

**Maternal and Child
Health Services Title V
Block Grant**

Louisiana

**FY 2026 Application/
FY 2024 Annual Report**

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I. General Requirements

I.A. Letter of Transmittal

Jeff Landry
GOVERNOR



Bruce D. Greenstein
SECRETARY

State of Louisiana
Louisiana Department of Health
Office of Public Health

July 15, 2025

Laura Kavanagh
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 2026

Dear Mrs. Kavanagh:

Louisiana is applying for the State's allocation of the Maternal and Child Health Services Block Grant funds for Fiscal Year 2026. 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,

A handwritten signature in blue ink, appearing to read "Amy Zapata".

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 *"Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms"*, OMB NO: 0915-0172; Expires: December 31, 2026.

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 Program is the cornerstone of Louisiana's public health data, policy and system-strengthening strategies for mothers and infants, children and adolescents, and children and youth with special healthcare needs. Housed within the Louisiana Department of Health (LDH) Office of Public Health (OPH), the Bureau of Family Health (BFH) is responsible for the overall direction and implementation of the Title V Program. The purpose of Louisiana's Title V Program is to contribute to the continuous quality improvement of the state's MCH systems of care in order to assure all MCH populations in the state have access to the quality health-related services necessary to achieve their full health potential.

The program utilizes the 10 Essential Public Health Services, or "essential services", as the framework for understanding and strengthening the state's MCH systems of care. Essential public health services supported by the program include public health surveillance, epidemiological investigation, public health education, clinical and community-based system strengthening, regional and state coordination, and policy development. Across all of these essential services, the program promotes data-driven decision-making, evidence-based practice, and democratic participation of key constituents including policy and decision makers, clinical and community-based health service providers, and representatives of the state's MCH populations.

Every five years, Louisiana's Title V Program conducts a comprehensive assessment of the health needs of the state's MCH populations including mothers and infants, children and adolescents, children and youth with special health care needs, and families. The goal of the 2025 needs assessment was to identify the priority needs to be addressed in the 2026 - 2030 state action plan of the Title V Program. The needs assessment utilized primary and secondary data to investigate:

1. The overall health and wellbeing of the state's MCH populations
2. The strengths, assets, and areas of capacity development opportunity within the state's MCH systems of care
3. The strengths, assets, and areas of capacity development opportunity within the state's Title V workforce.

Analysis of key maternal and child health data indicators show that Louisiana continues to have maternal, infant, and child health outcomes that fall behind national averages. The overall outcomes continue to be characterized by persistent geographic, racial, and household income disparities. In particular, the assessment highlighted (1) health professional workforce shortages for a variety of primary and tertiary health providers - particularly in rural areas; (2) inconsistent utilization of evidence-based practices in clinical and community based health delivery; (3) gaps in state and local health system coordination; (4) challenges with access to critical services; (5) a significant proportion of the population with relatively low literacy which may affect health literacy and access to services; (6) limited opportunities for MCH populations to participate in the design, monitoring, and evaluation of MCH policies and services; and (7) opportunities to modernize and expand state policy and legislation.

Based on the findings of the 2025 needs assessment, the Title V Program identified the following eight priority needs to be addressed in the 2026 - 2030 state action plan.

Priority Need 1:	Reliable data is available to inform the design, monitoring, and evaluation of MCH policies and services.
Priority Need 2:	Communities and families have timely access to reliable and accessible information.
Priority Need 3:	Community / family leaders and CBOs meaningfully participate in the design, monitoring, and evaluation of MCH policies and services.

Priority Need 4:	MCH systems of care have improved capacities to ensure access to quality maternal and infant health services.
Priority Need 5:	MCH systems of care have improved capacities to ensure access to quality child and adolescent health services.
Priority Need 6:	MCH systems of care have improved capacities to ensure access to quality services for children and youth with special healthcare needs.
Priority Need 7:	Quality steering / advisory mechanisms ensure effective collaboration in the design, monitoring, and evaluation of MCH policies and services.
Priority Need 8:	State policies relevant to MCH programs and services are modernized to align with current day public health functions.

While the Title V Block Grant continues to support some direct and enabling safety-net services, the selection of the above priority needs reflects how Louisiana's Title V Program increasingly identifies its primary role as building the capacity of key partners in and outside of government to assure access to well-functioning and continuously improving systems of care for mothers, children, and families. The Title V Program's approach to this effort includes identification of three key constituency groups: Policymakers, Providers, and People (MCH Populations). The program places specific emphasis on ensuring *meaningful engagement*^{1,2} of community/family leaders and community based organizations. Across all population domains, the Program works with these groups to:

- Facilitate mutual understanding of the MCH priority needs and of each groups' role in the implementation of the essential services within the state's MCH systems of care.
- Invest in evidence-based capacity building initiatives to strengthen each group's contributions to the essential services within the state's MCH systems of care.
- Invest in state and local mechanisms facilitating collaboration in the planning, monitoring, and evaluation of the policies and services within the state's MCH systems of care.

Maternal Health

Louisiana continues to have one of the highest rates of maternal mortality in the country. Based on a review of all maternal deaths, the Louisiana Pregnancy-Associated Mortality Review (PAMR) committee determined that 87% of pregnancy-related deaths and 88% of pregnancy-associated deaths were potentially preventable. Non-Hispanic Black women represent a disproportionate number of pregnancy-associated deaths. In 2021, while Black women represented 36% of the births in Louisiana, they represented 58% of deaths.³

A pregnancy-related death is defined as a death during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by the pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy. In 2021, COVID-19, cardiovascular conditions, and cardiomyopathy were the top causes of pregnancy-related mortality in Louisiana. A pregnancy-associated death is defined as a death during or within one year of pregnancy, from a cause that is not related to the pregnancy. In 2021, substance use disorder, motor vehicle collision, and homicide were the leading causes of pregnancy-associated mortality in Louisiana. In 2025, the Louisiana Department of Health launched a concerted effort to reduce pregnancy-associated opioid overdose deaths by 80% within three years.⁴

Another key measure of maternal health is maternal morbidity. Hospital discharge data shows that the rate of severe maternal morbidity remains high in the state. The rate has risen from 71.7 cases per 10,000 delivery hospitalizations in 2018 to a rate of 81.1 cases per 10,000 delivery hospitalizations in 2022.⁵ Hemorrhage complications and renal complications are the leading causes of severe maternal morbidity.

The 2026 - 2030 Title V Program will maintain investment in the state's maternal health surveillance systems including the Pregnancy Risk Assessment Monitoring System (PRAMS), Pregnancy Associated Mortality Review (PAMR), and Domestic Abuse Fatality Review (DAFR). Title V will also continue to support the infrastructure for technical assistance and capacity building to ensure the provision of high quality family planning and reproductive health services in the clinical systems affiliated with the state's Title X program. The program will also support the Louisiana Perinatal Quality Collaborative's (LaPQC) implementation of evidence-based, quality improvement initiatives aiming to improve birth outcomes throughout the state. Access to behavioral health services will be improved through the development and implementation of a provider-to-provider Mental Health Consultation system that encompasses universally available consultation and education, as well as more intensive technical assistance to the home visiting workforce. Coordination and statewide leadership for perinatal

policy and initiatives will be strengthened through provision of funding and/or technical support to the Louisiana Perinatal Commission, the Doula Registry Board, and the new Maternal Health Task Force.

Infant Health

Louisiana's infant mortality rate was 7.4 deaths per 1,000 live births in 2022,⁶ a decrease from 7.7 deaths per 1,000 live births in 2019.⁷ In 2022, the mortality rate among non-Hispanic Black infants was 11.9, compared to 4.7 among non-Hispanic white infants.⁸ The Louisiana Child Death Review (CDR) investigates causes of infant, child and adolescent mortality. In its most recent [report](#), the CDR committee found that the three leading causes of infant mortality in Louisiana were (1) conditions originating in the perinatal period, (2) deaths classified as Sudden Unexpected Infant Deaths (SUID), which primarily occur in the sleep environment, and (3) congenital anomalies.⁹

The 2026 - 2030 Title V Program will support a robust infant health surveillance system, ensuring evidence-based decision-making. Through the Louisiana Perinatal Quality Collaborative (LaPQC), the program will support quality improvement initiatives promoting access to perinatal nutrition supports as well as supports for substance exposed dyads. The program will also support community based health education initiatives aiming to promote safe sleep environments and caretaking behaviors.

Child Health

According to the 2020-2022 Louisiana Child Death Review Report, the mortality rate for children ages one to 14 was 26.2 deaths per 100,000 children. The U.S. rate was 16.9 deaths per 100,000 children for the same time. More than half (52%) of deaths among children ages 1-14 were due to injuries. Many of the fatal injuries were considered preventable. Homicide, motor vehicle crashes and drowning were the top causes of injury-related child deaths.⁹

National Survey of Children's Health (NSCH) data show that the percentage of children receiving a developmental screening has increased from 24.5% in 2019 to 38.5% in 2023.¹⁰ Despite this progress, the rate is still far from the Health People 2030 goal of 65%. Only 45% of children have access to a medical home.

The 2026 - 2030 Title V program will continue to support implementation of child health surveillance programs including state and local Child Death Review panels. Community led public health education activities will be promoted through nine regional Community Action and Advisory Teams. The Title V Program will also continue to provide remote, universal care coordination services through the Family Resource Center as well as home visiting services to eligible families. First responders and emergency departments will be equipped and trained to provide emergency services for children. Community partners will be sensitized to the impacts of early children trauma and members of the statewide Whole Health Coalition will receive technical assistance to develop trauma resilient models of care. The Title V Program will also support improvement of developmental screening and care coordination practices by providing medical home training and technical assistance to hospitals, health centers, and other pediatric care contexts.

Adolescent Health

National Vital Statistics Systems (NVSS) data shows that Louisiana's overall mortality rate for adolescents ages 10 - 19 was 63.7 per 100,000 in 2023.¹¹ Use of 2021-2023 combined data allowed for an analysis of disparities among population groups. Race/ethnicity disparities were higher than all other factors analyzed. The mortality rate for non-Hispanic Black adolescents was 105, compared to a rate of 43.3 for non-Hispanic white adolescents. Firearm related mortality and motor vehicle related mortality are leading drivers of adolescent mortality in Louisiana.

2022-2023 National Survey of Children's Health (NSCH) data showed that 15.5% of 12 - 17 year old adolescents in Louisiana had experienced depression or anxiety in the past year.¹² Parents of 1 in 3 adolescents (31.4%) reported that their child had experienced bullying. The 2021-2023 National Vital Statistics System data showed a suicide rate of 6.4 per 100,000 among adolescents ages 10-19.¹¹ Among adolescents who do not have an existing special healthcare need, 65.3% reported attending an adolescent well visit in the past year and only 83.6% reporting being able to receive needed mental health treatment or counseling. Only 13.6% of adolescents ages 12-17 reported that they have received services to prepare for transition to adult health care.¹²

The 2025 - 2030 Title V Program will continue to promote awareness of the drivers and underlying factors contributing to adolescent mortality in the state through maintenance of public health surveillance systems and through partnerships with

community based organizations working with youth and youth facing service providers. Specific Title V supported programs will focus on prevention of sexual assault and suicide. The program will also work to strengthen access to high-quality preventive medical visits and linkage to behavioral health services by supporting the integration of school-based health centers in a network of statewide middle and high schools.

Children and youth with special healthcare needs

Utilizing the National Survey of Children's Health (NSCH) expanded criteria, it is estimated that 31.8% of Louisiana's children and youth have a special healthcare need (CYSHCN). Importantly, 68.8% of Louisiana's children and youth either currently have a special healthcare need or are at increased risk of a special healthcare need.¹² The prevalence of special healthcare needs status is strongly associated with household poverty. The association is bi-directional where special healthcare needs status can be viewed as both cause and consequence of household poverty.^{13, 14} According to 2022-2023 National Survey of Children's Health (NSCH) data, 40% of parents reported that their child with special healthcare need had experienced depression and/or anxiety in the past year.¹² 41.5% of youth with special healthcare needs ages 12-17 experienced bullying, compared with 25.5% of children without special healthcare needs. Data also show that only 40.9% of children and youth with special healthcare needs (CYSHCN) met the criteria for having a medical home.

The Title V Program supports a robust early identification and early intervention system including significant investment in the state's newborn bloodspot screening program, contribution to the state early hearing detection and intervention program, support for the Louisiana Birth Defects Monitoring Network, and provision of technical assistance to improve the quality and accessibility of developmental screening for children ages 0-5. The OPH parish health units continue to serve as a point of access to specialty health services, as a part of the state's newborn screening and follow up system. Funding and technical assistance is also provided to family-led community based organizations including a statewide network of ten Families Helping Families organizations, five Sickle Cell Foundations, and one peer support organization for families with children who are d/Deaf or Hard of Hearing. In 2026 - 2030, the program will strengthen collaboration with the Louisiana Commission for the Deaf to improve accessibility of all Title V supported programs, including for maternal and infant health. The Title V Program will continue to play a key leadership role for children and youth with special healthcare needs in the state by supporting quality steering / advisory mechanisms including the Louisiana Birth Defects Monitoring Network Advisory Board, the Early Hearing Detection and Intervention Advisory Council, the Genetic Disease Program Advisory Committee, the Rare Disease Advisory Council, and the Louisiana Sickle Cell Commission.

The 2026-2030 Title V Program will utilize a broad set of national outcome and performance measures to monitor effectiveness over the five year period. Data will be analyzed annually. Key performance indicators include rates of maternal mortality and severe maternal morbidity, access to post-partum visit, rate of pre-term related infant mortality, access to appropriate perinatal care, child and adolescent injury hospitalization rates, access to developmental screening, access to medical home, access to needed mental health treatment, and access to youth health transition supports. Complementing these performance measures, the program has defined a series of intermediate outcome measures to support continuous feedback and quality improvement of key intervention strategies. A bi-annual knowledge, attitude and practice survey will collect data concerning (1) constituency satisfaction with public health data products, (2) partners' capacity to effectively disseminate key health education messages, (3) family/community leader satisfaction with training and coaching supports aiming to increase their meaningful participation in the design, monitoring, and evaluation of Title V supported programs, (4) participating partners' perceptions of the effectiveness of Title V supported steering / advisory mechanisms, and (5) Title V Program impacts on state policy development.

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

The Title V Maternal and Child Health (MCH) 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 services 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 supports timely access to reliable information for MCH populations across the state. Aligned with the cross-cutting goal that all mothers, children, and youth should have access to a quality medical home, Title V supported programs help families understand specific health conditions and navigate the at times complex health provider and insurer landscape.

Title V funding also contributes to the state's efforts to maintain and continuously strengthen the capacities of the state's MCH workforce. In addition to providing direct financial coverage to some essential MCH workforce positions, Title V funded programs deliver technical assistance initiatives contributing to statewide workforce development and resiliency. Within individual systems of care, Title V supported quality improvement initiatives contribute to learning and skills development. 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 supported 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 other steering/advisory mechanisms. At the regional level, Title V supports community action and advisory teams, which convene local constituents and facilitate identification of local priorities and development of local plans of action.

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

Established in 1980 and operating under the Louisiana Department of Health, the Louisiana Commission for the Deaf (LCD) serves as the state's principal agency for the promotion and protection of the basic rights and general welfare of the estimated 326,000 Deaf, DeafBlind, and Hard of Hearing (DDBHH) individuals in Louisiana.

In 2020, LCD launched a six-month, multi-phased, constituency-engaged needs assessment process. Inconsistent access to quality sign language interpreting services emerged as a priority need. Recognizing the pivotal role that qualified interpreters play in the education, health, safety, legal protection and social welfare of DDBHH constituents, LCD set an objective to establish a robust regulatory framework to improve access to quality interpretation services in the state.

During the 2022 Regular Session of the Louisiana Legislature, LCD supported the adoption of Act 128 ([R.S. 46:2351-2355](#)), expanding the Commission's authority to define minimum qualifications for sign language interpretation and develop a professional registry for various classifications of sign language interpreters, including those historically under the purview of the Louisiana Department of Education and the Louisiana Supreme Court. The adoption of Act 128 marked a turning point for ensuring statewide access to quality interpretation services. The amendment allowed LCD to define a uniform, statewide process for credentialing sign language interpreters. Individual government departments will then be required to align their respective policies with the statewide regulation, streamlining access to qualified interpreters for all government agencies as well as all non-government entities in the state.

Following adoption of Act 128, LCD completed a Statewide Interpreter Workforce Needs Assessment incorporating a literature review of national best practice research, statewide focus groups (DDBHH consumers, interpreters, hiring entities, etc.), and public surveys. Informed by the needs assessment and further engagement with community constituencies, LCD identified the minimum standards required for interpreters working in community and PreK-12 education settings. The proposed standards are currently moving through the state's rule-making process for approval, with the goal of publication in 2025, and full implementation of requirements by July 2026. LCD anticipates development of specific standards for additional settings, such as court/legal settings, in the near future.

Act 128 further empowered LCD to mobilize key constituents in the development of the [Louisiana Interpreter Registry](#). The Registry establishes a centralized, user-friendly database of interpreters who have met the minimum requirements defined by the state. Importantly, the registry also empowers DDBHH constituents with the ability to verify an interpreter's credentials.

LCD collaborates with the Louisiana Registry of Interpreters for the Deaf (LRID), Louisiana Association of the Deaf (LAD), the New Orleans Black Deaf Advocates (NOBDA), and others to offer professional development opportunities for interpreters, students pursuing interpreter credentials, and community members. These partnerships also support promotion of public understanding of the importance of communication access through high-skilled sign language interpreters.

This journey reflects more than just policy changes; it tells the story of a state coming together to ensure individuals who are Deaf, DeafBlind and Hard of Hearing have access to qualified sign language interpreters.

III.B. Overview of the State

III.B.1. State Description

The state's demographics, geography, and economy

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 Louisiana³

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

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 2024, Louisiana attracted 44.5 million domestic and international visitors, who spent 18.5 million dollars. Louisiana's tourism and hospitality sector is the fourth largest employment sector in the state.⁵

The state's unique strengths and challenges that impact the health status of its MCH population, including CSHCN

Underlying challenges contributing to the persistently poor health outcomes of MCH populations in Louisiana include persistent poverty, climate hazards, industrial pollution, low literacy and numeracy skills, lack of access to specialized health services including mental health services, historical and present day racial and economic segregation and discrimination, and the state's high incarceration rate.

Household poverty prevents many Louisianans from reaching their full health potential. The overall poverty rate in Louisiana was 19.4% in 2023, the second highest in the nation.⁶ 24.6% of children in Louisiana are living in poverty, which is the third highest in the nation. At \$58,229, the State's median household income is the third lowest in the nation.⁷ 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 non-Hispanic white (12.9%) households.⁸

Severe weather events cause economic shocks that contribute to financial instability. Severe weather events in the past decade include severe flooding; tornados and flooding due to multiple hurricanes. Severe weather events are projected to increase in both frequency and severity due to climate change. The number of tornadoes in recent decades has been steadily increasing. From 2000-2009, there was an average of 48 tornadoes per year. In 2010-2019, the frequency of tornadoes increased to over 58 tornadoes per year across the state.⁹ 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, Eastern Acadia, and Western Acadiana regions of the state.

Poverty is both cause and consequence of negative health outcomes. 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 expenses related to accessing health services. While these out of pocket expenses contribute to economic insecurity, the effects of economic insecurity (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 creates a vicious downward spiral perpetuating both high poverty rates and high prevalence rates of special healthcare needs.

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.¹⁰

Mental health care access remains a challenge for many in Louisiana. 1 in 5 adults in Louisiana experience mental illness.¹¹ 181,000 adults in Louisiana reported needing treatment but not receiving it in 2018-2019. Furthermore, 74,000 Louisiana adolescents experience a major depressive episode each year.¹¹ 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.¹²

Louisiana's history of colonization, slavery, and legalized discrimination affected portions of Louisiana's population over multiple centuries. While laws and policies have changed over time, some continue to have a significant impact, resulting in persistent disparities between rural/urban households, households with different levels of income, households of different race/ethnicity categories, and households including children and youth with special healthcare needs.

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.¹³ 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.

Key strengths and assets available to support improved health for Louisiana's MCH populations include expansion of Medicaid, a long-standing commitment to children's health and wellbeing, and continued investments in early childhood care and education programs. In 2022, Louisiana was among the first states in the country to expand Medicaid postpartum coverage to 12 months.

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. Medicaid is now responsible for approximately 1.5 million child and adult participants in Louisiana.¹⁴ 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.¹⁵ Economic gains are expected to continue, with the state projected to save \$1 billion by 2028 due to Medicaid expansion.¹⁶

In April of 2022, Louisiana became the first state to expand Medicaid coverage from 60 days to 12-months postpartum. Over 60% of births in Louisiana are covered by Medicaid.¹⁷ Effective January 1, 2024, Louisiana Revised Statute 22:1059.2 requires private health plans regulated in Louisiana to include coverage for doula care. Doulas offering services that are to be covered by insurance must be registered with the Louisiana Doula Registry Board.

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.¹⁴

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.¹⁸

Other assets in the state include its strong communities of faith, 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.¹⁹ Louisiana is home to thirteen universities, including six Historically Black Colleges and Universities (HBCUs). In 2024, Xavier University of Louisiana, a leading undergraduate institution in preparing Black students to successfully complete medical school, announced an expansion of their partnership with Ochsner Health, the Gulf South's leading academic medical center in training physicians, to launch the Xavier Ochsner College of Medicine. The Xavier Ochsner College of Medicine is the only Historically Black College and University (HBCU) medical school in the Gulf South.

The defined roles, responsibilities, and targeted interests of the state health agency and how they influence the delivery of Title V services

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 that empower people living with developmental disabilities' to more fully participate 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), created in 2022, serves 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. The OWHCH focuses 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 is also charged with developing and implementing agency-wide plans to reduce health disparities and support the implementation of 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 participation for Louisianans with developmental disabilities and challenges by engaging in advocacy, capacity building, and systems change.

In 2025, legislation was adopted to streamline the mandate of the Department of Children and Family Services (DCFS). DCFS will continue to oversee child protective services, human trafficking prevention, adoption services, and prevention of child abuse and neglect. Programs including the Family Independence Temporary Assistance (FITAP) Program and Temporary Assistance to Needy Families (TANF) Program will be transitioned to Louisiana Works, formerly the Louisiana Workforce Commission. The Supplemental Nutrition Assistance Program (SNAP) will also be transitioned from DCFS to the Department of Health.

State-specific statutes and regulations

Statutes and regulations relevant to maternal and infant health

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. §40:1086.1- 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 disparities in maternal health outcomes 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. §40:2024.3	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. 46:1216.1	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. §46:1451-1455	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.

Statutes and regulations relevant to child and adolescent health

LA Children's Code (CC) 609	Mandatory and permitted reporting
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. §40:1075.1-1075.6:	Establishes the Emergency Medical Services for Children Program.
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. §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.

Statutes and regulations relevant to children and youth with special healthcare needs (CYSHCN) health

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. §40:31.41-48:	Establishes the LA Birth Defects Surveillance System and the LA Birth Defects Monitoring Network Advisory Board.
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).
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. <i>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.</i>

Statutes and regulations 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.B.2. State Title V Program

III.B.2.a. Purpose and Design

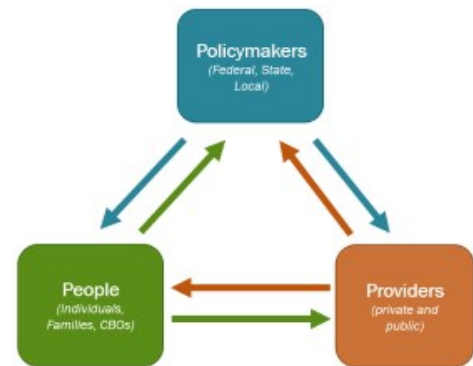
Overall Purpose of the State Title V Program

The purpose of Louisiana's Title V Program is to contribute to the continuous quality improvement of the state's Maternal and Child Health (MCH) systems of care in order to assure all MCH populations in the state have access to the quality health services necessary to achieve their full health potential. The program utilizes the 10 Essential Public Health Services, or "essential services", as a framework for understanding and strengthening the state's MCH systems of care.

Louisiana's Title V Program identifies three key constituent groups within each of the state's MCH systems of care: Policymakers, Providers, and People. In addition to supporting initiatives to build the capacities of the members of each group, the Title V Program plays a leadership role to ensure all key constituents are able to meaningfully participate in the design, monitoring, and evaluation of the essential services within each of the state's MCH systems of care. The Title V Program invests in mechanisms to ensure the meaningful participation of policymakers and providers from all regions of the state, including both urban and rural areas. The Title V Program also promotes democratic values and principles of good governance by facilitating the meaningful participation of MCH populations in the design, monitoring, and evaluation of the state's MCH systems of care. Importantly, the program makes specific investments to ensure that parents who have children and youth with special healthcare needs are able to meaningfully participate in the state's mainstream child and adolescent systems of care as well as the state's specialized systems of care for children and youth with special healthcare needs.

Louisiana's Title V Program is committed to ensuring a strong foundation for family and community health across the state. The program contributes to the realization of this commitment by:

1. Facilitating mutual understanding of the priority needs of the state's MCH populations and of each groups' role in the implementation of the essential services within the state's MCH systems of care.
2. Investing in evidence-based capacity building initiatives to strengthen each group's contributions to the essential services within the state's MCH systems of care.
3. Investing in state and local mechanisms facilitating collaboration in the planning, monitoring, and evaluation of policies and services within the state's MCH systems of care.



Within each of the three key constituent groups identified above, Louisiana's Title V Program partners with a variety of agencies, organizations, and individuals. The below table provides some examples of Title V Program partners within each constituent group.

Policymakers (Federal, State, and Local)	State legislative bodies, State executive bodies, other state agencies, C-level executives from private provider or insurer organizations (nonprofit and for profit), regional and municipal authorities, foundations / philanthropy, etc.
Providers (Public and Private)	Hospitals, clinical networks, individual clinics / providers, doula networks, professional associations (i.e., American College of Obstetricians and Gynecologists, American Academy of Pediatrics, etc.), service providing community based organizations, etc.
People (Individuals, Families, CBOs)	Family-led community based organizations, community based organizations with a mission or stated mandate to represent MCH populations, individual advocates including family leaders, etc.

Implementation Approaches

Louisiana's Title V Program places significant emphasis on leveraging strategic partnerships to achieve sustainable quality improvements within the state's MCH systems of care. Strategic partnerships can take many forms. Based on routine assessment of the needs of system's constituents, the Title V program utilizes the below implementation approaches to respond to identified priority needs:

Direct service delivery

Louisiana Title V supports multiple programs that deliver clinical and/or enabling services directly to MCH populations. 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. Importantly, programs and projects implementing a direct service delivery approach emphasize ensuring communities and families with the highest needs have access to quality services. Through the implementation of direct services to the community, the Title V Program collects valuable understanding of barriers limiting or preventing access to mainstream MCH systems of care. Title V supported programs pilot innovative solutions to remove identified barriers and document evidence-based good practices to inform improvement of MCH policies and services.

Co-implementation

Co-implementation can occur when two or more partners are implementing (1) the same activities in different locations or (2) complimentary activities in the same location. Within this approach, neither partner has a capacity building or financing role with the other. Within the current Title V program, this approach is utilized less frequently than other implementation approaches. Co-implementation approaches emphasize complementarity, knowledge sharing, and / or efficient referrals.

Technical assistance

Technical assistance is provided to policymakers, providers, community-based organizations, and individual advocates. Provision of technical assistance may include analysis and sharing of public health data, direct training and coaching, quality improvement initiatives, facilitation of peer learning opportunities or communities of practice, etc. Within a technical assistance approach, Title V supported programs work with system partners to co-create capacity building plans based on each individual partners' needs. Technical assistance approaches also emphasize continuously monitoring changes in knowledge and practices to assess effectiveness of capacity building strategies.

Convening and coordinating

Title V supported programs provide leadership to steering / advisory mechanisms at state and local levels, including but not limited to legislatively-mandated Boards, Councils, and Commissions. Through these steering / advisory mechanisms, Title V supported programs facilitate meaningful participation of policymakers, providers, and people (i.e. MCH populations) in the definition and dissemination of policies, plans of action, sectoral strategies, and standards of care.

Consulting

Title V supported programs utilize a consulting approach within efforts to spread and scale evidence-based practices within the state's MCH systems of care. Within the approach, Title V supported programs ensure policy development that is evidence-based and aligned with national development frameworks including Health People 2030 Goals, the CYSHCN Blueprint for Change, the White House Blueprint for Addressing the Maternal Health Crisis, etc. Evidence-based technical inputs may be derived from analysis of epidemiological data, documentation of quality improvement initiatives, documentation of state and/or national good practices, etc.

Title V supported programs provide consultation to key constituents at all levels of the state's MCH systems of care. Evidence-based technical inputs are increasingly utilized to inform state legislation as well as policies of key state agencies including Medicaid, Department of Education, Department Child and Family Services, the Office of Citizens with Developmental Disabilities, the Developmental Disabilities Council, etc. Title V supported programs also contribute to the development of policies within health provider organizations including hospitals, community-based health clinics, community based organizations, and other providers of MCH services.

III.B.2.b. Organizational Structure

In 2015-2016, the Louisiana Office of Public Health (OPH) underwent a restructuring process, which created a new structure of Centers and Bureaus. With the exception of the state's Women, Infants, and Children (WIC) program, historical programs focusing on women, children and families, and families including children and youth with special healthcare needs (CYSHCN) 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.

The mission of the Bureau is to elevate the strengths and voices of individuals, families, and communities to catalyze transformational change to improve population health. 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*.

The BFH Director serves as the state's Title V Director and CYSHCN Director. Under the leadership of the BFH Director, the Bureau is organized into five Teams:

BFH Team	Roles and Responsibilities
Data to Action Team	- Collect, interpret, analyze, and disseminate data and evidence supporting design, monitoring, and evaluation of MCH policies and services. - Ensure data and evidence is available and accessible to all MCH constituents in the state - Support continuous needs assessment as well as specific program planning, monitoring, and evaluation - Inform health systems and public policy initiatives
Clinical Systems Team	- Strengthen clinical systems of care for mothers and infants - Strengthen clinical systems of care for early detection and early intervention for children and youth with special healthcare needs - Strengthen emergency medical services for children
Family and Community Services Team	- Strengthen early childhood systems of care - Implement evidence-based home visiting services - Implement a virtual, statewide care coordination center - Support regional, family-led resource centers - Support to families of children and youth with special healthcare needs - Louisiana Commission for the Deaf
Strategy and Operations Team	- Coordination of legislative action - Support facilitation of state Boards, Councils & Commissions - Communications and marketing - Workforce development - Alignment of strategic approaches and methods including: - Implementation approaches - Program planning, monitoring and evaluation approaches - Community and family engagement approaches
Business and Finance Operations Team	- Strategic financial planning - Budgeting and budget monitoring - Contracts and grants management - Human resource management

1. See the Annexed Organizational Chart for a full list of Title V funded programs.
2. See the Needs Assessment Findings - Title V Program Capacity section of this application for additional details.

III.B.3. Health Care Delivery System

III.B.3.a. System of Care for Mothers, Children, and Families

Overview of the State's MCH populations

Louisiana's maternal population is defined as all women between the ages of 15 and 44 years and comprises approximately 20% of the total population of the state. That state's infant population is defined as all persons ages 0 - 1. In 2024, there were 53,209 live births in the state. The population of children ages 0-17 is estimated to be 23% of the total population of the state.¹

Healthcare Institutions

Louisiana's hospitals are a cornerstone for healthcare provision in the state. The state is home to approximately 219 hospitals including a mix of state/local government run hospitals, for-profit hospitals, non-profit hospitals. Many hospitals in Louisiana are part of Integrated Delivery Networks (IDNs), which facilitate coordination and care transitions between various providers and hospital settings. Louisiana's 10 largest IDNs are summarized in the table below:

Name	City	# of affiliated hospitals	# of staffed beds	# of discharges
Ochsner Health System	New Orleans	37	3,940	123,874
Allegiance Health Management	Shreveport	15	710	10,445
Franciscan Missionaries of Our Lady Health System (AKA FMOL)	Baton Rouge	12	2,290	89,727
AMG Integrated Healthcare Management	Lafayette	12	288	3,188
Louisiana Children's Medical Center Health System (AKA LCMC Health)	New Orleans	10	1,799	60,683
LHC Group	Lafayette	9	223	2,347
Ochsner Lafayette General Foundation (FKA Lafayette General Health)	Lafayette	8	736	26,131
Willis-Knighton Health System	Shreveport	5	829	36,971
Intensive Specialty Hospital	Shreveport	5	360	2,009
Priority Hospital Group	Bossier City	5	105	1,513

Source: *Definitive Healthcare*²

A group of independent hospitals formed the Louisiana Independent Hospital Network Coalition (LIHNC) in 2019 with the goal of pursuing integrated care delivery without integrating ownership. As of 2025, the coalition has 25 member hospitals from across the state.

Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) are a second cornerstone for healthcare provision in the state. Louisiana's 142 FQHCs and 245 RHCs deliver prevention and primary services in an outpatient clinic setting and play a critical role in assuring access to health services in rural and underserved areas.³

46 of Louisiana's hospitals are specifically equipped and staffed to handle childbirth. The Title V funded Louisiana Perinatal Quality Collaborative (LaPQC) launched the Birth Ready designation initiative in 2019 to provide technical assistance to the state's birthing hospitals. In 2025, 35 of Louisiana's 46 birthing hospitals are designated as "Birth Ready".⁵

Children's hospitals and hospitals with dedicated pediatric care in Louisiana include Our Lady of the Lake Children's Hospital in Baton Rouge, Our Lady of Lourdes Women's & Children's Hospital in Lafayette, St. Francis Medical Center in Monroe, Manning Family Children's Hospital in New Orleans, Ochsner Hospital for Children in New Orleans, and Shriners Children's Shreveport.

Health Professional Workforce

Louisiana faces persistent health professional shortages. Of Louisiana's 64 total Parishes, 56 are considered Health Professional Shortage Areas for Primary Care. 62 Parishes are designated Health Professional Shortage areas for mental health services.^{5,6} 26.6% of Louisiana's Parishes (17 Parishes) are defined as maternity care deserts compared to 32.6% of counties nationally. Thirteen additional Parishes having low or moderate access to maternity care services.⁷

Louisiana has approximately 1 pediatrician for every 1,000 children ages 0-21.⁸ In 2022, Louisiana's Title V Program supported a landscape assessment of pediatric specialists in the areas of audiology/otology, cardiology, genetics, hematology, neurology, neurosurgery, orthopedics, and plastic surgery. Shortage of genetics specialists was identified in all of Louisiana's nine health districts. Shortages of pediatric hematologists, neurosurgeons, and plastic surgeons were identified in at least four of the state's nine health regions.

Health Service Financing

Medicaid is a major force in the state's healthcare system. In 2016, Louisiana adopted the Affordable Care Act Medicaid

Expansion to extend coverage for low-income adults. In 2022, Louisiana extended the period of Medicaid postpartum coverage from 60 days to 12 months after birth. As of March 2025, more than 1.5 million people, including 706,906 children, were enrolled in Louisiana Medicaid and the Louisiana Children's Health Insurance Program.⁹

Louisiana changed from a fee-for-service (FFS) system to managed care in 2012. Louisiana Medicaid currently contracts with six managed care organizations (MCOs) including: Aetna Better Health, Healthy Blue, AmeriHealth Caritas, Louisiana Healthcare Connections, UnitedHealthcare Community Plan, and Humana Healthy Horizons. The current MCO contracts went into effect on 01 January 2023 and are the third generation of MCO contracts since 2012. Louisiana Medicaid also contracts one Behavioral Health Prepaid Inpatient Health Plan (PIHP) and two Dental Prepaid Ambulatory Health Plan (PAHP) providers.

Louisiana Medicaid offers multiple programs designed to increase insurance access for women and children. The Louisiana Medicaid Outreach and Monitoring system (LaMOMS) offers no-cost health coverage for pregnant women with family income up to 133% of the federal poverty level, regardless of marital status. A 5% disregard of the federal poverty level requirement is applied. The Louisiana Children's Health Insurance Program (LaCHIP) provides quality insurance coverage to children and youth, up to the age of 19, living in families with an annual household income below 200% of the federal poverty level. Part of LaCHIP, LaCHIP Affordable Plan offers insurance for children in moderate-income families whose annual household income is below 250% of the federal poverty level.

Louisiana Medicaid offers several waiver programs to support children and youth with special healthcare needs. The two largest Medicaid waiver programs for children and youth with special healthcare needs in Louisiana are the Children's Choice Waiver (CCW) and the New Opportunities Waiver (NOW). The Children's Choice Waiver provides coverage for support coordination, family support, respite care, family training, specialized medical equipment, environmental accessibility adaptations, and therapy services. The New Opportunities Waiver provides coverage for personal care attendants, environmental modifications, assistive devices, respite care, day/vocational services, and residential alternatives like supervised independent living.

Louisiana's MCH system of care also includes several non-Medicaid programs supporting financial access to basic needs and services. Louisiana Women, Infants, and Children (WIC) supports access to healthy foods, breastfeeding support, and nutrition counseling. The Supplemental Nutrition Assistance Program (SNAP) provides monthly financial installments to an electronic benefits transfer card, or "EBT card", which can be used to purchase food products from participating stores. The Louisiana Temporary Assistance to Needy Families (TANF) program provides cash assistance, which can be used for various essential needs including housing, utilities, and childcare. Eligibility for these programs are based on individual and/or household income, residency, and other factors.

III.B.3.b. System of Services for CSHCN

Overview of the state's CYSHCN Population

Traditionally, the prevalence of children and youth with special healthcare needs in a state has been determined by the use of a five-question screener tool. Using the CYSHCN screener, the National Survey of Children's Health (NSCH) estimated that 24% of Louisiana's children and youth have a special healthcare need. In 2023, the NSCH developed expanded criteria for the identification of children and youth with special healthcare needs. The expanded approach uses 22 questions within the full survey rather than the five-question screener tool. The questions utilized in the expanded approach include questions related to specific health conditions and questions related to functional difficulties such as difficulty seeing, hearing, speaking, or doing daily life activities independently. Using the expanded criteria, it is estimated that 31.8% of Louisiana's children and youth have a special healthcare need.¹

According to the Maternal and Child Health Bureau's definition, children and youth who are "at risk" of special healthcare needs should also be included in the calculation of the prevalence of children and youth with special healthcare needs in the state. Utilizing the NSCH Whole Child Risk index, which considers social and relational risk factors in addition to medical risk factors, it is estimated that 68.8% of Louisiana's children and youth either currently have a special healthcare need or are considered at increased risk of developing a special healthcare need.¹

Newborn and Infant Screening

The Louisiana Office of Public Health (OPH), Bureau of Family Health (BFH) is responsible for multiple programs contributing to increasing access to early intervention services for newborns and young children with special healthcare needs.

Universal screening of newborns for genetic, metabolic and other heritable conditions is a critical public investment in the health of children in the state. The Genetic Diseases Program, housed within the is the lead section of LDH responsible for Louisiana's newborn heel stick screening and follow-up system, which tests for genetic, metabolic and other heritable conditions. As of February 2024, Louisiana's standard newborn screening panel approved in the LAC includes 34 of the 37 conditions listed in the RUSP (see Appendix A for conditions on the Louisiana panel). Conditions on the RUSP but not yet added to the Louisiana panel include X-Linked Adrenoleukodystrophy (X-ALD), Mucopolysaccharidosis II (MPS II), and Guanidinoacetate methyltransferase (GAMT) deficiency. In 2023, the Louisiana legislature modernized the state's authorizing statute for the newborn screening program to help ensure that children born in Louisiana have access to nationally recommended testing as guidelines evolve. The law clarifies and streamlines the process for adding new conditions to the state newborn screening panel.

The Louisiana Birth Defect's Monitoring Network (LBDMN) assesses Louisiana birth outcomes to identify environmental conditions, pharmaceutical side effects, or personal behaviors and actions that increase the risk of birth defects among Louisiana's newborns. The LBDMN provides population-based data that helps focus policies, educate the public, support our community partners' efforts to link families to services and prevent new occurrences.

