	104	883,141
2018_2020	10.5	1.1	93	881,542
2017_2019	11.6	1.1	103	889,542
2016_2018	10.8	1.1	97	898,616
2015_2017	11.3	1.1	102	904,438
2014_2016	10.4	1.1	94	905,024
2013_2015	10.1	1.1	91	904,396
2012_2014	9.7	1.0	88	908,415
2011_2013	9.2	1.0	85	922,898
2010_2012	8.9	1.0	84	947,371
2009_2011	7.8	0.9	76	971,386
2008_2010	6.4	0.8	63	988,235
2007_2009	6.6	0.8	65	990,871

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 16.3 - Notes:

None

Data Alerts: None

NOM 17.1 - Percent of children with special health care needs (CSHCN), ages 0 through 17

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	23.2 %	1.4 %	250,012	1,077,351
2019_2020	22.5 %	1.5 %	245,057	1,088,622
2018_2019	24.2 %	1.6 %	266,939	1,101,426
2017_2018	23.7 %	1.7 %	263,629	1,112,367
2016_2017	23.2 %	1.7 %	258,079	1,114,687
2016	23.7 %	2.1 %	263,835	1,113,367

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 17.1 - Notes:

None

Data Alerts: None

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	12.3 %	1.9 %	30,840	249,824
2019_2020	16.5 %	2.8 %	40,393	245,057
2018_2019	17.5 %	2.8 %	46,820	266,939
2017_2018	17.6 %	3.0 %	46,449	263,629
2016_2017	15.3 %	3.1 %	39,522	258,079
2016	13.1 %	3.8 %	34,650	263,835

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 17.2 - Notes:

None

Data Alerts: None

NOM 17.3 - Percent of children, ages 3 through 17, diagnosed with an autism spectrum disorder

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	3.8 %	0.7 %	34,195	902,339
2019_2020	3.9 %	0.8 %	34,341	888,531
2018_2019	2.6 %	0.5 %	22,969	883,293
2017_2018	1.7 %	0.4 %	15,485	905,866
2016_2017	1.9 %	0.4 %	17,546	945,966
2016	2.5 %	0.7 %	24,420	971,790

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 17.3 - Notes:

None

Data Alerts: None

NOM 17.4 - Percent of children, ages 3 through 17, diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	15.7 %	1.3 %	140,312	890,881
2019_2020	14.0 %	1.3 %	123,219	881,764
2018_2019	15.7 %	1.5 %	137,651	878,110
2017_2018	14.9 %	1.5 %	132,515	889,617
2016_2017	12.4 %	1.3 %	114,145	919,275
2016	11.7 %	1.5 %	110,603	943,837

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 17.4 - Notes:

None

Data Alerts: None

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	47.5 %	4.2 %	70,297	148,049
2019_2020	44.0 %	4.8 %	60,240	136,891
2018_2019	46.7 %	5.3 %	63,652	136,170
2017_2018	37.4 %	5.8 %	47,263	126,512
2016_2017	38.3 %	5.1 %	50,233	131,091
2016	48.2 %	6.6 %	67,480	139,880

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 18 - Notes:

None

Data Alerts: None

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	87.1 %	1.2 %	931,925	1,070,534
2019_2020	86.6 %	1.4 %	934,350	1,079,066
2018_2019	86.8 %	1.4 %	950,774	1,094,813
2017_2018	87.8 %	1.6 %	973,781	1,109,380
2016_2017	85.9 %	1.7 %	952,360	1,108,594
2016	84.6 %	2.1 %	933,624	1,103,818

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 19 - Notes:

None

Data Alerts: None

NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)

Data Source: WIC

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	13.7 %	0.2 %	2,886	21,090
2018	13.0 %	0.2 %	4,179	32,050
2016	13.2 %	0.2 %	4,961	37,527
2014	13.2 %	0.2 %	5,221	39,507
2012	13.8 %	0.2 %	6,010	43,447
2010	13.8 %	0.2 %	6,636	48,145
2008	15.0 %	0.2 %	5,519	36,765

Legends:

Indicator has a denominator <20 and is not reportable

Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

Data Source: Youth Risk Behavior Surveillance System (YRBSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	18.7 %	1.6 %	31,376	168,075
2019	16.5 %	1.6 %	29,494	179,089
2017	17.0 %	1.4 %	30,316	177,991
2013	13.5 %	1.2 %	23,158	171,759
2011	16.1 %	1.2 %	24,352	151,196
2009	14.4 %	1.3 %	23,515	162,993
2007	15.4 %	1.4 %	23,262	151,411

Legends:

Indicator has an unweighted denominator <100 and is not reportable

Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	24.0 %	2.2 %	111,190	463,415
2019_2020	22.2 %	2.2 %	99,561	447,685
2018_2019	20.1 %	2.4 %	90,161	447,704
2017_2018	20.8 %	2.9 %	97,032	466,539
2016_2017	19.1 %	2.8 %	87,745	459,742
2016	19.2 %	3.1 %	84,759	441,824

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 20 - Notes:

None

Data Alerts: None

NOM 21 - Percent of children, ages 0 through 17, without health insurance

Data Source: American Community Survey (ACS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2021	3.8 %	0.3 %	40,454	1,078,407
2019	4.4 %	0.4 %	47,685	1,085,203
2018	3.1 %	0.3 %	34,020	1,096,660
2017	2.9 %	0.3 %	32,229	1,109,556
2016	3.3 %	0.3 %	36,647	1,117,130
2015	3.5 %	0.3 %	39,118	1,114,804
2014	5.1 %	0.3 %	56,369	1,114,692
2013	5.6 %	0.3 %	61,890	1,110,188
2012	5.4 %	0.4 %	59,835	1,117,864
2011	5.8 %	0.4 %	64,951	1,118,773
2010	6.0 %	0.4 %	66,491	1,117,791
2009	6.4 %	0.4 %	71,667	1,122,273

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 21 - Notes:

