Maternal and Child Health Services Title V Block Grant

Louisiana

FY 2025 Application/ FY 2023 Annual Report

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I. General Requirements

I.A. Letter of Transmittal

Jeff Landry
GOVERNOR

Michael Harrington, MBA, MA
SECRETARY

State of Louisiana
Louisiana Department of Health
Office of Public Health

July 10, 2024

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 2025

Dear Dr. Warren:

Louisiana is applying for the State's allocation of the Maternal and Child Health Services Block Grant funds for Fiscal Year 2025. Our Block Grant Application and Annual Report are complete.

If additional information is needed, please contact Mark Morrison at (225) 495-5751 or Mark.Morrison2@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 2 of the 2026 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 2021 Title V application/Annual Report guidance.

II. MCH Block Grant Workflow

Please refer to figure 3 in the "Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms", OMB NO: 0915-0172; Expires: December 31, 2026.

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. Throughout the FFY2021-2025 strategy cycle, Title V will 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. 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. 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). 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 misuse, 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 provides critical contribution towards strengthening 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 community 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 provides critical investment into the strengthening and expansion of Louisiana's systems of care for mothers, infants, children, and youth. The block grant is particularly important for strengthening the state's system of care for children and youth with special healthcare needs.

Title V block grant funding ensures that MCH policies and systems of care in Louisiana are rooted in evidence. Title V funding builds on the state's investment in the MCH epidemiology workforce necessary to collect and analyze data, identify public health needs within MCH populations, explore underlying causes of public health needs including existing disparities between Louisiana's population groups (i.e., rural / urban sub-populations, racial and ethnic sub-populations, etc.), generate findings reports and key policy and programmatic recommendations, and measure the short, medium, and long-term effects and impacts of changes in policies and programs within the state's MCH systems of care.

Title V funding also contributes to the state's efforts to maintain and continuously strengthen the capacities of our MCH workforce. In addition to providing direct financial coverage to some essential MCH workforce positions, Title V funded programs support direct training, coaching and technical assistance, and initiatives supporting continuous quality improvement within individual systems of care. Partners and participants in these programs include physicians, nurses, social workers, educators, staff of state agencies and offices from various levels of the government of Louisiana, staff of community based organizations and private sector organizations, members of our state's academic community, family members, policymakers, and other key constituents in the state.

Title V funding compliments state investment by supporting coordination between key state agencies, partners, collaborators, families, and other community groups. Aligned with the cross-cutting goal that all mothers, children, and youth should have access to a quality medical home within well-functioning systems of care, Title V programs facilitate connections and synergies across state agencies as well as between state agencies and non-state organizations (i.e., community-based organizations, academic institutions, and private sector organizations). Title V funding supports convening of state-mandated Boards, Councils, and Commissions as well as various advisory committees. At key moments, Title V funding supports implementation of community consultation processes to identify priority needs and define strategies and plans of action to improve the MCH systems of care in the state.

Lastly, Title V funding plays a critical role in ensuring that the state's mothers, children, and youth are able to participate meaningfully in the state's assessment of priority needs, planning of policy and programmatic response strategies, monitoring and evaluation of programmatic efficiency and effectiveness, and definition of state policy and legislation.

III.A.3. MCH Success Story

Louisiana ranks 49th in overall child well-being in the United States, with one of the highest rates of children per capita experiencing two or more adverse childhood experiences[1]. In response to this public health priority, the Louisiana Bureau of Family Health launched the Whole Health Louisiana Initiative to coordinate development of the state's first-ever multi-sector plan to integrate trauma-informed and healing-centered approaches in our state's systems of care and support for children and families. Aligned with the national Title V program's commitment to family and community engagement, over 600 people and 100 organizations from across Louisiana participated in at least one of the three phases of the development of Whole Health Louisiana's (WHL) State Plan.

Discovery Process *(September 2021 - August 2022)*	Implemented in partnership with the Louisiana First Foundation, the first phase of the initiative was an 11-month, statewide process of evidence collection to learn about the current state of childhood adversity in Louisiana, how it is being addressed, and what barriers exist to implementing change.
High Level Convening *(November 2022)*	The second phase of the initiative was a convening of state leaders, experts, and advocates to review the findings from the discovery process and launch the development of a State Plan.
A Community Engagement Process *(January 2023 - November 2023)*	The third phase of the initiative was a yearlong collaborative process to draft the WHL State Plan. The process included community conversations across all nine public health regions of the state, was guided by a Steering Committee and supported by cross-sector working groups, and informed by multiple advisory bodies focused on centering youth and family voices alongside the voices of subject matter experts.

The Whole Health Louisiana State Plan was released on November 30, 2023. The state plan will guide multi-sectoral systems change efforts to address childhood adversity and trauma. The State Plan includes an overview of trauma-informed and adversity-related concepts to promote standardization of language around the challenge, presents an implementation approach that has buy-in from youth and family serving systems across the state, and defines key objectives and measurable indicators to support progress monitoring. Implementation of the plan will be led by a public-private partnership between the Bureau of Family Health and the University of Louisiana at Lafayette's Kathleen Babineaux Blanco Public Policy Center. A dedicated Steering Committee, as well as the broader Whole Health Louisiana Coalition, will provide guidance and oversight to ensure the successful implementation of the plan, which will require continued coordination of partners including community members, government agencies, non-profits, community organizations, and youth and parent-led advisory bodies. This unified, trauma-informed, State Plan will invest in the full potential of our young people, those who care for them, and the workforce that serves them to improve health and safety outcomes for all Louisianans.

III.B. Overview of the State

The state's demographics, geography, economy, and urbanization

According to the most recent census data, Louisiana has a population of about 4.6 million people. 62.5% of the population identify as white, 33% percent identify as Black, 5.8% identify as Hispanic / Latino, 1.9% identify as Asian, 1.9% identify as two or more races, and 0.8% identify as American Indian/Alaskan Natives. Nearly four out of every five residents were born in-state.[1]

Covering an area of 43,193 square miles along the Gulf of Mexico, Louisiana is the 33rd largest state in the country.[2] The total area of Louisiana includes approximately 4,600 square miles of inland waters. Distinct geographic, cultural and economic regions of the state include the Northwestern Red River Valley region, the Northeast Mississippi Delta region, the Western Acadiana region, Eastern Acadiana/Lower Mississippi region, and the Greater New Orleans region. Each of the regions have distinct histories, cultural characteristics, and economic contexts.

Image One: Five Regions of the State of Louisiana[3]

Historically, Louisiana's economy has been heavily dependent on agricultural and fisheries production. The state's principal agricultural products include seafood, cotton, soybeans, cattle, sugarcane, poultry and eggs, dairy products, and rice. Louisiana's oil and gas industries constitute another significant segment of the economy. Louisiana's 15 oil refineries account for nearly one-sixth of the nation's refining capacity and can process about 2.9 million barrels of crude oil per day.[4] Due to the abundance of oil and gas, Louisiana is home to more than 300 process manufacturing facilities supporting production of petroleum products and chemical manufacturing. The state's petrochemical plants are concentrated along the Mississippi River between Baton Rouge and New Orleans, a region referred to as Louisiana's industrial corridor.

Tourism, especially to the Greater New Orleans area, is another significant driver of the state's economic production. In 2023, Louisiana attracted more than 43 million domestic and international visitors, who spent over 18 billion dollars. Louisiana's tourism and hospitality sector is the fourth largest employment sector in the state.[5]

Of Louisiana's 64 parishes (counties), 37 are considered rural. The largest urban centers include New Orleans, Baton Rouge, Lafayette, and Shreveport.

Challenges impacting the health of Louisiana's MCH populations

Underlying challenges contributing to the persistently poor health outcomes of MCH populations in Louisiana include historical and present day systemic racism, persistent poverty, climate hazards, industrial pollution, low literacy and

numeracy skills, lack of access to specialized health services including mental health services, and the state's high incarceration rate.

Louisiana's history of colonization, slavery, and legalized discrimination 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, consciously and unconsciously, in the ways people experience access to information and services differently across the state. 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 another major challenge to the attainment of health for many Louisianans. The overall poverty rate in Louisiana was 18.6% in 2022, the second highest in the nation. 24.4% of children in Louisiana are living in poverty, which is the third highest in the nation. At $55,416, the State's median household income is the third lowest in the nation. Women are more likely to live in poverty than men (20.5% vs. 16.5%), and Black (29.4%), Hispanic (20.3%), and indigenous (18.8%) households are more likely to live in poverty than Asian (12.3%) or white (12.9%) households.[6]

Severe weather events create economic shocks that contribute to household and community financial instability. Severe weather 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. Severe weather events are projected to increase in both frequency and severity due to climate change. In 2023, historically low levels of rainfall combined with historically high temperatures contributed to large scale wildfires in multiple regions of the state and saltwater intrusion into the Mississippi river. The intrusion of saltwater into Louisiana's coastal communities and into the Mississippi river has the potential to threaten agricultural production and sources of drinking water for much of the greater New Orleans area.

For families including children and youth with special healthcare needs (CYSHCN), poverty poses unique challenges including balancing employment and income generation with caretaking roles. Regardless of insurance coverage, families that include CYSHCN face significant out-of-pocket medical expenses. While these conditions can contribute to pulling families of children and youth with special healthcare needs into poverty, the effects of household poverty (including lack of sufficient nutrition, increased exposure to environmental risks/hazards, and decreased access to health information and services) contribute to increased prevalence of special healthcare needs. The bidirectional causal link, a vicious downward spiral, between poverty and special healthcare needs perpetuates both poverty and increased prevalence of CYSHCN in the state.

While Louisiana's oil and gas industry has been a significant contributor to the state's economy, the air and water pollution created by petrochemical production sites present a significant hazard to workers and surrounding communities. Families living in Louisiana's industrial corridor, including communities along the Mississippi river between Baton Rouge and New Orleans, are at higher risk of multiple health conditions associated with exposure to hazardous air and water toxics.

According to the Program for the International Assessment of Adult Competencies (PIAAC), 27% of adults in Louisiana have a literacy rate below Level 1 (the lowest level) and 42% of the state had numeracy skills at or below Level 1. Level 1 literacy rates were lowest in the Northwest Mississippi Delta region. In East Carroll Parish, which borders both Mississippi and Arkansas, over 50% of the population had a literacy skills of Level 1 or below and 77% had numeracy skills of Level 1 or below.[15]

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.[12] Furthermore, of the 44,000 Louisianans age 12–17 who have depression, 62.3% did not receive any care in the last year.[12] As of December 2023, Louisiana has 175 Mental Health Care Professional Shortage Areas 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]

Louisiana has one of the highest incarceration rates in the world. According to the Prison Policy Initiative, 1953 people per 100,000 are detained in prisons, jails, immigration detention, and juvenile justice facilities, compared to 565 nationally.[16] 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.

Assets supporting improvement of the health of Louisiana's MCH populations

Key strengths and assets available to support improved health for Louisiana's MCH populations include recent expansion of Medicaid, a long-standing commitment to children's health and wellbeing, and continued investments in early childhood care and education programs.

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.[17] 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.[18] Economic gains are expected to continue, with the state projected to save $1 billion by 2028 due to Medicaid expansion.[19]

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]

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 2023, Louisiana lags behind the national averages for nearly every measure associated with positive early learning experiences.[20]

Other assets in the state include its strong communities of faith, diverse academic and social institutions, and culture of community gathering and festivity. According to a March 2024 Household Pulse Survey, Louisiana has the highest rate of regular participation in religious services of any state in the country[21]. Louisiana is home to thirteen universities, including six Historically Black Colleges and Universities (HBCUs).

Roles and responsibilities of the various offices within the Louisiana Department of Health (LDH)

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 1.8 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.
- 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).

Strategic planning frameworks of the Louisiana Department of Health

- *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.

State-specific statutes relevant to the MCH block grant authority and its impact on LA's MCH and CYSHCN systems of care

Maternal and Child Health

- LA Children's Code (CC) 609:Mandatory and permitted reporting
- LA R.S. §22:1059.1: Establishes the LA Doula Registry Board.
- LA R.S. §36:251(C)(1); R.S. §36:258(E); R.S. §46:2526: Establishes the Office of Women's Health and Community Health.
- LA R.S. §40:31.3: Establishes an Adolescent School Health Initiative in public middle and secondary schools in LA and creates the Adolescent School Health Initiative Coordinating Council.
- LA R.S §40:31.41-48: Establishes the LA Birth Defects Surveillance System and the LA Birth Defects Monitoring Network Advisory Board.
- LA R.S §40:1075.1-1075.6: Establishes the Emergency Medical Services for Children Program.
- LA R.S. §40:1086.1-1086.4: Recognizes shaken baby syndrome and sudden unexpected infant death (SUID) prevention as major public health priorities. Requires LDH to designate the compendium of SUID resources approved for use by birthing centers, hospitals, and licensed midwives. Authorizes LDH to conduct public awareness activities.
- LA R.S. §40:1123.1-1123.4: Enacts the Perinatal Mood and Anxiety Disorders Act, which includes requirements related to the provision of maternal mental health services.
- LA R.S. §40:1262: Relates to equity in health care services and provides for LDH to be responsible for leading, consolidating, and coordinating efforts across the state geared toward improving women's health outcomes through policy, education, evidence-based practices, programs, and services.
- LA R.S. §40:2018: Establishes the Commission on Perinatal Care and Prevention of Infant Mortality (Perinatal Commission).
- LA R.S. §40:2019: Establishes a Child Death Review (CDR) Panel, along with protocols and 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 R.S. §40:*2024.3*: Establishes the LA Domestic Abuse Fatality Review (DAFR) Panel.
- LA R.S §46:447.1: Establishes a program to provide information to public assistance recipients regarding family planning, including information regarding abstinence, but excluding abortion. Requires LDH secretary to promulgate a list of contraceptive methods and devices, excluding abortifacients that have been approved by the secretary based on their safety and effectiveness.

- LA R.S §46:447.2: Calls for early, high quality, comprehensive prenatal care to reduce infant mortality rates. Provides that certain pregnant women and infants shall have access to appropriate healthcare services. Requires LDH to expand Medicaid eligibility for all pregnant women up to 185% of applicable federal poverty guidelines published in Federal Register by U.S. Department of Health and Human Services.
- LA R.S §46:973-974: Requires OPH 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. Establishes the LA Prenatal Counseling system within OPH to coordinate and utilize where practicable the educational, health, and supportive services adopted by the adolescent pregnancy and pregnancy prevention program. Requires the maintenance of a toll free number accessible throughout the state and publish information as to its availability, to advise pregnant women on the existence and availability of counseling services under this program.
- LA R.S. 46:1216.1: 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.
- LA R.S. §46:2351-2355: Establishes the LA Commission for the Deaf (LCD) within LDH. Creates the LCD Board to support the work of the commission and to advocate on behalf of d/Deaf, DeafBlind, and hard of hearing communities and their families. Permits receipt of money from any source for credit and deposit into the Telecommunications for the Deaf Fund. *LA R.S §7:1061 levies a tax of five cents per month to be assessed per wireless and landline phone collected from each residential and business customer and designates a special fund "the Telecommunication for the Deaf Fund" within the state treasury.*
- LA R.S. §46:1451-1455: Establishes a continuum of care program for certain pregnant women and parents of young children and to create a statewide telecare support network.
- Act 739 of 2024 Regular Session: Create the Office of the Surgeon General with LDH.

Children and Youth Special Healthcare Needs (CYSHCN)

- LA R.S. §40:1071-1071.5: Designates OPH as the state agency to operate the "Children's Special Health Services"; to cooperate with Title V of the Social Security Act; to receive and expend federal funds for services to extend and improve services for children with special health care needs.
- LA R.S. §40:1081.1-1081.4: Authorizes and directs the LA Department of Health to establish, maintain, and carry out programs designed to reduce mortality and morbidity from sickle cell disease and to prevent central nervous system damage in children with phenylketonuria, congenital hypothyroidism, biotinidase deficiency, galactosemia and other genetic conditions
- LA R.S. §40:1081.9: Establishes a program for the care and treatment of persons living with hemophilia.
- LA R.S. §40:1122.1: Establishes the Rare Disease Advisory Council.
- LA R.S. §40:1125.1: Establishes the LA Sickle Cell Commission.
- LA R.S. §40:1125.11-1125.16: Requires LDH to establish and maintain a sickle cell disease (SCD) registry (i.e., the Skylar-Cooper Database).
- LA R.S. §40:1125.21: Establishes the Sickle Cell Patient Navigator Program to increase statewide access to the types of specialty care that are critical to the health and well-being of individuals living with SCD.
- LA R.S. §40:1125.31-1125.33: Authorizes and directs LDH to establish and operate sickle cell clinics and local program.
- LA R.S §40:2262-2267: Establishes 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 within the OPH (i.e., Early Hearing Detection and Intervention (EHDI) Program). Creates an advisory council for the program of early identification of deaf or hard of hearing infants (i.e., EHDI Advisory Council).

State-specific regulation relevant to the MCH block grant authority and its impact on LA's MCH and CYSHCN systems of care

- 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 5, Chapter 65, 6501, 6503: Authorizes LDH to operate Regional Genetic Clinics
- LAC Title 5, Chapter 69, 6901, 6903: LDH establishes Genetic Diseases Program Advisory Committee

III.C. Needs Assessment
FY 2025 Application/FY 2023 Annual Report Update

Process Description for Needs Assessment Update

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 and 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.

As part of the BFH's core strategy to address complex challenges and opportunities, epidemiologists use their skills and MCH data access to carry out specific data research projects. Many of these projects directly align with the Title V Priority Needs. Some of the research questions investigated by DAT staff in the past year include:

- Is there an association between children aged 0-3 in Louisiana who have undergone developmental screening and those who have received EarlySteps referrals and services to address their developmental needs?
- What factors contribute to the higher excess mortality among non-Hispanic Black infants in Greater New Orleans in 2022?
- 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?
- What are the characteristics of the domestic abuse fatalities in Louisiana in 2022?

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's need for pediatric sub-specialty services and how the parish health units and private providers met 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 and 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 needs. 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.

National Survey of Children's Health Oversample

During the 2020 Needs Assessment, BFH encountered challenges obtaining statistically reliable data on key population indicators such as developmental screening and youth health transition due to small sample sizes from the standard collection of Louisiana's National Survey of Children's Health (NSCH). Stratification of data to explore disparities between subpopulations (i.e., race, rural/urban, etc.) was also not possible due to the standard survey sample size. To address this issue, BFH has invested in Title V funding to increase the number of households surveyed in 2021, 2023, and 2024. The data from the 2023 oversample will be available in October 2025 and will be utilized to support identification of priority needs for the 2026-2030 Title V strategic period. Data from the 2024 oversample will be available in October 2025 and will set the baseline values from which the Bureau's 2026-2030 objectives will be measured. This investment will allow us to gather reliable data disaggregated by race and Children and Youth with Special Health Care Needs (CYSHCN) status for all National Performance Measures. By doing so, we will strengthen Louisiana's ability to monitor health through an equity lens and ensure the inclusion of special populations.

MCH Population Health and Wellbeing

Louisianans consistently experiences poorer health outcomes compared to the rest of the nation. According to America's Health Rankings 2023, Louisiana ranked 50th in the nation for the second consecutive year in overall health.

Maternal Health

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 as White women. This disparity was even greater for pregnancy-related deaths.[1] 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.[2] For homicides in which the victim-to-offender relationship could be identified, 98% of female victims (39 out of 40) were murdered by someone they knew. Of the victims who knew their offenders, 56% (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.[3]

According to both the 2017-2019 and 2020 Pregnancy-Associated Mortality Review (PAMR) Report, substance use is a leading contributor to pregnancy-associated mortality. In 2020, Substance Use Disorder (SUD) contributed to almost half (44%) of maternal mortality cases.[3] High rates of substance use are correlated with high rates of mental health issues. According to the 2021 Pregnancy Risk Assessment Monitoring System (PRAMS) Report, over 14% of individuals surveyed reported experiencing depression during pregnancy. 12.1% reported frequent symptoms of postpartum depression.[4] 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.

Infant Health

Louisiana has the fifth highest infant mortality rate in the country[5]. Similar to nationwide trends, Black infants in Louisiana die at twice the rate of White infants. According to the 2019-2021 state Child Death Review (CDR) report,

41% of infant deaths are due to conditions originating in the perinatal period[6]. These conditions are closely related to maternal health before conception. Maternal health is also closely linked to low birth weight and premature birth[7], 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[8].

Child Health

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%).[9] 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.[10] Non-fatal injuries can have life-long consequences for a child, and injury-related hospitalizations are a leading cause of child hospitalizations in Louisiana. 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.[11]

Adolescent Health

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.[12] 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 the 4th leading cause of death for 25-34 in 2021.[13] 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.[14] 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.

CYSHCN Health

Louisiana has one of the highest percentages of children and youth with special healthcare needs (CYSHCN) in the country, with over 24% of children ages 1-17 having a special health care need. 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. 26.4% of CYSHCN in Louisiana do not receive effective care coordination, with only 39.3% of CYSHCN receiving ongoing, comprehensive care within a medical home.[15]

In addition to having complex healthcare needs, CYSHCN are more likely to experience social adversity. 2021-2022 data from the National Survey of Children's Health shows that CYSHCN report experiencing bullying more frequently than children without special healthcare needs, report being less physically active than children without special healthcare needs, and more frequently report experiencing food insufficiency than children without special healthcare needs.[15]

Other Cross-Cutting Health Concerns

Drug and opioid abuse are growing areas of alarm. From 2019 to 2021, opioid-involved deaths increased by 134%, from 588 to 1378.[16] 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.[17] In February 2023, 39.1% of adults in

Louisiana reported symptoms of anxiety and/or depression, compared to 32.3% of adults nationally.[18] As mental health issues rise, substance use disorders also increase, negatively impacting entire families, including members who do not abuse substances. Suicide is another concern for children and young adults. After two years of increase, the national suicide rates slightly decreased in 2023. According to the American Foundation for Suicide Prevention, suicide is the 3rd leading cause of death for Louisianans aged 10-24 and 25-34.[19] Mothers are also at risk for mental health issues. There is a significant overlap in these areas of concern: mental health affects substance use, which in turn impacts injury and violence. This overlap underscores the crucial role that Title V can play in coordinating efforts and partners for action and prevention.

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

2024 Application/2022 Annual Report – Needs Assessment Update

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

	2021		2022	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$12,419,953	$12,493,411	$12,123,011	$12,686,300
State Funds	$8,089,946	$8,375,916	$7,845,617	$10,159,646
Local Funds	$0	$0	$0	$0
Other Funds	$2,877,075	$2,877,075	$2,877,075	$2,877,075
Program Funds	$11,332,670	$8,759,887	$3,760,500	$5,422,400
SubTotal	$34,719,644	$32,506,289	$26,606,203	$31,145,421
Other Federal Funds	$20,793,719	$16,745,911	$21,431,525	$18,498,039
Total	$55,513,363	$49,252,200	$48,037,728	$49,643,460

	2023		2024	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$12,765,377	$13,320,243	$12,957,668	
State Funds	$7,845,617	$11,636,713	$10,036,713	
Local Funds	$0	$0	$0	
Other Funds	$2,877,075	$2,877,075	$2,877,075	
Program Funds	$7,110,468	$4,439,773	$3,893,661	
SubTotal	$30,598,537	$32,273,804	$29,765,117	
Other Federal Funds	$28,133,058	$19,432,537	$24,518,259	
Total	$58,731,595	$51,706,341	$54,283,376	

	2025	
	Budgeted	Expended
Federal Allocation	$13,101,228	
State Funds	$9,637,713	
Local Funds	$0	
Other Funds	$2,877,075	
Program Funds	$5,022,225	
SubTotal	$30,638,241	
Other Federal Funds	$26,490,323	
Total	$57,128,564	

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

Activity Category	Federal	State Match	Local	Other	Program Income
Maternal Health	$366,084	$0	$0	$0	$0
Home Visiting	$204,657	$1,300,000	$0	$1,438,538	$0

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

The tables above 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.

Title V Reach – Pregnant Women

- Direct and Enabling Services – 2,711 pregnant women reached including:
  - Title X unduplicated females with positive pregnancy test FFY2023;
  - Pregnant women served through MIECHV FFY2023
- Total Reach – 94.49% of all births in the state during CY2023.

Title V Reach – Other

- Direct and Enabling Services – 31,646 males and females age 22 and older reached including:
  - Caregivers, including mothers 22 years old and older served through MIECHV FFY2023
  - Males and females age 22 and older served through Title X reproductive health clinics at PHUs during FFY2023. The Title V contribution to the reproductive health program does not fund direct services.
  - State MCH toll-free hotline calls FFY2023
  - Families receiving ASL interpretation older than 21 through EHDI
  - Families served by Hands & Voices Guide By Your Side Parent or d/Deaf Guides through EHDI FFY2023
  - Patients 22 and older served through Children's Special Health Services clinics (subspecialty, Sickle Cell, and Genetics) FFY2023
- Total Reach – 3.6% as estimated by all individuals over 21 with access to no/low-cost Title X reproductive health services through PHUs, all individuals over 21 served at Children's Special Health Services Clinics (subspecialty, Sickle Cell, Genetics), all caregivers 22 years old and older served through MIECHV, State MCH toll-free hotline calls, participants trained in ACE Educator Program community level training, families receiving ASL interpretation, families served with Hands & Voices Guide By Your Side, and number of page views, impressions, and engagements on Title V social media and websites in FFY2023; divided by decennial census data population of persons 22 and over.

Perinatal/Infant Health

Activity Category	Federal	State Match	Local	Other	Program Income
Child Health	$679,870	$0	$0	$0	$0
Home Visiting	$204,657	$1,300,000	$0	$1,438,537	$0

The table above 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.

Title V Reach – Infant <1

- Enabling Services*:* 1,622 infants <1 year of age reached including:
  - Infants served through MIECHV FFY2023
  - Infants served through EDHI FFY2023
- Total Reach: 99.5% of infants <1 year of age served through newborn hearing screening during CY2023

Child and Adolescent Health

Activity Category	Federal	State Match	Local	Other	Program Income
Child Health	$4,183,814	$2,000,000	$0	$0	$0
Home Visiting	$222,346	$0	$0	$0	$0
Adolescent School Health	$284,400	$237,328	$0	$0	$0

The table above 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.

Title V Reach – Children 1 through 21

- Enabling Services: 45,787 children, including CYSHCN population, reached including:
  - Children >1 year old served through MIECHV FFY2023;
  - Caregivers 21 years old and younger served through MIECHV FFY2023;
  - Children served at School Based Health Centers (SBHC) during school year 2022-2023;
  - Males and females 21 years old and younger served through reproductive health clinics at PHUs FFY2023.
  - CYSHCN population activities (see CYSHCN population domain below)
- Total Reach: 22.52% of children in Louisiana reached including:
  - 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)

Activity Category	Federal	State Match	Local	Other	Program Income
CYSHCN	$5,181,392	$693,719	$0	$0	$140,077
Genetics	$702,000	$5,730,666	$0	$0	$4,299,696

The table above 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.

Title V Reach – CYSHCN

- Direct and Enabling Services: 7,724 CYSCHN reached including:
  - CYSHCN served at CSHS (subspecialty, Sickle Cell, and Genetics) (direct and enabling services)
  - CYSHCN served at sites with Title V-sponsored care coordinators (enabling only)
  - Families of CYSHCN served through the Family Resource Center (enabling only)
  - CYHCN (1-13) served through EHDI FFY2023 (enabling only)
- Total Reach: 22.52% 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

Title V Expenditures for Health Equity Promotion and Family Partnership

Louisiana Title V is committed to addressing health disparities existing between segments of our MCH populations. Led by the Bureau's Health Equity Coordinator and Title V Coordination team, promotion of health equity and family partnership are integrated into the work of all Title V funded programs and projects.

In FFY2023, LA Title V specifically invested $244,000.00 to increase the number of households surveyed by the US Census Bureau's National Survey of Children's Health (NSCH). The expanded data collection will provide a clearer picture of disparities in health outcomes among Black, white, and Hispanic children in the state, contribute to the implementation of the Title V needs assessment, and support further design of programs to reduce identified racial disparities.

Significant Variations

Preventive and Primary Care for Children expenditures were lower than budgeted due to State funding utilization to support preventive and primary care for children activities. CYSHCN expenditures were greater than budgeted in part due to funding cost of mental health consultation, education, and training to providers supporting CSHS parents and families. 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 lower than budgeted due to Reproductive Health Medicaid collections were reflected in the FY23 budget, but are not reflected in expenditures. In addition, lower recoupment in billable services for Genetics and CYSHCN were due in part to billing vendor issues with integration with our electronic health record. OPH procured a new Medicaid billing vendor in SFY2024.

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 35%, and for Children and Youth with Special Health Care Needs represent 40% 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 $3,227,380 for FFY2023. The amount of the federal share is $1,332,024 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 FFY25 Budgeted Application Form 3A. Detailed descriptions of how funding will enable the Bureau of Family Health (BFH), Louisiana's Title V agency, 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	$319,889	$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	$594,079	$0	$0	$0	$0
Home Visiting	$123,661	$1,300,000	$0	$1,438,538	$0

Child and Adolescent Health

Activity Category	Federal	State Match	Local	Other	Program Income
Child Health	$3,700,870	$0	$0	$0	$0
Home Visiting	$989,292	$0	$0	$0	$0
Adol/School Health	$284,400	$237,328	$0	$0	$0

Children and Youth with Special Health Care Needs (CYSHCN)

Activity Category	Federal	State Match	Local	Other	Program Income
CYSHCN	$4,503,254	$693,719	$0	$0	$128,609
Genetics	$702,000	$5,731,666	$0	$0	$4,893,616

Title V Budget for Promotion of Health Equity

Louisiana Title V is committed to addressing social determinants of health contributing to health disparities between segments of our MCH populations. Investment in health equity is integrated throughout the work of the various programs and projects of the Bureau. In FFY2025, LA Title V will continue to invest in a Health Equity Coordinator and Title V Coordination team (2 FTE) to ensure dedicated personnel are available to promote health equity and family partnership.

In FFY2025, LA Title V will also invest in multiple needs assessment and strategic planning activities which will contribute to the definition of our 2026-2030 state action plan table. Needs assessment activities will include analysis of existing public health data to identify health disparities among MCH sub-populations with a particular focus on racial and rural/urban disparities. Funding is also allocated to support community conversations with MCH population groups to investigate underlying factors contributing to differences in health outcomes.

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 ($2,695,606)* - Grant U4J47143 ($360,000) and Grant U4A44242 ($2,335,606) both under CFDA #93.110. 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 ($301,300)* - 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) ($241,076)* - 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 ($11,929,766)* **-** 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 ($290,650)* **-** Grants H3306702 EMS C $190,650 and H3433242 EMS C Targeted Issue $100,000. 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) ($299,600)* **-** 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) ($235,000)* - 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 ($621,849)* - 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 ($825,000)* - 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 ($2,199,605)* - 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 ($651,000)* - 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 Work Breakdown Structure (WBS) element 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 WBS element 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 FY25. The match requirement information is included in the Financial Status Report (FSR) prepared monthly by the OMF Fiscal Office. The process of compiling the FSR 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 work breakdown structure elements 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 38% and Children and Youth with Special Health Care Needs represent 40% 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 $3,063,824 for fiscal year 2025. The estimated Federal share is $1,310,122 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, the Louisiana Office of Public Health (OPH) underwent a restructuring process which created a new structure of Centers and Bureaus. 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 BFH is strategically well positioned to lead and coordinate statewide efforts to implement broad MCH development initiatives including the *CYSHCN Blueprint for Change* and the *White House Blueprint for Addressing the Maternal Health Crisis.* 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 Bureau of Family Health's (BFH) guiding vision 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 as well as students from the Graduate Student Epidemiology Program (GSEP).

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 Conscious Roots, LLC to conduct a diversity, equity, and inclusion audit to support identification of 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 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. In 2023, BFH leadership decided to transition from permanent HEAT workgroups towards creation of project-specific and time bound workgroups. The change of approach, which is based on a continuous quality improvement cycle approach, hopes to prevent stagnation of efforts and include more voices in health equity improvement processes.

Training and professional development

Onboarding and internal training: 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.

The BFH has complemented these required onboarding training with multiple additional internal orientation modules. The BFH Title V coordination team has developed a comprehensive orientation to the history, purpose, monitoring framework, and general principles of the Title V MCH Block Grant. The BFH Policy and Legislation team also organizes an orientation session related to Louisiana's policy and legislation processes. Both orientation sessions are offered on a quarterly basis using a web-based platform to facilitate access for staff statewide. The orientation sessions are required of new staff and interns and are open to existing staff who would like to refresh their understanding.

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.

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.
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.

Innovation and partnership to enhance workforce capacity
The BFH has benefitted from numerous technical assistance programs through MCHB funded organizations and programs. In 2024, BFH began collaborating with the MCH Workforce Development Center to design a Learning Journey which aims to expand the types of learning experiences offered to support improvement of health equity competencies within the Title V MCH workforce. The learning journey is based on the recognition that every individual employee of the Bureau arrives with a unique life experience, academic background, and set of professional competencies. We also recognize that there are many different preferred learning styles among our workforce. With these recognitions, the learning journey aims to create the tools and processes needed to support employee self-assessment and reflection on their own health equity competencies as well as their own preferred learning styles. After the initial self-assessment stage, the journey envisions creation of a diverse range of learning experiences to support individual employee's improved health equity competencies.

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.

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 including 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 or supported by the BFH, resources available for pregnant and parenting families, children, adolescents, young adults and children and youth with special health care needs. MCH factsheets, data dashboards, data request mechanisms, 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 state-mandated Boards, Councils or Commissions and 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 Maternal Child Health Coordinators and Maternal, Infant and Early Childhood Home Visiting Supervisors from all regions of the state. CAAT 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. Examples 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 BFH Data to Action Team (DAT) is responsible for maintaining BFH's epidemiologic capacity. Within DAT, a section of six to nine epidemiologists led by the BFH Senior Epidemiologist provides data and analytic support to all BFH programs and serves as subject matter experts. The epidemiologists work with programs and initiatives to develop data collection and analysis plans, design and deploy data collection tools, analyze and interpret data, use data visualization techniques to present data to various audiences, and offer support in other areas requiring advanced analytic skills. Additionally, they manage, analyze, and interpret data for Title V priorities.

Currently, the DAT epidemiology section is comprised of seven graduate or PhD-level epidemiologists. It is pivotal in managing and analyzing data collected by MCH surveillance activities and other complex data systems. Their efforts focus on enhanced surveillance of specific types of data collection across disciplines, implementation of standardized protocols for data collection, and a strong emphasis on quality and systems-level improvement. Through confidentiality and data sharing agreements, BFH epidemiologists can access key databases such as Vital Records, LaHIDD, Emergency room data, Medicaid, newborn screening, WIC, and PRAMS datasets, ensuring the highest quality of data for our programs.

All of the BFH epidemiologists have experience in statistical software packages such as SAS, SPSS, R, STATA, and Python for data management, advanced analytics, multivariate analysis, and predictive analytics. DAT also utilizes mapping and data visualization software such as ArcGIS and Tableau to ensure efficient and accurate data collection, analysis, and interpretation.

The BFH epidemiology staff consists of the following positions: a Senior MCH Epidemiologist, a Mortality Epidemiology Manager, a SSDI Epidemiologist Manager, a CYSHCN/ECCS Epidemiologist, a Maternal Morbidity and Mortality Epidemiologist, and an Injury Epidemiologist. These staff have been supported by a contracted Advanced MCH Epidemiologist consultant as positions were vacant and new staff were brought onboard. BFH has vacancies for four additional epidemiologist positions: a Mortality Surveillance Epidemiologist, a MCH Epidemiologist, a Trauma and Resilience/Whole Health Louisiana Epidemiologist, and a Louisiana Sickle Cell Disease Registry Epidemiologist. Funding for BFH epidemiologists includes support from Title V, SSDI, a variety of CDC grants, and other public health programs.

BFH is committed to implementing efficient practices to ensure access to timely and accurate data. In 2023-2024, DAT epidemiologists have created definition sheets for a core set of demographic variables and MCH indicators. These sheets, complete with standard codes and procedures, guide each epidemiologist when analyzing specific indicators. The ultimate goal is to enhance the staff's ability to work across data sets, assist with data requests, and expedite data validations, ensuring the highest level of reliability in the team's work.

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

The purpose of the Maternal and Child Health Bureau (MCHB) State Systems Development Initiative (SSDI) is to improve Title V states' maternal and child health (MCH) outcomes by increasing the data capacity needed to develop and evaluate equitable Title V programs and policies.

The goals of the SSDI program are to:

1. Strengthen capacity to collect, analyze, and use reliable data for the Title V MCH Block Grant to assure data-driven programming;
2. Strengthen access to and linkage of key MCH datasets to inform MCH Block Grant programming and policy development and assure and strengthen information exchange and data interoperability;
3. Enhance the development, integration, and tracking of health equity and social determinants of health (SDoH) metrics to inform Title V programming;
4. Develop and enhance capacity for timely MCH data collection, analysis, reporting, and visualization to inform rapid state program and policy action related to emergencies and emerging issues/threats, such as COVID-19.

In Louisiana, SSDI is a part of the Bureau of Family Health's Data to Action Team (DAT). The DAT lead, Rebecca Majdoch, MPH, is the SSDI program director and started in that role in September 2023. Ha Pham, MPH, is the SSDI manager, and she oversees the implementation of the SSDI work plan for Louisiana. Ms. Pham has a team of Title V-funded epidemiologists who collect, analyze, link, and report on data related to CYSHCN, early childhood systems, MCH, trauma, resilience, and Adverse Childhood Experiences (ACEs). This section of BFH's DAT also provides analytic support to Louisiana's Pregnancy Risk Assessment Monitoring System (PRAMS). As of July 2024, one of the three epidemiologist positions has been filled, and BFH is recruiting for the other two roles.

Louisiana outlined a work plan and objectives to meet the SSDI program goals from 12/1/2023 through 11/30/2024. In reference to Goal 1, the Louisiana SSDI team has made significant strides in accomplishing the objectives outlined in the work plan. To improve data capacity to support Title V Block Grant applications and annual reports (Objective 1a), the team focused on enhancing its data management processes. The SSDI manager worked to identify data sources, analyze vital records data, and collaborate with Medicaid to complete TVIS Forms 4, 5a, 5b, and 6. Ensuring consistent and up-to-date reporting, the SSDI team has established uniform datasets with consistent measures for all staff members. The team employed data management tools to increase efficiency and avoid duplication of effort such as Monday.com and Google Shared Drive. These tools also enhance accessibility and allow the team to review and track progress. In addition to updating data for the Block Grant application and report, the SSDI team has provided valuable support for narrative updates in the MCH Data Capacity section and Title V plans, including the MCH Epidemiology Workforce and Other MCH Data Capacity subsections.

The SSDI team has led or coordinated analytic efforts for various MCH measures as part of ongoing needs assessment activities and operationalization (Objective 1b). The SSDI manager collaborates with other members of the DAT to assess MCH needs and emerging needs across the five maternal and child health domains. She also works closely with the Title V Strategy Manager to plan for the program's five-year Needs Assessment by providing quantitative and qualitative data support and playing an integral role in all process phases.

Regarding Goal 2, the SSDI manager has consistently accessed crucial datasets such as Birth, Death, WIC, Newborn Screening, Hospital Discharge, and PRAMS. These core datasets inform MCH Block Grant policy development and enhance information exchange and data interoperability (Objective 2a). This year, the SSDI manager, in collaboration with the DAT, developed definition sheets containing guidance for standard methods and coding used to analyze these indicators. With these definition sheets, BFH's epidemiologists can quickly create

minimum and core dataset elements used routinely for population and mortality surveillance. Accessing crucial datasets also aids in program evaluation and data analysis efforts to detect changes in the health status of the MCH population. Through the SSDI team, Louisiana has developed state, regional, and parish-level profiles with MCH data indicators from 2019-2021. These MCH data indicator profiles have been published as individual PDFs since 2001. In 2023, BFH and the OPH Bureau of Health Informatics partnered to develop an online data dashboard in Tableau to present the data moving forward. The dashboard was published to the LDH website at the end of June 2024.

Additionally, BFH DAT has worked to increase infrastructure investments to promote data quality and timeliness (Objective 2b). SSDI provided valuable data capacity for Louisiana PRAMS. The SSDI team completes monthly PRAMS and WIC linkage, significantly increasing survey response rates, which is a crucial measure of success for the system. The SSDI manager also responds to data requests from external partners and researchers. Over this project period, the SSDI team provided data to support HRSA Healthy Start Grant applicants. The SSDI manager also provided data to the KIDS COUNT Data Center for the annual KIDS COUNT report, which helps readers better understand and meet the needs of children in our communities. BFH's data is published on various platforms with attribution, maximizing its impact.

Louisiana has used Block Grant funds to ensure that there is enough data to monitor progress by utilizing information from the National Survey of Children's Health (NSCH). The NSCH provides valuable insights into the needs of children, including those with special healthcare needs. However, the traditional sample size needs to be more significant to confidently analyze differences between various subpopulations, such as racial groups, urban and rural communities, and different household income categories. Recognizing the importance of addressing geographic, racial, and income disparities in achieving statewide goals for children’s health, Louisiana has invested additional funding to increase the number of households surveyed in the 2023 data collection. The results from the 2023 survey will be available for analysis in October 2024. Furthermore, an oversample has been requested for the 2024 data, which will be available in October 2025.

In the coming years, the SSDI manager will work with BFH’s statewide effort, Whole Health Louisiana (WHL), to make Louisiana a trauma-informed and resilience-driven state. The WHL team is replicating a comprehensive data linkage project developed in Alaska, incorporating various sources such as Child Welfare, Hospital and Inpatient discharge data, Death records, and the Violence Death Reporting System. This initiative aims to build a detailed population-based dataset that will guide WHL in achieving its goals and advancing the creation of preventive measures and interventions to combat childhood adversity.

The SSDI director has also been working with the Office of Public Health Bureau of Health Informatics (BHI) on aspects of the Louisiana Data Modernization grant. The project aims to improve data management practices, enhance decision-making capabilities, and enable efficient and reliable data access for LDH's requirements. BFH has worked with BHI to develop a centralized online data request form using Monday.com, and BHI built the MCH Indicator Dashboard referenced above. The SSDI director is assessing how the Title V and SSDI programs can continue to leverage data modernization efforts to improve data access and quality for the populations served by BFH and Title V.

In regards to Goal 3, the SSDI manager supported the introduction of a new data collection tool. This tool captures Title V data on health equity and social determinants metrics across program teams (Objective 3b). The SSDI team also supported the Louisiana PRAMS staff’s efforts to collect SDoH data as part of a PRAMS supplement in March 2023 for the 2022 surveillance year. The batch closeout was completed within the CDC's specified timeframe and the CDC anticipates providing weighted 2022 data by the end of June 2024. The SSDI manager will utilize multivariable analysis models to examine how social determinants of health (SDoH) impact preterm birth and low

birth weight. The team also links to 2022 Vital Records and WIC data to gather information on race, maternal education, prenatal care, and WIC enrollment. (Objective 3a)

Additionally, the SSDI manager conducted a study in partnership with the New Orleans March of Dimes Collective Impact Collaborative. The study aimed to explore potential opportunities for enhancing the health of non-Hispanic Black infants and families in Greater New Orleans. This analysis identified perinatal risk periods with higher excess mortality and investigated contributing factors. The study results were utilized to guide the development of solutions within NOLA-CI and among regional stakeholders. Strategies will also be developed to address the needs of Black families in Greater New Orleans.

Within BFH, the SSDI manager and her team support the Early Childhood Comprehensive Systems (ECCS) grant's SOAR project, which included a quantitative analysis to identify parenting families in Louisiana exhibiting different performance levels. The goal is to develop targeted strategies to help these families, ensuring that all families achieve the universal goal regardless of their structure or system. The SSDI manager helped determine whether geographical, racial, or ethnic roles impact the receipt of developmental or perinatal depression screening or access to a trusted provider. Furthermore, the SOAR staff will be working to better understand the communities reached through the survey and those from whom input has yet to be received. The next step will involve targeted recruitment for focus groups to ensure the inclusion of perspectives from those not captured in the survey. The SSDI manager oversees the epidemiologist assigned to this effort.

In regards to Goal 4, the original objectives 4a and 4b were to partner with VIA LINK 2-1-1 to disseminate resources during emergencies and to help program and policy leaders plan to allocate resources. Upon further exploration, BFH determined that the VIA LINK partnership was not currently a fit for these objectives at this time. To enhance the capacity for using data in rapid response and emergency/emergent threats, the SSDI team is planning to develop a pregnancy estimator tool to estimate the number of pregnant women in Louisiana. The SSDI manager will do this by utilizing PRAMS data from the 2019-2020 COVID-19 supplement to create tools to identify, measure, and prepare for the needs of women of reproductive age (WRA), 15-49, who are critical in emergency preparedness and response. These efforts will include a collection of post-disaster health indicators and measures and questions to guide assessment and surveillance. These tools will empower Louisiana emergency response leaders to take swift and informed actions in developing programs and policies for emergencies and emerging issues that address the needs of MCH populations, in particular pregnant people.

In addition to the specific SSDI goals, the SSDI funding provides crucial data infrastructure support for preparing the annual Title V report and application. The SSDI manager has been working on implementing a new data collection tool to better identify the populations benefiting from Title V efforts and to gather and validate data from program teams. Additionally, she has collaborated with the Title V Coordinator to complete Title V Annual Report forms, including Form 12, and provided detailed field notes to provide context to the data.

Louisiana is preparing for the 2025 Title V Needs Assessment. The SSDI manager will collaborate with the Title V strategy manager to rigorously utilize and analyze Federally Available Data (FAD) resources for the 2025 Needs Assessment. Furthermore, SSDI will ensure that the needs assessment incorporates qualitative data from community focus groups to effectively address the maternal needs identified in the study by reviewing the data to make data-informed decisions about where and what the focus should be for Louisiana's qualitative assessment efforts.

