Louisiana State Action Plan Table 2024 Application/2022 Annual Report

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or –Informed Strategy Measures	National and State Outcome Measures
Women/Maternal Health					
Improve birth outcomes for individuals who give birth and infants	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	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	NPM 2: Percent of cesarean deliveries among low-risk first births	ESM 2.1: Percent of birthing hospitals actively participating in Louisiana Perinatal Quality Collaborative Initiatives ESM 2.2: Percent of birthing hospitals achieving Louisiana Birth Ready Designation	NOM 2: Rate of severe maternal morbidity per 10,000 delivery hospitalizations NOM 3: Maternal mortality rate per 100,000 live births
Ensure equitable access to high-quality and coordinated clinical and support services	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	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.	NPM 2: Percent of cesarean deliveries among low-risk first births	ESM 2.1: Percent of birthing hospitals actively participating in Louisiana Perinatal Quality Collaborative Initiatives ESM 2.2: Percent of birthing hospitals achieving Louisiana Birth Ready Designation	NOM 2: Rate of severe maternal morbidity per 10,000 delivery hospitalizations NOM 3: Maternal mortality rate per 100,000 live births

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or –Informed Strategy Measures	National and State Outcome Measures
Ensure Title V strategies are outcomes-focused and rooted in essential public health services	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)	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	NPM 2: Percent of cesarean deliveries among low-risk first births	ESM 2.1: Percent of birthing hospitals actively participating in Louisiana Perinatal Quality Collaborative Initiatives ESM 2.2: Percent of birthing hospitals achieving Louisiana Birth Ready Designation	NOM 2: Rate of severe maternal morbidity per 10,000 delivery hospitalizations NOM 3: Maternal mortality rate per 100,000 live births
Perinatal/Infant Health					
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	By December 2024, pilot the integration of the community into a joint Gift and Safe Births hospital task force	NPM 4: A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months	ESM 4.1: Percent of births that were delivered at Gift-designated facilities ***Inactive -*** *ESM 4.2: Percent of births that were delivered at Baby-Friendly Designated facilities*	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
Ensure equitable access to high-quality and coordinated	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)	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	NPM 4: A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months	ESM 4.1: Percent of births that were delivered at Gift-designated facilities ***Inactive -*** *ESM 4.2:*	NOM 9.1: Infant mortality rate per 1,000 live births NOM 9.3: Post neonatal mortality rate per 1,000 live births

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or –Informed Strategy Measures	National and State Outcome Measures
clinical and support services	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	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		*Percent of births that were delivered at Baby-Friendly Designated facilities*	NOM 9.5: Sudden Unexpected Infant Death (SUID) rate per 100,000 live births
Reduce child injury and violence	Ensure high-quality fetal, infant, and child mortality review processes Train professionals on evidence-based safe sleep practices	Publish one comprehensive Child Death Review report annually that includes specific practice and policy recommendations to prevent sleep-related infant injury and death.	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	ESM 5.1: Number of professionals trained to recognize, identify, and model safe sleep environments	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
Child Health					
Promote healthy development and family resilience through policies and practices rooted in core	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	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	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	ESM 6.1: Number of early care/education and health providers receiving developmental, social/emotional, and environmental screening trainings	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

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or –Informed Strategy Measures	National and State Outcome Measures
principles of development	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	By December 2024, complete a State Asset and Gap Analysis via application of Targeted Universalism Steps 2-4			
Reduce child injury and violence	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	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.	NPM 7.1: Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9	ESM 7.1.1: Number of households participating in evidence-based home visiting programs	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
Adolescent Health					
Reduce child injury and violence	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	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.	NPM 7.2: Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19	***Inactive -*** *ESM 7.2.1: Number of professionals trained in Adverse Childhood Experiences (ACEs)* ESM 7.2.2: Number of "gatekeepers" trained in adolescent suicide prevention	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
Improve adolescent	Support implementation of the CDC-funded Comprehensive Suicide Prevention (CSP) program and expand evidence-based suicide prevention	By July 2024, strategies outlined in the Whole Health Louisiana state	NPM 7.2: Rate of hospitalization for non-fatal	***Inactive -*** *ESM 7.2.1: Number of*	NOM 15: Child Mortality rate, ages 1 through 9, per 100,000

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or –Informed Strategy Measures	National and State Outcome Measures
mental health and well-being	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	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.	injury per 100,000 adolescents, ages 10 through 19	*professionals trained in Adverse Childhood Experiences (ACEs)* ESM 7.2.2: Number of "gatekeepers" trained in adolescent suicide prevention	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
Children with Special Health Care Needs					
Ensure all	Increase Title V organizational capacity to utilize National Survey of	By June 2024, conduct an in depth	NPM 11: Percent of	ESM 11.1: Number of	NOM 17.2: Percent of children with

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or –Informed Strategy Measures	National and State Outcome Measures
CYSHCN receive care in a well-functioning system	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	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	children with and without special health care needs, ages 0 through 17, who have a medical home	of health care providers trained on Medical Home, Care Coordination and Youth Health Transition	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
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 Enhance partnerships with family and community-led organizations to increase population reach and support services for CYSHCN and families	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	NPM 11: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home	ESM 11.1: Number of of health care providers trained on Medical Home, Care Coordination and Youth Health Transition	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

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or –Informed Strategy Measures	National and State Outcome Measures
					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
Ensure Title V strategies are outcomes-focused and rooted in essential public health services	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	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.	NPM 11: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home	ESM 11.1: Number of of health care providers trained on Medical Home, Care Coordination and Youth Health Transition	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

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or –Informed Strategy Measures	National and State Outcome Measures
Cross-Cutting/Systems Building					
Boldly work to undo systemic drivers of disparities and institutionalize equitable policies and practices	Institutionalize equity within BFH policies and practice Build workforce and partner capacity to promote health equity, anti-racism, and social justice	By June 2024, BFH Title V personnel will have increased access to learning opportunities concerning health equity and related concepts	SPM 1: Percent of recommended actions resulting from externally assessed equity audit that have been successfully implemented		
Partner with families, youth, and communities at all levels of systems change	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	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.	SPM 2: Organizational Commitment to Family Engagement in Systems Change		
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 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	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			

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or –Informed Strategy Measures	National and State Outcome Measures
	recommendations	effective meetings.			