Louisiana Early Hearing Detection and Intervention (EHD) program supports coordinated systems of care that ensure families of babies and children who are deaf or hard of hearing (D/HH) receive appropriate and timely services. These services include hearing screening, diagnosis, early intervention (EI), and family-to-family support. The goal of the Louisiana Early Hearing Detection and Intervention program is to ensure that children who are deaf or hard of hearing receive timely diagnosis and appropriate early intervention to optimize language, literacy, cognitive, social, and emotional development.

Early Intervention

The Louisiana Office for Citizens with Developmental Disabilities is responsible for implementation of the Louisiana EarlySteps Program. In accordance with the federal Individuals with Disabilities Education Act (IDEA) Part C, EarlySteps is a statewide program that provides early intervention services to support infants and toddlers (birth to age 3) with developmental delays and disabilities and their families. EarlySteps has ten regions with regional coordinators who are responsible for training, technical assistance, provider enrollment, outreach to referral sources, investigating complaints, quality assurance, and follow-up within their region, as well as coordinating activities and meetings of their Regional Advisory Councils (RICCs). Louisiana is currently 31st in the country in enrollment of children in Early Intervention aged birth to age three and 20th in the nation in enrollment of children from birth to age one. This data underscores the importance and urgency of improving program enrollment.

Health Professional Workforce

Louisiana's system of care for children and youth with special healthcare needs faces health professional shortages for a number of pediatric specialist categories. In 2022, Louisiana's Title V Program supported a landscape assessment of pediatric specialists in the areas of audiology/otology, cardiology, genetics, hematology, neurology, neurosurgery, orthopedics, and plastic surgery. Shortage of genetics specialists was identified in all of Louisiana's nine health districts. Shortages of pediatric hematologists, neurosurgeons, and plastic surgeons were identified in at least four of the state's nine health regions.

III.B.3.c. Relationship with Medicaid

In FFY2024, Louisiana's Title V Program and Louisiana Medicaid collaborated on the development of the Louisiana Department of Health's (LDH) Maternal Health Strategic Plan. Within this collaboration, the Title V Program completed a small study to estimate the percentage of Medicaid enrolled pregnant persons with at least one high-risk condition. This analysis aimed to better anticipate the needs of this population. Based in part on these insights, a brief titled "*Care Coordination for Maternal Populations*", produced in June 2024, proposed considering the transition of Medicaid Case Management / Care Management to an opt-out model along with several other strategies. The draft brief was shared with the state working group, and the Perinatal Quality Commission (PQC) Care Coordination Committee.

Additional dialogue in FFY2024 focused on incentivizing health care providers' skill development for identifying and respond to perinatal mental health concerns. Recognizing the Title V supported Provider to Provider Consultation Line (PPCL) as an effective supportive service, discussions explored opportunities to identify funding sources to sustain and expand provider mental health consultation services.

In FFY2025, the Title V Program also provided input into the Louisiana Legislative Auditor's Maternal Health Outcomes Report: [Louisiana Department of Health - Maternal Health Outcomes](#). The report assessed gaps, activities and

opportunities to improve Medicaid's maternal and infant health service delivery system. The report highlighted gaps in prenatal care entry, the need to improve care coordination services, the need to improve Medicaid's transportation benefit, and the need to redevelop the measures associated with the Medicaid Managed Care Incentive Program (MCIP). The report also recommended increasing access to certified nurse midwives, remote monitoring, group prenatal care, perinatal mental health screenings, and universal home visiting.

Louisiana Title V and Louisiana MIECHV programs have collaborated to share good practices and lessons learned in the implementation of home visiting programs for women in the postpartum period. As part of the Postpartum Newborn Nurse Home Visiting Task Force (2024 legislative session) to develop a report with recommendations for delivering and financing universal nurse home visiting for families with a newborn (birthing families) across the state. Title V / MIECHV supported home visiting programs provided insight into the scope of the effort, workforce requirements, and financial implications. Medicaid staff have also participated in the Title V supported Young Child Wellness Collaborative (YCWC). The YCWC serves as Louisiana's advisory committee for state level early childhood systems development. The role of the collaborative is to provide leadership and informed recommendations that drive shared priority setting and strategic planning across the continuum of supports and services in order to create seamless transitions and coordination for families. The ongoing Early Childhood Comprehensive Systems (ECCS) funded project entitled Screen Often and Accurately Refer (Project SOAR), funded for the period 2021-2026, has supported the YCWC to lead the development of an early childhood systems state plan of action. Louisiana Medicaid actively participated in the statewide strategic planning convening held in October 2024. Medicaid continues to provide inputs into strategic planning committees in FFY2025.

In FFY2024, the Title V supported Adolescent School Health Program supported revision of the Professional Services Manual for the delivery of services by school-based health centers not affiliated with a FQHC (Provider Type 38). The revision removed historical content related to staffing patterns and expanded the provider types specifically mentioned to include: physician assistant and registered nurses. These changes provided greater clarity and understanding for providers. Manual finalized in September 2024. In FFY2025, the program supported alignment of MCO model contract language with the revised Professional Services Manual. The technical assistance provided by the Title V supported program will contribute to increased accountability for the delivery of services in school-based health centers across the state.

The Title V supported Adolescent School Health Program has also worked with Medicaid to explore national best practices to be considered for replication in Louisiana. The program collaborated with Medicaid to develop a brief that identified similarities and differences between the school-based Medicaid program and school-based health centers. The brief outlined Managed Care Organization (MCO) initiatives in Louisiana's schools, examined how MCOs operate in schools outside of Louisiana, and helped identify potential new initiatives to be brought to the state.

BFH currently administers a family-centered, universal care coordination model that successfully integrates both opt-in and opt-out approaches to deliver comprehensive, flexible support. By removing restrictive eligibility criteria, this low-barrier model links families to critical resources—including transportation, early intervention services, health providers, and home visiting programs. It offers a ready framework for centralized, statewide care coordination access. By eliminating traditional barriers, such as insurance requirements, universal care coordination ensures that all families—regardless of their social, economic, or demographic background—can obtain the maternal, family, and child health services they need. Over the upcoming fiscal year, the Medical Home Technical Assistance Center will promote training, coaching, and resources, alongside tailored care coordination strategies at both the practice and systems levels.

In FFY2026, the Louisiana Title V Program partnership with Louisiana Medicaid will continue to advance the above policy priorities. In addition, the partnership will be expanded through the implementation of the Transforming Maternal Health (TMaH) Model and the Sickle Cell, Cell and Gene Therapy (CGT) Access Model grant awards. BFH supported the development of these grant applications and looks forward to collaboration throughout the inception and implementation phases. Louisiana has also joined the first cohort of the Center for Maternal and Child Health Medicaid Partnerships (CMMP). Discussions to define the scope of the technical assistance journey are planned for the second semester 2025.

III.B.4. 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, 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.

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.

The state's Emergency Operations Plan recognizes that some individuals may have additional needs in one or more of the following functional areas: communication, medical care, maintaining independence, supervision, and transportation.

Affected persons who may have additional needs include:

- Persons with economic disadvantage
- Persons with communication barriers because of language or literacy
- Persons with medical issues or disability
- Elderly persons
- Infants and children under age 18

Meeting the access and functional needs of all affected persons before, during, or after a disaster is a key component of preparedness planning. GOHSEP facilitates the Emergency Management Disability and Aging Coalition (EMDAC) to ensure that the needs of at-risk and medically vulnerable populations are incorporated into the state's emergency preparedness and response activities. The EMDAC is composed of advocates for those with access and functional needs.

Persons or communities with additional needs are identified through coordinated planning with emergency management during threat and hazard risk identification, from existing data sources, such as chronic disease programs, maternal child health programs, and community profiles, as well as the State and Regional Public Health Jurisdictional Risk Assessments. Information and data comes from the efforts of strategic advisory councils, community coalitions, and hazard vulnerability analyses of response partners and key constituents. All Annexes, Plans, and Standard Operating Procedures incorporate the elements necessary to assist those with disabilities and others with access and functional needs before, during, and after an emergency.

Medical Needs Shelters are available for medically compromised persons, persons with access and functional needs, and other persons who may need direct medical attention during emergency events. Medically compromised persons can include children, pregnant women, older adults, individuals with disabilities, or others that are particularly vulnerable and may need direct medical attention. At-risk persons are individuals who can have access and/or functional needs that are temporary or permanent. Access needs require resources that are accessible to all individuals similar to social services, accommodations, information, transportation, and medications to maintain health. Functional needs refers to restrictions or limitations that require assistance before, during and/or after a disaster.

During the 2023 Saltwater Intrusion response, LDH was presented with the unique challenge of providing specific messaging for women and children. The response to the emergency, information was shared via the Joint Information Center, a 24/7 Call Center, and other targeted Messaging for Vulnerable Populations. From this experience, LDH learned that existing water distribution systems could be utilized in the event of a future saltwater intrusion emergency. LDH also developed communication resources that can be utilized to respond to similar future emergencies. LDH also identified a need to improve emergency planning personnel's knowledge about that state's water systems.

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, the Bureau of Family Health (BFH) is responsible for updating Continuity of Operations (COOP) plans for the core public health functions and programs under the Bureau's direct purview, including all Title V funded programs and initiatives providing direct services to MCH populations. In 2020, the Bureau's COOP was updated to integrate lessons learned during the COVID-19 period. Common changes at the time revolved 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.

Continuity of Operations Plans for specific programs providing direct and enabling services to the public are updated on an annual basis. Title V supported programs required to update their COOP on an annual basis include the Genetic Screening Program, the Early Hearing Detection and Intervention Program, the Reproductive Health Program, the Maternal, Infant, and Early Childhood Home Visiting Program, and the Adolescent School-Based Health program.

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.C. Needs Assessment

III.C.1. Five-Year Needs Assessment Summary and Annual Updates

III.C.1.a. Process Description

Goal and overall framework guiding the Title V needs assessment

Every five years, Louisiana's Title V Program conducts a comprehensive assessment of the health needs of the state's maternal and child health (MCH) populations including women, infants, children, adolescents, children and youth with special health care needs (CYSHCN), and families. The goal of the 2025 needs assessment was to identify 7 - 10 priority needs to be addressed in the 2026 - 2030 state action plan of the Title V Program. The needs assessment utilized primary and secondary data to investigate:

1. The overall health and wellbeing of the state's MCH populations
2. The Title V Program's capacity to respond to the identified health needs of the state's MCH populations, including through partnerships, collaboration and coordination with other federal, state, and local entities

Data sources and methods used to continuously monitor and assess the overall health and well-being of the state's MCH populations

Louisiana's Title V Program supports continuous monitoring of the overall health and wellbeing of the state's MCH populations. Data sources used to continuously monitor and assess the health of mothers and infants, including newborns and infants with special healthcare needs, include state vital records, newborn genetic screening data, newborn birth defects monitoring data, newborn and early childhood hearing screening data. [Act 17 of the 2023 Regular Session of the Louisiana Legislature](#) required the Louisiana Department of Health to submit an annual report to the legislature of any condition added to the national Recommended Uniform Screening Panel (RUSP), and the status of the department's review and determination on implementing testing for the condition as a part of the state newborn screening panel. The first "[Annual Report on the Louisiana Newborn Screening Program for Genetic and Other Congenital Conditions](#)" was published in November 2024.

Passive surveillance of hospital discharge and emergency department data supports monitoring of fatal and non-fatal injury (including sexual violence). Maternal mortality review panels including the Pregnancy Associated Mortality Review (PAMR) and Domestic Abuse Fatality Review (DAFR) facilitate improved understanding of the preventable factors contributing to maternal mortality. The most recent [PAMR Report](#) and [DAFR Report](#) were published in April 2024 and May 2025, respectively. The survey-based Pregnancy Risk Assessment Monitoring System (PRAMS) supports understanding of a range of factors influencing overall maternal and infant health outcomes. PRAMS findings will now be reflected as a [live dashboard](#) whereas previously existed as annual reports. The [last PRAMS report](#) was published in early 2025. ***Maternal mortality review panels and the Pregnancy Risk Assessment Monitoring System provide evidence that can not be sourced from other national or state data collection instruments or systems. They are critical for ensuring evidence-informed design, monitoring, and evaluation of maternal and infant health policies and services.***

Data sources used to continuously monitor and assess the health of children and adolescents, including children and youth with special healthcare needs, include state vital records, hospital discharge data, and emergency department data. Child Death Review (CDR) panels located in each of the state's nine health regions facilitate improved understanding of the preventable factors contributing to child and adolescent injury and mortality. The statewide [Child Death Review report](#) was most recently published in 2024. The National Survey of Children's Health (NSCH) and the Behavioral Risk Factor Surveillance System (BRFSS) each contribute to an improved understanding of the social determinants and behaviors influencing overall child and adolescent health. The NSCH is specifically valuable for understanding the health and wellbeing of children and youth with special healthcare needs. Title V funding was used to support an oversample of the number of households included in the distribution of the 2021, 2023, and 2024 NSCH survey. The combined dataset from these oversample years allowed for stratifications of data concerning children and youth with special healthcare needs where stratifications had previously not been possible due to the small population size (i.e. CYSHCN in rural areas). ***The National Survey of Children's Health (NSCH) and the Behavioral Risk Factor Surveillance System (BRFSS) provide critical data informing the design, monitoring and evaluation of child and adolescent health policies and services. The data provided by these instruments can not be sourced from other national or state data collection instruments or systems. The National Survey of Children's Health is particularly valuable for driving evidence-informed policies and services for children and youth with special healthcare needs.***

The Federally Available Data (FAD) Resource compiled by the federal Maternal and Child Health Bureau (MCHB) was specifically appreciated throughout the 2025 needs assessment process. The resource facilitated improved communication between Title V program coordinators, who do not have epidemiology backgrounds, the Title V supported epidemiology workforce, and Title V funded program and project managers who are utilizing data to design, monitor and evaluate MCH interventions. Measures for data stratification were particularly valuable and contributed to important discussions concerning sub-population disparities in key MCH outcome and performance measures.

The initial stage of the needs assessment included a mapping of state data products (i.e., reports, dashboards, factsheets, etc.) and their update/publication timelines. This mapping allowed for anticipation of data updates expected to occur during the needs assessment time period. A review of key MCH data indicators included review of most recently published data products, cross-checking with the federally published FAD resource. Where stratifications were not available in published data products, the FAD data resource was utilized. The data review process prioritized stratification by geography, race, income, and sex (where relevant and possible) for selected MCH indicators.

Constituent involvement in continuous monitoring of the overall health and well-being of the state's MCH populations

Key constituents including policymakers, providers, and representatives of the state's MCH populations are systematically included in the continuous monitoring of MCH health outcomes, the definition of recommendations for MCH policies and services, and the dissemination of data products and/or recommendation reports. Legislatively mandated Boards, Councils, and Commissions are routinely consulted in the design of data collection methods, in the contextualization of data findings and in the formulation of recommendations for MCH policy and service improvement. The Louisiana Pregnancy Risk Assessment Monitoring System Steering Committee and two mortality review committees each include representation from six community based organizations. Nine regional Child Death Review panels each include representation of community and family constituents. Other statewide Boards, Councils, Commissions, and action bodies facilitating constituent involvement of continuous monitoring of the overall health and well-being of the state's MCH populations include:

- Commission on Perinatal Care and Prevention of Infant Mortality
- Birth Defects Monitoring Network Advisory Board
- Commission for the Deaf
- Doula Registry Board
- Early Hearing Detection and Intervention Advisory Council
- Genetic Disease Program Advisory Committee
- Rare Disease Advisory Council
- Sickle Cell Commission
- Young Child Wellness Collaborative

Quantitative and qualitative methods used to assess the strengths and needs of the MCH population

In addition to the continuous efforts to monitor and assess the health and wellbeing of the state's MCH populations described in the previous section, numerous studies and collaborative strategic planning processes have been undertaken in recent years to support further understanding of the underlying factors influencing the overall health and wellbeing of the state's MCH populations. Specific studies examined the strengths, assets, and gaps within the systems of care charged with assuring MCH populations in the state are able to achieve their full health potential. This section describes the most relevant studies completed within the past five years. The description of each study highlights the qualitative and quantitative methods used as well as the level and extent of the involvement of key constituent groups including policymakers, providers, and MCH populations from around the state. Key findings of these studies are integrated into the Needs Assessment Findings section of this application.

Louisiana State Health Assessment

Implementation of the [2021-2022 State Health Assessment \(SHA\)](#) provided significant insights into the overall health and well-being of the state's MCH populations. The state health assessment utilized a mixed methods approach including community listening sessions (N: 600), a statewide survey (N: 4,551), and key constituent interviews with community leaders (N: 34) and public health system constituents (N: 11).

Disseminated in July 2022, the State Health Assessment identified four priority needs:

1. Behavioral Health
2. Chronic Diseases
3. Community Safety
4. Maternal and Child Health

Maternal and Infant Health

Assessment of Louisiana Department of Health activities impacting women's health (2021-2022)

[Act 210](#) of the 2021 Regular Session of the Louisiana Legislature directed the Louisiana Department of Health (LDH) to assess “...all activities engaged in or services provided by the Department that may specifically impact the health or quality of life of women.” The assessment included analysis of traditional indicators of physical and mental wellbeing, as well as measures of the social determinants of health, and factors from a Life Course perspective. A key constituent survey was disseminated to all offices and sections of the Department of Health to collect data and information on current programs, services, or initiatives. 83 responses were received from six offices and sections including: Bureau of Health Services Financing (Medicaid), Office of Public Health, Office of Aging and Adult Services, Office for Citizens with Developmental Disabilities, Office of Behavioral Health, and Health Standards Section. Key constituents from outside the Department of Health were also invited to participate in semi-structured interviews which aimed to identify policies, programs and services that were observed to be particularly noteworthy or beneficial from an external perspective. The [women's health assessment report](#) was released to the legislature in February 2022.

Louisiana Perinatal Mental Health Task Force Policy Brief (2022)

House Concurrent Resolution No. 105 ([HCR 105](#)), passed on June 9, 2021, enacted the formation of the Louisiana Maternal Mental Health Task Force to identify strategies, research, and make recommendations to improve care for pregnant and postpartum individuals experiencing mental health conditions. The Task Force's 43 members included physicians, public health practitioners, social service providers, birth workers, persons with lived experience, and representatives from community-based organizations supporting pregnant and parenting Black and Brown families. Data was collected during Task Force Meetings, which began on September 27, 2021 and continued to January 2022, as well as via semi-structured interviews with Task Force members. The [policy brief](#) was released in February 2022.

Study on the Potential Feasibility and Benefits of a “Baby Bonds” Program in the State of Louisiana (2022-2023)

House Concurrent Resolution No. 94 ([HCR 94](#)) of the 2022 Regular Session of the Louisiana Legislature directed the Department of Children and Family Services (DCFS) and the Louisiana Department of Health (LDH) to jointly “study the feasibility, best structure, and potential return on investment of a program to provide children born in Louisiana whose birth was covered or eligible for coverage by Medicaid with a trust that, at maturity, can be used to fund the child's postsecondary education in this state, the purchase of a home in this state, or formation of a business in this state.” The approach included a review of current literature, policy, and data; semi-structured interviews with individuals and entities named in the study's authorizing legislation; and, formal and informal consultation with individuals with knowledge or expertise related to the charge of the legislation. Team members used the information from these activities to: 1) assess the current policy landscape; 2) identify existing programs and services with similar goals; 3) characterize the need and identify potential eligible populations in the state; and 4) describe considerations in the potential design and implementation of a Baby Bonds program in Louisiana. The [study report](#) was published in March 2023.

Qualitative study of caregiver depression screening in pediatric practices in Louisiana (2023)

The study investigated pediatric providers' experiences screening caregivers for depression at pediatric well-child visits, as well as barriers to implementing universal screenings at those visits. Semi-structured interviews were conducted with 18 pediatric providers across Louisiana.

Study Commission on Maternal Health and Wellbeing (2023)

Senate Resolution 131 of the 2022 Regular Session of the Louisiana Legislature ([SR 131](#)) established the Study Commission on Maternal Health and Wellbeing “to research and make recommendations on connecting pregnant women and new mothers, particularly in rural and underserved areas, with resources for the health and wellbeing of mother and child.” SR 131 charged this Commission with identifying and assessing the functions and activities of existing state efforts and service systems focused on the health and wellbeing of women before, during, and after childbirth, as well as seeking ways to address a reduction of adverse maternal-health behaviors during pregnancy, dysfunctional infant caregiving, and stressful environmental conditions that interfere with parental and family functioning with a focus on maternal substance use.

Postpartum Newborn Nurse Home Visiting Task Force (2024-2025)

In response to House Concurrent Resolution 113 ([HCR 113](#)) of the 2024 Regular Legislative Session, the Postpartum Newborn Nurse Home Visiting Task Force was created to:

- Study the implementation and impact of the Family Connects model of postpartum newborn
- Nurse home visiting in Louisiana and other states

- Develop policy and funding recommendations to implement postpartum newborn nurse home visiting services, such as those provided through the Family Connects model in this state,
- Provide for the composition and duties of the task force
- Report findings to the Louisiana Legislature. House Concurrent Resolution 113 of the 2024 Regular Legislative Session

The Task Force reviewed national data from the Family Connects model as well as preliminary data from a pilot program implemented in New Orleans. The Task Force completed a comparative analysis of Medicaid and private insurance models in states such as Oregon, New Jersey, Colorado and North Carolina, where Family Connects has been integrated into the state's healthcare delivery system. The Task Force also reviewed published academic evaluations of Family Connects from other states, including randomized control trials (RCTs) and cost-benefit studies.

The Task Force also completed a series of constituent consultations with healthcare providers, various state agencies, and community based organizations. Lastly, the Task Force reviewed participant satisfaction and health outcomes data collected via past surveys conducted with New Orleans families who participated in the Family Connects pilot program. Cost-per-family estimates and Medicaid savings were calculated using cost models from other states and data from New Orleans. The [Task Force report](#) was submitted to the state Legislature on January 24th, 2025.

Child and Adolescent Health, including Children and Youth with Special Healthcare Needs (CYSHCN)

Development of the Whole Health Louisiana State Plan of Action to address childhood trauma and adversity (2021-2023)

The mission of the Title V supported Whole Health Louisiana (WHL) initiative is to “*transform Louisiana’s cross-system collaboration and community-specific care, so that together we can effectively prevent, recognize, and treat childhood adversity and its effects, allowing the people of Louisiana to access their full potential*”. From December 2021 to November 2023, the initiative carried out a multi-phased, community engaged process to define a statewide plan to systematically address the widespread issue of childhood adversity and trauma. In an initial discovery phase, more than 100 people were engaged through interviews and focus groups, and almost 700 people were reached via a statewide survey. The discovery process targeted subject matter experts, service providers, parents, and community leaders across the state in order to capture insights from those who were well versed in the ACEs ecosystem and/or could speak to the impact of ACEs and ACEs initiatives on their communities. In the subsequent planning phase, the WHL initiative supported a series of “[Community Conversations](#)” throughout Louisiana to hear direct feedback from community members, particularly those who have been historically left out of conversations about health and healthcare. In total, more than 450 community members participated in at least one of the nine community conversations, which were organized in each of the state’s nine health districts. The [State Action Plan](#) was released in November 2023.

Pediatric Specialist Provider Landscape Assessment (2022)

A landscape assessment was carried out to improve understanding of geographic access to sub-specialty healthcare services for children with complex medical needs. The assessment utilized a Pediatric Medical Complexity Algorithm and Medicaid claims data to complete geo-mapping of specialist health service needs. The landscape assessment then identified all pediatric providers that accepted Medicaid patients and had available appointments within the next two months. A survey was disseminated to 1,615 pediatric providers. 1,112 pediatric providers completed the survey and 394 met the criteria. The findings showed the distribution of providers by specialty in each region and their availability to serve patients covered by Medicaid. Additionally, the analysis gave a clearer picture of the geographic areas where residents had inadequate access to specific specialties.

Assessment of Early Hearing Detection and Intervention (2023)

An analysis of 2015 to 2020 Early Hearing Detection and Intervention (EHDI) system data was completed to improve understanding of key indicators including (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; and (3) percent of children identified as D/HH and enrolled in intervention services before 6 months of age. The analysis led to the development of a series of recommendations to assure all newborns and young children enjoyed access to desired early intervention services.

Child Health and Community Services Parent Survey (2023)

A family survey instrument was developed to query families around their most valued services, barriers to services, and recommendations for system improvements. The survey was implemented in partnership with a statewide network of 10 Families Helping Families organizations. 177 families responded to the survey, including families from all nine health regions of the state.

Assessment of Graduate Education Programs for Pediatric Providers (2023)

Semi-structured interviews were conducted with leaders from 16 graduate education and training programs, including programs for Family and Pediatric Nurse Practitioners, Pediatric Residency, Osteopathic Medicine and Physician Assistants. 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.

Pediatric Medical Home Provider Survey (2024-2025)

The Pediatric Medical Home Provider Survey includes 25 questions investigating the medical home practices of pediatric healthcare providers in Louisiana. The survey specifically focused on developmental screening and care coordination practices. In 2024, the survey was disseminated to over 1400 pediatric healthcare professionals via email blasts, newsletters, social media promotion by the Louisiana Chapter of the American Academy of Pediatrics (AAP), Louisiana Primary Care Association (LPCA), Louisiana Medicaid and the Louisiana Academy of Family Physicians (LAFP). The survey was also disseminated via direct mail-outs to pediatric healthcare provider offices throughout the state. Of the 53 total respondents, 46% identified as pediatricians and 23% identified as clinic managers.

Development of a Strategic Plan for Louisiana's Early Childhood Systems of Care (2023-2025)

Initially created in 2015, the Louisiana Young Child Wellness Collaborative (YCWC) is a state-level early childhood advisory body providing leadership for shared priority setting and strategic planning across the continuum of supports and services within Louisiana's Early Childhood System. In 2023, the YCWC launched a multi-phased and community engaged process to develop a strategic plan for the state's early childhood systems of care. To inform development of the strategic plan, a family/caregiver survey was conducted to capture family experiences within the early childhood developmental health system and recommendations around the systems' strengths and opportunities for improvement. 769 persons from across the state responded to the survey, including 717 parents / caregivers and 52 providers. Nine semi-structured key informant interviews and one virtual ground-truthing session were conducted with parents from underserved areas of the state to collect additional data concerning the unique barriers and facilitators affecting access to quality early childhood healthcare systems in their regions of the state. A strategic planning workshop was organized in October 2024 to define the goals and objectives of the strategic plan. In 2025, work groups were created to define concrete activities required for the achievement of the defined goals and objectives.

Methods used to assess the Title V Program's capacity to respond to the identified health needs of the state's MCH populations, including through partnerships, collaboration and coordination with other federal, state, and local entities

Louisiana's Title V Program places significant emphasis on leveraging strategic partnerships to achieve sustainable quality improvements within the state's MCH systems of care. As discussed in the above description of the "Purpose and Design of the State Title V Program", Louisiana's Title V program identifies three key constituent groups within each of the state's MCH systems of care: Policymakers, Providers, and People (or MCH populations).

Policymakers (Federal, State, and Local)

State legislative bodies, State executive bodies, other state agencies, C-level executives from private provider or insurer organizations (nonprofit and for profit), regional and municipal authorities, foundations / philanthropy, etc.

Providers (Public and Private)

Hospitals, clinical networks, individual clinics / providers, doula networks, professional associations (i.e., American College of Obstetricians and Gynecologists, American Academy of Pediatrics, etc.), service providing community based organizations, etc.

People (Individuals, Families, CBOs)

Family-led community based organizations, community based organizations with a mission or stated mandate to represent MCH populations, individual advocates including family leaders, etc.

Internal Assessment of Title V organizational strategies (2024-2025)

In addition to being subject-matter experts in their respective health fields, Title V supported program and project managers

are increasingly expected to work across key constituent groups and to facilitate complex engagement processes to support the development of MCH policies and services. Within these constituent engagement processes, managers are expected to ensure that all groups, including representatives of the state's MCH populations, are meaningfully participating in the design, monitoring, and evaluation of MCH policies and services. The modernized expectation of the management level of the MCH workforce represents a significant departure from the traditional competencies required for the management of direct, gap-filling service delivery programs.¹

Within this evolving context for public health management, the 2025 needs assessment carried out an internal assessment to explore the strengths, assets, and gaps related to how Title V supported program teams ensure meaningful participation of, and collaborate with, *ALL* internal and external constituents for the implementation of the following five organizational strategies:

1. Identify and Diagnose Challenges
2. Identify and Align Resources and Efforts
3. Build Coordinated Partnerships
4. Develop and Test Solutions
5. Spread and Scale Solutions

The assessment explored the relevance, effectiveness, efficiency, and sustainability of the tactics utilized for each of the five organizational strategies. A key constituent survey was responded to by 51 Title V supported program staff and 109 partners and key constituents of Title V supported programs. Persons invited to respond to the survey included staff of state agencies and community based organizations partnering with Title V supported programs, members of Title V supported Boards, Councils, Commissions and other advisory bodies; and members of nine regional Community Action and Advisory Teams. Survey respondents included 6 senior management staff and 42 other personnel of Title V supported programs, 20 persons self-identified as "CBO leaders or Advocates", 35 "Healthcare providers", 10 "Hospital Administrators", 1 "Medicaid/MCO representative", 17 "Member of a state Board, Council, or Commission", and 24 "Other". 8 semi-structured interviews were conducted, with 6 interviews involving Title V supported program staff and 2 interviews with program partners. Additionally, 5 focus group discussions were organized with (1) regional MCH coordinators, (2) regional home visiting teams, (3) LA Perinatal Quality Collaborative quality improvement teams, (4) persons from partnering state agencies and (5) persons from other partnering clinical systems and community based organizations.

Interface between the collection of needs assessment data, the finalization of the state's Title V priority needs, and the development of the state's Action Plan.

The 2025 needs assessment was led by a collaboration of the Bureau of Family Health's Data to Action Team and Strategy and Operations Team. Initial meetings were organized in the first quarter of 2024 to discuss the overall approach of the needs assessment, to identify key data indicators, and to identify data sources and data years to be utilized to inform the needs assessment. Throughout the data and literature review stage of the assessment, updates were periodically shared with management level personnel of the Bureau of Family Health via monthly Collective Development and Alignment meetings. Presentations shared the methods being used to inform the assessment as well as key findings for each milestone of the process. Collective Development and Alignment meetings allowed a space for questions, answers, and discussion about methodology and/or data interpretation.

From 11 - 14 March 2025, a workshop was organized with participation of all Title V supported programs. The workshop was the first time since the onset of the 2020 COVID-19 pandemic for all Title V supported programs to be physically present in a shared space. The workshop facilitated discussions on organizational strategies and implementation approaches. Throughout the four day workshop, specific sessions focused on themes related to the 10 essential public health services including evidence informed practices, community and family engagement, program monitoring and evaluation, and emerging issues of importance for Louisiana's MCH populations.

A draft 2026 - 2030 framework, including priority needs, was defined in April 2025. A series of four information sessions was organized in May to give space for all Title V supported program teams to orient their understanding of the new priority needs as well as to allow for feedback and sharing of concerns. The internal Title V application process was launched in May 2025. From May to June, discussions with partner organizations and key constituents were led by individual Title V supported program teams to define plans of action and strategy measures aligned with the new priority needs framework.

III.C.1.b. Findings

III.C.1.b.i. MCH Population Health and Wellbeing

Louisiana's MCH population has distinct needs within regional, racial/ethnic, or other sub-population groups. Louisiana's coastal Acadian region, northwestern delta region, Red River Valley region, and greater New Orleans area each have distinct cultural and economic histories influencing social determinants of health, individual health behaviors, and the development of local policies and services. The previous overview of the state presented the unique strengths and challenges that impact the health status of the state's MCH populations. The below needs assessment findings will (1) utilize the most recently available public health data to provide an overview of the current health status of Louisiana's MCH populations and (2) provide an overview of strengths, assets and gaps within the state's MCH systems of care.

Maternal Health

The Louisiana Pregnancy-Associated Mortality Review (PAMR) program identifies, reviews, and characterizes pregnancy-related deaths; and identifies prevention opportunities. PAMR is an activity authorized by the Louisiana Commission on Perinatal Care and Prevention of Infant Mortality. The PAMR committee reviews all cases of pregnancy-associated death, which is the death of a woman that occurs during pregnancy or within one year of the end of pregnancy, regardless of the cause. This term encompasses pregnancy-related deaths, pregnancy-associated, but not related deaths, and pregnancy-associated, but unable to determine relatedness deaths. Based on the case review process, the [PAMR](#) committee determined that 87% of pregnancy-related and 88% of pregnancy-associated deaths in 2021 were potentially preventable.¹

In 2021, Louisiana PAMR confirmed 74 pregnancy-associated deaths with an overall rate of pregnancy-associated deaths of 127.2 per 100,000 births. The ratio of pregnancy-related deaths in Louisiana was 40.1 per 100,000 births. The ratio of pregnancy-associated, but not related, deaths in Louisiana was 73.2 per 100,000 births. Non-Hispanic Black women represent a disproportionate number of pregnancy-associated deaths. In 2021, while Black women represented 36% of the births in Louisiana, they represented 58% of deaths. Disparities based on insurance status exist. While 61% of births were paid for by Medicaid, 86% of women who experienced a pregnancy-associated death were insured through Medicaid. Disparities based on education level also exist. While 48% of people who gave birth in 2021 had a high school diploma or less, 66% of women who experienced a pregnancy-associated death had a high school diploma or less.¹

A pregnancy-related death is defined as a death during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by the pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy. In 2021, COVID-19, cardiovascular conditions, and cardiomyopathy were the top causes of pregnancy-related mortality in Louisiana. A pregnancy-associated death is defined as a death during or within one year of pregnancy, from a cause that is not related to the pregnancy. In 2021, substance use disorder, motor vehicle collision, and homicide were the leading causes of pregnancy-associated mortality in Louisiana.¹

Another key measure of maternal health is maternal morbidity. Hospital discharge data shows that the rate of severe maternal morbidity remains high in the state. The rate has risen from 71.7 cases per 10,000 delivery hospitalizations in 2018 to a rate of 81.1 cases per 10,000 delivery hospitalizations in 2022.² Hemorrhage complications and renal complications are the leading causes of severe maternal morbidity.

According to the 2022 Pregnancy Risk Assessment Monitoring System ([PRAMS](#)) [Data Report](#), 29.9% of individuals surveyed reported "sometimes" or "often" experiencing depressed moods in the postpartum period.⁴ 19.6% reported they felt the need for mental health services such as counseling, medications, or support groups to help with feelings of anxiety, depression, grief or other issues after giving birth. Financial stressors were the most commonly reported form of mental health stressor during pregnancy. Nearly half of respondents reported experiencing not having enough money to purchase food at least once in the previous 12 months.³

Access to sexual and reproductive health care contributes to healthy pregnancies. The Centers for Disease Control and Prevention's (CDC) 2023 Sexually Transmitted Illness (STI) Surveillance Report showed that Louisiana had a sexually transmitted infection rate of 1,325 cases per 100,000 population, placing it second highest in the US.⁴ The 2022 PRAMS Data Report shows that while 57% of new mothers were not trying to become pregnant, only 32% were using any form of contraception before becoming pregnant.³ Access to quality reproductive health and family planning services is particularly limited in rural areas. Key barriers limiting or preventing access to family planning services in rural areas include lack of transportation, lack of broadband access required to participate in telehealth services, economic barriers, and lack of awareness of available services. On average, people living in maternity care deserts in Louisiana travel 1.3 times farther to reach their nearest Title X clinic compared to people living in full access parishes.⁵

There are also important opportunities to improve access to quality health services within Louisiana's maternal health

systems of care. The 2022 PRAMS data report shows that only 73.8% of pregnant women accessed prenatal care within their first trimester. Despite 95.7% of women reporting that they did have a postpartum visit after their most recent pregnancy, only 82.8% reported that their postpartum visit included the recommended care components. Additionally, 32.2% reported that they were not able to get the mental health services they needed. Access to appropriate care coordination services for higher risk pregnancies, access to mental health services, and access to appropriate care for substance exposed dyads have been identified as areas of need within the state's systems of care for mothers and infants.

Infant Health

Louisiana's infant mortality rate was 7.4 deaths per 1,000 live births in 2022,⁶ a decrease from 7.7 deaths per 1,000 live births in 2019.⁷ In 2022, the mortality rate among non-Hispanic Black infants was 11.9, compared to 4.7 among non-Hispanic white infants.⁸ The Louisiana Child Death Review (CDR) investigates causes of infant, child and adolescent mortality. In its most recent [report](#), the CDR committee found that the three leading causes of infant mortality in Louisiana were (1) conditions originating in the perinatal period, (2) deaths classified as Sudden Unexpected Infant Deaths (SUID), which primarily occur in the sleep environment, and (3) congenital anomalies.⁹

In 2022, Louisiana's Sudden Unexpected Infant Death (SUID) mortality rate was 1.6 deaths per 1,000 live births,⁹ and the rate has fluctuated between a low of 1 death per 1,000 live births in 2011 to a high of 1.7 deaths per 1,000 live births in 2021. Most SUIDs are sleep-related. More than 33% of babies in Louisiana were exposed to three or more risk factors for sleep-related death in 2022.⁹ The 2022 PRAMS survey shows that 96.9% of respondents reported discussing placing their baby on his or her back to sleep, 93.4% reported discussing placing their baby in a crib, bassinet or pack 'n' play, and 92.6% reported discussing what items should and should not go in bed with their baby.¹⁰ Discussing safe sleep practices with a health worker is a recommended practice to prevent SUID mortality. Data show that an increasing percentage of mothers are having discussions of safe sleep practices with health care workers than in 2019.¹¹

Optimal health in the perinatal period is significantly influenced by a sufficient gestational period and a healthy birth weight. In 2022, 17% of non-Hispanic Black babies are born with a low birth weight, compared with only 8.3% of non-Hispanic white babies.¹² Similarly, 16.8% of non-Hispanic Black babies are born prematurely, compared with 11.5% of non-Hispanic white babies in 2022.¹⁰ Low birth weight and premature birth are closely linked with overall maternal health.¹⁰ 2022-2023 National Survey of Children's Health data showed that only 51.7% of non-Hispanic Black parents reported that their households were food sufficient in the past 12 months and that 40.9% of non-Hispanic Black households experienced housing insecurity in the past year.¹³

Child Health

According to the 2020-2022 Louisiana Child Death Review Report, the mortality rate for children ages one to 14 was 26.2 deaths per 100,000 children. The U.S. rate was 16.9 deaths per 100,000 children for the same time. If Louisiana had the same mortality rate as the U.S., 77 fewer children would have died. More than half (52%) of deaths among children ages 1-14 were due to injuries. Many of the fatal injuries were considered preventable. Homicide, motor vehicle crashes and drowning were the top causes of injury-related child deaths.¹⁴ In Louisiana, child mortality affects Black children more than white children with a mortality rate for Black children of 38.7 deaths per 100,000 children compared to 17.7 deaths per 100,000 children for white children. The top cause of injury-related death for Black children was homicide. The top cause of injury-related death for white children was drowning. For the majority (53%) of child deaths due to motor vehicle crashes, child restraints were not used. 43% of all drowning deaths occurred in swimming pools, hot tubs, or spas. Inadequate supervision of children, inability to swim, and lack of barriers around water were significant contributing factors in drowning deaths.¹⁴

Utilizing parent responses to an index of indicators relevant to overall child well being, 2022-2023 National Survey of Children's Health (NSCH) data show that 79.4% of children ages 6 months to 5 years are flourishing.¹⁵ 88.2% of young girls met flourishing criteria compared with only 72.9% of young boys. Within families with a household income of 2-4 times the federal poverty level, 86.1% of children met flourishing criteria. Within families with a household income below the federal poverty level, 74.2% of children met flourishing criteria. Similarly, 88.1% of children covered by private health insurance met flourishing criteria, compared to only 74.8% of children insured by Medicaid.¹⁵

23.7% of parents of children ages 6 through 17 reported that their child has experienced 2 or more adverse childhood experiences.¹⁵ Adverse childhood experience indicators included in the NSCH include household income, parent or

guardian divorce, parent or guardian death, parent or guardian incarceration, witnessing domestic violence, witnessing community violence, living in proximity to someone with severe mental illness or substance use disorders, and perceived discrimination based on race or disability. Parents of non-Hispanic Black children and Hispanic children reported higher rates of exposure to adverse childhood experiences than parents of non-Hispanic white children.¹⁵ Approximately 1 in 3 parents with household incomes at or below 200% of the federal poverty level reported that their child had been exposed to 2 or more adverse childhood experiences.¹⁵

Food and housing security are key indicators of overall child well being. 2022-2023 NSCH data showed that 58.6% of children ages 0 through 11 lived in households that were food sufficient in the past year.¹⁵ This is down from 66.4% in the 2020-2021 data reporting period. 63.6% of households in urban areas reported food sufficiency, compared with only 49.5% in rural areas.¹⁵ Families with household incomes below the poverty line reported significantly higher levels of food insufficiency. Only 41.4% of families insured by Medicaid reported experiencing food sufficiency throughout the past year.¹⁵ 63.9% of non-Hispanic white families reported food sufficiency, compared with 51.7% of non-Hispanic Black families.¹⁵

In the 2022-2023 data period, 24.5% of children ages 0 through 11 experienced housing instability.¹⁵ 41.5% of children living in families whose household income was below the federal poverty line and 36.1% of children insured by Medicaid experienced housing insecurity in the two year data period. 40.9% of non-Hispanic Black children experienced housing insecurity compared with 22.7% of Hispanic children and 15.9% of non-Hispanic white children.¹⁵

Significant racial/ethnic disparities were also observed in parents' perception of their community environment. 71.1% of non-Hispanic white parents reported that they "definitely agree" that their child lives in a safe neighborhood, compared with 65% of Hispanic parents, and 54.4% of non-Hispanic Black parents.¹⁵ 65.5% of non-Hispanic white parents reported that their child lives in a supportive neighborhood, compared with 43% of non-Hispanic Black parents and 42.7% of Hispanic parents.¹⁵

Data concerning access to Louisiana's early childhood systems of care also shows important opportunities for improvement. 2019-2023 National Survey of Children's Health (NSCH) data shows that the percentage of children receiving a developmental screening has increased from 24.5% in 2019 to 38.5% in 2023.¹⁵ Despite this progress, the rate is still far from the Health People 2030 goal of 65%. Only 45% of parents reported that their children ages 0-11 have a medical home.¹⁵ Findings from the Title V supported 2023 Child Health and Community Services Parent Survey, the 2024-2025 Pediatric Medical Home Provider Survey, and 2023-2025 process to support development of a Strategic Plan for Louisiana's Early Childhood Systems of Care each complimented the above NSCH data by providing insights into the strengths, assets, and gaps within Louisiana's pediatric systems of care.