While working with the Title V team, the SSDI manager has identified opportunities for improvement in the data collection tool and has planned enhancements to use when Louisiana begins preparing the FFY 2024 block grant

report in September 2024. Looking forward, the SSDI staff will collaborate with Title V to develop a dashboard for monitoring data trends and tracking performance measures, which will contribute to strengthening the evidence base for the MCH Block Grant. Additionally, the SSDI manager has been ensuring the accuracy and consistency of targets by evaluating NPMs and ESMs through modeling, projection, and trend analysis to forecast new targets and assess their validity over time.

Furthermore, the SSDI manager has proactively engaged in two learning collaboratives or journeys on better integrating Health Equity practices in our work. One of these is technical assistance offered by the National MCH Workforce Development Center (WDC) through the University of North Carolina at Chapel Hill (UNC) helping BFH build out a health equity-informed workforce development plan. This health transformation challenge includes using a logic model and articulating activities and outcomes related to the team's health equity work. The members of these learning collaboratives are in the process of creating a self-assessment tool for personalized, self-led, and workforce development. Additionally, the SSDI manager is a core member of Louisiana's DREAM 2.0 learning collaborative team offered by ASTHO with the goal of implementing a racial equity roadmap in the 2025 Needs Assessment for the postpartum visit NPM. These learning collaboratives/journeys have provided valuable insights into describing BFH's health equity transformation.

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

The MCH Epidemiology Workforce narrative highlights the critical work of the BFH DAT in collecting, linking, analyzing, and interpreting data to monitor the health and well-being of women, children, youth, and families. The team provides vital information to shape program plans, influence public health and policy initiatives, assess the effectiveness and accessibility of health services, and contribute to public health research.

To translate data into action, DAT staff actively participate in state and local community advisory groups, provide essential data to the Governor's office and state departments, and champion evidence-based initiatives. Additionally, beyond the SSDI-led efforts, DAT also oversees federal grant initiatives that intersect with the work of Title V that are aimed at understanding and preventing maternal and child morbidity and mortality, as well as injury and violence. The details of these additional MCH data capacity efforts are outlined below:

Louisiana Pregnancy Risk Assessment Monitoring System (LaPRAMS)
LaPRAMS is a CDC-funded initiative that is supported by Title V and SSDI. The survey gathers valuable quantitative and qualitative information on the experiences of women before, during, and after their pregnancies. This surveillance system provides crucial data used to guide decisions and action to support BFH's commitment to improving the well-being of mothers and babies in Louisiana. Louisiana has been a PRAMS state since 1999.

Louisiana Birth Defects Monitoring Network (LBDMN)
LBDMN is Louisiana’s dedicated public health surveillance system for children born with congenital medical conditions. LBDMN evaluates patient discharge information from all birthing and pediatric hospitals in Louisiana. Data Collection Specialists review medical records to identify qualifying birth defects and analyze demographic, prenatal, and postnatal care data for patterns and trends. In FFY2020, BFH initiated a quality improvement project to modernize and improve the LBDMN data collection approach to meet national standards and generate more timely and actionable data. In addition, LBDMN introduced a referral pathway to refer families with a diagnosis to the BFH Family Resource Center to connect families to resources for children with special health care needs.

Newborn Screening
Newborn Screening initiatives are led by the BFH Genetic Diseases Program and the Early Hearing Detection and Intervention (EHDI) program. These programs work with providers to ensure that newborns in Louisiana are screened for genetic diseases and early hearing loss and are connected to follow-up care as needed. Epidemiologists from both programs maintain comprehensive databases to monitor the number of newborns screened and ensure that those requiring follow-up services receive the necessary care. Additionally, screening data is integrated with birth data obtained through the Louisiana Electronic Events Registry System to facilitate efficient tracking and case management.

Suicide Prevention
Suicide prevention efforts in Louisiana are supported by funding from the CDC’s Comprehensive Suicide Prevention (CSP) cooperative agreement. In 2019, BFH collaborated with the OPH Infectious Disease Epidemiology (ID Epi) program on a CDC-funded project in the Emergency Department Surveillance of Nonfatal Suicide-Related Outcomes (ED-SNSRO) to implement syndromic surveillance of non-fatal suicide attempts and incidents of suicidal thoughts. In September 2021, BFH received funding from the CDC for the CSP program, which aims to implement and assess a comprehensive public health approach to suicide prevention, with a special emphasis on populations that are disproportionately affected by suicide. One of the priority groups chosen by BFH is youth aged 10 to 19. In September 2022, the ED-SNSRO project merged with the CSP program to align similar outcomes and enhance suicide data surveillance and dissemination to inform evidence-based prevention efforts.

Pregnancy-Associated Mortality Review (PAMR)

PAMR works to quantify and understand pregnancy-associated deaths in order to create actionable, comprehensive recommendations to prevent future deaths through epidemiological surveillance and multidisciplinary case review. The PAMR committee reviews all deaths in women during or within one year of pregnancy and crafts recommendations for how to prevent future deaths. Initially fully supported with Title V funding, PAMR has been able to expand its capacity to review maternal deaths after being awarded a five-year CDC ERASE Maternal Mortality (ERASE MM) cooperative agreement. Data capacity enhancements include a dedicated full-time maternal mortality epidemiologist and support toward the efforts of the regional MCH coordinators that abstract cases of maternal mortality for committee review.

Child Death Review (CDR)

The CDR is a legislatively-mandated effort to understand how and why children die unexpectedly in Louisiana to prevent as many future injuries and deaths as possible. This is accomplished through a comprehensive review of the circumstances that contributed to each death by regional and state multidisciplinary case review teams that include professionals in law enforcement, healthcare, and other state agencies. Louisiana's regional MCH Coordinators conduct case abstraction and coordinate the regional case review teams across Louisiana. Title V funding is integral to Louisiana’s infant and child mortality surveillance activities. Additionally, BFH receives funding from the CDC to bolster data collection and community-based prevention activities for Sudden Unexpected Infant Deaths (SUIDs), the leading cause of injury-related deaths among Louisiana infants. This supplementary is used in conjunction with Title V to deliver essential training, tools, and reimbursements to coroners and medical examiners. BFH works to increase their capacity to conduct more comprehensive investigations into SUID deaths to lead to actionable prevention recommendations.

Domestic Abuse Fatality Review (DAFR)

DAFR was legislatively-mandated in 2022 to implement a comprehensive case review of domestic abuse-related fatalities to identify and characterize the scope and nature of domestic abuse fatalities in order to take action to prevent future fatalities. The effort receives funding support through a grant from the HRSA Office on Women’s Health’s State, Local, Territorial, and Tribal partnership program to reduce maternal deaths due to violence. The DAFR panel prioritizes review of pregnancy-associated deaths in conjunction with PAMR and data abstracted by the MCH Coordinators are included as part of the case review process for pregnancy-associated cases.

National Violent Death Reporting System (NVDRS)

NVDRS is a CDC-funded surveillance activity led by BFH since 2016. Through the Louisiana VDRS (LAVDRS) BFH collects essential data on homicide, suicide, accidental firearm deaths, and deaths due to legal intervention or undetermined manner through the LAVDRS. By integrating information from coroners, law enforcement, and Vital Records, the LAVDRS enables the creation of detailed case narratives elucidating the circumstances surrounding violent deaths. This data empowers state and local authorities to comprehend the timing and nature of violent deaths, facilitating the development of targeted violence prevention strategies by public health professionals and violence prevention experts. Data from LAVDRS is referenced for CDR, PAMR, Suicide Prevention, and DAFR.

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 2020, the Bureau's COOP was 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 2022 and 2023.

During active emergency situations, BFH responds within the capacity of a state agency under LDH. As such, BFH 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. Additionally,

helpline staff have the capacity to continue operations remotely during an emergency and/or office closure. The Family Resource Center can help identify and connect families to resources and services and MIECHV can provide remote support to families via telephone and in prolonged situations, provide telehealth throughout a disaster, as long as they can work from a domicile (work or office).

Additionally, to ensure essential work continues during the event of an emergency response event or disaster, the Bureau has instituted the practice of ensuring that key documents (e.g., policy and procedure manuals, legislative document, reports, contracts, communication materials, program-project forms/documents, grant application and reports) are backed-up on secure cloud storage servers, as well as on the Bureau's shared server, which can be accessed at any time, outside of the network, in the event that offices are closed. Secure data systems are also able to be accessed remotely.

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

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

As Louisiana's Title V agency, the Bureau of Family Health (BFH) engages and partners with a wide range of partners and collaborators including policymakers, state agencies, service providers, local government officials, academic institutions, community based organizations (CBOs) including family-led CBOs, and persons with lived experience. BFH's relationships with maternal and child health constituents in the state can take many forms. The following points summarize the key partnership modalities of BFH's Title V funded programs and projects.

Consulting and informing

Some BFH programs and projects, particularly within our Data to Action Team, emphasize consultation with systems actors or MCH populations to collect data required for continuous monitoring and surveillance of the needs of providers and families across the state. The programs and projects typically also play a role of informing partners, collaborators and other community representatives about the results and findings of public health surveillance and continuous needs assessment processes to empower systems actors with the information and strategies needed to effectively and efficiently contribute to statewide efforts to improve population health.

Direct service delivery

BFH continues to maintain programs that deliver clinical and/or enabling services directly to MCH populations. In the provision of family planning, genetic counseling, home visiting, school-based health service, or other direct services, our programs partner with Parish Health Units under the management of the Office of Public Health, Federally Qualified Health Centers, or other community based organizations. In the context of direct service provision, program staff take a human centered approach, partnering with children and families in the design and delivery of services.

Systems strengthening

In the current FFY2021-2025 strategic cycle, BFH has placed a significant emphasis on leveraging strategic partnerships to achieve system's level change. The Bureau's approach to systems strengthening can take multiple forms including:

- *Training, and technical assistance*: BFH programs are implemented with a variety of partners and collaborators and support capacity building through provision of training and technical assistance. Partnerships with hospital systems, community based clinics including Federally Qualified Health Clinics (FQHCs), professional associations including the LA Chapter of the American Academy of Pediatricians (AAP), community based organizations, and family-led support and advocacy organizations aim to achieve improved access to quality systems of care for Louisiana's MCH populations by investing in capacity building of existing care systems and providers.

- *Convening and coordinating*: BFH programs provide leadership to a range of state-mandated Boards, Councils, and Commissions; project-specific advisory bodies, and initiative specific (i.e., task dependent and timebound) advisory bodies. Through the creation and facilitation of these leadership and coordination mechanisms, BFH program and project teams support definition and dissemination of standards of care, creation of sectoral strategies and statewide plans of action, and improved coordination of efforts and investment across MCH systems of care. See the Cross-Cutting Domain Narrative strategy related to BFH support to Boards, Councils and Commissions. See also the Executive Summary MCH Success Story.

- *Supporting policy and legislation*: BFH leverages Title V investment to facilitate policy change at the statewide legislative and individual state agency levels. In recent years, the Bureau's Policy and Legislation team has developed tools and methods for proactively identifying policy change priorities from our community constituents

and communicating these with state policymakers. Increasingly, the Bureau has been the recipient of requests for technical inputs into discussions surrounding statewide policy and legislation.

At the level of state agency policy, BFH continues strategic partnerships with a wide range of state agencies including Medicaid, Department of Education, Department Child and Family Services, the Office of Citizens with Developmental Disabilities, the Developmental Disabilities Council, etc. Within each of these partnerships, BFH promotes policy development aligned with Title V priorities outlined in the CYSHCN Blueprint for Change, the White House Blueprint for Addressing the Maternal Health Crisis, and Health People 2030 Goals.

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 and has experienced many changes in recent years including significant changes in eligibility, benefits, and payment structures. In 2016, Louisiana adopted the Affordable Care Act Medicaid Expansion to extend coverage for low-income adults. At the time of the expansion, Louisiana had the lowest Medicaid enrollment rate among eligible adults and the second highest number of newly eligible adults under ACA in the nation[2]. On April 1st, 2022, Louisiana extended the period of Medicaid postpartum coverage from 60 days to 12 months after birth. Under COVID era continuous enrollment, Medicaid enrollment increased to over 2 million persons, or approximately 44% of the state's population. According to the most recent LDH Medicaid Enrollment data, over 1.7 million residents, or approximately 37% of all Louisiana residents, were enrolled in Medicaid at the end of June 2024[1].

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 FFY2017, 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 Inter-Agency Agreement 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 in FFY2025.

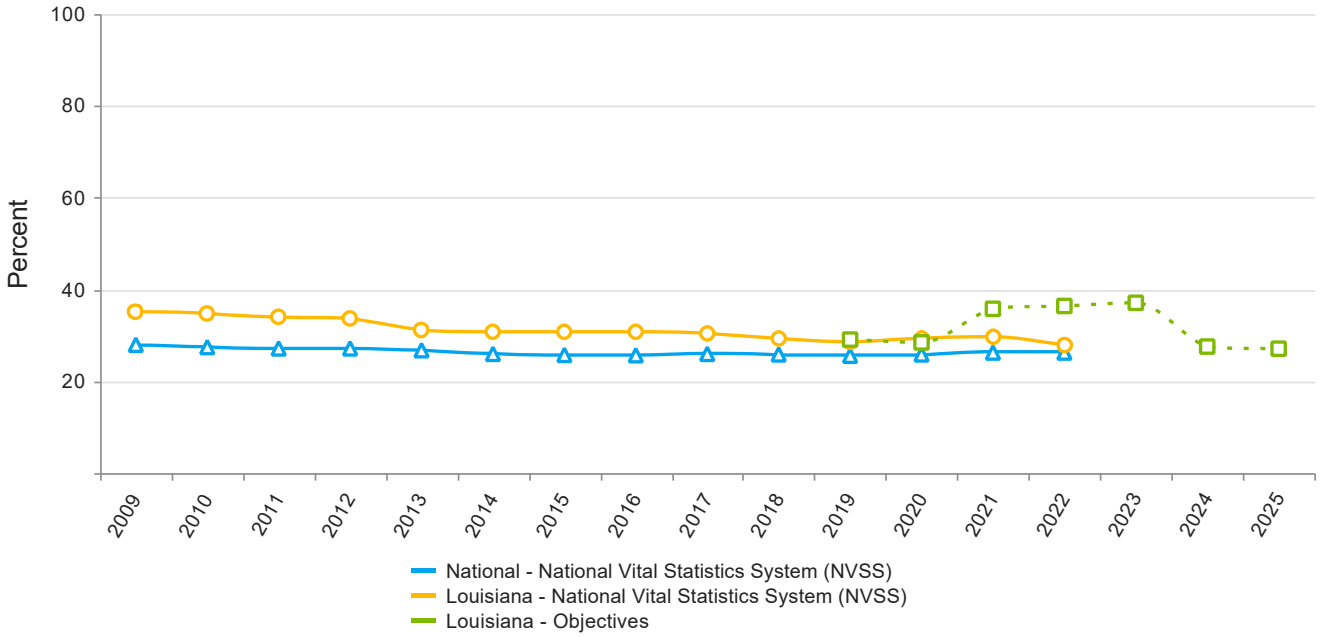
III.E.2.c State Action Plan Narrative by Domain

Women/Maternal Health

National Performance Measures

NPM - Percent of cesarean deliveries among low-risk first births (Low-Risk Cesarean Delivery, Formerly NPM 2) - LRC

Indicators and Annual Objectives



Federally Available Data					
Data Source: National Vital Statistics System (NVSS)					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective	29.1	28.5	35.8	36.4	37.1
Annual Indicator	29.3	28.5	29.4	29.8	27.9
Numerator	5,314	5,146	5,158	5,231	4,897
Denominator	18,163	18,041	17,562	17,540	17,525
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS
Data Source Year	2018	2019	2020	2021	2022

Annual Objectives		
	2024	2025
Annual Objective	27.6	27.1

Evidence-Based or –Informed Strategy Measures

ESM LRC.1 - Percent of birthing hospitals actively participating in Louisiana Perinatal Quality Collaborative Initiatives

Measure Status:	Active

State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			81	85	94
Annual Indicator		78.8	80.8	89.6	93.5
Numerator		41	42	43	43
Denominator		52	52	48	46
Data Source		Internal program records	Internal program records	Internal Program Records	Internal Program Records
Data Source Year		2020	2020	2022	2023
Provisional or Final ?		Final	Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	98.0	100.0

ESM LRC.2 - Percent of birthing hospitals achieving Louisiana Birth Ready Designation

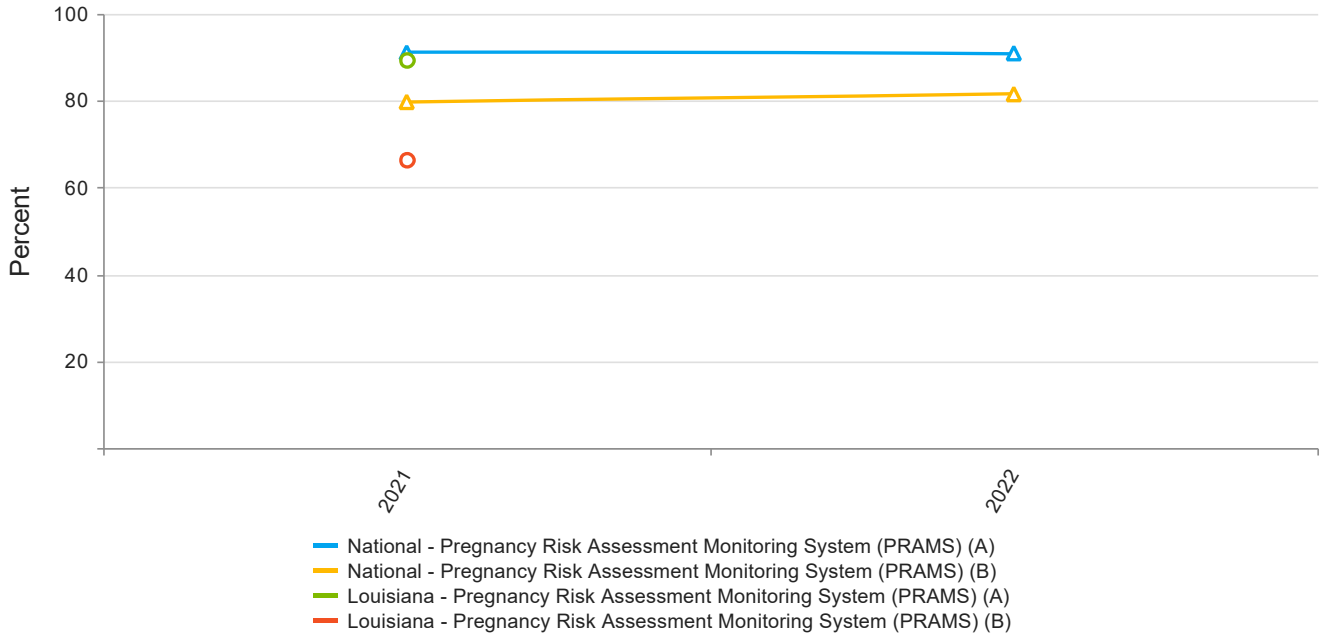
Measure Status:	Active

State Provided Data				
	2020	2021	2022	2023
Annual Objective			52	72
Annual Indicator		30.8	68.8	68.1
Numerator		16	33	32
Denominator		52	48	47
Data Source		Internal program records	Internal Program Records	Internal Program Records
Data Source Year		2021	2022	2023
Provisional or Final ?		Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	75.0	82.0

NPM - A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV

Indicators and Annual Objectives



NPM - A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) - PPV

Federally Available Data	
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)	
	2023
Annual Objective	
Annual Indicator	89.1
Numerator	48,861
Denominator	54,821
Data Source	PRAMS
Data Source Year	2021

NPM - B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV

Federally Available Data	
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)	
	2023
Annual Objective	
Annual Indicator	66.1
Numerator	32,294
Denominator	48,861
Data Source	PRAMS
Data Source Year	2021

Evidence-Based or –Informed Strategy Measures

None

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 - Percent of cesarean deliveries among low-risk first births (Low-Risk Cesarean Delivery, Formerly NPM 2) - LRC	
Five-Year Objectives	
In 2025, the rate of maternal mortality will decrease to 37.8 per 100,000 live births from the 2020 baseline of 40.3 per 100,000 live births.	
In 2025, the rate of severe maternal morbidity will be not higher than 76.8 per 10,000 delivery hospitalizations, which is the same as the 2020 baseline rate.	
In 2025, the rate of Nulliparous, Term, Singleton, Vertex (NTSV) cesarean section deliveries among low-risk first births will decrease to 27.1% from the 2020 baseline rate of 28.5%.	
Strategies	
Support implementation of the Louisiana Perinatal Quality Collaborative (LaPQC) Safe Births Initiative and Louisiana Birth Ready Designation	
ESMs	Status
ESM LRC.1 - Percent of birthing hospitals actively participating in Louisiana Perinatal Quality Collaborative Initiatives	Active
ESM LRC.2 - Percent of birthing hospitals achieving Louisiana Birth Ready Designation	Active
NOMs	
NOM - Rate of severe maternal morbidity per 10,000 delivery hospitalizations (Severe Maternal Morbidity, Formerly NOM 2) - SMM	
NOM - Maternal mortality rate per 100,000 live births (Maternal Mortality, Formerly NOM 3) - MM	

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 - A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV

Five-Year Objectives

In 2025, the rate of maternal mortality will decrease to 37.8 per 100,000 live births from the 2020 baseline rate of 40.3 per 100,000 live births.

In 2025, the rate of severe maternal morbidity will not be higher than 76.8 per 10,000 delivery hospitalizations, which is the same as the 2020 baseline rate.

In 2025, the rate of Nulliparous, Term, Singleton, Vertex (NTSV) cesarean section deliveries among low-risk first births will decrease to 27.1% from the 2020 baseline rate of 28.5%.

In 2025, the percent of women who attend a postpartum checkup within 12 weeks after delivery will increase to 91.1% from the 2020 baseline rate of 89.1%.

In 2025, the percent of women who attend a postpartum checkup within 12 weeks after delivery who report that they received the recommended care components will increase to 69.1% from the 2021 baseline rate of 66.1%.

Strategies

Support implementation of new regulations and assessment of levels of maternal care in Louisiana against national recommendation 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 Louisiana Doula Registry, aligning requirements to facilitate potential coverage by Medicaid and other insurers

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

Increase awareness statewide amongst perinatal health care professionals of the mental health consultation, training, and resource and referral services and supports available to them through the Provider-to-Provider Consultation Line

Use the Extension for Community Health (ECHO) Model to increase provider knowledge on effectively recognizing and responding to the behavioral health needs of pregnant and postpartum persons

ESMs	Status

No ESMs were created by the State. ESMs were optional for this measure in the 2025 application/2023 annual report.

NOMs

This NPM was newly added in the 2025 application/2023 annual report. The list of associated NOMs will be displayed in the 2026 application/2024 annual report.

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 - Percent of cesarean deliveries among low-risk first births (Low-Risk Cesarean Delivery, Formerly NPM 2) - LRC

Five-Year Objectives

In 2025, the rate of maternal mortality will decrease to 37.8 per 100,000 live births from the 2020 baseline of 40.3 per 100,000 live births.

In 2025, the rate of severe maternal morbidity will be not higher than 76.8 per 10,000 delivery hospitalizations, which is the same as the 2020 baseline rate.

In 2025, the rate of Nulliparous, Term, Singleton, Vertex (NTSV) cesarean section deliveries among low-risk first births will decrease to 27.1% from the 2020 baseline rate of 28.5%.

Strategies

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

Maintain 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 LRC.1 - Percent of birthing hospitals actively participating in Louisiana Perinatal Quality Collaborative Initiatives	Active
ESM LRC.2 - Percent of birthing hospitals achieving Louisiana Birth Ready Designation	Active

NOMs

NOM - Rate of severe maternal morbidity per 10,000 delivery hospitalizations (Severe Maternal Morbidity, Formerly NOM 2) - SMM

NOM - Maternal mortality rate per 100,000 live births (Maternal Mortality, Formerly NOM 3) - MM

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% of female victims (39 out of 40) were murdered by someone they knew. Of the victims who knew their offenders, 56% (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 and 2020 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]. The trend has increased as SUD contributed to nearly half (44%) of deaths[5]. High rates of substance use are correlated with high rates of mental health issues. According to the 2021 Pregnancy Risk Assessment Monitoring System (PRAMS) Report, 14.7% of persons surveyed reported experiencing depression during pregnancy. 12.1% 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 [6].

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
- 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
- reducing the rate of maternal mortality per 100,000 live births

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

Summary of women / maternal health interventions supported by Title V in FFY2023

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”.

Launch and implement the Louisiana Perinatal Quality Collaborative Safe Births Initiative, with a focus on reducing Louisiana’s NTSV cesarean section rate

The Bureau of Family Health’s (BFH) Safe Births Initiative (SBI) was launched in 2021 with a goal to ensure every individual giving birth in Louisiana experiences a safe, dignified, and equitable birth. While continuing to strengthen processes to improve outcomes related to hemorrhage and hypertension, SBI also focused on reducing the first-time, low-risk cesarean section (C-section) delivery rate.

At the launch of SBI, 40 Louisiana birthing facilities pledged to participate. Using our traditional quality improvement approach, the LaPQC supported these facilities as they grounded their quality improvement work and prioritized equitable, patient-centered care in evidence-based practices. Over the course of involvement, process and outcome measures are defined and collected to track facilities’ progress in SBI’s third iteration of strategy measurement. Specifically, SBI sought to reduce the nulliparous, term singleton, vertex (NTSV), C-section delivery rate in participating birthing facilities from the baseline of 33% to 28% by December 2021 and to 24.7% by December 2022.

For SBI, the Total Joint Commission Perinatal Care Measure (TJC), PC-02 was utilized for measuring the NTSV, C-section delivery rate. Participating facilities reported their TJC PC-02 to the LaPQC for this initiative. Baseline data was determined by using the Q3 2020 TJC data reported by participating facilities. Q3 was used as the baseline as Q4 was not available at the time of the launch, January 2021. The baseline NTSV C-section delivery rate for the initiative was 33%. By December 2021, the NTSV rate had decreased to 28.6%, representing an almost 5% decrease over a year. By December 2022, the NTSV C-section rate was 27.5% demonstrating continued improvement over the next year of the initiative.

While still supporting the work to improve severe maternal morbidity (SMM) from hemorrhage and/or hypertension and reducing the low-risk C-section delivery rate, in May 2023, SBI began work to reduce SMM from obstetric sepsis. A Sepsis Policy Check-off Tool was developed and shared. Faculty for the Sepsis work conducted three Topic Calls for participating teams focused on screening, management and practical application.

Provide technical assistance and data support to birthing facilities pursuing the LaPQC Louisiana Birth Ready Designation

Through its Safe Births Initiative and The Gift, the LaPQC continued to provide quality improvement coaching, tools, training and collaborative learning opportunities to support hospitals in standardizing best practices. Participating hospitals continued to submit data related to priority improvement areas. Using a secure data portal, participating hospital teams track their implementation progress and use their own data to identify new areas of improvements.

In 2021, the LaPQC developed the Louisiana Birth Ready Designation to recognize participating facilities for their improvement work and create a system that acknowledges and rewards sustained change related to implementation of evidence-based best practice for maternal care. This designation program has two tiers of recognition: Louisiana Birth Ready and the Louisiana Birth Ready plus. The designations acknowledge those birthing facilities committed to practices that promote safe, equitable, and dignified birth for all individuals giving birth in Louisiana. Each designation level includes requirements across five dimensions:

- Participation and Collaborative Learning
- Equity and Patient Partnership
- Policies and Procedures
- Structure Measures and Education
- Outcome and Process Measures

Applications are open to all birthing facilities annually for Birth Ready Designation. Those that have already achieved designation must reapply each year. If a previously designated facility does not meet the qualifications when reapplying, they will have a 6-month (non-public) probationary period to regain their designation level. In FFY2023, 22 birthing facilities were designated as Birth Ready and 9 birthing facilities were designated as Birth Ready +. 98% of births occur in facilities that are actively participating in initiatives led by LaPQC.

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

Support implementation of new regulations for Louisiana's birthing facilities

Under the authority of the Perinatal Commission, the LaPQC established and operationalized the definition of participation in the LaPQC for birthing hospitals and freestanding birth centers. Formal voting and adoption of the operational participation definitions will occur in FFY2024.

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

Act 182 of the 2021 Legislative Session established the Louisiana Doula Registry Board (DRB) within the Louisiana Department of Health for the purpose of reviewing and approving doula registration to allow for health insurance reimbursement of doula services. Tasks include creating the criteria for the registration application, reviewing applications for admission into the registry, approving applications for admission into the registry, notifying applicants of approval or denial, and maintaining a state registry of doulas approved for health insurance reimbursement.

The Board consists of 15 voting members and 16 non-voting members. In FFY2023, the Board held public meetings on a quarterly basis. BFH Staff/Coordinators facilitate communications with board members, advisors, technology companies, meetings, follow-up, agendas/meeting minutes, meeting venue procurement, and engage with LDH legal, legislative policy leaders and BFH staff and leadership. LDH legal representation attends all meetings.

In FFY2023, the Board defined and codified the term “doula”.

> *“A doula is an individual who has been trained to provide physical, emotional, and educational support, but not medical or midwifery care, to pregnant and birthing women and their families before, during, and after childbirth.”*

Additionally, in FFY2023, under the guidance of LDH legal, the Board established through rulemaking the functions of the Board, the application for the registry, and the process for how doulas will apply for admission into the registry. The Board also developed a process for registration renewal and approval of doula training bodies.

With the establishment of the Board codified through rulemaking, the Board anticipates being able to accept applicants in FFY2024.

As of November 2022, only eight states and Washington, DC provide coverage for doulas under their state Medicaid plan. A key success for Louisiana is the promulgation of the rule that establishes the ability of the Louisiana Doula Registry Board to begin accepting applications that will allow doulas to be covered by insurance, including public and private insurance, which will contribute to increased access to professional doula services.

Support the implementation of perinatal depression screening in pediatric settings

The Bureau of Family Health (BFH) continues to provide technical assistance and training to maternal health care providers, including perinatal providers and pediatricians, through the implementation of the Provider to Provider Consultation Line (PPCL) program. The program delivers training to build perinatal and pediatric providers’ capacities to recognize and respond to the mental health needs of their maternal and pediatric patients. In addition to provider training, the program establishes a consultation line, which perinatal and pediatric health providers can call to consult with mental health specialists when they are uncertain about how to respond to the mental health needs of their patients. A partnership with Tulane University supports provision of psychiatric consultation as needed as well as general data management support for the program.

Since 2018, BFH has managed a mental health consultation line for perinatal providers. The service was initially launched in partnership with Tulane University School of Medicine’s Department of Psychiatry. Building on the experience and lessons learned from the management of the perinatal mental health consultation line, BFH launched a pediatric provider mental health consultation line in November 2022. Under the direct management of the BFH, the pediatric consultation line is supported by a clinical team including licensed mental health professionals, resource specialists, and psychiatrists. By September 30, 2023, 165 pediatric providers had registered with the program and 112 consultations had been provided to registered providers. Half of the consultations provided were for repeat callers.

The perinatal consultation program previously managed by Tulane University School of Medicine’s Department of Psychiatry was integrated into the PPCL program. All aspects of the two programs including staff, data systems, and program management have been integrated and the call lines were merged in March 2023.

The program also conducted a TeleECHO session, which focused on screening for perinatal depression in pediatric practices. In a session evaluation, respondents reported an increase in knowledge from pre-session to post-session, and 100% of respondents indicated that they would definitely use what was learned in their work.

The program also provided support and expertise to the Louisiana Perinatal Quality Collaborative’s (LaPQC) pilot initiative for Caregiver Perinatal Depression Screening in pediatric practices. In November 2023, the program also

completed a small study including qualitative interviews with pediatric health providers (N=18) to better understand their experiences related to conducting depression screenings during well-child visits.

Develop and implement strategic and operational plan to ensure long-term sustainability and growth of Louisiana Mental Health Perinatal Partnership

At the end of the 2023 calendar year, the consulting firm, Trepwise, inc., conducted an evaluation of the Provider to Provider Consultation Line (PPCL) program. The evaluation provided an external, helicopter view of the overall program strengths and areas for possible further development.

In FFY2023, BFH engaged in several initiatives to support policy and legislation contributing to the long-term sustainability of the PPCL program. In the 2023 legislative session, Senate Resolution 136 was enacted and expresses the legislature's support for a statewide mental health consultation program and requests that LDH identify and seek long-term, sustainable sources of funding for such a program. In response to the Senate Resolution, BFH developed a letter outlining potential financial sustainability strategies including administrative policy changes to allow claims from Medicaid and the State Children's Health Insurance Program (CHIP) and/or legislative changes to require insurers to cover mental health consultation.

Provide supplemental funding and infrastructure support to all BFH reproductive health efforts to 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, The Bureau of Family Health's (BFH) Reproductive Health Program is recognized as an important resource in the state with expertise around national clinical guidelines, including the Quality Family Planning (QFP) Guidelines. The Bureau has significant expertise in direct provision of comprehensive reproductive health services to high-need populations; geographic analysis of need and provider access; and adequate coverage policies. During FFY2023, Louisiana Title V continued to provide supplemental funding and infrastructure resources to support the Reproductive Health Program's efforts to increase access to high quality reproductive health services.

BFH provided reproductive health services through 57 Parish Health Units (PHU), which are under the management of the Office of Public Health. 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 services in Parish Health Units, Title V funding provided financial and technical support to a network of primary care providers including one adolescent and young adult-focused health center and two sub-recipient Federally Qualified Health Centers (FQHCs). The sub-recipients integrated reproductive health services in six sites. These providers serve as critical access points in many communities and provide care to many low-income and/or uninsured individuals.

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

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

In FFY2023, LA-PAMR continued to work closely with The Bureau of Vital Records and Statistics, coroner's offices, law enforcement officers and other partners to ensure continued submission of documentation needed for case

review. The LA-PAMR committee consists of community-based organizations such as Healthy Start, New Orleans Breastfeeding Center, Birthmark Doula Collective, New Orleans Family Justice Center, and the Louisiana Coalition Against Domestic Violence. The LaPQC and Medicaid managed care organizations are also represented to ensure visibility of system issues to payers. A Patient Advocate representative continued to provide input on the perspective of families and survivors of maternal morbidity. The breakdown of representation is a 50/50 split between clinical and non-clinical members. In FFY2023, 7 review meetings were organized to review 74 cases.

Due to an increase in pregnancy-associated deaths from accidental causes, the LA-PAMR team recruited additional clinical subject matter experts. This includes a professor from Louisiana State University (LSU), who is also the director of LSU's Anxiety and Addictive Behaviors Laboratory and Clinic, as well as one of our state opioid coordinators who serves on our suicide/overdose subcommittee.

LA-PAMR has undertaken many important changes to improve processes and tools used to prepare cases for review and to facilitate deliberations and formulation of recommendations. The team participated in CDC Maternal Mortality Review Information Application (MMRIA) training and technical assistance as available, which has increased understanding of critical review strategies. In addition, the team streamlined administrative processes that facilitate review across the state, including the development of a standardized process and tools (case summary form, LABoRS Tool and Utah Tool).

The Utah and LABoRS tools support broader identification of contributing factors and the development of actionable recommendations that address contributing factors related to social determinants of health, including those related to bias, discrimination, and/or racism. These tools have allowed the Committee to evaluate information relevant to each case and have targeted discussions to build consensus around whether social determinants of health contributed to a death. Surveys have shown that committee members find these tools useful, and LA-PAMR will continue to incorporate them into reviews. Additionally, having case narratives that are as complete and clear as possible, and available for committee members to review ahead of meetings, allowed us to have a more robust discussion around contributing factors and recommendations and decreases the amount of time spent on case review and clarifying questions during the review meeting.

In May of 2023, the LA-PAMR team discussed the potential of adding informant interviews to the data collection and case review process. LA-PAMR met with an informant interviewer from Mississippi, to discuss the process for establishing interviews. In addition, the team created an informant interviewer job description. After exploring guidance documents from the CDC, the Medical Director presented this opportunity to the Louisiana Perinatal Commission, the authorizing agent of LA-PAMR, and received authorization to move forward with informant interviews in September 2023.

Historically, LA-PAMR has only reviewed cases of residents who die in-state. After discussions with CDC, the program piloted reviewing cases of residents who died out of state in order to attain data that are more complete. After completion of review of 2020 cases, LA-PAMR received positive feedback from Committee members regarding the continued review of out of state deaths. Identifying out of state deaths of Louisiana residents ensures the capture of 100% of all resident maternal death cases.

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

The Louisiana Domestic Abuse Fatality Review (DAFR) was established in 2021 with the aim of identifying the causes of domestic abuse fatality and methods for prevention. The Louisiana DAFR Panel is made up of 20 individuals from both state and nonprofit organizations and held its first case review meeting in October 2022. The panel meets quarterly each year to review 5 - 7 domestic violence fatality cases at each meeting. The first annual DAFR Report was published in January 2023 that highlights the purpose, processes, and structure of the panel.

Ensure robust, high-functioning Louisiana Pregnancy Risk Assessment and Monitoring System (PRAMS)
Louisiana Pregnancy Risk Assessment Monitoring System (PRAMS) is a data surveillance project of the CDC and LDH-OPH-BFH. PRAMS collects state-specific, population-based data on maternal knowledge, attitudes and experiences before, during, and shortly after pregnancy. Each month we contact around 200 Louisiana women who recently gave birth to share their experiences before, during, and just after pregnancy. In FFY2023, the LA-PRAMS overall response rate averaged 67.29%, exceeding the CDC minimum required response rate of 55%.

Louisiana PRAMS provides both quantitative and qualitative data on:

- Factors that influence pregnancy outcomes, including health insurance status, chronic conditions, pregnancy intention, contraceptive use, prenatal care, alcohol use, tobacco use, physical abuse, and life stress
- Mothers' experience of pregnancy complications, including hypertension, diabetes and hospitalizations
- Maternal experiences and behaviors after the baby is born, including depression, maternity leave experiences, breastfeeding, contraceptive use, tobacco and alcohol use, and safe infant sleep practices

The ability to collect these data on a statewide population level is invaluable. PRAMS data supports the design of the State's Title V and Title X programs. PRAMS data is also widely used for public health research and for design of public health interventions at community level. See examples of data topics and analyses that are unique in quality, rigor, and content to Louisiana PRAMS:

- Contraceptive use - barriers to use, failure rates, and type
- Unintended pregnancy rates - attitude towards pregnancy and ambivalence around pregnancy and use of contraception
- Prenatal Care - availability of care, barriers to care, quality and content of care
- Screening and diagnosis with STIs before and during pregnancy
- Maternal stressors experienced during pregnancy including experiences of discrimination
- Perinatal Substance Use - alcohol, tobacco, prescription and non-prescription drug use
- Intimate Partner Violence during pregnancy
- Breastfeeding - barriers to initiation, hospital practices, support received, exclusivity and duration
- Infant sleep environment - Sleep position, bed-sharing practices, safe sleep practices
- Occupational Information
- Maternity Leave - experiences and decisions around leave

Information collected by Louisiana PRAMS is used by health professionals, policy makers, and researchers to develop and modify programs and policies designed to improve the health of mothers and infants.

PRAMS data informed the Louisiana Department of Health's statewide media campaign in August 2023. The campaign focused on increasing overall breastfeeding rates and reducing disparities and included news articles, social media campaigns, and community events. The campaign was elevated to the office of Governor John Bel Edwards resulting in an official proclamation during National Breastfeeding Month and World Breastfeeding Week 2023.

Women/Maternal Health - Application Year

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% of female victims (39 out of 40) were murdered by someone they knew. Of the victims who knew their offenders, 56% (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 both the 2017-2019 and 2020 Pregnancy-Associated Mortality Review (PAMR) Report, substance use is a leading contributor to pregnancy-associated mortality. In 2020, Substance Use Disorder (SUD) contributed to almost half (44%) of maternal mortality cases.[1] High rates of substance use are correlated with high rates of mental health issues. According to the 2021 Pregnancy Risk Assessment Monitoring System (PRAMS) Report, over 14% of individuals surveyed reported experiencing depression during pregnancy. 12.1% 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]. Unaddressed ACEs result in the single largest predictor of future problems for adult health and wellbeing.[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 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
- Reducing the rate of maternal mortality per 100,000 live births

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
- Increasing the percent of women who attended a postpartum checkup within 12 weeks after giving birth
- Increasing the percent of women who attended a postpartum checkup and received recommended care

components

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.

Support implementation of the Louisiana Perinatal Quality Collaborative (LaPQC) Safe Births Initiative and Louisiana Birth Ready Designation
As part of the LaPQC's Safe Births Initiative, participating birthing hospitals will continue to submit data related to priority improvement areas related to obstetric sepsis and sustaining gains for Nulliparous Term Singleton Vertex (NTSV), hemorrhage and hypertension. Using a secure data portal, participating hospital teams will track their implementation progress and use their own data to identify new areas of improvements. During the first quarter of FFY2025, the LaPQC will focus on supporting birthing hospitals with strengthening coordination between hospital birthing units and their emergency department, laying the groundwork for the Obstetric Readiness in Emergency Department (ORED) initiative starting in January 2025. In January 2025, the LaPQC will also begin new change work around postpartum access and continuity of care, with an initial focus on recognition and response to perinatal substance use disorder and mental health conditions. The LaPQC will continue building its capacity to support improvement work across various healthcare settings by expanding its staff.

The LaPQC's Birth Ready and Gift Designation programs are central to the LaPQC's overall strategy of building equitable and sustainable changes for maternal and newborn care in birthing hospitals. In FFY2025, the LaPQC will release Birth Ready Designation requirements for the upcoming year. Additionally, in the second quarter of FFY2025, the LaPQC will award Birth Ready designations to hospitals that met requirements in the 2024 calendar year. Technical assistance is provided throughout the year during office hours, one-to-one meetings with hospitals (Charter Chats), and collaborative monthly coaching calls.

The LaPQC will continue to provide ongoing support to participating teams in using disaggregated data for improvement through narrative reporting, coaching and data visualization.

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

Support implementation of new regulations and assessment of levels of maternal care in Louisiana against national recommendation for Louisiana's birthing facilities
In FFY2025, the LaPQC will support the implementation of new regulations for Louisiana birthing hospitals and free-standing birth centers, related to LaPQC participation, through the following strategies:

- ensuring all birthing hospitals and free-standing birth centers are informed of LaPQC participation requirements through regular communications and coaching activities
- establishing internal monitoring processes
- communicating in a timely manner to facilities at risk for not meeting requirements

In FFY2025, the LaPQC will also support the administration of the Centers for Disease Control and Prevention (CDC) Levels of Care Assessment Tool (CDC LOCATe). The Louisiana Department of Health's Louisiana Health Standards Section updated Louisiana levels of maternal care to be more closely aligned with the American College of Obstetrics and Gynecology (ACOG) and Society of Maternal Fetal Medicine (SMFM) guidance for levels of maternal care. While some updates were made, the current regulation does differ from the national recommendation. The Louisiana Department of Health will assess birthing facilities to determine what capabilities exist and what resources are needed for Louisiana's birthing facilities to demonstrate the same classification as recommended by ACOG/SMFM. Because of established relationships with birthing facilities, the LaPQC will facilitate the administration of the CDC LOCATe Tool.

Increase the readiness and response of statewide healthcare facilities to address and improve perinatal and neonatal outcomes:
National best practice recommendations, state surveillance data, and feedback from participating teams, subject matter experts, as well as patient and community partners, indicate the need and opportunity to expand quality improvement approaches to care settings beyond hospital birthing units. As such, the LaPQC will continue to not only serve as a long-term quality improvement hub, but also as a platform to coordinate multiple campaigns, pilots, and other improvement efforts beyond birthing facility settings, while increasing its visibility and building its team. During FFY2025, the LaPQC will partner with emergency departments across the state to implement the components of the AIM Patient Safety Bundles for Hemorrhage and Severe Hypertension as well as relevant breastfeeding/infant feeding best practices.

In September 2024, the LaPQC, in partnership with the Provider to Provider Consultation Line and Pediatric Development Screening program, will conclude its 2024 Caregiver Perinatal Depression Screening in Pediatric Clinics Learning Collaborative and prepare for recruitment and launch for the 2025 cohort. The team will test new strategies related to recruitment, engagement and ensuring readiness to conduct improvement work.

The LaPQC will continue to implement new work as part of its Community Birth Initiative (CBI). The CBI will include partnering with the state's Free-standing Birth Centers (FSBCs) to build quality improvement capacity and provide support related to the implementation of best practices. The CBI will also encompass coordinated efforts to improve the transfer of community births to hospitals. This work will involve establishing a Perinatal Transfer Committee who will review sentinel events, make recommendations for improvement and inform the development of transfer protocols to be adopted in regions across the state. The LaPQC will lay the groundwork for transfer improvement in local areas by facilitating collaboration among hospitals, emergency medical services and community birth providers.

Foundational to all LaPQC initiatives is its faculty, inclusive of clinical subject matter experts as well as community and patient partners with lived experience. Faculty help to inform the planning and implementation of LaPQC initiatives and also serve as a direct resource to participating teams.

The LaPQC will also continue to maintain an advisory group inclusive of health systems, public health officials, representatives from the state Maternal Mortality Review Committee (MMRC), community partners, managed care organizations and representatives from policy and advocacy organizations.

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:
Births where doulas are involved in care have been shown to have a lower birth complication rate, decreased Cesarean delivery rate, increase in breastfeeding initiation, and decreased low-birth weight infants.[6,7] Community-

based doulas are important to provide linkages of care for mothers after delivery and throughout the postpartum period, the time period when mothers have the highest rate of pregnancy-related deaths.[8,9] While there is proven success of doula involvement in birth, lack of coverage from insurance payors prevent doulas from being accessible to all individuals.

In alignment with Act 182 of the 2021 Louisiana Regular Legislative Session, BFH has created the Louisiana Doula Registry Board within the Louisiana Department of Health for the purpose of reviewing and approving doula registration to allow for health insurance reimbursement of doula services. This creates equitable access to doulas as a resource for all patients.