None

Data Alerts: None

NOM 22.1 - Percent of children who have completed the combined 7-vaccine series (4:3:1:3*:3:1:4) by age 24 months

Data Source: National Immunization Survey (NIS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2018	60.8 %	3.7 %	36,000	59,000
2017	66.6 %	3.8 %	40,000	60,000
2016	67.6 %	4.5 %	43,000	63,000
2015	66.5 %	4.0 %	42,000	63,000
2014	69.3 %	3.8 %	43,000	62,000
2013	67.7 %	3.7 %	43,000	63,000
2012	70.6 %	3.9 %	44,000	63,000
2011	67.9 %	3.9 %	43,000	63,000

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate >1.2

Estimates with 95% confidence interval widths >20 or that are inestimable might not be reliable

NOM 22.1 - Notes:

None

Data Alerts: None

NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza

Data Source: National Immunization Survey (NIS) – Flu

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	52.0 %	1.5 %	527,282	1,014,046
2020_2021	51.7 %	1.7 %	524,584	1,014,670
2019_2020	59.3 %	1.3 %	604,541	1,019,462
2018_2019	56.5 %	1.8 %	584,276	1,033,750
2017_2018	55.6 %	1.9 %	574,804	1,033,270
2016_2017	57.2 %	1.8 %	589,082	1,030,764
2015_2016	57.2 %	2.1 %	588,457	1,028,231
2014_2015	58.8 %	2.0 %	610,936	1,038,300
2013_2014	58.1 %	1.9 %	606,277	1,043,737
2012_2013	56.9 %	2.2 %	586,601	1,030,812
2011_2012	56.6 %	2.5 %	601,632	1,062,139
2010_2011	48.2 %	2.7 %	489,658	1,015,887
2009_2010	47.7 %	2.2 %	449,780	942,935

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or because the relative standard error is >0.3.

Estimates with 95% confidence interval half-widths > 10 might not be reliable

NOM 22.2 - Notes:

None

Data Alerts: None

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	81.1 %	2.8 %	247,205	304,651
2020	75.3 %	2.9 %	226,974	301,482
2019	73.9 %	3.4 %	221,660	299,770
2018	67.2 %	3.4 %	201,979	300,743
2017	69.1 %	2.8 %	211,360	305,761
2016	60.5 %	3.1 %	185,110	305,923
2015	54.8 %	3.0 %	168,220	307,063

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate > 1.2

Estimates with 95% confidence interval widths > 20 or that are inestimable might not be reliable

NOM 22.3 - Notes:

None

Data Alerts: None

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	93.1 %	1.9 %	283,704	304,651
2020	92.1 %	1.8 %	277,679	301,482
2019	94.1 %	1.7 %	282,223	299,770
2018	90.8 %	2.3 %	273,149	300,743
2017	90.1 %	2.0 %	275,560	305,761
2016	93.7 %	1.6 %	286,687	305,923
2015	91.0 %	1.8 %	279,281	307,063
2014	93.8 %	1.4 %	289,289	308,510
2013	87.9 %	2.3 %	272,438	309,852
2012	89.8 %	1.9 %	277,299	308,850
2011	85.9 %	2.2 %	264,626	308,092
2010	69.3 %	2.9 %	213,879	308,739
2009	47.4 %	3.7 %	148,324	313,257

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate > 1.2

Estimates with 95% confidence interval widths > 20 or that are inestimable might not be reliable

NOM 22.4 - Notes:

None

Data Alerts: None

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	93.7 %	1.7 %	285,558	304,651
2020	90.1 %	2.2 %	271,650	301,482
2019	92.0 %	1.9 %	275,715	299,770
2018	84.9 %	2.7 %	255,365	300,743
2017	89.0 %	2.1 %	272,233	305,761
2016	90.9 %	1.8 %	278,164	305,923
2015	90.9 %	1.8 %	279,041	307,063
2014	91.8 %	1.7 %	283,287	308,510
2013	87.8 %	2.3 %	271,885	309,852
2012	90.8 %	1.8 %	280,374	308,850
2011	90.0 %	1.8 %	277,265	308,092
2010	78.6 %	2.5 %	242,589	308,739
2009	65.8 %	3.6 %	206,136	313,257

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate >1.2

Estimates with 95% confidence interval widths > 20 or that are inestimable might not be reliable

NOM 22.5 - Notes:

None

Data Alerts: None

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2021	24.5	0.4	3,571	145,628
2020	25.7	0.4	3,676	142,793
2019	27.8	0.4	4,007	144,005
2018	27.5	0.4	3,991	145,107
2017	29.1	0.4	4,269	146,946
2016	30.6	0.5	4,545	148,553
2015	34.1	0.5	5,055	148,224
2014	35.8	0.5	5,270	147,328
2013	39.1	0.5	5,811	148,456
2012	43.1	0.5	6,458	149,948
2011	45.5	0.6	6,970	153,154
2010	48.2	0.6	7,689	159,454
2009	51.7	0.6	8,413	162,659

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 23 - Notes:

None

Data Alerts: None

NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	12.1 %	1.4 %	6,645	55,007
2020	16.8 %	1.5 %	9,139	54,564
2019	19.3 %	1.5 %	10,891	56,444
2018	15.9 %	1.4 %	9,088	57,089
2017	15.2 %	1.3 %	8,907	58,791
2016	11.3 %	1.1 %	6,894	60,939
2015	15.3 %	1.2 %	9,528	62,273

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has an unweighted denominator between 30 and 59 or a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

NOM 24 - Notes:

None

Data Alerts: None

NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	5.5 %	0.8 %	59,596	1,075,299
2019_2020	3.3 %	0.6 %	35,491	1,084,616
2018_2019	2.8 %	0.7 %	30,302	1,087,578
2017_2018	2.2 %	0.6 %	24,255	1,094,289
2016_2017	3.2 %	0.7 %	35,822	1,104,584
2016	5.5 %	1.3 %	61,069	1,106,433