Adolescent Health

National Vital Statistics Systems (NVSS) data shows that Louisiana's overall mortality rate for adolescents ages 10 - 19 was 63.7 per 100,000 in 2023.¹⁶ Use of 2021-2023 combined data allowed for an analysis of disparities among population groups. Race/ethnicity disparities were higher than all other factors analyzed. The mortality rate for non-Hispanic Black adolescents was 105, compared to a rate of 43.3 for non-Hispanic white adolescents.

The Louisiana Child Death Review only reviews cases of unexpected death among infants, children, and adolescents from birth-14 years old rather than the entire adolescent period. From 2020 to 2022 in Louisiana, the injury-related mortality rate for children between ages 10 and 14 was 13.7 deaths per 100,000 children. The U.S. rate was 8.2 deaths per 100,000 children in the same time period.¹⁷ In this age group, motor vehicle crashes and homicides were the most common causes of injury-related deaths. 84% of the homicide deaths were due to firearms. Suicide was the third leading cause of death in this age group. Child Death Review case reviews indicate that the top risk factors for suicide in this age group included access to lethal means of self-harm, such as firearms and a history of adverse childhood experiences (ACEs).

Analysis of 2019-2023 NVSS data shows that the firearm-related fatality rate is significantly higher among males (42 per 100,000) than females (6.8 per 100,000).¹⁶ The racial/ethnicity disparity was higher than all other factors analyzed. The firearm related mortality rate for non-Hispanic Black adolescents was 53 per 100,000, compared to a rate of 8.8 per 100,000 non-Hispanic white adolescents.

Further analysis of the 2019-2023 NVSS data shows the rate of adolescent motor vehicle fatality was also higher among

males (21.8 per 100,000) than females (13 per 100,000). Hispanic adolescents had the highest rate of motor vehicle fatalities (20.5 per 100,000), followed by non-Hispanic white adolescents (18.6 per 100,000) and non-Hispanic Black adolescents (15.6 per 100,000).¹⁶

Adolescent mental health is essential for overall health and wellbeing. 2022-2023 National Survey of Children's Health (NSCH) data showed that 15.5% of 12 - 17 year old adolescents in Louisiana had experienced depression or anxiety in the past year.¹⁸ Parents of 1 in 3 adolescents (31.4%) reported that their child had experienced bullying. Depression or anxiety was more prevalent among children exposed to 2 or more adverse childhood experiences (23.8%) than children who had no exposure to adverse childhood experiences (10%). A higher percentage of females (17.3%) reported experiencing anxiety or depression than males (13.8%). Experience of anxiety or depression was reported most frequently among non-Hispanic white respondents (19%), followed by Hispanic respondents (15.4%) and non-Hispanic Black respondents (10.2%). A higher percentage of rural respondents (18.4%) reported experiencing anxiety or depression than urban respondents (12.9%). 2021-2023 NVSS data showed a suicide rate of 6.4 per 100,000 among adolescents ages 10-19.¹⁶

There are also important opportunities to improve access to quality health services within Louisiana's child and adolescent systems of care. In 2022-2023, 71.8% of parents reported that their adolescent child had a preventive medical visit in the past year.¹⁸ While 83% of adolescents with a special healthcare need attended an adolescent well visit, only 65.3% of adolescents without a special healthcare need attended an adolescent well visit. 83.6% of parents reported that their adolescent child was able to receive needed mental health treatment or counseling. 47.4% of parents reported that their adolescent child had a medical home and just 13.6% of parents reported that they have received services to prepare for transition to adult health care.

Children and Youth with Special Healthcare Needs

Utilizing the National Survey of Children's Health (NSCH) expanded criteria, it is estimated that 31.8% of Louisiana's children and youth have a special healthcare need (CYSHCN).¹⁹ The NSCH's Whole Child Risk index, which considers social and relational risk factors in addition to medical risk factors, shows that 68.8% of Louisiana's children and youth either currently have a special healthcare need or are at increased risk of a special healthcare need. The prevalence of children and youth with or at risk of special healthcare needs in Louisiana is among the highest of any state in the country.

The prevalence of CYSHCN in Louisiana is higher among boys (34%) than girls (29.4%). The prevalence is also higher among non-Hispanic Black children (35.1%) than non-Hispanic white children (32.2%). Children and youth with special healthcare needs experience barriers which prevent or limit them from reaching their full health potential because of economic and social factors associated with having increased healthcare needs.

The association between poverty and disability is well established.^{20,21} The association is bi-directional where special healthcare needs status can be viewed as both cause and consequence of household poverty. Families that have a child with a special healthcare need are at increased risk of falling below the poverty line due to increased spending for healthcare and loss of work opportunities to support provision of care for their child. Special healthcare needs status is also a consequence of household poverty. Children living in lower income houses face increased exposure to risk factors including environmental toxins, safety hazards, food insufficiency, and housing insecurity.

In Louisiana, 41.6% of families with a household income below the federal poverty level (FPL) include a child with a special healthcare need, compared with 34.2% among households with an income between 100% and 199% of the FPL, 28.9% among households with an income between 200% and 399% of the FPL, and 22.7% among households with an income above 400% of the FPL.¹⁹ 13.4% of parents who have a child with a special healthcare need reported that they "sometimes" or "often" did not have enough food to eat, compared with 6.9% of parents whose children did not have a special healthcare need. 33.2% of families that include a child with a special healthcare need experienced housing insecurity, compared with 19.3% of families that do not include children with a special healthcare need. 18% of families that include a child with a special healthcare need reported that at least one family member has cut back working hours or stopped working because of their child's health condition.

Only 56.7% of children and youth with special healthcare needs ages 6-17 reported that they had "no difficulty" making and keeping friends, compared with 88.4% of children and youth without special healthcare needs.¹⁹ 41.5% of youth with special healthcare needs ages 12-17 experienced bullying, compared with 25.5% of children without special healthcare needs. 40% of children and youth with special healthcare needs experienced depression and anxiety, compared with 5.7% of children without special healthcare needs.

Data also highlight important healthcare access gaps for children and youth with special healthcare needs. 2022-2023 National Survey of Children's Health (NSCH) data shows that only 40.9% of children and youth with special healthcare needs (CYSHCN) met the criteria for having a medical home.¹⁹ Access to a quality medical home is also associated with household income. While 58.8% of CYSHCN from families with a household income more than of 400% of the federal poverty level (FPL) had access to a medical home, only 24.8% of families with a household income below 100% of the FPL had access to a medical home. Only 35% of CYSHCN insured by Medicaid met the medical home criteria.

Significant disparities were also seen for race/ethnicity and geography. 30.8% of non-Hispanic Black CYSHCN had a medical home, compared with 50.8% of non-Hispanic white CYSHCN. 43% of CYSHCN living in rural areas had access to a medical home, compared with 35.7% of CYSHCN living in urban areas with a population greater than 50,000. While 83% of CYSHCN ages 12-17 attended an adolescent well visit within the past 12 months, only 16.7% of adolescent CYSHCN received services to prepare for the transitions to adult healthcare. Findings from the Title V supported 2023 Assessment of Graduate Education Programs for Pediatric Providers, the 2024-2025 Pediatric Medical Home Provider Survey, and 2023-2025 process to support development of a Strategic Plan for Louisiana's Early Childhood Systems of Care each complimented the above NSCH data by providing insights into the strengths, assets, and gaps within Louisiana's pediatric systems of care for children and youth with special healthcare needs.

Additional Cross-Cutting Issues

Inconsistent use of data to inform the development of policies and services:

The 2024-2025 internal assessment of Title V organizational strategies explored themes related to the timeliness, quality, and utilization of data to identify and diagnose challenges within the state's MCH systems of care. 85.5% of respondents somewhat or strongly agreed that BFH is effective in identifying and diagnosing challenges, and 84.4% somewhat or strongly agreed that BFH's work helps constituents understand how social determinants shape outcomes. Feedback from interviews, focus groups, and open-ended survey responses suggests that current gaps include: (1) limited access to timely, actionable data, (2), gaps in internal systems to communicate data to key constituents and decision-makers, (3) difficulty obtaining consistent external data, and (4) insufficient time and budget to consistently investigate social determinants of health.

Lack of access to timely and reliable health information for communities and families:

Access to timely and reliable information remains a persistent barrier affecting healthy behaviors and access to quality services across the state. This gap is particularly important in lower income and rural communities. This gap was identified in numerous studies including the 2021-2022 Louisiana State Health Assessment, the 2023 Whole Health Louisiana Community Conversations Report, and the 2023-2024 Child Health and Community Services Parent Survey.

Lack of meaningful community and family participation in design, monitoring, and evaluation of MCH policies and services:

Over the past five years, the Louisiana Title V Program has made significant improvements in its effort to create space for community and family participation in program design, monitoring and evaluation. Indeed, a growing number of Title V supported programs have identified and are actively working with community/family leaders and community based organizations (CBO) representing specific MCH populations. Despite this progress, the goal of full and meaningful participation of community/family leaders and CBOs remains unrealized. The 2024-2025 internal assessment of Title V organizational strategies explored themes related to the provision of training and support to improve meaningful participation of family/community leaders and CBO partners. Only 67% of external constituents and 65% of BFH staff either strongly or somewhat agreed with the statement "Community partners are actively involved in decision-making processes within BFH." Similarly, 53% of external constituents and 63% of BFH staff either strongly or somewhat agreed with the statement "BFH invests sufficient time and resources to provide training and support necessary to ensure community partners are able to meaningfully participate in decision-making processes."

Lack of, insufficient, or out-dated policies:

Over the past several years, the Title V Program has supported reviews of existing state statutes and rules related to issues including postpartum maternal health, employment protections for nursing mothers, access to specialized treatment for individuals with Sickle Cell Disease, access to quality American Sign Language (ASL) interpreters in education, health, and legal settings. In the course of these policy review processes, the program has identified an overall need to (1) revise, modernize language and rules to support effective implementation of existing policy, and (2) develop new programs, services, or functions and create enabling state policy.

III.C.1.b.ii. Title V Program Capacity

III.C.1.b.ii.a. Impact of Organizational Structure

Louisiana's Title V Program has experienced significant growth over the past 10 years. In 2015-2016, the Louisiana Office of Public Health (OPH) underwent a restructuring of its Centers and Bureaus. With the exception of the Louisiana Women, Infants, and Children (WIC) program, all programs focusing on the health of women, children and families were consolidated administratively under the OPH Bureau of Family Health (BFH). In 2017, the state's Emergency Medical Services for Children Program and the Louisiana Commission for the Deaf were also integrated into the Bureau of Family Health. Following the 2016 restructuring, the Louisiana Bureau of Family Health grew to include the following federally funded programs:

- All Title V supported maternal, infant, child and adolescent health programs
- All Title V supported children and youth with special healthcare needs programs
- Title X Family Planning program
- Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program
- Early Hearing Detection and Intervention (EHDI) Program
- Pregnancy Risk Assessment Monitoring System (PRAMS) Program
- additional SAMHSA funded maternal, child and adolescent mental health programs
- additional CDC funded child and adolescent violence and injury prevention programs

In 2017, the Bureau of Family Health launched the Louisiana Perinatal Quality Collaborative, following good practices from other state Title V programs. In the previous 2021-2025 strategic period, the Title V Program launched and expanded a new mental health consultation system. New work is also emerging around appropriate care for children and youth with Sickle Cell Disease.

The integration of these programs under one Bureau facilitates increased financial efficiency as well as increased technical synergies across these core programs related to the health and wellbeing of the state's mothers, infants, children, youth and families. The Bureau of Family Health is structured into five teams. Within the Business and Finance Operations Team, financial efficiency is increased through the sharing of administrative workforce related to human resource, finance, contracts, and logistics management. Within the Data to Action Team, financial and technical efficiency is increased through the sharing of resources to create the robust epidemiology workforce required to ensure program strategies are rooted in evidence and aligned with the priority needs of the state's MCH populations. Within the Clinical Systems Team, technical synergies include sharing of approaches and best practices for clinical systems strengthening as well as the opportunity to cross-train clinical systems partners on key messages from the range of programs located within the Bureau. Similarly, the Bureau's Family and Community Systems team promotes synergies related to ensuring families, specifically families including children and youth with special healthcare needs, across the state have access to timely and reliable health information and enabling services required to access healthcare in their communities. The Family and Community Systems team also leads the development of technical strategies for partnering with community based organizations and individual family or community leaders. Lastly, the expansion of the Bureau of Family Health has allowed for the creation of the Bureau's Strategy and Operations Team, which promotes synergies and alignment of efforts related to strategic approaches, monitoring and evaluation, communications, and policy development.

The Louisiana Bureau of Family Health 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. In recent years, the Bureau has received increasing requests to input on state legislation and policy. The Bureau is also well positioned to expand partnerships with key state agencies and programs including Medicaid, WIC, Individuals with Disabilities Education Act (IDEA) Part C funded programs (Louisiana Early Steps), Healthy Start, and others.

III.C.1.b.ii.b. Impact of Agency Capacity

Louisiana's Title V program recognizes that the health and wellbeing of the state's MCH populations is a consequence of numerous factors including underlying medical conditions, exposure to health hazards, health behaviors, and access to quality health services. The purpose of Louisiana's Title V program is to contribute to the continuous quality improvement of the state's MCH systems of care in order to assure all MCH populations in the state have access to the quality health services necessary to achieve their full health potential. The program utilizes the 10 Essential Public Health Services, or "essential services", as a framework for understanding and strengthening the state's MCH systems of care. This section provides an overview of the Title V Program's capacity to leverage its partnerships with key MCH constituents to address identified challenges, opportunities, and gaps within Louisiana's MCH systems of care.

Program capacity to assure access to quality maternal and infant health services

Under the leadership of the Louisiana Commission on Perinatal Care and Prevention of Infant Mortality, Louisiana's Title V program is well positioned to lead system strengthening initiatives to improve maternal and infant health outcomes in the state. The program includes a robust epidemiological capacity to identify and diagnose challenges. Surveillance of state vital records, hospital discharge data, and emergency department data supports monitoring of fatal and non-fatal injury (including sexual violence). Maternal mortality review panels including the Pregnancy Associated Mortality Review (PAMR) and Domestic Abuse Fatality Review (DAFR) facilitate improved understanding of the preventable factors contributing to maternal mortality. The survey-based Pregnancy Risk Assessment Monitoring System (PRAMS) supports understanding of a range of factors influencing overall maternal and infant health outcomes. Key partnerships of the program include partnerships with the state's Title X supported family planning centers, partnerships with birthing hospitals and free standing birthing centers, and partnerships with community based organizations including doula networks and other maternal and infant service providers. The program's capacity to contribute to improved maternal and infant health outcomes is demonstrated by the improved outcomes related to low risk cesarean delivery, breastfeeding, and safe sleep; which were key performance measures of the 2021-2025 Title V strategic cycle.

Program capacity to assure access to quality child and adolescent health services

Louisiana's Title V program has developed significant capacity to contribute to the achievement of Healthy People 2030 child and adolescent health goals by leveraging its partnerships with key constituents across the state to improve access to quality preventive and primary care health services for children and youth. The program supports prevention of injury related mortality by providing evidence concerning leading causes of child and adolescent mortality, underlying causes of mortality, and analysis of how risk factors are experienced differently across the state's population groups. Title V supported child and adolescent health programs leverage data resources including state vital records, hospital discharge data, and emergency department data to identify and diagnose challenges. Child Death Review (CDR) panels located in each of the state's nine health regions facilitate improved understanding of the preventable factors contributing to child and adolescent injury and mortality. The National Survey of Children's Health (NSCH) and the Behavioral Risk Factor Surveillance System (BRFSS) each contribute to an improved understanding of the social determinants and behaviors influencing overall child and adolescent health. These data are synthesized and utilized to provide strategic, evidence-based guidance to child and adolescent health constituents who are directly working with communities to address issues including safe gun storage, safe driving, mental health warning signs and adolescent suicide prevention, sexual assault prevention, etc. An area of particular emphasis is informing child and adolescent health constituents about the impacts of early childhood trauma as well as how to integrate trauma-informed approaches across all child and adolescent serving programs.

Title V supported programs also support access to a quality medical home for all children and youth in the state by providing technical assistance to improve the quality of developmental screening, care coordination, and youth health transition services. Importantly, Title V supported programs also support integration of school-based health services 57 middle and high schools across the state. Key partnerships of the program include partnerships with the Louisiana Chapter of the American Academy of Pediatrics (AAP), the Louisiana State University Health Science's Center, education administrators, non-profit hospitals and Federally Qualified Health Centers (FQHCs) providing school-based health services, a network of family-led community based organizations, and the Louisiana Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program.

Program capacity to assure access to quality services for children and youth with special healthcare needs

Louisiana's Title V supported CYSHCN programs are ready to respond to the identified needs of children and youth with special healthcare needs and the related primary and specialty systems of care. Title V supported CYSHCN programs support newborn surveillance, including genetic, hearing and birth defects screening, for 99% of births in the state. Title V has also supported the creation of the Louisiana Family Resource Center, which provides universal care coordination services for all families whose child is identified with a special healthcare need. The Title V supported Children's Special Health Services program delivers access to gap-filling genetic counseling and rehabilitation services including nutrition assistance for children with metabolic conditions and functional rehabilitation services for children with functional impairments. Over the past five years, Louisiana's Title V supported CYSHCN programs have designed and piloted a technical assistance strategy to improve access to quality developmental screening. The strategy included development of a developmental screening toolkit, provision of awareness raising information sessions, provision of in-person and virtual training, and provision of tailored technical assistance to participating pediatric providers. The internal technical assistance capacities developed and external relationships fostered by this area of work can be leveraged to provide additional technical assistance related to ensure standards of care within a quality medical home model for CYSHCN of all ages, including access to youth health transition services. Importantly, Louisiana's Title V supported CYSHCN programs are continuously improved by the inputs of family and community partners including family leaders participating in related state Boards, Councils, Commissions; family and community leaders participating in program steering and advisory committees, and partnerships with a broad network of family-led community based organizations.

Additional Cross-Cutting Issues:

Program capacity to ensure the development of MCH policies and services is informed by timely access to reliable data: Louisiana's Title V Program contributes significant investment to strengthen the state's MCH epidemiology workforce. A thorough presentation of this investment is included in the below "State Systems Development Initiative" and "Other Data Capacities" chapters of this application.

Program capacity to ensure communities and families have access to timely and reliable health information: The Louisiana Title V program is prepared to address this cross-cutting need at state, systems, and community levels. The Bureau of Family Health has a dedicated communications section supporting the design of overall communications strategies, the development of communications resources, and the continuous monitoring of communication effectiveness. The Bureau's communications section oversees multiple web and social media platforms to disseminate key health messages to the public. At the systems level, Title V supported programs provide system strengthening technical assistance to partnering clinical providers and community-based organizations. Improving communication with communities and families is integrated into the technical assistance objectives of these system strengthening partnerships.

At the community level, Title V supports coordination of efforts in each of the state's nine health regions through the facilitation of Community Action and Advisory Teams (CAAT). Regional CAAT meetings provide a space for dissemination of public health messages to local constituents including local elected officials, local law enforcement authorities, local first responders, local community based organizations, and local faith-based organizations. CAAT meetings also facilitate identification and leveraging of potential synergies and avoidance of potential duplication of efforts.

Program capacity to ensure communities and families are empowered to meaningfully participate in design, monitoring, and evaluation of MCH policies and services: The Title V program is poised to continue the positive trend towards improving meaningful participation of family/community leaders and CBOs in the design, monitoring and evaluation of Title V supported programs. There is a strong commitment from the leadership of the Bureau of Family Health - including Title V Director and CYSHCN Director. The Bureau's Strategy and Operations team has elevated community and family partnership as a cross-cutting priority and is increasingly integrating key messages and tactics for community and family partnership in various technical guidelines and processes. See the below "Family and Community Partnerships Section" for additional details.

Promote the development of policies necessary to ensure sustainable access to maternal and child health services aligned with current-day public health functions: The Louisiana Title V Program is primed to promote the development of policy and legislation relevant to the overall health and well-being of the state's MCH populations. Title V supported programs support the convening of 11 active statewide boards, commissions, and councils which give inputs on MCH policies and services. Each of these groups works to assess emerging health concerns, identify opportunities for improvement, and recommend strategies to make Louisiana a healthier place to live, learn, grow, and work. To build the capacity needed to respond to increasing requests, the Bureau of Family Health has expanded the policy section located within its Strategy and Operations Team.

III.C.1.b.ii.c. Title V Workforce Capacity and Workforce Development

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, including 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. Reshaping the 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. In addition, hiring and re-classification processes have been simplified to help retain talent with relevant educational and professional backgrounds. While the contract agency model has afforded flexibility in 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, efforts have been made to standardize onboarding, supervision, and performance evaluation processes.

The Bureau of Family Health 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 well 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, the Bureau provides guest lecturing sessions at the university and hosts regular internship opportunities for university graduate students.

The Bureau 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 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). In recent years, BFH has standardized the internship development, recruitment, onboarding, and supervision processes to improve the overall intern learning experience.

The Louisiana Department of Health requires a number of annual trainings including Health Insurance Portability and Accountability Act (HIPAA) compliance, Ethics, Emergency Preparedness and Response, and other baseline subjects for the department's workforce. Additionally, the Office of Women's and Community Health has developed a cross-cutting Community Engagement Training. The Workforce Development Unit in the Bureau of Planning and Performance created an onboarding tool used to onboard new staff and is working on redesigning the onboarding process to promote employee engagement and reduce staff turnover.

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 of this work.

BFH seeks to develop a more systematic approach to individual development, with particular attention to building personalized professional 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. Additionally, the Strategy and Operations Team is developing an orientation for new staff to help them smoothly transition into their new role. The orientation will include, but not be limited to an overview of BHF's mission, vision, culture and values; organizational structure; organizational strategies; approach to problem solving and decision making; programs and initiatives; administrative policies and processes; required trainings and professional development opportunities; key data and resources and technology and tools.

BFH has long-standing partnerships with a variety of community-based organizations (CBOs) including doula collaboratives providing health education to women, family led organizations supporting parents of children with special healthcare needs, and other organizations providing child and adolescent health education. Title V supported program staff organize regular partnership coordination meetings with CBO partners to assess capacity building needs and define capacity building action plans.

BFH has benefitted from numerous MCHB funded technical assistance programs. In 2024, BFH began collaborating with the MCH Workforce Development Center to improve the Bureau's internal capacity to provide innovative and tailored learning opportunities for the Title V 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 styles of learning 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 professional competencies, based on their preferred learning styles.

III.C.1.b.ii.d. 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 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 community health factors 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 (BFH DAT). The DAT lead, Rebecca Majdoch, MPH, is the SSDI program director and started in that role in September 2023. Anna Legrand, MPH, began in May 2025 as the SSDI epidemiologist coordinator. She oversees the implementation of the SSDI work plan for Louisiana. Ms. Legrand works with a team of Title V-funded epidemiologists who collect, analyze, link, and report on data related to Children and Youth with Special Health Care Needs (CYSHCN), early childhood systems, MCH, trauma, resilience, Adverse Childhood Experiences (ACEs), injury and violence, and maternal, infant, and child mortality. SSDI funding provides analytic support to Louisiana's Pregnancy Risk Assessment Monitoring System (PRAMS). The SSDI epidemiologist coordinator role was vacant from August 2024 through April 2025. In the interim, the Bureau of Family Health's senior epidemiologist, Tri Tran, MD, MPH, supported implementation of the goals and activities of SSDI.

Louisiana outlined a work plan and objectives to meet the SSDI program goals from 12/1/2024 through 11/30/2025. In reference to Goal 1, the Louisiana SSDI team has made the following progress towards 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 improving data reliability standards. This year, the BFH senior epidemiologist, in collaboration with the DAT, developed data reliability standards and applied the standards to all data releases and presentations. With these standards and the definition sheets developed in the previous year, BFH's epidemiologists can quickly create minimum and core dataset elements used routinely for population and mortality surveillance. BFH epidemiologists routinely review and update the definition sheets for key maternal and child health indicators with accurate reference information.

To support the Title V 2026 application, 2024 report, and five-year Needs Assessment, the former SSDI epidemiologist developed a five year trend analysis tool for monitoring Title V National Performance Measures and provided support for the development of pre-and post training assessment methods for Title V-supported programs. In 2024, The SSDI epidemiologist also supported the development of the Title V REACH monitoring tool and performed the annual Title V REACH data request. These tools were deployed to collect REACH data from all Title V supported programs in the reporting period for this grant year.

In this reporting period, the SSDI team analyzed vital records data and collaborated with Medicaid to complete required Forms 4, 5a, 5b, and 6 of the annual Title V Block Grant report / application. The team also provided support for completing form 12 and 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 the program's five-year Needs Assessment activities (Objective 1b). While the coordinator role was vacant, the BFH senior epidemiologist collaborated with other members of the DAT to assess MCH needs and emerging needs across the five maternal and child health domains. He also works closely with the Title V strategy manager to support the Needs Assessment by providing quantitative and qualitative data support and playing an integral role in all process phases.

The BFH senior epidemiologist guided an analysis of Louisiana's 2019-2023 National Survey of Children's Health (NSCH) data to support the Title V Needs Assessment. A comprehensive analysis informed planning across six MCH programs, including Children's Special Health Services (CSHS), Medical Home, Adolescent School Health Program (ASHP), Violence and Injury Prevention, and the Louisiana Perinatal Quality Collaborative (LaPQC). The analysis included 84 indicators across seven domains: physical, oral, and functional health status; emotional and mental health; health insurance coverage; health care access and quality; community and school activities; family health and activities; and neighborhood safety and support. The analysis incorporated national rankings, five-year trends, and disparities by age, race/ethnicity, sex, poverty level, and children's special healthcare needs status.

The senior epidemiologist and SSDI coordinator also consulted with the Title V strategy manager and the Medicaid data team to improve understanding of claims data related to Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program. This is used as a way to estimate the number of children 1-5 using Title V supported services. A list of procedure codes was created and used for a data request which produced a tabulation comparing different ways to identify EPSDT visits in the claims record. The list of procedure codes will be used to improve the

accuracy and consistency of future Medicaid data requests.

Regarding Goal 2, SSDI funding has consistently been leveraged to access 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). 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 2020-2022. 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. In this project period, the dashboard was updated to include confidence intervals for proportion and rate to meet data reliability standards and a definitions page was added for indicators. This was applied to all years represented in the dashboard and the updated dashboard with 2019-2021 and 2020-2022 data included will be published in July 2025.

Over the next five years, the SSDI coordinator will work with the Title V supported Whole Health Louisiana (WHL) initiative to make Louisiana a trauma-informed and resilience-driven state. During this current project period, the SSDI team began replicating the comprehensive data linkage project developed in Alaska, incorporating various sources such as Child Welfare, Hospital and Inpatient discharge data, Death records, and the Violent Death Reporting System. These data sources will be linked and used to create a prospective trauma surveillance dataset that will guide WHL in achieving its goals and advancing the creation of preventive measures and interventions to combat childhood adversity. On June 30, 2025, the first data linkage using 2016-2020 PRAMS and child protective services (CPS) data was completed. The raw proportion incidence to first investigated allegations of harm was calculated among children born between 2016 and 2020 in Louisiana.

Additionally, BFH DAT has worked to increase infrastructure investments to promote data quality and timeliness (Objective 2b). SSDI provides data capacity for Louisiana PRAMS. The SSDI team completes monthly PRAMS, newborn screening, and WIC linkages, significantly increasing survey response rates by updating mother's physical address, email, and phone number, which is a measure of success for the system. The team also completes the annual PRAMS data analysis. With the 2023 PRAMS data set, the first data from the Phase 9 survey, BFH DAT is transitioning from publishing a static data report to publishing a PRAMS data dashboard for Phase 9. The SSDI coordinator is also analyzing the data for the 2020-2022 PRAMS surveillance report to be published before the end of 2025.

The SSDI coordinator follows the data request process implemented in 2024 and responds to data requests from external partners and researchers, providing data within two weeks of the request. Over this project period, the SSDI team provided data to the New Orleans Health Department with baseline data for grant applications and information to develop legislative talking points for expanding their universal home visiting program. The senior epidemiologist also mentored the DAT epidemiologists for the 2021-2023 data request from the KIDS COUNT Data Center for the annual KIDS COUNT request, 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.

In regards to Goal 3, the SSDI team will analyze community health factors using the data from the Louisiana PRAMS social determinants of health supplement conducted for 2022 births, which was published in the 2022 PRAMS data annual report. Data from the supplement will be highlighted in the 2020-2022 Louisiana PRAMS surveillance report. The SSDI coordinator is using multivariable analysis models to examine how racial disparities impact social determinants of health (SDoH). The team is also linking 2023 birth records and 2022-2023 WIC data to identify WIC enrollment during pregnancy. (Objective 3a).

More generally, the SSDI team used the Title V data collection tool developed in the previous project period to capture Title V data on community health factor metrics across program teams (Objective 3b). The BFH DAT epidemiologists responded to the annual data request from the March of Dimes Collective Impact Collaborative to analyze 2021-2023 perinatal risk periods in New Orleans and Region 1 in April 2025. The March of Dimes collaborative will develop strategies to address the needs of disproportionately affected families in Greater New Orleans.

In regards to Goal 4, last project period, BFH changed the original objectives 4a and 4b related to developing and enhancing 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. To enhance the capacity for using data in rapid response and emergency/emergent threats, the SSDI team is still planning to develop a pregnancy estimator tool to estimate the number of pregnant women in Louisiana and map their locations. Due to the vacancy in the coordinator role, implementation of this

deliverable was delayed. The estimate of the number of pregnant women by zip code and parish using CDC guidelines will be completed by July 31, 2025. This estimate 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 pregnant women.

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 coordinator developed and implemented the Title V REACH tool in the last reporting period to better identify the populations benefiting from Title V efforts and to gather and validate data from program teams. In absence of an SSDI coordinator, the senior epidemiologist 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.

III.C.1.b.ii.e. Other Data Capacity

The BFH Data to Action Team (DAT) is responsible for maintaining BFH's epidemiologic capacity. Within DAT, a section of mid-level and junior 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 composed of nine 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, the Louisiana Hospital Inpatient Discharge Database (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, SUDAAN, 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, an Injury/MCH Epidemiologist Manager, an SSDI Epidemiologist, a CYSHCN/ECCS Epidemiologist, an MCH Epidemiologist, a Maternal Morbidity and Mortality Epidemiologist, a Mortality Surveillance Epidemiologist, and a Sickle Cell Disease Registry Epidemiologist. These staff have been supported on special projects by epidemiologist consultants, specifically for development of a data linkage project with PRAMS data related to a longitudinal project related to trauma and resilience. In the last FFY, BFH filled vacancies, most recently for the SSDI epidemiologist, and now has a complete data team. 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. Key data sets most commonly used to inform Title V work include:

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 the Bureau of Family Health'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.C.1.b.iii. Title V Program Partnerships, Collaboration, and Coordination

Louisiana's Title V Program, housed within the Louisiana Bureau of Family Health, collaborates with federal programs and key constituents across the state to promote the overall health and wellness of the state's MCH populations. The Title V supported MCH epidemiology workforce is a particularly important component of Title V's synergy with key MCH constituents both nationally and within the state. Louisiana's Title V supported epidemiology workforce provides the data resources utilized to inform the design and development of maternal and child health programming across the state.

Title V funding also supports important steering/advisory mechanisms promoting collaboration of key constituents at state and local levels. At the state level, Title V funding supports coordination of 11 Boards, Councils and Commissions related to the health and wellbeing of the state's MCH populations. Additional mechanisms include program specific steering or advisory committees. At the regional level, Title V supported MCH Coordinators lead the facilitation of Community Action and Advisory Teams in each of the nine regions of the state. Community Action and Advisory Teams engage local constituents in participatory and collaborative processes to identify priority health needs and design community action plans to address the identified needs of local MCH populations.

Partnerships, Collaborations, and Coordination with Other Federally Funded Programs

The Title V supported maternal and infant health programs work to reduce maternal and infant mortality as well as severe maternal morbidity. In 2024, Title V supported maternal and infant programs were awarded a five year Maternal Health Innovation Grant (2024-2029). The innovation grant funding will complement Title V funded initiatives by contributing to the achievement of the following objectives:

- Objective 1: Establish state-focused Maternal Health Task Force (MHTF), ensuring representation from key constituents and leadership from rural and Black communities.
- Objective 2: Develop a Maternal Health Strategic Plan (MHSP)
- Objective 3: Improve maternal health data collection and timeliness.
- Objective 4: Develop survey tools aligned to new state standards of maternal care and implement statewide surveying to increase access to higher quality care.
- Objective 5: Invest in innovations to strengthen supporting systems of care for pregnant women and rural access to quality maternal care access across Louisiana.

The Title V supported Provider to Provider Consultation Line (PPCL) program assists pediatric and perinatal healthcare providers and professionals in building their capacity to effectively and comfortably respond to the mental health and substance use needs of their patients and clients. The PPCL program benefited from a five year Pediatric Mental Health Care Access grant funded from 2021-2026. The complementary funding supports implementation of training needs assessments, training and capacity building activities, mental health consultations for pediatric and perinatal providers, and technical assistance to support best practice implementation in mental health screening and referral.

Title V supported programs aiming to improve child and adolescent access to a quality medical home have benefited from an Early Childhood Comprehensive Systems (ECCS) grant funded project entitled Screen Often and Accurately Refer Project (Project SOAR). Project SOAR is funded for the period 2021-2026 and complements Title V funded programs by improving capacity to engage family and community leaders in a statewide action planning process led by the Young Child Wellness Collaborative.

Title V funding complements the Louisiana Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program by supporting quality improvement initiatives as well as by supporting integration of targeted mental health consultation within MIECHV home visiting teams in multiple regions of the state. Mental health consultation is a critical support for the state's home visiting workforce, offering guidance, education, and support as staff navigate complex client needs. Providing home visitors and their supervisors with access to mental health expertise and support also helps the MIECHV program to manage the risk for its large number of high acuity cases. Evaluation results show that mental health consultation both increases home visitors' self-efficacy and knowledge in navigating client mental health concerns.

Louisiana's Emergency Medical Services for Children (EMSC) program enjoys significant synergies with the state's Title V supported programs. Specifically, the EMSC program benefits from Title V supported programs' relationships with hospitals, emergency departments and first responders and lessons learned in providing capacity building interventions with

these partners.

In 2025, Louisiana's Bureau of Health Financing (Medicaid) was selected to implement a Transforming Maternal Health (TMAH) Grant with funding and technical assistance from the national Centers for Medicare & Medicaid Services (CMS). Among other objectives, the TMAH Grant will support increased access to maternal mental health services by making mental health consultation services available to maternal health workforces including doulas and midwives.

Louisiana's Title V and MIECHV Programs maintain working collaboration with Louisiana Healthy Start Grantees and Louisiana's Women, Infants and Children (WIC) program to ensure appropriate bi-directional referrals supporting access to services for children and families. Louisiana MIECHV collaborates with the Tunica-Biloxi Tribal Home Visiting Program through ad-hoc communication and meetings at their request. We provide access to statewide resources, including StartEarly professional development webinars, and offer technical assistance related to data entry, model implementation, and quality improvement activities. Louisiana's Family-to-Family Health Information Center is included in Title V supported efforts to develop the capacity of family led community based organizations and benefits from technical assistance include support for pediatric provider outreach, support for implementing community needs assessments, and support for development and maintenance of regional referral resource directories.

Title V supported programs have recently benefited from participation in multiple technical assistance programs including the MCHB funded Workforce Development Center Learning Journey and the CDC funded DREAM 2.0 program implemented by the Association of State and Territorial Health Officials (ASTHO). In 2025, the Title V Program is joining the Louisiana Office of Women's Health and Community Health and the Louisiana Bureau of Health Financing (Medicaid) to participate in a learning collaborative organized by the Center for Maternal and Child Health Medicaid Policy.

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, including several Area Health Education Centers, to employ much of the Title V workforce.

Louisiana's Early Hearing Detection and Intervention (EHDI) program is housed within the Bureau of Family Health and benefits from synergies with Title V supported newborn genetics and birth defects screening and early intervention projects. Louisiana's EHDI program is funded by a combination of investments from the HRSA EHDI program, the CDC's EHDI program, and the HRSA Title V MCH Block Grant.

Title V supported violence and injury prevention programs for mothers, children and adolescents are also complemented by CDC and HRSA funded grants supporting maternal and child mortality review panels as well as a comprehensive suicide prevention program funding.

Partnerships, Collaborations, and Coordination with other governmental agencies

Title V supported programs collaborate across a variety of other state agencies. As mentioned above, the Title V supported epidemiology workforce contributes important evidence to inform the development of policies and services within and outside of the Bureau of Family Health. Another objective of inter-agency collaboration is to break down silos and enhance care coordination for the state's health service users. Title V supported programs work most closely with agencies within the Office of Public Health including the Bureau of Vital Records and Statistics, the Bureau of Regional and Clinical Operations, the Bureau of Chronic Disease Prevention and Healthcare Access (also known as Louisiana Well Ahead), among others. Title V programs also collaborate closely with other offices within the Department of Health including the Bureau of Health Services Financing (Medicaid), the Office of Behavioral Health, the Office for Citizens with Developmental Disabilities, and the Office of Women's Health and Community Health. Title V programs also collaborate with other Departments of the government of Louisiana including the Department of Child and Family Services, the Department of Education, the Department of Public Safety and Corrections, and the Louisiana Workforce Commission.