The registry will begin accepting applications in 2025 with a goal of having 50 doulas registered by FFY2025. As part of the infrastructure, BFH has contracted with Tyler Technologies, a technology company that works with the public sector to ensure data is secure and easy to manage, to establish the platform where doulas will apply for and be listed in the registry.

While the infrastructure has been established, work is needed to create awareness of the registry as well as the process for applying for admission into the registry. To create awareness, BFH will conduct at least 3 statewide outreach events. Through its programs, BFH has great relationships with Community-Based Organizations throughout the state. Leveraging those relationships, BFH will hold two virtual events informing doulas and other stakeholders, including payors, about the existence of the registry and the process for applying for entry into the registry. Currently, the Louisiana Perinatal Quality Collaborative (LaPQC) has planned to hold a symposium as part of their Community Birth Initiative, an initiative designed to improve readiness and coordination between community births and hospitals. The symposium will be targeted towards midwives and doulas providing and supporting community births. During this symposium, BFH will provide an educational session on the registry and the process for applying for entry into the registry. To provide an even broader reach, in collaboration with the Bureau of Media and Communications, BFH will create a social media toolkit informing the public about the existence of the doula registry with specific information for those who are doulas on how to apply.

Provide supplemental funding and infrastructure support to all BFH reproductive health efforts to 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, The Bureau of Family Health's (BFH) Reproductive Health Program is recognized as an important resource in the state with expertise around national clinical guidelines, including the Quality Family Planning (QFP) Guidelines. The Bureau has significant expertise in direct provision of comprehensive reproductive health services to high-need populations; geographic analysis of need and provider access; and adequate coverage policies.
BFH provided reproductive health services through 57 Parish Health Units (PHU), which are under the management of the Office of Public Health. 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 FFY2025, the BFH Reproductive Health Program (RHP) will continue to develop and implement systems strengthening strategies utilizing good practices and lessons learned from other Title V funded programs within the BFH. Inspired by the developmental screening toolkit (discussed in the Child Health domain), the RHP will continue to 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. Incorporating good practices from the Title V funded LaPQC Gift and Birth Ready hospital designation programs, the Title X program is also designing a quality designation system to recognize primary care practices that have demonstrated successful implementation of sexual and reproductive health services into their daily practice.

The RHP will also continue to provide financial and technical support to a network of primary care providers including one adolescent and young adult-focused health center and two sub-recipient Federally Qualified Health Centers (FQHCs). The sub-recipients integrated reproductive health services in six sites. These providers serve as critical access points in many communities and provide care to many low-income and/or uninsured individuals. The providers are meeting service needs as it applies to administrative, fiscal, and program activities, for example, there were only two sites who needed minor improvements and, subsequently, provided reasonable responses to adjust services to meet compliance requirements.

Increase awareness statewide amongst perinatal health care professionals of the mental health consultation, training, and resource and referral services and supports available to them through the Provider-to-Provider Consultation Line:

The Bureau of Family Health (BFH) continues to provide technical assistance and training to maternal health care providers, including perinatal providers and pediatricians, through the implementation of the Provider to Provider Consultation Line (PPCL) program. The program delivers training to build perinatal and pediatric providers' capacities to recognize and respond to the mental health needs of their maternal and pediatric patients. In addition to provider training, the program establishes a consultation line, which perinatal and pediatric health providers can call to consult with mental health specialists when they are uncertain about how to respond to the mental health needs of their patients. A partnership with Tulane University supports provision of psychiatric consultation as needed as well as general data management support for the program.

Since 2018, BFH has managed a mental health consultation line for perinatal providers. The service was initially launched in partnership with Tulane University School of Medicine's Department of Psychiatry, but with the acquisition of funding to launch a pediatric provider mental health consultation line, BFH integrated both the pediatric and perinatal programs under PPCL. All aspects of the two programs including call line, staff, data systems, and program management have been fully integrated.

While not required to access program services, PPCL strongly encourages providers to register with the program, which not only collects provider contact information for program communications, but also collects data for program monitoring, improvement efforts, and funder data requests. Program registration also reduces consultation call time because provider contact information is already in the data system.

PPCL will use multiple pathways to provide outreach about the program to providers across the state including:

- Attendance at provider association conferences including American Academy of Pediatrics, Louisiana Association of Family Physicians, School Based Health Alliance, Louisiana Rural Health Association, Louisiana Association of Nurse Practitioners. PPCL will have exhibit tables at all of the conferences and, if the opportunity is available, will also be presenting information on mental health related topics and PPCL services.
- Louisiana's Chapter of AAP and the Louisiana Association of Family Physicians has received a grant from the Health Resources Services Administration to support efforts to promote PPCL services with its provider members. Promotion efforts will occur at the AAP and LAFP conferences, through training offered by both organizations, and through communications from the associations to their members.
- In FFY 2025, PPCL will focus its in person outreach efforts on Federally Qualified Health Centers (FQHC)

located across the state. PPCL staff will travel to FQHC's and will meet in person with clinic staff to inform them about PPCL.

- PPCL's training activities provide an opportunity to promote program services. Not only will PPCL be offering its ECHO training sessions, but PPCL is also partnering with Woman's Foundation to launch a series of webinars in FY2025 focused on recognizing and responding to the mental health needs of pregnant and postpartum persons
- PPCL is partnering with the LaPQC to implement the Caregiver Perinatal Depression Screenings in Pediatric Practices Learning Collaborative (CPDS Initiative). PPCL staff provide subject matter expertise to clinics as they develop and implement best practices related to caregiver screenings and PPCL serves as a key resource for clinics in their follow-up to positive screens.
- PPCL sends out a twice monthly newsletter to providers and other stakeholders that provides useful information related to recognizing and responding to mental health conditions and community events and trainings
- PPCL has applied to HRSA for noncompetitive supplemental funding to support the hiring of an outreach coordinator who will increase the program's capacity for outreach activities.

Use the Extension for Community Health (ECHO) Model to increase provider knowledge on effectively recognizing and responding to the behavioral health needs of pregnant and postpartum persons:
PPCL is using the Extension for Community Health Outcomes (ECHO) Model in its provision of training to both pediatric and perinatal providers. ECHO has a continuously growing body of research that consistently demonstrates the efficacy and sustainability of the Model across disciplines, including health care and education. ECHO is a well-recognized platform for practice-based education and training for teaching community providers, especially those practicing in underserved rural areas, to deliver best-practice medical services. The model uses the telehealth modality of videoconferencing to support knowledge networks that link primary care providers from different geographic locations with each other and with a multidisciplinary team of specialists (Arora et al, 2010; Arora et al, 2017). In a survey of rural clinicians who participated in TeleECHO clinics between 2003-2011, the survey data show significant improvements in provider knowledge, self-efficacy, and professional satisfaction (Arora et al, 2010).

ECHO was inspired by the way clinicians learn from medical grand rounds and fosters the development of a virtual learning community in which participants are engaged in a continuous loop of learning, mentoring, and peer support. During an ECHO session, participants present real cases to an expert team of specialists who guide learners through managing patients with complex conditions. Participants learn from one another while also processing knowledge through a local lens. PPCL has found success in using the ECHO Model to build the capacity of pediatric healthcare providers to better recognize and respond to the mental health needs of their patients. ECHO is a flexible model that allows experts in any field to share their knowledge with providers in rural and underserved communities, making it an ideal model for training providers who are enrolled in PPCL.

PPCL's first Perinatal Mental Health ECHO series began in February 2024 and will continue monthly sessions through November 2024. A second series will be offered in 2025.

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

Ensure robust, high-functioning Pregnancy Associated Mortality Review (PAMR):
Ensure high-quality data collection and analyses:
LA-PAMR will continue to implement standardized processes and tools that support broader identification of contributing factors and the development of actionable recommendations that address those factors. The Louisiana

Bias or Racism and Social Determinants of Health (LABoRS) Tool will be used to help identify potential bias, discrimination and/or barriers to care and the Utah Tool will help identify pregnancy-relatedness in suicide/overdose cases. These tools allow our Committee to evaluate information relevant to each case and to engage in targeted discussions to build consensus around whether social determinants of health contributed to a death.

Support strategic action to improve outcomes:
LA-PAMR will move forward with informant interviews in FFY25. The team decided to pursue interviews for all identified cases, with the exception of motor vehicle collisions. Upon completion of interviews, the informant interviewer will provide a summary to the case abstractor and the PAMR Coordinator. The case abstractor will utilize the interview summary to obtain records from any additional sources identified in the interview. The PAMR Coordinator will incorporate details from the interview summary into the case narrative and include the full interview summary at the end of the case narrative. Incorporating family interviews will add significantly to the body of knowledge of the circumstances surrounding each case. This knowledge is not available in medical records and other records we currently access.

LA-PAMR will continue to maintain a multidisciplinary review committee consisting of half-clinical and half-non-clinical members. Current committee membership has representation from obstetrics and gynecology, maternal fetal medicine, obstetric anesthesia, emergency medicine, cardiology, cardio-obstetrics, critical care, forensic pathology, doulas, midwives, perinatal mental health providers, nurse home visitors, payers, healthcare educators, as well as representation from several community-based organizations and a patient representative.

Currently, all nine LDH administrative regions are represented on the Committee. Diverse representation from across the state ensures both urban and rural context for circumstances surrounding each unique case reviewed by the committee. In addition, LA-PAMR will continue to ensure the Committee reflects those disproportionately affected by pregnancy-associated deaths.

Finally, the team is exploring opportunities to provide compensation for participation in committee meetings to support continued participation by individuals reflecting community-based organizations. Representation of key community-based organizations on the review committee ensures our work is informed by individuals who know and understand the context in Louisiana.

<u>Maintain 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</u>
The LA-DAFR Panel was legislatively mandated in 2021. Throughout 2022, the DAFR team (staff, panel members, and agents) along with the help of the Victimization Data Subcommittee of the Domestic Violence Prevention Commission worked to establish a firm foundation for domestic abuse fatality review by acquiring staff and defining the systems and processes for it to successfully function. Since then, the LA-DAFR Panel has held quarterly in-person meetings to review domestic abuse fatalities. In FFY2025, the DAFR Team will continue to meet quarterly to review these cases, draft recommendations, and finalize an annual report that outlines the data and recommendations for specific agencies.

<u>Ensure a robust, high-functioning Louisiana Pregnancy Risk Assessment Monitoring System (PRAMS)</u>:
Louisiana Pregnancy Risk Assessment Monitoring System (PRAMS) is a data surveillance project of the CDC and LDH-OPH-BFH. PRAMS collects state-specific, population-based data on maternal knowledge, attitudes and experiences before, during, and shortly after pregnancy. Each month we contact around 200 Louisiana women who recently gave birth to share their experiences before, during, and just after pregnancy. In FFY2023, the LA-PRAMS overall response rate averaged 67.29%, exceeding the CDC minimum required response rate of 55%.
Louisiana PRAMS provides both quantitative and qualitative data on:

- Factors that influence pregnancy outcomes, including health insurance status, chronic conditions, pregnancy intention, contraceptive use, prenatal care, alcohol use, tobacco use, physical abuse, and life stress
- Mothers' experience of pregnancy complications, including hypertension, diabetes and hospitalizations
- Maternal experiences and behaviors after the baby is born, including depression, maternity leave experiences, breastfeeding, contraceptive use, tobacco and alcohol use, and safe infant sleep practices

The ability to collect these data on a statewide population level is invaluable. PRAMS data supports the design of the State's Title V and Title X programs. PRAMS data is also widely used for public health research and for design of public health interventions at community level. See examples of data topics and analyses that are unique in quality, rigor, and content to Louisiana PRAMS:

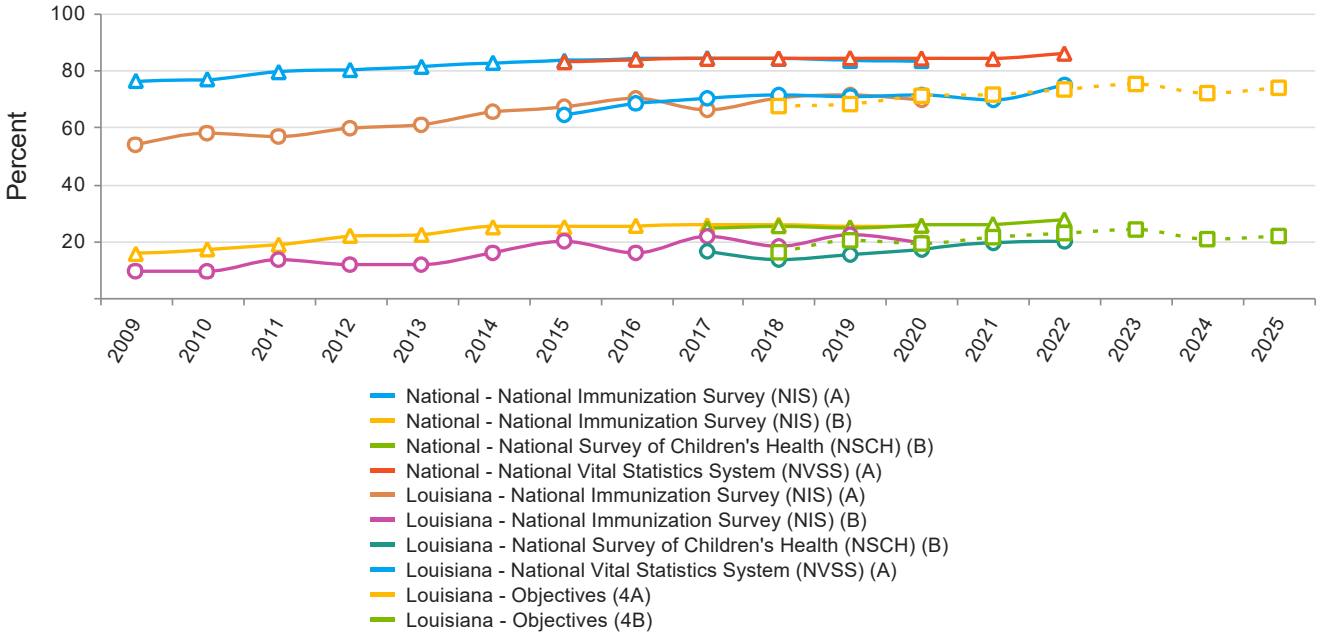
- Contraceptive use - barriers to use, failure rates, and type
- Unintended pregnancy rates - attitude towards pregnancy and ambivalence around pregnancy and use of contraception
- Prenatal Care - availability of care, barriers to care, quality and content of care
- Screening and diagnosis with STIs before and during pregnancy
- Maternal stressors experienced during pregnancy including experiences of discrimination
- Perinatal Substance Use - alcohol, tobacco, prescription and non-prescription drug use
- Intimate Partner Violence during pregnancy
- Breastfeeding - barriers to initiation, hospital practices, support received, exclusivity and duration
- Infant sleep environment - Sleep position, bed-sharing practices, safe sleep practices
- Occupational Information
- Maternity Leave - experiences and decisions around leave

Health professionals, policy makers, use information collected by Louisiana PRAMS and researchers to develop and modify programs and policies designed to improve the health of mothers and infants.

Perinatal/Infant Health

National Performance Measures

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



NPM - A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) - BF

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective	68	70.9	71.3	73.1	75
Annual Indicator	70.1	66.2	70.2	71.1	69.6
Numerator	36,572	36,465	38,183	36,006	35,527
Denominator	52,171	55,094	54,373	50,644	51,064
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2016	2017	2018	2019	2020

Federally Available Data	
Data Source: National Vital Statistics System (NVSS)	
	2023
Annual Objective	75
Annual Indicator	74.4
Numerator	40,354
Denominator	54,262
Data Source	NVSS
Data Source Year	2022

Annual Objectives		
	2024	**2025**
Annual Objective	71.8	73.7

NPM - B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective	20.3	19.2	21.4	22.8	24.1
Annual Indicator	16.1	21.8	18.2	22.2	19.5
Numerator	8,285	11,878	9,743	10,882	9,741
Denominator	51,454	54,509	53,557	49,073	49,956
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2016	2017	2018	2019	2020

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH)	
	2023
Annual Objective	24.1
Annual Indicator	20.1
Numerator	30,025
Denominator	149,038
Data Source	NSCH
Data Source Year	2021_2022

Annual Objectives		
	2024	**2025**
Annual Objective	20.7	21.8

Evidence-Based or –Informed Strategy Measures

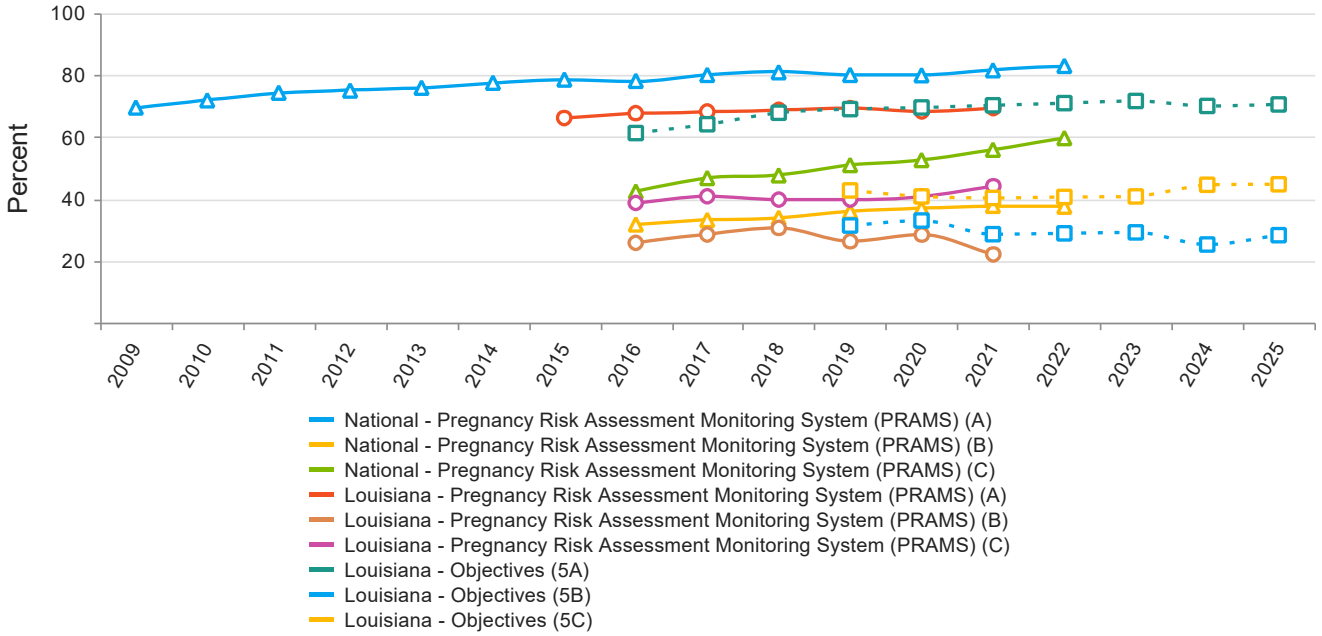
ESM BF.1 - Percent of births that were delivered at Gift-designated facilities

Measure Status:	Active

State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			91.2	92.3	93.2
Annual Indicator	92.5	90.6	91.9	95	94.5
Numerator	54,632	52,030	52,925	53,858	52,130
Denominator	59,088	57,401	57,596	56,711	55,170
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	Louisiana Vital Statistics Birth Records
Data Source Year	2019	2020	2021	2022	2023
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	93.2	93.8

NPM - A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS
Indicators and Annual Objectives



NPM - A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) - SS

Federally Available Data					
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective	68.9	69.4	70.1	70.8	71.5
Annual Indicator	68.5	69.3	68.1	69.3	69.3
Numerator	38,351	38,239	37,066	37,547	37,547
Denominator	56,019	55,216	54,404	54,152	54,152
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2018	2019	2020	2021	2021

Annual Objectives		
	2024	**2025**
Annual Objective	69.9	70.4

NPM - B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) - SS

Federally Available Data					
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective	31.4	33	28.6	28.9	29.2
Annual Indicator	30.5	26.2	28.3	22.3	22.3
Numerator	16,846	14,266	15,336	11,855	11,855
Denominator	55,303	54,492	54,212	53,272	53,272
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2018	2019	2020	2021	2021

Annual Objectives		
	2024	**2025**
Annual Objective	25.3	28.3

NPM - C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) - SS

Federally Available Data					
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective	42.7	40.8	40.3	40.6	40.8
Annual Indicator	39.8	39.8	40.7	44.3	44.3
Numerator	22,065	21,721	22,078	23,594	23,594
Denominator	55,485	54,569	54,257	53,233	53,233
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2018	2019	2020	2021	2021

Annual Objectives		
	2024	**2025**
Annual Objective	44.5	44.7

NPM - D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS

Federally available Data (FAD) for this measure is not available/reportable.

Evidence-Based or –Informed Strategy Measures

ESM SS.1 - Number of professionals trained to recognize, identify, and model safe sleep environments

Measure Status:	Active

State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective	500	800	840	950	1,040
Annual Indicator	760	835	941	3,146	2,546
Numerator					
Denominator					
Data Source	Training attendance records	Training attendance records	Training attendance records	Training attendance records	Training attendance records
Data Source Year	2019	2020	2021	2022	2023
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	2,600.0	2,700.0

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 - A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF
Five-Year Objectives
In 2025, the infant mortality rate will not be more than 7.1 per 1,000 live births, which is the same as the 2020 baseline rate.
In 2025, the post-neonatal mortality rate per 1,000 live births will decrease to 3.4 per 1,000 live births from the 2020 baseline rate of 3.5 per 1,000 live births.
In 2025, the rate of Sudden Unexpected Infant Death mortality related to unsafe sleep environments will not be higher than the 2020 baseline rate of 165.5 per 100,000 live births.
In 2025, the percent of infants who are ever breastfed will increase to 73.7% from the 2020 baseline rate of 66.2%.
In 2025, the percentage of Black infants who are ever breastfed will increase to 67.0% from the 2020 baseline rate of 56.1%.
In 2025, the percent of infants who are breastfed exclusively through 6 months will not be less than 21.8%, which is the same as the 2020 baseline rate.
Strategies
Align hospital-based quality improvement initiatives to foster culture of improvement among Louisiana's birthing facilities

ESMs	Status
ESM BF.1 - Percent of births that were delivered at Gift-designated facilities	Active
ESM BF.2 - Percent of births that were delivered at Baby-Friendly Designated facilities	Inactive

NOMs
NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM
NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal
NOM - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (SUID Mortality, Formerly NOM 9.5) - IM-SUID

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 - A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF

Five-Year Objectives

In 2025, the infant mortality rate will not be more than 7.1 per 1,000 live births, which is the same as the 2020 baseline rate.

In 2025, the post-neonatal mortality rate per 1,000 live births will decrease to 3.4 per 1,000 live births from the 2020 baseline rate of 3.5 per 1,000 live births.

In 2025, the rate of Sudden Unexpected Infant Death mortality related to unsafe sleep environments will not be higher than the 2020 baseline rate of 165.5 per 100,000 live births.

In 2025, the percent of infants who are ever breastfed will increase to 73.7% from the 2020 baseline rate of 66.2%.

In 2025, the percentage of Black infants who are ever breastfed will increase to 67% from the 2020 baseline rate of 56.1%.

In 2025, the percent of infants who are breastfed exclusively through 6 months will be not less than 21.8%, which is the same as the 2020 baseline rate.

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 individuals who give births and newborns affected by opioids through the LaPQC Improving Care for the Substance Exposed Dyad (ICSED) initiative

ESMs	Status
ESM BF.1 - Percent of births that were delivered at Gift-designated facilities	Active
ESM BF.2 - Percent of births that were delivered at Baby-Friendly Designated facilities	Inactive

NOMs
NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM
NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal
NOM - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (SUID Mortality, Formerly NOM 9.5) - IM-SUID

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

Priority Need

Reduce child injury and violence

NPM

NPM - A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS

Five-Year Objectives

In 2025, the infant mortality rate will not be more than 7.1 per 1,000 live births, which is the same as the 2020 baseline rate.

In 2025, the percent of parents who report placing infants to sleep on their backs will increase to 70.4% from the 2020 baseline rate of 69.3%.

In 2025, the rate of parents reporting placing their infants to sleep on a separate approved sleep surface will increase to 28.3% from the 2020 baseline rate of 26.2%.

In 2025, the percent of parents who report placing infants to sleep without soft objects or loose bedding will increase to 44.7% from the 2020 baseline rate of 39.8%.

Strategies

Train professionals on evidence-based safe sleep practices

Strengthen safe sleep workgroups to implement evidence-based, community-driven SUID prevention strategies

ESMs	Status
ESM SS.1 - Number of professionals trained to recognize, identify, and model safe sleep environments	Active

NOMs

NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM

NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal

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

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 fifth highest infant mortality rate in the country[2]. According to the 2019-2021 State Child Death Review (CDR) report, 41% 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*:

- 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
- Reducing the post neonatal mortality rate per 1,000 live births
- Reducing the Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

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
- Percent of infants breastfed exclusively through 6 months
- Percent of infants placed to sleep on their backs
- Percent of infants placed to sleep on a separate approved sleep surface
- Percent of infants placed to sleep without soft objects or loose bedding

Summary of perinatal / infant health interventions supported by Title V in FFY2023

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 hospital-based quality improvement initiatives to foster culture of improvement among Louisiana's birthing facilities

The Louisiana Perinatal Quality Collaborative (LaPQC) implements a variety of initiatives promoting maternal and child health across the state. In partnership with hospitals and birthing centers, the specific initiatives implemented by the LaPQC include:

The Safe Births Initiative	A hospital designation and quality improvement initiative focusing on reducing maternal and infant mortality.
The GIFT	A hospital designation and quality improvement initiative focusing on promoting breastfeeding and birth parent-infant bonding.
Improving Care for the Substance - Exposed Dyad	An initiative focused on improving outcomes related to dyads affected by substance & opioid use disorder.
Caregiver Perinatal Depression Screening	An initiative seeking to understand and promote screening & referral pathways for caregivers affected by depression.

In FFY2023, the LaPQC team sought to create a culture of learning and continuous quality improvement through provision of a variety of training, coaching and technical assistance supports including:

- Conducting combined 1:1 hospital improvement planning meetings for the Safe Births Initiative (SBI) and the Gift including monthly Coaching Calls and quarterly Charter Chats.
- Providing coaching to hospitals to establish and maintain a joint SBI-Gift multidisciplinary quality improvement task force that coordinates both Gift and SBI-related work to increase efficiency and strengthen a facility's capacity to implement change based on quality improvement science.
- Establishing a unified look across the LaPQC's designation programs by transitioning the Gift Designation levels and related icons to "Gift" and "Gift+".
- The development of the LaPQC website to create a visual hub unifying LaPQC initiatives for the general public, as well as a password protected section for participating facilities that houses initiative-specific, as well as cross-cutting tools, resources and information.
- Continued utilization of LifeQI, a shared quality improvement platform designed to facilitate the management and reporting of multi-site QI projects, across LaPQC initiatives.
- Planning the Perinatal-Neonatal Quality Improvement Conference (PNQIC) to be held in April 2024.
- Conducting a two-day, virtual Gift-SBI joint Learning Session for birthing hospital teams.

Population Priority: Reduce child injury and violence

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

Title V supports one 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. To complete the Child Death Review (CDR), 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.

There are 9 local level Child Death Review (CDR) panels. Each panel includes approximately 10-15 people who represent local public health offices, local child and family services offices, local community based organizations, local faith-based organizations, local coroners offices, local sheriff / police offices, and other local officials and concerned persons. Local CDR panels meet on a six-monthly basis. Recommendations defined by local CDR panels are disseminated to local state agency offices and to local community based organizations to promote evidence based actions for childhood injury and mortality prevention.

At the state level, the Louisiana Child Death review panel is a multidisciplinary panel of 28 members of Louisiana state and non-governmental agencies and organizations. The state CDR panel serves as a platform to elevate local-level issues or to support CDR partners in statewide systems change efforts. The LA Child Death Review panel is also responsible for the publication of annual Child Death Review reports that highlight specific prevention recommendations by audience and topic area.

In FFY2023, Louisiana's State CDR Panel created a Safe Sleep Workgroup. This workgroup collaborated with Woman's Hospital in Region 2 (Baton Rouge area) to highlight and disseminate strategies of their Safe Sleep Initiative. Their initiative includes a local task force, staff education, patient education, peer counseling, and hospital policies and has resulted in a decrease of Sudden Unexpected Infant Deaths (SUIDs) in the region. The workgroup also reviewed and updated safe sleep presentation materials with updated graphics, messaging, and data with input from healthcare providers, safe sleep experts, and community partners. The Safe Sleep Workgroup also worked on revising their SUID notification process. The process going forward will not only provide healthcare providers with information on whether a patient from their practice died due to unsafe sleep environments but also with resources to help empower their patients and reduce infant deaths.

Train professionals on evidence-based safe sleep practices

Every year in Louisiana, an average of 57,808 infants are born alive. Of these infants approximately 450 die before their first birthday. Child Death Review (CDR) investigations carried out by local and state CDR panels show that the top causes of infant mortality are conditions originating in the perinatal period and causes associated with Sudden Unexpected Infant Death (SUID). In Louisiana, most SUID deaths occur when the infant is 1 to 3 months old. The most common SUID risk factors present among these deaths are: infants sleeping in something other than a crib or bassinet (83%); infants sleeping with other people (85%); and infants sleeping with loose bedding or toys (70%). Other evidence-based risk factors for SUID include: stomach- or side-sleeping position; preterm birth or low birth weight, cigarette smoke in the home; and alcohol, drug, or tobacco use during pregnancy. The infant mortality rate due to SUID in Louisiana has remained consistently above the rate for the United States.

LaPRAMS 2021 infant sleep environment data coupled with data collected via the Louisiana Child Death Review Reporting System (2019-2021) elevated the need for providers to target caregivers with safe sleep education during the prenatal period. In July 2022, the American Academy of Pediatrics released an updated policy statement and

corresponding technical report on evidence-based infant safe sleep recommendations. The updated recommendations emphasized the need for physicians, non-physician clinicians, hospital staff, and childcare providers to endorse and model safe infant sleep guidelines from the beginning of pregnancy.

The Bureau of Family Health Communications Specialists created the Safe Sleep Toolkit to support this recommendation. The toolkit includes provider talking points, social media assets, and the following outreach materials: ABCs of Safe Sleep; Clear the Crib; Flat Surfaces; Share the Room not the Bed. The Safe Sleep Toolkit release coincided with national SUID Safe Sleep Awareness Month in October 2023. Both the Louisiana Department of Health and Bureau of Family Health conducted coordinated social media campaigns targeting providers, caregivers, and the public. In addition, Maternal Child Health Coordinators shared the toolkit within networks of stakeholders and providers among hospital staff, providers, regional CDR teams, CAATs, and at community events encouraging all to incorporate into their practices.

In FFY2023, MCH Coordinators trained 2,546 professionals on evidence-based safe sleep practices. The nine MCH Coordinators provide training through in person and virtual platforms. Training included, safe sleep demonstrations, presentation and distribution of printed safe sleep materials. The CAAT and CDR teams were instrumental in providing education to professionals throughout the state. Two of the nine regions have active safe sleep task forces that train professionals and caregivers. They collaborate with Cribs for Kids and local coroners office to provide safe sleep resources including sleep sacks.

Support a statewide network of qualified Louisiana Child Care Health Consultants (CCHC) to provide training on safe infant sleep to licensed childcare facilities
In FFY2023, childcare consultants continued to provide safe infant sleep training to licensed childcare facilities. Approximately 1270 childcare centers participated in safe infant sleep training in FFY2023.

Licensure of early care and education is led by the Louisiana Department of Education (LDOE). The Department of Education's Pathways credentialing system is responsible for providing certifications for qualified child care centers across the state. To support these centers, LDOE has developed a training platform where child care directors/staff can receive mandatory safety and health training. The child care health consultant services were successfully transitioned to the LDOE in FFY2023. BFH continued to provide content expertise on the training and input on requirements/policy related to credentialing for persons who wish to provide health and safety training for early child care centers/home personnel. The handover to LDOE is expected to be completed by June 30th 2024.

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 birth centers through the Gift quality improvement and hospital designation program
The LaPQC continued to support hospitals in implementing Gift 3.0 through quality improvement coaching, collaborative learning, and the provision of tools, resources and training. The updated Gift 3.0 criteria, introduced in FFY2022, requires hospitals to implement new data and other improvement processes that were not required for Gift 2.0 designation. While no new Gift designations were achieved during FFY2023, 39 birthing hospitals maintained their current designation status.

During FFY2023, the LaPQC rolled out access to the Coffective Breastfeeding Skills Competency, replacing the previous staff and provider training modules. The equity-focused, competency-based training is structured around The Ten Steps to Successful Breastfeeding and meets training standards outlined in Baby-Friendly USA's 6th Edition Guidelines & Evaluation Criteria.

Freestanding pediatric hospitals with neonatal intensive care units (NICUs) were not prioritized due to the low number of freestanding Pediatric hospitals in the state. However, those hospitals are connected to hospital systems that are participating in the LaPQC and engaging in improvement work. Taking a regional and health system approach, the LaPQC encouraged those sites to reach out to their birthing hospital partners to collaborate around on-going QI activities. To inform future work with NICUs within birthing hospitals, a baseline survey was initiated at the end of FFY2023 to understand current implementation of best practices related to infant feeding.

In FFY2023, the LaPQC established a faculty for its Community Birth Initiative (CBI). The faculty consist of a multidisciplinary expert panel that will 1) Provide quality improvement coaching, tools and resources, as well as collaborative learning opportunities, to support Free Standing Birthing Centers (FSBCs) with consistent implementation of best practices and 2) Partner with FSBCs, hospitals, emergency departments and emergency medical service providers to improve preparedness for transition of care from community births to hospitals. The LaPQC also met with the Smooth Transitions team from Washington State to learn more about their collaborative improvement work related to transfers from community birth to hospital. The LaPQC also developed an operational definition for participation for FSBCs to be codified by the Perinatal Commission in FFY2024. Implementation of the CBI will begin in FFY2024.

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 LaPQC worked with *We All Count (WAC)* to implement components of the WAC Data Equity Framework, which included updating and aligning the data disaggregation strategy across all LaPQC initiatives. In addition, WAC assisted the LaPQC in updating its collaborative level aim for The Gift.

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

An informal assessment of WIC utilization of patient education materials to support consistent breastfeeding messages found that the materials are no longer in use due to competing participant education needs and implementation support for staff. The LaPQC and WIC will identify new approaches for consistent messaging and alignment in FFY2024. Community-based, culturally appropriate breastfeeding resources continued to be highlighted during coaching calls, Charter Chats and LaPQC email communications with birthing hospitals.

The BFH coordinated with WIC and Birthmark Doula Collective to develop and disseminate emergency preparedness and response information related to breastfeeding/infant feeding. The LaPQC worked with WIC to promote the Pacify app, a video-enabled, 24/7 app providing access to maternal and pediatric experts, including co-hosting a provider webinar about Pacify app + LA WIC partnership and how they can use the app to support patients.

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

The BFH continued its partnership with the New Orleans Breastfeeding Center (NOBC) to maintain seven breastfeeding support circles for women of color, including a Spanish-speaking circle, and build capacity to increase the number of lactation professionals and peer lactation supporters of color until June 2023. This work culminated in a survey of Spanish-speaking participants to learn about barriers to access for WIC, Medicaid and community-based resources for pregnant and postpartum mothers.

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

A leadership transition in Louisiana Medicaid led to the discontinuation of regular LaPQC - Medicaid check-ins. However, prior to the transition, the LaPQC team worked with community partners, patients and hospital staff and Louisiana Medicaid to identify opportunities to amend the breast pump coverage policy to increase access to breast pumps prior to delivery. Changes to the Medicaid policy will occur in FFY2024. In addition, the LaPQC collaborated with Louisiana Medicaid, WIC and Birthmark Doula Collective on Louisiana Medicaid Outpatient Breastfeeding Focus Groups study that led to and informed the development of a new In Lieu Of Services (ILOS) Policy for Outpatient Breastfeeding support. This is currently a voluntary program that the MCOs have the option to adopt. If they do, then lactation support providers (e.g., IBCLCs and CLCs) will be able to bill participating MCOs for services they provide. Some highlights of the ILOS include:
-- services at any location (e.g., clinic, member's home, or other location)
-- services by any delivery method (e.g., face-to-face, telehealth, group)
-- services without prior authorization
-- covered until the child is 24 months old

This policy is just one feature in a larger landscape of potential services for new mothers. Adoption of this policy by the MCOs will be monitored in FFY2024.

BFH continued to serve as a liaison between patients (or people who work directly with patients) seeking support related to breast pump access and Medicaid through the breastfeeding@la.gov account.

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 FFY2023, the Bureau of Family Health (BFH) continued to take a lead role in the imminent work of the Office of Public Health (OPH) in addressing the opioid epidemic among the perinatal and neonatal populations. Through the Improving Care for the Substance-Exposed Dyad (ICSED) initiative, launched in September 2021, the LaPQC with support from Louisiana's State Opioid Response (LaSOR) grant has worked with participating facilities to use quality improvement science and a dyadic approach to implement key hospital-based structures (policies, trainings, staff education, and procedures) related to supporting substance-exposed dyads and providing substance-use care in a respectful, informed, stigma-free, collaborative way.

By 2023, a total of ten birthing facilities, representing LDH Regions 2, 3, 5 and 9 of the state, were actively participating in the LaPQC's ICSED initiative to improve the implementation of best practices related to recognition and response of perinatal substance use disorder and substance exposed newborns. Despite the high will and high level of urgency, this work is challenging and complex with many change ideas needed to effect change. To make the initiative more manageable, the LaPQC team, in partnership with the birthing facility teams, identified five areas of focus for the participating teams:

- Screening
- Resource mapping
- Coordinated perinatal and infant discharge, including a referral and support plan
- Non-pharmacologic care
- Breastfeeding

Using data from Q1 and Q2 of 2022 as a baseline, universal verbal screening rates increased from 70% to 92% in 2023 among participating facilities. Referral to appropriate recovery treatment services for individuals who screen positive for substance use disorder increased from a baseline of 36% to 57% in 2023. Referral to Medications for Opioid Use Disorder (MOUD) decreased from a baseline of 29% to 27%. Self-reported connection to recovery treatment services remained flat between 2022 to 2023 at 50%. In ICSED participating teams in 2023, more infants at risk for neonatal abstinence syndrome (NAS)/NOWS roomed-in with the postpartum parent or caregiver

compared to 2022. The rate increased from 76% to 85%. A similar increase was seen during that same time period for substance exposed infants who were still hospitalized and allowed to room-in with the parent or caregiver after the parent or caregiver had been discharged, indicating that some facilities are beginning to overcome this logistical barrier.

In July 2023, as part of the ICSED initiative and with funding from the Louisiana State Opioid Response (LaSOR) Grant, the LaPQC worked with Stader Opioid Consultants to develop a small pilot focused on distributing naloxone to patients upon discharge from the labor and delivery unit. Five birthing facility teams are participating in the pilot that will conclude in FFY24. In addition, the LaPQC also worked with the SOC and Bedrock Productions to begin the development of a video series that brings awareness to SUD among pregnant and postpartum individuals. In doing so, the series shows how non-judgmental, compassionate, and evidence-based care for pregnant and parenting patients with SUDs is possible to achieve and improves outcomes.

The LaPQC continued to actively participate on a state team receiving in-depth technical assistance from the National Center on 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, comprised of 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, transitioned from the NCSACW's Policy Academy to IDTA in March of 2023. In July 2023, the LaPQC helped to coordinate a cross-systems working session with the National Center to develop a shared mission, vision, and goals related to the needs of newborns prenatally affected by substances and their affected families.

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 fifth highest infant mortality rate in the country[2]. According to the 2019-2021 state Child Death Review (CDR) report, 41% 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
- Reducing the post neonatal mortality rate per 1,000 live births
- Reducing the sudden Unexpected Infant Death (SUID) rate per 100,000 live births

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
- Percent of infants breastfed exclusively through 6 months
- Percent of infants placed to sleep on their backs
- Percent of infants placed to sleep on a separate approved sleep surface
- Percent of infants placed to sleep without soft objects or loose bedding

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 FFY2025, BFH will continue to align overlapping and mutually reinforcing quality improvement methods and strategies across all Louisiana Perinatal Quality Collaborative (LaPQC) initiatives, including The Gift, to foster a culture of improvement among participating facilities.

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 continue to encourage joint task force development at additional facilities. The LaPQC will continue to 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.

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 will continue to conduct joint coaching calls and host virtual and in-person statewide hospital collaborative meetings. The LaPQC's Improvement Coaches will work together to ensure consistent and effective improvement coaching across all initiatives.

In addition to spreading quality improvement (QI) initiatives to emergency departments and the state's Free-standing Birth Centers, the LaPQC will also work with participating birthing hospital teams to integrate The Gift QI work in their neonatal intensive care units (NICU), with a focus on implementing breastfeeding/infant feeding best practices, as well as patient- and family-centered care.

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 LaPQC will continue to support birthing hospital teams in meeting the Gift 3.0 designation requirements that were updated in January 2024, which requires reported data to be disaggregated by race and ethnicity (consistent with other LaPQC initiatives), skills-based staff training on evidence-based best practices for supporting breastfeeding, and spread of breastfeeding best practices and quality improvement methods to NICU and Emergency Departments.

The LaPQC will support birthing hospital teams in conducting patient-level surveys to better understand patient experiences with the hospital's breastfeeding and infant feeding practices and to ensure evidence-based practices in the hospital birthing unit policy are experienced and understood by the families served. Data will be shared back with teams and can illuminate gaps in education and implementation. Based on the hospital's disaggregated patient survey data, the LaPQC will support the hospital improvement teams in identifying quality improvement opportunities.

The LaPQC will continue to provide birthing hospital teams, participating in The Gift, access to a skills-based training, inclusive of health equity and respectful care. The LaPQC will receive guidance and support to integrate the Coffective Hospital - Community Task Force framework into the Health Disparity Patient Partnership requirement for LaPQC designations.

Support alignment of activities and continuity of care between hospitals and community breastfeeding support resources:
Building on a successful panel presentation during the LaPQC's Perinatal-Neonatal Quality Improvement Conference, 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.

The LaPQC will receive technical assistance, education and guidance from Coffective on the local implementation and successful continuation of a Warm Referral Network that uses the "WIC and…" model, focusing on racially congruent grassroots birth and breastfeeding community support. Expanding the application of the Warm Referral Network to other patient needs will also be explored.

Provide funding and staff support for community-based, culturally appropriate, peer-based breastfeeding support for women of color:
In FFY2024, the LaPQC transitioned from providing direct support to the New Orleans Breastfeeding Center to establishing patient and community based organization partners as part of the LaPQC faculty. 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. Members of community-based organizations working to improve Black maternal and newborn health will continue to serve as LaPQC faculty. LaPQC faculty are a group of compensated subject matter experts who help to plan and implement LaPQC initiatives.

Support implementation, monitoring, and evaluation of the Medicaid breast pump policy and promote awareness of Medicaid human donor milk coverage:
In partnership with Louisiana WIC and Medicaid, the Bureau of Family Health (BFH) will update its Breast Pump Support Guide and explore additional avenues and tools for communicating covered breastfeeding/lactation related services and supplies to Medicaid Health Plan enrollees, as well as providers. 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:
With continued support from LDH Office of Behavioral Health's Substance Abuse and Mental Health Services Administration (SAMHSA) funded Louisiana State Opioid response grant, the LaPQC will continue to develop high-quality resources, training and technical assistance to support 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.

In FFY2025, the LaPQC will conclude the ICSED initiative with its 10 participating hospitals and prepare to grow ICSED into a wraparound program that trains birthing hospitals in the following 5 pillars of care.

1) Provide Anti-Stigma Training for Staff and Clinicians
2) Implement Universal Screening Practices
3) Improve Treatment of Perinatal Substance Use Disorders within Hospitals
4) Train Hospitals in Eat Sleep Console for Neonates with Substance Exposure
5) Expand Overdose Prevention and Naloxone Distribution Effort

To achieve rapid uptake and engagement, the LaPQC plans to expand the work of the ICSED initiative to all 46 of the hospitals participating in the Safe Births Initiative and The Gift. This expansion of ICSED builds upon the foundation done in previous years to address the medical needs of perinatal patients, infants, and families affected by substance use disorder (SUD).

In FFY2025, 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.