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM 25 - Notes:

None

Data Alerts: None

Form 10
National Performance Measures (NPMs)

State: Louisiana

NPM 2 - Percent of cesarean deliveries among low-risk first births

Federally Available Data					
Data Source: National Vital Statistics System (NVSS)					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective		29.1	28.5	35.8	36.4
Annual Indicator	30.4	29.3	28.5	29.4	29.8
Numerator	5,718	5,314	5,146	5,158	5,231
Denominator	18,810	18,163	18,041	17,562	17,540
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS
Data Source Year	2017	2018	2019	2020	2021

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	37.1	37.7	38.4

Field Level Notes for Form 10 NPMs:

None

NPM 4A - Percent of infants who are ever breastfed

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	67.3	68	70.9	71.3	73.1
Annual Indicator	67.0	70.1	66.2	70.2	71.1
Numerator	42,310	36,572	36,465	38,183	36,006
Denominator	63,155	52,171	55,094	54,373	50,644
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2015	2016	2017	2018	2019

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	75.0	76.9	78.8

Field Level Notes for Form 10 NPMs:

None

NPM 4B - Percent of infants breastfed exclusively through 6 months

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	16.1	20.3	19.2	21.4	22.8
Annual Indicator	20.2	16.1	21.8	18.2	22.2
Numerator	12,389	8,285	11,878	9,743	10,882
Denominator	61,452	51,454	54,509	53,557	49,073
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2015	2016	2017	2018	2019

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	24.1	25.5	26.9

Field Level Notes for Form 10 NPMs:

None

NPM 5A - Percent of infants placed to sleep on their backs

Federally Available Data					
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	67.7	68.9	69.4	70.1	70.8
Annual Indicator	67.9	68.5	69.3	68.1	69.3
Numerator	39,089	38,351	38,239	37,066	37,547
Denominator	57,542	56,019	55,216	54,404	54,152
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2017	2018	2019	2020	2021

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	71.5	72.2	73.0

Field Level Notes for Form 10 NPMs:

None

NPM 5B - Percent of infants placed to sleep on a separate approved sleep surface

Federally Available Data					
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective		31.4	33	28.6	28.9
Annual Indicator	28.6	30.5	26.2	28.3	22.3
Numerator	16,010	16,846	14,266	15,336	11,855
Denominator	56,055	55,303	54,492	54,212	53,272
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2017	2018	2019	2020	2021

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	29.2	29.5	29.9

Field Level Notes for Form 10 NPMs:

None

NPM 5C - Percent of infants placed to sleep without soft objects or loose bedding

Federally Available Data					
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective		42.7	40.8	40.3	40.6
Annual Indicator	40.7	39.8	39.8	40.7	44.3
Numerator	23,172	22,065	21,721	22,078	23,594
Denominator	56,925	55,485	54,569	54,257	53,233
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2017	2018	2019	2020	2021

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	40.8	41.0	41.3

Field Level Notes for Form 10 NPMs:

None

NPM 6 - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	22.1	23.5	24.7	28.9	31.1
Annual Indicator	22.3	20.8	29.0	29.9	24.2
Numerator	27,095	32,009	50,909	48,525	32,172
Denominator	121,710	153,621	175,529	162,221	133,071
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016_2017	2017_2018	2018_2019	2019_2020	2020_2021

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	33.3	35.5	37.7

Field Level Notes for Form 10 NPMs:

None

NPM 7.1 - Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9

Federally Available Data			
Data Source: HCUP - State Inpatient Databases (SID)			
	2020	**2021**	**2022**
Annual Objective			84.5
Annual Indicator	136.9	135.6	142.4
Numerator	833	817	851
Denominator	608,586	602,686	597,623
Data Source	SID-CHILD	SID-CHILD	SID-CHILD
Data Source Year	2018	2019	2020

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	67.9	51.3	34.7

Field Level Notes for Form 10 NPMs:

None

NPM 7.2 - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19

Federally Available Data				
Data Source: HCUP - State Inpatient Databases (SID)				
	2019	**2020**	**2021**	**2022**
Annual Objective			188.9	179.9
Annual Indicator	214.9	201.4	226.8	246.9
Numerator	1,302	1,215	1,362	1,473
Denominator	605,840	603,371	600,579	596,490
Data Source	SID-ADOLESCENT	SID-ADOLESCENT	SID-ADOLESCENT	SID-ADOLESCENT
Data Source Year	2017	2018	2019	2020

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	170.9	161.9	152.9

Field Level Notes for Form 10 NPMs:

None

NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - Children with Special Health Care Needs

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CSHCN					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	44.2	44.1	53.5	55	58.1
Annual Indicator	43.6	50.8	51.1	44.2	39.7
Numerator	112,534	133,087	135,582	108,240	99,237
Denominator	258,079	261,996	265,306	245,057	249,824
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2016_2017	2017_2018	2018_2019	2019_2020	2020_2021

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	61.2	64.3	67.4

Field Level Notes for Form 10 NPMs:

None

Form 10
State Performance Measures (SPMs)

State: Louisiana

SPM 1 - Percent of recommended actions resulting from externally assessed equity audit that have been successfully implemented

Measure Status:	Active

State Provided Data				
	2019	2020	2021	2022
Annual Objective			0	38
Annual Indicator			0	40
Numerator			0	4
Denominator			10	10
Data Source			Internal records	Internal Scoring Instrument
Data Source Year			2021	2022
Provisional or Final ?			Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	58.0	75.0	95.0

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: The equity audit was conducted in FFY 2021, and the denominator and baseline was determined in FFY 2022. The targets were established using an internally developed assessment tool to measure and forecast progress against each of the 10 recommendations.	
2.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: Actual Numerator was 3.75. Rounded up due to inability to add a decimal in system.	