Partnerships, Collaborations, and Coordination with other non-governmental organizations

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

Louisiana's Title V Program maintains close relationships with several academic institutions in the state including Tulane University's Center for Excellence in Maternal and Child Health, Louisiana State University Health Science Center's Human

III.C.1.b.iv. Family and Community Partnerships

The mission of the Bureau of Family Health (BFH), Louisiana's Title V agency, is to elevate the strengths and voices of individuals, families, and communities to catalyze transformational change to improve population health. Aligned with this mission, the Bureau is committed to continuously improving two-way exchange of information and meaningful participation of communities and families in the design, monitoring, and evaluation of Title V supported programs. This commitment to shifting power to communities and families is integrated into (1) the strategies and tactics used in the delivery of direct and enabling services to individuals and families, (2) the design, monitoring, and evaluation of systems strengthening programs and services, (3) the formulation and promotion of policy and legislation affecting the state's MCH populations, and (4) the processes guiding the overall strategy of the Bureau.

Partnership with communities and families therefore encompasses how the Bureau forms and maintains relationships with individuals receiving health related services, individual community/family leaders participating in program steering or advisory mechanisms, and community based organizations (CBOs) who are either family-led or who maintain close relationships with specific MCH population groups. Core commitments of the community and family engagement strategy utilized by Title V supported programs are outlined in this section.

Title V supported programs ensure compliance with informed consent principles in the delivery of direct and enabling services.

In the context of a client or patient receiving services from a Title V supported program, ensuring meaningful participation means compliance with the receipt of informed consent from the individual or their legal representative. Title V supported service providers ensure that each individual or family is adequately informed about treatment or service options, including the option to refuse services. Where possible, Title V supported service providers collect satisfaction data concerning the client or patient experience to support continuous quality improvement of the provision of direct and/or enabling services.

Title V supported programs ensure community and family representatives are able to meaningfully participate in the design, monitoring, and evaluation of community-based health promotion and prevention initiatives.

Title V supports the organization of Community Action and Advisory Teams in all nine health regions of the state. Community Action and Advisory Teams are co-led by Maternal Child Health Coordinators and Maternal, Infant and Early Childhood Home Visiting Supervisors from all regions of the state. Each regional team is composed of community representatives including locally elected officials, local law enforcement authorities, local first responders, local health service providers, local education and child welfare service providers, and representatives from local community based organizations including faith-based organizations. Utilizing statewide and locally abstracted data, Title V supported facilitators of the community action teams provide information sessions to inform community representatives of the health issues of concern in the region. Members of each regional team 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 past community-defined quality improvement strategies include implementation of monthly educational campaigns related to drowning prevention, child passenger safety, human trafficking, safe sleep, suicide education and response, Shaken Baby Syndrome, and school safety zone.

Title V supported programs ensure meaningful participation of communities and families in the design, monitoring, and evaluation of system strengthening programs.

Title V supported programs recognize that MCH populations, including mothers, children, youth, and families, have significant subject-matter expertise concerning the strengths, assets, and gaps affecting the overall quality of the services available within the state's MCH systems of care. The Bureau seeks to partner with communities and families to facilitate identification and prioritization of system strengthening needs, setting system strengthening goals and objectives, designing intervention strategies, and monitoring/evaluating the effects of Title V support program interventions.

Partnership with community-based organizations, particularly those working closest to and/or representative of communities and families with the highest health needs, is an important component of the Title V supported community and family engagement strategy. Community based organizations play an important role in guiding Title V supported surveillance and epidemiological investigations. The Louisiana Pregnancy Risk Assessment Monitoring System Steering Committee includes representation from six community based organizations serving the maternal and infant populations of the state. The Domestic Abuse Fatality Review and Pregnancy Associated Mortality Review Committees each include representation of six community based organizations serving the maternal and infant populations of the state. Nine regional

Child Death Review panels each include representation of family-led organizations representing parents of children and youth with special healthcare needs.

Community based organization partners also play an important role in the design, monitoring, and evaluation of Title V supported system-strengthening programs. Title V supported maternal health programs maintain strong partnerships with doula networks and community-based maternal health service providers. Title V supported child and adolescent health programs maintain partnerships with family-led community based organizations serving children and families, including children and youth with special healthcare needs. These child and family organizations include a network of 10 Families Helping Families organizations, including Louisiana's Family 2 Family Health Information Center (F2F-HIC) grant awardee. In addition, Title V supported programs maintain partnerships with a network of 5 family-led Sickle Cell Foundations and 1 family-led organization for parents of children who are d/Deaf or Hard of Hearing.

Title V supported programs also partner with individual community/family leaders. Individual community/family leaders participate in formal program steering or advisory committees, continuous quality improvement committees, or general program management meetings. The Title V Program has prioritized the need to develop guidance to support programs in the recruitment, onboarding, and continuous empowerment of community/family leaders. The Title V Program is also exploring options to provide compensation for the subject matter expertise provided by community/family leaders.

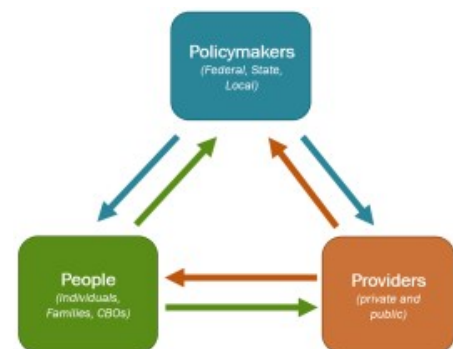
Title V supported programs will ensure meaningful participation of community/family representatives and/or community based organizations in steering/advisory mechanisms facilitated for the purpose of supporting the design, monitoring, and evaluation of MCH policies and services

Where possible, Title V supported programs will promote the participation of community/family representatives and/or community based organizations in state-mandated Boards, Councils, and Commissions related to MCH systems of care. Currently, approximately half of the 11 Boards, Councils or Commissions under the purview of the Bureau of Family Health include consistent representation of family leaders as members and 4 of those public bodies have membership requirements calling for a family representative to be a voting member. Rules defining membership and voting privileges are defined in state legislation.

III.C.1.c. Identifying Priority Needs and Linking to Performance Measures

Louisiana's Title V Program utilizes the 10 Essential Public Health Services, or "essential services", as a framework for understanding and strengthening the state's MCH systems of care. While the Title V Block Grant continues to support some direct and enabling services for those individuals and families whose needs are not being met by the mainstream healthcare system, Title V supported programs increasingly identify their primary role as building the capacity of key constituents to assure access to well-functioning systems of care for mothers, children, and families. The Title V Program's approach to this effort includes:

1. Facilitating mutual understanding of the priority needs of the state's MCH populations and of each groups' role in the implementation of the essential services within the state's MCH systems of care.
2. Investing in evidence-based capacity building initiatives to strengthen each group's contributions to the essential services within the state's MCH systems of care.
3. Investing in state and local mechanisms facilitating collaboration in the planning, monitoring, and evaluation of policies and services within the state's MCH systems of care.



Aligned with the 10 essential public health services, and based on the findings of the 2024-2025 Title V needs assessment, the priority needs to be addressed by the Louisiana Title V Program are:

Priority Need 1:	Reliable data is available to inform the design, monitoring, and evaluation of MCH policies and services.
Priority Need 2:	Communities and families have timely access to reliable and accessible information.
Priority Need 3:	Community / family leaders and CBOs meaningfully participate in the design, monitoring, and evaluation of MCH policies and services.
Priority Need 4:	MCH systems of care have improved capacities to ensure access to quality maternal and infant health services.
Priority Need 5:	MCH systems of care have improved capacities to ensure access to quality child and adolescent health services.
Priority Need 6:	MCH systems of care have improved capacities to ensure access to quality services for children and youth with special healthcare needs.
Priority Need 7:	Quality steering / advisory mechanisms ensure effective collaboration in the design, monitoring, and evaluation of MCH policies and services.
Priority Need 8:	State policies relevant to MCH programs and services are modernized to align with current day public health functions.

The decision to prioritize “systems needs”, rather than population health needs, was taken during the follow-up of the Title V workshop implemented from 11-14 March 2025. The primary rationale for prioritizing systems needs was to promote alignment of strategies, implementation approaches, and tactics across Title V supported programs. While priority needs 4, 5, and 6 are each specific to one or more population domains, priority needs 1, 2, 3, 7, and 8 will be addressed within each population domain. The transition towards prioritization of systems needs was already begun in the 2021-2025 state action plan, which identified a mix of priority needs focusing on population health needs and system strengthening needs.

Prioritizing systems needs in the 2026-2030 state action plan complements the selection of outcome and performance measures, which provide insight into prioritized population health needs. Internal sharing of best practices for responding to the prioritized systems needs will improve program quality and performance, leading to improved health systems. Increased access to quality health systems will contribute to improvement of the following ***national outcome measures*** for maternal and child health:

Maternal Health	Maternal mortality rate per 100,000 live births; Rate of severe maternal morbidity rate per 10,000 delivery hospitalizations
Infant Health	Preterm-related mortality rate per 100,000 live births
Children’s Health	Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9
Adolescent Health	Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19
CYSHCN Health	Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

Louisiana’s performance in contributing to the improvement of the above health outcomes will be assessed by monitoring the following ***national performance measures***:

Maternal Health	A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth and B) Percent of women who attended a postpartum checkup and received recommended care components
Infant Health	Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)
Children's Health	Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year; Percent of children with and without special health care needs, ages 0 through 17, who have a medical home
Adolescent Health	Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling; Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care
CYSHCN Health	Percent of children with special health care needs, ages 0 through 17, who have a medical home

Complementing these performance measures, the program has defined a series of **state performance measures** to support continuous feedback and quality improvement of key intervention strategies. A bi-annual (FFY2026, FFY2028, and FFY2030) knowledge, attitude and practice survey will collect data concerning (1) constituency satisfaction with public health data products, (2) partners' capacity to effectively disseminate key health education messages, (3) family/community leader satisfaction with training and coaching supports aiming to increase their meaningful participation in the design, monitoring, and evaluation of Title V supported programs, (4) participating partners' perceptions of the effectiveness of Title V supported steering / advisory mechanisms, and (5) Title V Program impacts on state policy development.

III.D. Financial Narrative

	2022		2023	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	\$12,123,011	\$12,686,300	\$12,765,377	\$13,320,243
State Funds	\$7,845,617	\$10,159,646	\$7,845,617	\$11,636,713
Local Funds	\$0	\$0	\$0	\$0
Other Funds	\$2,877,075	\$2,877,075	\$2,877,075	\$2,877,075
Program Funds	\$3,760,500	\$5,422,400	\$7,110,468	\$4,439,773
SubTotal	\$26,606,203	\$31,145,421	\$30,598,537	\$32,273,804
Other Federal Funds	\$21,431,525	\$18,498,039	\$28,133,058	\$19,432,537
Total	\$48,037,728	\$49,643,460	\$58,731,595	\$51,706,341
	2024		2025	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	\$12,957,668	\$13,152,546	\$13,101,228	
State Funds	\$10,036,713	\$10,605,387	\$9,637,713	
Local Funds	\$0	\$0	\$0	
Other Funds	\$2,877,075	\$2,877,075	\$2,877,075	
Program Funds	\$3,893,661	\$3,593,689	\$5,022,225	
SubTotal	\$29,765,117	\$30,228,697	\$30,638,241	
Other Federal Funds	\$24,518,259	\$20,876,273	\$26,490,323	
Total	\$54,283,376	\$51,104,970	\$57,128,564	

	2026	
	Budgeted	Expended
Federal Allocation	\$13,152,546	
State Funds	\$12,727,387	
Local Funds	\$0	
Other Funds	\$877,075	
Program Funds	\$4,877,069	
SubTotal	\$31,634,077	
Other Federal Funds	\$25,686,982	
Total	\$57,321,059	

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 Funds	Local	Other	Program Income
Maternal Health	\$408,095	\$0	\$0	\$0	\$0
Home Visiting	\$31,500	\$1,300,000	\$0	\$1,438,538	\$0

Activity Category	Federal	State Funds	Local	Other	Program Income
Reproductive Health	\$235,610	\$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 – 2,476 pregnant women reached including:
 - Females with a positive pregnancy test through Reproductive Health Program FFY2024
 - Pregnant women visited by a Family Support Coach Professional FFY2024
- **Total Maternal / Women's Health Reach** – 97.14% of all resident live births in the state

Perinatal/Infant Health

Activity Category	Federal	State Funds	Local	Other	Program Income
Child Health	\$757,891	\$0	\$0	\$0	\$0
Home Visiting	\$31,500	\$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: 1,420 infants <1 year of age reached including:
 - Infants visited by a Family Support Coach Professional FFY2024
- **Total Perinatal / Infant Health Reach:** 96.4% of infants <1 year of age served through newborn hearing screening

Child and Adolescent Health

Activity Category	Federal	State Funds	Local	Other	Program Income
Child Health	\$4,686,551	\$2,000,000	\$0	\$0	\$0
Home Visiting	\$252,000	\$0	\$0	\$0	\$0
Adolescent School Health	\$205,465	\$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

- Direct and Enabling Services: 38,454 children, including CYSHCN population, reached including:
 - Children 1-21 visited by a Family Support Coach Professional FFY2024 (enabling only)
 - Caregivers/parents (14-21) visited by a Family Support Coach Professional FFY2024 (enabling only)
 - Students served at School Based Health Centers (SBHC) during school year 2023-2024 (direct and enabling)
 - Patients under 21 years old with at least one Quality Family Planning visit served through reproductive health program FFY2024 (direct and enabling)

- CYSHCN population activities (see CYSHCN population domain below)
- **Total Child / Adolescent Health Reach:** 23.09% of children in Louisiana reached including:
 - Children (ages 1-5) - All Medicaid-enrolled children ages 1-5 in Louisiana impacted by Title V/Title XIX collaboration
 - Children (5-18) - Students in grades K-12 registered schools with BFH-supported SBHC during 2023-2024 school year
 - Children (1-21) - Children 1-21 with access to no/low-cost reproductive health services through PHUs
 - High school and college students who participated in sexual assault prevention education and outreach

Children and Youth with Special Health Care Needs (CYSHCN)

Activity Category	Federal	State Funds	Local	Other	Program Income
CYSHCN	\$4,663,252	\$693,719	\$0	\$0	\$128,409
Genetics	\$565,428	\$4,699,340	\$0	\$0	\$3,465,280

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: 3,195 CYSHCN reached including:
 - CYSHCN served at CSHS (subspecialty, Sickle Cell, and Genetics) (direct and enabling services)
 - Families of CYSHCN served through the Family Resource Center (enabling only)
 - CYSHCN (1-13) receiving care coordination through EHDI FFY2024 (enabling only)
 - CYSHCN receiving transportation assistance to medical appointments (enabling only)
- **Total CYSHCN Reach:** 23.09% of CYSHCN reached. Estimate is based upon the assumption that if 23.09% of children ages 1-21 in Louisiana are served by Title V funds, then CYSHCN are served at the same percentage as they are not excluded from those services.

Title V Reach – Other

Other populations reached include males and females over 21 years old. The expenditure related to the activities including these persons is integrated into one of the above MCH population domains.

- Direct and Enabling Services: 31,848 reached including:
 - Caregivers / parents, older than 21, visited by a Family Support Coach Professional FFY2024
 - Caregivers / parents, older than 21, participating in focus group discussions, advisory council meetings, or other activities of the Early Hearing Detection and Intervention (EHDI) program
 - Unduplicated patients, older than 21, with at least one quality family planning visit in a Reproductive Health Program supported Parish Health Unit (PHU). The Title V contribution to the reproductive health program does not fund direct services to persons over 21 years of age.
 - Caregivers / parents, older than 21, served through Children's Special Health Service (CSHC) clinics
 - State MCH toll-free hotline calls and chats FFY2024
- **Total Others Reach:** 3.7% as estimated by participants receiving community level training by ACE Educator Program, participants in regional awareness raising sessions and lunch and learns for promotion of trauma-informed care, suicide prevention training participants (high school students, school administrators, law enforcement, first responders, clinicians, etc.), caregivers/parents over 21 visited by a Family Support Coach Professional, families receiving ASL interpretation for Deaf or Hard of Hearing Adults through in EHDI, families served by Hands & Voices Guide By Your Side Parent/Deaf Guides, patients over 21 with at least one quality Family Planning visit served through the reproductive health program, patients over 21 served through Children's Special Health Services (CSHS) clinics (subspecialty, Sickle Cell, and Genetics), state MCH toll-free hotline calls and chat, number of page views, impressions, and engagements on Title V social media and websites in FFY2024; divided by decennial census data population of persons over 21.

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 setting up the earmarking requirement State Financial system. 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 39% 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 \$3,022,870 for FFY2024. The amount of the federal share is \$1,315,254 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 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 FFY26 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

Activity Category	Title V Federal	State Match	Local	Other	Program Income
Maternal Health	\$376,435	\$0	\$0	\$0	\$0
Home Visiting	\$31,500	\$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	\$699,094	\$0	\$0	\$0	\$0
Home Visiting	\$31,500	\$1,300,000	\$0	\$1,438,538	\$0

Child and Adolescent Health

Activity Category	Federal	State Match	Local	Other	Program Income
Child Health	\$4,347,110	\$2,000,000	\$0	\$0	\$0
Home Visiting	\$252,000	\$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	\$4,663,253	\$693,719	\$0	\$0	\$128,409
Genetics	\$702,000	\$4,821,340	\$0	\$0	\$4,748,660

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:

- *National Violent Death Reporting System (NVDRS) (\$330,086)* - 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.
- *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 key constituents, 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.
- *Louisiana State Based Perinatal Quality Collaborative (LaPQC) (\$275,000)* - The purpose of the LaPQC is to improve the quality of care for mothers and babies through networks of teams working together.
- *Sudden Unexpected Infant Death Case Registry (SUID) (\$241,076)* - This grant works to improve data quality relating to SUID occurrences.
- *Early Childhood Comprehensive Systems (ECCS) (\$255,600)* - The focus of this grant is to enhance early childhood systems building and demonstrate improved outcomes in children's developmental health and family well-being indicators.
- *Louisiana Emergency Medical Services for Children State Partnership Program (EMSC) (\$190,650)*. EMSC is an initiative designed to reduce child and youth morbidity and mortality caused by acute illness or injury.
- *Louisiana Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) - Formula (\$11,929,121)* - The MIECHV program provides home visiting services to promote preventative health practices and positive parenting techniques to benefit Louisiana families.
- *American Recovery Plan Act-Pediatric Mental Health Care Access (\$2,854,045) – Initial Award (\$2,335,606) and Supplemental Award (\$518,439)*, 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 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.
- *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.
- *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.

- *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.
- *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.
- *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.
- *Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees (MMRCs) (\$450,000)* - This funding supports the coordination of Maternal Mortality Review Committees (MMRCs) to identify and characterize maternal deaths for identifying prevention opportunities
- *Louisiana Maternal Innovation Grant (\$1,368,770)* – The purpose of the Louisiana State Maternal Health Innovation program to strengthen long-term momentum to advance maternal health improvements and outcomes in the state.
- *State, Local and Tribal Territory (SLTT) Based Projects to Assess Emerging Surveillance Issues in Substance Use and Mental Health (\$280,067)* - The primary purpose of the 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 Comprehensive Suicide Prevention Plan (\$561,000)* - 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, others) 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 FY26. 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 37.1% and Children and Youth with Special Health Care Needs represent 40.7% 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 \$3,163,408 for fiscal year 2026. The estimated Federal share is \$1,315,254 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](#)

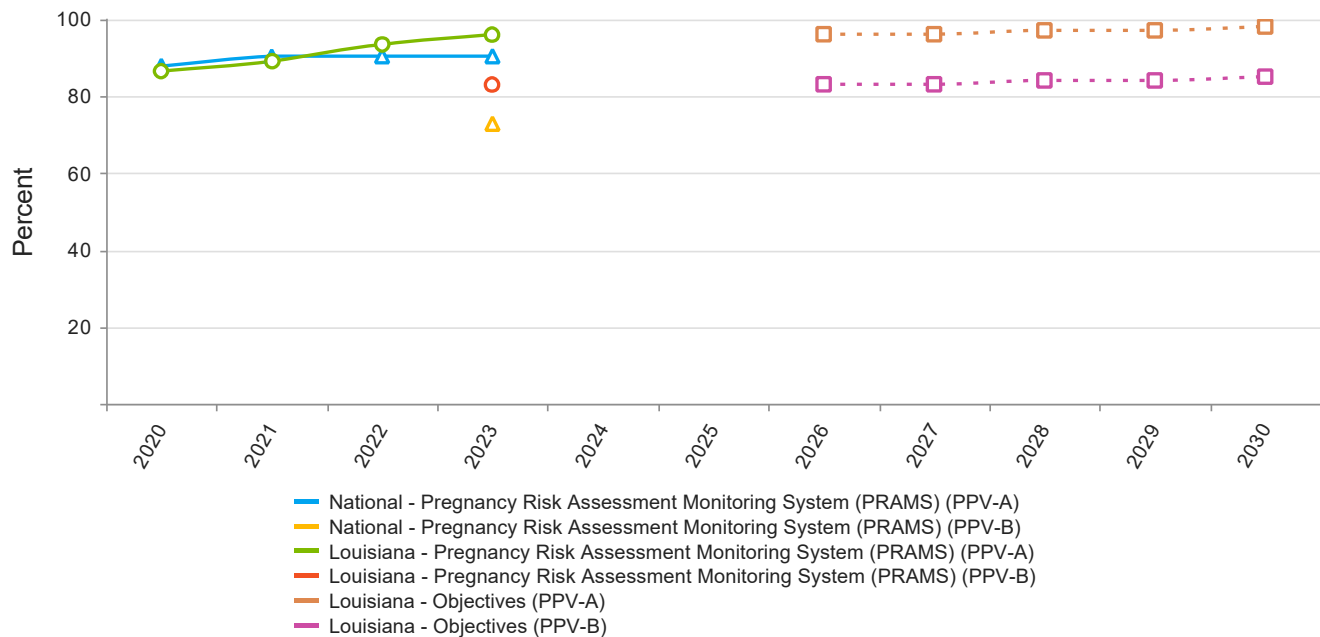
III.E.3 State Action Plan Narrative by Domain

i If a Priority Population is selected for an NPM, then this section will display only the data associated with the Priority Population in the charts, data tables, and field notes. Additional NPM data are available in the Form 10 appendix.

Women/Maternal Health

National Performance Measures

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



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

Federally Available Data		
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)		
	2023	2024
Annual Objective		
Annual Indicator	89.1	95.7
Numerator	48,861	50,260
Denominator	54,821	52,529
Data Source	PRAMS	PRAMS
Data Source Year	2021	2023

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	96.0	96.0	97.0	97.0	98.0

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

Federally Available Data		
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)		
	2023	2024
Annual Objective		
Annual Indicator	66.1	82.8
Numerator	32,294	41,590
Denominator	48,861	50,221
Data Source	PRAMS	PRAMS
Data Source Year	2021	2023

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	83.0	83.0	84.0	84.0	85.0

Evidence-Based or –Informed Strategy Measures

ESM PPV.1 - In FFY2026, at least 76% of birthing hospitals in Louisiana will achieve Louisiana Birth Ready and Louisiana Birth Ready Plus designation.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	76.0	78.0	78.0	80.0	80.0

ESM PPV.2 - In FFY2026, at least 85% of providers participating in the perinatal mental health ECHO training will have improved knowledge, attitudes, and/or behaviors.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	85.0	85.0	85.0	85.0	85.0

State Performance Measures

SPM 1 - Percent of maternal health constituents reporting "high" or "very high" satisfaction with the quality of data products available.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Evidence-Based or –Informed Strategy Measures

SPM ESM 1.1 - In FFY2026, at least 5 maternal health data products will be produced or updated and disseminated to key constituents to facilitate data-informed decision-making.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	5.0	5.0	5.0	5.0	5.0

SPM 2 - Percent of maternal health constituents reporting that they “frequently” or “very frequently” share key health education messages with their families and other community members.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Evidence-Based or –Informed Strategy Measures

SPM ESM 2.1 - In FFY2026, at least 300 community leaders will receive information and resources supporting the design of local maternal health education efforts.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	300.0	300.0	300.0	300.0	300.0

SPM 3 - Percent of family, community and/or community based organization leaders engaged in Title V supported maternal and infant health programs who reported “high” or “very high” satisfaction with the training / coaching received.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Evidence-Based or –Informed Strategy Measures

SPM ESM 3.1 - In FFY2026, at least 15 family, community, and/or CBO leaders will receive training/coaching to support their meaningful participation in the design, monitoring, and evaluation of maternal and infant health policies and services.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	15.0	15.0	15.0	15.0	15.0

SPM 4 - Percent of participants who "strongly" or "very strongly" agree that the maternal and infant health steering / advisory mechanism is "effectively contributing to the improvement of Louisiana's infant health policies and services".

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Evidence-Based or –Informed Strategy Measures

SPM ESM 4.1 - In FFY2026, at least 80% of Title V supported steering / advisory mechanisms produce actionable recommendations to improve maternal and infant health policies and services.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

SPM 5 - Number of maternal health policy priorities advanced through 2 stages of the policy process towards implementation or other resolution.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	0.0	0.0	0.0	1.0	2.0

Evidence-Based or –Informed Strategy Measures

SPM ESM 5.1 - In FFY2026, at least 1 data / information brief is produced to inform policy dialogue.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	1.0	1.0	1.0	1.0	1.0

State Action Plan Table

State Action Plan Table (Louisiana) - Women/Maternal Health - Entry 1

Priority Need

MCH systems of care have improved capacities to ensure access to quality maternal and infant health services.

NPM

NPM - Postpartum Visit

Five-Year Objectives

OBJ 1.4: (a) In FFY2030, at least 98% of women will attend a postpartum checkup within 12 weeks after giving birth. (b) In FFY2030, at least 85% of women who attended a postpartum checkup will report that they received the recommended care components.

Strategies

Strategy 1.4.1: Improve access to quality family planning services by providing funding and technical assistance to the Office of Public Health's Bureau of Regional and Clinical Operation's (BRCO) Parish Health Units and other community-based partners.

Strategy 1.4.2: Improve access to doula services by facilitating doula registration with the Louisiana Doula Registry Board.

Strategy 1.4.3: Improve access to safe and quality birthing services by providing technical assistance to birthing hospitals, freestanding birthing centers and other clinical and community based providers.

Strategy 1.4.4: Improve access to caregiver depression screening & referral by providing technical assistance including training and tele-consultation services to perinatal providers.

ESMs

Status

ESM PPV.1 - In FFY2026, at least 76% of birthing hospitals in Louisiana will achieve Louisiana Birth Ready and Louisiana Birth Ready Plus designation. Active

ESM PPV.2 - In FFY2026, at least 85% of providers participating in the perinatal mental health ECHO training will have improved knowledge, attitudes, and/or behaviors. Active

NOMs

Maternal Mortality

Neonatal Abstinence Syndrome

Women's Health Status

Postpartum Depression

Postpartum Anxiety

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

Priority Need

Reliable data is available to inform the design, monitoring, and evaluation of MCH policies and services.

SPM

SPM 1 - Percent of maternal health constituents reporting "high" or "very high" satisfaction with the quality of data products available.

Five-Year Objectives

OBJ 1.1: In FFY2030, at least 80% of maternal and infant health constituents report that they are "highly" or "very highly" satisfied with the quality of data products available to inform strategic decision-making.

Strategies

Strategy 1.1.1: Improve key constituents' (policymakers, providers, MCH populations) understanding of the drivers and underlying factors contributing to Louisiana's maternal health outcomes by directly carrying out epidemiological surveillance / investigations, disseminating health education messages, and presenting recommendations to improve maternal health policies and services.

ESMs

Status

SPM ESM 1.1 - In FFY2026, at least 5 maternal health data products will be produced or updated and disseminated to key constituents to facilitate data-informed decision-making.

Active

NOMs

Severe Maternal Morbidity

Maternal Mortality

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

Priority Need

Communities and families have timely access to reliable and accessible information.

SPM

SPM 2 - Percent of maternal health constituents reporting that they “frequently” or “very frequently” share key health education messages with their families and other community members.

Five-Year Objectives

OBJ 1.2: In FFY2030, at least 80% of maternal health constituents will report that they “frequently” or “very frequently” share maternal health education messages with their families and other community members.

Strategies

Strategy 1.2.1: Improve community leaders' understanding of effective strategies for responding to key risk and protective factors affecting maternal health by convening community action and advisory teams.

ESMs

Status

SPM ESM 2.1 - In FFY2026, at least 300 community leaders will receive information and resources supporting the design of local maternal health education efforts.

Active

NOMs

Severe Maternal Morbidity

Maternal Mortality

State Action Plan Table (Louisiana) - Women/Maternal Health - Entry 4

Priority Need

Community / family leaders and CBOs meaningfully participate in the design, monitoring, and evaluation of MCH policies and services.

SPM

SPM 3 - Percent of family, community and/or community based organization leaders engaged in Title V supported maternal and infant health programs who reported “high” or “very high” satisfaction with the training / coaching received.

Five-Year Objectives

OBJ 1.3: In FFY2030, at least 80% of family, community and/or community based organization leaders report that they are “highly” or “very highly” satisfied with the training and/or coaching received to support their meaningful participation in the design, monitoring and evaluation of maternal and infant health policies and services.

Strategies

Strategy 1.3.1: Training and coaching for family, community, and community based organization leaders participating in Title V supported maternal and infant health programs and activities.

ESMs

Status

SPM ESM 3.1 - In FFY2026, at least 15 family, community, and/or CBO leaders will receive training/coaching to support their meaningful participation in the design, monitoring, and evaluation of maternal and infant health policies and services.

Active

NOMs

Severe Maternal Morbidity
Maternal Mortality

State Action Plan Table (Louisiana) - Women/Maternal Health - Entry 5

Priority Need

Quality steering / advisory mechanisms ensure effective collaboration in the design, monitoring, and evaluation of MCH policies and services.

SPM

SPM 4 - Percent of participants who "strongly" or "very strongly" agree that the maternal and infant health steering / advisory mechanism is "effectively contributing to the improvement of Louisiana's infant health policies and services".

Five-Year Objectives

OBJ 1.5: In FFY2030, at least 80% of participants "strongly" or "very strongly" agree that the steering / advisory mechanism is "effectively contributing to the improvement of maternal and infant policies and services".

Strategies

Strategy 1.5.1: Improve maternal health policies and services by directly convening steering / advisory mechanisms that include participation of policymakers, providers, and MCH populations.

ESMs

Status

SPM ESM 4.1 - In FFY2026, at least 80% of Title V supported steering / advisory mechanisms produce actionable recommendations to improve maternal and infant health policies and services.

Active

NOMs

Severe Maternal Morbidity

Maternal Mortality

State Action Plan Table (Louisiana) - Women/Maternal Health - Entry 6

Priority Need

State policies relevant to MCH programs and services are modernized to align with current day public health functions.

SPM

SPM 5 - Number of maternal health policy priorities advanced through 2 stages of the policy process towards implementation or other resolution.

Five-Year Objectives

OBJ 1.6: By FFY2030, at least 2 maternal health policy priorities have been advanced through 2 stages of the policy process towards implementation or other resolution.

Strategies

Strategy 1.6.1: Contribute to advancing maternal health policy priorities through the five stages of the policy process (Identification, Analysis, Strategy and Policy Development, Enactment, Implementation) by producing data / information briefs and providing subject-matter expertise to inform policy dialogue.

ESMs

Status

SPM ESM 5.1 - In FFY2026, at least 1 data / information brief is produced to inform policy dialogue.

Active

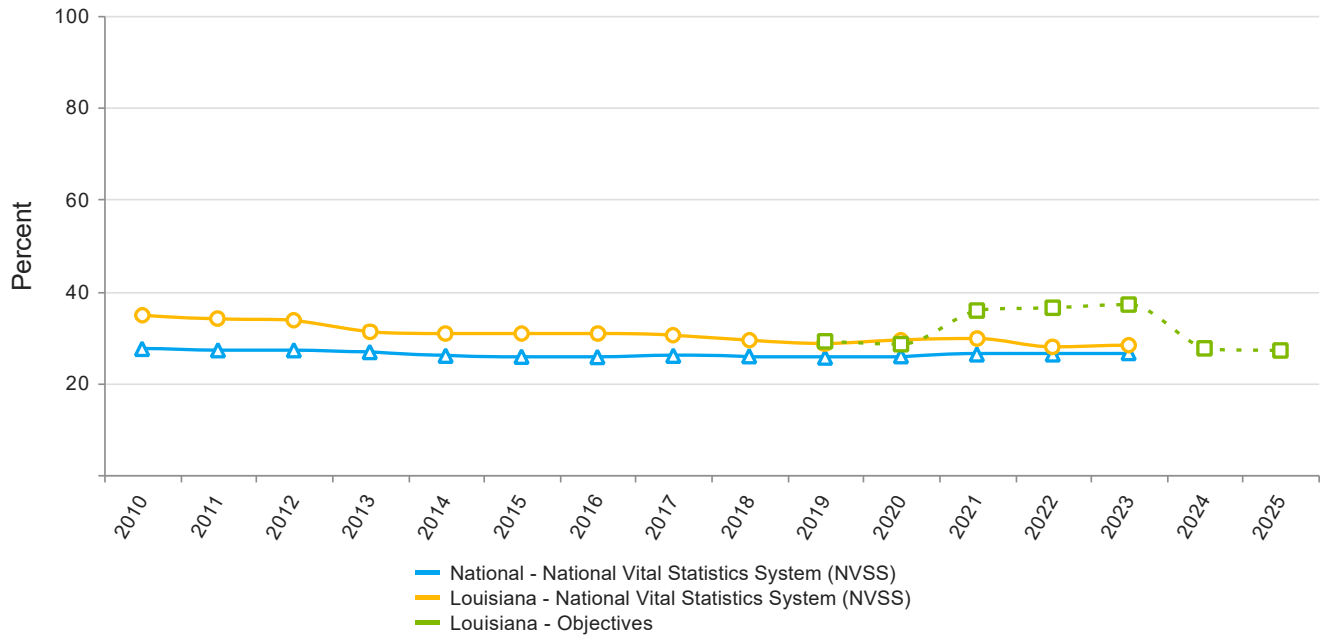
NOMs

Severe Maternal Morbidity

Maternal Mortality

2021-2025: National Performance Measures

**2021-2025: NPM - Percent of cesarean deliveries among low-risk first births - LRC
Indicators**



Federally Available Data

Data Source: National Vital Statistics System (NVSS)

	2020	2021	2022	2023	2024
Annual Objective	28.5	35.8	36.4	37.1	27.6
Annual Indicator	28.5	29.4	29.8	27.9	28.3
Numerator	5,146	5,158	5,231	4,897	4,834
Denominator	18,041	17,562	17,540	17,525	17,055
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS
Data Source Year	2019	2020	2021	2022	2023

2021-2025: Evidence-Based or –Informed Strategy Measures

2021-2025: ESM LRC.1 - Percent of birthing hospitals actively participating in Louisiana Perinatal Quality Collaborative Initiatives

Measure Status:				Active	
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		81	85	94	98
Annual Indicator	78.8	80.8	89.6	93.5	95.7
Numerator	41	42	43	43	44
Denominator	52	52	48	46	46
Data Source	Internal program records	Internal program records	Internal Program Records	Internal Program Records	Internal Program Records
Data Source Year	2020	2020	2022	2023	2024
Provisional or Final ?	Final	Final	Final	Final	Final

2021-2025: ESM LRC.2 - Percent of birthing hospitals achieving Louisiana Birth Ready Designation

Measure Status:				Active	
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective			52	72	75
Annual Indicator		30.8	68.8	68.1	69.6
Numerator		16	33	32	32
Denominator		52	48	47	46
Data Source		Internal program records	Internal Program Records	Internal Program Records	Internal Program Records
Data Source Year		2021	2022	2023	2024
Provisional or Final ?		Final	Final	Final	Final

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 incidents¹. 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 years³. 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 death⁴. The trend has increased as SUD contributed to nearly half (44%) of deaths⁵. 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 parents⁶.

Summary of women / maternal health interventions supported by Title V in FFY2024

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: Low-Risk Cesarean Delivery 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, dignified, and patient-centered maternal and infant care".

Implement the Louisiana Perinatal Quality Collaborative Safe Births Initiative, with a focus on reducing Louisiana's NTSV cesarean section rate

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, the Louisiana Perinatal Quality Collaborative's (LaPQC) Safe Birth Initiative (SBI) began work to reduce SMM from obstetric sepsis.

Maternal sepsis is the second leading cause of maternal mortality nationally, with greater than 60% of these deaths deemed as preventable. Results of the maternal sepsis baseline survey completed by Louisiana birthing hospitals participating in the LaPQC Safe Births Initiative indicated areas for improvement related to recognition and response, both areas of preventability related to delays in care. Multidisciplinary collaboration was particularly challenging for hospital improvement teams as they worked to test, develop and adopt inter- and intradepartmental protocols and policies; provider and staff training on sepsis in obstetric care; and establish discharge referral pathways, highlighting the need to break down siloed units and "one person show" approaches to hospital quality improvement efforts.

From May 2023 to July 2024, the LaPQC worked with participating birthing hospital teams to implement the Alliance for Innovation on Maternal Health's (AIM) Sepsis in Obstetric Care bundle as part of its Safe Births Initiative (SBI), with the goal of decreasing severe maternal morbidity secondary to sepsis 1% by July 2024. The LaPQC enlisted the help of national and local subject matter

experts to lead collaborative learning calls (Coaching Calls) focused on the following topics: AIM's Sepsis in Obstetric Care bundle, screening and identification, treatment and practical application through case base studies. Collaborative learning calls also included hospital team presentations on innovative staff training techniques around maternal sepsis, including the Montana PQC who shared a tabletop exercise that included a real maternal sepsis case that helped to center the experience of patients, as well as providers. During this initiative, hospital teams worked to "test," adapt and adopt policies and protocols around maternal sepsis. This required teams to expand their improvement task force to multidisciplinary providers and staff in testing and implementing processes around screening, diagnosis and management of maternal sepsis. Identification of post-obstetric sepsis resources and referral pathways were areas of opportunity, as hospitals evaluated how to best support obstetric patients' post sepsis care. Quality improvement efforts spread to birthing hospital emergency departments (ED), creating policies and education programs on recognition and response to obstetric emergencies, including maternal sepsis. The LaPQC will continue to reinforce this important spread to the ED through the LaPQC's Obstetric Readiness in Emergency Departments (ORED) initiative in 2025.

The Sepsis in Obstetric Care initiative was successful in "stretching" perinatal QI teams to work hospital-wide with anesthesia, infection control, and other providers in their hospital. In 2024, 71.4% of hospitals reporting (n=42) were in the process of finalizing or had implemented inter- and intradepartmental protocols and policies for the care of patients experiencing obstetric sepsis or suspected sepsis.

One of the most difficult aspects of sepsis care was identifying local and national resources for patients to support post-discharge care, while also reinforcing discharge planning around obstetric care and lactation support to patients who are often cared for on units outside of Labor and Delivery and Postpartum. In 2024, 83.3% of hospitals (n=42) implemented a comprehensive list of resources and referral pathways tailored to women who experience obstetric sepsis, which is an improvement from 42% of hospitals in 2023. Through the initiative, hospitals were supported in this process, and hospital-to-hospital collaboration was encouraged in regions across the state. At the time of reporting, the LaPQC is continuing to support partnering hospitals in collection of data necessary to assess the initiative's impact on reduction of severe maternal morbidity secondary to sepsis.

To support implementation and "sustain the gains," sepsis in obstetric care will remain a part of the 2025-2026 LaPQC Birth Ready Designation requirements. In addition, hospital teams will continue to receive support in implementing best practices related to sepsis in obstetric care through 1:1 QI coaching calls, monitoring data, and utilizing the tools and training developed as part of the initiative. As previously stated, sepsis in obstetric care best practices will also be integrated into the LaPQC's Obstetric Readiness in Emergency Department initiative, set to begin in 2025.

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

The LaPQC maintains an Advisory Committee composed 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. In July 2024, the LaPQC hosted its first Town Hall meeting. About 25 advisory committee members and partners attended. Another Town Hall Meeting will be offered in FFY2025.