Population Priority: Reduce child injury and violence

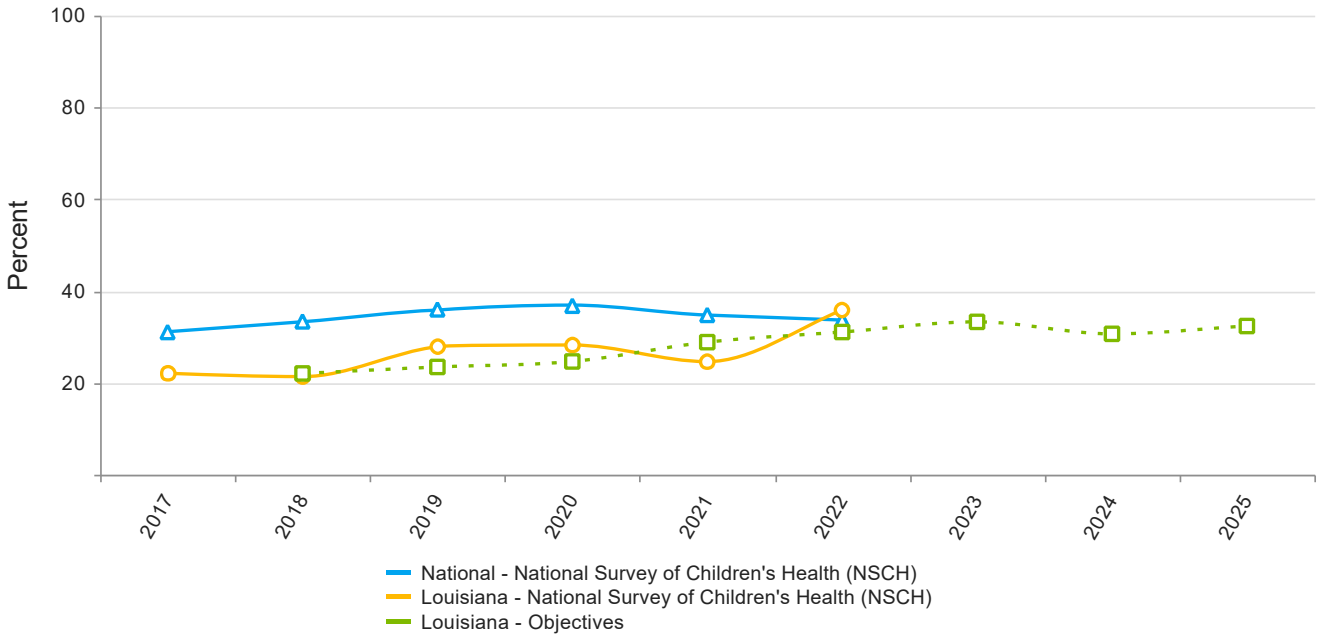
Train professionals on evidence-based safe sleep practices:
In FFY2025, regional MCH coordinators will continue to conduct community training on safe infant sleep to teach professionals and caregivers how to recognize, identify and model safe sleep environments. They will utilize updated materials developed by the Safe Sleep Workgroup in FFY2023. Materials include a presentation with videos, social media assets, and an interactive healthcare provider resource. Regions with the highest number of SUIDs will receive additional information including AAP guidelines, data, and region-specific recommendations for community-based health education activities.

Strengthen safe sleep workgroups to implement evidence-based, community-driven SUID prevention strategies
With increased funding through the SUID/SDY Case Registry grant, our team will be working in regions with the highest SUID rates to engage Safe Sleep workgroups and community members to develop and implement community-driven SUID prevention strategies that align with AAP recommendations. Our team will be developing processes for sharing local and regional data to inform and evaluate efforts, engaging community partners through listening sessions, and providing funding and support to organizations to implement the strategies.

Child Health

National Performance Measures

NPM - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS Indicators and Annual Objectives



Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective	23.5	24.7	28.9	31.1	33.3
Annual Indicator	20.8	29.0	29.9	24.2	35.8
Numerator	32,009	50,909	48,525	32,172	47,267
Denominator	153,621	175,529	162,221	133,071	131,988
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2017_2018	2018_2019	2019_2020	2020_2021	2021_2022

Annual Objectives		
	2024	**2025**
Annual Objective	30.7	32.4

Evidence-Based or –Informed Strategy Measures

ESM DS.1 - Number of early care/education and health providers receiving developmental, social/emotional, and environmental screening trainings

Measure Status:	Active

State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective	24	24	200	400	800
Annual Indicator	32	150	786	791	602
Numerator					
Denominator					
Data Source	Internal program records	Internal program records	Internal program records	Internal Program Records	Internal Program Records
Data Source Year	2019	2020	2021	2022	2023
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	650.0	650.0

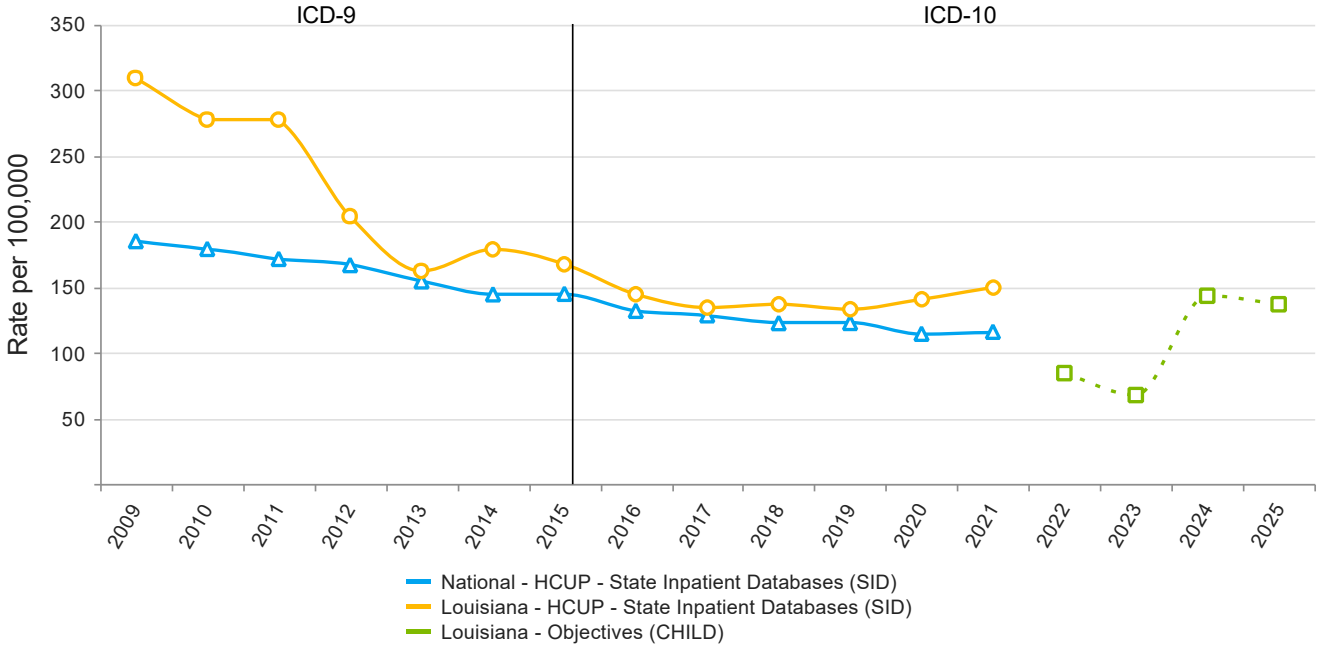
ESM DS.2 - Percent of developmental screening providers who participated in training and/or technical assistance and demonstrate improved knowledge of recommended screening tools and screening guidelines.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives	
	2025
Annual Objective	80.0

NPM - Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9 (Injury Hospitalization - Child, Formerly NPM 7.1) - IH-Child
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)				
	2020	**2021**	**2022**	**2023**
Annual Objective			84.5	67.9
Annual Indicator	136.9	135.6	142.4	149.4
Numerator	833	817	851	876
Denominator	608,586	602,686	597,623	586,475
Data Source	SID-CHILD	SID-CHILD	SID-CHILD	SID-CHILD
Data Source Year	2018	2019	2020	2021

Annual Objectives		
	2024	**2025**
Annual Objective	143.4	136.9

Evidence-Based or –Informed Strategy Measures

ESM IH-Child.1 - Number of households participating in evidence-based home visiting programs

Measure Status:	Active

State Provided Data				
	2020	2021	2022	2023
Annual Objective			2,500	2,550
Annual Indicator	2,186	2,471	2,951	3,093
Numerator				
Denominator				
Data Source	MIECHV Annual Performance Report	MIECHV Program Records	MIECHV Program Records	MIECHV Program Records
Data Source Year	2020	2021	2022	2023
Provisional or Final ?	Final	Final	Final	Final

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

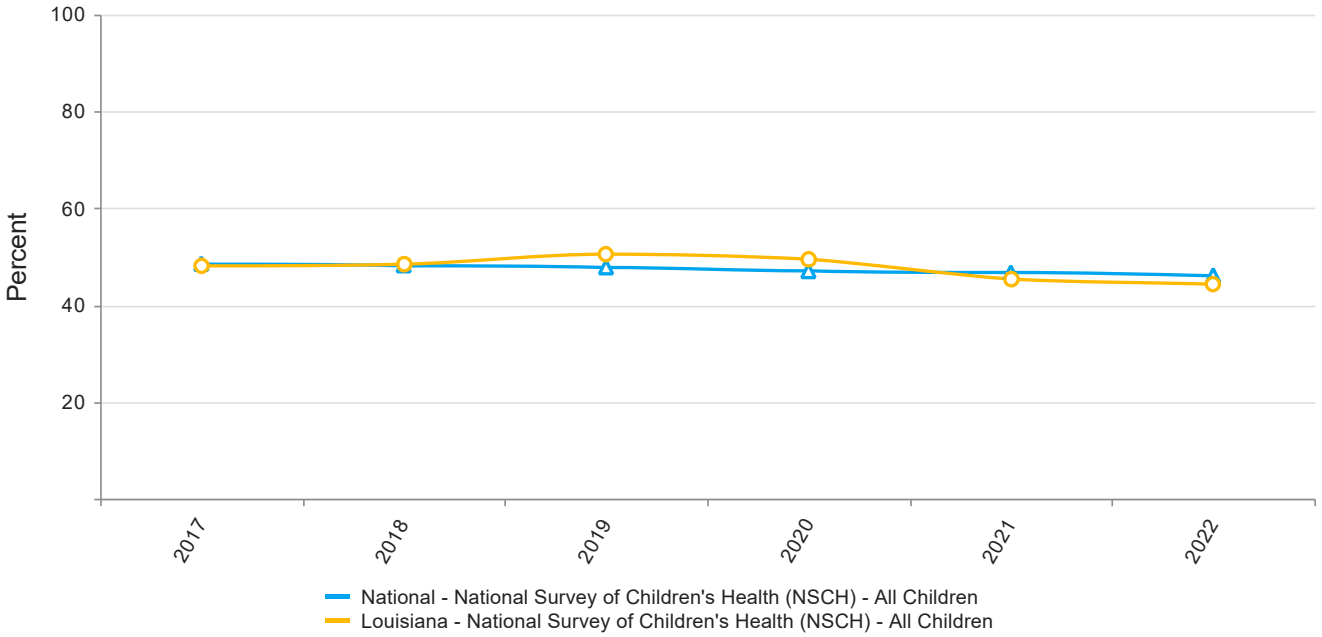
ESM IH-Child.2 - Percent of households participating in evidence-based home visiting programs who report high or very high satisfaction

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives	
	2025
Annual Objective	90.0

NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH
Indicators and Annual Objectives



NPM MH - Child Health - All Children

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH) - All Children	
	2023
Annual Objective	
Annual Indicator	44.3
Numerator	477,017
Denominator	1,076,134
Data Source	NSCH-All Children
Data Source Year	2021_2022

Evidence-Based or –Informed Strategy Measures

ESM MH.1 - Number of health care providers trained on Medical Home, Care Coordination and Youth Health Transition

Measure Status:				Active	
State Provided Data					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective	350	300	150	350	400
Annual Indicator	223	24	303	271	701
Numerator					
Denominator					
Data Source	Internal program records.	Internal program records.	Internal program records.	Internal Program Records	Internal Program Records
Data Source Year	2019	2020	2021	2022	2023
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives		
	2024	**2025**
Annual Objective	450.0	600.0

ESM MH.2 - Percent of providers participating in Medical Home, Care Coordination, and Youth Health Transition trainings who demonstrate improved knowledge of training contents

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives	
	2025
Annual Objective	80.0

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 - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS	
Five-Year Objectives	
In 2025, the percent of parents reporting that their children, ages 0 through 17, are in excellent or very good health will increase to 87.1% from the 2020 baseline rate of 86.3%.	
In 2025, the percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year will increase to 33.7% from the 2020 baseline rate of 29.0%.	
Strategies	
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	
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 DS.1 - Number of early care/education and health providers receiving developmental, social/emotional, and environmental screening trainings	Active
ESM DS.2 - Percent of developmental screening providers who participated in training and/or technical assistance and demonstrate improved knowledge of recommended screening tools and screening guidelines.	Active
NOMs	
NOM - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL) (School Readiness, Formerly NOM 13) - SR	
NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS	

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

Priority Need

Reduce child injury and violence

NPM

NPM - Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9 (Injury Hospitalization - Child, Formerly NPM 7.1) - IH-Child

Five-Year Objectives

In 2025, the child mortality rate, ages 1 through 9, per 100,000 will not be higher than 25.3 per 100,000, which is the same as the 2020 baseline rate.

In 2025, the rate of motor vehicle-related fatalities among children under the age of 15 will not be higher than 2.6 per 100,000, which is the same rate as the 2020 baseline rate.

In 2025, the rate of firearm related fatalities among children under the age of 15 will not be higher than 1.4 per 100,000, which is the same rate as the 2020 baseline rate.

In 2025, the number or rate of drowning fatalities among children ages 1 – 4 will not be higher than 5.4 per 100,000, which is the same rate as the 2020 baseline rate.

In 2025, the rate of hospitalization for non-fatal injury, ages 0 through 9, will not be higher than 136.9 per 100,000 children, which is the same rate as the 2020 baseline rate.

Strategies

Provide injury prevention education through evidence-based home visiting

Investigate and analyze trends in child injury and violence

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

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 IH-Child.1 - Number of households participating in evidence-based home visiting programs	Active
ESM IH-Child.2 - Percent of households participating in evidence-based home visiting programs who report high or very high satisfaction	Active

NOMs

NOM - Child Mortality rate, ages 1 through 9, per 100,000 (Child Mortality, Formerly NOM 15) - CM

NOM - Adolescent mortality rate ages 10 through 19, per 100,000 (Adolescent Mortality, Formerly NOM 16.1) - AM

NOM - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 (Adolescent Motor Vehicle Death, Formerly NOM 16.2) - AM-Motor Vehicle

NOM - Adolescent suicide rate, ages 15 through 19, per 100,000 (Adolescent Suicide, Formerly NOM 16.3) - AM-Suicide

State Action Plan Table (Louisiana) - Child Health - Entry 3

Priority Need

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

NPM

NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH

Five-Year Objectives

In 2025, the percent of parents reporting that their children, ages 0 through 17, are in excellent or very good health will increase to 87.1% from the 2020 baseline rate of 86.3%.

In 2025, the percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year will increase to 33.7% from the 2020 baseline rate of 29.0%.

Strategies

Increase Title V organizational capacity to utilize National Survey of Children's Health (NSCH) data

ESMs	Status
ESM MH.1 - Number of health care providers trained on Medical Home, Care Coordination and Youth Health Transition	Active
ESM MH.2 - Percent of providers participating in Medical Home, Care Coordination, and Youth Health Transition trainings who demonstrate improved knowledge of training contents	Active

NOMs

NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC

NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX

NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS

NOM - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year (Forgone Health Care, Formerly NOM 25) - FHC

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 2019-2021, 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]. More than one third of infant and child deaths were due to injury and are largely considered preventable. The majority of child injury deaths in Louisiana are due to motor vehicle crashes, homicide, and drowning[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

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
- Child Mortality rate, ages 1 through 9, per 100,000
- Adolescent mortality rate ages 10 through 19, per 100,000
- Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000
- Adolescent suicide rate, ages 15 through 19, per 100,000
- Percent of children, ages 0 through 17, in excellent or very good health

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

Summary of child health interventions supported by Title V in FFY2023

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:
At the close of the 2022 legislative session, the Louisiana legislature adopted Act 356, which requires primary care providers to perform a standardized screening for autism spectrum disorder at any routine well child visit. During the same legislative session, Act 188 was also enacted. The Act requires Louisiana's post-natal and pediatric providers to screen for the signs and symptoms of postpartum depression or related mental health disorders through a validated screening tool under the recommendations from the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP). The creation of this bill prompted an increase in technical assistance requests from providers related to conducting screenings for perinatal depression, links to resources and overall guidance related to Medicaid policies, procedures and billing.

In FFY2023, the Bureau of Family Health's (BFH) Developmental Screening Initiative (DSI) implemented several strategies to support implementation of new legislation and related Medicaid Policies. The developmental screening initiative provided Louisiana's managed care organizations (MCOs) with technical resources including developmental and caregiver depression screening tools and guidelines. The initiative also shared training and other technical assistance opportunities with MCOs in an effort to disseminate awareness to pediatric and perinatal providers within MCO networks.

Promote provider utilization of the DS Toolkit to implement the Louisiana Developmental Screening Guidelines and integrate developmental screening services into their day-to-day practice:
The Bureau of Family Health's (BFH) developmental screening initiative has identified that perinatal and pediatric healthcare providers have limited opportunities to participate in continuing professional development training or other educational opportunities grounded in best practices and current research for reliable screening tools information for the Louisiana population. In FFY2023, the BFH developmental screening initiative implemented several activities to increase provider education opportunities on evidence-based best practices for developmental screening. The initiative supported providers' participation in conferences organized by the Louisiana Primary Care Association (LPCA) and Louisiana Association of Family Physicians (LAFP) as well as Teacher Leader and Early Childhood Education (ECE) Conferences. The initiative also organized a webinar series to disseminate the BFH developmental screening toolkit and posted training videos on the LDH YouTube channel.

Historically, BFH conducted healthcare provider surveys to identify barriers affecting access to developmental screening for families and providers. In FFY2023, the initiative launched a process to review and update the 2018 Provider Survey instrument. A work plan and timeline was created to support update of the instrument and dissemination of a developmental screening survey in FFY2024. The initiative reviewed other existing surveys and reports, along with current literature and data related to developmental screening practices in the state. The initiative team analyzed data collected from previous BFH healthcare provider surveys, along with survey data from partner organizations related to perinatal and developmental screening practices. In FFY2023, the team also began an internal review of the survey questionnaire instrument as well as developed of a work plan and timeline for the next provider survey.

Lastly, the developmental screening initiative team worked with the BFH Communications team to develop a series of information, education, and communication (IEC) materials to promote developmental screening. The

developmental screening toolkit webpage was updated with up-to-date links and content information, training videos, webinar recordings, and regional resource guides. One informational flyer was produced for dissemination at conferences and training. Additionally, social media platforms, email lists, and newsletter postings were used to raise provider awareness of available webinars, trainings, and current offerings available. The efforts to create, disseminate, and promote information to providers, families and the overall state of Louisiana were very successful.

Expand developmental screening resources for use in early childhood education settings:
A third strategy of the Bureau of Family Health's (BFH) developmental screening initiative is to increase participation of early childhood education (ECE) providers and educators by collaborating with and supporting the Louisiana Department of Education's (LDOE) developmental screening initiative and providing content expertise on best practices for developmental screening in alignment with the Louisiana Developmental Screening Guidelines (LDSG) and available resources. In FFY2023, the initiative worked with the LDOE to implement the following strategies / activities:

- Co-creation of health related pages on the LDOE family engagement website.
- Hosting monthly collaborative meetings to discuss points of intersection and ways to work together to better inform families about developmental screening and the importance of bringing developmental concerns to their pediatric provider/medical home.
- Creating scripts to assist teachers with sharing results and referring families to their healthcare provider for next steps in the developmental screening process.
- Providing technical assistance to support LDOE in the development of strategies for training and providing guidance to educators who are utilizing ASQ-3 screening tools
- Sharing available resources for educators related to screening, including promoting strategies for educators to connect with the child's medical home
- Creating a specific section for educators on the Developmental Screening Toolkit website

Support successful implementation of Project SOAR (Screen Often and Accurately and Refer) to build Louisiana's capacity to ensure that all birthing persons 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 May of FFY23, the SOAR team reimagined the project based on feedback from HRSA, technical assistance, re-visioning exercises, and team meetings. The reimagining was necessary to ensure the project aligned with all of the ECCS program goals and objectives and to ensure that the majority of the work would not emphasize recruitment, enrollment, and data collection efforts as originally planned. The revised project plan will focus on the following:

- Conduct a statewide questionnaire for parents, caregivers, and guardians
- Conduct key informant interviews with at least 8-10 individuals we believe have interesting answers that beget further inquiry from the Project SOAR team.
- Ground Truthing sessions (formerly called our family cohort focus group sessions) with families from underrepresented parts of the state. These ground-truthing sessions will ask Louisiana's underrepresented communities to confirm whether the information learned from the questionnaire rings true for them. These families will have the opportunity to provide further context to the unique facilitators and barriers impacting P-3 families from their part of the state.

Data Collection Activities - The SOAR team wanted to ensure family voice would be included in the upcoming strategic plan to improve the Louisiana developmental health system. The team launched a statewide questionnaire for parents, caregivers, and guardians on August 1, 2023. To reach a large, diverse sample, the SOAR team engaged in an extensive outreach process. During outreach / recruitment for the questionnaire, over 2600 contacts from organizations, businesses, and individuals serving families with young children were contacted. These organizations included Head Start and other early learning/childcare centers, school boards, principals and teachers,

state associations that serve parents or caregivers, recreational and neighborhood associations, nail salons, and barber shops. By September 30, 2023, 340 unique participants had completed the parent / caregiver survey.

In FFY2024, the project continued to collect survey responses in English. A translated version of the parent/caregiver survey (in Spanish, Arabic, and Vietnamese) was distributed in February 2024. As of March 1, 2024, 717 individuals have responded to the questionnaire. Each participant who completed the questionnaire received $50 for their time.

Family Engagement - Project SOAR has brought on three established family leaders as thought partners to support Project SOAR implementation. These initial family leaders, our Family Leader Champions (FLCs), bring a wealth of experience to the table, including previous experience with prior ECCS grants. In addition, our FLCs bring a unique perspective considering they represent LDH administrative regions within the northern part of the state and help the team to ensure that families' voices are represented daily within the project. FLCs participate in team meetings, technical assistance calls, and training. The SOAR team will continue to move from collaboration into deeper relationships with families via this mechanism and will continue to expand and enhance the SOAR Family Leader program.

During FFY2023, FLCs dedicated an average of 6.5 hours per month to collaborating with Project SOAR. Within this time, the SOAR FLCs actively engaged in ECCS Team meetings, contributed to the development of the family leader program, and provided valuable input on marketing materials and surveys. Further, they played a key role in distributing the parent/caregiver survey statewide. Feedback from Family Leader evaluations indicate that the FLCs not only enjoy their involvement in Project SOAR, but also feel like integral members of the SOAR team. Additionally, they expressed that their participation has led to personal growth and development of new skills.

Young Child Wellness Collaborative - In addition to the data collection activities implemented in FFY2023, Project SOAR continued to convene its advisory body, the Young Child Wellness Collaborative (YCWC), on bi-monthly. YCWC membership includes BFH program staff, state leaders from the governor's office, the Louisiana Department of Education, Head Start and Early Head Start, Medicaid and other relevant stakeholders. In FFY2023, the YCWC convened 6 times, specifically during even months (October, December, February, April, June, and August. After each meeting, the SOAR team collected meeting evaluation data to understand meeting effectiveness and collect information on areas of collaboration amongst YCWC members. Feedback from YCWC members consistently indicated that meetings were effective, well-facilitated, and expressed excitement about attending future YCWC meetings.

In FFY2023, the SOAR team led a YCWC Membership Assessment to identify existing advisory group challenges and understand membership needs to support systems/project learning and engagement of traditional and non-traditional partners. Eleven YCWC members participated in the membership assessment. This assessment yielded three primary goals: 1) the expansion of orientation content for new members, 2) the development of a membership agreement and member information packet that includes mission, vision roles, meeting types, and links to key project materials, and 3) continued efforts to engage diverse and non-traditional partners with the YCWC.

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 3,106 clients in FFY2023. Home visitors utilized a variety of curriculum materials, also known as facilitators, to educate clients and families.

The MIECHV Program implements the Nurse-Family Partnership (NFP) model in 52 parishes in LDH Regions 2-9. In FFY2023, MIECHV NFP reached 2,344 clients. Topics of NFP facilitators addressing child safety include:

- 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

The MIECHV Program implements the Parents As Teachers (PAT) model in 28 parishes in LDH Regions 1, 9, 6, 7, and 8. In FFY2023, MIECHV PAT reached 762 clients. Topics 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

In recognition of the importance of addressing the social-emotional well-being and mental health of infants, young children, and their caregivers during the critical early years of development, LA MIECHV augments their services with infant mental health support. This augmentation provides support in social-emotional development, parent-child relationships, early identification / interventions, caregiver support / educations, and trauma informed approaches. Each home visiting team is directly supported by an Infant Early Childhood Mental Health Clinical Specialist working to support/build capacity of the home visiting staff for the purpose of supporting families participating in MIECHV home visiting services. In FFY2023, the MIECHV Program provided a total of 2,594 consultations, including 439 initial client consults and 2,155 follow up consultations.

Investigate and analyze trends in child injury and violence:

The Violence and Injury Prevention team within BFH uses various data sets to track and analyze trends related to child injuries and fatalities. This includes data from child death review, vital records, hospital discharge data, and emergency department data. The team works with epidemiologists and communications staff to develop annual reports, fact sheets, dashboards, and other materials to disseminate data and trends related to injuries and violence. Some examples include the annual Child Death Review Report, Domestic Abuse Fatality Review Report, non-fatal suicide data dashboard, and topic-specific fact sheets, such as drowning prevention. All developed materials are posted on BFH's Partners for Family Health webpage and shared with relevant state agencies and community based organizations implementing violence and/or injury prevention programs. Agencies and organizations utilizing the program's data and resources include researchers from universities, other state agencies such as Office of Behavioral Health, and nonprofits (i.e. American Foundation for Suicide Prevention) that utilize the data in promotional materials. The team also responds to requests for data to inform research and community programs and presents data findings and evidence-based prevention strategies at meetings and conferences such as Safe Kids Worldwide PrevCon and Public Health Law Practitioners Convening.

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 supports one 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. To complete the Child Death Review (CDR), 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.

There are 9 local level Child Death Review (CDR) panels. Each panel includes approximately 10-15 people who represent local public health offices, local child and family services offices, local community based organizations, local faith-based organizations, local coroners offices, local sheriff / police offices, and other local officials and concerned persons. Local CDR panels meet on a six-monthly basis. Recommendations defined by local CDR panels are disseminated to local state agency offices and to local community based organizations to promote evidence based actions for childhood injury and mortality prevention. In FFY2023, State and Regional CDR panels prioritized drowning prevention awareness. In May, MCH Coordinators collaborated with local agencies and community based organizations to distribute factsheets providing “Water Watcher Cards” and drowning prevention materials and promoting agencies that provide swim lessons. MCH Coordinators also participated in “Seat Check Saturday”, which was organized by the Louisiana Child Passenger Safety Task Force in September to promote child passenger safety education and provide car seats for families who need them. MCH Coordinators share information with their communities about any upcoming car seat check events provided by the task force.

At the state level, the Louisiana Child Death review panel is a multidisciplinary panel of 28 members of Louisiana state and non-governmental agencies and organizations. The state CDR panel serves as a platform to elevate local-level issues or to support CDR partners in statewide systems change efforts. The LA Child Death Review panel is also responsible for the publication of annual Child Death Review reports that highlight specific prevention recommendations by audience and topic area. One example of a recommendation from the Child Death Review annual report is the recommendation that pediatricians need to remind parents that child seats are designed for infants and children of specific ages and sizes and may need to be replaced as the child grows. When significant needs are identified, the State Panel may create workgroups to research evidence-based prevention strategies and identify additional funding opportunities for prevention efforts.

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

From 2018-2022 the EMSC State Partnership laid the foundation toward implementing the Emergency Department Pediatric Readiness Recognition Program. The EMSC Advisory Board established a committee focused solely on developing criteria for two levels of recognition: Pediatric Ready and Advanced Pediatric Ready. The majority of the committee members are nurses or physicians in emergency departments with a passion to advance systems of care. Their willingness to meet throughout the COVID-19 pandemic is a demonstration of their dedication to the EMSC program priorities and their desire to affect change. The recognition criteria is established and specific to meet the needs across Louisiana’s emergency departments.

Another major focus for the EMSC State Partnership program is improving Pediatric Readiness in EMS Systems. In

2018-2022 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 pediatric emergency healthcare. The EMSC Program hosts regular PECC “pulse check” meetings so the consortium can discuss successes and barriers to implementing pediatric-focused initiatives. The PECCs have built trusted relationships with one another in an effort to advance pediatric emergency care in the prehospital setting.

In FFY2023, the main focus of the program was to improve the pediatric capacity of EMS agencies and emergency department providers through pediatric clinical training, demonstration of pediatric skills, and distribution of pediatric equipment and supplies.

Child Health - Application Year

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

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

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
- Child Mortality rate, ages 1 through 9, per 100,000
- Adolescent mortality rate ages 10 through 19, per 100,000
- Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000
- Adolescent suicide rate, ages 15 through 19, per 100,000
- Percent of children, ages 0 through 17, in excellent or very good health

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

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.

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:
The Bureau of Family Health's (BFH) will continue to promote developmental screening aligned with the Louisiana Developmental Screening Guidelines (LDSG). In FFY2023, BFH created and documented a detailed process to review and update the LDSG on a biennial schedule to ensure the ongoing viability. Using evidence-informed policy development processes from the CDC and the National Institute of Health, a biennial formal review will commence in FFY2025. 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 FFY2025. Publication of final recommendations for the LDSG is anticipated by January 2026.

A core strategy for increasing uptake of the LDSG and integration of universal developmental screening in pediatric health care settings has been the development of an 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 developmental screening initiative, maintenance of the web content for the toolkit will remain a major priority during FFY2025. The Developmental Screening Coordinator, with support from BFH's 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 ensure the online toolkit remains relevant to the needs of Louisiana's early childhood care providers and aligned with current research and recommendations.

BFH teams will use similar methods to maintain the perinatal mental health and infant/early childhood mental health web content. These, 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 recommended perinatal depression screening instruments from the Louisiana Developmental Screening Guidelines. The site also includes a quick-start guide to implementing perinatal depression screenings in pediatric settings. Additionally, these webpages link providers to information for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program and the Louisiana Provider-to-Provider Consultation Line (PPCL) services. The PPCL is a 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.

In addition to promoting access to the online Developmental Screening Toolkit, BFH will provide Implementation,

Training, and Support (ITS) technical assistance to community health providers and administrators. The ITS model is designed to assist individual clinics or networks to assess their assets and needs to define a quality improvement plan as well as to support practices with problem-solving throughout their quality improvement cycles.

Office Hours will be ongoing over FFY2025. 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 Developmental Screening and Office Hours presenters include a variety of 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 BFH Communications team supports marketing of these sessions through the LDH/BFH website, community networks, and through LDH social media channels.

During FFY2025 the BFH Developmental Screening Coordinator and 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 AAP Chapter, Louisiana Family Physicians, and Louisiana Primary Care Association’s, Louisiana Association of Nurse Practitioners conferences and workshops. Further provider training will be conducted through the Developmental Screening 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.

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:

Development of a strategic plan for early childhood developmental health:

The SOAR team will engage in a strategic planning process in FFY2025. The SOAR team anticipates completing the strategic planning process by the end of 2024. The SOAR team will partner various early childhood stakeholders (including providers and families) to participate in the strategic planning process. Key BFH program supporters include representatives from Title V, MIECHV, the Developmental Screening Initiative, the Medical Homes Initiative, and Family Resource Center. Key state partners include DCFS, Head Start, the Louisiana Department of Education, the Louisiana Policy Institute for Children, and other state-level programs. Representatives (Project SOAR Family Leaders and Family Leader Champions) and providers (Provider Champions) will also be a part of the strategic planning process. Representatives will participate in committees focusing on family engagement / leadership, provider engagement / health integration, policy / financing strategies, health equity, and infrastructure development.

Continue to build out the Project SOAR Family Leader “program”/opportunity:

The Project SOAR team will continue to develop mechanisms to increase the number of family leaders and healthcare providers within state-level MCH early childhood initiatives. One of the primary mechanisms for this is through convening the Young Child Wellness Collaborative (YCWC) bi-monthly meetings and onboarding new Family Leaders and Provider Champions. SOAR will persist with explorations around mechanisms to incorporate prenatal to age 3 (P-3) families and providers into other state-level initiatives, including Bureau of Family Health Title V and MIECHV programs. Further, SOAR will continue to identify and recommend training and leadership opportunities for families who want to be involved in systems change work, including conferences, national webinars, and workgroups.

Continue efforts to build the capacity of the SOAR advisory body, the Young Child Wellness Collaborative (YCWC):
The SOAR team will press on with building the capacity of the SOAR advisory body (Young Child Wellness Collaborative) and expand membership to include new 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. The incorporation of evidence-based injury prevention education into home visiting programs is crucial for promoting child safety and reducing injury risks.
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

While 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. Leveraging the structured

frameworks of NFP and PAT and focusing on evidence-based practices, home visiting programs can effectively deliver injury prevention education. This proactive approach not only enhances child safety but also empowers families to create safer home environments. Through continuous education, support, and community collaboration, home visitors play a pivotal role in reducing injury risks and promoting the overall health and well-being of children and families.

Investigate and analyze trends in child injury and violence:
Title V supports one 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. To complete the Child Death Review (CDR), 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. There are 9 local level Child Death Review panels. Each panel includes approximately 10-15 people who represent local public health offices, local child and family services offices, local community based organizations, local faith-based organizations, local coroners offices, local sheriff / police offices, and other local officials and concerned persons. Local CDR panels meet on a six- monthly basis. Recommendations defined by local CDR panels are disseminated to local state agency offices and to local community based organizations to promote evidence based actions for childhood injury and mortality prevention.

In FFY2025, with support from the Violence and Injury Prevention Program, our team will continue to monitor injury-related deaths and non-fatal injuries among children and youth. The team will utilize Child Death Review data, vital records, hospitalization data, and emergency department data to analyze trends and identify the top causes of injury-related death, highlighting differences across demographics, to inform programmatic efforts. These data and evidence-based prevention strategies will continue to be compiled and disseminated in a number of ways to multi-sector audiences (health care providers, law enforcement, families, etc) including through the annual Child Death Review report, fact sheets, presentations, and social media posts.

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 will continue to support the Maternal Child Health Coordinators who lead local CDR panels. In FFY2025, the State CDR team will prioritize the restructuring of the case review process in order to ensure panel recommendations are **S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**imebound (SMART) and aligned with risk factors and life stressors. This will be accomplished by utilizing updated case review tools from the National Center for Fatality Review and Prevention. These tools showcase life stressors and protective factors at each level of the socio-ecological model, as well as align recommendations with the identified risk or protective factor, SMART recommendation, prevention level, and specific partners to engage. The goal is to ensure the CDR recommendations from both local and state panels are actionable and measurable. In FFY2025, 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.

At the state level, the Bureau of Family Health will continue to support regular meetings of the Louisiana child death review panel. The LA CDR panel is a multidisciplinary panel of 28 members of Louisiana state and non-governmental agencies and organizations. The state CDR panel serves as a platform to elevate local-level issues or to support CDR partners in statewide systems change efforts and is responsible for production of state CDR Reports.

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

Children have distinct physiological, developmental, and emotional characteristics that require specialized care and attention from Emergency Medical Service (EMS) providers and healthcare professionals. The Bureau of Family Health's (BFH) Emergency Medical Services for Children (EMSC) program aims to ensure that pediatric patients receive high-quality, timely, and compassionate care during emergency situations. The EMSC Program uses the following criteria to characterize high-quality emergency medical services for children:

- *Age-Appropriate Care*: Children have specific medical needs that differ from adult patients, including dosing of medications, equipment sizes, and communication techniques. EMS for children initiatives aim to ensure that pediatric patients receive age-appropriate and tailored care.
- *Populations*: Certain pediatric populations, such as infants, children with special healthcare needs, and adolescents, may require even more specialized care during emergency situations. EMS for children programs focus on addressing the needs of these populations.
- *Developmental Considerations*: Children's developmental stages, cognitive abilities, and emotional responses to stress impact their healthcare experiences in emergency settings. EMS for children initiatives incorporate developmental considerations into training and protocols to optimize care delivery.
- *Family-Centered Care*: In pediatric emergencies, involving and supporting families is crucial for ensuring the well-being of the child. EMS for children programs emphasize family-centered care approaches that promote communication, collaboration, and support for families during emergencies.
- *Community Engagement*: Engaging with communities and stakeholders is vital for building a comprehensive pediatric emergency care system. EMS for children initiatives work towards fostering partnerships with schools, childcare providers, healthcare facilities, and public health agencies to enhance emergency preparedness and response for pediatric populations.
- *Data-Driven Approaches*: Data collection, analysis, and research in the EMS for children domain help identify trends, gaps, and opportunities for improving pediatric emergency care. Utilizing evidence-based practices and leveraging data insights are essential for driving continuous improvement in emergency medical services for children.

In FFY2025, the EMSC program will continue to promote these principles of high-quality emergency medical care for children by enhancing the pediatric emergency care capabilities of EMS agencies, healthcare providers, and hospitals to ensure timely and effective treatment for pediatric patients. The program will continue to develop and implement specialized training programs for EMS providers and healthcare staff on pediatric emergency care protocols. The program uses innovative, interactive virtual reality training modules which simulate real-life pediatric emergencies allowing EMS professionals to practice decision-making and clinical skills in a realistic virtual environment. Virtual reality (VR) training kits, including VR headsets, software licenses, and instructional materials, will be distributed to EMS agencies in rural communities.

The program will provide technical guidelines and checklists to ensure that EMS agencies and hospitals have the necessary equipment, medications, and supplies to effectively treat pediatric patients. The program will also collaborate with emergency service providers to design and implement quality improvement initiatives to enhance the delivery of pediatric emergency care and improve patient outcomes. Lastly, the program will foster collaboration and coordination among EMS agencies, hospitals, and pediatric healthcare providers to create a seamless system of care for pediatric patients.

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

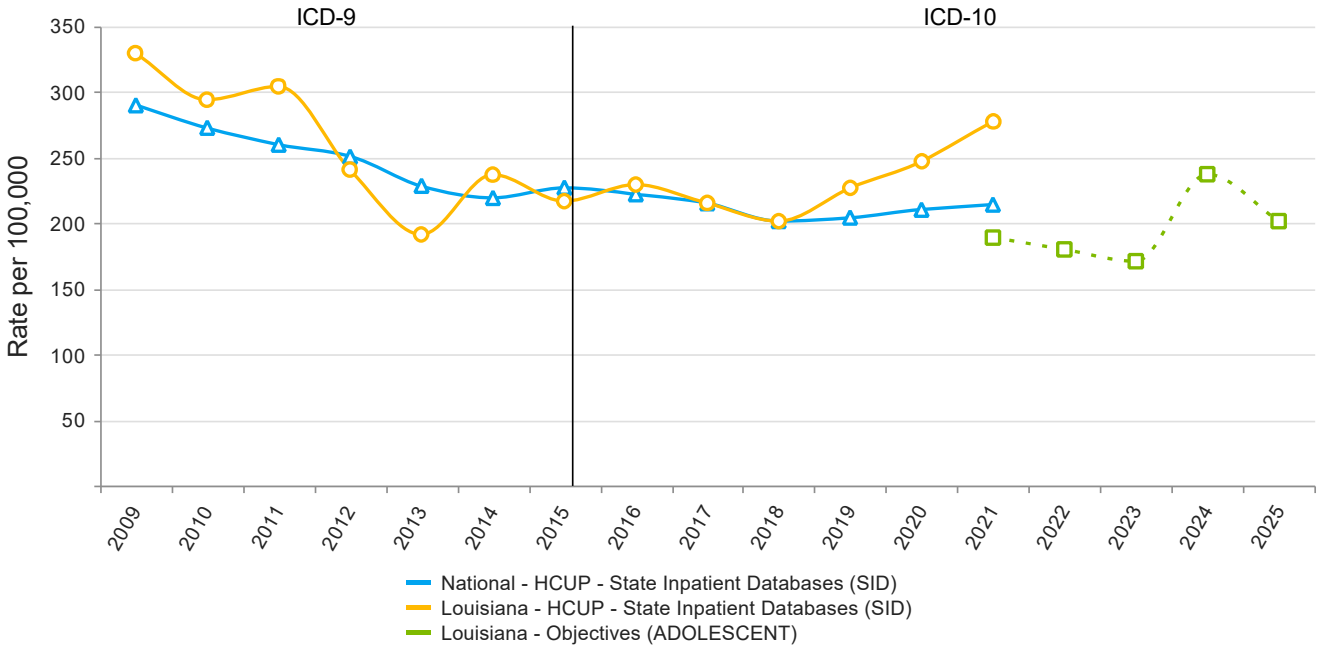
Increase Title V organizational capacity to utilize National Survey of Children's Health (NSCH) data:
The National Survey for Children's Health (NSCH) is a valuable resource for understanding the situation and needs

of children, including children and youth with special healthcare needs (CYSHCN). While data from the NSCH contributes to an improved understanding of the overall situation of children and youth, including CYSHCN, the traditional sample size is not large enough to allow for confident analysis of differences between subpopulations including racial subgroups, urban and rural subgroups, subgroups from different household income categories, etc. Recognizing that addressing geographic, racial, and income disparities is critical for achieving statewide goals for children's health, The Bureau of Family Health (BFH) invested additional funding to increase the number of households surveyed in 2023. The 2023 survey data will be available for analysis in October 2024. In FFY2025, the BFH CYSHCN Epidemiologist will complete an analysis of the newly available data set to specifically investigate presence and scope of disparities between households from different geographic, racial, and income categories. This analysis will be completed for households both with and without CYSHCN. The analysis will contribute to an understanding of the needs within different sub-groups and support the definition of Louisiana's 2026 - 2030 Title V strategy for CYSHCN.

Adolescent Health

National Performance Measures

NPM - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 (Injury Hospitalization - Adolescent, Formerly NPM 7.2) - IH-Adolescent
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**	**2023**
Annual Objective			188.9	179.9	170.9
Annual Indicator	214.9	201.4	226.8	246.9	276.8
Numerator	1,302	1,215	1,362	1,473	1,687
Denominator	605,840	603,371	600,579	596,490	609,433
Data Source	SID-ADOLESCENT	SID-ADOLESCENT	SID-ADOLESCENT	SID-ADOLESCENT	SID-ADOLESCENT
Data Source Year	2017	2018	2019	2020	2021

Annual Objectives		
	2024	2025
Annual Objective	237.0	201.4

Evidence-Based or –Informed Strategy Measures

ESM IH-Adolescent.2 - Number of "gatekeepers" trained in adolescent suicide prevention

Measure Status:	Active

State Provided Data			
	2021	2022	2023
Annual Objective			468
Annual Indicator			323
Numerator			
Denominator			
Data Source			Training attendance records
Data Source Year			2023
Provisional or Final ?			Final

Annual Objectives		
	2024	2025
Annual Objective	450.0	450.0

ESM IH-Adolescent.3 - Percent of participants in gatekeeper trainings who report increased confidence to help someone at risk of suicide.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives	
	2025
Annual Objective	80.0

State Action Plan Table

State Action Plan Table (Louisiana) - Adolescent Health - Entry 1	
Priority Need	
Reduce child injury and violence	
NPM	
NPM - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 (Injury Hospitalization - Adolescent, Formerly NPM 7.2) - IH-Adolescent	
Five-Year Objectives	
In 2025, the rate of adolescent mortality, ages 10 to 19 will not be higher than 44.1 per 100,000 adolescents, which is the same as the 2020 baseline rate.	
In 2025, the rate of adolescent motor vehicle mortality, ages 15 to 19 years, will not be higher than 18.3 per 100,000 adolescents, which is the same as the 2020 baseline rate.	
In 2025, the rate of suicide among adolescents ages 10 to 19, will be higher than 6.7 per 100,000 adolescents, which is the same as the 2020 baseline rate.	
In 2025, the rate of hospitalizations for non-fatal injury for adolescents, ages 10 to 19, will not be higher than 201.4 hospitalizations per 100,000 adolescents, which is the same as the 2020 baseline rate.	
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 IH-Adolescent.1 - Number of professionals trained in Adverse Childhood Experiences (ACEs)	Inactive
ESM IH-Adolescent.2 - Number of “gatekeepers” trained in adolescent suicide prevention	Active
ESM IH-Adolescent.3 - Percent of participants in gatekeeper trainings who report increased confidence to help someone at risk of suicide.	Active

NOMs

NOM - Child Mortality rate, ages 1 through 9, per 100,000 (Child Mortality, Formerly NOM 15) - CM

NOM - Adolescent mortality rate ages 10 through 19, per 100,000 (Adolescent Mortality, Formerly NOM 16.1) - AM

NOM - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 (Adolescent Motor Vehicle Death, Formerly NOM 16.2) - AM-Motor Vehicle

NOM - Adolescent suicide rate, ages 15 through 19, per 100,000 (Adolescent Suicide, Formerly NOM 16.3) - AM-Suicide

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

Priority Need

Improve adolescent mental health and well-being

NPM

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

Five-Year Objectives

In 2025, the rate of adolescent mortality, ages 10 to 19 will not be higher than 44.1 per 100,000 adolescents, which is the same as the 2020 baseline rate.

In 2025, the rate of adolescent motor vehicle mortality, ages 15 to 19 years, will not be higher than 18.3 per 100,000 adolescents, which is the same as the 2020 baseline rate.

In 2025, the rate of suicide among adolescents ages 10 to 19, will be higher than 6.7 per 100,000 adolescents, which is the same as the 2020 baseline rate.

In 2025, the rate of hospitalizations for non-fatal injury for adolescents, ages 10 to 19, will not be higher than 201.4 hospitalizations per 100,000 adolescents, which is the same as the 2020 baseline rate.

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

Engage in a community-driven process to implement the Whole Health Louisiana 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 IH-Adolescent.1 - Number of professionals trained in Adverse Childhood Experiences (ACEs)	Inactive
ESM IH-Adolescent.2 - Number of “gatekeepers” trained in adolescent suicide prevention	Active
ESM IH-Adolescent.3 - Percent of participants in gatekeeper trainings who report increased confidence to help someone at risk of suicide.	Active

NOMs
NOM - Child Mortality rate, ages 1 through 9, per 100,000 (Child Mortality, Formerly NOM 15) - CM
NOM - Adolescent mortality rate ages 10 through 19, per 100,000 (Adolescent Mortality, Formerly NOM 16.1) - AM
NOM - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 (Adolescent Motor Vehicle Death, Formerly NOM 16.2) - AM-Motor Vehicle
NOM - Adolescent suicide rate, ages 15 through 19, per 100,000 (Adolescent Suicide, Formerly NOM 16.3) - AM-Suicide

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 the 4th leading cause of death for 25-34 Louisianans in 2021.[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

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
- Adolescent mortality rate ages 10 through 19, per 100,000
- Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000
- Adolescent suicide rate, ages 15 through 19, per 100,000

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

Summary of adolescent health interventions supported by Title V in FFY2023

Population Priority Needs: Reduce child injury and violence

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

The Violence and Injury Prevention team within BFH uses various data sets to track and analyze trends related to child injuries and fatalities. This includes data from local and state Child Death Review meeting minutes and reports, vital records, hospital discharge records, and emergency department records. The team works with epidemiologists and communications staff to develop reports, fact sheets, dashboards, and other materials to disseminate data and trends related to child injuries and violence. The team also responds to partner requests for data to inform their programs and presents data findings and evidence-based prevention strategies at meetings and conferences.