SPM 2 - Organizational Commitment to Family Engagement in Systems Change

Measure Status:	Active

State Provided Data				
	2019	2020	2021	2022
Annual Objective			40	50
Annual Indicator			25	40
Numerator			5	8
Denominator			20	20
Data Source			Family Engagement in Systems Assessment Tool	Family Engagement in Systems Assessment
Data Source Year			2021	2022
Provisional or Final ?			Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	50.0	75.0	80.0

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**

Field Note:
The baseline and initial targets were developed in FFY 2020, and those values are reflected here. In FFY 2022, the strategies related to this measure changed, and in FFY 2023, the SPM and measurement tool will be revised to effectively measure progress in relation to the new strategies, and a new baseline and targets will be developed. We have chosen not to retire this measure during the redevelopment period, as this SPM was established to promote accountability as BFH works to institutionalize family partnership as a foundational component of all systems change initiatives.

Form 10
Evidence-Based or –Informed Strategy Measures (ESMs)

State: Louisiana

ESM 2.1 - Percent of birthing hospitals actively participating in Louisiana Perinatal Quality Collaborative Initiatives

Measure Status:	Active

State Provided Data				
	2019	2020	2021	2022
Annual Objective			81	85
Annual Indicator		78.8	80.8	89.6
Numerator		41	42	43
Denominator		52	52	48
Data Source		Internal program records	Internal program records	Internal Program Records
Data Source Year		2020	2020	2022
Provisional or Final ?		Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	94.0	98.0	98.0

Field Level Notes for Form 10 ESMs:

None

ESM 2.2 - Percent of birthing hospitals achieving Louisiana Birth Ready Designation

Measure Status:	Active

State Provided Data			
	2020	2021	2022
Annual Objective			52
Annual Indicator		30.8	68.8
Numerator		16	33
Denominator		52	48
Data Source		Internal program records	Internal Program Records
Data Source Year		2021	2022
Provisional or Final ?		Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	72.0	75.0	77.0

Field Level Notes for Form 10 ESMs:

None

ESM 4.1 - Percent of births that were delivered at Gift-designated facilities

Measure Status:	Active

State Provided Data				
	2019	2020	2021	2022
Annual Objective			91.2	92.3
Annual Indicator	92.5	90.6	91.9	95
Numerator	54,632	52,030	52,925	53,858
Denominator	59,088	57,401	57,596	56,711
Data Source	Louisiana Vital Statistics Birth Records	Louisiana Vital Statistics Birth Records and Gift	Louisiana Vital Statistics Birth Records and Gift	Louisiana Vital Statistics Birth Records and Gift
Data Source Year	2019	2020	2021	2022
Provisional or Final ?	Final	Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	93.2	93.2	93.8

Field Level Notes for Form 10 ESMs:

None

ESM 5.1 - Number of professionals trained to recognize, identify, and model safe sleep environments

Measure Status:	Active

State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective	500	500	800	840	950
Annual Indicator	403	760	835	941	3,146
Numerator					
Denominator					
Data Source	Training attendance records	Training attendance records	Training attendance records	Training attendance records	Training attendance records
Data Source Year	2018	2019	2020	2021	2022
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	1,040.0	1,090.0	1,140.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2017**
	Column Name:	**State Provided Data**
	Field Note: MCH Coordinators trained professionals across the state	
2.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: Our numbers were higher in this time frame due to several community grants (in collaboration with CAATs) with pack and play distributions, to also include a robust safe sleep task force (R5) that is affiliated with Cribs for Kids.	

ESM 6.1 - Number of early care/education and health providers receiving developmental, social/emotional, and environmental screening trainings

Measure Status:	Active				
State Provided Data					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	24	24	24	200	400
Annual Indicator	23	32	150	786	791
Numerator					
Denominator					
Data Source	Internal program records	Internal program records	Internal program records	Internal program records	Internal Program Records
Data Source Year	2018	2019	2020	2021	2022
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	800.0	900.0	1,000.0

Field Level Notes for Form 10 ESMs:

None

ESM 7.1.1 - Number of households participating in evidence-based home visiting programs

Measure Status:	Active

State Provided Data			
	2020	2021	2022
Annual Objective			2,500
Annual Indicator	2,186	2,471	2,951
Numerator			
Denominator			
Data Source	MIECHV Annual Performance Report	MIECHV Program Records	MIECHV Program Records
Data Source Year	2020	2021	2022
Provisional or Final ?	Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	2,550.0	2,600.0	2,650.0

Field Level Notes for Form 10 ESMs:

None

ESM 7.2.2 - Number of “gatekeepers” trained in adolescent suicide prevention

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives			
	2023	2024	2025
Annual Objective	468.0	540.0	720.0

Field Level Notes for Form 10 ESMs:

None

ESM 11.1 - Number of of health care providers trained on Medical Home, Care Coordination and Youth Health Transition

Measure Status:	Active

State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective	222	350	300	150	350
Annual Indicator	344	223	24	303	271
Numerator					
Denominator					
Data Source	Internal program records.	Internal program records.	Internal program records.	Internal program records.	Internal Program Records
Data Source Year	2018	2019	2020	2021	2022
Provisional or Final ?	Provisional	Final	Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	400.0	450.0	500.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2017**
	Column Name:	**State Provided Data**

Field Note:
We have expanded the ESM definition to include youth health transition trainings after consolidating NPM 11 with NPM 12

Form 10
State Performance Measure (SPM) Detail Sheets

State: Louisiana

SPM 1 - Percent of recommended actions resulting from externally assessed equity audit that have been successfully implemented
Population Domain(s) – Cross-Cutting/Systems Building

Measure Status:	Active
Goal:	The goal of SPM 1 is to monitor progress towards institutionalizing equitable practices into BFH's day to day operations, with the ultimate goal to become a more equitable and effective workplace and better able to reduce long standing health dispari
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of recommendations within BFH control made by external contractor as a result of equity audit that have been successfully implemented by BFH **Denominator:** Total number of recommendations within BFH control made by external contractor as a result of equity audit
Data Sources and Data Issues:	Internal program records
Significance:	BFH is committed to addressing structural inequities that impact health. Part of this work is understanding how our own daily operations and workplace culture perpetuate these inequities and negatively impact our staff and populations served. Through an equity audit and consultation from subject matter experts, BFH aims to discover how we can become a more just and fair organization.