Based on the Institute for Healthcare Improvement's (IHI) Collaborative Model for Achieving Breakthrough Improvement, the LaPQC has also created a "Faculty" of cross-disciplinary experts to support continuous quality improvement efforts. The participation of community partners and patient partners in the LaPQC faculty has been particularly noteworthy.

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 using improvement science to implement best practices. In FFY2024,

- 3 Quality Improvement Coaches and 1 Improvement Advisor provided tailored technical assistance to 43 participating hospitals
- 44 coaching calls were organized to facilitate collaborative learning, share best practices and support participating teams in using quality improvement methods. An average of 40 hospital teams and 90 individuals attended each Gift/SBI Coaching Call.
- 12 virtual educational sessions were provided on topics such as obstetric sepsis and birthing unit - emergency department collaboration. An average of 40 hospital teams and 90 individuals attend each virtual education session.

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.

LaPQC Improvement Advisor and Improvement Coaches regularly review hospital team data in the data management platform. Currently, 43/46 birthing hospitals are reporting disaggregated data according to the Gift and SBI Measurement Strategies. Teams are provided with a tool on the website to expand their data visualization from Life QI to a document, which they can use to

present to their hospitals. This tool has embedded calculations and will create run charts for teams to use. If they need support, they are encouraged to reach out to the LaPQC Improvement Advisor or Improvement Coaches. The LaPQC also developed and worked with a birthing hospital to test an updated data workbook. The data workbook supports participating teams by making data collection and reporting easier.

In July 2024, the LaPQC began the process of developing the designation criteria for the next designation cycle, 2025 - 2026. Due to the nature of the work that the hospitals will be implementing, the designation cycle will move from a one-year designation to a two-year designation, which will include an Annual Maintenance Survey to support teams in monitoring progress towards achieving the initiative aim and Louisiana Birth Ready Designation benchmarks. The LaPQC team has also worked on internal processes to streamline and further standardize designation review processes.

In 2023, 13 birthing hospitals achieved Birth Ready designation and 19 birthing hospitals achieved Birth Ready + designation. In total, 32 designations were awarded.

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

Support implementation of new regulations for Louisiana's birthing facilities

According to the updated Louisiana Administrative Code for hospital licensure, the Louisiana Commission on Perinatal Care and Prevention of Infant Mortality, also known as the "Perinatal Commission" is required to determine reporting requirements for defining participation in the state perinatal quality collaborative. In November 2022, the Perinatal Commission voted and defined participation in the LaPQC for birthing hospitals. Additionally, in May 2024, the "Perinatal Commission" voted and determined the process for operationalizing the participation definition.

In June 2024, the LaPQC disseminated a letter to each birthing hospital informing them of the participation requirements. In addition to a notification letter, the LaPQC hosted a LaPQC Participation Requirements Office Hours for birthing hospitals to review requirements and address questions. The LaPQC also developed and disseminated a LaPQC Participation One Pager, with an FAQ section, to all licensed birthing hospitals.

During FFY2024, formal voting and adoption of the participation definitions for licensed freestanding birth centers also occurred. As part of the LaPQC's Community Birth Initiative, Freestanding Birth Centers (FSBCs) were recruited to participate in the initiative. FSBCs were notified of the participation requirements during the recruitment process. While participation is required for FSBCs, the LaPQC has worked to position itself as a partner and resource for the FSBCs.

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

To ensure readiness and response to obstetric and neonatal emergencies across birth and other care settings across the state, the LaPQC has initiated new efforts in emergency departments and free-standing birth centers.

During FFY24, the LaPQC supported birthing hospital teams in improving coordination between obstetric units and their emergency departments. In July 2024, Emergency Departments (ED) were invited to attend a series of calls from August to November focusing on ED - OB unit collaboration, identification of pregnant, postpartum and lactating patients and implementing obstetric readiness best practices related to hemorrhage and hypertension in ED Departments.

LaPQC leadership has met with key Emergency Department/Provider entities such as the Louisiana Emergency Response Network, EMS agencies, Louisiana Emergency Nurses Association and the Bureau of EMS to identify partnership opportunities for educating ED Department Staff and Emergency Medical Service Organizations. The LaPQC continued to meet with its ED Initiative Faculty to plan more robust ED integration and spread, as part of the Obstetric Readiness in Emergency Departments (ORED) initiative to kick-off in January. The initial focus for this initiative will be around screening for pregnancy, postpartum and lactation and response to severe hypertension.

The LaPQC continued to collaborate with the Bureau's Emergency Services for Children (EMS-C) program despite delays in launching their designation. As such, the LaPQC has identified key contacts for each ED facility within the state.

The LaPQC began recruiting Free-Standing Birth Centers (FSBCs) for its Community Birth Initiative (CBI) in May 2024. Six out of 6 licensed FSBCs completed a participation pledge and participated in a CBI kick-off call in July. The goals of the CBI are:

- Partner with community birth providers to improve safety across birth settings through implementation of evidence-based best practices to improve readiness for maternal and newborn emergencies
- Improve hospital and community birth collaboration to ensure safe transfer from community birth settings to improve maternal and newborn outcomes

- Improve collaborative care through multidisciplinary drill training and education.

The LaPQC will focus on Hemorrhage as its first body of “change work” with the FSBCs. FSBCs are already well versed in breastfeeding support. In FFY2025, the LaPQC will integrate some specific breastfeeding-related programming. FFY2025 will also include laying the groundwork for transfer improvement work across the state with the establishment of a Perinatal Transfer Workgroup to establish and review transfer protocols for community births. The LaPQC will also conduct its first Community Birth Symposium to provide education and collaborative learning to community birth providers, including doulas.

The Postpartum Transition Initiative, under the Safe Births Initiative, will launch in January 2025 and will feature elements of the Postpartum Discharge Transition and Care for Pregnant and Postpartum Women with Substance Use Disorder AIM Patient Safety Bundles. During FFY2024, the LaPQC worked with faculty, hospital teams and subject matter experts to plan the initiative and build its driver diagram, change package and measures.

In FFY2024, 44/46 birthing hospitals were actively participating in LaPQC initiatives. Approximately 98% of births in Louisiana occur in a participating birthing hospital.

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

The Doula Registry Board is composed of 15 members from the doula community as well as representatives of several community-based organizations. In FFY2024, the Doula Registry Board met bi-monthly with members and with LDH legal to finalize the registry components, including the doula application, and determined how the public will access the registry. The Doula Registry Board faced a registry launch timeline setback when Hurricane Francine made landfall in Louisiana as a Category 2 hurricane on September 11, 2024. A board meeting scheduled for the same day to solidify contract details with Tyler Technologies, the company creating the data platform for the Doula Registry, had to be postponed until October 16, 2024.

Support the implementation of perinatal depression screening in pediatric settings

The LaPQC’s Caregiver Perinatal Depression Screening (CPDS) Learning Collaborative is a quality improvement initiative focused on improving the implementation of perinatal depression screening, using a validated tool, and referral to resources in pediatric clinics at the 1, 2, 4, and 6-month well-child visits, in accordance with recommendations from the American Academy of Pediatrics. Learning Collaborative clinic teams participate in quality improvement activities including monthly calls and data submission, quarterly improvement planning meetings, as well as test change ideas throughout the course of the 9-month collaborative. The LaPQC provides participating clinics with access to high-quality improvement coaching, subject matter experts and tools to accelerate the implementation of perinatal depression screening, as well as resource and referral mapping in their practices. The learning collaborative is informed by the learnings from the LaPQC’s CPDS Pilot, which concluded in July 2023. 256 patients benefitted from providers involved in the CPDS learning collaborative.

In September 2024, the LaPQC concluded its second iteration of the Caregiver Perinatal Depression Screening in Pediatric Clinics (CPDS) Learning Collaborative. While 5 pediatric clinics initially signed up to participate, only 3 clinics actively participated for the duration of the initiative. The Plan-Do-Study-Act “PDSA” of co-implementing the initiative with the Bureau of Family Health’s Pediatric Programs (Development Screening, Care Coordination, and Medical Home) and the HRSA-funded Provider-to-Provider Consultation Line (PPCL), proved to be successful and will continue for the next iteration (CPDS 3.0) in July 2025, with recruitment to beginning in January 2025.

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

The Provider-to-Provider Consultation Line (PPCL) provides technical assistance and training to frontline maternal health care providers, including perinatal providers and pediatricians. PPCL assists health care providers in building their capacity to effectively recognize and respond to the mental and behavioral health needs of their maternal and pediatric patients through two core program components - Education and Consultation. PPCL serves as a platform for enhancing provider knowledge and competence through targeted educational initiatives. These initiatives include structured training programs, workshops, resource dissemination, and health improvement initiatives aimed at equipping perinatal health care providers with the skills and knowledge needed to identify and address mental health and substance use challenges in their patients. The goal is to empower providers with evidence-based practices to improve patient outcomes. FFY2024 educational offerings included a Perinatal Mental Health TeleECHO series, webinars, and supporting LaPQC in its Caregiver Perinatal Depression Screening in Pediatric Practices (CPDS) health improvement initiative. Overall, PPCL provided 17 perinatal focused trainings over the course of the year to 740 participants.

PPCL began its first Perinatal Mental Health TeleECHO series in February 2024. Below is a list of topics and numbers and types of

participants for the five sessions that occurred in FY2024.

Session Date	Session Didactic Title	Total # of attendees	MDs	RNs	Behavioral Health	Psychologists	Other
2/27/2024	Intro to ECHO	34	5	12	13	1	3
3/26/2024	Intro to Perinatal Mental Health	44	4	17	15	1	7
4/23/2024	Perinatal Anxiety: Presentation, Risk Factors and Tools to Treat	53	5	17	19	1	11
5/28/2024	Birth Trauma and PTSD	54	7	23	15	1	8
6/25/2024	Benefits of Infant Massage on the Dyad	37	5	14	12	0	6

PPCL also offers direct access to expert consultations, enabling perinatal providers to receive tailored guidance from licensed mental professionals and psychiatrists on complex cases. This service supports providers in delivering informed, patient-centered care by facilitating real-time collaboration with specialists in perinatal mental health and substance use disorders. In addition to clinical guidance, PPCL is also able to give providers up-to-date and viable resource and referral information for their patients, thus providing some relief to the time burden encountered by clinic staff when searching for resources for the patients. The consultation line is staffed Monday through Friday, 8am to 4:30pm, and providers can also submit online consult requests at a time that is convenient to them via the PPCL website.

In FY2024, PPCL completed the full integration of the perinatal and pediatric consultation lines, with both programs fully sharing a call line, management, infrastructure, staff, and data system. At the end of FY2024, PPCL had 197 registered providers who identified themselves as working with the perinatal population or with both the perinatal and pediatric populations.

The PPCL program recognizes the current disparities in access to quality behavioral health services for persons living in rural areas of the state. PPCL staff provided in-person outreach to every clinic in the state that is identified as a Rural Health Clinic to facilitate their enrollment as registered providers.

Since March 2024, PPCL has been sending a satisfaction survey to every provider who completes a consultation. 100% of the surveys (N=35) indicate providers are very or extremely satisfied with the services, consultation was very or extremely helpful in addressing the needs of the patient, and the provider would use PPCL services again.

Feedback received from PPCL's registered providers:

"I requested behavioral health resources for young mothers. PPCL delivered me resources that mothers can use immediately for stress management and parenting young children. "

"I really appreciate how quickly I was able to access a mental health specialist to ask questions."

"I cannot begin to say thank you enough. This team is amazing. They helped me so much!! I feel like my patient received excellent care and was able to be referred fast which should help her outcome. "

An internal review of the program found that the program is seeing gradual increases in utilization and providers are reporting satisfaction with the consultation services and Project ECHO. However, the consultation services are underutilized. Strategies for increased outreach to perinatal providers have been identified and are being implemented.

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 quality reproductive health services is 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 (BFH) is recognized for ensuring systems alignment with Quality Family Planning (QFP) Guidelines; improving provision of comprehensive reproductive health services to high-need populations; geographic analysis of need and provider access; and expertise in adequate coverage policies. During FFY2024, Louisiana Title V continued to provide supplemental funding and infrastructure resources to support BFH Reproductive Health program (RHP) efforts to increase access to high quality reproductive health services.

BFH provided reproductive health services through 57 OPH parish health units (PHU). These safety-net services include adult and

adolescent nurse and provider visits with advanced practice registered nurse (APRN) and registered nurse (RN) providers. Each Title X location offers a broad range of U.S. Food and Drug Administration (FDA) -approved contraceptive methods, including natural family planning methods, and provides client-centered contraceptive services on-site, via telehealth, or by referral. Most clients receive convenient same-day access to their method of choice, if not medically contraindicated. Clients receive same-day rapid results for STI testing, HIV testing and Syphilis testing.

In addition to increasing access to and use of reproductive health services in the established OPH PHU Title X network, Title V funding to the BFH RHP supported efforts to integrate high quality reproductive health services in primary care settings. Primary care providers in Federally Qualified Health Centers (FQHCs) were the focus of these efforts. These providers serve as critical access points in many communities and provide care to many low-income and/or uninsured individuals. Louisiana's Title X sub recipient network currently includes an adolescent and young adult-focused health center, and two sub-recipient FQHCs for a total of six sites.

Efforts to address access to quality reproductive health services are underway throughout the state. Initiatives include language line training, cultural competency training, extended hours offered such as early opening times, and outreach events. Nursing staff in one Parish Health Unit drafted several new training infographics to improve access to reproductive health information for persons with limited English literacy proficiency. At the statewide level, the Reproductive Health team and the Bureau of Regional and Clinical Operations (BRCO) have increased efforts to establish an Information & Education Advisory Committee to review and improve reproductive health brochures and pamphlets to ensure information is accessible for everyone in the state. Additionally, the RH team continues to focus on receiving feedback from the community via satisfaction surveys, which are submitted with every visit with our clinical providers.

Table 1. Contraceptive Methods Used by Females at Parish Health Units from October 1, 2023 through September 30, 2024

Contraceptive Method	Number of Females	Percent of Females
Female sterilization	1558	6.8%
IUD or IUS	1164	5.1%
Hormonal implant	1919	8.4%
1-Month hormonal injection	29	0.1%
3-Month hormonal injection	5323	23.2%
Oral contraceptive (OCP)	3140	13.7%
Contraceptive patch	344	1.5%
Vaginal ring	192	0.8%
Cervical cap or diaphragm	2	0.0%
Contraceptive sponge	0	0.0%
Female condom	77	0.3%
Spermicide (used alone)	21	0.1%
FAM or LAM	67	0.3%
Abstinence	557	2.4%
Withdrawal or other method	717	3.1%

Rely on Male Method		
Vasectomy	45	0.2%
Male condom	3491	15.2%
No Method		
Pregnant/seeking pregnancy	2124	9.3%
Other reason	991	4.3%
Unknown/Not Reported	1198	5.2%
Total	22959	

Table 2. Contraceptive Methods Used by Males at Parish Health Units from October 1, 2023 through September 30, 2024

Contraceptive Method	Number of Males	Percentage of Males
Vasectomy	91	1.2%
Male condom	3963	53.6%
FAM	2	0.0%
Abstinence	244	3.3%
Withdrawal or other method	553	7.5%
Rely on Female Method	1410	19.1%
No Method		
Partner pregnant/seeking pregnancy	281	3.8%
Other reason	588	7.9%
Unknown/Not Reported	268	3.6%
Total	7400	

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)

Louisiana Pregnancy-Associated Mortality Review (PAMR) works to quantify and understand pregnancy-associated deaths in order to create actionable, comprehensive recommendations to prevent future deaths. In FFY2024, the review committee of 55 members completed the review of PAMR cases in the 2021 death cohort (73 cases total, 21 of which were reviewed in October and November 2023). The committee also reviewed 53 of the 67 cases in the 2022 death cohort. The BFH PAMR team identified an area of opportunity to improve the rate of timely committee review, as established by the CDC, and changed the structure of PAMR Committee Meetings in an effort to complete reviews within two years of death. The previous structure organized meetings around individual causes of death—such as all medical causes, all accidental overdoses, etc.—which often resulted in cases being reviewed more than two years after death. The new structure enabled a chronological review of cases, while still grouping them by cause of death within each meeting. Of the 53 cases that were reviewed from January-September 2024, 46 (87%) cases were reviewed within two years of death. The percentage of cases reviewed within two months of death increased from 68% in the previous fiscal year.

In order to ensure that PAMR cases continue to be reviewed through a holistic lens, looking at both clinical and social factors as opportunities for prevention, the BFH PAMR team continues to ensure that the review committee is both multidisciplinary in regional/parish representation and subject matter expertise. In October of 2023, the BFH PAMR team began recruitment of new PAMR committee members for the 2024 review year through an application in REDCap. Twenty-eight new members with areas of expertise including cardio-obstetrics, obstetrical anesthesia, emergency medicine, nurse home visiting, doula services, managed

care, and mental health services were onboarded to the committee. The PAMR Committee now has representation from all nine administrative regions.

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 (LA-DAFR) was established in 2021 via LA R.S.

40:2024.1-2024.6. LA-DAFR works to identify and characterize the scope and nature of domestic abuse fatalities in order to take action to prevent future fatalities due to domestic violence in our state through a comprehensive and multidisciplinary review of domestic abuse fatality cases at the state and local levels. This includes all maternal deaths due to domestic abuse, which are reviewed along with BFH's PAMR. The DAFR Panel meets quarterly. The Panel is made up of 20 professionals from both state and nonprofit organizations. The Panel also has seven authorized agents who serve as subject matter experts in various backgrounds relevant to services for victims and perpetrators of domestic abuse to assist the Panel in case review and recommendation development.

During the project period (Oct. 2023-Sept. 2024), DAFR held four case review meetings and reviewed 29 cases due to domestic abuse. This included 12 pregnancy-associated homicides, 10 single victim homicide-suicides, 1 multiple victim homicide-suicide, five single victim homicides and one multiple victim homicide. Cases reviewed were from eight of the nine LDH Administrative Regions and 16 of the state's 64 parishes. The Panel also included informant interviews with the victims' friends and family for the pregnancy-associated cases reviewed in August 2024. The 2023 DAFR Annual Report was published in February 2024. The report includes state and case review data and recommendations for domestic abuse fatalities that took place in Louisiana in 2020 and 2021. The LA-DAFR Annual Report was shared with the governor, and 144 state legislators, which includes the speaker of the House of Representatives and the president of the Senate. It was also added to the David R. Poynter Research Library for both members and staff of the state legislature. The annual report was also shared with the LA-DAFR's 27 Panel members and Agents and their organizations and posted to the LDH website.

The Bi-Directional Referral System is an evidence-based intervention pilot program created to provide timely access to domestic violence and health care services for those suffering from domestic abuse. The Bureau of Family Health (BFH) has contracted with partners, the Louisiana Coalition Against Domestic Violence (LCADV) and the Tulane Violence Prevention Institute (VPI) to implement this intervention. LCADV hired a Health Partnerships Coordinator to create formal partnerships with domestic violence and health care service providers and to assist the partners in developing BDRS protocol and procedures and train them on the basics and complexities of domestic violence and proper domestic violence screening techniques. The Tulane VPI oversees the evaluation of the BDRS. The Bi-Directional Referral Intervention and Training Evaluation (BRITE) team developed an evaluation plan as well as assessment, baseline, and follow-up surveys for pilot programs and collects data monthly to measure pilot progress and the effectiveness of the pilots. BFH funds the intervention through the SLTT grant and reports outcomes to the grantor on a quarterly basis.

Ensure a 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 FFY2024, the LA-PRAMS overall response rate averaged 66%, exceeding the CDC minimum required response rate of 50%. This is a marked improvement over the 2022 response rate of 49.2%.

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 Health Assessment and the 2024-2028 State Health Improvement Plan (SHIP). Specifically, Louisiana PRAMS 2020 Data informed Goal 3: Improving Maternal Health, Objective A: Decrease the Percentage of Women with a Recent Live Birth Who Reported Experiencing Depressive Symptoms. Fifteen percent of Louisiana PRAMS respondents reported experiences of postpartum depression. The SHIP targets a reduction to 12.1% by 2028. Future rates of postpartum depression improvement will be evaluated using PRAMS data.

Louisiana PRAMS presented three posters at the national PRAMS grantee meeting in September 2024 in Seattle, Washington.

- *Intensified Phone Operations Improve Louisiana PRAMS 2023 Overall Response Rate*
- *PRAMS Data Give Voice to Mothers in Louisiana State Legislative Report Addressing Maternal Mortality and Morbidity*
- *Use of PRAMS data in Louisiana Publications to center Voices of Mothers and Move Data to Action*

PRAMS data informed Louisiana's participation in the DREAM 2.0 Learning Community from November 2023 through September 2024 sponsored by ASTHO and funded by the CDC Division of Reproductive Health. This learning community focused improving Title V 2025 Needs Assessment and annual data-to-action cycles. As part of their participation in DREAM 2.0, the LA Title V program engaged in a Data Capacity Assessment. This assessment identified areas to use data more effectively. Having completed the DREAM 2.0 data assessment and analysis, the Louisiana PRAMS team is more aware of barriers limiting or preventing access to quality postpartum visits in the state. Therefore, is poised to assist Louisiana Title V team, the Louisiana Perinatal Commission, including Perinatal Quality Collaborative and Provider to Provider-Mental Health Consultation Line, Doula Registry, and regional maternal and child health community action and advisory teams in identifying evidence-based strategies.

Overview and context of the population domain

Louisiana continues to have one of the highest rates of maternal mortality in the country. Based on a review of all maternal deaths, the Louisiana Pregnancy-Associated Mortality Review (PAMR) committee determined that 87% of pregnancy-related deaths and 88% of pregnancy-associated deaths were potentially preventable. Non-Hispanic Black women represent a disproportionate number of pregnancy-associated deaths. In 2021, while Black women represented 36% of the births in Louisiana, they represented 58% of deaths.³

A pregnancy-related death is defined as a death during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by the pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy. In 2021, COVID-19, cardiovascular conditions, and cardiomyopathy were the top causes of pregnancy-related mortality in Louisiana. A pregnancy-associated death is defined as a death during or within one year of pregnancy, from a cause that is not related to the pregnancy. In 2021, substance use disorder, motor vehicle collision, and homicide were the leading causes of pregnancy-associated mortality in Louisiana. In 2025, the Louisiana Department of Health launched a concerted effort to reduce pregnancy-associated opioid overdose deaths by 80% within three years.⁴

Another key measure of maternal health is maternal morbidity. Hospital discharge data shows that the rate of severe maternal morbidity remains high in the state. The rate has risen from 71.7 cases per 10,000 delivery hospitalizations in 2018 to a rate of 81.1 cases per 10,000 delivery hospitalizations in 2022.⁵ Hemorrhage complications and renal complications are the leading causes of severe maternal morbidity.

The 2026 - 2030 Title V Program will maintain investment in the state's maternal health surveillance systems including the Pregnancy Risk Assessment Monitoring System (PRAMS), Pregnancy Associated Mortality Review (PAMR), and Domestic Abuse Fatality Review (DAFR). Title V will also continue to support the infrastructure for technical assistance and capacity building to ensure the provision of high quality family planning and reproductive health services in the clinical systems affiliated with the state's Title X program. The program will also support the Louisiana Perinatal Quality Collaborative's (LaPQC) implementation of evidence-based, quality improvement initiatives aiming to improve birth outcomes throughout the state. Access to behavioral health services will be improved through the development and implementation of a provider-to-provider Mental Health Consultation system that encompasses universally available consultation and education, as well as more intensive technical assistance to the home visiting workforce. Coordination and statewide leadership for perinatal policy and initiatives will be strengthened through provision of funding and/or technical support to the Louisiana Perinatal Commission, the Doula Registry Board, and the new Maternal Health Task Force.

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

Priority Need: Reliable data is available to inform policy makers, providers, and MCH populations engaged in the design, monitoring, and evaluation of MCH policies and services.

Objective 1.1

In FFY2030, at least 80% of maternal and infant health constituents report that they are "highly" or "very highly" satisfied with the quality of data products available to inform strategic decision-making.

Strategy 1.1.1: Improve key constituents' (policymakers, providers, MCH populations) understanding of the drivers and underlying factors contributing to Louisiana's maternal health outcomes by directly carrying out epidemiological surveillance/investigations, disseminating health education messages, and presenting recommendations to improve maternal health policies and services. Access to timely and reliable data is critical to ensuring that key constituents develop data-informed policies and services. As Louisiana's Title V MCH agency, the Bureau of Family Health plays an important role in surveillance of key maternal and infant health data indicators. Public health surveillance includes monitoring changes in data trends over time as well as monitoring disparities across sub-population groups. Louisiana's Title V Program routinely conducts surveillance of state vital records to monitor trends in overall maternal mortality. In addition, hospital discharge data and emergency department data are utilized for surveillance of data related to severe maternal mortality and other indicators related to maternal health and wellbeing.

When concerning trends or disparities are identified via routine surveillance, specific studies or programs are launched to support

additional investigation. These epidemiological investigations may result from legislative mandates, requests from the Commission on Perinatal Care and Prevention of Infant Mortality (Perinatal Commission), or from other Title V supported maternal health programs. Ongoing maternal health epidemiological investigation programs including the Pregnancy Risk Assessment Monitoring System (PRAMS) Program and maternal mortality review panels including the Pregnancy Associated Mortality Review (PAMR) and the Domestic Abuse Fatality Review (DAFR). PRAMS, PAMR and DAFR each have legislative mandates. The relevant legislation for each requires submission of periodic reports to the Louisiana legislature. Currently, legislative reports are distributed to legislators identified in the relevant legislation. They are also posted on the Bureau of Family Health's websites and shared with data partners such as steering committee members, case review panel members, and programmatic partners. In FFY2026, the Bureau of Family Health will continue to assess current data reports and products to determine if they are accessible and useful for data seekers and researching if there are more accessible options for publishing and disseminating data related to maternal health.

In FFY2024, the Bureau published state, regional, and parish-level maternal and child health data indicators in a Tableau dashboard on the Department's website. In FFY2026, the Bureau will continue to refine the dashboard and assess if any additional indicators are appropriate for the dashboard.

Pregnancy Risk Assessment Monitoring System (PRAMS)

The CDC-funded Pregnancy Risk Assessment Monitoring System (PRAMS) is a population-based surveillance system that collects state- and site-specific data on the experiences and health of women before, during, and shortly after pregnancy. Launched in 1987 (Louisiana in the late 1990s), Pregnancy Risk Assessment Monitoring System helps identify groups at higher risk for health problems, track trends over time, and measure progress toward improving maternal and infant health outcomes. Pregnancy Risk Assessment Monitoring System covers about 81% of all U.S. births.

Pregnancy Risk Assessment Monitoring System supports public health action by:

- Monitoring changes in maternal and infant health indicators,
- Identifying women and infants at higher risk for health concerns, and
- Measuring progress toward improving outcomes for mothers and babies.

The Louisiana Pregnancy Risk Assessment Monitoring System remains the only data source that captures detailed information on maternal behaviors and experiences—such as prenatal and postpartum care, mental and physical health, breastfeeding, housing, income, and education. Pregnancy Risk Assessment Monitoring System provides unique, state-level data that Title V programs rely on to track key maternal and infant health indicators, including:

- Postpartum Depression/Anxiety – Women experiencing symptoms after birth
- Postpartum Visit – Women who attended a checkup after delivery
- Mental Health Screening – Women screened for depression or anxiety
- Infant Safe Sleep – Babies placed to sleep safely
- Housing Instability – Mothers who experienced unstable housing
- Preventive Dental Visit – Women who received dental care during pregnancy
- Breastfeeding – Trends in practices, experiences, challenges, and support needs

These insights are not duplicated elsewhere in such detail, making Pregnancy Risk Assessment Monitoring System a unique data source. Survey data are published annually and a surveillance report is periodically produced.

Expanding awareness of and access to these data reports is essential to ensure that all partners can collaborate effectively and use shared insights to drive improvements in maternal health across the state. In FFY2026, a specific area of focus will be to develop and publish an interactive data dashboard that will replace the annual Pregnancy Risk Assessment Monitoring System data report. The Bureau's epidemiologists will also explore how, if, and when to implement Small Area Estimates using Pregnancy Risk Assessment Monitoring System data. Pregnancy Risk Assessment Monitoring System also contains qualitative data in the form of quotes from moms. Relevant qualitative data are being provided to data requesters to add richness to the quantitative data they request. This will continue in FFY2026.

Pregnancy-Associated Mortality Review (PAMR)

Louisiana Pregnancy-Associated Mortality Review's mission is to protect and promote the health of women and families in Louisiana through surveillance, multidisciplinary case review, timely reports, and provision of actionable recommendations. Pregnancy-Associated Mortality Review 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. In FFY2026, Pregnancy-Associated Mortality Review will continue to produce reports and supplemental data products that include findings of the Pregnancy-Associated Mortality Review committee's review of deaths, as

well as recommendations targeted toward specific constituent groups (i.e. healthcare providers, healthcare and birthing facilities, healthcare systems, policy makers, insurance payers, government and public health agencies, community organizations, and patients and families).

In addition to published data products, dissemination of Pregnancy-Associated Mortality Review data and recommendations will be accomplished through presentations at meetings and conferences that include representation from a variety of constituent groups. Data and recommendations will also be presented to regional Community Action and Advisory Teams. The Pregnancy-Associated Mortality Review team is planning a statewide, virtual maternal mortality summit in the Spring of 2026 to share findings and convene constituent groups around prevention recommendations in the Pregnancy-Associated Mortality Review report and drive change.

Domestic Abuse Fatality Review (DAFR)

The Domestic Abuse Fatality Review Panel is a multidisciplinary team who meet quarterly to review deaths due to domestic abuse. We prioritize pregnancy-associated deaths due to domestic abuse because data has proven that homicide is one of the leading causes of death for pregnant women and intimate partner violence during pregnancy has been shown to contribute to maternal mortality from pregnancy-associated deaths. Through the review of de-identified case information, the team determines gaps in systems (healthcare providers, criminal and civil justice, laws and legislation) and training needs to reduce and prevent deaths due to domestic abuse in Louisiana. The Domestic Abuse Fatality Review Panel uses information gathered during case review to prepare an annual report containing data and recommendations to aid and protect victims of domestic violence. The report is submitted to the governor and legislature and shared with key constituents (healthcare providers, criminal and civil justice systems, domestic violence service providers, and community organizations) to enlist their help in implementing the strategies developed by the Panel.

In FFY2026, the Domestic Abuse Fatality Review will publish an annual report of its findings. The Domestic Abuse Fatality Review will work with other Bureau of Family Health programs such as the Maternal, Infant, and Early Childhood Home Visiting, the Pregnancy Associated Mortality Review, and Child Death Review teams as well as other outside organizations such as the Louisiana Emergency Response Network, the Domestic Violence Prevention Commission, the Acadiana Family Tree, and others to begin implementation of select recommendations. The goal to implement four recommendations from the 2023 annual report over the next two years. The Domestic Abuse Fatality Review has partnered with the La Coalition Against Domestic Violence and the Tulane Violence Prevention Institute to pilot a Bi-Directional Referral System between domestic violence and healthcare service providers to ensure victims of domestic violence are being screened properly and receiving the services and resources they need. The Domestic Abuse Fatality Review will also share and track the dissemination of information and findings.

SPM ESM 1.1 - In FFY2026, at least 5 maternal health data products will be produced or updated and disseminated to key constituents to facilitate data-informed decision-making.

Priority Need: Communities and families have timely access to reliable and accessible information.

Objective 1.2

In FFY2030, at least 80% of maternal health constituents will report that they “frequently” or “very frequently” share maternal health education messages with their families and other community members.

Strategy 1.2.1: Improve community leaders' understanding of effective strategies for responding to key risk and protective factors affecting maternal and infant health by convening community action and advisory teams.

Community Action and Advisory Teams provide an important mechanism to address this need. These teams serve as trusted liaisons between the Maternal and Child Health program and the populations it serves, fostering bidirectional communication, trust, and ensuring that initiatives are culturally competent, contextually appropriate, and community-informed. The Community Action and Advisory Teams are organized into nine regional teams across the state, each with distinct local representation and priorities. Each regional Community Action and Advisory Team is composed of community members and organizations dedicated to promoting the health and safety of Louisiana’s families. They work together to identify and address family health issues, prioritize needs, and implement solutions. This regional structure ensures that each Community Action and Advisory Team is tailored to the specific needs and dynamics of its community, fostering effective collaboration and impactful outcomes.

In FFY2026, each of the 9 regional Community Action and Advisory Teams will convene quarterly and engage with approximately 360 partners across the state, including healthcare providers, mental health professionals, community organizations, law

enforcement, coroners, and death scene investigators.

In FFY2026, Title V supported MCH Coordinators plan to incorporate pregnancy-associated mortality review data presentations at regional Community Action and Advisory Team meetings and to review recommendations from the Pregnancy Associated Mortality Review report to broaden the focus of Community Action and Advisory Team efforts improve maternal health outcomes. The Pregnancy Associated Mortality Review report recommendations for hospitals and health systems are implemented through the Louisiana Perinatal Quality Collaborative, and there are a range of recommendations that may be implemented by local partners and communities.

SPM ESM 2.1 - In FFY2026, at least 300 community leaders will receive information and resources supporting the design of local maternal health education efforts.

Priority Need: Community / family leaders and CBOs meaningfully participate in the design, monitoring, and evaluation of MCH policies and services.

Objective 1.3

In FFY2030, at least 80% of family, community and/or community based organization leaders report that they are “highly” or “very highly” satisfied with the training and/or coaching received to support their meaningful participation in the design, monitoring and evaluation of maternal and infant health policies and services.

Strategy 1.3.1: Training and coaching for family, community, and community based organization leaders participating in Title V supported maternal and infant health programs and activities.

The mission of the Bureau of Family Health (BFH), Louisiana’s Title V agency, is “*to elevate the strengths and voices of individuals, families, and communities to catalyze transformational change to improve population health.*” Aligned with this mission, the Bureau is committed to continuously improving two-way exchange of information and *meaningful participation*¹ of communities and families in the design, monitoring, and evaluation of Title V supported programs. This commitment to shifting power to communities and families is integrated into (1) the strategies and tactics used in the delivery of direct and enabling services to individuals and families, (2) the design, monitoring, and evaluation of systems strengthening programs and services, (3) the formulation and promotion of policy and legislation affecting the state’s MCH populations, and (4) the processes guiding the overall strategy of the Bureau.

In recent years, the Title V Program has supported increased participation of community and/or family leaders in decision-making mechanisms including program steering/advisory meetings or state-mandated Boards, Councils, and Commissions. However, efforts to prepare community/family leaders to effectively, or “meaningfully”, participate in these mechanisms have been varied and largely dependent on the leadership of the individual program/project manager. The 2026 - 2030 state action plan will increase focus on truly shifting power to community/family leaders and the community based organizations closest to the state’s MCH populations by supporting the development and piloting of standardized processes for recruitment, onboarding, and continuous mentoring and leadership development. In FFY2026, the Title V Program will prioritize completing an assessment of training and capacity building needs and interests and identification of an institutional partner to support the design and delivery of capacity building activities for community/family leaders. Recognizing that there are numerous experienced leaders currently participating meaningfully in Title V supported program activities, a peer to peer learning strategy is anticipated to be a core component of the approach to the community/family leader empowerment strategy.

The Louisiana Pregnancy Risk Assessment Monitoring System Steering Committee, the Domestic Abuse Fatality Review Committee, and the Pregnancy Associated Mortality Review Committee each include representation of six community based organizations serving the maternal and infant populations of the state. In FFY2026, these teams will continue to recruit representatives from community-based organizations and individuals with lived experience from across the state as members of the Pregnancy-Associated Mortality Review committee and will continue to implement an onboarding process that includes a New Member Welcome Package as well as a scheduled orientation prior to receiving cases for review.

Since its inception, the LaPQC has prioritized engaging patients, families, and communities as a foundational element of its structure and implementation model. Foundational to all LaPQC initiatives is its “*faculty*”. An LaPQC faculty is an initiative specific advisory mechanism including clinical subject matter experts as well as community based organizations and “patient partners”. Faculty help to inform the planning and implementation of LaPQC initiatives and also serve as a direct resource to participating teams. Birthing hospitals are now required to have a patient partner on their improvement team for the 2025-2026 Birth Ready

and Gift Designation period. In FFY2026, the LaPQC will continue to pilot and refine approaches to strengthen meaningful partnerships with patient, family, and community representatives.

The Louisiana Perinatal Quality Collaborative (LaPQC) will also continue to provide technical assistance to participating hospitals to reinvent their traditional birthing hospital task force into a Hospital Community Task Force. The LaPQC team, in partnership with Collective, supports teams in progressing through 4 benchmarks that ensure that the community's priorities are addressed and implementation of quality improvement processes is informed by community voice. The hospital leaders, a designated community expert, and key community partners will co-create a Hospital Community Task Force (HCTF) with rotating leadership, a shared agenda, and shared decision-making. The goal is to improve power dynamics between the hospital and community and co-create quality improvement priorities and actions to be more relevant and thus more effective in closing birth and breastfeeding-related disparities.

SPM ESM 3.1 - In FFY2026, at least 15 family, community, and/or CBO leaders will receive training/coaching to support their meaningful participation in the design, monitoring, and evaluation of maternal and infant health policies and services.

Priority Need: *MCH systems of care have improved capacities to ensure access to quality maternal and infant health services.*

Objective 1.4

- (a) In FFY2030, at least 90% of women will attend a postpartum checkup within 12 weeks after giving birth.
- (b) In FFY2030, at least 85% of women who attended a postpartum checkup will report that they received the recommended care components.

Strategy 1.4.1: Improve access to quality family planning services by providing funding and technical assistance to the Office of Public Health's Bureau of Regional and Clinical Operation's (BRCO) Parish Health Units.

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 FFY2026, 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.

Title V funding will be utilized to provide financial and technical support to a network of primary care providers including one urban adolescent and young adult-focused health center and two five rural Federally Qualified Health Centers (FQHCs). 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.

In FFY2026, the Bureau of Family Health (BFH) and Bureau of Regional and Clinical Operations (BRCO) will co-implement an Information & Education (I&E) Advisory Committee. The I&E Advisory Committee will hold meetings online and utilize a RedCap website portal for easier access to uploading, retrieving, and submitting documents for approval to and from various Public Health Units within the clinical network. The I&E Advisory Committee offers training and education through the approved materials for individuals, families, and community-based organizations. The I&E Advisory committee will approve the materials in online meetings. Within those meetings, as an option, the advisory committee members can choose to include a public audience or community participants in the decision making process by holding focus groups or providing surveys for ad-hoc community review. Advisory committee members can hold focus groups altogether or separately.

Strategy 1.4.2: Improve access to doula services by facilitating doula registration with the Louisiana Doula Registry Board.

In FFY2026, the Doula Registry Board will improve marketing efforts that target registry eligible doulas. Targeted messaging explaining the benefits of the doula field and registering with the Board. Targeted messages will be developed to explain the benefits of the doula field and the benefits of registering with the Doula Registry Board. Marketing and media messaging will target doulas, doula training organizations and be disseminated by registered doulas, the Doula Registry Board and doula training organizations.

Strategy 1.4.3: Improve access to safe and quality birthing services by providing technical assistance to birthing hospitals, freestanding birthing centers and other clinical and community based providers

Perinatal Quality Collaboratives (PQCs) have been recognized by national leaders as an effective strategy to address critical drivers of health outcomes, while improving the efficiency, effectiveness, and cost of healthcare. Louisiana is represented in the National Network of Perinatal Quality Collaboratives (NNPQC) and serves as the state's lead entity for implementing the American College of Obstetricians and Gynecologists (ACOG) Alliance for Innovation on Maternal Health (AIM) patient safety bundles. The LaPQC priorities and actions are guided by public health data and advisement from health system partners and advocates, in and outside of Louisiana. Data-related guiding priorities originate primarily from the Louisiana Pregnancy Associated Mortality Review (PAMR). The LaPQC serves as the primary "action" arm of the public health cycle, advancing recommendations that apply to healthcare providers and healthcare systems.

Since its launch in 2017, the Louisiana Perinatal Quality Collaborative (LaPQC) has advanced the use of quality improvement (QI) science across birthing facilities statewide. Through targeted pilot projects, intensive statewide initiatives, and designation programs, the LaPQC has helped embed best practices into routine perinatal care.