Support implementation of Be SMART Louisiana campaign to promote responsible gun ownership to reduce child gun deaths and injuries:
The Louisiana Child Death review panel is a multidisciplinary panel of 28 members of Louisiana state and non-governmental agencies and organizations. Noticing an alarming rise in firearm related fatalities, the panel formed a workgroup in 2021 that began researching evidence-based strategies for prevention of children's firearm related fatalities. In 2022, the workgroup members worked with Be SMART, a specialized national organization, to develop tailored materials that promoted responsible gun ownership and safe storage of firearms to prevent child deaths. Partnership with the Louisiana Chapter of the American Academy of Pediatrics (AAP) and Louisiana Children's Trust Fund provided funding to print Be SMART materials. In FFY2023, the MCH Regional Coordinators distributed materials to gun retailers, law enforcement, pediatric offices, coroners' offices, and other local agencies. In FFY2023, over 8,000 materials were shared. As a result of this work, the Children's Hospital of New Orleans and the New Orleans Health Department adopted the materials for their own use. They have also received funding to purchase and distribute gun safes and developed screening and education protocols in the hospital's Emergency Department.

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

Support implementation of the CDC-funded Comprehensive Suicide Prevention program and expand evidence-based suicide prevention gatekeeper trainings:
One of Louisiana's key strategies in the Comprehensive Suicide Prevention Program is expanding evidence-based suicide prevention training. The Family Tree, a nonprofit that provides counseling and education services, has been funded under the CDC grant to provide suicide prevention training across the state, with a focus on youth- and veteran-serving agencies. Family Tree provides two types of trainings to meet audiences' needs, Question, Persuade, Refer (QPR) and Applied Suicide Intervention Skills Training (ASIST). QPR is a two hour presentation that can be conducted in-person or virtual, while ASIST is a two-day in-person workshop. Family Tree trainers attend community outreach events to promote their services and attend other events, such as the Veteran's Summit in Baton Rouge. In FFY2023, a total of 323 adolescents and adults received gatekeeper training facilitated by Family Tree to identify warning signs and connect individuals to receive appropriate services or assessments.

At the end of FFY2023, two additional nonprofit agencies, Save Cenla and Peer Initiative, joined the program, for a total of 3 partners now funded under this grant program to deliver these trainings. Peer Initiative specifically delivers training to high school students.

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

In FFY2023, BFH's Violence and Injury Prevention Team continued to contribute to the State Injury and Prevention Strategic Action Plan. This plan prioritizes strategies and work that focus on shared risk and protective factors that align across critical injury prevention programs. Key initiatives supported by the BFH Violence and Injury Prevention Program team included the Safe Sleep Initiative, Child Death Review and related initiatives (such as drowning prevention and secure storage of firearm campaigns), Domestice Abuse Fatality Review and related prevention initiatives, Rape Prevention and Education Program, the Comprehensive Suicide Prevention Program, Adverse Childhood Experiences Educator Program, and the Whole Health Louisiana Initiative. During FFY2023, the Bureau's ACE Educator Program and trauma-informed work moved to the Violence and Injury Prevention Team. Strategies to reduce child adversity and trauma are necessary to also prevent injury and violence, along with other health outcomes.

Build community awareness around Adverse Childhood Experiences (ACEs), trauma, and resilience science:
The ACE Educator Program (AEP) provides no-cost training on the fundamentals of childhood adversity, trauma, resilience science, and trauma-informed approaches. The program is a train-the-trainer program hosting 3-4 cohorts every calendar year. In FFY2023, 3 ACE Educator cohorts were held and 58 people were trained as volunteer ACE Educators. Trained ACE Educators facilitate presentations and activities, with technical assistance provided by the AEP Coordinator, by request to organizations and communities across the state to increase awareness of childhood adversity and research-backed preventative strategies. In FFY2023, 120 presentations were conducted by the network of volunteer ACE Educators to 3,886 people.

Engage in 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:
Childhood adversity, often referred to as adverse childhood experiences or ACEs, are potentially traumatic events that when experienced in the absence of protective and preventative measures can have profound impacts on the physical, emotional, and social health of the individual. If left unaddressed and unrepaired these experiences can have far-reaching impacts on the overall wellbeing of society.

The economic cost of unmitigated childhood adversity-related health conditions in North America is estimated to be $748 billion annually. Louisiana ranks 49th in overall child well-being (currently and during FFY23), with the third-highest number of children per capita experiencing two or more adverse childhood experiences. Low child well-being rankings impact the overall health of our state in areas such as unemployment, poverty, obesity, mortality, and exposure to violent crime.

The Whole Health Louisiana (WHL) initiative was created to develop and implement the state's first trauma-informed plan through collaboration with child- and family-serving external partners that would systematically address the widespread issue of childhood adversity and trauma.

In FFY2023, BFH contracted with trepwise, a local growth consulting firm, to facilitate the development of the State Plan. BFH and trepwise worked together to coordinate and facilitate the WHL Convening, the recruitment and coordination of participants, and the development and drafting of the State Plan.

The WHL Convening to support development of a statewide plan of action took place on November 29, 2022 at the Governor's Mansion with over 50 participants in attendance including leaders of Louisiana's child- and family-serving systems, community advocates, and experts on childhood adversity to gain alignment on the priorities and implementation of the statewide action plan. A report based on findings from the Convening was developed by

trepwise and BFH and is posted on the WHL landing page on the LDH website. The objectives accomplished at the Convening were: (1) the establishment of a collective baseline understanding of trauma-informed care and the current state of childhood adversity across Louisiana, (2) the fostering of momentum around the importance of collaborative, statewide planning efforts focused on addressing childhood adversity, and (3) the gathering of input around the top priorities for the statewide plan that were considered feasible and community driven.

Building upon the insights gathered from the convening, the WHL State Plan development phase was launched in January 2023. To ensure a transparent and participatory process of defining the State Plan, a comprehensive community engagement strategy included the following core mechanisms:

- The WHL Steering Committee included 32 statewide leaders and experts, representing key state agencies, community leaders, and advocates; and provided strategic direction for the development of the State Plan. There were 5 meetings of the steering committee in FFY2023.
- The WHL Working Group included 50 direct service workers from education, health, and the juvenile criminal legal sectors, individuals with lived experience, and community leaders met 4 times during FFY2023.
- The WHL Trauma-Informed Subject Matter Expert Group included six local experts on trauma-informed approaches and focused on developing language on the topics of trauma-informed care, healing-centered approaches, and evidence-based practices.
- A Policy and Philanthropy Advisory Group, composed of 18 sector subject matter experts, provided guidance on long term funding and sustainability.
- The WHL Youth Advisory Group amplified the voice and perspectives of 17 young Louisianans and provided feedback on plan priorities and implementation methods.
- 9 WHL Community Listening sessions were facilitated by a BFH contracted partner, Power Coalition of Equity and Justice, with a total of 393 participants. BFH developed a script and conversation template that provided a foundational understanding of key terms related to childhood adversity. The Power Coalition organized and facilitated the listening sessions which included access to childcare, food and refreshments for participants, language and accommodation services, and local resource guides. The listening sessions were conducted to ensure community-specific needs were highlighted and community driven solutions for addressing childhood adversity were understood and incorporated into the development and implementation of the State Plan.

Through these collaborative efforts, the WHL State Plan identified the following four priority areas:

- Collaboration: Connecting and aligning government agencies, community based organizations, educational institutions, and healthcare providers to create a seamless network of support for children and families.
- Awareness: Informing the public, policymakers, and workforce about the impacts of childhood trauma to reduce stigma and encourage the adoption of evidence-based early intervention and preventative measures.
- Workforce: Implementing strategies for training and support to ensure that frontline workers can effectively care for themselves and those they serve.
- Prevention + Healing: Expanding preventive programs, access to services, and community-based initiatives that promote resilience and well-being.

The plan was finalized and disseminated to the public on November 30, 2023 and is posted on the WHL landing page on the LDH website.

Oversee the delivery of rape prevention education activities:

The Bureau of Family Health (BFH) started the Injury Free Louisiana Academy (IFLA) in 2019. IFLA examines root causes with community teams to assist them in developing prevention strategies that address multiple forms of violence, injury and substance misuse within communities. The trainers/coaches consist of several BFH Violence and Injury Prevention program staff and several non-profit community partners. In FFY2023, the Overdose Data to Action (ODA2) funding ended for IFLA, but the RPE program was able to provide funding to continue the program in

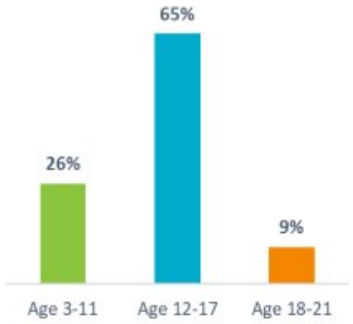
FFY2024.

Collaboration is essential to increasing the effectiveness and capacity of the Rape Prevention and Education (RPE) Program. The Office of Public Health, the Louisiana Foundation Against Sexual Assault (LaFASA) and the regional sexual assault centers have worked together since 1983 to mitigate sexual violence in Louisiana. The Bureau of Family Health oversees the delivery of rape prevention activities. The current strategies/activities are 1) Promote a strong prevention workforce by hiring and retaining dedicated staff; 2) Identify strengths and needs across Louisiana by conducting a statewide assessment and 3) Implement prevention strategies with a focus on health equity at the community level by promoting equitable and livable wages, improving school climate and safety, promoting bystander intervention and engaging boys and men as allies.

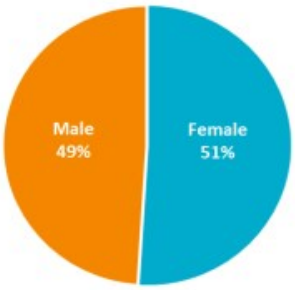
In FFY2023, the RPE Program implemented the following initiatives through six funded sexual assault centers. Shifting Boundaries was implemented in Baton Rouge and reached 135 students. Safe Dates reached 865 high school students from New Orleans, Washington Parish and Monroe. Coaching Boys into Men was offered to 153 athletes in Orleans and Washington parishes. Several locally developed female empowerment programs reached 56 females in Acadiana and Lafayette parishes. At the state level, the RPE Prevention Coordinator and LaFASA's Director of Education and Prevention served as trainers/coaches for Injury Free Louisiana which had 5 community participants. All trainings have a pre and post test to determine if there is knowledge improvement. Prevention Coordinators who have a relationship with school personnel are able to check with staff to see if there have been improvements in student behavior.

A community assessment was also implemented in FFY2023. The assessment provided insight on the perception of local programs and what services the communities feel are needed in the future. Recommendations from the community assessment will be incorporated in the next RPE work plan.

Support quality improvement in school-based health centers (SBHCs) and develop and implement strategies to better meet adolescent mental and behavioral service needs:
Implemented in partnership with Louisiana Clinical Services (LCS), the Bureau of Family Health's Adolescent School Health Program (ASHP) aims to improve access to quality preventive and primary care health services for school aged children in 57 public elementary, middle and high schools located throughout the state. Aligned with the Bureau and Title V's health equity approach, household poverty among student populations and the surrounding communities were key criteria for school selection. The program facilitates partnerships between schools and sponsoring agencies, which include Federally Qualified Health Centers (FQHCs), local hospitals, school boards and other community-based organizations. In FFY2023, Title V funding facilitated and managed the implementation of 20 contracts between LCS and sponsoring agencies who operated 57 SBHCs. Technical assistance was provided to the 57 school-based health centers through monthly office hours, via Zoom meetings, and through site monitoring visits. In the State Fiscal Year 2023 (July 2022 - June 2023), 16,180 children and youth received adolescent well exams from school-based health centers supported by the program.

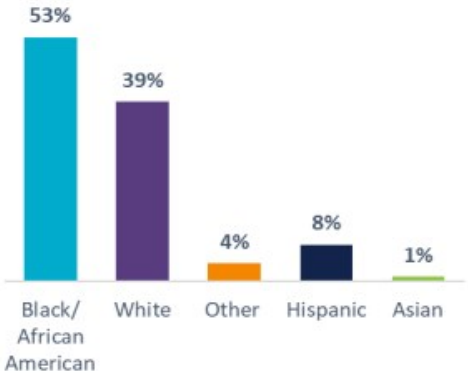


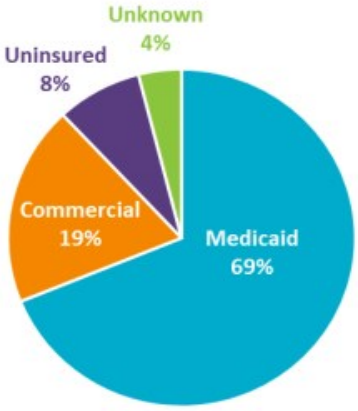
Breakdown of school based health center users by age.



Breakdown of school-based health center users by gender.

Screenings are conducted during annual well exams and when risk behaviors are suspected. During site visits and technical assistance calls, it was learned that a number of SBHCs did not have a defined process for conducting risk screenings. As a result, the contract for state fiscal year 2023 encouraged SBHCs to engage in a quality improvement initiative to develop a standardized process for conducting risk screenings, which would increase the number of students screened for risk. In state fiscal year 2023, 56% of students who visited a SBHC were screened for risk behaviors as compared to 35% of students who were screened in SFY2022. The program has noticed that some SBHCs continue to focus on increasing the number of students screened instead of identifying students most in need of screenings. In response to this identified need, the program is continuing to reinforce the focus on the process of conducting quality screenings rather than quantity of risk screenings provided.





The contract for provision of SBHC services requires each provider to participate in a quality improvement initiative. Quality improvement initiatives aim to promote continuous improvement of tools and processes to screen and identify students for risk behaviors and provide appropriate services and/or referrals. The Adolescent School Health Program encourages sponsoring agencies to select evidence-based and reliable risk screening tools for use by SBHC staff. Selected tools screen students for risk behaviors including depression, anxiety, unintentional injuries, sexual behaviors, tobacco and alcohol, and physical health and nutrition. The Adolescent School Health Coordinator then supports SBHC providers to identify evidence-based processes for the implementation of risk screenings. SBHC staff are required to upload documents quarterly for review and to receive technical assistance.

Adolescent Health - Application Year

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 the 4th leading cause of death for 25-34 in 2021.[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

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
- Adolescent mortality rate ages 10 through 19, per 100,000
- Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000
- Adolescent suicide rate, ages 15 through 19, per 100,000

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

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:

With support from the Violence and Injury Prevention Program, our team will continue to monitor injury-related deaths and non-fatal injuries among children and youth. The team will utilize Child Death Review data, vital records, hospitalization data, and emergency department data to analyze trends and identify the top causes of injury-related death, highlighting differences across demographics, to inform programmatic efforts. In FFY2025, these data and evidence-based prevention strategies will continue to be compiled and disseminated through the annual Child Death Review report, fact sheets, presentations, and social media posts to a variety of audiences including health care providers, law enforcement, families, etc.

Support implementation of Be SMART Louisiana campaign to promote responsible gun ownership to reduce child gun deaths and injuries:
Based on data trends and findings of increases in firearm-related deaths for children and adolescents, the Child Death Review (CDR) team launched a Be SMART Campaign in 2022 to raise awareness of the issue and promote firearm safe storage practices. In FFY2025, the state and local CDR panels will continue to promote messaging and distribute Be SMART materials (posters, palm cards, brochures, and social media graphics) to parents, healthcare providers, gun retailers, faith-based organizations, schools, and law enforcement. The Violence & Injury Prevention Team will also continue to collaborate with Children's Hospital of New Orleans and the New Orleans Health Department who have launched their own campaign utilizing our Be SMART materials, but also distributing gun safes throughout the community and promoting screening and secure storage messaging in their Emergency Department.

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:
Title V will continue to support the Violence and Injury Prevention Program's Comprehensive Suicide Prevention grant efforts which partly focuses on reducing suicide and non-fatal suicide attempts among children and adolescents 10 - 19 years of age. This grant program addresses several strategies in the *CDC's Preventing Suicide: A Technical Package of Policy, Programs, and Practices*, including creating protective environments by reducing access to lethal means and changing culture to promote secure storage practices, identifying and supporting youth at risk of suicide, and providing gatekeeper training.

In FFY2025, two additional partners will be funded through the grant to conduct gatekeeper trainings across Louisiana. Family Tree, Save Cenla, and Peer Initiative are nonprofit organizations dedicated to spreading awareness and training to decrease suicides. Family Tree and Save Cenla offer training to all audiences, while Peer Initiative will focus on training for high school students. Additionally, the team will continue to facilitate the Statewide Suicide Prevention Collaborative, a multi-sector group of over 50 organizations focused on suicide prevention and increasing behavioral health services. This Collaborative will continue to meet twice a year in-person, as well as virtual zoom meetings, to promote partnership opportunities, identify gaps, and align and address goals and priorities.

In FFY2025, the Violence and Injury Prevention Program will continue to utilize vital records, LA-Violent Death Reporting System, and syndromic surveillance to identify and analyze data trends related to suicides and non-fatal suicide attempts and ideation among youth and children.

Support implementation of the State Injury Prevention Strategic Action Plan strategies addressing shared or related priorities:
In FFY2025, the Bureau of Family Health (BFH) Violence and Injury Prevention Team will assess the status of proposed strategies and activities within the State Injury Prevention Action Plan and determine what strategies

should be the priority for the final year of the plan. A key focus of the plan is on upstream, policy-level strategies to prevent injury and violence in our communities. The Violence and Injury Prevention team supports the legislatively mandated Child Death Review Panel and Domestic Abuse Fatality Review Panel, providing an annual report to legislators with policy and systems-level recommendations. Additionally, the Violence and Injury Prevention Manager monitors relevant legislation each session, responds to requests, develops talking points, and provides subject matter expertise to the BFH Policy team.

Build community awareness around adverse childhood experiences (ACEs), trauma, and resilience science:
The Louisiana ACE (Adverse Childhood Experiences) Educator Program (AEP) provides no-cost trainings on the fundamentals of childhood adversity and related outcomes, resilience, neuroscience, and trauma-informed approaches. The program is a train-the-trainer program hosting 3-4 cohorts of ACE Educators every year. Trained ACE Educators facilitate presentations and activities, with technical assistance provided by the AEP Coordinator, by request to organizations and communities across the state to increase community awareness of evidence-based practices for prevention and early intervention.

The ACE Educator network includes community advocates, local and statewide leaders, and professionals from across sectors, including family support services, education, juvenile justice, and healthcare. These activities support the development of policies and practices that address the lifelong and intergenerational challenges caused by unmitigated childhood adversity and promote safe, stable, and nurturing relationships and environments for families and children in which every person can thrive. Currently, there are 90 trained ACE Educators throughout the state. Sectors/ populations identified for recruitment for FFY25 include early childcare providers, community health workers, and parents/ caregivers. Two regions of the state identified for cohorts in FFY2025 are predominantly rural.

In FFY2024, BFH expanded the capacity and oversight of the AEP by hiring a Program Supervisor and implementing a more comprehensive evaluation plan. In FFY2025, the AEP will develop additional training materials informed by national best practices and include evidence-based prevention strategies that will increase understanding of the impacts of childhood adversity and trauma-informed, protective measures.

Engage in a community-driven process to implement the Whole Health Louisiana statewide trauma-informed plan to set priorities for the state and inform action around addressing the drivers of ACEs and childhood trauma:
The Bureau of Family Health's (BFH) Whole Health Louisiana (WHL) initiative was created to develop and implement the state's first trauma-informed plan through collaboration with child- and family-serving external partners that would systematically address the widespread issue of childhood adversity and trauma. Over the last two years, a participatory process involving constituents from across the state led to the completion of the State Plan and the creation of a WHL Coalition to lead further steps promoting the implementation of the plan.

In collaboration with the WHL Coalition and externally contracted partners, our team will continue to support the implementation and evaluation of the State Plan. Activities will include a variety of learning and engagement opportunities occurring monthly including lunch and learn webinars, regional meetings, and an annual summit. Regional WHL Navigators will further support these learning opportunities. In FFY2025, BFH will contract with partner agencies to house WHL Navigators in identified regions of the state to support plan implementation and provide technical assistance to organizations incorporating trauma-informed and healing-centered practices and policies.

The Blanco Center for Public Policy at the University of Louisiana at Lafayette was contracted to develop and execute plan implementation objectives and an evaluation and quality improvement plan. The evaluation plan assessing process, impact, and quality improvement measures will be developed and launched in collaboration with

BFH with an anticipated date of completion for July 2024. This will include the development and dissemination of data collection tools for utilization by plan partners.

Additionally, BFH has contracted an epidemiologist consultant for the replication of a prospective data linkage project that includes PRAMS data and childhood adversity-related data to inform WHL-related interventions. The development of the data linkage project began in April 2024 and is expected to begin implementation in 2025. BFH will support data analysis and evaluation activities through the WHL data linkage project. Findings will inform the implementation of plan objectives, future interventions, and the allocation of resources to increase protective factors and reduce the incidence of childhood adversity and its impacts across the lifespan.

Oversee the delivery of rape prevention education activities:
The mission of 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 RPE team welcomes the challenge of applying a health equity lens to sexual violence prevention to reach those who are more likely to experience sexual violence in order to lead to better outcomes. The RPE team will utilize new strategies to promote equity in historically and structurally vulnerable communities. Data is a crucial tool for public health because it identifies the people who need assistance and helps inform the selection of prevention strategies. Louisiana has recently identified and developed new local data sources to select better prevention strategies, including the Louisiana Violence Experiences (LaVEX) survey. The state is committed to using data to inform action and improve outcomes.

In FFY2025, the Rape Prevention and Education (RPE) Program will continue to build the infrastructure for sexual violence prevention; start the revision the state action plan; increase the implementation of community and societal level prevention strategies that promote health equity; and utilize data to inform action. The program will seek new partnerships to build a sexual violence prevention infrastructure and to help revise the state action plan. Sexual violence is a complex issue that must be addressed collaboratively. Community and societal level strategies are more effective and yield longer lasting results than individual level strategies. The program will promote a shared risk and protective factors approach to designing and implementing community level interventions to reduce sexual violence. These strategies will promote multisector approaches to address the root causes of sexual violence through building knowledge and skills, addressing oppression - including economic inequality, changing policies and environments to promote safety, and promoting positive social norms.

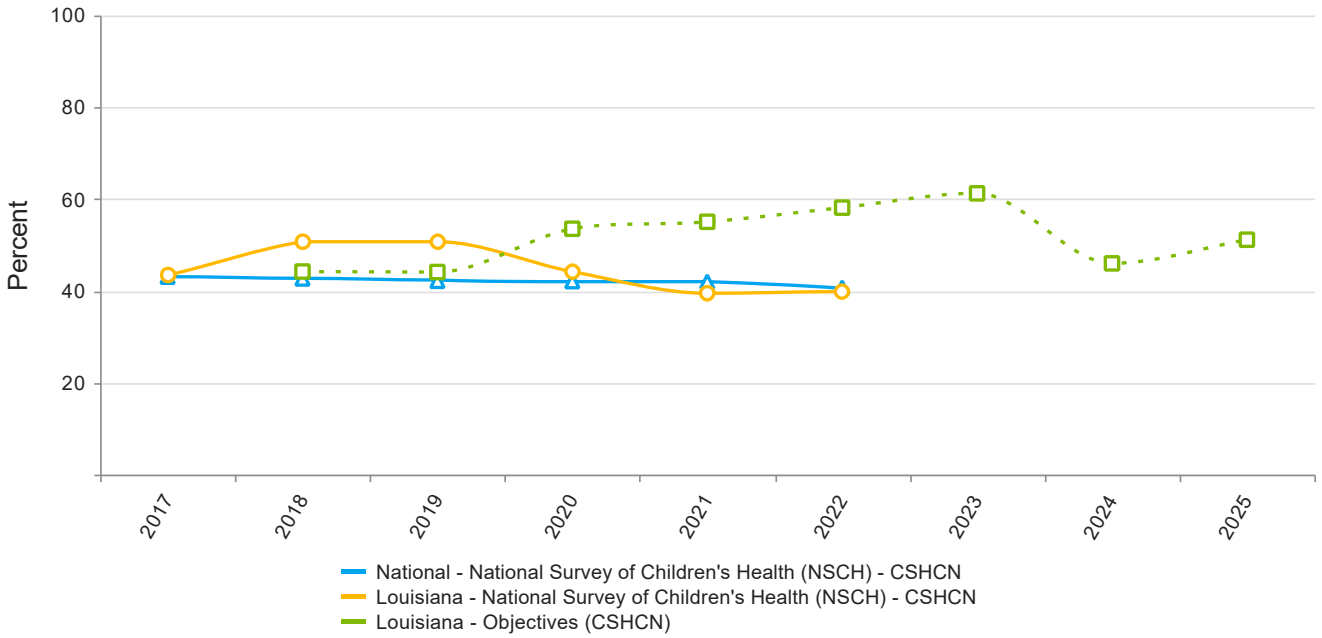
Support quality improvement in School-Based Health Centers (SBHC) and develop and implement strategies to better meet adolescent mental and behavioral service needs:
Implemented in partnership with Louisiana Clinical Services (LCS), the Bureau of Family Health’s Adolescent School Health Program (ASHP) aims to improve access to quality preventive and primary care health services for school aged children in 57 public elementary, middle and high schools located throughout the State. Aligned with the Bureau and Title V’s health equity approach, household poverty among student populations and the surrounding communities were key criteria for school selection. The program facilitates partnerships between schools and sponsoring agencies, which include Federally Qualified Health Centers (FQHCs), local Hospitals, school boards and other community-based organizations.

Screening adolescents for risk behaviors helps to identify students who may engage in behaviors that may impact their future. Once a need is identified (positive risk screening), the student is offered the opportunity to receive intervention services. The goal is to offer intervention in hopes of reducing the students' risk behaviors and improving their mental health. In FFY2025, each SBHC will continue to support quality improvement champions to offer guidance on the use of a Plan, Do, Study, Act (PDSA) document as part of the quality improvement process.

Children with Special Health Care Needs

National Performance Measures

NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH
Indicators and Annual Objectives



NPM MH - Children with Special Health Care Needs

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CSHCN					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective	44.1	53.5	55	58.1	61.2
Annual Indicator	50.8	51.1	44.2	39.7	39.9
Numerator	133,087	135,582	108,240	99,237	105,746
Denominator	261,996	265,306	245,057	249,824	264,932
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2017_2018	2018_2019	2019_2020	2020_2021	2021_2022

Annual Objectives		
	2024	**2025**
Annual Objective	46.0	51.1

Evidence-Based or –Informed Strategy Measures

ESM MH.1 - Number of health care providers trained on Medical Home, Care Coordination and Youth Health Transition

Measure Status:				Active	
State Provided Data					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective	350	300	150	350	400
Annual Indicator	223	24	303	271	701
Numerator					
Denominator					
Data Source	Internal program records.	Internal program records.	Internal program records.	Internal Program Records	Internal Program Records
Data Source Year	2019	2020	2021	2022	2023
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives		
	2024	**2025**
Annual Objective	450.0	600.0

ESM MH.2 - Percent of providers participating in Medical Home, Care Coordination, and Youth Health Transition trainings who demonstrate improved knowledge of training contents

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives	
	2025
Annual Objective	80.0

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 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH

Five-Year Objectives

In 2025, the percent of children and youth with special health care needs (CYSHCN), ages 0 through 17, who report receiving care in a well-functioning system, will not be lower than 18%, which is the same as the 2020 baseline rate.

In 2025, the percent of parents reporting that their children, ages 0 through 17, are in excellent or very good health will not be less than 87.6%, which is the same as the 2020 baseline rate.

In 2025, the percent of children, ages 3 through 17, with a mental/behavioral condition who report that they were able to receive the treatment or counseling needed will increase to 78.7% from the 2020 baseline rate of 68.4%.

In 2025, the percent of children with and without special with special health care needs, ages 0 through 17, who report having a medical home will not be less than 51.1%, which is the same as the 2020 baseline rate.

In 2025, the percent of children with special health care needs, ages 0 through 17, who report having a medical home will not be less than 44.2%, which is the same as the 2020 baseline rate.

Strategies

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

Enhance the educational content of medical home competencies provided for pediatric primary care providers in training

Direct Provision of Care Coordination Services in New Orleans and Lafayette

Support the redevelopment and expansion of FRC services as a virtual, statewide, resource and referral hub

Increase awareness statewide amongst pediatric health care professionals of the mental health consultation, training, and resource and referral services and supports available to them through the Provider-to-Provider Consultation Line

Use the Extension for Community Health (ECHO) Model to increase provider knowledge on effectively recognizing and responding to the behavioral health needs of pregnant and postpartum persons

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

ESMs	Status
ESM MH.1 - Number of health care providers trained on Medical Home, Care Coordination and Youth Health Transition	Active
ESM MH.2 - Percent of providers participating in Medical Home, Care Coordination, and Youth Health Transition trainings who demonstrate improved knowledge of training contents	Active

NOMs
NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC
NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX
NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS
NOM - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year (Forgone Health Care, Formerly NOM 25) - FHC

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 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH

Five-Year Objectives

In 2025, the percent of children and youth with special health care needs (CSHCN), ages 0 through 17, who report receiving care in a well-functioning system will not be lower than 18%, which is the same as the 2020 baseline rate.

In 2025, the percent of parents reporting that their children, ages 0 through 17, are in excellent or very good health will not be less than 87.6%, which is the same as the 2020 baseline rate.

In 2025, the percent of children, ages 3 through 17, with a mental/behavioral condition who report that they were able to receive the treatment or counseling needed will increase to 78.7% from the 2020 baseline rate of 68.4%.

In 2025, the percent of children with and without special with special health care needs, ages 0 through 17, who report having a medical home will not be less than 51.1%, which is the same as the 2020 baseline rate.

In 2025, the percent of children with special health care needs, ages 0 through 17, who report having a medical home will not be less than 44.2%, which is the same as the 2020 baseline rate.

Strategies

Support Hands & Voices with implementation of the Guide by Your Side Program to support families of Deaf and Hard of Hearing (DHH) children

Support regional Sickle Cell Foundations with implementation, capacity building, and continuous quality improvement related to building a coordinated resource and referral network

Assist the regional Families Helping Families centers with implementation, capacity building, and continuous quality improvement related to building a coordinated resource and referral network

ESMs	Status
ESM MH.1 - Number of health care providers trained on Medical Home, Care Coordination and Youth Health Transition	Active
ESM MH.2 - Percent of providers participating in Medical Home, Care Coordination, and Youth Health Transition trainings who demonstrate improved knowledge of training contents	Active

NOMs

NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC

NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX

NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS

NOM - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year (Forgone Health Care, Formerly NOM 25) - FHC

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 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH

Five-Year Objectives

In 2025, the percent of children and youth with special health care needs (CSHCN), ages 0 through 17, who report receiving care in a well-functioning system, will not be lower than 18%, which is the same as the 2020 baseline rate.

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In 2025, the percent of children, ages 3 through 17, with a mental/behavioral condition who report that they were able to receive the treatment or counseling needed will increase to 78.7% from the 2020 baseline rate of 68.4%.

In 2025, the percent of children with and without special with special health care needs, ages 0 through 17, who report having a medical home will not be less than 51.1%, which is the same as the 2020 baseline rate.

In 2025, the percent of children with special health care needs, ages 0 through 17, who report having a medical home will not be less than 44.2%, which is the same as the 2020 baseline rate.

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 MH.1 - Number of health care providers trained on Medical Home, Care Coordination and Youth Health Transition	Active
ESM MH.2 - Percent of providers participating in Medical Home, Care Coordination, and Youth Health Transition trainings who demonstrate improved knowledge of training contents	Active

NOMs

NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC

NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX

NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS

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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. Aligned with the national CYSHCN Blueprint for Change, the 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. As a state, Louisiana has one of the highest percentages of CYSHCN in the country, with over 24% of children ages 1-17 having a special health care need. Furthermore, over one quarter (26.4%) of CYSHCN in Louisiana do not receive effective care coordination, with only 39.9% 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 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 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
- Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling
- Percent of children, ages 0 through 17, in excellent or very good health
- Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year

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

Summary of Title V supported interventions for CYSHCN in FFY2023

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:
The Bureau of Family Health (BFH) continues to transition numerous programs from direct, gap-filling care provision toward population-health and system strengthening services. This transformation can be seen in the description of the below strategies:

- Support the redevelopment and expansion of Family Resource Center services as a virtual, statewide, resource and referral hub
- Assist the regional Families Helping Families centers with implementation, capacity building, and continuous quality improvement related to building a coordinated resource and referral network
- Enhance partnerships with family and community-led organizations to increase population reach and support services for CYSHCN and families

Each of these strategies are described below.

Increase Title V organizational capacity to utilize National Survey of Children's Health data:
In FFY2023, Title V funds were utilized to increase the sample size of households participating in the 2023 National Survey of Children's Health (NSCH). This oversampling of NSCH data collection was needed to ensure enough data is available from households including persons of all races as well as households including children with all types of disabilities and other special healthcare needs. The oversampling will allow the Bureau of Family Health (BFH) to better understand disparities faced by children and youth with different disabilities or other special healthcare needs as well as the intersection of race and disability/special healthcare needs. Data from the 2023 oversample is expected to be available from the US Census Bureau in October 2024.

Conduct targeted ongoing needs assessment activities and research projects to identify gaps and opportunities for improvement within the state systems of care for CYSHCN:
Identifying Training Needs:
In FFY2023, the Bureau of Family Health (BFH) conducted a Landscape Assessment to explore the needs of pediatric primary providers in training from across the state. Using a reverse engineering method, BFH identified leaders from 16 diverse graduate education and training programs (including programs for Family and Pediatric Nurse Practitioners, Pediatric Residency, Osteopathic Medicine and Physician Assistants) to complete key informant interviews. The interviews examined the extent to which medical home competencies existed in each of the current academic curriculums or training programs. Questions were developed using American Academy of Pediatric (AAP) recommendations and the previous work of the Medical Home Resident Education Initiative Work Group. The assessment used a 1-5 scale to measure the degree to which the following topics were rooted into the curriculum: Care Coordination, Community Resources, Developmental Screening, Accessible Care, Continuity of Care, Family Centeredness and Partnership, and Youth Health Transition.

This Landscape Assessment is the first step in operationalizing a medical home didactic expansion grounded in the historical work with Louisiana residency programs. Upon completion of the assessment, a thorough analysis will inform a menu of medical home didactic offerings based on understanding and implementing the pediatric medical home model. BFH will recruit early adopters to pilot the integration of medical home competencies into providers-in-training coursework led by BFH content experts.

Supporting Local Needs Assessments:
The Bureau also continued to support 10 member organizations of the Families Helping Families (FHF) network to carry out community-based needs assessments. These needs assessments aim to collect data on the existing needs of children and youth with special healthcare needs within the geographic region covered by each FHF member organization. FHF member organizations continue to improve their confidence and capacities to design

and implement these small-scale assessments within their respective regions.

Identifying Gaps in Service Provision:
In FFY2023, BFH determined a need to understand how the MCO case management / care coordination models fit into the Louisiana health service system, especially for CYSHCN and their families and what was the reach and uptake for these services.

The Care Coordination and Nurse Consultants launched a study of the case management programs outlined in each of the 6 Louisiana MCO contracts. According to contract documents and MCO website content, each MCO provides a variety of case management services/supports that include data analytics designed to identify high risk beneficiaries and enhance/tailor interventions, a 24 hour/7 day week nurse advice line, patient/family education programs, as well as support to address social related health needs. MCO contracts outline an opt in service model rather than opt out and referrals can be submitted by health providers, named state agencies, as well as beneficiaries. There is a requirement for MCOs to complete a Health Needs Assessment with each enrollee to identify risk/high need, so that the MCOs can then offer/engage enrollees with case management services.

With support from the BFH Quality Improvement Manager, the consultants surveyed case management services reporting processes and requirements. The team commenced an analysis of the Medicaid MCO CM39 report to explore reach/utilization of case management services. Despite a menu of service options offered by the MCOs, the team discovered limited uptake of these services, especially within pediatric populations. Based on the risks experienced by Louisiana special populations, this reflects missed opportunities to improve care and health outcomes. In FFY2024 BFH plans to continue dialog with Medicaid and MCOs around improving case management service reach to ensure all families have access to supports needed to thrive.

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 (DHH) receive appropriate and timely services. These services include hearing screening, diagnosis, early intervention (EI) and family-to-family support. There were 55,851 babies born in Louisiana during FFY2023. According to data collected nationally by the Centers for Disease Control (CDC), permanent hearing loss occurs in 1.8 out of 1000 births and is the most frequently occurring congenital condition. For families whose children are identified as deaf or hard of hearing (DHH), the benefit of both timely support and early intervention services is of paramount importance. An increasing body of research shows that children who are DHH and who are enrolled in early intervention by six months of age have the same potential for language development and milestone achievement as children who have typical hearing.

The Bureau of Family Health's (BFH) Early Hearing Detection and Intervention (EHDI) Program supports the early screening, identification, and referral for enrollment into early intervention and family-to-family support services for children who are identified as D/HH. The program uses the following benchmarks to monitor performance:

1. Percent of newborns receiving a hearing screening prior to hospital discharge, or by 1 month of age
2. Percent of children completing the audiological diagnostic process by 3 months of age
3. Percent of children identified as D/HH and enrolled in intervention services before 6 months of age

A FFY2023 analysis using LA EHDI data indicated that there was no trend in early intervention (EI) enrollment by six months of age from 2015 to 2020. Overall, 65% of the children identified as deaf or hard of hearing (DHH) during that time frame enrolled in early intervention. Only 40% of those were enrolled in EI by 6 months of age. Age at diagnosis was an important factor contributing to late enrollment. Of children with permanent hearing loss (PHL), 36% were diagnosed after six months of age. Children diagnosed with PHL between four and six months of age were two times more likely to be enrolled in EI late compared to those who were diagnosed before three months of age. Severity

and laterality of hearing loss were other risk factors of late or no EI enrollment. Children with unilateral, mild-bilateral, or moderate-bilateral PHL were two times more likely to have late or no EI enrollment compared to children with severe-bilateral or profound-bilateral PHL hearing levels.

In addition, a study using 2015-2020 LA EHDI data indicated that no or late EI enrollment was two times more likely in non-Hispanic Black children than in non-Hispanic White children. Statistically, the following study factors were not related to late or no EI enrollment: gender, maternal age, maternal education, geographic living area, number of previous live births, and type of hearing loss. Additionally, while household income was not available, Medicaid paid for delivery was considered as a proxy for low income. This variable was also found to not be statistically associated with late or no EI enrollment. Loss to follow-up and/or loss to documentation (LTF/LTD) after hearing screening is another significant contributing factor of disparity. A study using 2015-2016 LA EHDI data showed that LTF/LTD after hearing screening was more likely to occur among children with the following maternal characteristics: Non-Hispanic Black, younger age, unmarried, lower education, smoking during pregnancy, born out of the U.S., and having two or more children.

In addition, there is a need to identify more children from birth to 3 years of age with late-onset hearing loss. An analysis of children identified as DHH from birth cohorts 2015-2020 showed that 15.4% of these children had late-onset hearing loss (119/771). Since the incidence of permanent childhood hearing loss is estimated to double between birth and 5 years of age, this suggests late-onset hearing loss may be under identified. Therefore, it is likely that there are many children developing hearing loss between birth to 3 years of age that are being missed until language delays become evident.

One challenge contributing to the missed identification of children between birth to 3 years of age is that periodic early childhood screenings are not accessible for all children ages 0–3. A review of all children identified with late-onset hearing loss in Louisiana from birth cohorts 2014-2022 revealed that only 31% were reported to have a risk factor at birth (39/126). Since most children who developed late-onset hearing loss did not have a risk factor for hearing loss identified at birth, periodic early childhood hearing screenings are necessary for identifying these children.

Early Head Start (EHS) programs screen children for hearing loss within 45 days of enrollment, which means they are potentially the largest source of hearing screens of preschool aged children. LA EHDI has already begun collaborating with Early Head Start (EHS) programs across the state. We identified EHS programs operating in the state, and surveyed them on their hearing screening procedures and follow-up protocols. These surveys revealed gaps in knowledge on proper follow-up procedures for children who do not pass hearing screening. To close this knowledge gap, LA EHDI has presented at regional Early Childhood and Early Head Start conferences for two consecutive years. Emphasis was placed on how and when to make referrals to an audiologist for a hearing evaluation. Likewise, to continue to build statewide capacity to screen children up to age 3, coordination with other Maternal Child Health (MCH) early childhood programs needs to be strengthened to ensure that 1-3-6 recommendations are met. Expansion of current partnerships, along with exploring opportunities for new partnerships, will promote coordination and collaboration with the EHDI program.

There has been an increase in the number of families delaying or declining EI. To determine factors influencing enrollment in EI by 6 months of age, a data review was completed for the 2021 birth cohort, which includes 84 children who did not pass newborn hearing screening (NHS) and were identified as DHH. It should be noted that 18/83 (22%) families either declined a referral to EI or declined EI services. Of the 18 families who declined, 15/18 (83%) had children who were identified with either a unilateral hearing loss (11) or mild hearing levels (4). Additionally, the majority of those children (14) were identified early (before 3 months of age). The effect of both the

unilateral or mild hearing levels, and the young age of identification seemed to negatively affect a family's decision to enroll in EI. Additionally, when we compare data for the cohort of children whose families decline EI, a steady increase is observed from 2019 to 2022, with 10% declining in 2019, 11% in 2020, 17% in 2021, and 24% in 2022. While this trend is concerning, an even more disturbing shift was evidenced for the 2022 birth cohort. The families who were declining remained primarily those of very young children, with 75% being identified by 3 months of age. However, there was an increase in children with moderate, severe, and profound hearing levels who were not enrolling in EI, which comprised 40% of declines.

Following these revelations, with guidance from the State of Louisiana Advisory Council for the Early Identification of Deaf and Hard of Hearing Infants Language Outcomes Committee, a number of change strategies were employed. We began notifying audiologists and physicians when their patient declined EI, requesting their assistance in supporting the family during this crucial window for language acquisition, which requires immediate action to support language development. With input from families, we modified the "Your Child Has Been Identified as DHH - What Families Need to Know" document by decreasing the quantity of information included, while modifying the format to aid in ease of use. Also, we held a webinar with pediatric audiologists who identify children as DHH to address the importance of language development and to encourage them to share our newly revised written materials with families and to discuss the importance of timely EI to support language development with families. To provide a family perspective, parents of children who are DHH shared their experiences with the EHDI system. Furthermore, data and concerns regarding the increased percentage of families declining EI were shared with stakeholders at Regional EHDI Collaborative meetings, and with the Parent-Pupil Education Program (PPEP) teachers, which provided additional insights and perspectives to address this area of concern.

In January of 2023, the EI Coordinator began collecting reasons families are delaying EI, which should aid in further responding to this issue. Analysis of long-term language acquisition outcome data needs to be strengthened. In fact, DHH children who are identified early and provided appropriate and timely EI services have better language acquisition outcomes than those who are not. To improve these outcomes, we must partner with EI providers to track long-term data for this population. The first step in achieving improved outcomes is to address system-level gaps in the current infrastructure, and to improve enrollment in EI by 6 months of age. Language acquisition outcome data collection needs to be expanded, with defined reporting procedures. A plan to analyze the data to identify trends and factors related to disparities in language acquisition outcomes needs to be developed so that analyses can be performed, and a plan can be developed to address identified disparities.

LA EHDI applied for and was awarded a one time supplement to assess and build capacity to address language acquisition and other developmental milestones at age 3 for children identified as deaf or hard of hearing, with a period of performance of 6 months. LA EHDI has worked with certified teachers of the deaf and hard of hearing to provide training and conduct evaluation of children from 0-3 (potentially 265 children) in Louisiana on two assessment tools, the Developmental Assessment of Young Children (DAYC-2), and the MacArthur-Bates Communicative Developmental Inventories-III. At the end of the project period, LA EHDI will have collected baseline data on as many families as agree to the assessment.

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:

Louisiana 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 FFY2023, the LSCC had four regular meetings. Some of the LSCC's activities include releasing the annual legislative report, collaborating with the Department to build the statewide sickle cell registry, as well as plans to increase board membership in FFY2024. BFH continued implementing Act 647 of the 2022 Regular Session of the Louisiana Legislature. The LSCC advocated for Act 647, which mandated the establishment of a statewide sickle cell registry, known as the Skylar-Cooper Database. BFH's Data to Action team, in collaboration with the Bureau of Health Informatics, is determining what information will be included into the registry and developing a dashboard to aid with navigation.

Rare Disease Advisory Council: The Louisiana Rare Disease Advisory Council (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.

<u>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:</u>
In FFY2023, BFH focused on unifying definitions of and standards for Care Coordination, development of resources and tools including care coordination and medical home toolkits, promoting standards and tools to practitioners and trainees, and supporting the Family Resource Center (FRC) to be a virtually accessible and universally available care coordination resource for the State.

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 care coordination and make appropriate community referrals in their personal practices.

To further support medical homes in the state, specifically around youth health transition services, BFH developed and published a Louisiana Youth Health Transition toolkit based on clinical practice guidelines, "*Got Transitions: Six Core Elements of Transition*", and lessons learned from field experts. Using a quality improvement framework, the toolkit provides a systematic approach for implementing and improving evidence-based transition services in primary or specialty care settings. In FFY2023, a total of 701 healthcare providers were trained on Medical Home, Care Coordination, and Youth Health Transition to strengthen professional's knowledge and improve Louisiana's

systems of care.