SPM 2 - Organizational Commitment to Family Engagement in Systems Change
Population Domain(s) – Cross-Cutting/Systems Building

Measure Status:	Active
Goal:	Routine engagement of community members and families is normalized and institutionalized throughout all of the Bureau of Family Health's activities that have a systems-level impact.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Agency self-assessment score in the "Commitment" Domain of the Family Engagement in Systems Assessment Tool (FESAT) **Denominator:** Maximum score in the "Commitment" Domain of the Family Engagement in Systems Assessment Tool (FESAT)
Data Sources and Data Issues:	Family Engagement in Systems Assessment Tool (FESAT) developed by Family Voices. BFH will utilized the questions of the "Commitment" domain of the overall FESAT Tool.
Significance:	The creation of a performance measure, based on a national standard assessment tool, will support BFH to have a better understanding of its strengths and weaknesses in family partnership and will guide development of a strategic plan to address identified gaps.

Form 10
State Outcome Measure (SOM) Detail Sheets

State: Louisiana

No State Outcome Measures were created by the State.

Form 10
Evidence-Based or –Informed Strategy Measures (ESM) Detail Sheets

State: Louisiana

ESM 2.1 - Percent of birthing hospitals actively participating in Louisiana Perinatal Quality Collaborative Initiatives
NPM 2 – Percent of cesarean deliveries among low-risk first births

Measure Status:	Active
Goal:	Increase the number of Louisiana birthing hospitals actively participating in evidence-based quality improvement initiatives to ensure safe, equitable, dignified births.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of birthing hospitals in the Louisiana Perinatal Quality Collaborative that are actively and regularly submitting quality improvement data **Denominator:** Number of all birthing hospitals in Louisiana
Data Sources and Data Issues:	LaPQC quality improvement database.
Evidence-based/informed strategy:	Findings from systematic evidence reviews performed by the National Center for Education in Maternal and Child Health Evidence Center indicate that adding population-based components to interventions, such as state or national guidelines, may support the effectiveness of local hospital-based interventions. Additionally, hospital implementation of structured multi-component interventions that include obstetrical skills training, improving teamwork, and public promotion of the strategy has been shown to significantly decrease NTSV rates over time. Lee King PA, Henderson ZT, Borders AEB. Advances in Maternal Fetal Medicine: Perinatal Quality Collaboratives Working Together to Improve Maternal Outcomes. Clin Perinatol. 2020 Dec; 47(4):779-797. doi: 10.1016/j.clp.2020.08.009. Epub 2020 Oct 16. PMID: 33153662. Vadnais MA, Hacker MR, Shah NT, Jordan J, Modest AM, Siegel M, Golen TH. Quality Improvement Initiatives Lead to Reduction in Nulliparous Term Singleton Vertex Cesarean Delivery Rate. Jt Comm J Qual Patient Saf. 2017 Feb; 43(2):53-61. doi: 10.1016/j.jcjq.2016.11.008. Epub 2016 Nov 15. PMID: 28334563; PMCID: PMC5928501.
Significance:	For most low-risk pregnancies, cesarean delivery poses avoidable maternal risks of morbidity and mortality, including hemorrhage, infection, and blood clots—risks that compound with subsequent cesarean deliveries.1 Much of the temporal increase in cesarean delivery (over 50% in the past decade), and wide variation across states, hospitals, and practitioners, can be attributed to first-birth cesareans.1 Moreover, cesarean delivery in low-risk first births may be most amenable to intervention through quality improvement efforts.1 This low-risk cesarean measure, also known as nulliparous term singleton vertex (NTSV) cesarean, is endorsed by the National Quality Forum (#0471) and

included within The Joint Commission's National Quality Measures for hospitals (PC-02), and the Core Set of Maternal and Perinatal Health Measures for Medicaid and CHIP. An Alliance for Innovation on Maternal Health (AIM) patient safety bundle for Safe Reduction of Primary Cesarean Births was released in 2018.2

1. American College of Obstetricians and Gynecologists (ACOG) and Society for Maternal-Fetal Medicine (SMFM). Obstetric Care Consensus: Safe Prevention of the Primary Cesarean Delivery. Number 1 March 2014 (Reaffirmed 2016). https://www.acog.org/clinical/clinical-guidance/obstetric-care-consensus/articles/2014/03/safe-prevention-of-the-primary-cesarean-delivery

2. Council on Patient Safety in Women's Health Care. Safe Reduction of Primary Cesarean Birth (+AIM). https://safehealthcareforeverywoman.org/patient-safety-bundles/safe-reduction-of-primary-cesarean-birth/

ESM 2.2 - Percent of birthing hospitals achieving Louisiana Birth Ready Designation
NPM 2 – Percent of cesarean deliveries among low-risk first births