Louisiana hospital administrators and clinical teams now expect ongoing QI coaching and support from the LaPQC to implement and sustain evidence-based care. Patients, families, and community advocates also expect Louisiana hospitals and care providers to deliver safe, patient-centered, and respectful perinatal care. Importantly, LaPQC participation is now a licensure requirement for all birthing hospitals in the state. The LaPQC's initiatives and designation programs employ nationally-recognized methods to improve the safety and quality of clinical care. The implementation of strategies to achieve desired outcomes will be guided by national best practice recommendations, state surveillance data, and feedback from participating teams, subject matter experts, and patient and community partners.

In FFY2026, the LaPQC will continue to implement the Louisiana Birth Ready Designation Program to recognize participating LaPQC birthing facilities and create a system of sustained evidence-based change. With two tiers of achievement — Birth Ready and Birth Ready+ — this designation, developed in 2021, recognizes facilities' consistent, healthcare and quality improvement work. Louisiana Birth Ready Designation also celebrates improved perinatal health outcomes, the result of implementing safe, patient-centered and dignified clinical practices to improve outcomes for all women who give birth in Louisiana. Each Designation level includes the following five areas of requirement: participation in collaborative learning; patient-centered care; policies and procedures; structures and education; and outcome and process measures.

In FFY2026, the LaPQC will partner with subject matter experts to create standardized, interactive hospital dashboards that allow hospitals to identify disparities in maternal and newborn health outcomes. In addition, the LaPQC will finalize and implement standardized report templates that communicate disparities across audiences, including policymakers, providers, and MCH populations.

In FFY25, the Louisiana Birth Ready Designation criteria were updated, and the designation transitioned from a one-year to a two-year cycle to align with Louisiana Gift Designation and give teams sufficient time to test and scale improvements. As part of the new two-year process, birthing hospitals will complete an Annual Maintenance Survey to assess their progress toward meeting requirements and identify areas where additional coaching support may be beneficial. Through FFY26 and FFY27, the LaPQC will continue supporting birthing hospital teams in meeting the Louisiana Birth Ready Designation requirements for calendar years

2025 and 2026.

The Safe Births Initiative 4.0 aims to address both preparation for postpartum transition and substance use disorder in efforts to improve maternal and infant outcomes in Louisiana. In FFY2026, the Safe Births Initiative will continue to support participating teams in sustaining improvement in obstetric hemorrhage, hypertension, obstetric sepsis and reducing low-risk Cesarean delivery births.

In addition to the Safe Births Initiative, the LaPQC will continue to implement multiple other initiatives aiming to improve maternal health outcomes in the state. The LaPQC will continue and conclude its third iteration of the Caregiver Perinatal Depression Screening (CPDS) in pediatrics clinics during FFY2026 to support screening and referral pathways for caregivers impacted by postpartum depression. The Obstetric Readiness in Emergency Departments (ORED) initiative will continue to engage the state's emergency departments in training, collaborative learning and quality improvement technical assistance to improve obstetric readiness. Drill trainings will also be incorporated as a strategy to support hands-on, skills-based training to emergency department staff.

Through the Community Birth Initiative (CBI), the LaPQC, in partnership with the state's freestanding birth centers, will continue to build on FFY2025 efforts to establish policies, protocols, and procedures related to readiness, recognition and response to obstetric postpartum hemorrhage and neonatal emergencies. The LaPQC will also work with subject matter experts to plan, execute, and implement a model for multidisciplinary drills and collaboration between hospitals and freestanding birth centers as one strategy to improve transfer from a community-based setting to a hospital.

Strategy 1.4.4: Improve access to caregiver depression screening & referral by providing technical assistance including training and tele-consultation services to perinatal providers.

The Title V supported consultation system uses a two-tiered approach—universal and targeted—to build the capacity of frontline health care providers in recognizing and responding to behavioral health needs of maternal and child populations. The universal tier provides guidance and education to any frontline health care provider seeking a one-time consultation, offering timely support on common behavioral health questions without the need for ongoing engagement. The targeted tier offers ongoing, individualized support for providers managing complex or high-risk cases, including case-based consultation, clinical guidance, and opportunities for deeper collaboration with behavioral health specialists.

The Provider-to-Provider Consultation Line (PPCL) occupies the universal tier of the mental health consultation system. PPCL is a no-cost provider-to-provider telephone consultation and training program that is available to any healthcare provider in Louisiana who is caring for pregnant and postpartum women and children and youth ages birth to 21. PPCL has a team of licensed mental health professionals and medical experts who staff a phone line that providers can call when they have a question regarding a specific patient or have a more general question related to mental health and substance use. PPCL is also able to provide up-to-date information on local community and telehealth mental and behavioral resources. Satisfaction survey results indicate that 100% of responding providers are extremely satisfied with the support received through PPCL. One provider stated, "PPCL is my 'life line' during a busy schedule to ensure mental health counseling for my patients."

Targeted mental health consultation (MHC) has become a foundational component of quality services within the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) teams that have been established in multiple regions of the state. MHC is a critical support for our home visiting workforce, offering guidance, education, and support as staff navigate complex client needs.

Providing home visitors and their supervisors with access to mental health expertise and support also helps the MIECHV program to manage the risk for its large number of high acuity cases. Evaluation results show that MHC both increases home visitors' self-efficacy and knowledge in navigating client mental health concerns.

Education, universally available to all clinicians in the state or targeted on specific provider types and/or mental health issues, for frontline healthcare providers is an integral component of BFHs mental health consultation system. Using the evidence-based Extension for Community Health Outcomes (ECHO) model, PPCL holds monthly training sessions on perinatal and pediatric mental health topics to providers statewide and, in Fall 2025, will be facilitating the REACH Institute's three-day intensive Patient-Centered Mental Health in Pediatric Primary Care (PPP) training for 35 of Louisiana's prescribing pediatric providers. In partnership with the Louisiana Perinatal Quality Collaborative (LaPQC), PPCL is also supporting the implementation of the Caregiver Perinatal Depression Screening in Pediatric Practices (CPDS) Learning Collaborative, a quality improvement initiative focused on assisting pediatric practices to improve their implementation of perinatal depression screening and response in the pediatric well-child visits. Leveraging the infant and early childhood expertise across teams, consultants have also developed and implemented the Foundations of Infant Mental Health (FIMH) training for any provider working with young children. Consultants working with the MIECHV team provide more targeted education to the home visitors and actively participate in the monthly case conferences and team meetings.

ESM PPV.1 - In FFY2026, at least 76% of birthing hospitals in Louisiana will achieve Louisiana Birth Ready and Louisiana Birth Ready Plus designation.

ESM PPV.2 - In FFY2026, at least 85% of providers participating in the perinatal mental health ECHO training will have improved knowledge, attitudes, and/or behaviors.

Priority Need: Quality steering / advisory mechanisms ensure policymakers, providers, and MCH populations are effectively collaborating to design, monitor, and evaluate MCH policies and services.

Objective 1.5

In FFY2030, at least 80% of participants "strongly" or "very strongly" agree that the steering / advisory mechanism is "effectively contributing to the improvement of maternal and infant policies and services".

Strategy 1.5.1: Improve maternal health policies and services by directly convening steering / advisory mechanisms that include participation of policymakers, providers, and MCH populations.

The Title V Program supports state and local steering/advisory mechanisms including public bodies (i.e., boards, commissions, councils, etc.), program/project specific steering or advisory committees, and other planning and coordination mechanisms. Louisiana's Title V Program places significant emphasis on ensuring meaningful participation of constituents including policymakers, providers, and people (MCH populations) in the steering / advisory mechanisms. The program recognizes that participants in Title V supported steering / advisory mechanisms have varying levels of familiarity with:

- existing state statutes and/or administrative codes relevant to MCH programs and services
- the metrics used to monitor health outcomes and evaluate MCH programs and services
- the strengths and weaknesses of existing programs and services
- national standards and best practices for MCH programs and services

While bringing people with different areas of expertise is essential for quality steering / advisory mechanisms, a common foundation of understanding facilitates effective dialogue, problem solving, and consensus building. Louisiana's Title V Program contributes to effective dialogue by providing guidance for the recruitment and onboarding of new members, providing training to ensure Title V supported program staff clearly understand their roles and responsibilities, and by providing ad-hoc support when needed. Title V supported steering/advisory mechanisms related to maternal health include:

Louisiana Commission on Perinatal Care and Prevention of Infant Mortality

The Commission on Perinatal Care and Prevention of Infant Mortality was established in 1989 by Louisiana Revised Statute 40:2018 to improve maternal and infant health outcomes in the state. The Commission is composed of 16 members, including 14 healthcare and public health providers appointed by the governor, and two members appointed by the Louisiana Legislature. Per statute, the Commission was established within the Louisiana Department of Health (LDH). Support for the Commission is provided through the LDH Office of Public Health (OPH), Bureau of Family Health (BFH) which leads the state's public health assessment, assurance and policy functions related to maternal and child health.

The Commission on Perinatal Care and Prevention of Infant Mortality is authorized by [R.S. 40:2018](#) and the Commission's core functions include reviewing current regulations and laws affecting perinatal health, seeking grants for mortality studies, and contracting research as needed. The commission has the authority to access relevant health data and vital records to conduct studies, ensuring confidentiality and legal protections for sensitive information.

The Commission's goals focus on improving infant health outcomes through data comparison and research, proposing healthcare financing plans, and enhancing education and public policies through public presentations and targeted discussions. Specific targets include reducing infant mortality rates to no more than nine per thousand live births, lowering the percentage of low birth weight babies, and decreasing disparities across regions and demographics. Overall, the Commission's efforts aim to support Louisiana's progress toward healthier pregnancies and infants through research, policy review, and community education.

Doula Registry Board

Act 182 of the 2021 Regular Legislative Session proposed the establishment of the Doula Registry Board within the Louisiana Department of Health. The Act, outlining rules, roles, responsibilities and procedural requirements of the Board, was successfully promulgated in November 2023 and codified into law. The Louisiana Doula Registry Board consists of 15 voting members and 16 non-voting member positions. The board serves as a commission under the Louisiana Department of Health for the purpose of creating a registry for doulas seeking health insurance reimbursement to promote safe and quality care for every mother and

every birth in this state.

The Doula Registry Board, focusing on registering eligible doulas for insurance reimbursements, is contributing to the acceptance and use of doulas in the state and especially rural environments by aiding in doula accessibility, and making doula training organizations more visible. State agencies, healthcare providers, community organizations, and educational institutions are key constituents working to advance these goals.

The [Doula Registry Board](#) is authorized by [R.S. 22:1059.1](#) to create a registry for doulas seeking health insurance reimbursement to promote safe and quality care for every mother and every birth in this state. The Board is charged with reviewing applications for doulas to register and receive health insurance reimbursement, approving applications to designate registered doula status, notifying applicants of approval or denial of doula registration status, and maintaining a statewide registry of doulas approved for health insurance reimbursement in Louisiana.

The Louisiana Doula Registry is a database of individuals who hold registered doula status in Louisiana, granted by the [Louisiana Doula Registry Board](#). The Registry serves as a list of doulas who have satisfied all of the requirements stipulated by Louisiana law for registration, which makes them eligible for insurance payment for doula services. Insurance companies will be able to use the registry to identify doulas who have met the registration requirements. Additionally, the public will be able to use the Registry to find registered doulas whose services may be covered by insurance. For more information, consumers need to connect with their insurance company to learn about their plan benefits.

PRAMS Steering Committee

The Pregnancy Risk Assessment Monitoring System (PRAMS) has a steering committee made up of 20-25 members representing public health, healthcare, academia, and community-based organizations interested in maternal and child health and supporting PRAMS data collection and moving data to action. The steering committee convenes at least once a year. At the meeting, they receive an overview of PRAMS and recent data highlights. Members are engaged to share their data to action stories and to share ideas for how to raise awareness of PRAMS among potential participants. The steering committee members are also engaged as needed when there are opportunities to add new questions to the survey, to apply for a survey supplement, and to share findings.

Federal restrictions paused CDC PRAMS operations from January-July 2025. Louisiana PRAMS anticipates a resumption of data collection activities mid-summer at least for the final year of this grant funding cycle (i.e. through March 2026). Uncertainties about future federal funding and the importance of PRAMS data necessitated contingency planning to transition to a standalone state surveillance system. In FFY2026 as the need for these measures become clearer, steering committee members may become more involved in developing such a program. Involvement may involve decision making around future survey topics and questions, fundraising, survey dissemination, and participant recruitment.

Maternal Mortality Review Panels

Maternal mortality review panels including the Pregnancy Associated Mortality Review (PAMR) and the Domestic Abuse Fatality Review (DAFR) each include participation of maternal health policymakers, providers, and community based organizations. In FFY2026, Title V supported mortality review panels will continue to carry out their function of reviewing mortality data and producing actionable recommendations for the continuous improvement of maternal health policies and services.

SPM ESM 4.1 - In FFY2026, at least 80% of Title V supported steering / advisory mechanisms produce actionable recommendations to improve maternal and infant health policies and services.

Priority Need: State policies relevant to MCH programs and services are modernized to align with current day public health functions.

Objective 1.6

By FFY2030, at least 2 maternal health policy priorities have been advanced through 2 stages of the policy process towards implementation or other resolution.

Strategy 1.6.1: Contribute to advancing maternal health policy priorities through the five stages of the policy process (Identification, Analysis, Strategy and Policy Development, Enactment, Implementation) by producing data / information briefs and providing subject-matter expertise to inform policy dialogue.

Legal statutes, or laws, are the foundation of the federal and state MCH policy framework. In addition to legal statutes, the Louisiana Administrative Code (LAC) is the official, state-certified compilation of rules adopted or amended by Louisiana state agencies, which provide detailed guidance for the implementation of many state programs, services, and functions. Over the past several years, the Title V Director and program staff have identified the need to revise state laws and/or associated rules in order for them to more accurately reflect current-day needs and functions. There are many areas of state policy that have become outdated and need to be modernized so that they can more effectively achieve their original intent and advance or protect health. Some areas identified include the need to strengthen regulations and monitoring of levels of maternal care; extensive revision of historical policies intended to ensure access to high quality sickle cell services statewide; and a policy architecture needed to ensure that the newborn screening system is able to adapt expeditiously as national recommendations change. In addition, many of the rules associated with the Office of Public Health statewide clinical network require review since they were promulgated at a time when Title V provided more extensive direct clinical services.

The Title V supported Policy and Legislation section provides technical assistance to all Title V supported programs. Utilizing the [CDC Policy Process](#) as a framework for strategic planning, the policy section provides expertise to facilitate advancing policy priorities through each of the five stages: Problem Identification, Policy Analysis, Strategy and Policy Development, Policy Enactment, and Policy Implementation. The Policy and Legislation section delivers internal training and capacity building activities to improve Title V workforce skills for policy analysis, policy development, rulemaking, and engaging with policymakers.

In FFY2026, the Policy and Legislation section will collaborate with Title V-supported programs to identify and prioritize policy priorities and to develop strategies to facilitate advancing policy priorities to the next stage of the policy process. With a focus on priority needs identified in the 2025 Title V Needs Assessment and highlighted in the 2026 - 2030 State Action Plan, programs will be supported to scan existing legislation and review current administrative code to identify policy gaps or opportunities for modernization.

A critical component of this strategy is to ensure key constituent input in policy development. Programs will be supported to develop data / information briefs to facilitate dialogue with key constituents including state agency leadership staff, steering / advisory mechanism members, community / family leaders, and all key Title V workforce staff. Lastly, programs will be supported to develop strategies for engaging key constituents in the policy development stage of the process. In addition to engagement with Title V supported steering / advisory mechanisms, engagement with Medicaid quality committees and related work groups is anticipated to be a key activity in the policy development process.

SPM ESM 5.1 - In FFY2026, at least 1 data / information brief is produced to inform policy dialogue.

Perinatal/Infant Health

National Performance Measures

NPM - Percent of very low birth weight (VLBW) infants born in a hospital with a Level III + Neonatal Intensive Care Unit (NICU) - RAC
Indicators and Annual Objectives

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

State Provided Data	
	2024
Annual Objective	
Annual Indicator	91.3
Numerator	
Denominator	
Data Source	Louisiana Vital Statistics
Data Source Year	2023
Provisional or Final ?	Final

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	92.0	92.0	93.0	94.0	95.0

Evidence-Based or –Informed Strategy Measures

ESM RAC.1 - In FFY2026, at least 86.9% of birthing hospitals in Louisiana will achieve Gift Designation.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	86.9	86.9	86.9	89.0	89.0

State Performance Measures

SPM 6 - Percent of infant health constituents reporting “high” or “very high” satisfaction with the quality of data products available.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Evidence-Based or –Informed Strategy Measures

SPM ESM 6.1 - In FFY2026, at least 3 infant health data products will be produced or updated and disseminated to key constituents to facilitate data-informed decision-making.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	3.0	3.0	3.0	3.0	3.0

SPM 7 - Percent of infant health constituents reporting that they “frequently” or “very frequently” share key health education messages with their families and other community members.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Evidence-Based or –Informed Strategy Measures

SPM ESM 7.1 - In FFY2026, at least 300 community leaders will receive information and resources supporting the design of local maternal and infant health education efforts.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	300.0	300.0	300.0	300.0	300.0

SPM 8 - Percent of family, community and/or community based organization leaders engaged in Title V supported maternal and infant health programs who reported “high” or “very high” satisfaction with the training / coaching received.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Evidence-Based or –Informed Strategy Measures

SPM ESM 8.1 - In FFY2026, at least 15 family, community, and/or CBO leaders will receive training/coaching to support their meaningful participation in the design, monitoring, and evaluation of maternal and infant health policies and services.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	15.0	15.0	15.0	15.0	15.0

SPM 9 - Percent of participants who "strongly" or "very strongly" agree that the maternal and infant health steering / advisory mechanism is "effectively contributing to the improvement of Louisiana's health policies and services for infants".

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Evidence-Based or –Informed Strategy Measures

SPM ESM 9.1 - In FFY2026, at least 80% of Title V supported steering / advisory mechanisms produce actionable recommendations to improve maternal and infant health policies and services.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

SPM 10 - Number of infant health policy priorities advanced through 2 stages of the policy process towards implementation or other resolution.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	0.0	0.0	0.0	1.0	2.0

Evidence-Based or –Informed Strategy Measures

SPM ESM 10.1 - In FFY2026, at least 1 data / information brief is produced to inform policy dialogue.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	1.0	1.0	1.0	1.0	1.0

State Action Plan Table

State Action Plan Table (Louisiana) - Perinatal/Infant Health - Entry 1	
Priority Need	
MCH systems of care have improved capacities to ensure access to quality maternal and infant health services.	
NPM	
NPM - Risk-Appropriate Perinatal Care	
Five-Year Objectives	
OBJ 2.4: In FFY2030, at least 95% of very low birth weight (VLBW) infants will be born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU).	
Strategies	
Strategy 2.4.1: Improve access to quality infant feeding and parent-infant attachment services by providing funding and technical assistance to birthing hospitals, freestanding birthing centers, and other clinical and community based providers.	
Strategy 2.4.2: Improve access to quality services for dyads affected by substance and opioid use disorder by providing technical assistance to birthing hospital Neonatal Intensive Care Units (NICU).	
ESMs	Status
ESM RAC.1 - In FFY2026, at least 86.9% of birthing hospitals in Louisiana will achieve Gift Designation.	Active
NOMs	
Stillbirth	
Perinatal Mortality	
Infant Mortality	
Neonatal Mortality	
Postneonatal Mortality	
Preterm-Related Mortality	

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

Priority Need

Reliable data is available to inform the design, monitoring, and evaluation of MCH policies and services.

SPM

SPM 6 - Percent of infant health constituents reporting “high” or “very high” satisfaction with the quality of data products available.

Five-Year Objectives

OBJ 2.1: In FFY2030, at least 80% of maternal and infant health constituents report that they are “highly” or “very highly” satisfied with the quality of data products available to inform strategic decision-making.

Strategies

Strategy 2.1.1: Improve key constituents' (policymakers, providers, MCH populations) understanding of the drivers and underlying factors contributing to Louisiana's infant health outcomes by directly carrying out epidemiological surveillance / investigations, disseminating health education messages, and presenting recommendations to improve infant health policies and services.

ESMs

Status

SPM ESM 6.1 - In FFY2026, at least 3 infant health data products will be produced or updated and disseminated to key constituents to facilitate data-informed decision-making.

Active

NOMs

Preterm-Related Mortality

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

Priority Need

Communities and families have timely access to reliable and accessible information.

SPM

SPM 7 - Percent of infant health constituents reporting that they “frequently” or “very frequently” share key health education messages with their families and other community members.

Five-Year Objectives

OBJ 2.2: In FFY2030, at least 80% of infant health constituents will report that they “frequently” or “very frequently” share infant health education messages with their families and other community members.

Strategies

Strategy 2.2.1: Improve community leaders' understanding of effective strategies for responding to key risk and protective factors affecting infant health by convening community action and advisory teams.

ESMs

Status

SPM ESM 7.1 - In FFY2026, at least 300 community leaders will receive information and resources supporting the design of local maternal and infant health education efforts.

Active

NOMs

Preterm-Related Mortality

State Action Plan Table (Louisiana) - Perinatal/Infant Health - Entry 4

Priority Need

Community / family leaders and CBOs meaningfully participate in the design, monitoring, and evaluation of MCH policies and services.

SPM

SPM 8 - Percent of family, community and/or community based organization leaders engaged in Title V supported maternal and infant health programs who reported “high” or “very high” satisfaction with the training / coaching received.

Five-Year Objectives

OBJ 2.3: In FFY2030, at least 80% of family, community and/or community based organization leaders report that they are “highly” or “very highly” satisfied with the training and/or coaching received to support their meaningful participation in the design, monitoring and evaluation of maternal and infant health policies and services.

Strategies

Strategy 2.3.1: Training and coaching for family, community, and community based organization leaders participating in Title V supported maternal and infant health programs and activities.

ESMs

Status

SPM ESM 8.1 - In FFY2026, at least 15 family, community, and/or CBO leaders will receive training/coaching to support their meaningful participation in the design, monitoring, and evaluation of maternal and infant health policies and services.

Active

NOMs

Preterm-Related Mortality

State Action Plan Table (Louisiana) - Perinatal/Infant Health - Entry 5

Priority Need

Quality steering / advisory mechanisms ensure effective collaboration in the design, monitoring, and evaluation of MCH policies and services.

SPM

SPM 9 - Percent of participants who "strongly" or "very strongly" agree that the maternal and infant health steering / advisory mechanism is "effectively contributing to the improvement of Louisiana's health policies and services for infants".

Five-Year Objectives

OBJ 2.5: In FFY2030, at least 80% of participants "strongly" or "very strongly" agree that the steering / advisory mechanism is "effectively contributing to the improvement of maternal and infant policies and services".

Strategies

Strategy 2.5.1: Improve health policies and services for infants by directly convening steering / advisory mechanisms that include participation of policymakers, providers, and MCH populations.

ESMs

Status

SPM ESM 9.1 - In FFY2026, at least 80% of Title V supported steering / advisory mechanisms produce actionable recommendations to improve maternal and infant health policies and services.

Active

NOMs

Preterm-Related Mortality

State Action Plan Table (Louisiana) - Perinatal/Infant Health - Entry 6

Priority Need

State policies relevant to MCH programs and services are modernized to align with current day public health functions.

SPM

SPM 10 - Number of infant health policy priorities advanced through 2 stages of the policy process towards implementation or other resolution.

Five-Year Objectives

OBJ 2.6: By FFY2030, at least 2 infant health policy priorities have been advanced through 2 stages of the policy process towards implementation or other resolution.

Strategies

Strategy 2.6.1: Contribute to advancing policy priorities for infant health through the five stages of the policy process (Identification, Analysis, Strategy and Policy Development, Enactment, Implementation) by producing data / information briefs and providing subject-matter expertise to inform policy dialogue.

ESMs

Status

SPM ESM 10.1 - In FFY2026, at least 1 data / information brief is produced to inform policy dialogue.

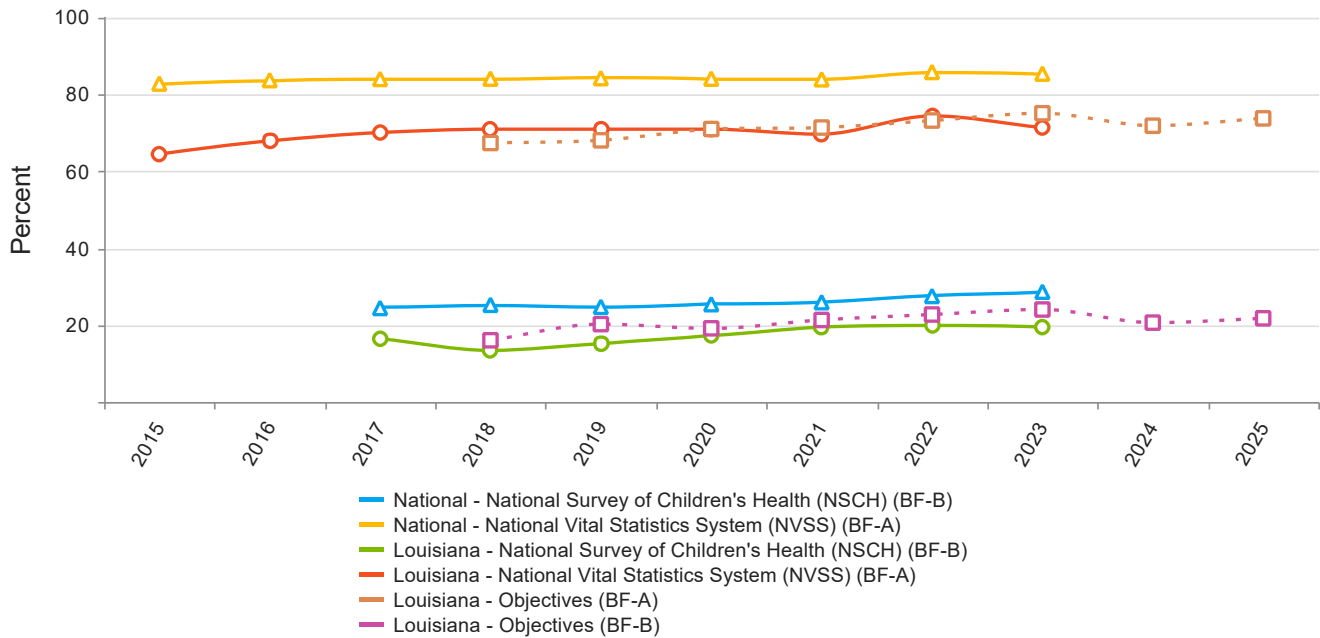
Active

NOMs

Preterm-Related Mortality

2021-2025: National Performance Measures

2021-2025: NPM - A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - BF Indicators



2021-2025: NPM - A) Percent of infants who are ever breastfed - BF

Federally Available Data		
Data Source: National Vital Statistics System (NVSS)		
	2023	2024
Annual Objective	75	71.8
Annual Indicator	74.4	71.2
Numerator	40,354	37,448
Denominator	54,262	52,583
Data Source	NVSS	NVSS
Data Source Year	2022	2023

2021-2025: NPM - B) Percent of infants breastfed exclusively through 6 months - BF

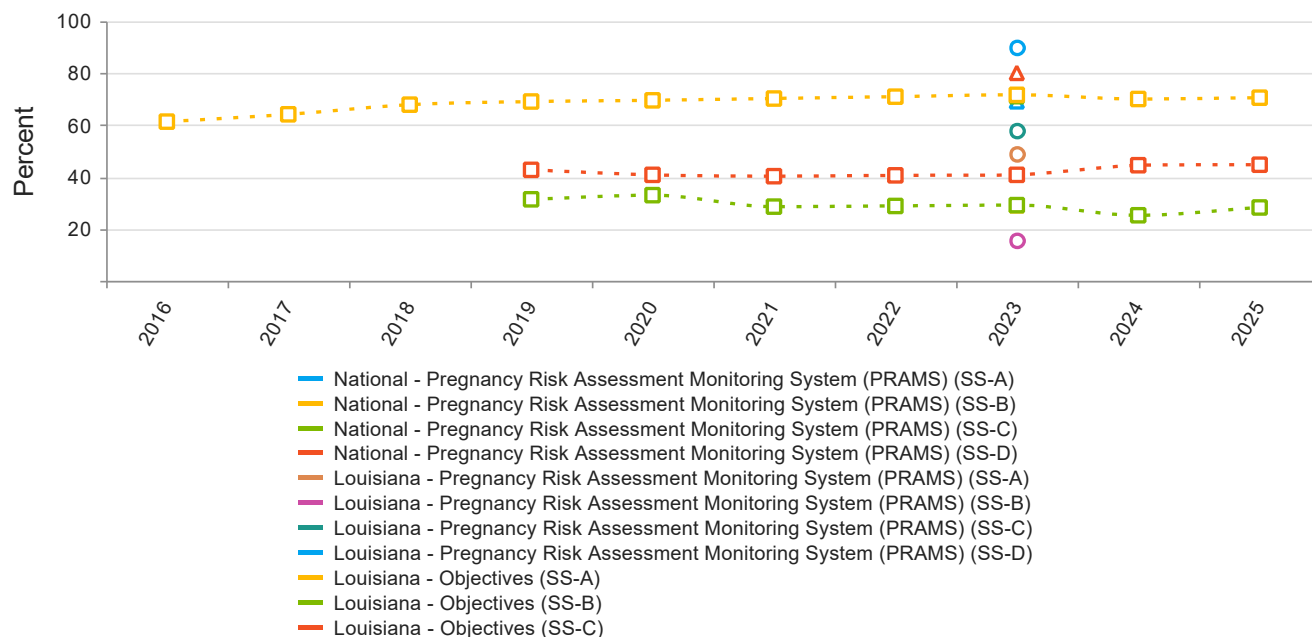
Federally Available Data		
Data Source: National Survey of Children's Health (NSCH)		
	2023	2024
Annual Objective	24.1	20.7
Annual Indicator	20.1	19.6
Numerator	30,025	27,912
Denominator	149,038	142,508
Data Source	NSCH	NSCH
Data Source Year	2021_2022	2022_2023

2021-2025: Evidence-Based or –Informed Strategy Measures

2021-2025: ESM BF.1 - Percent of births that were delivered at Gift-designated facilities

Measure Status:					Active
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		91.2	92.3	93.2	93.2
Annual Indicator	90.6	91.9	95	94.5	94.4
Numerator	52,030	52,925	53,858	52,130	52,048
Denominator	57,401	57,596	56,711	55,170	55,123
Data Source	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	Louisiana Vital Statistics Birth Records
Data Source Year	2020	2021	2022	2023	2024
Provisional or Final ?	Final	Final	Final	Final	Final

2021-2025: 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 - SS Indicators



2021-2025: NPM - A) Percent of infants placed to sleep on their backs - SS

Federally Available Data					
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)					
	2020	2021	2022	2023	2024
Annual Objective	69.4	70.1	70.8	71.5	69.9
Annual Indicator	69.3	68.1	69.3	69.3	48.7
Numerator	38,239	37,066	37,547	37,547	25,075
Denominator	55,216	54,404	54,152	54,152	51,499
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2019	2020	2021	2021	2023

2021-2025: NPM - B) Percent of infants placed to sleep on a separate approved sleep surface - SS

Federally Available Data					
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)					
	2020	2021	2022	2023	2024
Annual Objective	33	28.6	28.9	29.2	25.3
Annual Indicator	26.2	28.3	22.3	22.3	15.5
Numerator	14,266	15,336	11,855	11,855	7,941
Denominator	54,492	54,212	53,272	53,272	51,174
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2019	2020	2021	2021	2023

2021-2025: NPM - C) Percent of infants placed to sleep without soft objects or loose bedding - SS

Federally Available Data					
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)					
	2020	2021	2022	2023	2024
Annual Objective	40.8	40.3	40.6	40.8	44.5
Annual Indicator	39.8	40.7	44.3	44.3	57.7
Numerator	21,721	22,078	23,594	23,594	29,670
Denominator	54,569	54,257	53,233	53,233	51,464
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2019	2020	2021	2021	2023

2021-2025: NPM - D) Percent of infants room-sharing with an adult during sleep - SS

Federally Available Data	
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)	
	2024
Annual Objective	
Annual Indicator	89.4
Numerator	46,531
Denominator	52,028
Data Source	PRAMS
Data Source Year	2023

2021-2025: Evidence-Based or –Informed Strategy Measures

2021-2025: ESM SS.1 - Number of professionals trained to recognize, identify, and model safe sleep environments

Measure Status:				Active	
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective	800	840	950	1,040	2,600
Annual Indicator	835	941	3,146	2,546	3,013
Numerator					
Denominator					
Data Source	Training attendance records	Training attendance records	Training attendance records	Training attendance records	Training attendance records
Data Source Year	2020	2021	2022	2023	2024
Provisional or Final ?	Final	Final	Final	Final	Final

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 second¹. 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 country². According to the 2019-2021 State Child Death Review (CDR) report, 41% of infant deaths are due to conditions originating in the perinatal period³. These conditions are closely related to maternal health before conception. Maternal health is also closely linked to low birth weight and premature birth⁴, 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 baby⁵.

Summary of perinatal / infant health interventions supported by Title V in FFY2024

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: Low- Risk Cesarean Delivery strategies outlined in the Maternal / Women health domain, the core strategies related to NPM: Breastfeeding 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, 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:

<i>The Safe Births Initiative</i>	A hospital designation and quality improvement initiative focusing on reducing maternal and infant mortality.
<i>The GIFT</i>	A hospital designation and quality improvement initiative focusing on promoting breastfeeding and birth parent-infant bonding.
<i>Improving Care for the Substance - Exposed Dyad</i>	An initiative focused on improving outcomes related to dyads affected by substance & opioid use disorder.
<i>Caregiver Perinatal Depression Screening</i>	An initiative seeking to understand and promote screening & referral pathways for caregivers affected by depression.
<i>Community Birth Initiative</i>	An initiative to partner with community birth providers to improve safety across birth settings through implementation of evidence-based best practices to improve readiness for maternal and newborn emergencies; improve hospital and community birth collaboration to ensure safe transfer from community birth settings to improve maternal and newborn outcomes; and improve collaborative care through multidisciplinary drill training and education.

In FFY2024, the LaPQC team continued 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.
- Updated and tested a new leader/new team member orientation checklist to assist any new improvement team members in quickly orienting to their hospital's LaPQC improvement work. The feedback has been positive and the use is being spread to further facilities experiencing change in leadership, task force and staff.
- Implementing a unified look across the LaPQC's designation programs by transitioning the Gift designation levels and related icons to "Gift" and "Gift+". The transition aligns the Gift's designation levels with the Safe Birth Initiative's "Birth Ready" and "Birth Ready +" designation levels.
- Maintaining the LaPQC website to create a visual hub unifying LaPQC initiatives for the public.
- Developed a password-protected section of the LaPQC website for participating facilities that houses initiative-specific, as well as crosscutting 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) held in April 2024.
- Conducting a two-day, virtual Gift-SBI joint Learning Session for birthing hospital teams in September 2024.

Population Priority: Reduce child injury and violence

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

Infant and child mortality review processes are in place and functioning optimally at regional level and state levels.

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 coroner's offices, local sheriff / police offices, and other local officials and concerned persons. Local CDR Panels meet on a quarterly 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 FFY2024, each of the nine local CDR panels met on a quarterly basis (43 meetings total). Following analysis of the locally abstracted data, each panel generated recommendations for local action. On average, each panel defined 15 priority recommendations, which were 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 29 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. In FFY2024, the State Panel met three times and reviewed cases related to homicide, drowning, and motor vehicle crashes. An average of 10 recommendations for preventing future child deaths were developed at each case review meeting. The LA Child Death Review panel is also responsible for the publication of annual Child Death Review reports that highlight data and specific prevention recommendations by audience and topic area. In FFY2024, the 2020 - 2022 Child Death Review Report was drafted and expected to be published in February 2025. Examples of recommendations in the report include encouraging health plans to reimburse and offer incentives for child injury prevention devices and services and increasing funding for and accessibility to high-quality, affordable childcare centers.

Train professionals on evidence-based safe sleep practices

Every year in Louisiana, an average of 56,990 infants are born alive. Of these infants, an average of 429 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 (87%); infants sleeping with other people (79%); and infants sleeping with loose bedding or toys (71%). 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.

The Bureau's Safe Sleep Toolkit was shared during National SUID Safe Sleep Awareness Month in October 2024. 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 constituents and providers among hospital staff, providers, regional CDR teams, CAATs, and at community events encouraging all to incorporate into their practices.

In FFY2024, MCH Coordinators trained 3,013 professionals on evidence-based safe sleep practices based on the 2022 American Academy of Pediatrics' recommendations. The nine MCH Coordinators provide training through in person and virtual platforms. Training included safe sleep demonstrations, presentations, and distribution of printed safe sleep materials developed in FFY2023 for the Louisiana Safe Sleep Toolkit. 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 coroner offices to provide safe sleep resources including sleep sacks.

Over the last several years, Louisiana's Health Region 4 has had the highest SUID rates in the state. In response to this disparity, the CDR team analyzed vital records and Child Death Review data to determine the primary risk factors for SUID in the region and created fact sheets and presentations to share with Region 4 partners. The team held several meetings and community feedback sessions to present the data, discuss current education and prevention activities, and identify gaps and opportunities. The team engaged partners within Region 4's Child Death Review, Infant Mortality Workgroup, Nurse-Family Partner (NFP) Team, Community Action and Advisory (CAAT) members, and Community Organizations including The Family Tree, RescYou Group, Healthy Start, The gray effect, and Maddie's Footprints, as well as physician groups at the region's major birthing hospitals (OLGH and OGH). This approach resulted in a group that included healthcare professionals, parents who have experienced loss, and community advocates.

System Priority: Ensure 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)

During FFY2024, the LaPQC continued to provide quality improvement coaching to participating teams through quarterly 1:1 calls called Charter Chats. Charter Chats support hospital task force teams in developing aims and 30-60-90 day action plans to implement their QI work. Charter chats also provide time to discuss challenges and identify solutions. Task Force teams include nursing leaders, senior leaders, physician champions, data lead, and other staff members. Another key LaPQC activity to support the implementation of best practices in birthing hospitals and other healthcare settings are monthly collaborative coaching calls. Gift and Safe Births Initiative Coaching Calls occur monthly, except in months when Charter Chats are conducted. Coaching Calls include sharing aggregate-initiative level data to assess progress towards initiative aims, review evidence-based practices and facilitate collaborative learning. Birthing hospital participation in Coaching Calls and Charter Chats remains very high with almost all teams participating. In FFY2024, 1,323 providers and 3,153 nurses were trained on breastfeeding related practices.

The LaPQC worked with its faculty to expand its neonatal-focused strategies to develop the LaPQC's Optimizing Newborn Care (ONC) initiative as part of The Gift. The ONC initiative, which will begin in January 2025, will focus on infant feeding best practices for newborns in special care settings and substance-exposed newborns. Special emphasis will be placed in patient partnership and support to facilitate caregiver-led care of the newborn. The LaPQC team developed an infant feeding survey to garner response from the patient experience about infant feeding. 2017 responses were recorded and shared back to hospitals for facility-specific improvements. Optimizing infant feeding best practices and the use of human milk for newborns in special care, including the neonatal intensive care unit, was a focus of Day 1 of the LaPQC's two-day Virtual Learning Session held in September 2024. In partnership with faculty, the LaPQC has established a measurement strategy and change packages for infant feeding in special care, as well as for substance-exposed newborns.

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

LaPQC Improvement Advisor and Improvement Coaches regularly review hospital team data in the data management platform. Currently, 43/46 birthing hospitals are reporting disaggregated data according to the Gift and SBI Measurement Strategies. Teams are provided with a tool on the website to expand their data visualization from Life QI to a document in which they can use to

present to their hospitals. The tool has embedded calculations, which will create run charts for their teams to use. If they need support, they are encouraged to reach out to the LaPQC Improvement Advisor or Improvement Coaches.