Over the course of FFY2023, the Bureau of Family Health (BFH) continued to support the provision of care coordination services. Care coordinators are embedded in Lakeside Children's Pediatric Clinic and Ascension DePaul Community Health Center, which are both located in New Orleans. An additional care coordinator was embedded in Louisiana State University (LSU)'s Pediatric Clinic in Lafayette. In FFY2023, care coordinators supported partner's to provide care coordination services for 4,821 children and youth with special healthcare needs.

In line with BFH's strategy to transition focus towards health system strengthening and away from provision of direct care coordination services, transition plans have been defined to guide the exit or transition of care coordinators over the 2020-2025 Block Grant Cycle. During FFY2023, after a career spanning over 40 years, the Region 4 care coordinator retired from the LSU pediatric-family medicine academic practice. To ensure a smooth transition, practice staff were provided with training, and the clinic was linked to the Family Resource Center (FRC) to ensure continuation of access to care coordination services. Additionally, the Region 1 Lakeside Children's Pediatric Clinic's clinic manager, nurse consultant, and care coordinator collaborated to formalize the exit strategy for this site. This plan includes staff training, linkage to the FRC, and an updated resident resource library. The transition at Lakeside Children's Pediatrics Clinic is set to conclude in June 2024. The last remaining direct services care coordinator contract with DePaul's FQHC is scheduled to terminate June 30, 2025. The BFH nurse consultant has begun discussions with the care coordinator and clinic management regarding the exit strategy for this position and will continue to provide support over the upcoming fiscal year. The current plan for the position is for the care coordinator to transition into a position with the FQHC.

Support the Louisiana Pediatric Mental Health Access Program in the development of statewide pediatric mental health consultation system:

The Bureau of Family Health (BFH) continues to provide mental health technical assistance to perinatal health service providers and pediatricians through the implementation of the Provider to Provider Consultation Line (PPCL) program. The program delivers training to build perinatal and pediatric providers' capacities to recognize and respond to the mental health needs of their maternal and pediatric patients. In addition to provider training, the program establishes a consultation line, which perinatal and pediatric health providers can call to consult with mental health specialists when they are uncertain about how to respond to the mental health needs of their patients. A partnership with Tulane University supports provision of psychiatric consultation as needed as well as general data management support for the program.

BFH launched a pediatric provider mental health consultation line in November 2022. Under the direct management of the BFH, the pediatric consultation line is supported by a clinical team including licensed mental health professionals, resource specialists, and psychiatrists. By September 30, 2023, 165 pediatric providers had registered with the program and 112 consultations had been provided to registered providers. Half of the consultations provided were for repeat callers.

PPCL launched its first Pediatric Mental Health TeleECHO series in October 2022, just a month prior to the launch of the consultation line. The following training topics were included in the initial cohorts of the TeleECHO training series:

- Screening for Anxiety in Children and Adolescents
- Adverse Child Experiences (ACES)
- ADHD - Diagnosis and Starting Treatment
- Crisis Response and Management
- LGBTQ+ Informed Practices
- Screening for Perinatal Depression

- Adolescent Substance Use
- Practical Parenting for Kids with Oppositional Defiant Disorder

The Extension for Community Health Outcomes (ECHO) Model has a continuously growing body of research that consistently demonstrates the efficacy and sustainability of the Model across disciplines, including health care and education. During an ECHO session, participants present real cases to an expert team of specialists who guide learners through managing patients with complex conditions. Participants learn from one another while also processing knowledge through a local lens. PPCL has found success in using the ECHO Model to build the capacity of pediatric healthcare providers to better recognize and respond to the mental health needs of their patients. The first Pediatric Mental Health TeleECHO Cohort that occurred from October 2022-March 2023 had an average of 10-11 participants each session and evaluations consistently showed that participants reported an increase of knowledge from pre to post-session and anticipated using the knowledge in the treatment of their patients. Using some lessons learned from the first cohort, a second cohort was launched in May-November 2023, and had a total of 114 registrants and an average of 24 participants per session. The evaluations for the second cohort continued to have participants report an increase in knowledge and the knowledge would likely be used in treating patients. Attached to this report is a summary of the ECHO evaluations from the beginning Cohort 1 to the end of Cohort 2.

Support the redevelopment and expansion of Family Resource Center services as a virtual, statewide, resource and referral hub:

The Bureau of Family Health (BFH) Family Resource Center (FRC) is a virtual resource center for families of children and youth with special healthcare needs (CYSHCN). Historically, information and referral services for parents of CYSHCN were provided through Parish Health Units and through the Children's Hospital of New Orleans. However, during the COVID-19 pandemic the services provided in these brick and mortar locations were disrupted and the vision of a virtual resource center was born. In FFY2021, the initial virtual phone bank was established to allow staff to maintain connection with families from across the state. In FFY2022, the FRC team contracted *Social Solutions* to design the Efforts to Outcomes (ETO) data system for the FRC. The system was launched in January 2022. Over FFY2023, the team continued work to improve efficiency/accuracy of the data system.

The FRCs key priority for FFY2023 aimed to improve internal referral processes/procedures between the center and other Title V funded programs housed within BFH. Using a continuous quality improvement (CQI) framework, the FRC team met with each project/program to co-develop collaborative strategies and coordinate Bureau resource and referral services. The output from these alignment meetings resulted in development of an alignment/communication plan to ensure that (1) information about the FRC was integrated into Bureau programs/operations and (2) to increase coordination of resource and referral services for families and providers touching BFH programs.

A second priority in FFY2023 was to strengthen the FRC-Louisiana Birth Defects Monitoring Network (LBDMN) project utilizing continuous quality improvement methods. LBDMN conducts active surveillance of birth defects in children born in Louisiana. This surveillance helps to identify environmental conditions, pharmaceutical side effects, or behavioral risk factors threatening Louisiana's newborns. Through the FRC collaboration, the LBDMN refers families with newborns/young children with special healthcare needs to the center, who then provide outreach to these families. During the course of the outreach, families can complete a needs assessment and/or access resource and referral services tailored to their child's health condition. In FFY2023, the FRC and the LBDMN teams continued quality efforts to close the time gap between case identification and FRC outreach with a goal to reach families by the time a child reaches 6 months of age.

The FRC team tested several strategies to increase family engagement with outreach. Use of an informational

postcard alerting families of impending FRC outreach was the first tested communication/engagement strategy. FRC also tested transmission of an introductory text message to alert families to an upcoming outreach call. Using small tests of change, the FRC determined that texting families was more effective at engaging families than postcards sent via the postal service and was instrumental to increasing family engagement with FRC outreach.

Community families can contact the FRC for any need related to the health and wellbeing of their children, but the majority of families linked with the FRC connected through LBDMN referral pathway. With the FRC phone system, calls are answered in real time by qualified staff. FRC staff offer a rapid needs assessment to identify child/family needs to support optimal health outcomes. Families can decline the needs assessment and direct the query toward their current/specific want/need.

Over FFY2023, the FRC received 1,504 total referrals, 97% from the Louisiana Birth Defects Monitoring Network (LBDMN) and the remaining 3% from pediatric provider and family self referrals. Using the needs assessment model, families can identify multiple resource needs. Among the 1,504 individual families referred, 797 families engaged with the FRC and 609 completed a needs assessment Through engagement interactions, 3,907 needs for specialized services/resources were identified. Families were provided with resources and referrals according to identified needs. 73.8% of these services successfully met the identified needs of the family.

The need for encounter follow-up varied based on the identified special health care need, severity of condition, existing services the child/family was linked with, and family/caregiver preferences for follow-up. Telephone follow-up was conducted by the FRC Resource Specialists to identify ongoing resource needs, assess if the resources provided met the needs of the family and if further services are required to access community support. The FRC completed follow-up for 35% of the needs identified.

The FRC continues efforts to meet the resource and referral needs of families with diverse linguistic backgrounds. The introduction of a Language Line (translation service) has been moderately effective in supporting assessments, connecting families to services, and relaying information on identified resource needs. However, the Center noted that non-English speaking families were less aware of its services. The team collaborated with the BFH Communications Specialist, who added instructions on the website to guide linguistically diverse families through the steps for submitting a FRC support request. The FRC's FFY2024 Communication Plan includes updating the Centers' website as well as developing email templates and targeted resource packets in multiple languages.

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:

The Families Helping Families (FHF) network and the Bureau of Family Health (BFH) partnership aims to improve access to information about system policies and services, peer support, and referral linkage for children and youth with special healthcare needs' (CYSHCN) and their families'. FHF is a statewide network of 10 family-led organizations who have historically served children and adults with disabilities. The partnership provides financial and technical assistance supporting the FHF network to expand their reach to a broader population of children and youth with special healthcare needs, their families, and the local and statewide providers who serve them. By integrating these efforts, we aim to create a robust support system that effectively meets the needs of CYSHCN and their families through comprehensive and accessible services.

Since the launch of the FHF-BFH partnership in FFY2020, the BFH CYSHCN team has provided intensive technical assistance aimed toward building FHF network staff capacity. Staged learning technical assistance was provided on topics such as quality improvement, utilizing data to inform project strategies, data analysis, and conducting

organizational assessments. In FFY2021, the FHF network members and BFH completed a review of the Standards of Systems of Care for Children and Youth with Special Health Care Needs to align project strategies against the standards. Flowing from this work, an FHF-BFH Project Change Package Checklist was initially developed in FFY2021. In FFY2023, the change package continues to provide the framework guiding the project. Reviews and adjustments are made as needed to ensure the project scope of work and aims are clear to all partners.

In FFY2023, the Title V supported partnership continues to support placement of Community Resource Specialists in each of the 10 partner organizations. This investment has allowed the Families Helping Families network to successfully expand their services beyond serving children with developmental disabilities. Each FHF network conducts outreach to community partner programs as well as health providers in their community.

During FFY2023, FHF and BFH collaboratively developed a pilot plan to engage health provider clinics with evaluation of a new BFH Provider Toolkit. The team outlined a strategy to gather feedback from pediatric provider clinics to support evaluation of a new Care Coordination Toolkit. The new Care Coordination toolkit was designed to support provider practices to improve or expand care coordination services at the clinic level. It uses a step-wise quality improvement framework to maximize clinic capacity and make implementation of care coordination services efficient and effective. The toolkit was created for primary care practices but can also be used by other health care or social service professionals.

FHF-BFH collaborated to design an evaluation plan to gather feedback about the Care Coordination Toolkit as well as assess the effectiveness of engaging provider clinics. The BFH CYSHCN Epidemiologist and Communications Specialist will lead the development of an evaluation survey and marketing materials. The evaluation will leverage existing FHF provider clinic relationships to support engagement of pediatric practices. FHF outreach staff will engage practices and recruit evaluation survey participants. The evaluation will be implemented in FFY2024.

In FFY2023, BFH's CYSHCN epidemiologist worked with FHF partners to redesign a survey tool aiming to facilitate assessment of the needs of CYSHCN and their families in each of the regions where FHF network organizations are located. The survey queried families around their most valued services, barriers to services/supports, and recommendations for system improvements. The third iteration of the survey was condensed in an effort to increase response / participation. A key modification of the tool was a shift toward condition / impairment categories rather than diagnosis / specific health conditions. Unfortunately, the overall response rate for the survey was low in FFY2023 (N= 177). FHF partners noted competing activities including the expiration of the pandemic and challenges families experienced with re-engaging with the community.

In FFY2023, BFH also launched collaborative talks with the Family Voices Affiliate, which is also a member of the FHF network (Region 3). The Family Voices Affiliate organization is a Family 2 Family (F2F) Health Information Center grant recipient and hosts a data sharing collaborative between 9 of the 10 FHF network members on services/supports/demographics of CYSHCN ages 0-26 in Louisiana. BHF's CYSHCN team met with the Family Voices Affiliate organization and discussed the organization's overall relationship with the other FHF network organizations in the state, specifically focusing on the data shared from all network members. BFH will continue to explore opportunities for collaboration and capacity building of the State's Family Voices affiliate and F2F HIC Grant recipient organization.

The Bureau also seeks to collaborate with the Directors of Families Helping Families organizations on a variety of other initiatives. In FFY2023, FHF Directors participated in monthly meetings and collectively served as consultants on the development of materials and strategies to be used in the State's Early Childhood Comprehensive Systems (ECCS) project, as well as to support development of a plan for engaging families with early childhood development

trainings.

The partnership w/ FHF provides access to family leader insight/perspective. FHF are committed thought partners and often provide consultation on development and implementation of CYSHCN programming strategies as well as the State's Early Childhood Comprehensive Systems (ECCS) grant and the developmental screening initiative. Shared learning activities benefit both the FHF and BFH teams. FHF as well as BFH bring best practices to shared learning meets, topics include navigating the National Survey of Children's Health, new strategies to support family engagement, time management tools and strategies, and new community resources/programs that the networks have identified.

Enhance partnerships with family and community-led organizations to increase population reach and support services for CYSHCN and families:
Sickle Cell Foundations: 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 FFY2023, BFH continued to provide funding and technical assistance to these centers for their work to support children and families in Louisiana.

The CSHS Program Manager and the Genetic Diseases Strategy Manager hold quarterly meetings with the five sickle cell foundations to discuss topics that enhance service delivery to clients such as ways to maintain HIPAA compliance as they approach clients. BFH engaged Geoffrey Nagle, with Alliance Strategic Advising and Research to provide guidance on leadership and enhancing non-profit organizations.
Louisiana Early Hearing Detection and Intervention (EHDI): LA EHDI continues a historical partnership with Hands & Voices (H&V) to implement the Guide By Your Side (GBYS) program, which provides family-to-family support, as well as DHH adult support. GBYS has eight Parent Guides who are parents of children who are DHH, and two DHH Guides who are DHH adults. Each Guide is trained extensively in the H&V curriculum and brings their lived experience to the level of support they offer to families of children who are newly diagnosed as DHH. The Guides also participate in the development of LA EHDI materials and provide input on program processes, goals, and objectives, helping keep the program grounded in family focus.

Hands & Voices' strategy for engaging with families includes follow-up phone calls and texts to parents of children who are DHH, monthly Zoom calls to discuss topics identified by families, and regionally held family face-to-face events. In FFY2023, 103 families were referred to the GBYS program, of which 89 families chose to enroll. Of those 85 families who enrolled, 34 families were interested in and received information about connecting with a Deaf Guide (based on their child's hearing levels). There were 257 contacts made with families to provide encouragement, support, and education, in addition to any initial referral or enrollment calls, Parent Guides and Deaf Guides are expected to participate in monthly Zoom calls for training and planning. Of the 10 calls planned, an average of 7 (of 10) Guides participated each month. H&V also hosts monthly Parent Chat calls. 12 calls took place in FFY2023, with an average of 7 attendees each session. Topics (and attendance) for Parent Chats included: Holiday Gift Ideas for DHH Children (12), Parent Advocacy Training series on Eligibility (10), Individualized Educational Plan (IEP) (10), Transition (11), Parenting a Child with Hearing Loss (0), Supporting DHH Kids Over the Summer (5), Questions to Ask at an IEP Meeting (4), Transition Q&A about All Things School (3), and the ABCs of Advocacy (5). Additionally, 11 family events were planned and held throughout the state, with a total of 265

individuals participating. Events and attendance included: Growing Up Deaf - My Deaf Experience (10), New Orleans Family Picnic (55), Ochsner Cochlear Implant Celebration-New Orleans (18), Discovery Center-Hammond (18), Children's Knock-Knock Museum-Baton Rouge (45), Children's Sci Port Discovery Center-Shreveport (15), Calcasieu Deaf Expo (25), Petro Bowl Meetup-Lake Charles (47), Frasch Park-Sulphur (12), Deaf Coffee Chat-Lake Charles (8), Miko's Play House - Lafayette (12).

The limited availability of DHH adult-to-family support is insufficient to meet the needs of families across Louisiana. One challenge is that there are currently only two DHH Guides, and daytime family events are difficult because both are employed full-time during the day. Bios for each DHH Guide were developed and posted on the H&V website, and a flyer was created to provide families with information about H&V Deaf/Hard of Hearing Guides, and ways to connect. Procedures and protocol for initial family contacts and visits were written, and Parent Guides began reporting on sharing information with families about DHH Guides. Additional DHH Guides are needed, and/or a Deaf Mentor program initiated, as well as development of a plan to improve connections between families and DHH Guides.

Systems 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 CSHS and Genetics safety-net clinics:

Historically, services for children and youth with special healthcare needs (CYSHCN) were provided in parish health units (PHU) managed by the Office of Public Health (OPH). During the FFY2021-FFY2022 implementation years, Title V funding supported the Bureau of Family Health (BFH) to conduct several formal evaluations and systematic assessments of these services and their reach. The results from these activities illuminated opportunities to strengthen the alignment of core public health screening and diagnostic systems with shared definitions and standards, in particular for care coordination. These evaluations provided the groundwork for the development of a new vision for strengthening the systems of care and support for CYSHCN.

In FFY2023, the Children's Special Health Services (CSHS) and Genetics programs continued to implement comprehensive work plans to address evaluation recommendations. Services provided to CYSHCN attending parish health unit clinics included psychosocial assessments, care coordination and youth health transition. The CSHS Programs also continued to provide safety-net services for CYSHCN living in Regions of the state where there is a shortage of specialty providers or where there are no providers willing to accept Medicaid. In FFY2023, these services supported 207 children/youth with Sickle Cell Disease, 137 families benefited from genetic evaluation / counseling, and 597 children/youth benefitted from access to sub-specialty services (Orthopedics, Plastic Surgery, Cleft lip and Palate, Neurology, Otology, etc.).

To guide continuous quality improvement within children's special health service (CSHS) clinics, a clinical services quality improvement plan and quality assurance performance measures were defined based on 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	Purpose of the Measure
Eligibility and Enrollment in Health Coverage	Ensuring eligibility and enrollment in health insurance coverage for all CSHS-Clinical Service patients.
Medical Home	Ensure access to a MH to provide family-centered, coordinated, and ongoing comprehensive care.
Care Coordination	Ensure CSHS-Clinical Services patients receive CC services to allow for optimal coordination and integration of services needed by the child and family.
Referrals	Ensure the results of referrals to therapies and other service systems are documented in the EHR to enhance continuity of care
Behavioral Health	All children and youth attending a medical visit will receive a behavioral health assessment to ensure behavioral health needs are addressed
Nutrition Services	All children and youth attending a medical visit are screened for nutritional risk factors to ensure nutritional health needs are addressed.
Transition	Ensure CSHS-Clinical Service patients aged 14 and above receive transition to adulthood planning and readiness assistance

In FFY2023, BFH's statewide social work consultant and statewide pediatric nurse consultant continued to utilize the clinic electronic health records (EHR) to enable regular reporting of the defined measures. 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. In FFY2023, performance on five out of seven quality measures exceeded the targets set. 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.

When specific needs are identified, BFH's CSHS team contracts physicians, nurses, social workers, and nutritionists to provide services for children and youth with special healthcare needs (CYSHCN) in Parish Health Units. In FFY2022, The CSHS statewide pediatric and social work consultants developed a chart audit process to monitor quality and safety of services delivered by contracted specialist providers. The process requires a review (or audit) of 5% of each provider's encounters. The audit is conducted twice yearly. In FFY2023, charts were randomly selected and the results were shared with the CSHS Program Manager and staff. Quality improvement plans will be developed and implemented as needed to improve outcomes.

In FFY2022, BFH set a goal to begin transitioning services historically provided in parish health units to community based care within existing health services. In FFY2023, the CSHS team continued to enact clinic transition protocols. The protocols guide decision-making for contracting a new specialist health provider when current providers retire or resign. The protocols include the following key components:

- Regional landscape assessment to determine if specialist services are available in the community
- Informing patient/families of available providers in the community and assisting with that transition

- Providing care coordination for 3-6 months to assure transition was successful and assess for any behavioral health needs

CSHS will continue to monitor transition success and expand this framework into a formal detailed process within BFH.

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 FFY2023, the passage of Act 17 of the 2023 Regular Session of the Louisiana Legislature was an important first step to support timely and efficient decision-making related to this system. Act 17 made important changes to the state's newborn screening law in an effort to help ensure that Louisiana stays up-to-date with the Recommended Uniform Screening Panel (RUSP), if those conditions are determined by Louisiana stakeholders to be appropriate for the state's screening panel. Specific conditions identified in law were removed from the statute in favor of utilizing the department's rulemaking authority. This is a more efficient process that still affords the opportunity for public visibility and legislative oversight. Also, the modernized law will make the timing and process to add new conditions and tests clearer for the public, healthcare systems, legislators, payers and the sections within the health department responsible for implementing the newborn screening program - from testing implementation through follow up and ongoing care.

Collaboration with Medicaid and the State Laboratory remained the focus of FFY2023 with internal meetings on an as needed basis. A FFY2024 plan is in place to develop a formal steering committee, inclusive of additional key stakeholders and committed to further enhancing the continuous technical, clinical, financial, and policy collaboration efforts.

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 FFY2023, 100% of newborns with positive screens received timely follow up to definitive diagnosis and clinical management. 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) tracks the occurrence of over 70 structural, functional, and genetic birth defects in Louisiana residents. This work helps to identify environmental conditions, pharmaceutical side effects, or behavioral risk factors threatening Louisiana's newborns. By case definition, we include children diagnosed prior to their third birthday. Overall prevalence of birth defects per 10,000 live births in Louisiana is 2.6%. LBDMN staff conduct active surveillance of birth defects in children born in Louisiana. According to the CDC, the US average is about 3% of all babies born each year. Among Louisiana children with birth defects, cardiovascular system defects (about 64%) were the most common. Complete findings are in the Louisiana Birth Defects Monitoring Network 2023 Annual Report to the legislature.

Since 2022, LBDMN identified 2,878 children born in 2020 – 2023 who may benefit from a referral needs assessment. Currently, we are referring children under 2 years old for needs assessment/resource services. In FFY2023, LBDMN processed 97% of initial potential cases within 45 days of identification from hospital discharge indices. This means we are meeting the National Birth Defects Prevention Network (NBDPN) standard of completing 95% of all core and recommended data within two years of birth.

Newborn hearing screening and follow-up:
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 DHH. Hearing screening is the first step in finding out if a child is DHH. 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 DHH reach their full potential.

The LA EHDI-Information System (LA EHDI-IS) includes screening results for every birth in the state, follow-up audiological testing results, and the early intervention status of children who are DHH.

During FFY2023, 99.29% of all newborns were screened by 1 month of age or prior to hospital discharge, (note, benchmark is 98%). Of the babies who were referred for rescreen and/or diagnostic evaluation following newborn hearing screening, 78.64% received diagnosis by 3 months of age. Of the 102 children identified as DHH, 55% enrolled in early intervention by 6 months of age.

An active sub-committee charged with developing activities surrounding congenital cytomegalovirus (CMV) formed four years ago from the LA EHDI Advisory Council. Though committee meetings were suspended in 2023 due to pending CMV screening legislation, work within the EHDI program supporting screening initiatives has persisted. Continued collaboration with hospitals conducting targeted or expanded CMV screening, and work to identify current activities and future plans at birth hospitals throughout the state has been ongoing. Monthly reports to identify infants who tested positive for congenital CMV are run, and communication with each child’s primary care provider via a customized fax to inform them of the need for follow-up hearing testing, regardless of newborn hearing screening results takes place. LA EHDI is making plans to increase provider knowledge on the implications of congenital CMV, and the guidelines for recommended follow-up testing.

LA EHDI continues to spread awareness of our program to new audiences. In addition to a continuation of annual presentations to the LSU Health Sciences Center graduate programs in Audiology and Speech-Language Pathology, as well as the LSU Health Sciences Center Leadership Education in Neurodevelopmental and other Disabilities (LEND) program, LA EHDI presented to three new audiences. LA EHDI also presented a poster at the 2022 American Speech-Language-Hearing Association (ASHA) conference entitled, “Early Intervention Enrollment Rates and Hearing Aid Fittings Among Early Identified Deaf/Hard-of-Hearing Children in Louisiana, and expanded on this study through an abstract submission that was selected for presentation to the 2023 EHDI conference, entitled, “Hearing Aid Fitting Rates in Deaf/Hard of Hearing Children Identified in Louisiana.”

LA EHDI has continued to see small improvements in the rates of children diagnosed by 3 months of age. In 2021, 77.58% of children not passing the initial newborn hearing screening received a diagnosis by 3 months of age, representing an improvement of 4.8% over the 2020 birth cohort. An even greater level of improvement was seen when evaluating only children identified as DHH. In 2021, 70.9% of infants diagnosed with permanent hearing loss received their diagnosis by 3 months of age, compared to 61.3% in 2020, representing a 15.7% improvement in one year. Considerable collaboration has been in place with NHS program supervisors, and the overall state screening rate shows improvement. Additionally, LA EHDI 2022 hospital scorecards indicate incremental, yet steady improvement each year.

To increase enrollment into early intervention services, LA EHDI initiated an activity to contact families who initially declined services. This yielded a high success rate among those contacted. In an effort to improve the number of families who accept referral and enroll in family-to-family support, the EHDI Intervention Coordinator is contacting families a second time, a few months after they decline referral, to offer a second opportunity to be referred. Activities commenced to raise awareness of the availability of DHH Guides, which are now being offered to families through Louisiana Hands & Voices.

Ongoing collaboration established between PPEP and LA EHDI has yielded positive outcomes. The LA EHDI Intervention coordinator works to ensure families are well-informed regarding support for their child identified as DHH. Through this collaboration, we are helping ensure that a provider knowledgeable in working with children who are identified as deaf or hard of hearing participates in a child's Individualized Family Service Plan (IFSP) meeting. Additionally, LA EHDI is observing increased enrollment, improved timeliness of initial contact, and increased inclusion in IFSP participation for PPEP service providers. From 2018 to 2021, there was a 20% increase in families enrolling in PPEP, indicating substantial improvement. Additionally, through collaboration, collection of language outcomes continues.

LA EHDI began raising awareness of late-onset childhood hearing loss via social media campaigns, as well as through distribution of Hot Topics newsletters to pediatric audiologists across the state. PCPs across the state were also informed of the need for timely hearing evaluations for children who pass NHS, but possess one or more risk factors for late-onset hearing loss. In an effort to increase the number of children with late-onset hearing loss identified before 3 years of age, LA EHDI developed PCP faxes and family letters targeting young children who passed the NHS with a risk factor for developing hearing loss. These faxes and letters were sent for children born in 2021 who were at high risk for late-onset hearing loss. Unfortunately, follow-up rates were poor, so this activity was largely abandoned, with the exception of children with congenital Cytomegalovirus (CMV), a risk factor with an exceptionally high association with late-onset hearing loss.

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 24% of children ages 1-17 having a special health care need. Furthermore, over one quarter (26.4%) of CYSHCN in Louisiana do not receive effective care coordination, with only 39.3% 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
- Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling
- Percent of children, ages 0 through 17, in excellent or very good health
- Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year

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

Planned Title V efforts and alignment with CYSHCN health priorities

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:
The National Survey for Children's Health (NSCH) is a valuable resource for understanding the situation and needs of children, including children and youth with special healthcare needs (CYSHCN). While data from the NSCH contributes to an improved understanding of the overall situation of children and youth, including CYSHCN, the traditional sample size is not large enough to allow for confident analysis of differences between subpopulations including racial subgroups, urban and rural subgroups, subgroups from different household income categories, etc. Recognizing that addressing geographic, racial, and income disparities is critical for achieving statewide goals for children's health, The Bureau of Family Health (BFH) invested additional funding to increase the number of households surveyed in 2023. The 2023 survey data will be available for analysis in October 2024. In FFY2025, the BFH CYSHCN Epidemiologist will complete an analysis of the newly available data set to specifically investigate presence and scope of disparities between households from different geographic, racial, and income categories. This analysis will be completed for households both with and without CYSHCN. The analysis will contribute to an understanding of the needs within different sub-groups and support the definition of Louisiana's 2026 - 2030 Title V strategy for CYSHCN.

Conduct targeted ongoing needs assessment activities and research projects to identify gaps and opportunities for improvement within the state systems of care for CYSHCN:
Early Hearing Detection and Intervention (EHDI):
The Bureau of Family Health's (BFH) Early Hearing Detection and Intervention (EHDI) Program supports the early screening, identification, and referral for enrollment into early intervention and family-to-family support services for children who are identified as D/HH. The program uses the following benchmarks to monitor performance:

- Percent of newborns receiving a hearing screening prior to hospital discharge, or by 1 month of age
- Percent of children completing the audiological diagnostic process by 3 months of age
- Percent of children identified as D/HH and enrolled in intervention services before 6 months of age

During FFY2024, the EHDI program created a detailed work plan to address the areas of need and support across the state. In FFY2025, LA EHDI will develop a statewide infrastructure plan outlining partnerships necessary to:

- track and report enrollment into EarlySteps, Louisiana's Part C early intervention (EI) program
- analyze hearing screening data to identify the time trends and disparities in 1-3-6 EHDI Goals
- utilize LA-EHDI-IS data to track project performance
- strengthening mechanisms to engage families, including those traditionally underserved, in DHH support services
- document the training needs of healthcare and other service providers

In FFY2025, LA EHDI will also establish new partnerships with other non-Part C providers, in addition to the Parent-Pupil Education Program (PPEP), which is an outreach of the Louisiana School for the Deaf (LSD). LA EHDI will also assist with recruiting additional DHH teachers to enroll in EarlySteps to increase access to language supports and services available to children who are DHH, and ultimately improve language acquisition outcomes. The current partners that have been well established and will be maintained include allied health professionals, audiologists, speech-language pathologists, EI providers (EarlySteps and PPEP), Early Head Start, Louisiana Newborn Screening Program, Louisiana Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) Program, birthing hospitals, State Vital Records and Health Statistics, Medicaid, and Louisiana Birth Defects Monitoring Network Program.

Data analysis using individual level data from LA EHDI-IS will be conducted to identify time trends as well as disparities and underserved populations in 1-3-6 recommendations, LTF/LTD, and language acquisition outcomes.

Currently, LA EHDI-IS includes only age equivalent scores for receptive and expressive language collected from Battelle Developmental Inventory and SKI-HI Language Development Assessment. LA EHDI originally projected an in-depth assessment of the IS to develop a database enhancement plan to make sure all subdomains of language outcomes from all relevant developmental assessment tools can be captured in the IS, but has begun exploring other database options to meet this goal.

LA EHDI will identify the system-level gaps in the current infrastructure for 1-3-6 recommendations on screening, identification, and enrollment into EI; and language acquisition outcomes in the state. Therefore, effective plans and strategies can be developed and implemented to support underserved populations and communities to access the services more successfully. Extensive and strong partnerships with EI programs and other state partners play an important role in helping LA EHDI build up the capacity to implement activities to achieve EHDI program objectives, including data capacity and interoperability with other service sectors, partners, and supportive policies. Strong partnerships also support LA EHDI to fulfill the needs of families served by the LA EHDI system, including family-to-family support and DHH adult-to-family support; as well as to develop mechanisms to increase access to language supports in children who are DHH up to age 3. A comprehensive and functional database is necessary for successful data management, tracking, and program evaluation. Access to the LA EHDI-IS from health professionals and EI providers is encouraged to improve monitoring of the progress of language outcomes and effect of interventions.

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:
The Bureau of Family Health (BFH) focuses on 3 key medical home services: holistic care coordination, developmental screening, and youth health transition. To support strengthening pediatric and early childhood care providers' ability to provide services aligned with the medical home model, the BFH has created toolkits on each of these topics to guide providers through the process of implementing or improving their clinical services. Toolkits are adapted to include region-specific resources to support appropriate community referrals. The BFH disseminates these toolkits through several training modalities as well as through provision of tailored technical assistance, which can be customized to each clinic or network's unique needs and goals.

In FFY2025, BFH will offer Implementation, Training and Support (ITS) and customized technical assistance to support effective and efficient care coordination services in family medicine, pediatric, and adolescent primary care settings. With support from the BFH Communications team, Medical Home toolkits for Developmental Screening, Care Coordination, and Youth Health Transition will be tested and revised as needed. 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 Medical Home team will continue to submit abstracts to provider conferences and convenings through provider professional organizations.

Building on the good practice of on-demand video training created to promote developmental screening, the BFH Medical Home team will expand video content for the Care Coordination and Youth Health Transition Toolkit in FFY2025. On-demand training each includes video of training sessions as well as links to learning toolkits. On-demand trainings are posted on YouTube for widespread public access.

Enhance the educational content of medical home competencies provided for pediatric primary care providers in training:
In FFY2024, the Bureau of Family Health (BFH) completed a Statewide Health Provider Graduate Education Landscape Assessment, which included assessment of Nurse Practitioner, Physician, and Pediatric Residency training programs. The aim was to evaluate the integration of patient and family-centered medical home components within their current curriculum. The results highlighted an opportunity to enhance existing content through didactic sessions facilitated by BFH content experts. Nurse Practitioner programs emerged as the most prepared and were

targeted as early adopters. In FFY2025, BFH's medical home team will pilot three lectures (Introduction to Medical Home, Louisiana Resources, Quality Improvement in the Medical Home) in three Pediatric/Family Nurse Practitioner training programs. Students will be given pre/post tests to gauge knowledge advancement following each lecture, while program leads will conduct structural evaluations. This education strategy operationalizes pediatric Medical Home improvement by ensuring early career professionals are prepared to offer comprehensive, coordinated, and family-centered Medical Home services.

In FFY2025, BFH will continue to reach out to other academic programs to offer technical assistance for the improvement of their curricula and in-service training programs. This outreach will include participating noon conferences, site visits, and webinars to disseminate information about the Bureau's technical assistance offerings.

Direct Provision of Care Coordination Services in New Orleans and Lafayette:
FFY2025 represents the final year of the 2021-2025 Block Grant Cycle and will be the final year for the direct service care coordination program. The Bureau of Family Health (BFH) has already begun transitioning care coordination strategies toward a statewide, universal care coordination service model provided through the Bureau's Family Resource Center. The last remaining care coordination contract will end in June 2025. BFH will work with our partner, DePaul Community Health Centers, to ensure a smooth handover of the care coordinator position so that supported Federally Qualified Health Centers will continue to receive resources, training, and technical assistance as well as access to the statewide Family Resource Center.

Support the redevelopment and expansion of FRC services as a virtual, statewide, resource and referral hub:
Over FFY25, the FRC team will use continuous quality improvement methodology to refine work flows and improve service provision. In FFY25, the FRC team will continue expansion of the library of resources based on FFY24 provider and family resource requests. The team will collaborate with the communications team on development of specialized targeted resource packets supporting early-intervention/developmental promotion, youth health transition, and maternal wellness. These resources will be developed for the family audience.

Mid FFY25, FRC will serve as the SOAR coordinated intake and referral service (CIRS) testing platform and will pilot strategies outlined in the ECCS strategic plan. The FRC will also be available to provide TA and support LDH care coordination initiatives for the maternal and early childhood populations.

Through the LBDMN - FRC collaboration, a new population group that would potentially benefit from FRC referral, was identified. Over FFY25, for children identified with severe prematurity, who do not meet the case definition for a birth defect, but still meet CSHCN criteria, these cases will be referred for outreach.

In FFY2025, the LBDMN-BFH team aims to achieve the following quality standards:

- Complete cohort cases within 60 days of identification
- FRC processing cases within 90 days of a child being placed on the registry
- Expand referrals to include children who could benefit from referral services, but who do not meet LBDMN registry case definition for inclusion and children with developmental and medical challenges 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 orthopedic or genetic birth defects).

Through partnerships with FRC, hospital social workers or registered nurses (RN) and case managers, FRC will develop a plan for making initial contacts and introductions, while implementing a modified assessment to identify referral services needed post discharge, along with a notification mechanism to initiate follow-up.

Increase awareness statewide amongst pediatric health care professionals of the mental health consultation, training, and resource and referral services and supports available to them through the Provider-to-Provider Consultation Line:

The Bureau of Family Health (BFH) continues to provide technical assistance and training to pediatric providers through the implementation of the Provider to Provider Consultation Line (PPCL) program. The program delivers training to build perinatal and pediatric providers' capacities to recognize and respond to the mental health needs of their maternal and pediatric patients. In addition to provider training, the program establishes a consultation line, which perinatal and pediatric health providers can call to consult with mental health specialists when they are uncertain about how to respond to the mental health needs of their patients. A partnership with Tulane University supports provision of psychiatric consultation as needed as well as general data management support for the program.

Since 2018, BFH has managed a mental health consultation line for perinatal providers. The service was initially launched in partnership with Tulane University School of Medicine's Department of Psychiatry, but with the acquisition of funding to launch a pediatric provider mental health consultation line, BFH integrated both the pediatric and perinatal programs under PPCL. All aspects of the two programs including call line, staff, data systems, and program management have been fully integrated.

While not required to access program services, PPCL strongly encourages providers to register with the program, which not only collects provider contact information for program communications, but also collects data for program monitoring, improvement efforts, and funder data requests. Program registration also reduces consultation call time because provider contact information is already in the data system.

PPCL will use multiple pathways to provide outreach about the program to providers across the state including:

- Attendance at provider association conferences including American Academy of Pediatrics, Louisiana Association of Family Physicians, School Based Health Alliance, Louisiana Rural Health Association, Louisiana Association of Nurse Practitioners. PPCL will have exhibit tables at all of the conferences and, if the opportunity is available, will also be presenting information on mental health related topics and PPCL services.
- Louisiana's Chapter of AAP and the Louisiana Association of Family Physicians has received a grant from the Health Resources Services Administration to support efforts to promote PPCL services with its provider members. Promotion efforts will occur at the AAP and LAFP conferences, through trainings offered by both organizations, and through communications from the associations to their members.
- In FFY 2025, PPCL will focus its in person outreach efforts on Federally Qualified Health Centers (FQHC) located across the state. PPCL staff will travel to FQHC's and will meet in person with clinic staff to inform them about PPCL.
- PPCL's training activities provide an opportunity to promote program services. Not only will PPCL be offering its ECHO training sessions, but PPCL is also partnering with Woman's Foundation to launch a series of webinars in FY2025 focused on recognizing and responding to the mental health needs of pregnant and postpartum persons
- PPCL is partnering with the LaPQC to implement the Caregiver Perinatal Depression Screenings in Pediatric Practices Learning Collaborative (CPDS Initiative). PPCL staff provide subject matter expertise to clinics as they develop and implement best practices related to caregiver screenings and PPCL serves as a key resource for clinics in their follow-up to positive screens.
- PPCL sends out a twice monthly newsletter to providers and other stakeholders that provides useful information related to recognizing and responding to mental health conditions and community events and trainings.

- PPCL has applied to HRSA for noncompetitive supplemental funding to support the hiring of an outreach coordinator who will increase the program's capacity for outreach activities.

Use the Extension for Community Health (ECHO) Model to increase provider knowledge on effectively recognizing and responding to the behavioral health needs of pregnant and postpartum persons:
PPCL is using the Extension for Community Health Outcomes (ECHO) Model in its provision of training to both pediatric and perinatal providers. ECHO has a continuously growing body of research that consistently demonstrates the efficacy and sustainability of the Model across disciplines, including health care and education. ECHO is a well-recognized platform for practice-based education and training for teaching community providers, especially those practicing in underserved rural areas, to deliver best-practice medical services. The model uses the telehealth modality of videoconferencing to support knowledge networks that link primary care providers from different geographic locations with each other and with a multidisciplinary team of specialists (Arora et al, 2010; Arora et al, 2017). In a survey of rural clinicians who participated in TeleECHO clinics between 2003-2011, the survey data show significant improvements in provider knowledge, self-efficacy, and professional satisfaction (Arora et al, 2010).

ECHO was inspired by the way clinicians learn from medical grand rounds and fosters the development of a virtual learning community in which participants are engaged in a continuous loop of learning, mentoring, and peer support. During an ECHO session, participants present real cases to an expert team of specialists who guide learners through managing patients with complex conditions. Participants learn from one another while also processing knowledge through a local lens. PPCL has found success in using the ECHO Model to build the capacity of pediatric healthcare providers to better recognize and respond to the mental health needs of their patients. ECHO is a flexible model that allows experts in any field to share their knowledge with providers in rural and underserved communities, making it an ideal model for training providers who are enrolled in PPCL.

PPCL's Pediatric Mental Health ECHO series runs from February through November 2024. A second series will be offered in 2025.

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:
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. In FFY2024, the Bureau of Family Health (BFH) began the foundational work required to establish a SCD registry, which will become a key data source for efforts to improve the health and care of individuals in Louisiana living with SCD. The initial stage of the work included creating data linkages 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.

In FFY2025, the BFH Data to Action Team and Genetic Diseases Program are collaborating with LDH's Bureau of Health Informatics to establish a Sickle Cell Disease Registry in response to House Bill 963 of the 2022 Regular Legislative Session. Referred to as the "Skylar Cooper Database", a general dashboard will be created to track the population of patients with sickle cell disease and record factors that help assess sickle cell service delivery among affected persons.

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

Support Hands & Voices with implementation of the Guide by Your Side Program to support families of Deaf and Hard of Hearing (DHH) children:
The engagement of families with children who are DHH, and the engagement of DHH adults throughout the statewide EHDI system of services is of utmost importance. Louisiana began providing family-to-family support over 20 years ago, and in 2007, a Louisiana Hands & Voices (H&V) chapter was formed, with initiation of the Guide by Your Side (GBYS) program in 2013, and addition of DHH Guides in 2018.

In FFY2025, LA EHDI will continue to partner with Hands & Voices, a local non-profit organization, to support implementation of the Guide by Your Side (GBYS) program. GBYS is a no-cost program available to all Louisiana families who have a child that is DHH. The program offers trained Parent Guides to provide family support. Parent Guides are parents of a child who is DHH who share their own personal experiences about raising their own child, and can answer questions about what a family can expect as a child who is DHH develops. Parent Guides also provide emotional support to families with a child newly identified as DHH, as well as a continuity of support, especially at times of transition. Additionally, recognizing the essential input and guidance that individuals who are DHH can offer families, LA H&V GBYS program added DHH Guides in 2018. Often, at the time a family receives the diagnosis that their child is DHH, they have not interacted with a DHH individual. This means their child may be the first person who is DHH they have ever met. Adults who are DHH play an important role in the journey of families with children who are DHH through the sharing of their lived experiences, mentorship, and guidance. Through connections with DHH Guides, families can engage authentically with an adult who is DHH, have the opportunity to develop awareness of their child's evolving personal identity, and gain insight into the life of an individual who is DHH.

In FFY2025, LA EHDI also plans to meet with Louisiana School for the Deaf (LSD) and other stakeholders to explore mechanisms that might lead to the initiation of a Deaf Mentor program. LA EHDI also plans to obtain and use family feedback regarding opportunities for engagement, explore social media avenues for information sharing, and tap into the Family Leadership in Language and Learning Center (FL3) for additional guidance with identifying ways to connect families and DHH adults, with the goal of increasing family access and the involvement of DHH adults in the LA EHDI system.

The EHDI Program, in partnership with Hands & Voices, implements Plan-Do-Study-Act (PDSA) cycles to facilitate continuous quality improvement for training of parent guides and DHH guides. PDSA cycles also support continuous improvement of communication strategies used to promote statewide awareness of the resources available to families of a child identified as deaf or hard of hearing.

Families are included as a valued and essential partner in the LA EHDI program. Side by side, H&V works with LA EHDI to ensure that parents whose children are identified as DHH are involved in the systemic work of LA EHDI. Parent representation is included as part of the State Advisory Council for the Early Identification of Deaf and Hard of Hearing Infants. In addition, parents are recruited to serve on committees, and are also regularly contacted for feedback and direct input into LA EHDI processes.

Support regional Sickle Cell Foundations with implementation, capacity building, and continuous quality improvement related to building a coordinated resource and referral network:
Quarterly meetings with regional sickle cell foundations will be held to ensure quality social service delivery to patients with sickle cell disease. During these meetings, information and resources will be shared on how to recruit patients for services, linking patients to community resources and helping patients navigate the healthcare system. We will continue to provide administrative support, assist with implementing new mandates, and serve as a liaison between the commission and OPH.

Assist the regional Families Helping Families centers with implementation, capacity building, and continuous quality

improvement related to building a coordinated resource and referral network:
Through this partnership, BFH will assist the regional Families Helping Families centers with implementation, capacity building, and continuous quality improvement related to building a coordinated resource and referral network.

As described in the FFY2023 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 at the community level. In FFY2025, BFH will continue to partner with FHF to build the internal capacity of FHF networks to understand and serve CYSHCN populations in their communities.

As part of this project, FHF networks will engage and strengthen relationships with health providers within their catchment area to ensure local providers are aware of the FHF resource and the support available to the families they care for. FHF provides peer support, education/training, health and special education system navigation, advocacy, and linkage to community referrals, all at no cost to families. Additionally, through these provider partnerships, FHF and BFH will seek to engage and link community health providers with medical home resources and toolkits published by Louisiana Title V.

FHF centers will facilitate Resource Information Workshops (RIW) education events for community health providers using virtual and hybrid (in-person/virtual) formats. All events will offer a minimum of 2 hours nurse and social work continuing education credit with credentialing supported by BFH. Through these education events, community health providers receive training on best practices and resources aimed to build workforce capacity and promote optimal care for CYSHCN in our state. Historical RIW evaluations and attendance records demonstrate the effectiveness of this health provider engagement model.

Over FFY2025, BFH's collaboration with the FHF networks will be facilitated through a team coaching model with individual technical assistance (TA) provided through partner FHF Networks, BFH, and BFH partners. Families Helping Families identified two (TA) focus areas for FFY25. Continuous quality improvement and expanding data analytic skill sets for FHF teams. Various trainers will present during the FHF-BFH Shared Learning Meetings over the first half of FFY25.

FHF will also conduct their annual family CYCHSN community survey in order to learn more about the current needs of CYSHCN and their families within their region. From this survey, each regional team will update their regional data profile for the CYSHCN population and based on data will identify a community level intervention/resource to address a priority service/support gap within their region.