Measure Status:	Active
Goal:	Increase the percentage of birthing hospitals that demonstrate active implementation of multiple evidence-based best practices that promote vaginal birth
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of hospitals achieving Louisiana Birth Ready Designation **Denominator:** Number of birthing hospitals in Louisiana
Data Sources and Data Issues:	Internal program records
Evidence-based/informed strategy:	Findings from systematic evidence reviews performed by the National Center for Education in Maternal and Child Health Evidence Center indicate that adding population-based components to interventions, such as state or national guidelines, may support the effectiveness of local hospital-based interventions. Additionally, hospital implementation of structured multi-component interventions that include obstetrical skills training, improving teamwork, and public promotion of the strategy has been shown to significantly decrease NTSV rates over time. https://www.mchevidence.org/tools/strategies/2-8.php Lee King PA, Henderson ZT, Borders AEB. Advances in Maternal Fetal Medicine: Perinatal Quality Collaboratives Working Together to Improve Maternal Outcomes. Clin Perinatol. 2020 Dec;47(4):779-797. doi: 10.1016/j.clp.2020.08.009. Epub 2020 Oct 16. PMID: 33153662. Vadnais MA, Hacker MR, Shah NT, Jordan J, Modest AM, Siegel M, Golen TH. Quality Improvement Initiatives Lead to Reduction in Nulliparous Term Singleton Vertex Cesarean Delivery Rate. Jt Comm J Qual Patient Saf. 2017 Feb;43(2):53-61. doi: 10.1016/j.jcjq.2016.11.008. Epub 2016 Nov 15. PMID: 28334563; PMCID: PMC5928501.
Significance:	While the Louisiana Perinatal Quality Collaborative (LaPQC) is not responsible for directly implementing evidence-based improvement strategies within birthing hospitals, the LaPQC incentivizes hospitals to implement these multi-component interventions through a designation program. Louisiana Birth Ready Designation requires hospitals to demonstrate improvement through: participation in collaborative learning; health disparity and patient partnership; policies and procedures; structures and education; and outcome and process measures. Hospitals awarded Designation must demonstrate active implementation of multiple evidence-based best practices that address common causes of maternal mortality and morbidity related to hemorrhage and hypertension, as well as practices that promote vaginal birth.

ESM 4.1 - Percent of births that were delivered at Gift-designated facilities
NPM 4 – A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>To increase the number of infants born in hospitals that are implementing evidence-based policies and practices aligned with the Baby-Friendly Hospital Initiative’s Ten Steps to Successful Breastfeeding.</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Percentage</td></tr>
<tr><td>Unit Number:</td><td>100</td></tr>
<tr><td>Numerator:</td><td>Number of infants born in Gift-designated hospitals during the calendar year</td></tr>
<tr><td>Denominator:</td><td>Number of infants born in Louisiana during the calendar year</td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>Hospital designation data derived from the Gift program records. Birth data retrieved from Louisiana Vital Statistics birth record data.</td></tr>
<tr><td>Evidence-based/informed strategy:</td><td>Breastfeeding initiation is significantly associated with reduced odds of post-perinatal infant deaths in multiple racial and ethnic groups within the US population. Li et al. found a 26% reduction in odds for overall post-perinatal deaths from 7 to 364 days associated with the initiation of breastfeeding, indicating that breastfeeding initiation is significantly associated with reduced odds of post-perinatal infant deaths in multiple racial and ethnic groups within the US population.

Hospital implementation of internationally-recognized best practices (the Ten Steps to Successful Breastfeeding) have been documented to improve breastfeeding outcomes and reduce racial disparity in those outcomes.
• Howe-Heyman, A., & Lutenbacher, M. (2016). The Baby-Friendly Hospital Initiative as an Intervention to Improve Breastfeeding Rates: A Review of the Literature. Journal of Midwifery & Women’s Health, 61(1), 77–102. https://doi.org/10.1111/jmwh.12376
• Le, J., Dancisak, B., Brewer, M., Trichilo-Lucas, R., & Stefanescu, A. (2022). Breastfeeding-supportive hospital practices and breastfeeding maintenance: results from the Louisiana pregnancy risk assessment monitoring system. J Perinatol, 42(11), 1465–1472. https://doi.org/10.1038/s41372-022-01523-1

In addition, structured quality improvement initiatives have been shown to be effective in supporting hospitals in implementing best practices, achieving Baby-Friendly Hospital designation and significantly increase exclusive breastfeeding.
• Feldman-Winter, L., Ustianov, J., Anastasio, J., Butts-Dion, S., Heinrich, P., Merewood, A., Bugg, K., Donohue-Rolfe, S., & Homer, C. J. (2017). Best Fed Beginnings: A Nationwide Quality Improvement Initiative to Increase Breastfeeding. 140(1). https://doi.org/10.1542/peds.2016-3121

Analyses of Louisiana Pregnancy Risk Assessment Monitoring System (PRAMS) data found that breastfeeding outcomes are higher for patients who delivered at Gift-designated birthing facilities.</td></tr>
<tr><td>Significance:</td><td>The Gift is an evidence-based hospital designation program for Louisiana birthing facilities</td></tr>
</table>

designed to increase breastfeeding rates and hospital success. The Gift program helps hospitals improve the quality of their maternity services and enhance patient-centered care through incremental adoption of internationally recognized practices. Facilities that enroll to become Gift designated are guided through the implementation of ten steps that are aligned with the Baby-Friendly Hospital Initiative. The Gift program encourages progress toward pursuit of Baby-Friendly™ designation.

ESM 5.1 - Number of professionals trained to recognize, identify, and model safe sleep environments
NPM 5 – A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding

Measure Status:	Active
Goal:	To increase the number of professionals who provide evidence-based safe sleep practices advice to caregivers of infants
Definition:	**Unit Type:** Count **Unit Number:** 10,000 **Numerator:** Number of professionals trained annually **Denominator:**
Data Sources and Data Issues:	Data derived from documentation during trainings of the number of professionals in attendance.
Evidence-based/informed strategy:	American Academy of Pediatrics Updates Safe Sleep Recommendations - https://www.aap.org/en/news-room/news-releases/aap/2022/american-academy-of-pediatrics-updates-safe-sleep-recommendations-back-is-best/ A 2019 analysis of 2016 National Pregnancy Risk Assessment Monitoring System (PRAMS) data identified provider advice as an important, modifiable factor to improve caregiver safe sleep practices. Hirai, Ashley H., et al. "Prevalence and factors associated with safe infant sleep practices." Pediatrics 144.5 (2019).
Significance:	Nationally, sleep-related infant deaths, also called Sudden Unexpected Infant Deaths (SUID), account for the largest share of infant deaths after the first month of life.1 In Louisiana, SUID is the second leading cause of infant deaths. 2 SUID includes Sudden Infant Death Syndrome (SIDS), ill-defined deaths, and accidental suffocation and strangulation in bed. Due to heightened risk of SIDS when infants are placed to sleep in side (lateral) or stomach (prone) sleep positions, the American Academy of Pediatrics (AAP) has long recommended the back (supine) sleep position. According to 2020 Louisiana PRAMS data, 68% of moms reported placing their infants on their backs to sleep. 3 To further reduce SUID, the AAP has expanded recommendations for a safe sleep environment to include, among other practices, using a separate firm sleep surface (eg, crib or bassinet) without soft objects or loose bedding.2 1. Moon RY and AAP TASK FORCE ON SUDDEN INFANT DEATH SYNDROME. SIDS and Other Sleep-Related Infant Deaths: Evidence Base for 2016 Updated Recommendations for a Safe Infant Sleeping Environment. Pediatrics. 2016; 138(5):e20162940. 2. Louisiana Child Death Review, Louisiana Department of Health-Office of Public Health, Bureau of Family Health. Louisiana CDR Report 2018 – 2020. https://partnersforfamilyhealth.org/wp-content/uploads/2022/10/2018-2020_CDR_Final.pdf. Accessed July 2023. 3. Louisiana Pregnancy Risk Assessment Monitoring System, Louisiana Department of Health-Office of Public Health, Bureau of Family Health. Louisiana PRAMS Data Report 2020. https://partnersforfamilyhealth.org/wp-content/uploads/2022/06/2020-PRAMS-Data-Report_Final.pdf. Access July 2023. 4. American Academy of Pediatrics (AAP). Task Force on Sudden Infant Death Syndrome. SIDS and other sleep- related infant deaths: Updated 2016 recommendations for a safe infant sleeping environment. Pediatrics 2016. 138 (5):e20162938.

ESM 6.1 - Number of early care/education and health providers receiving developmental, social/emotional, and environmental screening trainings
NPM 6 – Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

Measure Status:	Active
Goal:	To increase the number of early care/education and health providers trained in developmental, social/emotional, and environmental screening
Definition:	**Unit Type:** Count **Unit Number:** 1,000 **Numerator:** Numerator is a count of early care/education and health providers receiving training. **Denominator:**
Data Sources and Data Issues:	Data derived from Internal program records.
Evidence-based/informed strategy:	According to research conducted by J Prim Care Community Health, implementing quality improvement strategies such as screening tool training and training staff about the screening process and responsibilities for developmental screening can be associated with increased developmental screening rates and professional morale and value of the screening process. Additionally, findings from systematic evidence reviews performed by the National Center for Education in Maternal and Child Health MCH Evidence Center indicate that training medical, social service, and childcare providers on developmental screening may increase developmental screening rates. Meurer J, Rohloff R, Rein L, Kanter I, Kotagiri N, Gundacker C, Tarima S. Improving Child Development Screening: Implications for Professional Practice and Patient Equity. J Prim Care Community Health. 2022 Jan-Dec;13:21501319211062676. doi: 10.1177/21501319211062676. PMID: 34986680; PMCID: PMC8743928 https://www.mchevidence.org/tools/strategies/6-2.php
Significance:	The ESM is significant because it allows for testing of the assumption that direct provision of in-person and online trainings for healthcare and early childcare providers is an effective intervention for increasing the number of trained persons to administer a recommended developmental screening tool in the state. Developmental screening and screening tool trainings, statewide conference presentation for healthcare providers and ECE providers, relevant webinar sessions and implementation, training and support sessions for practices, which will by extension, increase the percentage of providers trained and thus, increase the percentage of children, ages 9 through 35 months, who receive a developmental screening using a parent-completed screening tool. Early identification of developmental delays and disabilities is critical to provide referrals to services that can promote health and educational success.1 It is an integral function of the primary care medical home. The American Academy of Pediatrics (AAP) recommends developmental screening at the 9, 18, and 24 or 30-month visit. Developmental screening is part of the Core Set of Children's Health Care Quality Measures for Medicaid and CHIP.

Council on Children With Disabilities; Section on Developmental Behavioral Pediatrics; Bright Futures Steering Committee; Medical Home Initiatives for Children With Special Needs Project Advisory Committee. Identifying infants and young children with developmental disorders in the medical home: an algorithm for developmental surveillance and screening. Pediatrics. 2006 Jul;118(1):405-20. Reaffirmed November 2014.

http://pediatrics.aappublications.org/content/118/1/405

ESM 7.1.1 - Number of households participating in evidence-based home visiting programs
NPM 7.1 – Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9

Measure Status:	Active
Goal:	Increase the number of households receiving injury prevention education during home visiting sessions
Definition:	**Unit Type:** Count **Unit Number:** 10,000 **Numerator:** Number of households enrolled in home visiting during the reporting period **Denominator:**
Data Sources and Data Issues:	MIECHV Annual Performance Report
Evidence-based/informed strategy:	Findings from systematic evidence reviews performed by the National Center for Education in Maternal and Child Health MCH Evidence Center indicate that providing injury prevention education for families during home visiting sessions may improve parent behavior and skill related to promoting childhood safety and preventing injury. https://www.mchevidence.org/tools/strategies/7-1.php
Significance:	Evidence-based home visiting programs, such as those supported through the federal MIECHV program and implemented by the Bureau of Family Health, have been linked to improvements in a variety of indicators of child and family health, including those related to child injury and violence. Louisiana MIECHV does not currently collect data on the specific education activities and facilitators utilized during home visits, however all clients receive some education related to child injury prevention. This ESM measures progress in relation to increasing enrollment in evidence-based home visiting programs, and therefore increasing the reach of families benefiting from injury prevention interventions.