Utilization of data tools, aims are reviewed on quarterly calls with hospital teams. Teams are supported in their data review in the Life QI system, in which they currently enter disaggregated data. Data disaggregation is also a part of the Louisiana Birth Ready Designation requirements, and more specifically teams can choose a specific goal that includes using data to share trends, share with staff and providers and work toward the next steps around opportunities for improvement.

In June 2023, Gift and SBI teams were introduced to an updated disaggregation strategy for race and ethnicity. While SBI teams began using the new disaggregation strategy immediately, Gift teams did not begin using the new disaggregation until January 2024. In FFY2024, the LaPQC worked with a data expert to develop tools to support teams in collecting race and ethnicity information from patients. Tools included scripting for hospital staff and how to respond to patient questions regarding the collection of this information. Hospital teams were also provided with tools to assist with data collection and coaching on how to review disaggregated data in the LaPQC's quality improvement data management system, LifeQI. A full year of disaggregated data will be reviewed and analyzed in FFY2025.

The LaPQC worked with teams to understand the definitions of race and ethnicity categories and how to support staff in understanding the why and how of collecting this information. Most teams felt that reviewing their disaggregated data helped them identify additional areas for improvement to ensure that all patients receive safe and timely care. Teams also reported that their data collection efforts were facilitating changes in other areas of the hospital beyond the maternal and newborn units.

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

Feedback from hospitals and partners indicated that some of the tools previously provided to facilitate resource and referral and patient education were becoming outdated. Building on experiences from using the suite of the tools, hospitals were able to further develop internal processes and support to educate patients and connect them to community support.

In addition, in partnership with WIC, hospitals were able to provide access to the Pacify App to WIC participants while they were in the hospital. This enabled mothers to connect directly to culturally appropriate, patient-centered, breastfeeding and infant care support 24-hrs per day after leaving the hospital.

At the LaPQC's Perinatal-Neonatal Quality Improvement Conference, a model for community-hospital quality improvement task force, was introduced to birthing hospitals during a presentation from a Detroit-based hospital-community task force team. In the Hospital-Community Task Force (HCTF) model, community experts are included as equal partners, with their time compensated and their expertise acknowledged as equal in value to the deep clinical expertise brought by hospital leaders and staff.

The benefits of a working HCTF include:

- Trust-building and healing between the hospital and community
- A forum for hospital leaders to listen to the community
- A vehicle for timely and immediate feedback from members of the community
- Granular knowledge about what patients most affected by disparities desire and need from their birth experience
- A pathway to developing an accurate and relevant birth and breastfeeding resource list for patients, co-created with the community
- Improved birth and breastfeeding outcome measures with a focus on narrowing disparities

The Hospital-Community Task Force will be included as one of the options for the Patient-Centered Care requirements for Gift and Birth Ready Designation starting in 2025. In FFY25, birthing hospitals who choose to implement the HCTF will receive a toolkit with benchmarks and technical assistance.

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

In FFY2024, the LaPQC continued to partner with the New Orleans Breastfeeding Center and other Black-led, community-based birth and breastfeeding organizations to test and develop a community-based patient advisory group internally referred to as the "PQC Faculty". Members of the PQC Faculty are compensated and support development of culturally-appropriate strategies to increase awareness of community-based birth and breastfeeding organizations statewide and promote WIC Breastfeeding Peer Support and other WIC breastfeeding supports.

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

In FFY2024, the LaPQC continued to promote awareness of Medicaid coverage for breast pumps and accessories, donor human milk, and outpatient lactation coverage. BFH worked with hospitals, providers, and community partners to facilitate successful development and implementation of the Medicaid breast pump policy, human milk storage bags. BFH also worked with Medicaid plans that are expanding coverage for outpatient lactation services. Changes in leadership at Medicaid led to previously regular meetings to discuss breastfeeding-related policies being paused as Medicaid staff oriented and transitioned. In FFY2025, LaPQC, is re-convening ad hoc meetings to coordinate with Medicaid for updates on how MCOs are implementing services and how patients and physicians can receive best guidance. The LaPQC reevaluated the efficacy of co-developing a Breast Pump Guide and is not currently creating any awareness tools until Medicaid and the MCOs can provide clear guidance.

Donor human milk use was a covered topic at the LaPQC's September 2024 Learning Session and served as an opportunity to highlight Medicaid policies for donor human milk, as well as the Mother's Milk Bank of Louisiana.

Changes to the Medicaid breast pump policy, related to the ability to access pumps prenatally, occurred in FFY2024. Uptake of the Medicaid In Lieu Of Services (ILOS) Policy for Outpatient Breastfeeding support established in 2023 by Managed Care Organizations has been minimal. This is currently a voluntary program that the MCOs have the option to adopt. If adopted, 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

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

The LaPQC's Improving Care for the Substance-Exposed Dyad (ICSED) initiative, launched in September 2021, supports 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. ICSED Coaching Calls and Charter Chats are used to facilitate improvement coaching to support 10 participating facilities' implementation of evidence-based practices related to the identification and treatment of pregnant and postpartum women and neonates affected by substance use/use disorder. Following the implementation of a Mental Health Services Administration (SAMHSA) funded Louisiana State Opioid response (LaSOR) 3.0 grant ICSED data showed improvements in the areas of universal screening for substance-use disorder, referral to treatment and rooming-in:

- 43.5% of patients were referred to appropriate recovery treatment services, compared to only 35.6% at baseline.
- 81.5% of infants roomed in with their birth parent, prior to birth parent discharge, compared to 68.7% at discharge.
- 90% of patients were screened for substance use disorder using a validated tool, compared to 71.3% at baseline.

The Louisiana Managed Care Incentive Payment (MCIP) Program's Opioid Use Disorder Approved Incentive Arrangement (AIA) included milestones related to developing, documenting, and implementing a protocol to enhance the quality of care for mothers and newborns affected by substance use/use disorder. The LaPQC has developed a suite of tools to help birthing hospitals develop and implement evidence-based policies and protocols related to universal verbal screening for perinatal substance use/use disorder.

In FFY2024, the LaPQC, in partnership with Stader Opioid Consultants (SOC), also completed two specific activities related to perinatal substance use: a video series on treatment for maternal substance use and a naloxone pilot. The LaPQC was proud to officially share the LaPQC Perinatal SUD Videos at the April Perinatal-Neonatal Quality Improvement Conference (PNQIC). The Naloxone Pilot focused on education of clinical staff, providing a toolkit with sample policies, staff scripting, patient handouts, posters, training power points and videos. 984 doses of naloxone were sent to birthing hospitals, representing 984 opportunities to distribute a life-saving antidote to at-risk families.

LaPQC's annual Perinatal-Neonatal Quality Improvement Conference (PNQIC), held in April 2024, was attended by 242 healthcare providers, nurses, midwives, public health practitioners, and community and patient representatives. The theme of this year's conference was "Spreading and Strengthening the Connection," highlighting the importance of compassionate and trauma-informed connection with teams, patients and community. Attendees were educated on the importance of recognizing and healing from healthcare trauma; how to provide trauma-informed, patient-centered care; and best practices for screening and addressing both mental health and substance use disorders.

During the PNQIC, the LaPQC premiered the "Empowering Maternal Recovery: Stories of Compassionate Care from Louisiana"

video series. The series brings awareness to substance use disorder (SUD) and treatment among pregnant and postpartum women. The videos show how nonjudgmental, compassionate and evidence-based care for pregnant women with SUD is possible in improving maternal health outcomes. Through powerful stories from patients and providers, these stories describe the importance of an intentional approach to treating women with SUD, particularly pregnant women. These videos showcase the power of recovery for pregnant women with SUD, benefiting them, their families and their communities.

Overview and context of population domain

Louisiana's infant mortality rate was 7.4 deaths per 1,000 live births in 2022,⁶ a decrease from 7.7 deaths per 1,000 live births in 2019.⁷ In 2022, the mortality rate among non-Hispanic Black infants was 11.9, compared to 4.7 among non-Hispanic white infants.⁸ The Louisiana Child Death Review (CDR) investigates causes of infant, child and adolescent mortality. In its most recent [report](#), the CDR committee found that the three leading causes of infant mortality in Louisiana were (1) conditions originating in the perinatal period, (2) deaths classified as Sudden Unexpected Infant Deaths (SUID), which primarily occur in the sleep environment, and (3) congenital anomalies.⁹

The 2026 - 2030 Title V Program will support a robust infant health surveillance system, ensuring evidence-based decision-making. Through the Louisiana Perinatal Quality Collaborative (LaPQC), the program will support quality improvement initiatives promoting access to perinatal nutrition supports as well as supports for substance-exposed dyads. The program will also support community based health education initiatives aiming to promote safe sleep environments and caretaking behaviors.

Planned Title V efforts and alignment with perinatal / infant priorities

Priority Need: Reliable data is available to inform policymakers, providers, and MCH populations engaged in the design, monitoring, and evaluation of MCH policies and services.

Objective 2.1

In FFY2030, at least 80% of maternal and infant health constituents report that they are "highly" or "very highly" satisfied with the quality of data products available to inform strategic decision-making.

Strategy 2.1.1: Improve key constituents' (policymakers, providers, MCH populations) understanding of the drivers and underlying factors contributing to Louisiana's infant health outcomes by directly carrying out epidemiological surveillance / investigations, disseminating health education messages, and presenting recommendations to improve infant health policies and services.

Access to timely and reliable data is critical for ensuring that key constituents develop data-informed policies and services. As Louisiana's Title V agency, the Bureau of Family Health plays an important role in surveillance of key infant health data indicators including overall infant mortality, rate of low birth weight, rate of preterm births, rate of sudden unexplained infant death, etc. Public health surveillance includes monitoring changes in data trends over time as well as monitoring disparities across sub-population groups. Infant mortality analysis is conducted every year. Findings are included in the Louisiana Child Death Review report. The 2025 Child Death Review report, with infant and child mortality data from 2021 - 2023, is expected to be published before January 2026.

When concerning trends or disparities are identified via routine surveillance, specific studies or programs are launched to support additional epidemiological investigation. Louisiana's rate of Sudden Unexpected Infant Death (SUID) mortality is among the highest of all states and has been increasing over the past five years. In response to this trend, the Bureau maintains and improves Sudden Unexpected Infant Death surveillance and prevention activities including timely case identification, data quality and collection, and case reviews consistent with the National Center for Fatality Review and Prevention standards. SUID data, trends, risk factors, and prevention strategies are shared in the annual Child Death Review report, at state-level and community presentations, and with partners at ongoing regional Child Death Review and Community Action and Advisory Team meetings. In FFY2026, the team is prioritizing work in regions 4 and 7, which have consistently had the highest SUID mortality rates. The team will analyze case registry, Pregnancy Risk Assessment Monitoring System, and social determinants of health data to determine differences in demographics and other risk factors for Sudden Unexpected Infant Death in those regions. In FFY2026, at least two community listening sessions will be conducted in those regions to share the data and discuss barriers and facilitators to practicing safe sleep. Findings will then be shared with Community Action and Advisory Team meetings and Safe Sleep Task Forces to identify evidence-based strategies that address those findings.

The Bureau also publishes state, regional, and parish-level maternal and child health data indicators in a Tableau dashboard on the Louisiana Department of Health's website. In FFY2026, the Bureau will continue to refine accessibility of the dashboard and assess if any additional indicators are appropriate for the dashboard.

SPM ESM 6.1 - In FFY2026, at least 3 infant health data products will be produced or updated and disseminated to key constituents to facilitate data-informed decision-making.

Priority Need: Communities and families have timely access to reliable and accessible information.

Objective 2.2

In FFY2030, at least 80% of infant health constituents will report that they “frequently” or “very frequently” share infant health education messages with their families and other community members.

Strategy 2.2.1: Improve community leaders' understanding of effective strategies for responding to key risk and protective factors affecting maternal and infant health by convening community action and advisory teams.

Community Action and Advisory Teams provide an important mechanism to address this need. These teams serve as trusted liaisons between the Maternal and Child Health program and the populations it serves, fostering bidirectional communication, trust, and ensuring that initiatives are culturally competent, contextually appropriate, and community-informed. The Community Action and Advisory Teams are organized into nine regional teams across the state, each with distinct local representation and priorities. Each regional Community Action and Advisory Team is composed of community members and organizations dedicated to promoting the health and safety of Louisiana’s families. They work together to identify and address family health issues, prioritize needs, and implement solutions. This regional structure ensures that each Community Action and Advisory Team is tailored to the specific needs and dynamics of its community, fostering effective collaboration and impactful outcomes.

In FFY2026, each of the 9 regional Community Action and Advisory Teams will convene quarterly and engage with approximately 360 partners across the state, including healthcare providers, mental health professionals, community organizations, law enforcement, coroners, and death scene investigators.

In FFY2026, Title V supported Community Action and Advisory Teams in regions 4 and 7 will continue to work with community-based organizations, healthcare providers, families, and other partners to develop, implement, and evaluate evidence-based strategies for safe sleep and Sudden Unexpected Infant Death prevention. In FFY2025, region 4 prioritized developing a locally-led safe sleep social media campaign. Campaign materials are in development and will be released during Sudden Infant Death Syndrome/Safe Sleep Prevention Month in October 2025. An evaluation of the campaign will be conducted and findings will be shared with community members participating in region 4 Community Action and Advisory Team to discuss any barriers and things that could be improved.

In FFY2026 in region 7, following data presentations and community listening sessions, the partners will identify an evidence-based strategy to implement in their community to prevent Sudden Unexpected Infant Deaths. The team will provide support by providing funding to support the implementation of the strategy, sharing best practices and AAP evidence-based strategies, and support with developing and conducting the evaluation.

SPM ESM 7.1 - In FFY2026, at least 300 community leaders will receive information and resources supporting the design of local maternal and infant health education efforts.

Priority Need: Community / family leaders and CBOs meaningfully participate in the design, monitoring, and evaluation of MCH policies and services.

Objective 2.3

In FFY2030, at least 80% of family, community and/or community based organization leaders report that they are “highly” or “very highly” satisfied with the training and/or coaching received to support their meaningful participation in the design, monitoring and evaluation of maternal and infant health policies and services.

Strategy 2.3.1: Training and coaching for family, community, and community based organization leaders participating in Title V supported maternal and infant health programs and activities.

The mission of the Bureau of Family Health (BFH), Louisiana’s Title V agency, is “to elevate the strengths and voices of individuals,

families, and communities to catalyze transformational change to improve population health.” Aligned with this mission, the Bureau is committed to continuously improving two-way exchange of information and *meaningful participation*¹ of communities and families in the design, monitoring, and evaluation of Title V supported programs. This commitment to shifting power to communities and families is integrated into (1) the strategies and tactics used in the delivery of direct and enabling services to individuals and families, (2) the design, monitoring, and evaluation of systems strengthening programs and services, (3) the formulation and promotion of policy and legislation affecting the state’s MCH populations, and (4) the processes guiding the overall strategy of the Bureau.

In recent years, the Title V Program has supported increased participation of community and/or family leaders in decision-making mechanisms including program steering/advisory meetings or state-mandated Boards, Councils, and Commissions. However, efforts to prepare community/family leaders to effectively, or “meaningfully”, participate in these mechanisms have been varied and largely dependent on the leadership of the individual program/project manager. The 2026 - 2030 state action plan will increase focus on truly shifting power to community/family leaders and the community based organizations closest to the state’s MCH populations by supporting the development and piloting of standardized processes for recruitment, onboarding, and continuous mentoring and leadership development. In FFY2026, the Title V Program will prioritize completing an assessment of training and capacity building needs and interests and identification of an institutional partner to support the design and delivery of capacity building activities for community/family leaders. Recognizing that there are numerous experienced leaders currently participating meaningfully in Title V supported program activities, a peer-to-peer learning strategy is anticipated to be a core component of the approach to the community/family leader empowerment strategy.

The Louisiana Pregnancy Risk Assessment Monitoring System Steering Committee, the Domestic Abuse Fatality Review Committee, and the Pregnancy Associated Mortality Review Committee each include representation of six community-based organizations serving the maternal and infant populations of the state. In FFY2026, these teams will continue to recruit representatives from community-based organizations and individuals with lived experience from across the state as members of the Pregnancy-Associated Mortality Review committee and will continue to implement an onboarding process that includes a New Member Welcome Package as well as a scheduled orientation prior to receiving cases for review.

Since its inception, the LaPQC has prioritized engaging patients, families, and communities as a foundational element of its structure and implementation model. Foundational to all LaPQC initiatives is its “*faculty*”. An LaPQC faculty is an initiative specific advisory mechanism including clinical subject matter experts as well as community based organizations and “patient partners”. Faculty help to inform the planning and implementation of LaPQC initiatives and serve as a direct resource to participating teams. Birthing hospitals are now required to have a patient partner on their improvement team for the 2025-2026 Birth Ready and Gift Designation period. In FFY2026, the LaPQC will continue to pilot and refine approaches to strengthen meaningful partnerships with patient, family, and community representatives.

The Louisiana Perinatal Quality Collaborative (LaPQC) will also continue to provide technical assistance to participating hospitals to reinvent their traditional birthing hospital task force into a Hospital Community Task Force. The LaPQC team, in partnership with Coffective, supports teams in progressing through 4 benchmarks that ensure that the community’s priorities are addressed and implementation of quality improvement processes is informed by community voice. The hospital leaders, a designated community expert, and key community partners will co-create a Hospital Community Task Force (HCTF) with rotating leadership, a shared agenda, and shared decision-making. The goal is to improve power dynamics between the hospital and community and co-create quality improvement priorities and actions to be more relevant and thus more effective in closing birth and breastfeeding-related disparities.

SPM ESM 8.1 - In FFY2026, at least 15 family, community, and/or CBO leaders will receive training/coaching to support their meaningful participation in the design, monitoring, and evaluation of maternal and infant health policies and services.

Priority Need: MCH systems of care have improved capacities to ensure access to quality maternal and infant health services.

Objective 2.4

In FFY2030, at least 95% of very low birth weight (VLBW) infants will be born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU).

Strategy 2.4.1: Improve access to quality infant nutrition and development services by providing funding and technical assistance

to birthing hospitals, freestanding birthing centers, and other clinical and community based providers.

Perinatal Quality Collaboratives (PQCs) have been recognized by national leaders as an effective strategy to address critical drivers of health outcomes, while improving the efficiency, effectiveness, and cost of healthcare. Louisiana is represented in the National Network of Perinatal Quality Collaboratives (NNPQC) and serves as the state's lead entity for implementing the American College of Obstetricians and Gynecologists (ACOG) Alliance for Innovation on Maternal Health (AIM) patient safety bundles. The LaPQC priorities and actions are guided by public health data and advisement from health system partners and advocates, in and outside of Louisiana. Data-related guiding priorities originate primarily from the Louisiana Pregnancy Associated Mortality Review (PAMR). The LaPQC serves as the primary "action" arm of the public health cycle, advancing recommendations that apply to healthcare providers and healthcare systems.

Since its launch in 2017, the Louisiana Perinatal Quality Collaborative (LaPQC) has advanced the use of quality improvement (QI) science across birthing facilities statewide. Through targeted pilot projects, intensive statewide initiatives, and designation systems, the LaPQC has helped embed best practices into routine perinatal care.

Louisiana hospital administrators and clinical teams now expect ongoing QI coaching and support from the LaPQC to implement and sustain evidence-based care. Patients, families, and community advocates also expect Louisiana hospitals to deliver safe, patient-centered, and respectful perinatal care. Importantly, LaPQC participation is now a licensure requirement for all birthing hospitals in the state. The LaPQC's initiatives and designation systems employ nationally-recognized methods to improve the safety and quality of clinical care. The implementation of strategies to achieve desired outcomes will be guided by national best practice recommendations, state surveillance data, and feedback from participating teams, subject matter experts, and patient and community partners.

In FFY2026, the LaPQC will continue to implement the Louisiana Gift (LaGift) Designation Program to recognize participating LaPQC birthing facilities and create a system of sustained evidence-based change. With two tiers of achievement — Gift and Gift+ — this designation recognizes facilities' consistent, healthcare and quality improvement work. Gift Designation also celebrates improved perinatal/neonatal health outcomes, the result of implementing safe, patient-centered and dignified clinical practices to improve outcomes for all women who give birth and their infants in Louisiana. Each Designation level includes the following five areas of requirement: participation in collaborative learning; patient-centered care; policies and procedures; structures and education; and outcome and process measures.

As part of the 2024 Gift Designation updates, facilities are now required to collect infant feeding surveys from their patients to guide hospitals in areas of improvement for breast milk use and other infant feeding best practices. In FFY2026, the Gift will continue to award designation to hospitals that meet the updated designation and re-designation criteria by maintaining a standardized application review process, which will align with the Louisiana Birth Ready Designation process starting in December 2025.

In FFY2026, targeted technical assistance will be provided to support birthing hospital teams to implement family-centered infant feeding and mother-infant care best practices in both mother-baby units and NICU settings. The Gift initiative will support birthing facilities to address best practice areas for improvement identified in Louisiana's CDC Maternity Practices in Infant Nutrition and Care (mPINC) survey report. This includes promoting 24-hour rooming-in for mothers and newborns (excluding medically necessary separations) while continuing to sustain and build on gains in breastfeeding outcomes.

In FFY2026, The Gift will continue to expand quality improvement efforts into neonatal intensive care units (NICUs). This work focuses on implementing evidence-based infant feeding practices and fostering patient- and family-centered care for all families, including those with newborns prenatally exposed to substances. Key areas of focus include (1) promoting breastmilk use through early and frequent milk expression, access to donor human milk, and improved availability of breast pumps and peer support and (2) providing technical assistance to support the development and implementation of standardized policies and procedures for kangaroo care (skin-to-skin contact).

In addition to The Gift initiative, the LaPQC will continue to implement the Obstetric Readiness in Emergency Departments (ORED) initiative and Community Birth Initiative (CBI). The ORED initiative will work with participating Emergency Departments to improve the identification and care of lactating patients through training, tools and technical assistance. While Free-Standing Birth Centers typically excel in breastfeeding support and outcomes, the CBI will continue to promote integration of best practices for breastfeeding support in community birthing settings. Additionally, the LaPQC will support recognition and response to neonatal emergencies.

Strategy 2.4.2: Improve access to quality services for dyads affected by substance & opioid use disorder by providing technical assistance to birthing hospital Neonatal Intensive Care Units (NICU).

From September 2021 through November 2023, the LaPQC implemented a small-scale *Improving Care for the Substance-Exposed Dyad* (ICSED) initiative in 10 birthing hospitals. Beginning in January 2025, this effort expanded to all participating birthing hospitals—establishing a strong, statewide foundation for dyadic care. This expanded initiative is known as ICSED 2.0.

Participating hospitals will receive access to collaborative learning opportunities through monthly calls, individualized quality improvement coaching via quarterly Charter Chats, support for tracking key metrics and leveraging data for improvement, as well as tools and resources to guide implementation. Teams will also receive training materials focused on reducing stigma and bias, conducting universal screening, providing care for perinatal patients and newborns affected by substance use, distributing naloxone, and effectively linking patients to treatment and support services.

ICSED Plus is an initiative for birthing hospital teams that previously participated in the first iteration of the ICSED Initiative. ICSED Plus builds on existing perinatal substance use care models by piloting an intensive, integrated approach at leading hospitals. Key elements of ICSED Plus include (1) family-centered addiction care, (2) connections to peer support services and treatment partnerships, (3) integrated care navigation to ensure long-term maternal and infant health success, and (4) comprehensive training in addiction care.

A key feature of ICSED 2.0 and ICSED Plus will be supporting teams in implementing the Eat, Sleep, Console approach to optimize outcomes for infants with Neonatal Opioid Withdrawal Syndrome/ Neonatal Abstinence Syndrome (NOWS/NAS). The Eat, Sleep, Console (ESC) approach demonstrates significant advantages in managing NOWS/NAS, including shorter hospital stays, reduced need for medication, improved infant comfort, and enhanced family bonding. The LaPQC will work with leading subject matter experts to support teams in implementing five core principles of ESC: Empowering mom as medicine; treat the baby like a baby; always leading with kindness; creating a home-like space, and approaching the use of medications mindfully. In FFY2026, the LaPQC will partner with Epifluence, formerly Stader Opioid Consultants, to create a video series highlighting the five pillars of the Eat Sleep Console approach.

ESM RAC.1 - In FFY2026, at least 86.9% of birthing hospitals in Louisiana will achieve Gift Designation.

Priority Need: Quality steering / advisory mechanisms ensure policymakers, providers, and MCH populations are effectively collaborating to design, monitor, and evaluate MCH policies and services.

Objective 2.5

In FFY2030, at least 80% of participants "strongly" or "very strongly" agree that the steering / advisory mechanism is "effectively contributing to the improvement of maternal and infant policies and services".

Strategy 2.5.1: Improve health policies and services for infants by directly convening steering / advisory mechanisms that include participation of policymakers, providers, and MCH populations.

The Title V Program supports state and local steering/advisory mechanisms including public bodies (i.e., boards, commissions, councils, etc.), program/project specific steering or advisory committees, and other planning and coordination mechanisms. Louisiana's Title V Program places significant emphasis on ensuring meaningful participation of constituents including policymakers, providers, and people (MCH populations) in the steering / advisory mechanisms. The program recognizes that participants in Title V supported steering / advisory mechanisms have varying levels of familiarity with:

- existing state statutes and/or administrative codes relevant to MCH programs and services
- the metrics used to monitor health outcomes and evaluate MCH programs and services
- the strengths and weaknesses of existing programs and services
- national standards and best practices for MCH programs and services

While bringing people with different areas of expertise is essential for quality steering / advisory mechanisms, a common foundation of understanding facilitates effective dialogue, problem solving, and consensus building. Louisiana's Title V Program contributes to effective dialogue by providing guidance for the recruitment and onboarding of new members, providing training to ensure Title V supported program staff clearly understand their roles and responsibilities, and by providing ad-hoc support when needed. Title V supported steering/advisory mechanisms related to the health of infants include:

Louisiana Commission on Perinatal Care and Prevention of Infant Mortality

The Commission on Perinatal Care and Prevention of Infant Mortality was established in 1989 by Louisiana Revised Statute

40:2018 to improve maternal and infant health outcomes in the state. The Commission is composed of 16 members, including 14 healthcare and public health providers appointed by the governor, and two members appointed by the Louisiana Legislature. Per statute, the Commission was established within the Louisiana Department of Health (LDH). Support for the Commission is provided through the LDH Office of Public Health (OPH), Bureau of Family Health (BFH), which leads the state's public health assessment, assurance and policy functions related to maternal and child health.

The Commission on Perinatal Care and Prevention of Infant Mortality is authorized by [R.S. 40:2018](#) and the Commission's core functions include reviewing current regulations and laws affecting perinatal health, seeking grants for mortality studies, and contracting research as needed. The commission has the authority to access relevant health data and vital records to conduct studies, ensuring confidentiality and legal protections for sensitive information.

The Commission's goals focus on improving infant health outcomes through data comparison and research, proposing healthcare financing plans, and enhancing education and public policies through public presentations and targeted discussions. Specific targets include reducing infant mortality rates to no more than nine per thousand live births, lowering the percentage of low birth weight babies, and decreasing disparities across regions and demographics. Overall, the Commission's efforts aim to support Louisiana's progress toward healthier pregnancies and infants through research, policy review, and community education.

State and Local Child Death Review Committees

To complete the Child Death Review, 9 regional Maternal and Child Health 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. Recommendations defined by local Child Death Review 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.

The state-level Child Death Review is a legislatively mandated panel that includes 29 multidisciplinary panel members of Louisiana state and non-governmental agencies and organizations. The state Child Death Review panel serves as a platform to elevate local-level issues or to support Child Death Review partners in statewide systems change efforts. The state Child Death Review panel is also responsible for the publication of the annual Child Death Review report that highlights data and specific prevention recommendations by audience and topic area.

In FFY2026, regional and state Child Death Review panels will continue to meet regularly to conduct case review and identify prevention recommendations. The regional Community Action and Advisory Teams will also meet regularly to discuss and share findings, promote health education messages, and implement recommendations. In FFY2026, the state Child Death Review will prioritize elevating the recommendations to policymakers, such as presenting the findings and recommendations at a Children's Cabinet Advisory Board meeting.

SPM ESM 9.1 - In FFY2026, at least 80% of Title V supported steering / advisory mechanisms produce actionable recommendations to improve maternal and infant health policies and services.

Priority Need: State policies relevant to MCH programs and services are modernized to align with current day public health functions.

Objective 2.6

By FFY2030, at least 2 infant health policy priorities have been advanced through 2 stages of the policy process towards implementation or other resolution.

Strategy 2.6.1: Contribute to advancing policy priorities for infant health through the five stages of the policy process (Identification, Analysis, Strategy and Policy Development, Enactment, Implementation) by producing data / information briefs and providing subject-matter expertise to inform policy dialogue.

Legal statutes, or laws, are the foundation of the federal and state MCH policy framework. In addition to legal statutes, the Louisiana Administrative Code (LAC) is the official, state-certified compilation of rules adopted or amended by Louisiana state agencies, which provide detailed guidance for the implementation of many state programs, services, and functions. Over the

past several years, the Title V Director and program staff have identified the need to revise state laws and/or associated rules in order for them to more accurately reflect current-day needs and functions.

The Title V supported Policy and Legislation section provides technical assistance to all Title V supported programs. Utilizing the CDC Policy Process as a framework for strategic planning, the policy section provides expertise to facilitate advancing policy priorities through each of the five stages: Problem Identification, Policy Analysis, Strategy and Policy Development, Policy Enactment, and Policy Implementation. The Policy and Legislation section delivers internal training and capacity building activities to improve Title V workforce skills for policy analysis, policy development, rulemaking, and engaging with policymakers.

In FFY2026, the Policy and Legislation section will collaborate with Title V supported programs to identify and prioritize policy priorities and to develop strategies to facilitate advancing policy priorities to the next stage of the policy process. With a focus on priority needs identified in the 2025 Title V Needs Assessment and highlighted in the 2026 - 2030 State Action Plan, programs will be supported to scan existing legislation and review current administrative code to identify policy gaps or opportunities for modernization.

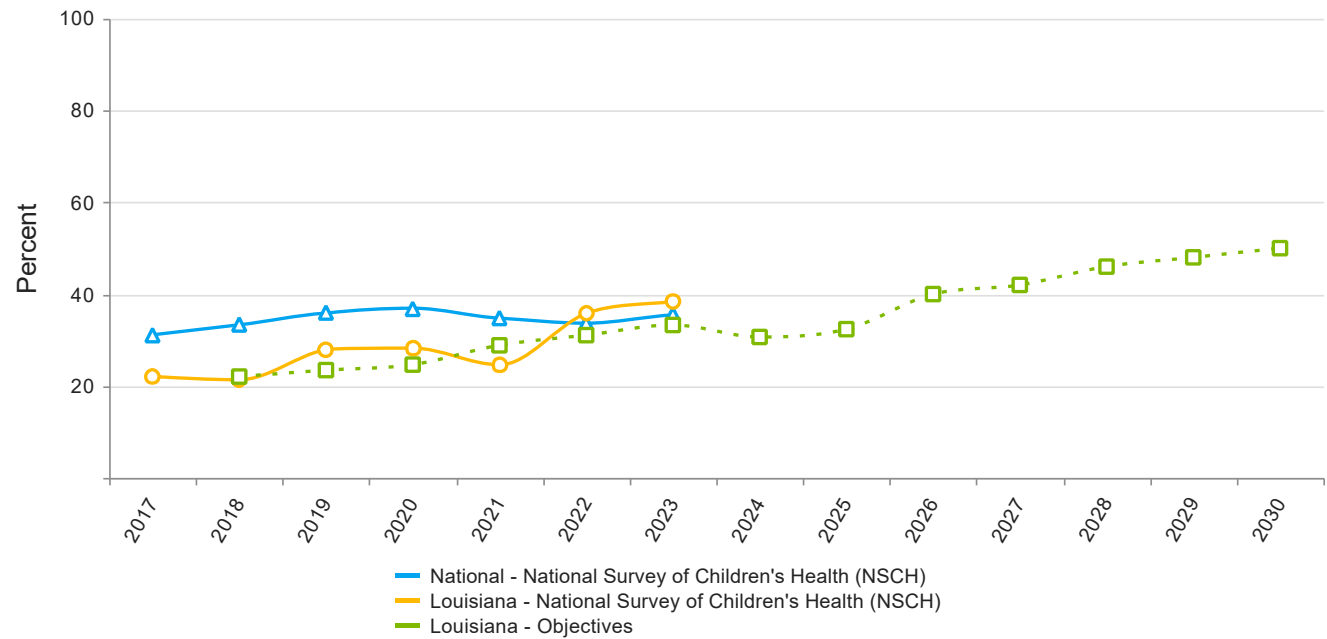
A critical component of this strategy is to ensure key constituent input in policy development. Programs will be supported to develop data / information briefs to facilitate dialogue with key constituents including state agency leadership staff, steering / advisory mechanism members, community / family leaders, and all key Title V workforce staff. Lastly, programs will be supported to develop strategies for engaging key constituents in the policy development stage of the process. In addition to engagement with Title V supported steering / advisory mechanisms, engagement with Medicaid quality committees and related work groups is anticipated to be a key activity in the policy development process.

SPM ESM 10.1 - In FFY2026, at least 1 data / information brief is produced to inform policy dialogue.

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 - DS
Indicators and Annual Objectives



Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2020	2021	2022	2023	2024
Annual Objective	24.7	28.9	31.1	33.3	30.7
Annual Indicator	29.0	29.9	24.2	35.8	38.5
Numerator	50,909	48,525	32,172	47,267	47,907
Denominator	175,529	162,221	133,071	131,988	124,356
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2018_2019	2019_2020	2020_2021	2021_2022	2022_2023

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	40.0	42.0	46.0	48.0	50.0

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:			Inactive - Replaced		
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective	24	200	400	800	650
Annual Indicator	150	786	791	602	653
Numerator					
Denominator					
Data Source	Internal program records	Internal program records	Internal Program Records	Internal Program Records	Internal Program Records
Data Source Year	2020	2021	2022	2023	2024
Provisional or Final ?	Final	Final	Final	Final	Final

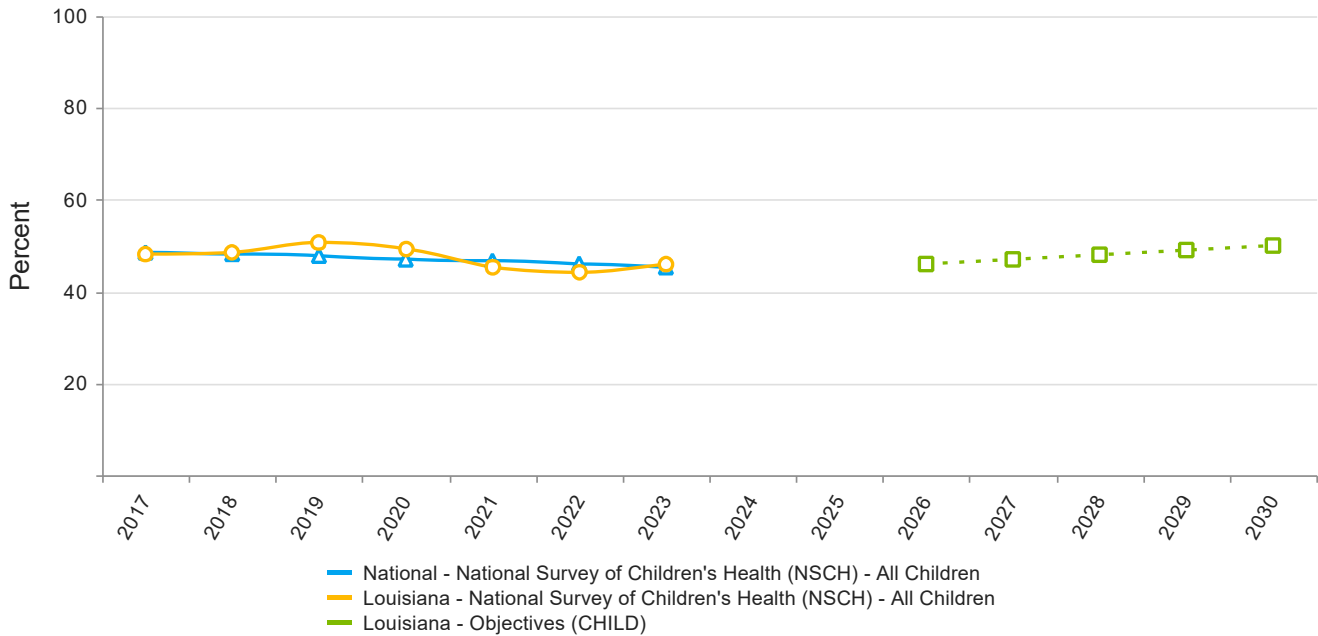
ESM DS.2 - In FFY2026, at least 80% of developmental screening providers who participated in training and/or technical assistance will demonstrate improved knowledge of recommended screening tools and screening guidelines.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

**NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH
Indicators and Annual Objectives**



NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH - Child Health - All Children

Federally Available Data		
Data Source: National Survey of Children's Health (NSCH) - All Children		
	2023	2024
Annual Objective		
Annual Indicator	44.3	45.8
Numerator	477,017	488,363
Denominator	1,076,134	1,067,104
Data Source	NSCH-All Children	NSCH-All Children
Data Source Year	2021_2022	2022_2023

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	46.0	47.0	48.0	49.0	50.0

Evidence-Based or –Informed Strategy Measures

ESM MH.1 - In FFY2026, at least 1000 families will receive care coordination services from the Family Resource Center

Measure Status:					Active
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective	300	150	350	400	450
Annual Indicator	24	303	271	701	738
Numerator					
Denominator					
Data Source	Internal program records.	Internal program records.	Internal Program Records	Internal Program Records	Internal Program Records
Data Source Year	2020	2021	2022	2023	2024
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0

ESM MH.2 - In FFY2026, 100% of infants with a presumptive positive screening result for heritable conditions will receive follow-up for additional testing and linkage to appropriate care.

Measure Status:					Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	100.0	100.0	100.0	100.0	100.0

ESM MH.3 - In FFY2026, at least 98% of cases identified by the Louisiana Birth Defects Monitoring Network will be processed within 45 days.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	98.0	98.0	98.0	98.0	98.0

ESM MH.4 - In FFY2026, 100% of community Sickle Cell Foundations will define an action plan to improve access to a medical home for children with Sickle Cell Disease.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	100.0	100.0	100.0	100.0	100.0

State Performance Measures

SPM 11 - Percent of children's health constituents reporting "high" or "very high" satisfaction with the quality of data products available.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Evidence-Based or –Informed Strategy Measures

SPM ESM 11.1 - In FFY2026, at least 3 children's health data products will be produced or updated and disseminated to key constituents to facilitate data-informed decision-making.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	3.0	3.0	3.0	3.0	3.0

SPM 12 - Percent of children’s health constituents reporting that they “frequently” or “very frequently” share key health education messages with their families and other community members.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Evidence-Based or –Informed Strategy Measures

SPM ESM 12.1 - In FFY2026, at least 300 community leaders will receive information and resources supporting the design of local child and adolescent health education efforts.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	300.0	300.0	300.0	300.0	300.0

SPM 13 - Percent of family, community and/or community based organization leaders engaged in Title V supported children’s health programs who reported “high” or “very high” satisfaction with the training / coaching received.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Evidence-Based or –Informed Strategy Measures

SPM ESM 13.1 - In FFY2026, at least 12 family, community, and/or CBO leaders will receive training and/or coaching to support their meaningful participation in the design, monitoring, and evaluation of children’s health policies and services.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	12.0	12.0	12.0	12.0	12.0

SPM 14 - Percent of participants who “strongly” or “very strongly” agree that the children’s health steering / advisory mechanism is “effectively contributing to the improvement of Louisiana’s children’s health policies and services”.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Evidence-Based or –Informed Strategy Measures

SPM ESM 14.1 - In FFY2026, at least 80% of Title V supported steering / advisory mechanisms produce actionable recommendations to improve child and adolescent health policies and services.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

SPM 15 - Number of children's health policy priorities advanced through 2 stages of the policy process towards implementation or other resolution.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	0.0	0.0	0.0	1.0	2.0

Evidence-Based or –Informed Strategy Measures

SPM ESM 15.1 - In FFY2026, at least 1 data / information brief is produced to inform policy dialogue.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	1.0	1.0	1.0	1.0	1.0

State Action Plan Table

State Action Plan Table (Louisiana) - Child Health - Entry 1

Priority Need

MCH systems of care have improved capacities to ensure access to quality child and adolescent health services.