Over FFY24 a new quarterly report template was developed to ease administrative burden and better capture relevant data. This new FHF-BFH Project quarterly report will be tested over FFY25. The quarterly report was co-developed by FHF representatives and the BFH project team with Title V support. The report will collect demographic data of families served to enable identification of communities where reach disparities may exist. FHF and BFH hope to use this data to inform outreach strategies to ensure identified groups are aware of the services provided by FHF. The shift from a monthly to quarterly reporting cadence also aims to reduce administrative burden for both FHF and BFH.

FHF of Greater New Orleans administers the Independent Futures that Work Project in Louisiana and leads the FHF-BFH Project youth health transition strategies. The Independent Futures that Work is a joint effort of the Parent Training and Information Centers (PTIs) in Alabama, Arkansas, Louisiana, Mississippi, Oklahoma, and Texas. Over FFY2025, the FHF networks will collaboratively conduct a youth health transition survey to learn more about the

experience and needs of Louisiana youth as they transition to adulthood. Survey findings will be used to develop a FFY2025 transition targeted strategy/initiative to support healthy transitions for youth in our state.

Lastly, over the last year, Region 7 and Region 8 FHF provided Family Leader Champions (FLC) to support the ECCS/Project SOAR initiative. These FLC have provided invaluable insight, feedback, and guidance for all aspects of the project. Over FFY2025, these FLC will continue their participation in SOAR and will serve as leaders and decision makers for the strategic planning phase of the project.

System Priority: 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:
The Children's Special Health Services (CSHS) clinical services is working to provide infrastructure so that all children with special healthcare and medical services receive gold standard treatment. This includes developing a gold standard which mandates that children will have access to needed specialists, access to timely care and access to necessary services for publicly insured patients. As described in the FFY2023 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 FFY2025, BFH will continue implementing Plan Do Study Act (PDSA) cycles with OPH CSHS clinic staff and will conduct training and provide technical assistance 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 FFY2025, the Bureau of Family Health (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 recent years, BFH has 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. BFH 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 FFY2025, BFH will continue 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:

Louisiana Birth Defects Monitoring Network (LBDMN):
Louisiana Birth Defects Monitoring Network (LBDMN) tracks the occurrence of over 70 structural, functional, and genetic birth defects in Louisiana residents. This work helps to identify environmental conditions, pharmaceutical side effects, or behavioral risk factors threatening Louisiana's newborns. By case definition, we include children diagnosed prior to their third birthday. Overall prevalence of birth defects per 10,000 live births in Louisiana is 2.6%. LBDMN staff conduct active surveillance of birth defects in children born in Louisiana. According to the CDC, the US average is about 3% of all babies born each year. Among Louisiana children with birth defects, cardiovascular system defects
(about 64%) were the most common. Complete findings are in the Louisiana Birth Defects Monitoring Network 2023 Annual Report to the legislature.

In FFY24, LBDMN processed 97% of cases within 45 days of identification. This goal is within the NBDPN standard of completing 95% of all core and recommended data within two years of birth. Meeting this goal supports facilitation of referrals to the FRC of children with birth defects under three years old. By September 2025, LBDMN will maintain an average case processing completion time of 45 days for all cases identified with a potentially qualifying birth defect from hospital discharge indices.

Since 2022, LBDMN identified 3,089 children born in 2020 – 2024 who may benefit from a referral needs assessment. Currently, we are referring children under 2 years old to FRC for an individual needs assessment of resource services.

In FFY24 to increase the number of children referred to the FRC, LBDMN developed protocols to include children born in 2024 who could benefit from a referral needs assessment, but who do not meet LBDMN case definition for inclusion in the registry. This includes 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, FRC expects to implement this protocol by contacting children born in 2024 for one-on-one referral needs assessments and facilitation.

To further increase the number of referrals, by September 2025 LBDMN will develop a protocol to refer premature infants without qualifying LBDMN birth defects to the FRC. Newborns born under 37 weeks gestation are at risk of developmental delay and medical complexity.

Louisiana Early Hearing Detection and Intervention (EHDI):
LA EHDI will strengthen our state EHDI system of services, including collecting, analyzing, and reporting on the 1-3-6 recommendations and loss to follow-up/loss to documentation data. To ensure reporting for every live birth, LA EHDI monitors newborn hearing screening data for each individual hospital on a quarterly basis, and notify hospitals with unreported hearing screening results. Beginning in 2024, timely reporting will be added to each hospital's annual scorecard.

The vast majority of children with late or no diagnosis were lost to follow-up after 3 months of age. Of children born in 2021 who did not pass final hearing screening, 37.9% (268/707) did not receive follow-up testing after the final screening, and were therefore Loss to follow-up and/or loss to documentation (LTF/LTD). The EHDI program supports follow-up with service providers and communication with families to mitigate cases of LFT/LTD. As a result, Louisiana has been successful each year in reducing the number of infants who become LTF/LTD. In FFY2025, the EHDI program will continue to facilitate opportunities for parents, providers, and EHDI team members to interact and share ideas for improvements. In-depth analyses for each region will be needed to determine system level gaps and challenges to diagnosis by 3 months of age, which will allow for development of a quality improvement action plan to identify strategies to improve timely diagnosis. LA EHDI will distinguish those facilities who are successfully diagnosing the majority of infants by 3 months of age, and outline factors facilitating this success. To

further encourage improvements at the hospital level, LA EHDI added LTF and diagnosed by 3 months rates to the 2023 hospital scorecard, disseminated in summer 2024.

At the same time rates of early diagnosis have improved, a decline in rates of timely early intervention has been observed. The data of the 2021 birth cohort showed that while 76% of children diagnosed with hearing loss enrolled in EI services, only 41% (37/91) were enrolled before 6 months of age. This represents a decline from 2017 enrollment rates of 83% and 48%, respectively. In previous years, the most significant barrier to timely EI was late identification. However, the percentage of late or no EI due to diagnosis obtained after 6 months of age has fallen each year. In 2018, 56% of children with late or no EI were identified after 6 months of age, but in 2021 this figure dropped to 24%. Rather, LA EHDI now sees a substantial number of parents decline EI services, with 16% of parents declining EI services in 2021, and an additional 7% were either unresponsive or unable to be contacted. Several strategies have been utilized to address the waning EI enrollment. LA EHDI's informational flyer, "Your Baby has been Diagnosed as Deaf or Hard of Hearing -What Families Need to Know," was revised with input from parents to include information they thought should be detailed in family materials. This flyer is continued to be mailed to parents and PCPs upon a new diagnosis of permanent hearing loss. Parents are also provided this information via text. Separate versions for unilateral hearing loss and for children 3 years of age and older were developed to address the specific needs of these populations. Communications have increased with audiologists and PCPs working with these children to inform them when a family declines EI, or when LA EHDI is unable to contact them. In addition, our EI Coordinator periodically contacts families who decline EI every 2 to 3 months. Though small improvements have been observed with these actions, future efforts must be geared toward identifying gaps and challenges precluding timely EI. This will include hosting family focus groups to gain the parent perspective on EI, further evaluation of the reasons families decline EI, and analysis of EI data to identify system-level gaps in the current EI infrastructure.

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**	**2023**
Annual Objective			0	38	58
Annual Indicator			0	40	50
Numerator			0	4	5
Denominator			10	10	10
Data Source			Internal records	Internal Scoring Instrument	Internal Scoring Instrument
Data Source Year			2021	2022	2023
Provisional or Final ?			Final	Final	Final

Annual Objectives		
	2024	**2025**
Annual Objective	70.0	80.0

SPM 2 - Organizational Commitment to Family Engagement in Systems Change

Measure Status:	Active

State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			40	50	50
Annual Indicator			25	40	70
Numerator			5	8	14
Denominator			20	20	20
Data Source			Family Engagement in Systems Assessment Tool	Family Engagement in Systems Assessment	Family Engagement in Systems Assessment
Data Source Year			2021	2022	2023
Provisional or Final ?			Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	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
Five-Year Objectives
In FFY2025, initial steps will be taken to implement a multi-year strategy for improving MCH workforce health equity competencies will be developed.
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

Five-Year Objectives

In FFY2025, an internal orientation session on community and family partnership will be launched to support MCH workforce development.

Strategies

Provide technical assistance to improve Medicaid (Title XIX) and LA CHIP (Title XXI) funded state systems of care for CYSHCN

Improve active participation of persons with lived experience and/or family members in BFH supported Boards, Councils, and Commissions as well as other BFH supported action bodies

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 Statewide 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

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

Five-Year Objectives

In FFY2025, an internal guidance and accompanying orientation session will be launched to build capacity of staff supporting state-mandated Boards, Councils, and Commissions will be developed.

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 Building - 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 FFY2016-2020 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)

Summary of cross-cutting / systems-building interventions supported by Title V in FFY2023

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 the Bureau of Family Health (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).

In July 2023, BFH began to assess how to revitalize its HEAT to encourage engagement and create more opportunities for staff participation. The new structure was approved September 2023. Instead of the ongoing, subject specific workgroups, the new structure includes project-specific, time-bound work groups where staff can join based on the project's subject and timeframe. The new structure allows for staff to join a workgroup based on their interest and work capacity.

As part of the 2020 Needs Assessment and in preparation for the new five-year strategic cycle (FFY 2021-2025), BFH outlined a five-year health equity vision, which 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.

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 foundation. 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 group, and Dr. Gillispie-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 group, and Dr. Gillispie-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 anti-racist statement to expand the scope of BFH's equity commitment to include consideration of race/ethnicity, disability, and gender. The next steps are to present the statement to OPH leadership for approval. Due to leadership changes in 2023, the anti-oppression statement has not been approved.

- *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. May 2023 OPH leadership approved implementation of the recommendations within OPH. After receiving approval, OPH HEAT began to meet with select staff to understand what can be done at a LDH and OPH levels, and with Bureaus to find out what work is/is not already being completed.

- *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 FFY2023 by BFH. BFH staff are invited to apply and participate in OPH's annual Leadership Development Institute. Progress may be being made at the LDH and OPH levels via the PHIG.

- *Recommendation 4.* Examination of current policies, procedures, and systems through an EDI lens. There was no significant progress made towards this recommendation by BFH in FFY2023. However, progress is being made at the Louisiana Department of Health (LDH) level via LDH's Business Plan and via a grant to strengthen LDH's infrastructure. The Office of Public Health (OPH) received the Public Health Infrastructure grant (PHIG) and is working to complete what was written into the grant application.

- *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 FFY2023.

- *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.

- There is also work being completed to enhance the way BFH provides health equity professional development opportunities for staff. Between April and September 2023, all health equity and EDI resources available to staff were assessed to understand where they aligned with the four learning phases (awareness, knowledge, skills/application, and mastery/integration), where gaps in training existed, and further content was researched in alignment with BFH health equity competencies, and a plan was developed and approved on how to redesign BFH's health equity orientation and EDI learning experience for staff to meet staff needs regardless of their

exposure to EDI concepts. BFH also received technical assistance from the Maternal and Child Health Workforce Development Center (MCH WDC) to enhance how BFH provides health equity professional development opportunities to staff.

- *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. This is being done at the OPH and BFH levels. OPH has had an annual mentoring program available to all staff since 2021. BFH has had an informal buddy system since 2020 that has been formalized where tenured staff are assigned as a "buddy" to new staff to assist new staff during their onboarding process. Some managers pair new staff with tenured staff based on contract (can be the same contract or different contract) and based on team (can be same team, same program, same team, different program; or different team completely). Staff selection depends on who the supervisor believes can best support the new staff member as they orient to BFH. The buddy system utilizes the platform, Enboarder, and has become part of the onboarding process.

- *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 FFY2023.

- *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. In 2023, additional staff received Monday.com accounts. Conversations were held on how staff without a Monday.com account can view created boards. Fall 2022, recruitment efforts began to recruit an intern to research the importance of an efficient communication system, its influencers, and best practices to develop recommendations and (2) to develop an action plan that BFH can implement. The intern was onboarded Spring 2023 and completed their internship June 2023.

Build workforce and partner capacity to promote health equity, anti-racism, and social justice:
In FFY2023, 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 data from the short survey is being used to redesign health equity orientation to better meet the needs of staff.

BFH's Policy and Legislation team proactively track bills and legislative proceedings relevant to systems of care for MCH populations. Utilizing this infrastructure and capacity, BFH also tracks all legislation which may have an impact on social determinants and improved health equity. The inclusion of this health equity lens to the legislative tracking work of the Bureau has contributed to increased awareness of health equity issues among the MCH workforce of the Bureau. In the 2023 legislative session, nearly 20% of legislation tracked was health equity related.

BFH health equity coordinator also presents at BFH's annual Injury Free Louisiana (IFLA) Academy on how to incorporate health equity into program planning. IFLA Academy is organized by BFH's Injury and Violence Prevention Program. Academy attendees consist of community organizations who partner with BFH.

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

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:
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 increase family engagement, partnership, and leadership within the scope of the Early Childhood Comprehensive Systems (ECCS) funded Screen Often and Accurately and Refer (SOAR) Project. 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.

In FFY2023, Project SOAR piloted a statewide consultation survey for parents, caregivers, and guardians. To reach a large, diverse sample, the SOAR team engaged in an extensive outreach process. Over 2600 contacts from organizations, businesses, and individuals serving families with young children were contacted. These organizations included Head Start and other early learning/childcare centers, school boards, principals and teachers, state associations that serve parents or caregivers, recreational and neighborhood associations, nail salons, and barber shops. While the specific survey was designed to collect input related to early childhood screening and referral services, the outreach strategy and contact lists developed can be utilized to support community consultation for other Title V supported programs.

Project SOAR also brought on three Family Leader Champions. In doing so, the project has developed important know-how and lessons learned related to recruitment of family leaders, contracting of family leaders, onboarding of family leaders, and effective inclusion of family leaders in project management. The lessons learned from this project will continue to be documented and disseminated to other Title V funded programs.

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:
The Bureau of Family Health's (BFH) Communications strategy is 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. When organizations repeat messages to external audiences with a unified voice, these messages are amplified and more likely to reach a message saturation point. Developing and repeating frames and core stories based on the Bureau's mission, vision, values and operational strategies, helps to establish messaging consistency across all BFH communication projects.

BFH's Communications Team is structured to work collaboratively with team leads, managers and program/project staff across the Bureau. Health Communications Specialists are embedded each of the three operational teams within the Bureau (e.g., Family and Community Systems, Clinical Systems and Data to Action teams) to work directly with content experts to develop and manage printed materials (e.g., flyers, brochures, templates, policy briefs, presentations, one-pagers, etc.), digital materials (web pages on Partners for Family Health and Louisiana Department of Health, social media graphics and captions, infographics, e-newsletter blurbs, email templates and

videos) and assist with continuing education events (e.g., flyers/brochures and certificates when BFH is the continuing education provider). Specialists assist with preparing BFH talking points, press releases, public-facing data and programmatic reports and assure visibility of BFH strategies in agency (LDH or OPH) publications.

In FFY2023, the Health Communication Operations and Strategy Manager and the Health Communication Project Manager continued to refine and promote standard operating procedures to plan, develop, implement, and monitor priority communication projects with teams. These procedures are outlined below:

- Receiving a request from teams (i.e., to develop a communications product).
- Scheduling meetings with program/project content expert within two calendar days to complete the need assessment form.
- Sending staff a creative brief to complete prior to the initial meeting that identifies the purpose of the project, target audience, communication objectives, including formulation of the frame and core story to be conveyed, obstacles or barriers, key benefit (value proposition), tone of the messaging, communication channels and dissemination plans, other creative considerations and required items that should be included in the materials.
- After the needs assessment form is completed with the program/project staff, planning meetings with the Project Manager and Health Communication Specialist are conducted to develop/finalize clear communication objectives, timelines, roles and responsibilities of program/project and communication staff to create work plans to manage and track deadlines for the assigned projects and reports to assure timeliness and quality completion of the work.
- Following completion and review of the plan, a recommendation form is completed and reviewed and approved by the Program/Project manager prior to beginning work on the communication project.
- After approval, the Health Communication Specialist drafts the communication materials, in accordance with the recommendations and sends it to the Program or Project Manager for review and feedback.
- Edits are made, if necessary, until the Program or Project Manager are satisfied with the product.
- The product is sent to the Team Lead (i.e., the Program or Project Manager's Supervisor) and the Health Communication Operations and Strategy Manager (The Communication Specialists Supervisor) to review and approve.
- The product is sent to the Director of the Bureau of Family Health.
- If the product is public facing, it will also be sent to the Louisiana Department of Health (LDH) Bureau of Media and Communication (BMAC) for final review and approval.

These standardized procedures have facilitated improved communication and collaboration between program / project managers and communication specialists. The communication specialists have also collaborated with one another to develop a communications procedural guideline document, which can be referred to when the steps are unclear and can be used to support onboarding of new staff. The result of these efforts has been an improved mutual understanding of the different roles and responsibilities of the program/project staff (content expert) and the communications team and improved alignment of key information and consistent messaging across communication channels and products.

In addition to refining standardized processes and procedures, the Communications Team updated the BFH style guide and provided training to all BFH staff to ensure all staff were aware of the requirements, guidelines and information related to BFH and LDH branding standards. This included writing styles, email signatures, typefaces, design elements and logos, color schemes, templates, printing guidelines and translation services.

Maintenance of a state-wide, toll-free helpline is a key component of the Bureau of Family Health's (BFH) strategic communications plan. The BFH Partners for Family Health Helpline (1-800-251-BABY) is a statewide, 24-hour, 7-day a week toll-free helpline to provide assistance to pregnant women and women with infants and children by connecting them to Maternal and Child Health resources as mandated by federal Title V funding. BFH partners with

the Louisiana Special Supplemental Nutrition Program for Women, Infants and Children, or Louisiana WIC, to manage the helpline. This helpline receives calls from citizens of Louisiana related to maternal and child health issues, 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, and supports available for children with special and youth with special health care needs. A brief screening is conducted with callers to collect information about their immediate wants and needs, then callers are provided with information/resources and referred to the most appropriate services to best fit their wants and needs.

In FFY2023, the Partners for Family Health Helpline received 5683 calls to request assistance relevant to accessing reliable health information and quality health services across the state. Nearly all calls (90.1%) were inquiring about WIC services. Data collection methodology changed in calendar 2023 to gather more robust demographics. The following data is from January to September 2023. The largest numbers of calls were received by those who identified as African American or Black, Middle Eastern, or Hispanic/Latino. Additionally, most calls were received from Region 1 (24.1%), the Greater New Orleans area, followed by Region 2 (11.7%), the Greater Baton Rouge area, and finally Region 9 (7.8%), the Northshore area. Calls were received from every parish, except one (Cameron). Majority of those seeking assistance were female (81%), 20 to 30 years of age (35.4%), and held Medicaid and/or Medicare insurance (50.4%).

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 FFY2023, the Bureau of Family Health (BFH) continued to support 11 statewide public bodies (i.e., boards, commissions, councils), along with two authorized activities created under the auspices of the Louisiana Commission on Perinatal Care and Prevention of Infant Mortality, and two internally created action bodies serving as workgroups to make systems-level changes and propose policy changes. While each board, commission, and council has a unique charge and responsibility, BFH staff provided technical expertise and a variety of administrative support functions including: planning session meetings, preparation for the meeting (i.e., agenda setting and dissemination, communications on meeting details, and assessments to determine if quorum will be met), facilitation of meetings including the transcription of meeting discussions, dissemination of meeting minutes, supporting the implementation of approved recommendations and activities, and more.

While each public body is facilitated by a Team Lead or Program Manager, the BFH has also created a dedicated Policy and Legislation team to support Program Managers assigned to each public body and ensure that each public body's membership serve as effective change agents to improve public health conditions in Louisiana. In FFY2023, the Policy and Legislation team continued to develop and promote uniform operating guidelines for facilitation of public bodies. The team also developed and promoted written policies and procedures, complimented with visually-designed workflows, to streamline processes to be executed by BFH staff assigned to support public bodies, action bodies, or internal workgroups. Throughout the year, the Policy and Legislation team monitors adherence to statutory requirements (i.e. Open Meetings Law and Public Records Law requirements) and established policies, procedures, or workflows; and serves as a thought partner for assigned Team Leads and Managers. Examples of created tools and resources included standardized meeting agenda and meeting minutes templates, a process for the selection and recommendation of staff to serve as a designee on a board, commission, or council for the LDH Secretary or BFH Director, and guidelines to prepare for, to implement during, and to conduct after a public meeting.

While BFH witnessed wins and measures of implementation that led to improvement for the boards, commissions, and councils operations, there remained some challenges. Staff turnover delayed completion of a planned toolkit of

information, processes, procedures, best practices, and templates to support facilitation of public bodies. 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.

Meeting quorum requirements and attaining “buy-in” from all members on boards, commissions, and councils remains a persistent challenge. To potentially address this challenge, legislative change via Act 393 of the 2023 Regular Session brings the possibility of remote meeting operations which would allow certain public bodies to hold some or all meetings virtually. While the BFH Policy and Legislation team awaited guidance from LDH Bureau of Legal Services and explored options to implement remote meeting operations internally, this remains an activity to be fully implemented in FFY2025.

Develop and operationalize processes and templates to support BFH policy recommendations:
Since the 2016 Regular Session of the Louisiana Legislature, legislative staff and departmental leaders have called upon BFH to frequently provide fiscal and programmatic impact statements (F&Ps), fact sheets, and talking points that analyze and interpret the potential impact of proposed legislation which could change the landscape for MCH and CYSHCN populations in Louisiana. To efficiently meet these demands, the BFH Policy and Legislation team serves as the liaison between BFH Team Leads and Managers, OPH and LDH leadership, the LDH Legislative and Governmental Relations (LGR), LDH Policy sections, and external policy partners. The BFH Policy and Legislation team provides cross-cutting support to guide BFH Team Leads and Managers in the development, implementation, and execution of legislative proposals, rule promulgation, policy recommendations and/or guidance related to the programs, projects, initiatives and supports of BFH. Throughout the fiscal year, the Policy and Legislation team conduct various levels of policy monitoring and provide policy inputs to contribute to the improvement of MCH systems of care.

Each August, program offices and/or sections within LDH - including BFH - must submit its package of legislative proposals to the LDH Legislative and Government Relations section within the Office of the LDH Secretary. The LDH Secretary and other Executive Management Team members consider each submitted proposal. If accepted, the proposal may be submitted as legislative recommendations to the Office of the Governor for consideration in the governor’s legislative package. The LDH Legislative and Governmental Relations team identifies a Louisiana Legislator (House Representative or Senator) to sponsor and carry the bill through the annual regular legislative session. For the 2023 Regular Session, the Department proposed legislation related to the newborn screening of genetic and other congenital disorders (Act 17). The legislation removed the list of conditions provided in prior law and instead required LDH to promulgate a list of genetic or other congenital conditions in administrative rules for which a newborn child should be tested. It also modernized other aspects of the existing legislation, including the review process to add a condition to the state panel and the provision of an annual report to the legislature. The legislation was adopted and will contribute to reduced delays to add new genetic conditions to the list of conditions to be screened for in all newborn genetic screens in the state.

Prior to the convening of the 2023 Regular Session, the Legislative Policy Strategy Coordinator (Legislative Coordinator) conducted a training on the legislative process in Louisiana (general orientation and information of F&Ps, fact sheets, and talking points) and a training for the volunteer legislative trackers (BFH staff who volunteer to monitor legislative committee hearings and floor debates as a professional development opportunity) on the Louisiana Legislature website, tips and tricks for monitoring legislative hearings and debates, and information on the types of content to report as status updates. Similar to past fiscal years, the Legislative and Policy Lead and the Legislative Coordinator provided timely responses for legislative requests prior to and during session as well as served as subject-matter experts to provide testimony during legislative committee hearings. Further, the Policy team developed and implemented processes and workflows designed to educate BFH colleagues on how to appropriately respond to these requests and timelines. In addition, the Legislative Coordinator continued to host

weekly legislative check-ins to update all BFH staff on the status of legislation being tracked or closely monitored by the Policy team and legislative trackers. After the adjournment of the session, the Legislative Coordinator hosted a Legislative Wrap-Up Meeting providing BFH staff with the highlights from the 2023 Regular Session including statistics on the types of legislation tracker, the passage or failure of tracked legislation, etc.

Outside of the legislative session, the Policy and Legislation team coordinated or directly implemented activities in response to legislative instruments passed during the 2023 Regular Session as well as provided biweekly status updates on the implementation of these legislatively-required actions. The Policy and Legislation team provided technical assistance in the drafting of legislative reports, tracked the submission of these reports; and provided staff with updates on the approval and final submission of these reports to the legislature and other named entities. The team also actively participated in the drafting of rules, completed rulemaking documentation, oversaw the process for the submission of rules, and reported on the publication of rules into the State Register. Lastly, the team provided support in the submission of designees to boards, commissions, and councils; and provided other general policy support or implementation, as needed within BFH.

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
- Organizational Commitment to Family Engagement in Systems Change

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 policies and practice:

As part of the 2020 Needs Assessment and in preparation for the new five-year strategic cycle (FFY 2021-2025), the Bureau of Family Health (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.

BFH contracted Conscious Roots, LLC, to conduct a diversity, equity, and inclusion audit. The objective for the audit was to promote accountability around implementing the above vision and institutionalize equity within BFH policies and practices. The audit was conducted during spring 2021 and consisted of an anonymous survey and optional follow-up interviews with staff. The external equity audit resulted in nine recommended actions, which form the foundation of BFH’s State Performance Measure (SPM) 1. In FFY2025, efforts will be made to implement at least two of the following recommendations:

- 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 foundation.
- Recommendation 4. Examination of current policies, procedures, and systems through an EDI lens.
- Recommendation 5. Ensure that EDI is integrated into all of BFH’s strategic plans with timelines and accountability measures for leadership team members..
- 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.
- 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.

<u>Build workforce and partner capacity to promote health equity, anti-racism, and social justice:</u>
The Bureau of Family Health (BFH) aims to enhance professional development opportunities related to health equity and equity, diversity and inclusion (EDI) for all staff. At present, the majority of health equity and EDI education and trainings provided to staff are static, self-paced recorded webinars or trainings, with little to no opportunity to apply health equity and EDI principles/practices/skills in everyday work. Additionally, the same trainings are available for all staff, regardless of individual staff’s familiarity with the concepts. Lastly, currently, there is no way to measure the effectiveness of these professional development opportunities and how it can be applied to their everyday work.

After an analysis of BFH’s current health equity and EDI professional development opportunities in relation to the four phases of learning (awareness/orientation, knowledge/understanding, skills/application, and mastery/integration) and the types of competencies (interpersonal, intrapersonal, and systemic), it was determined that majority of BFH’s professional development opportunities are at the early stages of learning (awareness/ orientation and knowledge/ understanding) and are at the systemic level with minimal content at the interpersonal or intrapersonal levels.

In FFY2025, BFH aims to create a multi-year strategy for the development of diverse, multi-modal professional development opportunities for staff at each level of the learning health equity and EDI learning continuum with the aim

being that future training and education can be tailored to individual staff as much as possible, based on their learning styles and preferences. Additional training will be developed for managers to integrate health equity and EDI principles/practices into supervision and ongoing support of staff and provide opportunities for staff to apply these principles/practices into their everyday work.

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.

Provide technical assistance to improve Medicaid (Title XIX) and LA CHIP (Title XXI) funded state systems of care for CYSHCN:
Within the framework of the Memorandum of Understanding signed between the Bureau of Family Health (BFH) (Title V) and the Bureau of Health Services Financing Medicaid (Title XIX) and LA Children's Health Insurance (Title XXI) programs, the BFH is positioned to provide technical assistance to support Medicaid's partner Managed Care Organizations (MCOs) in the State. One element of this technical assistance role is to support improved access to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) system services for Medicaid enrollees. In FFY2025, BFH will continue to provide this technical assistance by supporting high level review of Medicaid claims data to identify gaps and capacity building needs within managed care systems. BFH will continue to collaborate with Medicaid to identify opportunities for provision of training and/or technical assistance to MCOs and MCO provider networks across the state.

Over FFY2025, the BFH Care Coordination team will continue to support Medicaid workgroups. This work identifies ways in which Medicaid, Managed Care Organizations (MCOs), health providers, and BFH programs can work together to strengthen early and periodic screening, diagnosis and treatment (EPSDT) services and case management/care coordination services. An initial landscape assessment illuminated linkages between responsible entities and advanced discussions to align efforts to improve care coordination. The BFH also completed a high level analysis of Medicaid MCOs' case management data to identify gaps and capacity building needs within managed care systems. In FFY2025, BFH will conduct analysis of Medicaid MCO Case Management reports to expand knowledge of the case management service system and to support identification of areas of intersection and potential collaboration between Medicaid/MCOs and BFH to improve the system of care for CYSHCN.

Improve active participation of persons with lived experience and/or family members in BFH supported Boards, Councils, and Commissions as well as other BFH supported action bodies
A key element of the Bureau of Family Health's (BFH) family engagement strategy is the inclusion of persons with lived experience and/or family members in the eleven statutorily-authorized public bodies (i.e., boards, commissions, councils) and two internally created action bodies supported by the Bureau. Of the eleven statutorily-authorized public

bodies (boards, commissions, and councils) under BFH purview, six include a representative with lived experience, four include a parent or family representative, and one includes a caregiver as a member. 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.

Not every board, commission, and council was created with a designated space for families, advocates, and caregivers, thus making it difficult to actively engage their participation without formal representation in membership. In accordance with the state's Open Meetings Law, all meetings of statutorily-authorized 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.

The Louisiana Commission on Perinatal Care and Prevention of Infant Mortality has created two activities, including the Louisiana Perinatal Quality Collaborative (LaPQC) and the Pregnancy Associated Mortality Review (PAMR). The PAMR does include membership of at least one person with lived experience. Lastly, BFH supports regular meetings of three action bodies. Action bodies are not state-mandated, but may be required by a grant or simply be organized as an advisory body for a program or project of the Bureau. One of the action bodies includes a family representative; none include a person with lived experience.

Increase resources and opportunities for the BFH family representative to fulfill the role of effectively participating in BFH strategic planning processes:
In FFY2025, the Title V team will continue to collaborate with the state's 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 2025, 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. This activity was initially planned for FFY2024, but postponed while the BFH Strategy Manager prioritized mapping of all of the various community, youth, and family leader roles currently existing across the Bureau's Title V funded programs. The AMCHP Family Delegate's role should be defined in relation to the other existing community, youth, and family representative positions and, moreover, the existing community, youth, and family representatives currently present in various programs/projects should be given a role in co-creating the responsibilities of the state's AMCHP Family Delegate.

Continue to support the Statewide 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 facilitate families' 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 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 the first two years 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.

Project SOAR has recruited three Family Leader Champions and developed an onboarding process to empower their meaningful participation in the project. The Young Child Wellness Collaborative (YCWC), the project's advisory body, has been utilized as a space for Family Leader Champion participation in strategic discussion with key P-3 service providers including multiple state agencies as well as other non-state actors. In FFY2025, Project SOAR will seek to recruit additional Family Leader Champions and will continue to encourage an increasing number of family-led organizations to participate in the YCWC.

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:

The Bureau of Family Health's (BFH) Communications strategy is 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. When organizations repeat messages to external audiences with a unified voice, these messages are amplified and more likely to reach a message saturation point. Developing and repeating frames and core stories based on the Bureau's mission, vision, values and operational strategies, helps to establish messaging consistency across all BFH communication projects.

BFH's Communications Team is structured to work collaboratively with team leads, managers and program/project staff across the Bureau. Health Communications Specialists are embedded each of the three operational teams within the Bureau (e.g., Family and Community Systems, Clinical Systems and Data to Action teams) to work directly with content experts to develop and manage printed materials (e.g., flyers, brochures, templates, policy briefs, presentations, one-pagers, etc.), digital materials (web pages on Partners for Family Health and Louisiana Department of Health, social media graphics and captions, infographics, e-newsletter blurbs, email templates and videos) and assist with continuing education events (e.g., flyers/brochures and certificates when BFH is the continuing education provider). Specialists assist with preparing BFH talking points, press releases, public-facing data and programmatic reports and assure visibility of BFH strategies in agency (LDH or OPH) publications.

In FFY2025, BFH's Communication staff will continue to develop and refine standard operating procedures, and tools, for collaborating with program / project teams to plan, develop, implement, and monitor priority communication projects (See the FFY2023 report for more details about the standardized communication procedures). To support

continuous quality improvement of BFH communication products, additional standard procedures and tools will be developed to support creation of evaluation strategies to measure the effectiveness of each communication product (i.e. the framing and core story) as well as the effectiveness of the dissemination strategy used for each communication product (i.e. the medium or channel of dissemination).

In FFY2025, Communication staff will begin to develop standard operating procedures to include inputs of community organizations, families and individuals with lived experience in the process for developing BFH communication products. Our team has recognized that consultation and collaboration with MCH populations is a critical step for ensuring appropriateness of the framing and core story of key messages as well as appropriateness of the mediums and channels of message dissemination.

The Communications Operations and Strategy Manager will continue to work with the LDH Bureau of Media and Communications (BMAC) to manage media relations and develop press releases, talking points, annual reports, data factsheets, and policy briefs. In addition to the development of standard procedures for development of communications products, the Communications Manager is responsible for ensuring BFH's framing and core stories are integrated into larger communication's products from the Office of Public Health (OPH), LA Department of Health (LDH), and other state agencies.

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 FFY2025, the Bureau of Family Health (BFH) continued to support 11 statewide public bodies (i.e., boards, commissions, councils), two authorized activities created under the auspices of the Louisiana Commission on Perinatal Care and Prevention of Infant Mortality, and two internally created action bodies serving as workgroups to make systems-level changes and propose policy changes. Key tasks to be accomplished in FFY2025 include:

- Developing an orientation for new members appointed or designated to a BCC, to ensure each member has a deep understanding of the history of the body, current business affairs, membership requirements and responsibilities, and more.
- Developing an orientation for staff who serve as administrative staff to a BCC to ensure each staff member understands his/her/their roles and responsibilities in comparison to the role of the Strategy and Operations Lead - Boards, Commissions, and Councils.
- Developing a clearly-defined workflow and providing training for the implementation of Act 393 of the 2023 Regular Session remote meeting operations for statewide BCCs under the purview of BFH.
- Developing an electronic toolkit that will include evidence-based tools, policies, procedures, guidelines, and other resources to support staff in the management and/or facilitation of BCCs. The toolkit will also include training materials and presentations.
- Supporting BCC members and support staff in the announcement of vacancies through the use of vacancy flyers and social media graphics. The vacancy flyers and social media graphics are currently being developed with a plan to initiate use no later than August 1, 2024. In addition, a strategic communications campaign will be executed to determine all messaging avenues to be utilized to inform the public about vacancies on individual BCCs.
- Hosting monthly check-ins with staff supporting the BCCs. During the check-in, the Strategy and Operations Lead - Boards, Commissions, and Councils will engage in conversation on successes, challenges, and professional development opportunities to advance the work of BCC activities. In addition, the Strategy and Operations Lead - Boards, Commissions, and Councils will provide an assessment of compliance with membership requirements, meeting frequency, reporting, among other elements.
- Reviewing and maintaining the database utilized to inventory all BFH-designated public bodies. This will include revisions to the current database and adding necessary elements to track information on each BCC.
- Participating in the Strategy Teams needs-assessment activities to ensure engagement from individuals with

lived experience, family members, community advocates, and other external partners. In addition, all approaches developed as a result of any participation in the needs-assessment activities will be considered from an equity perspective.

Develop and operationalize processes and templates to support BFH policy recommendations:
The Policy and Legislation section provides cross-cutting systems work to support all staff within the Bureau of Family Health (BFH). While each program or project may have a different purpose or objective to achieve, the Policy and Legislation section works together as a team and a support system to others working in BFH to create and implement evidence-based, sound policies and practices that are to be implemented by all programs and projects in the Bureau. This requires utilizing a rigorous examination of organizational strengths and opportunities to craft proposals and implement strategies to move the work forward. The work is defined by the choices made today, incorporating team strategy sessions, the input and advice of many external partners, and the support of internal peers that guide the development of policies, procedures, recommendations, guidelines, legislative proposals, and other resources and informational tools.

In FFY2025, the BFH Policy and Legislation section will continue supporting all Title V-funded programs and projects to improve their understanding of legislative affairs, rulemaking, regulatory affairs, legal and policy analysis, research and development, community partnerships (engaging with policymakers, individuals with lived experiences, family members, and other external partners), and development and implementation of organizational policies and procedures.

Specifically, the Policy and Legislation section will develop and implement guidelines related to legislative and other policy processes including detailed documents that provide a granular description on how-to complete or perform certain tasks, flowcharts to provide a visual representation of how the process will work from beginning to end, recorded course curriculums and training presentations for staff to be posted on our Learning Management System (Moodle). Examples include guidance and training on preparing a legislative proposal, implementation activities resulting from recently enacted legislative instruments and model content to include in status updates, guidance and training on rulemaking, communication/messaging techniques when endorsing policy strategies and initiatives with legislators and policymakers, and power prism strategies when engaging in the process of policy change. The Policy and Legislation section will also conduct monthly check-ins to receive updates on rulemaking, legislative implementation, and to collaborate with teams across the Bureau especially in times of challenges (the pause or stalling of policy-related projects) or to provide technical assistance or support in policy development opportunities.

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 to 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.

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). Workgroup efforts are beginning summer of 2024 to advance MCH as a priority for the state of Louisiana. The Title V Block Grant Strategy Manager will be involved in the group convened.

The Bureau of Family Health (BFH), Louisiana's Title V Agency, posted an announcement in the December 2023 issue of the Louisiana Register to update readers on the submission of the Title V MCH Block Grant 2022 Report / 2024 Application. 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. This notice, in the Potpourri section, included a link to the application and report for community review and contact information to provide feedback.

BFH has also created a dedicated webpage and a summary version of the Title V MCH Block Grant Application to facilitate public access (https://ldh.la.gov/page/mch-block-grant-summary-for-public-comments-and-review). The public and all community partners are able to contact BFH via a dedicated email (TitleVMCH@la.gov) to request additional information and/or share their inputs.

Another method of engagement is through BFH's Community Action and Advisory Teams (CAATs) in each of the 9 health regions of the state. MCH Coordinators from each region organize regular meetings of their regional CAAT. CAAT members include representatives from other state agency local offices, representatives from local community based organizations, representatives from local government offices (i.e., Sheriff's Office, Local Mayor's Office, etc.), and representatives from local Chambers of Commerce. The regional CAATs are critical for contextualizing and disseminating health education messages within each region of the state, but also serve as a conduit for public input into BFH programs and projects.

As described in the Needs Assessment Chapter of this application, the Bureau invests significantly in the continuous monitoring and assessment of the priority needs of the MCH populations in the state. The tools and processes used in this continuous needs assessment effort contribute an additional layer of public input data.

Significant public input mechanisms are also integrated into the individual programs, projects, and initiatives supported by Title V funding. Mechanisms used to facilitate public input into Title V funded programs during FFY2023 include:

Meetings of state-mandated Boards, Councils or Commissions	14 programs / projects organized at least one meeting of a state mandated board, council, or commission.
Meetings of program/project specific advisory committees or councils	11 programs / projects have established specific advisory committees or advisory councils to facilitate public input.
Surveys, listening sessions, consultation workshops or other similar consultation mechanisms with program / project constituents	13 programs / projects collected public input via community surveys, listening sessions, or consultation workshops with community constituents.
Satisfaction surveys completed by program / project participants	9 programs / projects collected satisfaction survey data from program participants (including through evaluation of training or other educational activities).

Looking to FFY2025 and beyond, the Title V team is actively exploring strategies to enhance community engagement methods. Opportunities to increase public input include further collaboration with existing BFH-led boards, councils, and commissions; continued collaboration with Community Action Advisory Teams (CAATs) in each region; improving language accessibility by translating the executive summary and state action plan table to both Vietnamese and Spanish; sharing fact sheets about each of the Title V population domains on our social media platforms or community spaces; and developing feedback forms to solicit more detailed information from interested English-speaking and non-English speaking individuals.

III.G. Technical Assistance

In FFY2024, Louisiana's Screen Often, Accurately, and Refer (SOAR) project, funded by an Early Childhood Comprehensive Systems (ECCS) grant, began a new technical assistance project with the National MCH Workforce Development Center (WDC). The single state engagement aims to improve coordination meetings of Louisiana's Young Child Wellness Collaborative (YCWC). The technical assistance has offered tools and coaching to support a systems approach to developing a statewide plan of action for improvement of the state's systems of care for birth to three children. Equity opportunity statements, appreciative inquiry, implementation sciences, behavior over time graphs, and causal loop diagramming are some of the tools introduced to support continuous strategic reflection. The WDC single state engagement will continue in FFY2025.

The Bureau of Family Health (BFH) Health Equity Coordinator and Title V coordination team are currently co-leading an initiative to improve internal tools and processes for health equity competencies development. To support this effort, the BFH team requested technical assistance from the National MCH Workforce Development Center (WDC). The technical assistance Learning Journey aims to support development of a new approach for improving health equity competencies. The new approach recognizes that each person is uniquely situated in their journey of improvement and that aims to partner with Bureau workforce members to co-create a variety of learning opportunities and experiences which range in both levels of difficulty / complexity as well as offering a variety of learning modalities (i.e. lecture-based, peer learning, active learning and supervision, experiential learning, etc.). WDC is working to support this effort through coaching, available resources, and previous state's projects to have a successful trajectory for this health equity Learning Journey. See also the MCH Workforce Development section of the State Action Plan Narrative Overview.

Lastly, the BFH Data to Action Team (DAT) participated in ASTHO's Data Roadmap for Racial Equity Advancement in Maternal and Child Health (DREAM) Learning Community (DREAM 2.0). LA's DAT team is using this opportunity to develop a strategy to improve how equity is considered and addressed in every stage of the data-to-action cycle (i.e., problem statement, data collection tool and methodology formulation, data collection, data analysis, data findings interpretation, development of action plan, etc.). The technical assistance will specifically focus on postpartum depression as a key area of focus for data to action in the upcoming 2026 - 2030 Title V strategic cycle.

In anticipation of the FFY2025 block grant application submission, the BFH Title V coordination team requested inputs from Title V funded program and project personnel. Respondents suggested that technical assistance or training opportunities on (1) data-driven storytelling, (2) program/project evaluation, (3) multi-sector coordination, and (4) manuscript writing would be highly appreciated and supportive for improving workforce competencies.