ESM 7.2.2 - Number of “gatekeepers” trained in adolescent suicide prevention
NPM 7.2 – Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>Increase the number of “gatekeepers” that are able to identify risk factors and warning signs for suicide behavior among adolescents and know how to respond</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Count</td></tr>
<tr><td>Unit Number:</td><td>10,000</td></tr>
<tr><td>Numerator:</td><td>Number of individuals receiving gatekeeper training</td></tr>
<tr><td>Denominator:</td><td></td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>Gatekeeper attendance records</td></tr>
<tr><td>Evidence-based/informed strategy:</td><td>Gatekeeper training is an evidence-informed strategy that teaches lay and professional "gatekeepers", or adults that work with adolescents, the warning signs of a suicide crisis and how to respond.

According to the National Performance Measure 7.2 Injury Hospitalization – Ages 10 through 19 Evidence Review, gatekeeper trainings are considered an evidence-informed strategy that can help increase school personnel knowledge about risk factors and warning signs for suicide behavior among adolescents.

Le, LT, Watson, K, Wasman, W, HewettBeah, R, Pickett, O, Mayer, R, Perry, DF, Richards J. National
Performance Measure 7.2 Injury Hospitalization – Ages 10 through 19 Evidence Review. Strengthen the Evidence Base for Maternal and Child Health Programs. National Center for Education in Maternal and Child Health. Georgetown University, Washington, DC. 2020.</td></tr>
<tr><td>Significance:</td><td>This ESM will measure the number of school personnel and students that are trained in an evidence-based curriculum (ASIST, QPR [Question, Persuade, Refer], Mental Health First Aid Training) that teaches the warning signs of a suicide crisis and how to respond.

These gatekeeper trainings will increase school, local, and eventually state capacity to recognize youth at risk of suicide and connect them to needed resources.</td></tr>
</table>

ESM 11.1 - Number of of health care providers trained on Medical Home, Care Coordination and Youth Health Transition
NPM 11 – Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>To increase the number of healthcare providers trained on medical home, care coordination, and youth health transition.</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Count</td></tr>
<tr><td>Unit Number:</td><td>1,000</td></tr>
<tr><td>Numerator:</td><td>Number of health care providers trained on Medical Home, Care Coordination, and Youth Health Transition</td></tr>
<tr><td>Denominator:</td><td></td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>Data derived from internal program records.</td></tr>
<tr><td>Evidence-based/informed strategy:</td><td>There is significant evidence supporting the importance of medical homes, care coordination and youth health transition services for children with and without special healthcare needs. The American Academy of Pediatrics (AAP) and National Standards for Systems of Care for Children and Youth with Special Health Care Needs (CYSHCN) endorse care in a medical home as the gold standard for ensuring holistic and coordinated health care for pediatric populations. Specifically, Domain 5 of the national standards establishes that the care coordination workforce must be well trained and prepared to serve CYSHCN and their families. All care team members have opportunities to gain the knowledge and understanding needed to perform their roles effectively.

Development of the concepts of a medical home, care coordination, and youth health transition requires ongoing refinement and progressive adaptation to the context of intervention (i.e. the various regions of the State of Louisiana). It is also critical to disseminate understanding of practical best practices for implementation in the community. Ongoing professional development for students and healthcare providers will be delivered to disseminate updated knowledge and techniques within the healthcare workforce in Louisiana. The provision of trainings will develop Louisiana’s healthcare workforce capacity to provide quality and accessible medical home, care coordination, and youth health transition services. The improved capacities will contribute to the increased percentage of children with and without special health care needs, ages 0 through 17, who have a medical home (NOM11.1).

Hasley PB, Simak D, Cohen E, Buranosky R. Training Residents to Work in a Patient-Centered Medical Home: What Are the Outcomes? J Grad Med Educ. 2016 May;8(2):226-31. doi: 10.4300/JGME-D-15-00281.1. PMID: 27168892; PMCID: PMC4857499. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4857499/</td></tr>
<tr><td>Significance:</td><td>The American Academy of Pediatrics (AAP) specifies seven qualities essential to medical home care, which include accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally effective. Providing comprehensive and coordinated care to children in a medical home is the standard of pediatric practice.</td></tr>
</table>

Research indicates that children with a stable and continuous source of health care are more likely to receive appropriate preventive care, are less likely to be hospitalized for preventable conditions, and are more likely to be diagnosed early for chronic or disabling conditions. American Academy of Pediatrics. National Resource Center for Patient/Family-Centered Medical Home. (n.d.) https://medicalhomeinfo.aap.org

The ESM is a direct measure of the number of healthcare providers trained. The measurement will contribute to the testing of the assumption that direct training of healthcare providers is an effective means for promoting quality medical home, care coordination, and youth health transition services. The ESM will contribute to testing of the assumption that there is a direct correlation between number of healthcare providers trained and percent of children with and without special health care needs, ages 0 through 17, who have a medical home (NOM11.1), specifically within the context of the state of Louisiana.

Form 11
Other State Data

State: Louisiana

The Form 11 data are available for review via the link below.

Form 11 Data

Form 12
MCH Data Access and Linkages

State: Louisiana

Annual Report Year 2022

	Access				Linkages	
Data Sources	(A) State Title V Program has Consistent Annual Access to Data Source	(B) State Title V Program has Access to an Electronic Data Source	(C) Describe Periodicity	(D) Indicate Lag Length for Most Timely Data Available in Number of Months	(E) Data Source is Linked to Vital Records Birth	(F) Data Source is Linked to Another Data Source
1) Vital Records Birth	Yes	Yes	Monthly	1		
2) Vital Records Death	Yes	Yes	Monthly	1	Yes	
3) Medicaid	Yes	Yes	Monthly	1	Yes	
4) WIC	Yes	Yes	Monthly	1	Yes	
5) Newborn Bloodspot Screening	Yes	Yes	Monthly	1	Yes	
6) Newborn Hearing Screening	Yes	Yes	Monthly	1	Yes	
7) Hospital Discharge	Yes	Yes	Quarterly	7	No	
8) PRAMS or PRAMS-like	Yes	Yes	Annually	18	Yes	

Form Notes for Form 12:

None

Field Level Notes for Form 12:

None