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 7.10.24.pdf

Supporting Document #02 - References_10July2024.pdf

VI. Organizational Chart

The Organizational Chart is uploaded as a PDF file to this section - LDH_OPH_BFH Org Chart_July2024.pdf

VII. Appendix

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Form 2
MCH Budget/Expenditure Details

State: Louisiana

	FY 25 Application Budgeted	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 13,101,228	
A. Preventive and Primary Care for Children	$ 4,974,561	(37.9%)
B. Children with Special Health Care Needs	$ 5,205,254	(39.7%)
C. Title V Administrative Costs	$ 1,310,122	(10%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 11,489,937	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 9,637,713	
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)	$ 5,022,225	
7. TOTAL STATE MATCH (Lines 3 through 6)	$ 17,537,013	
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)	$ 30,638,241	
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)	$ 26,490,323	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 57,128,564	

OTHER FEDERAL FUNDS	FY 25 Application Budgeted
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) > 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) > Centers for Disease Control and Prevention (CDC) > Rape Prevention and Education (RPE) Program	$ 621,849
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > State-Based Perinatal Quality Collaboratives (PQCs) Cooperative Agreement	$ 301,300
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Sudden Unexpected Infant Death (SUID) Case Registry Program	$ 241,076
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees	$ 450,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Early Childhood Comprehensive Systems (ECCS): Building Health Through Integration	$ 299,600
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Emergency Medical Services for Children (EMSC)	$ 190,650
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)	$ 2,199,605
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Formula Grants	$ 11,929,766
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Safeguarding Two Lives: Expanding Early Identification & Access to Perinatal Mental Health	$ 825,000
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) > State Systems Development Initiative (SSDI)	$ 100,000

OTHER FEDERAL FUNDS	FY 25 Application Budgeted
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Universal Newborn Hearing Screening and Intervention	$ 235,000
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Injury Prevention and Control	$ 561,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > ARPA Pediatric Mental Health Care Access	$ 2,335,606
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > ARPA Pediatric Mental Health Care Access Expansion	$ 360,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > EMS C Targeted Issue	$ 100,000
Department of Health and Human Services (DHHS) > Other > SLTT Partnership Grant	$ 280,067

	FY 23 Annual Report Budgeted		FY 23 Annual Report Expended	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 12,765,377 (FY 23 Federal Award: $ 13,320,243)		$ 13,320,243	
A. Preventive and Primary Care for Children	$ 5,426,630	(42.5%)	$ 4,717,698	(35.4%)
B. Children with Special Health Care Needs	$ 4,338,000	(34%)	$ 5,365,253	(40.2%)
C. Title V Administrative Costs	$ 1,276,537	(10%)	$ 1,332,024	(10%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 11,041,167		$ 11,414,975	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 7,845,617		$ 11,636,713	
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)	$ 7,110,468		$ 4,439,773	
7. TOTAL STATE MATCH (Lines 3 through 6)	$ 17,833,160		$ 18,953,561	
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)	$ 30,598,537		$ 32,273,804	
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)	$ 28,133,058		$ 19,432,537	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 58,731,595		$ 51,706,341	

OTHER FEDERAL FUNDS	FY 23 Annual Report Budgeted	FY 23 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	$ 131,609
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > National Violent Death Registry	$ 330,086	$ 160,933
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Pregnancy Risk Assessment Monitoring System (PRAMS)	$ 160,020	$ 166,763
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees	$ 450,000	$ 327,854
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Rape Prevention and Education (RPE) Program	$ 595,938	$ 572,214
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)	$ 350,000	$ 203,996
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > State-Based Perinatal Quality Collaboratives (PQCs) Cooperative Agreement	$ 390,000	$ 176,707
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Sudden Unexpected Infant Death (SUID) Case Registry Program	$ 95,600	$ 83,976
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Early Childhood Comprehensive Systems (ECCS): Building Health Through Integration	$ 255,600	$ 154,588
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Emergency Medical Services for Children (EMSC)	$ 4,550,000	$ 54,800
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)	$ 3,266,853	$ 418,523

OTHER FEDERAL FUNDS	FY 23 Annual Report Budgeted	FY 23 Annual Report Expended
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	$ 9,951,253
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Pediatric Mental Health Care Access Program	$ 445,000	$ 442,168
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	$ 590,321
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	$ 100,000	$ 34,490
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Universal Newborn Hearing Screening and Intervention	$ 234,980	$ 228,261
Department of Health and Human Services (DHHS) > Office of Population Affairs (OPA) > Title X Family Planning	$ 4,788,720	$ 4,788,720
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Injury Prevention and Control	$ 651,000	$ 512,610
Department of Health and Human Services (DHHS) > Other > Advancing System Improvements for Key Issues In Women's Health	$ 280,086	$ 152,571
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > EMS Targeted Issue		$ 256,332
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > ARPA PMHCA Expansion		$ 23,848

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:	**2023**
	Column Name:	**Annual Report Expended**
	Field Note: Preventive and Primary Care for Children expenditures were lower 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:	**2023**
	Column Name:	**Annual Report Expended**
	Field Note: CYSHCN expenditures were greater than budgeted in part due to funding cost of mental health consultation, education, and training to providers supporting CSHS parents and families.	
3.	**Field Name:**	**3. STATE MCH FUNDS**
	Fiscal Year:	**2023**
	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:	**2023**
	Column Name:	**Annual Report Expended**
	Field Note: Program Income was lower than budgeted due to Reproductive Health Medicaid collections were reflected in the FY23 budget, but are not reflected in expenditures. In addition, lower recoupment in billable services for Genetics and CYSHCN were due in part to billing vendor issues with integration with our electronic health record.	
5.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Other > SLTT Partnership Grant**
	Fiscal Year:	**2025**
	Column Name:	**Application Budgeted**
	Field Note: State, Local, Territorial, and Tribal (SLTT) Partnership Programs to Reduce Maternal Deaths due to Violence-Louisiana	

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 25 Application Budgeted	FY 23 Annual Report Expended
1. Pregnant Women	$ 443,550	$ 570,741
2. Infants < 1 year	$ 717,741	$ 884,527
3. Children 1 through 21 Years	$ 4,974,561	$ 4,717,698
4. CSHCN	$ 5,205,254	$ 5,365,253
5. All Others	$ 450,000	$ 450,000
Federal Total of Individuals Served	$ 11,791,106	$ 11,988,219

IB. Non-Federal MCH Block Grant	FY 25 Application Budgeted	FY 23 Annual Report Expended
1. Pregnant Women	$ 2,738,538	$ 2,738,538
2. Infants < 1 year	$ 2,738,538	$ 2,738,538
3. Children 1 through 21 Years	$ 237,328	$ 2,237,328
4. CSHCN	$ 11,447,609	$ 10,864,158
5. All Others	$ 375,000	$ 375,000
Non-Federal Total of Individuals Served	$ 17,537,013	$ 18,953,562
Federal State MCH Block Grant Partnership Total	$ 29,328,119	$ 30,941,781

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 25 Application Budgeted	FY 23 Annual Report Expended
1. Direct Services	$ 200,144	$ 230,261
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	$ 200,144	$ 230,261
2. Enabling Services	$ 3,354,884	$ 3,873,560
3. Public Health Services and Systems	$ 9,546,200	$ 9,216,422
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		$ 212,017
Hospital Charges (Includes Inpatient and Outpatient Services)		$ 0
Dental Care (Does Not Include Orthodontic Services)		$ 0
Durable Medical Equipment and Supplies		$ 15,628
Laboratory Services		$ 2,616
Direct Services Line 4 Expended Total		$ 230,261
Federal Total	$ 13,101,228	$ 13,320,243

IIB. Non-Federal MCH Block Grant	FY 25 Application Budgeted	FY 23 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	$ 6,674,403	$ 6,086,989
3. Public Health Services and Systems	$ 10,862,610	$ 12,866,572
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	$ 17,537,013	$ 18,953,561

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: 55,170 **Data Source Year: 2023**

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	54,506 (98.8%)	4,414	245	235 (95.9%)

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	Critical Congenital Heart Disease
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)	49,523	2,993	359	359

4. Long-Term Follow-Up

Louisiana has a short term follow-up program. Infants are followed until the program receives a confirmed diagnosis and they are referred for treatment. However, infants who are confirmed with certain metabolic disorders also receive prescribed formula as treatment for their condition for life. In the lead screening program, follow up length depends on the 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:	**2023**
	Column Name:	**Total Births by Occurrence Notes**
	Field Note: Occurrent births for calendar year 2023	
2.	**Field Name:**	**Data Source Year**
	Fiscal Year:	**2023**
	Column Name:	**Data Source Year Notes**
	Field Note: Calendar year	
3.	**Field Name:**	**Core RUSP Conditions - Total Number Receiving At Least One Screen**
	Fiscal Year:	**2023**
	Column Name:	**Core RUSP Conditions**
	Field Note: Newborn hearing loss screening: 54,506. Newborn genetic heel stick screening: 54,494. Larger number of hearing screen reported for calendar year 2023.	
4.	**Field Name:**	**Core RUSP Conditions - Total Number of Out-of-Range Results**
	Fiscal Year:	**2023**
	Column Name:	**Core RUSP Conditions**
	Field Note: Newborn hearing loss presumptive positive screens: 1,678. Newborn Genetics Heel Stick presumptive positive screens: 2736. Total number of positive presumptive screens is sum of hearing and genetics screening = 4414.	
5.	**Field Name:**	**Core RUSP Conditions - Total Number Confirmed Cases**
	Fiscal Year:	**2023**
	Column Name:	**Core RUSP Conditions**
	Field Note: Newborn hearing loss confirmed cases: 111. Newborn genetics heelstick confirmed cases: 134. Total number of confirmed cases = 245.	
6.	**Field Name:**	**Core RUSP Conditions - Total Number Referred For Treatment**

Fiscal Year:	**2023**
Column Name:	**Core RUSP Conditions**

Field Note:
Referred for treatment includes hearing aid evaluation referral and/or EI referral. Newborn hearing loss confirmed cases referred for treatment: 101. Newborn genetic heelstick confirmed cases referred for treatment: 134. Total sum number referred for treatment = 235

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 2023

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	2,711	82.5	0.0	3.1	10.7	3.7
2. Infants < 1 Year of Age	1,622	0.0	83.1	1.6	1.1	14.2
3. Children 1 through 21 Years of Age	45,787	67.7	1.9	16.9	8.0	5.5
3a. Children with Special Health Care Needs 0 through 21 years of age^	7,724	61.7	0.0	18.7	4.8	14.8
4. Others	31,646	63.8	0.0	9.5	21.6	5.1
Total	81,766					

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	56,479	No	55,170	94.5	52,136	2,711
2. Infants < 1 Year of Age	56,783	No	54,792	99.5	54,518	1,622
3. Children 1 through 21 Years of Age	1,246,424	Yes	1,246,424	22.5	280,445	45,787
3a. Children with Special Health Care Needs 0 through 21 years of age^	321,872	Yes	321,872	22.5	72,421	7,724
4. Others	3,287,115	Yes	3,287,115	3.6	118,336	31,646

^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:	**2023**
	Field Note: Unduplicated pregnant women through Mothers, Infant, and Early Childhood Home Visiting (MIECHV) program FFY2023 (enabling) Unduplicated females with positive pregnancy test through Reproductive Health Program FFY2023 (enabling)	
2.	**Field Name:**	**Infants Less Than One YearTotal Served**
	Fiscal Year:	**2023**
	Field Note: Unduplicated infants through MIECHV FFY2023 (enabling) Unduplicated infants served through Early Hearing Detection and Intervention (EHDI) FFY2023 (enabling)	
3.	**Field Name:**	**Children 1 through 21 Years of Age**
	Fiscal Year:	**2023**
	Field Note: Unduplicated children > 1 served through MIECHV FFY2023 (enabling) Unduplicated # of children served at School Based Health Clinics - School Year 2022-2023 (enabling) Title X Unduplicated males and females 21 and under FFY 2023 (enabling) CYSHCN count = Unduplicated CYSHCN served thru Children's Special Health Services clinics (subspecialty, Sickle Cell, and Genetics) FFY2023 (direct and enabling) Unduplicated CYSHCN served at Title V sponsored Care Coordination sites (enabling) Unduplicated family interactions through the BFH Family Resource Center (FRC) (enabling) Unduplicated CYSHCN (1-13) served through Early Hearing Detection and Intervention FFY2023 (enabling)	
4.	**Field Name:**	**Children with Special Health Care Needs 0 through 21 Years of Age**
	Fiscal Year:	**2023**
	Field Note: Unduplicated CYSHCN served thru Children's Special Health Services clinics (subspecialty, Sickle Cell, and Genetics) FFY2023 (direct and enabling) Unduplicated CYSHCN served at Title V sponsored Care Coordination sites (enabling) Unduplicated family interactions through the BFH Family Resource Center (FRC) (enabling) Unduplicated CYSHCN (1-13) served through Early Hearing Detection and Intervention FFY2023 (enabling)	
5.	**Field Name:**	**Others**
	Fiscal Year:	**2023**

	Field Note: MIECHV unduplicated caregivers FFY2023 (enabling); Families receiving ASL interpretation >21 through EHDI (enabling) Families served by Hands & Voices Guide By Your Side Parent/Deaf Guides through EHDI FFY2023 (enabling) Title X Unduplicated males and females 22+ FFY 2023 (direct); Unduplicated patients (over 21) served through CSHS clinics (subspecialty, Sickle Cell, and Genetics) FFY2023 (direct and enabling) State MCH toll-Free Hotline Calls FFY2023 (enabling)	

Field Level Notes for Form 5b:

1.	**Field Name:**	**Pregnant Women Total % Served**
	Fiscal Year:	**2023**
	Field Note: Source: LA Perinatal Quality Collaborative (LaPQC) Internal Records Numerator - Number of deliveries at Gift-engaged hospitals during the federal fiscal year (FFY) 2023 Source: Vital Records Denominator - Number of women who delivered during FFY 2023	
2.	**Field Name:**	**Pregnant Women Denominator**
	Fiscal Year:	**2023**
	Field Note: Source: Vital Records Definition: Number of women who delivered during the federal fiscal year 2023	
3.	**Field Name:**	**Infants Less Than One Year Total % Served**
	Fiscal Year:	**2023**
	Field Note: Numerator - Newborns screened for hearing loss during federal fiscal year (FFY) 2023; Source: Vital Records Denominator - Occurrent live births during FFY 2023	
4.	**Field Name:**	**Infants Less Than One Year Denominator**
	Fiscal Year:	**2023**
	Field Note: Source: Vital Records Definition: Occurrent live births during federal fiscal year 2023	
5.	**Field Name:**	**Children 1 through 21 Years of Age Total % Served**
	Fiscal Year:	**2023**

	Field Note: Numerator - Children ages 1-5 years: All medicaid-enrolled children ages 1-5 in Louisiana impacted by Title V/Title XIX collaboration to strengthen Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) system; Children ages 5-13: Students in grades K-8 in schools with School-Based Health Clinic access during school year 2022-2023; Children ages 14-21: Children 21 and under receiving no/low cost reproductive health services through Parish Health Units in Louisiana during FFY 2023; Denominator - US Decennial Census Bureau Population Estimate for Louisiana Children 1 to 21 years of age	
6.	**Field Name:**	**Children with Special Health Care Needs 0 through 21 Years of Age Total % Served**
	Fiscal Year:	**2023**
	Field Note: Numerator - % of children served by Title V multiplied by total population of CSHCN; Denominator - Prevalence Rate of CSHCN Ages 0-17 in Louisiana as per the 2020-2021 National Survey of Children Health multiplied by the total population of children ages 1-21 as per the US Decennial Census Data for Louisiana Residents Ages 1-21 20.55% *1,292,704 = 265,647	
7.	**Field Name:**	**Others Total % Served**
	Fiscal Year:	**2023**
	Field Note: Numerator - Adverse Childhood Experiences (ACE) Educator Program Community level Training Participants; Number of website page views from Partners for Healthy Babies, Partners for Family Health, LA Perinatal Quality Collaborative, and Reproductive Health Program website. Repeat views are counted; Number of engagements for X. Engagement = reaction, like, share, save, link clicked, etc; Number of impressions for X. Impressions - Number of times content was displayed to users; Number of engagements for Facebook. Engagement = reaction, like, share, save, link clicked, etc.; Number of impressions for Facebook. Impressions = number of times content was displayed to user; MIECHV caregivers served FFY2023; Families receiving American Sign Language interpretation; Families served with Hands & Voices Guide by Your Side; Title X males and females >21 FFY2023; Patients >21 served at Children's Special Health Services Clinics (subspecialty, Sickle Cell, Genetics); State MCH hotline calls FFY2023 Denominator - U.S Decennial Census data for all Louisiana Residents 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 2023

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	56,094	27,619	19,847	6,070	250	769	20	861	658
Title V Served	53,135	26,135	18,683	5,879	235	745	19	810	629
Eligible for Title XIX	11,853	3,366	3,755	3,996	95	65	2	0	574
2. Total Infants in State	111,933	54,607	39,456	11,779	516	1,676	47	1,670	2,182
Title V Served	54,606	26,970	19,761	5,876	373	883	45	112	586
Eligible for Title XIX	81,340	14,549	21,338	9,983	143	576	88	0	34,663

Form Notes for Form 6:

None

Field Level Notes for Form 6:

1.	**Field Name:**	**1. Total Deliveries in State**
	Fiscal Year:	**2023**
	Column Name:	**Total**
	Field Note: Deliveries in this case are defined as all births in LA, regardless of residence of mother during FFY2023	
2.	**Field Name:**	**1. Title V Served**
	Fiscal Year:	**2023**
	Column Name:	**Total**
	Field Note: Number of deliveries at Gift-engaged hospitals with the Louisiana Perinatal Quality Collaborative during FFY 2023 (Participating on or before 09/30/2023)	
3.	**Field Name:**	**1. Eligible for Title XIX**
	Fiscal Year:	**2023**
	Column Name:	**Total**
	Field Note: Unduplicated count of Title XIX eligible deliveries during FFY2023	
4.	**Field Name:**	**2. Total Infants in State**
	Fiscal Year:	**2023**
	Column Name:	**Total**
	Field Note: The total infants in the state are defined as births during 10/1/2022 - 09/30/2023 only to LA residents, regardless if they were born in LA or not	
5.	**Field Name:**	**2. Title V Served**
	Fiscal Year:	**2023**
	Column Name:	**Total**
	Field Note: Number of infants screened for hearing loss during FFY2023	
6.	**Field Name:**	**2. Eligible for Title XIX**
	Fiscal Year:	**2023**

Column Name:	**Total**

Field Note:
This count includes Medicaid paid claims data for infants born in FFY 2022 and turned one at some point during 2023 and those born in 2023, so long as they were less than 1 year old and eligible for at least one month from 10/1/2022 to 9/30/2023.

Form 7
Title V Program Workforce

State: Louisiana

Reporting on Form 7 in the 2025 Application/2023 Annual Report is optional. The state has opted-out of providing Form 7 data. Reporting on Form 7 is mandatory for 2026 Application/2024 Annual Report.

Form Notes for Form 7:

None

Field Level 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	

5. SSDI Project Director	
Name	Rebecca Majdoch
Title	Data to Action (DAT) Team Lead
Address 1	1450 Poydras Street, Suite 2013
Address 2	
City/State/Zip	New Orleans / LA / 70112
Telephone	(504) 568-8171
Extension	
Email	Rebecca.Majdoch@la.gov

6. State MCH Toll-Free Telephone Line	
State MCH Toll-Free “Hotline” Telephone Number	(800) 251-2229

Form Notes for Form 8:

None

Form 9
List of MCH Priority Needs

State: Louisiana

Application Year 2025

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 - Percent of pregnant women who receive prenatal care beginning in the first trimester (Early Prenatal Care, Formerly NOM 1) - PNC

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	73.0 %	0.2 %	40,253	55,155
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 PNC - Notes:

None

Data Alerts: None

NOM - Rate of severe maternal morbidity per 10,000 delivery hospitalizations (Severe Maternal Morbidity, Formerly NOM 2) - SMM

Data Source: HCUP - State Inpatient Databases (SID)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	85.2	4.0	467	54,839
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 SMM - Notes:

None

Data Alerts: None

NOM - Maternal mortality rate per 100,000 live births (Maternal Mortality, Formerly NOM 3) - MM

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2018_2022	37.3	3.6	108	289,800
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 MM - Notes:

None

Data Alerts: None

NOM - Percent of low birth weight deliveries (<2,500 grams) (Low Birth Weight, Formerly NOM 4) - LBW

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	11.5 %	0.1 %	6,478	56,454
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 LBW - Notes:

None

Data Alerts: None

NOM - Percent of preterm births (<37 weeks) (Preterm Birth, Formerly NOM 5) - PTB

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	13.3 %	0.1 %	7,515	56,440
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 PTB - Notes:

None

Data Alerts: None

NOM - Percent of early term births (37, 38 weeks) (Early Term Birth, Formerly NOM 6) - ETB

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	34.4 %	0.2 %	19,390	56,440
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 ETB - Notes:

None

Data Alerts: None

NOM - Percent of non-medically indicated early elective deliveries (Early Elective Delivery, Formerly NOM 7) - EED

Data Source: CMS Hospital Compare

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2022/Q1-2022/Q4	2.0 %			
2021/Q4-2022/Q3	2.0 %			
2021/Q3-2022/Q2	2.0 %			
2021/Q2-2022/Q1	2.0 %			
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 %			

Year	Annual Indicator	Standard Error	Numerator	Denominator
2015/Q2-2016/Q1	3.0 %			
2015/Q1-2015/Q4	3.0 %			
2014/Q4-2015/Q3	3.0 %			
2014/Q3-2015/Q2	3.0 %			
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 EED - Notes:

None

Data Alerts: None

NOM - Perinatal mortality rate per 1,000 live births plus fetal deaths (Perinatal Mortality, Formerly NOM 8) - PNM

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	5.6	0.3	324	57,600
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 PNM - Notes:

None

Data Alerts: None

NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	7.2	0.4	416	57,437
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 IM - Notes:

None

Data Alerts: None

NOM - Neonatal mortality rate per 1,000 live births (Neonatal Mortality, Formerly NOM 9.2) - IM-Neonatal

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	3.8	0.3	219	57,437
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 IM-Neonatal - Notes:

None

Data Alerts: None

NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	3.4	0.2	197	57,437
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 IM-Postneonatal - Notes:

None

Data Alerts: None

NOM - Preterm-related mortality rate per 100,000 live births (Preterm-Related Mortality, Formerly NOM 9.4) - IM-Preterm Related

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	195.0	18.4	112	57,437
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 IM-Preterm Related - Notes:

None

Data Alerts: None

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

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	156.7	16.5	90	57,437
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 IM-SUID - Notes:

None

Data Alerts: None

NOM - Percent of women who drink alcohol in the last 3 months of pregnancy (Drinking during Pregnancy, Formerly NOM 10) - DP

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 DP - Notes:

None

Data Alerts: None

NOM - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations (Neonatal Abstinence Syndrome, Formerly NOM 11) - NAS

Data Source: HCUP - State Inpatient Databases (SID)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	6.0	0.3	318	52,732
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 NAS - Notes:

None

Data Alerts: None

NOM - 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) (Newborn Screening Timely Follow-Up, Formerly NOM 12) - NBS

Federally available Data (FAD) for this measure is not available/reportable.

NOM NBS - Notes:

None

Data Alerts: None

NOM - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL) (School Readiness, Formerly NOM 13) - SR

Federally available Data (FAD) for this measure is not available/reportable.

NOM SR - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year (Tooth decay or cavities, Formerly NOM 14) - TDC

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	15.8 %	1.4 %	162,964	1,030,801
2020_2021	16.6 %	1.3 %	170,655	1,027,244
2019_2020	14.8 %	1.3 %	154,041	1,040,091
2018_2019	13.1 %	1.4 %	136,032	1,041,216
2017_2018	11.8 %	1.6 %	123,001	1,045,560
2016_2017	12.0 %	1.6 %	126,599	1,054,449

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 TDC - Notes:

None

Data Alerts: None

NOM - Child Mortality rate, ages 1 through 9, per 100,000 (Child Mortality, Formerly NOM 15) - CM

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	28.1	2.3	146	518,836
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 CM - Notes:

None

Data Alerts: None

NOM - Adolescent mortality rate ages 10 through 19, per 100,000 (Adolescent Mortality, Formerly NOM 16.1) - AM

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	63.0	3.2	379	601,511
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 AM - Notes:

None

Data Alerts: None

NOM - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 (Adolescent Motor Vehicle Death, Formerly NOM 16.2) - AM-Motor Vehicle

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2022	18.3	1.4	163	890,061
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 AM-Motor Vehicle - Notes:

None

Data Alerts: None

NOM - Adolescent suicide rate, ages 15 through 19, per 100,000 (Adolescent Suicide, Formerly NOM 16.3) - AM-Suicide

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2022	6.7	0.6	121	1,807,434
2019_2021	7.2	0.6	130	1,806,502
2018_2020	6.8	0.6	123	1,800,440
2017_2019	7.1	0.6	129	1,809,790
2016_2018	6.7	0.6	122	1,816,983
2015_2017	6.9	0.6	126	1,820,312
2014_2016	6.4	0.6	116	1,822,256
2013_2015	6.4	0.6	116	1,825,528
2012_2014	5.6	0.6	103	1,834,588
2011_2013	5.5	0.6	102	1,851,612
2010_2012	5.0	0.5	93	1,874,183
2009_2011	4.8	0.5	90	1,893,059

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM AM-Suicide - Notes:

None

Data Alerts: None

NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17 (CSHCN, Formerly NOM 17.1) - CSHCN

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	24.7 %	1.4 %	265,647	1,077,045
2020_2021	22.5 %	1.3 %	242,815	1,078,065
2019_2020	22.9 %	1.5 %	249,564	1,087,430
2018_2019	26.4 %	1.6 %	290,706	1,100,299
2017_2018	25.1 %	1.8 %	278,672	1,111,851
2016_2017	23.7 %	1.7 %	263,783	1,114,346

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 CSHCN - Notes:

None

Data Alerts: None

NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	12.3 %	1.7 %	32,726	265,468
2020_2021	12.2 %	1.9 %	29,561	242,636
2019_2020	16.3 %	2.7 %	40,610	249,564
2018_2019	17.1 %	2.7 %	49,640	290,706
2017_2018	18.0 %	3.1 %	50,023	278,672
2016_2017	15.7 %	3.2 %	41,507	263,783

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 SOC - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 3 through 17, diagnosed with an autism spectrum disorder (Autism, Formerly NOM 17.3) - ASD

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	3.5 %	0.6 %	31,558	904,102
2020_2021	3.6 %	0.7 %	32,164	903,858
2019_2020	3.8 %	0.7 %	33,970	893,213
2018_2019	2.7 %	0.5 %	24,357	895,837
2017_2018	1.8 %	0.4 %	16,207	918,368
2016_2017	1.9 %	0.5 %	18,384	944,595

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 ASD - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 3 through 17, diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD) (ADD or ADHD, Formerly NOM 17.4) - ADHD

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	17.3 %	1.4 %	154,394	890,301
2020_2021	15.3 %	1.2 %	136,474	890,538
2019_2020	14.1 %	1.3 %	124,124	882,153
2018_2019	16.8 %	1.5 %	148,816	887,214
2017_2018	15.7 %	1.6 %	141,273	901,274
2016_2017	12.8 %	1.4 %	117,661	921,411

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 ADHD - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	46.2 %	4.4 %	71,676	155,105
2020_2021	47.7 %	4.3 %	69,517	145,837
2019_2020	43.7 %	4.8 %	60,995	139,671
2018_2019	46.8 %	5.2 %	67,556	144,359
2017_2018	37.7 %	5.9 %	50,155	133,005
2016_2017	38.0 %	5.2 %	51,094	134,416

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 MHTX - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	86.8 %	1.3 %	932,854	1,074,849
2020_2021	87.3 %	1.2 %	934,737	1,071,200
2019_2020	86.6 %	1.4 %	934,758	1,079,826
2018_2019	86.3 %	1.4 %	945,301	1,095,686
2017_2018	87.6 %	1.6 %	970,851	1,108,813
2016_2017	86.0 %	1.7 %	953,052	1,108,342

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 CHS - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile) (Obesity, Formerly NOM 20) - OBS

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
2021_2022	22.0 %	1.8 %	147,905	673,240
2020_2021	22.9 %	1.8 %	148,908	648,846
2019_2020	24.1 %	2.0 %	154,409	641,452
2018_2019	22.9 %	2.1 %	150,821	659,026
2017_2018	24.3 %	2.7 %	164,315	675,870
2016_2017	22.1 %	2.7 %	143,803	649,629

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 OBS - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 0 through 17, without health insurance (Uninsured, Formerly NOM 21) - UI

Data Source: American Community Survey (ACS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2022	3.3 %	0.3 %	35,234	1,057,036
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 UI - Notes:

None

Data Alerts: None

NOM - Percent of children who have completed the combined 7-vaccine series (4:3:1:3*:3:1:4) by age 24 months (Childhood Vaccination, Formerly NOM 22.1) - VAX-Child

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 VAX-Child - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza (Flu Vaccination, Formerly NOM 22.2) - VAX-Flu

Data Source: National Immunization Survey (NIS) – Flu

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022_2023	48.1 %	1.4 %	489,273	1,017,199
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 VAX-Flu - Notes:

None

Data Alerts: None

NOM - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine (HPV Vaccination, Formerly NOM 22.3) - VAX-HPV

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	79.8 %	2.8 %	251,183	314,593
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 VAX-HPV - Notes:

None

Data Alerts: None

NOM - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine (Tdap Vaccination, Formerly NOM 22.4) - VAX-TDAP

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	94.1 %	1.7 %	296,033	314,593
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 VAX-TDAP - Notes:

None

Data Alerts: None

NOM - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine (Meningitis Vaccination, Formerly NOM 22.5) - VAX-MEN

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	90.4 %	2.2 %	284,440	314,593
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 VAX-MEN - Notes:

None

Data Alerts: None

NOM - Teen birth rate, ages 15 through 19, per 1,000 females (Teen Births, Formerly NOM 23) - TB

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2022	23.7	0.4	3,502	147,646
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 TB - Notes:

None

Data Alerts: None

NOM - Percent of women who experience postpartum depressive symptoms following a recent live birth (Postpartum Depression, Formerly NOM 24) - PPD

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 PPD - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year (Forgone Health Care, Formerly NOM 25) - FHC

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	5.1 %	0.9 %	54,417	1,075,098
2020_2021	5.4 %	0.8 %	58,102	1,076,098
2019_2020	3.3 %	0.6 %	35,228	1,082,957
2018_2019	2.9 %	0.7 %	31,821	1,085,086
2017_2018	2.2 %	0.6 %	24,102	1,093,376
2016_2017	3.2 %	0.7 %	35,754	1,104,578

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 FHC - Notes:

None

Data Alerts: None

Form 10
National Performance Measures (NPMs)

State: Louisiana

NPM - Percent of cesarean deliveries among low-risk first births (Low-Risk Cesarean Delivery, Formerly NPM 2) - LRC

Federally Available Data					
Data Source: National Vital Statistics System (NVSS)					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective	29.1	28.5	35.8	36.4	37.1
Annual Indicator	29.3	28.5	29.4	29.8	27.9
Numerator	5,314	5,146	5,158	5,231	4,897
Denominator	18,163	18,041	17,562	17,540	17,525
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS
Data Source Year	2018	2019	2020	2021	2022

Annual Objectives		
	2024	**2025**
Annual Objective	27.6	27.1

Field Level Notes for Form 10 NPMs:

None

NPM - A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) - BF

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective	68	70.9	71.3	73.1	75
Annual Indicator	70.1	66.2	70.2	71.1	69.6
Numerator	36,572	36,465	38,183	36,006	35,527
Denominator	52,171	55,094	54,373	50,644	51,064
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2016	2017	2018	2019	2020

Federally Available Data	
Data Source: National Vital Statistics System (NVSS)	
	2023
Annual Objective	75
Annual Indicator	74.4
Numerator	40,354
Denominator	54,262
Data Source	NVSS
Data Source Year	2022

Annual Objectives		
	2024	**2025**
Annual Objective	71.8	73.7

Field Level Notes for Form 10 NPMs:

None

NPM - B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective	20.3	19.2	21.4	22.8	24.1
Annual Indicator	16.1	21.8	18.2	22.2	19.5
Numerator	8,285	11,878	9,743	10,882	9,741
Denominator	51,454	54,509	53,557	49,073	49,956
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2016	2017	2018	2019	2020

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH)	
	2023
Annual Objective	24.1
Annual Indicator	20.1
Numerator	30,025
Denominator	149,038
Data Source	NSCH
Data Source Year	2021_2022

Annual Objectives		
	2024	**2025**
Annual Objective	20.7	21.8

Field Level Notes for Form 10 NPMs:

None

NPM - A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) - SS

Federally Available Data					
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective	68.9	69.4	70.1	70.8	71.5
Annual Indicator	68.5	69.3	68.1	69.3	69.3
Numerator	38,351	38,239	37,066	37,547	37,547
Denominator	56,019	55,216	54,404	54,152	54,152
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2018	2019	2020	2021	2021

Annual Objectives		
	2024	**2025**
Annual Objective	69.9	70.4

Field Level Notes for Form 10 NPMs:

None

NPM - B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) - SS

Federally Available Data					
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective	31.4	33	28.6	28.9	29.2
Annual Indicator	30.5	26.2	28.3	22.3	22.3
Numerator	16,846	14,266	15,336	11,855	11,855
Denominator	55,303	54,492	54,212	53,272	53,272
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2018	2019	2020	2021	2021

Annual Objectives		
	2024	**2025**
Annual Objective	25.3	28.3

Field Level Notes for Form 10 NPMs:

None

NPM - C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) - SS

Federally Available Data					
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective	42.7	40.8	40.3	40.6	40.8
Annual Indicator	39.8	39.8	40.7	44.3	44.3
Numerator	22,065	21,721	22,078	23,594	23,594
Denominator	55,485	54,569	54,257	53,233	53,233
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2018	2019	2020	2021	2021

Annual Objectives		
	2024	**2025**
Annual Objective	44.5	44.7

Field Level Notes for Form 10 NPMs:

None

NPM - D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS

Federally available Data (FAD) for this measure is not available/reportable.

Field Level Notes for Form 10 NPMs:

None

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

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective	23.5	24.7	28.9	31.1	33.3
Annual Indicator	20.8	29.0	29.9	24.2	35.8
Numerator	32,009	50,909	48,525	32,172	47,267
Denominator	153,621	175,529	162,221	133,071	131,988
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2017_2018	2018_2019	2019_2020	2020_2021	2021_2022

Annual Objectives		
	2024	**2025**
Annual Objective	30.7	32.4

Field Level Notes for Form 10 NPMs:

None

NPM - Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9 (Injury Hospitalization - Child, Formerly NPM 7.1) - IH-Child

Federally Available Data				
Data Source: HCUP - State Inpatient Databases (SID)				
	2020	**2021**	**2022**	**2023**
Annual Objective			84.5	67.9
Annual Indicator	136.9	135.6	142.4	149.4
Numerator	833	817	851	876
Denominator	608,586	602,686	597,623	586,475
Data Source	SID-CHILD	SID-CHILD	SID-CHILD	SID-CHILD
Data Source Year	2018	2019	2020	2021

Annual Objectives		
	2024	**2025**
Annual Objective	143.4	136.9

Field Level Notes for Form 10 NPMs:

None

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

Federally Available Data					
Data Source: HCUP - State Inpatient Databases (SID)					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective			188.9	179.9	170.9
Annual Indicator	214.9	201.4	226.8	246.9	276.8
Numerator	1,302	1,215	1,362	1,473	1,687
Denominator	605,840	603,371	600,579	596,490	609,433
Data Source	SID-ADOLESCENT	SID-ADOLESCENT	SID-ADOLESCENT	SID-ADOLESCENT	SID-ADOLESCENT
Data Source Year	2017	2018	2019	2020	2021

Annual Objectives		
	2024	**2025**
Annual Objective	237.0	201.4

Field Level Notes for Form 10 NPMs:

None

NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH - Children with Special Health Care Needs

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CSHCN					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective	44.1	53.5	55	58.1	61.2
Annual Indicator	50.8	51.1	44.2	39.7	39.9
Numerator	133,087	135,582	108,240	99,237	105,746
Denominator	261,996	265,306	245,057	249,824	264,932
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2017_2018	2018_2019	2019_2020	2020_2021	2021_2022

Annual Objectives		
	2024	**2025**
Annual Objective	46.0	51.1

Field Level Notes for Form 10 NPMs:

None

NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH - Child Health - All Children

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH) - All Children	
	2023
Annual Objective	
Annual Indicator	44.3
Numerator	477,017
Denominator	1,076,134
Data Source	NSCH-All Children
Data Source Year	2021_2022

Field Level Notes for Form 10 NPMs:

None

NPM - A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) - PPV

Federally Available Data	
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)	
	2023
Annual Objective	
Annual Indicator	89.1
Numerator	48,861
Denominator	54,821
Data Source	PRAMS
Data Source Year	2021

Field Level Notes for Form 10 NPMs:

None

NPM - B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV

Federally Available Data	
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)	
	2023
Annual Objective	
Annual Indicator	66.1
Numerator	32,294
Denominator	48,861
Data Source	PRAMS
Data Source Year	2021

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	2023
Annual Objective			0	38	58
Annual Indicator			0	40	50
Numerator			0	4	5
Denominator			10	10	10
Data Source			Internal records	Internal Scoring Instrument	Internal Scoring Instrument
Data Source Year			2021	2022	2023
Provisional or Final ?			Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	70.0	80.0

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	2023
Annual Objective			40	50	50
Annual Indicator			25	40	70
Numerator			5	8	14
Denominator			20	20	20
Data Source			Family Engagement in Systems Assessment Tool	Family Engagement in Systems Assessment	Family Engagement in Systems Assessment
Data Source Year			2021	2022	2023
Provisional or Final ?			Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	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 LRC.1 - Percent of birthing hospitals actively participating in Louisiana Perinatal Quality Collaborative Initiatives

Measure Status:	Active

State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			81	85	94
Annual Indicator		78.8	80.8	89.6	93.5
Numerator		41	42	43	43
Denominator		52	52	48	46
Data Source		Internal program records	Internal program records	Internal Program Records	Internal Program Records
Data Source Year		2020	2020	2022	2023
Provisional or Final ?		Final	Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	98.0	100.0

Field Level Notes for Form 10 ESMs:

None

ESM LRC.2 - Percent of birthing hospitals achieving Louisiana Birth Ready Designation

Measure Status:	Active

State Provided Data				
	2020	2021	2022	2023
Annual Objective			52	72
Annual Indicator		30.8	68.8	68.1
Numerator		16	33	32
Denominator		52	48	47
Data Source		Internal program records	Internal Program Records	Internal Program Records
Data Source Year		2021	2022	2023
Provisional or Final ?		Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	75.0	82.0

Field Level Notes for Form 10 ESMs:

None

ESM BF.1 - Percent of births that were delivered at Gift-designated facilities

Measure Status:	Active

State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			91.2	92.3	93.2
Annual Indicator	92.5	90.6	91.9	95	94.5
Numerator	54,632	52,030	52,925	53,858	52,130
Denominator	59,088	57,401	57,596	56,711	55,170
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	Louisiana Vital Statistics Birth Records
Data Source Year	2019	2020	2021	2022	2023
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	93.2	93.8

Field Level Notes for Form 10 ESMs:

None

ESM SS.1 - Number of professionals trained to recognize, identify, and model safe sleep environments

Measure Status:	Active

State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective	500	800	840	950	1,040
Annual Indicator	760	835	941	3,146	2,546
Numerator					
Denominator					
Data Source	Training attendance records	Training attendance records	Training attendance records	Training attendance records	Training attendance records
Data Source Year	2019	2020	2021	2022	2023
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	2,600.0	2,700.0

Field Level Notes for Form 10 ESMs:

1.	**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 DS.1 - Number of early care/education and health providers receiving developmental, social/emotional, and environmental screening trainings

Measure Status:	Active

State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective	24	24	200	400	800
Annual Indicator	32	150	786	791	602
Numerator					
Denominator					
Data Source	Internal program records	Internal program records	Internal program records	Internal Program Records	Internal Program Records
Data Source Year	2019	2020	2021	2022	2023
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	650.0	650.0

Field Level Notes for Form 10 ESMs:

None

ESM DS.2 - Percent of developmental screening providers who participated in training and/or technical assistance and demonstrate improved knowledge of recommended screening tools and screening guidelines.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives	
	2025
Annual Objective	80.0

Field Level Notes for Form 10 ESMs:

None

ESM IH-Child.1 - Number of households participating in evidence-based home visiting programs

Measure Status:	Active

State Provided Data				
	2020	2021	2022	2023
Annual Objective			2,500	2,550
Annual Indicator	2,186	2,471	2,951	3,093
Numerator				
Denominator				
Data Source	MIECHV Annual Performance Report	MIECHV Program Records	MIECHV Program Records	MIECHV Program Records
Data Source Year	2020	2021	2022	2023
Provisional or Final ?	Final	Final	Final	Final

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

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2023**
	Column Name:	**State Provided Data**

Field Note:
3093 households participated in evidence-based home visiting programs, including 1080 households whose participation was directly supported by Title V funding.

ESM IH-Child.2 - Percent of households participating in evidence-based home visiting programs who report high or very high satisfaction

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives	
	2025
Annual Objective	90.0

Field Level Notes for Form 10 ESMs:

None

ESM IH-Adolescent.2 - Number of “gatekeepers” trained in adolescent suicide prevention

Measure Status:	Active

State Provided Data			
	2021	2022	2023
Annual Objective			468
Annual Indicator			323
Numerator			
Denominator			
Data Source			Training attendance records
Data Source Year			2023
Provisional or Final ?			Final

Annual Objectives		
	2024	2025
Annual Objective	450.0	450.0

Field Level Notes for Form 10 ESMs:

None

ESM IH-Adolescent.3 - Percent of participants in gatekeeper trainings who report increased confidence to help someone at risk of suicide.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives	
	2025
Annual Objective	80.0

Field Level Notes for Form 10 ESMs:

None

ESM MH.1 - Number of health care providers trained on Medical Home, Care Coordination and Youth Health Transition

Measure Status:	Active

State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective	350	300	150	350	400
Annual Indicator	223	24	303	271	701
Numerator					
Denominator					
Data Source	Internal program records.	Internal program records.	Internal program records.	Internal Program Records	Internal Program Records
Data Source Year	2019	2020	2021	2022	2023
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	450.0	600.0

Field Level Notes for Form 10 ESMs:

None

ESM MH.2 - Percent of providers participating in Medical Home, Care Coordination, and Youth Health Transition trainings who demonstrate improved knowledge of training contents

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives	
	2025
Annual Objective	80.0

Field Level Notes for Form 10 ESMs:

None

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 LRC.1 - Percent of birthing hospitals actively participating in Louisiana Perinatal Quality Collaborative Initiatives
NPM – Percent of cesarean deliveries among low-risk first births (Low-Risk Cesarean Delivery, Formerly NPM 2) - LRC

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>Increase the number of Louisiana birthing hospitals actively participating in evidence-based quality improvement initiatives to ensure safe, equitable, dignified births.</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 birthing hospitals in the Louisiana Perinatal Quality Collaborative that are actively and regularly submitting quality improvement data</td></tr>
<tr><td>Denominator:</td><td>Number of all birthing hospitals in Louisiana</td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>LaPQC quality improvement database.</td></tr>
<tr><td>Evidence-based/informed strategy:</td><td>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.</td></tr>
<tr><td>Significance:</td><td>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</td></tr>
</table>

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 LRC.2 - Percent of birthing hospitals achieving Louisiana Birth Ready Designation
NPM – Percent of cesarean deliveries among low-risk first births (Low-Risk Cesarean Delivery, Formerly NPM 2) - LRC

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>Increase the percentage of birthing hospitals that demonstrate active implementation of multiple evidence-based best practices that promote vaginal birth</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 hospitals achieving Louisiana Birth Ready Designation</td></tr>
<tr><td>Denominator:</td><td>Number of birthing hospitals in Louisiana</td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>Internal program records</td></tr>
<tr><td>Evidence-based/informed strategy:</td><td>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.</td></tr>
<tr><td>Significance:</td><td>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.</td></tr>
</table>

ESM BF.1 - Percent of births that were delivered at Gift-designated facilities
NPM – A) Percent of infants who are ever breastfed B) Percent of children, ages 6 months through 2 years, who were breastfed exclusively for 6 months (Breastfeeding, Formerly NPM 4) - BF

Measure Status:	Active
Goal:	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.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of infants born in Gift-designated hospitals during the calendar year **Denominator:** Number of infants born in Louisiana during the calendar year
Data Sources and Data Issues:	Hospital designation data derived from the Gift program records. Birth data retrieved from Louisiana Vital Statistics birth record data.
Evidence-based/informed strategy:	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.
Significance:	The Gift is an evidence-based hospital designation program for Louisiana birthing facilities

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 SS.1 - Number of professionals trained to recognize, identify, and model safe sleep environments
NPM – 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 D) Percent of infants room-sharing with an adult during sleep (Safe Sleep, Formerly NPM 5) - SS

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 DS.1 - Number of early care/education and health providers receiving developmental, social/emotional, and environmental screening trainings
NPM – Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS

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 DS.2 - Percent of developmental screening providers who participated in training and/or technical assistance and demonstrate improved knowledge of recommended screening tools and screening guidelines. NPM – Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS

Measure Status:	Active
Goal:	To increase developmental screening providers' knowledge of recommended screening tools and screening guidelines
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Numerator is number participants with improved knowledge **Denominator:** Total number of developmental screening providers who participated in trainings and/or technical assistance
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 IH-Child.1 - Number of households participating in evidence-based home visiting programs
NPM – Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9 (Injury Hospitalization - Child, Formerly NPM 7.1) - IH-Child

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 IH-Child.2 - Percent of households participating in evidence-based home visiting programs who report high or very high satisfaction
NPM – Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9 (Injury Hospitalization - Child, Formerly NPM 7.1) - IH-Child

Measure Status:	Active
Goal:	Increase family satisfaction with the experience of participation in MIECHV home visiting program services
Definition:	<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 households who reported high or very high satisfaction levels</td></tr><tr><td>**Denominator:**</td><td>Number of MIECHV households who completed a satisfaction survey</td></tr></table>
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. 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. Additionally, this measure will allow tracking of satisfied families with Louisiana’s statewide Nurse-Family Partnership or Parent as Teachers Model to indicate where improvements can be implemented, if any.

ESM IH-Adolescent.2 - Number of “gatekeepers” trained in adolescent suicide prevention
NPM – Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 (Injury Hospitalization - Adolescent, Formerly NPM 7.2) - IH-Adolescent

Measure Status:	Active
Goal:	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
Definition:	**Unit Type:** Count **Unit Number:** 10,000 **Numerator:** Number of individuals receiving gatekeeper training **Denominator:**
Data Sources and Data Issues:	Gatekeeper attendance records
Evidence-based/informed strategy:	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.
Significance:	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.

ESM IH-Adolescent.3 - Percent of participants in gatekeeper trainings who report increased confidence to help someone at risk of suicide.
NPM – Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 (Injury Hospitalization - Adolescent, Formerly NPM 7.2) - IH-Adolescent

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>Increase the percent of “gatekeepers” that are able 1) to identify risk factors and warning signs for suicide behavior among adolescents and 2) report increase confidence in how to to respond suicide warning signs</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 individuals receiving gatekeeper training who report increased confidence in supporting someone presenting suicide warning signs</td></tr>
<tr><td>Denominator:</td><td>Total number of participants who received the gatekeeper training</td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>Gatekeeper attendance records and post training assessment forms.</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 MH.1 - Number of health care providers trained on Medical Home, Care Coordination and Youth Health Transition
NPM – Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH

Measure Status:	Active
Goal:	To increase the number of healthcare providers trained on medical home, care coordination, and youth health transition.
Definition:	**Unit Type:** Count **Unit Number:** 1,000 **Numerator:** Number of health care providers trained on Medical Home, Care Coordination, and Youth Health Transition **Denominator:**
Data Sources and Data Issues:	Data derived from internal program records.
Evidence-based/informed strategy:	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/
Significance:	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.

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.

ESM MH.2 - Percent of providers participating in Medical Home, Care Coordination, and Youth Health Transition trainings who demonstrate improved knowledge of training contents
NPM – Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>To increase healthcare providers knowledge on medical home, care coordination, and youth health transition</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 healthcare providers trained on Medical Home, Care Coordination, and Youth Health Transition who report increased knowledge</td></tr>
<tr><td>Denominator:</td><td>Total number of providers participating in Medical Home, Care Coordination, and Youth Health Transition</td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>Training participation records and post training assessment forms.</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>
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Form 11
Other State Data

State: Louisiana

The Form 11 data are available for review via the link below.

Form 11 Data

Form 12
Part 1 – MCH Data Access and Linkages

State: Louisiana

Annual Report Year 2023

	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	3	Yes	
8) PRAMS or PRAMS-like	Yes	Yes	Annually	12	Yes	

Other Data Source(s) (Optional)

	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
9) Early Steps	Yes	Yes	Semi-Annually	6	Yes	
10) Birth Defects	Yes	Yes	Monthly	1	Yes	

Form Notes for Form 12:

None

Field Level Notes for Form 12:

None

Form 12
Part 2 – Products and Publications (Optional)

State: Louisiana

Annual Report Year 2023

Form 12 Products And Publications