NPM

NPM - Medical Home

Five-Year Objectives

OBJ 3.4: In FFY2030, at least 50% children with and without special health care needs, ages 0 through 17, will meet the criteria of having a medical home.

Strategies

Strategy 3.4.1: Improve first responder and emergency department capacities to provide quality emergency medicine services for children.

Strategy 3.4.2: Provide technical assistance to improve in-state universities' educational curricula and didactics for pediatric medical students.

Strategy 3.4.3: Provide technical assistance to improve key constituent capacities to deliver trauma-informed services.

Strategy 3.4.4: Improve access to comprehensive, holistic medical home services by providing technical assistance to hospitals, health centers, and other clinical and community-based providers.

Strategy 3.4.5: Improve families' access to information and referral services through direct implementation of a virtual, statewide care-coordination resource center.

ESMs

Status

ESM MH.1 - In FFY2026, at least 1000 families will receive care coordination services from the Family Resource Center Active

ESM MH.2 - In FFY2026, 100% of infants with a presumptive positive screening result for heritable conditions will receive follow-up for additional testing and linkage to appropriate care. Active

ESM MH.3 - In FFY2026, at least 98% of cases identified by the Louisiana Birth Defects Monitoring Network will be processed within 45 days. Active

ESM MH.4 - In FFY2026, 100% of community Sickle Cell Foundations will define an action plan to improve access to a medical home for children with Sickle Cell Disease. Active

NOMs

Children's Health Status

CSHCN Systems of Care

Flourishing - Young Child

Flourishing - Child Adolescent - CSHCN

Flourishing - Child Adolescent - All

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

Priority Need

MCH systems of care have improved capacities to ensure access to quality child and adolescent health services.

NPM

NPM - Developmental Screening

Five-Year Objectives

OBJ 3.5: In FFY2030, at least 50% children with and without special health care needs will meet the criteria of having a medical home.

Strategies

Strategy 3.5.1: Promote evidence-based developmental screening practices through direct training and coaching of pediatric providers.

ESMs

Status

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

Inactive

ESM DS.2 - In FFY2026, at least 80% of developmental screening providers who participated in training and/or technical assistance will demonstrate improved knowledge of recommended screening tools and screening guidelines.

Active

NOMs

School Readiness

Children's Health Status

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

Priority Need

Reliable data is available to inform the design, monitoring, and evaluation of MCH policies and services.

SPM

SPM 11 - Percent of children's health constituents reporting "high" or "very high" satisfaction with the quality of data products available.

Five-Year Objectives

OBJ 3.1: In FFY2030, at least 80% of child and adolescent health constituents report that they are "highly" or "very highly" satisfied with the quality of data products available to inform strategic decision-making.

Strategies

Strategy 3.1.1: Improve key constituents' (policymakers, providers, MCH populations) understanding of the key drivers and underlying factors contributing to Louisiana's child health outcomes by directly carrying out epidemiological surveillance / investigations, disseminating health education messages, and presenting recommendations to improve child health policies and services.

ESMs

Status

SPM ESM 11.1 - In FFY2026, at least 3 children's health data products will be produced or updated and disseminated to key constituents to facilitate data-informed decision-making.

Active

NOMs

Child Injury Hospitalization

State Action Plan Table (Louisiana) - Child Health - Entry 4

Priority Need

Communities and families have timely access to reliable and accessible information.

SPM

SPM 12 - Percent of children's health constituents reporting that they "frequently" or "very frequently" share key health education messages with their families and other community members.

Five-Year Objectives

OBJ 3.2: In FFY2030, at least 80% of children's health constituents will report that they "frequently" or "very frequently" share children's health education messages with their families and other community members.

Strategies

Strategy 3.2.1: Improve community leaders' understanding of effective strategies for responding to key risk and protective factors affecting children's health by convening community action and advisory teams.

Strategy 3.2.2: Improve families' access to information, parental education, and referral services through direct implementation of home visiting services.

Strategy 3.2.3: Improve public understanding of the impacts of early childhood trauma and the importance of trauma-informed care by providing funding and technical assistance for the implementation of the Whole Health Louisiana Childhood Adversity Resilience Education (CARE) Network Initiative.

ESMs

Status

SPM ESM 12.1 - In FFY2026, at least 300 community leaders will receive information and resources supporting the design of local child and adolescent health education efforts.

Active

NOMs

Child Injury Hospitalization

State Action Plan Table (Louisiana) - Child Health - Entry 5

Priority Need

Community / family leaders and CBOs meaningfully participate in the design, monitoring, and evaluation of MCH policies and services.

SPM

SPM 13 - Percent of family, community and/or community based organization leaders engaged in Title V supported children's health programs who reported "high" or "very high" satisfaction with the training / coaching received.

Five-Year Objectives

OBJ 3.3: In FFY2030, at least 80% of family, community and/or community based organization leaders report that they are "highly" or "very highly" satisfied with the training and/or coaching received to support their meaningful participation in the design, monitoring and evaluation of children's health policies and services.

Strategies

Strategy 3.3.1: Training and coaching for family, community, and community based organization leaders participating in Title V supported children's health programs and activities.

ESMs

Status

SPM ESM 13.1 - In FFY2026, at least 12 family, community, and/or CBO leaders will receive training and/or coaching to support their meaningful participation in the design, monitoring, and evaluation of children's health policies and services.

Active

NOMs

Child Injury Hospitalization

State Action Plan Table (Louisiana) - Child Health - Entry 6

Priority Need

Quality steering / advisory mechanisms ensure effective collaboration in the design, monitoring, and evaluation of MCH policies and services.

SPM

SPM 14 - Percent of participants who “strongly” or “very strongly” agree that the children’s health steering / advisory mechanism is “effectively contributing to the improvement of Louisiana’s children’s health policies and services”.

Five-Year Objectives

OBJ 3.6: In FFY2030, at least 80% of participants "strongly" or "very strongly" agree that the steering / advisory mechanism is "effectively contributing to the improvement of children's health policies and services".

Strategies

Strategy 3.6.1: Improve children's health policies and services by directly convening steering / advisory mechanisms that include participation of policymakers, providers, and MCH populations.

ESMs

Status

SPM ESM 14.1 - In FFY2026, at least 80% of Title V supported steering / advisory mechanisms produce actionable recommendations to improve child and adolescent health policies and services.

Active

NOMs

Child Injury Hospitalization

State Action Plan Table (Louisiana) - Child Health - Entry 7

Priority Need

State policies relevant to MCH programs and services are modernized to align with current day public health functions.

SPM

SPM 15 - Number of children's health policy priorities advanced through 2 stages of the policy process towards implementation or other resolution.

Five-Year Objectives

OBJ 3.7: In FFY2030, at least 2 child health policy priorities have been advanced through 2 stages of the policy process towards implementation or other resolution.

Strategies

Strategy 3.7.1: Contribute to advancing children's health policy priorities through the five stages of the policy process (Identification, Analysis, Strategy and Policy Development, Enactment, Implementation) by producing data / information briefs and providing subject-matter expertise to inform policy dialogue.

ESMs

Status

SPM ESM 15.1 - In FFY2026, at least 1 data / information brief is produced to inform policy dialogue.

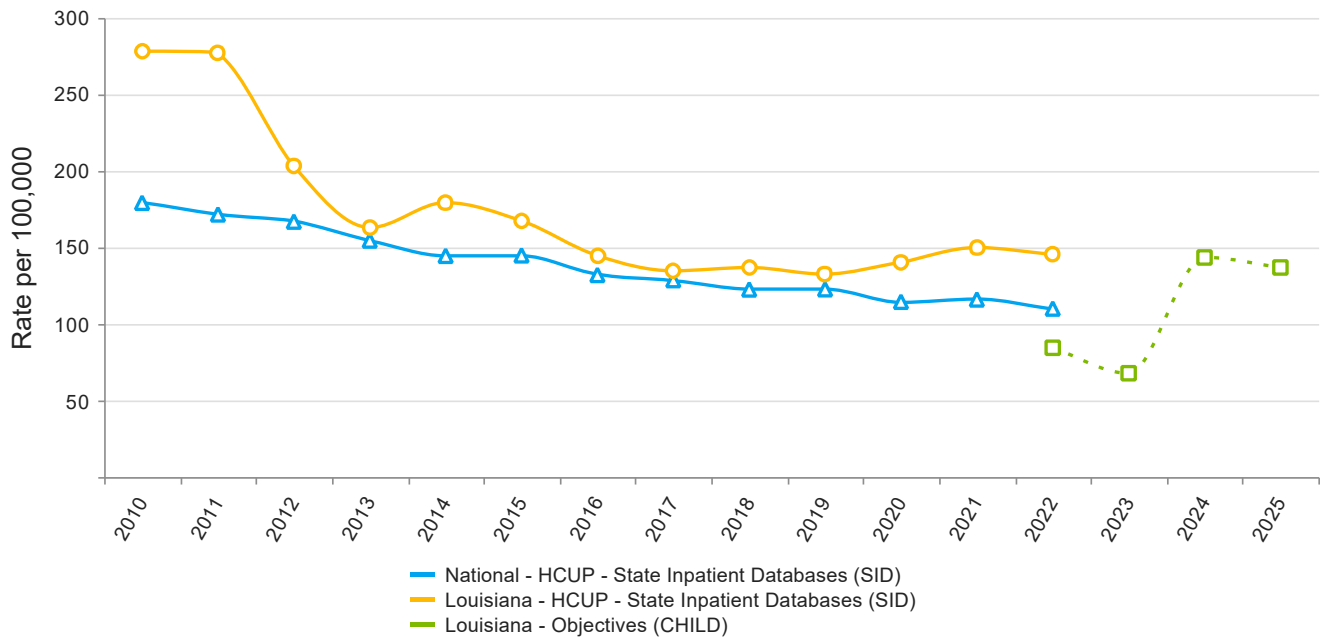
Active

NOMs

Child Injury Hospitalization

2021-2025: National Performance Measures

2021-2025: NPM - Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9 - IH-Child Indicators



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	2024
Annual Objective			84.5	67.9	143.4
Annual Indicator	136.9	135.6	142.4	149.4	145.6
Numerator	833	817	851	876	838
Denominator	608,586	602,686	597,623	586,475	575,538
Data Source	SID-CHILD	SID-CHILD	SID-CHILD	SID-CHILD	SID-CHILD
Data Source Year	2018	2019	2020	2021	2022

2021-2025: Evidence-Based or –Informed Strategy Measures

2021-2025: ESM IH-Child.1 - Number of households participating in evidence-based home visiting programs

Measure Status:				Active	
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective			2,500	2,550	2,600
Annual Indicator	2,186	2,471	2,951	3,093	2,901
Numerator					
Denominator					
Data Source	MIECHV Annual Performance Report	MIECHV Program Records	MIECHV Program Records	MIECHV Program Records	MIECHV Program Records
Data Source Year	2020	2021	2022	2023	2024
Provisional or Final ?	Final	Final	Final	Final	Final

2021-2025: 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.

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 groups⁴. 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 drowning⁵. Non-fatal injuries can have life-long consequences for a child, and injury-related hospitalizations are a leading cause of child hospitalizations in Louisiana.

Summary of child health interventions supported by Title V in FFY2024

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 end of the 2022 Louisiana legislative session, Act 356 passed, requiring primary care providers to perform a standardized autism spectrum disorder screening during routine well-child visits. Additionally, Act 188 was enacted, mandating Louisiana's post-natal and pediatric providers to screen for the signs and symptoms of postpartum depression or related mental health disorders using validated screening tools. These screening requirements align with recommendations from the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP). The passing of these bills resulted in an increased volume of technical assistance requests from providers seeking guidance on conducting screenings for perinatal depression, connecting families to resources, and navigating Medicaid policies, procedures, and billing processes.

In FFY2024, the Bureau of Family Health's (BFH) DS Initiative collaborated with Medicaid to promote strategies to support providers and increase provider and clinic capacity education. The developmental screening initiative partnered with Medicaid to provide a webinar session as part of the Developmental Screening Webinar Summer Series with content related to Medicaid reimbursement and updates to billing policies and procedures. The session was led by the Louisiana Medicaid Chief Medical Officer, Dr. Shantel Hebert-Magee. To increase visibility and promotion, Louisiana Medicaid supported this effort through social media promotion, as well as postings in its monthly provider newsletter.

The DS Initiative also collaborated with Louisiana Medicaid to promote the BFH Early Childhood Developmental Screening Provider Survey. The survey aims to collect input from pediatric providers about current practices, barriers limiting/preventing universal screening, and technical assistance needs. Louisiana Medicaid assisted in efforts to engage providers by promoting the survey on its social media platforms, as well as postings in its newsletter.

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

Over FFY2024, the DS Initiative collaborated closely with the Centers for Disease Control and Prevention (CDC) Learn the Signs. Act Early. (LTSAE) Ambassador for Louisiana to incorporate LTSAE's family-engaged developmental monitoring tools into a variety of training sessions and scheduled clinic technical assistance. This partnership aimed to integrate developmental monitoring alongside developmental screening as a proactive approach to engaging families and strengthening collaborative partnerships. By incorporating LTSAE into the broader developmental screening efforts, the initiative encouraged families to actively participate in milestone discussions, fostering resilience and enhancing early awareness of developmental progress.

During the current Block Grant cycle, the DS Initiative recognized that perinatal and pediatric healthcare providers often face significant time constraints, which can limit their ability to participate in continuing professional development. These constraints make it difficult to ensure access to and knowledge of the current Louisiana screening guidelines. In light of this, the initiative

focused on creating more accessible and impactful educational opportunities to enhance provider knowledge and skills around best practices for early childhood developmental screening and appropriate referrals. The DS Toolkit currently hosts a library of on-demand short-byte learnings on each instrument recommended within the Louisiana Developmental Screening Guidelines.

Presentations on LDSG and Learn the Signs Act Early content to various health provider convenings

In FFY2024, the DS Initiative developed several strategic activities designed to increase the reach and accessibility to developmental screening professional development for healthcare providers. DS Initiative staff attended both the Louisiana Primary Care Association and the Louisiana Association of Family Physicians conferences to meet providers where they were already gathering and provide tools and guidance outlining the LDSG. Over 90 providers attended the presentations for greater awareness of the developmental screening guidelines. In addition, conference attendance fostered the opportunity to build relationships with individual providers thereby creating opportunities for future partnerships.

In addition to conference participation, the DS Initiative developed and launched the annual 2024 summer webinar series. Webinar topics were formulated from frequently asked provider questions during DS office hours/TA and conference evaluations. The webinars provided valuable insights for clinical practice and aimed to improve the consistency and reliability of screenings. Attendees were able to register for the series in its entirety, or individual sessions. Session titles included: DS Quick Tips: Best Practices to engage and partner with families during DS process; Medicaid Reimbursement and Billing Updates; Autism Spectrum Disorder: Fact of Fiction: Demystifying information, processes and screening; Making Connections: Linking families to support services through statewide resources; The Keys to Unlocking Electronic Health Records Integration for Developmental Screening Tools; Perinatal Depression: When risk is identified, what's next?; and Caregiver Depression Screening Pilot: Lessons Learned from Federally Qualified Health Centers. To support on-demand learning, training sessions were posted on the Louisiana Department of Health's (LDH) YouTube channel, making it easier for providers to access training materials at their convenience and reinforcing the accessibility of professional development opportunities.

For the 2024 Summer Series, intentional steps were taken to integrate family partnership content within several of the series training sessions. Family-centered care and family partnership is a crucial component to improving developmental health outcomes for Louisiana's children and families. In FFY2024, there were 307 attendees in the Summer Webinar Series from June to August who worked in the education system and clinical settings.

Continue to improve web content for the Developmental Screening Toolkit

To further ensure the appropriate development of training content, resources and provider engagement strategies, the Developmental Screening Toolkit website and specific webpages were tracked and monitored. A monthly report prepared by the BFH Epidemiologist provided analysis data of the viewer count, usage per page, and resource utilization. During FFY2024, there were 5,260 viewers recorded on the Developmental Screening Toolkit webpages. During months with greater visibility and promotion of the toolkit and the DS Initiative, webpage engagement often spiked in overall usage, especially related to Autism Spectrum disorder section/tools. Overall, the Summer Developmental Screening Webinar Series saw an increase in participants from its previous three years. In 2024, the number of participants increased by 207% from 148 participants in 2023 to 307 participants in 2024. The session with the greatest attendance was the Medicaid Reimbursement session with 71 participants.

Reviewed and updated the Louisiana Developmental Screening Guidelines (LDSG)

The Louisiana Developmental Screening Guidelines (LDSG) Biennial review was implemented in late FFY2023 and concluded in the first quarter of FFY2024. The review committees, composed of 25 Louisiana content experts in the fields of pediatric medicine, psychology, social work, public health, education, community and family experience, behavioral and mental health, higher education obstetrics and gynecology developed and came to a consensus on guideline updates for each of the 5 domains. These recommendations were submitted to BFH leadership review and the revised guidelines were fully adopted and published in February 2024. The updates replaced the previous iteration and LDH webpages including the DS Toolkit were updated.

Implementation of Developmental Screening Provider Survey

Historically, BFH utilized healthcare provider surveys to identify barriers that limit or prevent providers' ability to complete developmental screenings in accordance with state and national guidelines. Building on this approach, in FFY2023, the initiative undertook a significant update to the 2018 Provider Survey instrument. A comprehensive work plan and timeline were developed to guide the revision process and ensure the survey's dissemination in FFY2024.

The BFH Family and Community System Team (FCST), led by the DS Coordinator, conducted an extensive review of existing surveys, reports, and current research related to developmental screening best practices. The team analyzed data from previous healthcare provider surveys, as well as survey data from partner organizations and gathered key external partner input to ensure a deep understanding of the national and state early childhood developmental screening landscape. By synthesizing these data sources, the initiative aimed to enhance the survey's effectiveness in identifying current challenges and opportunities for improving developmental screening services across Louisiana. This collaborative effort generated a 25-question survey

instrument designed to gather primary care provider perspectives around the strengths of the states' early childhood developmental health system, recommendations for strengthening the developmental health service system, as well as current developmental screening and referral practices of Louisiana providers.

The DS survey was promoted and disseminated by BFH through email blasts, newsletters, social media posts and direct mailings. Additionally, agency partners such as LA-AAP, LAFP, LPCA, LA Medicaid, Louisiana Healthcare Connection, LA Association of Nurse Practitioners and Medicine Louisiana. At the fiscal year-end, 48 completed responses were received. The FCST decided to leave the survey open until January of 2025, in an effort to capture additional provider input. The results from the survey will be used to inform the Early Childhood Comprehensive Systems Strategic Plan, provider and family-facing resource materials, and provider education and training methods and topics.

Provision of Implementation, Training, and Support (ITS) technical assistance to community health providers and administrators
During FFY2024, the developmental screening coordinator provided technical assistance to over 35 health centers statewide. In August 2023, six Federally Qualified Health Centers received funding from HRSA to implement and develop pediatric developmental screening procedures in their clinics, with the overall goal of improving screening rates and health outcomes for pediatric patients. The developmental screening coordinator provided technical assistance, which consisted of developmental screening tool selection and training, full practice staff screening tool training as well as practice improvement quality improvement training to improve practice workflow.

Expand developmental screening resources for use in early childhood education (ECE) settings

During FFY24, the Developmental Screening Initiative utilized existing monthly meetings with the Louisiana Department of Education (LDOE) to develop strategies to integrate BFH developmental screening materials into the LDOE existing content, expand BFH resources for ECE providers and collaborate on the creation of new material and guidance for families. Through the monthly collaborative meetings, three main strategies were developed to expand developmental resources for use in early childhood education settings. One strategy was to provide content as the healthcare experts on their new ECE webpages. These webpages would include 0-5 child development, developmental screening and promotion, dental resources, and resources for families. This strategy was initiated and content was created in the developmental stage, but the LDOE decided to abort the website development completely to move in a new direction. Thus, the content that was created to promote DS was never utilized or published. The second strategy developed was to promote DS resources and information during the annual LDOE Teacher Leader Summit. An abstract for the conference was developed and approved. The Developmental Screening Coordinator facilitated two sessions at the conference with 260 participants. The last strategy identified was to provide updates to the current LDOE Developmental Screening Guidebook. The edits and updates were completed in March 2025. Monthly meetings with the LDOE continue to date, working to establish relevant strategies and point of collaboration between BFH and LDOE to promote and enhance developmental screening in the early education setting.

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 access to timely and accurate developmental screening and follow-up via a coordinated system of maternal health and early childhood providers

Project SOAR, Louisiana's Early Childhood Comprehensive Systems (ECCS) initiative, launched this 5-year project in August 2021. SOAR—*Screen Often and Accurately Refer*—focuses on strengthening the early childhood developmental health system, particularly screenings conducted during well-child visits.

Using the TU framework, the BFH SOAR Team with the SOAR Advisory Body, the Young Child Wellness Collaborative, collaboratively developed aspirational statewide universal goals that prioritize early childhood and perinatal depression screenings:

1. All children receive timely and accurate developmental screenings and follow-up.
2. All pregnant and parenting caregivers receive timely and accurate perinatal depression screenings and follow-up.

Over FFY2023, SOAR experienced a project pivot based on feedback from HRSA, technical assistance (TA) partners, and core team deliberations. The redesign improved alignment with the ECCS HRSA program objectives and accelerated the project timeline. The revised work plan created space for full development and implementation of the early childhood developmental health strategic plan.

The project redesign included development and implementation of a family/caregiver questionnaire to capture family lived experiences with the early childhood developmental health system, and additionally, obtain their input and recommendations around the systems' strengths and opportunities for improvement. The team launched the statewide questionnaire for parents, caregivers, and guardians on August 1, 2023. To reach a large sample, the SOAR team engaged in an extensive outreach process that continued into FFY2024. 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.

In FFY2024, the project continued to collect survey responses in English and further implemented translated versions of the parent/caregiver questionnaire (in Spanish, Arabic, and Vietnamese). The translated questionnaire strategy was implemented in February 2024. Each participant who completed the questionnaire was eligible to receive \$50 compensation for their input and time. Between the English and translated surveys, 717 questionnaires were completed. Additionally, nine Key-Informant interviews were conducted in March 2024 to support further SOAR inquiry and a deeper understanding of the family experience with the early childhood developmental health system. This collaborative effort gathered comprehensive feedback from many families, removing language barriers for an improved data collection process.

Lastly, a Ground Truthing session was completed with families from underrepresented parts of the state. This ground-truthing session asked Louisiana's underrepresented communities to confirm whether the information learned from the questionnaire resonated or aligned with their experiences. These families provided further context to the unique facilitators and barriers impacting P-3 families from their part of the state.

In FFY2024, Project SOAR onboarded three established "Family Leader Champions (FLCs)" as thought partners to support project implementation in grant year 2. The three FLCs have brought a wealth of experience to the table, including previous experience with prior ECCS grants. In addition, our FLCs have brought a unique perspective considering they represent LDH administrative regions within the northern part of the state and helped 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 was able to move from collaboration into deeper relationships with families via this mechanism. Two additional Family Leaders were brought on in July 2024.

Project SOAR continued to convene its advisory body, the Young Child Wellness Collaborative (YCWC), in bi-monthly meetings. 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 constituents. In FFY2024, the YCWC convened 6 times. Following each meet, the SOAR team collected meeting evaluation data to understand meeting effectiveness and input 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 FFY2024, Louisiana's SOAR Project began a new technical assistance project with the National MCH Workforce Development Center (WDC). The single-state engagement TA improved coordination and engagement of the Louisiana's Young Child Wellness Collaborative (YCWC) meets. The WDC TA offered tools and coaching to expand the team skillsets around systems approaches to developing a statewide plan of action for improvement of the early childhood developmental health system for the prenatal to age 3 population. Training covered such topics as opportunity statements, appreciative inquiry, implementation sciences, behavior over time graphs, and causal loop diagramming to support continuous strategic reflection for the SOAR team.

Population Priority: Reduce child injury and violence

Provide injury prevention education through evidence-based home visiting

In FFY2024, Louisiana's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) staff utilized a variety of curriculum materials, also known as facilitators, to educate clients and families.

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

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

The MIECHV Program implements the Nurse-Family Partnership (NFP) model in 52 parishes in LDH Regions 2-9. In FFY2024, MIECHV NFP reached (Title V-funded 704 + Non-Title V-funded 1,463) 2,167 clients. The MIECHV Program also implements the Parents As Teachers (PAT) model in 29 parishes in LDH Regions 1, 9, 6, 7, and 8. In FFY2024, MIECHV PAT reached (Title V-funded 30 + Non-Title V funded 704) 734 clients.

A specific goal of the LA MIECHV Program has been to increase Completed Developmental Referrals from 92% to 95% by September 30, 2024. Various Local Implementing Agencies (LIAs) were supported to test different changes via Plan-Do-Study-Act (PDSA) cycles. At the beginning of FFY2024 our rates had increased to 94%, reaching 95% by the end of the fiscal year. We successfully achieved our target of 95% completed developmental referrals, which remains above the national average of 70%. In response to these results, we will share best practices with all LIAs and implement strategies to sustain this improvement.

Recognizing 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 enhancement 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 who provides support and helps to build the capacity of the home visiting staff to better support families participating in MIECHV home visiting services. In FFY2024, the MIECHV Program provided 3,459 consultations, including 552 initial client consults and 2,907 follow up consultations.

Investigate and analyze trends in child injury and violence

The BFH Injury Prevention section 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, emergency department data, and syndromic surveillance 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, suicide data fact sheet, map of suicide death rates by parish, fatal and non-fatal injury fact sheet, and a drowning infographic. 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, and nonprofits. The team also responds to data requests to inform research and community programs and presents data findings and evidence-based prevention strategies at meetings and conferences such as the Louisiana Statewide Suicide Prevention Collaborative and Public Health Law Practitioners Conference.

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

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 and prevention 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 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. 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 FFY2024, State and Regional CDR panels prioritized drowning prevention, motor vehicle safety, and safe sleep 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.

The state-level CDR is a legislatively mandated panel that includes 29 multidisciplinary panel 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 state CDR Panel is also responsible for the publication of the annual Child Death Review report that highlights data and specific prevention recommendations by audience and topic area. The upcoming 2020-2022 Child Death Review report highlights several policy-level recommendations:

1. Increase access to and utilization of home visiting programs.
2. Encourage health plans to reimburse and offer incentives for child injury prevention devices and services.
3. Increase funding for and accessibility to high quality, affordable child care centers.
4. Establish comprehensive bereavement resources and services to Louisiana families.
5. Implement screenings for social determinants of health, mental health and safety screenings for caregivers and children before and during well-child or primary care visits.
6. Implement routine toxicology screening for child fatalities and children in the emergency room.
7. Implement first responder protocol for responding to and reporting child fatality cases.
8. Assess and provide additional resources and supports for infants and children with special health care needs.

Over the next year, the CDR team will develop action plans to begin moving these recommendations forward. State CDR panel members expressed interest in helping to elevate the recommendations to policymakers, such as presenting the findings and recommendations at a Children's Cabinet Advisory Board meeting.

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

EMS for Children has implemented four key strategies to enhance pediatric care:

1. *Standardized Pediatric Readiness Recognition Program for Emergency Departments:* The Emergency Medical Services for Children (EMSC) program aims to ensure that emergency departments are adequately prepared to provide high-quality care for children, promoting best practices and consistent standards across facilities. In FFY2024, the program was able to pilot the Emergency Department Pediatric Ready Designation in collaboration with Children’s Hospital (CHNOLA). This initiative has the potential to enhance the quality of emergency care service provided to children in the Greater New Orleans area.
2. *Standardized Pediatric Readiness Recognition for Pre-Hospital EMS Agencies:* Similar to the program for emergency departments, this initiative focuses on ensuring that pre-hospital EMS agencies are equipped and trained to effectively handle pediatric emergencies, enhancing the overall response to children in crisis.
3. *Disaster Plans Addressing the Needs of Children:* This strategy emphasizes the importance of including specific provisions for children's needs in disaster response plans, ensuring that pediatric considerations are integrated into emergency preparedness efforts.
4. *Engagement of Family Representatives on the EMS for Children Advisory Board:* In FFY2024, the program has added a second Family Advocate Network (FAN) representative. This new addition is working closely with our existing representative. By including family representatives, the advisory board can better understand the perspectives and needs of families, leading to more informed decision-making and policies that prioritize the health and safety of children.

These strategies collectively aim to improve the quality of emergency care for children and ensure that their unique needs are met in various situations.

Overview and context of population domain

According to the 2020-2022 Louisiana Child Death Review Report, the mortality rate for children ages one to 14 was 26.2 deaths per 100,000 children. The U.S. rate was 16.9 deaths per 100,000 children for the same time. More than half (52%) of deaths among children ages 1-14 were due to injuries. Many of the fatal injuries were considered preventable. Homicide, motor vehicle crashes and drowning were the top causes of injury-related child deaths.⁹

National Survey of Children's Health (NSCH) data show that the percentage of children receiving a developmental screening has increased from 24.5% in 2019 to 38.5% in 2023.¹⁰ Despite this progress, the rate is still far from the Health People 2030 goal of 65%. Only 45% of children have access to a medical home.

The 2026 - 2030 Title V program will continue to support implementation of child health surveillance programs including state and local Child Death Review panels. Community led public health education activities will be promoted through nine regional Community Action and Advisory Teams. The Title V Program will also continue to provide remote, universal care coordination services through the Family Resource Center as well as home visiting services to eligible families. First responders and emergency departments will be equipped and trained to provide emergency services for children. Community partners will be sensitized to the impacts of early children trauma and members of the statewide Whole Health Coalition will receive technical assistance to develop trauma resilient models of care. The Title V Program will also support improvement of developmental screening and care coordination practices by providing medical home training and technical assistance to hospitals, health centers, and other pediatric care contexts.

Planned Title V efforts and alignment with child priorities

Priority Need: Reliable data is available to inform policy makers, providers, and MCH populations engaged in the design, monitoring, and evaluation of MCH policies and services.

Objective 3.1

In FFY2030, at least 80% of child and adolescent health constituents report that they are "highly" or "very highly" satisfied with the quality of data products available to inform strategic decision-making.

Strategy 3.1.1: Improve key constituents' (policymakers, providers, MCH populations) understanding of the key drivers and underlying factors contributing to Louisiana's child health outcomes by directly carrying out epidemiological surveillance / investigations, disseminating health education messages, and presenting recommendations to improve child health policies and services.

Access to timely and reliable data is critical for ensuring that key constituents develop data-informed policies and services. As Louisiana's Title V agency, the Bureau of Family Health plays an important role in surveillance of key child health data indicators including mortality and hospitalization rates, rate of child thriving, rate of exposure to adverse experiences, rates of access to health services, etc. Public health surveillance includes monitoring changes in data trends over time as well as monitoring disparities across sub-population groups. Child mortality analysis is conducted every year. Findings are included in the Louisiana Child Death Review report.

In Louisiana in 2023, the child death rate was 27.6 deaths per 100,000 children ages 1-14, among the highest in the nation. The leading causes of these deaths from 2020-2022 were homicide, motor vehicle crashes, and drowning. The homicide rate in this age group surpassed motor vehicle crashes in 2019-2021 and continues to grow. These causes are largely preventable, yet they continue to disproportionately impact Louisiana's children and families.

To better understand and prevent these tragedies, the Louisiana Child Death Review panel conducts comprehensive, multidisciplinary reviews of unexpected child deaths. The panel identifies contributing factors, emerging trends, and gaps in prevention efforts, and develops recommendations aimed at reducing preventable deaths and informing policy and practice. The 2025 Child Death Review report, with data from 2021 - 2023, is in development and is expected to be published between November 2025 - January 2026.

Additionally, The Title V supported Whole Health Louisiana initiative began a data linkage project in FFY2025 to longitudinally connect data from several sources to track the health indicators related to trauma and resilience over time. Baseline data from

the preliminary linkages are anticipated to be available in FFY2026 and shared with the data source stewards within the Office of Public Health and the Department of Children and Family Services in FFY2026. This longitudinal data linkage is a long-term effort that will span multiple fiscal years.

The Whole Health Louisiana Initiative has partnered with the University of Louisiana at Lafayette's Kathleen Babineaux Blanco Public Policy Center, which will serve as the state's lead agency for the initiative. The Blanco Center is developing a data dashboard that will be shared on the public-facing Whole Health Louisiana website. The dashboard will include health indicators from the Office of Public Health and tracking of key performance indicators related to partnership development and community engagement. Whole Health Louisiana will continue to offer learning opportunities across Louisiana in FFY2026, including lunch and learns and community training sessions. Additionally, presentations to policymakers and providers are planned for FFY2026. These will be informed by the Guiding Members of the Whole Health Louisiana Coalition and contribute to the planning of a policy workshop in FFY2027.

SPM ESM 6.1 - In FFY2026, at least 3 children's health data products will be produced or updated and disseminated to key constituents to facilitate data-informed decision-making.

Priority Need: Communities and families have timely access to reliable and accessible information.

Objective 3.2

In FFY2030, at least 80% of children's health constituents will report that they "frequently" or "very frequently" share children's health education messages with their families and other community members.

Strategy 3.2.1: Improve community leaders' understanding of effective strategies for responding to key risk and protective factors affecting child and adolescent health by convening community action and advisory teams.

Community Action and Advisory Teams provide an important mechanism to address this need. These teams serve as trusted liaisons between the Maternal and Child Health program and the populations it serves, fostering bidirectional communication, trust, and ensuring that initiatives are culturally competent, contextually appropriate, and community-informed. The Community Action and Advisory Teams are organized into nine regional teams across the state, each with distinct local representation and priorities. Each regional Community Action and Advisory Team is composed of community members and organizations dedicated to promoting the health and safety of Louisiana's families. They work together to identify and address family health issues, prioritize needs, and implement solutions. This regional structure ensures that each Community Action and Advisory Team is tailored to the specific needs and dynamics of its community, fostering effective collaboration and impactful outcomes.

In FFY2026, each of the 9 regional Community Action and Advisory Teams will convene quarterly and engage with approximately 360 partners across the state, including healthcare providers, mental health professionals, community organizations, law enforcement, coroners, and death scene investigators.

In FFY2026, Title V supported MCH Coordinators plan to share the following recommendations with Community Action and Advisory Teams for regional implementation and action related to child health outcomes:

- Statewide initiatives in partnership with Louisiana Passenger Safety Task Force for child passenger safety checks and education. The Region 6 Maternal and Child Health Coordinator, Region 8 Maternal and Child Health Coordinator, and Maternal and Child Health Coordinator Supervisor are all certified car seat technicians.
- Statewide initiative for proper, secure firearm storage utilizing Louisiana BeSMART materials.
- Statewide initiative for water safety education using community specific resources and resources from PoolSafely.gov.

Strategy 3.2.2: Improve families' access to information, parental education, and referral services through direct implementation of home visiting services.

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 maternal, infant, and child 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 enhances child safety and 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.

Based on personalized assessment of each families' needs, MIECHV teams provide referrals to health and medical services, child and family services, child development and early learning services, basic needs and economic supports, education and life skills supports, etc. MIECHV teams also support access to behavioral health services through risk screening and provision of referrals for perinatal mood and anxiety disorder services, infant and early childhood mental health consultation, substance use disorder treatment, grief/loss or trauma counseling, psychiatric evaluations, and parenting stress and coping support. MIECHV home visitors also support adherence to prescribed medications.

Strategy 3.2.3: Improve public understanding of the impacts of early childhood trauma and the importance of trauma-informed care by providing funding and technical assistance for the implementation of the Whole Health Louisiana Childhood Adversity Resilience Education (CARE) Network Initiative

The Title V supported Whole Health Louisiana initiative began a data linkage project in FFY2025 to longitudinally connect data from several sources to track the health indicators related to trauma and resilience over time. Baseline data from the preliminary linkages are anticipated to be available in FFY2026 and shared with the data source stewards within the Office of Public Health and the Department of Children and Family Services in FFY2026. This longitudinal data linkage is a long-term effort that will span multiple fiscal years.

The Whole Health Louisiana Initiative has partnered with the University of Louisiana at Lafayette's Kathleen Babineaux Blanco Public Policy Center, which will serve as the state's lead agency for the initiative. The Blanco Center is developing a data dashboard that will be shared on the public-facing Whole Health Louisiana website. The dashboard will include health indicators from the Office of Public Health and tracking of key performance indicators related to partnership development and community engagement. Whole Health Louisiana will continue to offer learning opportunities across Louisiana in FFY2026, including lunch and learns and community training sessions. Additionally, presentations to policymakers and providers are planned for FFY2026. These will be informed by the Guiding Members of the Whole Health Louisiana Coalition and contribute to the planning of a policy workshop in FFY2027.

SPM ESM 12.1 - In FFY2026, at least 300 community leaders will receive information and resources supporting the design of local child and adolescent health education efforts.

Priority Need: Community / family leaders and CBOs meaningfully participate in the design, monitoring, and evaluation of MCH policies and services.

Objective 3.3

In FFY2030, at least 80% of family, community and/or community based organization leaders report that they are “highly” or “very highly” satisfied with the training and/or coaching received to support their meaningful participation in the design, monitoring and evaluation of children’s health policies and services.

Strategy 3.3.1: Training and coaching for family, community, and community based organization leaders participating in Title V supported maternal and infant health programs and activities.

The mission of the Bureau of Family Health (BFH), Louisiana’s Title V agency, is “*to elevate the strengths and voices of individuals, families, and communities to catalyze transformational change to improve population health.*” Aligned with this mission, the Bureau is committed to continuously improving two-way exchange of information and *meaningful participation*¹ of communities and families in the design, monitoring, and evaluation of Title V supported programs. This commitment to shifting power to communities and families is integrated into (1) the strategies and tactics used in the delivery of direct and enabling services to individuals and families, (2) the design, monitoring, and evaluation of systems strengthening programs and services, (3) the formulation and promotion of policy and legislation affecting the state’s MCH populations, and (4) the processes guiding the overall strategy of the Bureau.

In recent years, the Title V Program has supported increased participation of community and/or family leaders in decision-making mechanisms including program steering/advisory meetings or state-mandated Boards, Councils, and Commissions. However, efforts to prepare community/family leaders to effectively, or “meaningfully”, participate in these mechanisms have been varied and largely dependent on the leadership of the individual program/project manager. The 2026 - 2030 state action plan will increase focus on truly shifting power to community/family leaders and the community based organizations closest to the state’s MCH populations by supporting the development and piloting of standardized processes for recruitment, onboarding, and continuous mentoring and leadership development. In FFY2026, the Title V Program will prioritize completing an assessment of training and capacity building needs and interests and identification of an institutional partner to support the design and delivery of capacity building activities for community/family leaders. Recognizing that there are numerous experienced leaders currently participating meaningfully in Title V supported program activities, a peer-to-peer learning strategy is anticipated to be a core component of the approach to the community/family leader empowerment strategy.

Louisiana MIECHV has defined a community and family engagement strategy that includes integration of family leaders into the program’s Continuous Quality Improvement (CQI) committee. Recognizing that family leaders will require specific onboarding to prepare them for meaningful participation, the MIECHV team is collaborating with the Title V and Early Childhood Comprehensive Systems (ECCS) grant funded Pediatric Medical Home Program to develop an onboarding / orientation training plan for community / family leaders. In FFY2026, the MIECHV program plans to host at least two training or coaching sessions for family, community, or CBO representatives.

Training and coaching for individuals, families and community based organization leaders participating in the Young Child Wellness Collaborative is provided through family, constituent and provider education initiatives. Annually, our Families Helping Families (FHF) partners collaboratively develop and host provider education events to build their capacity around the care of children and youth with special health care needs. Additionally, FHF co-develops family training to support caregiver capacity to advocate and care for their child with a special health care need.

SPM ESM 13.1 - In FFY2026, at least 12 family, community, and/or CBO leaders will receive training and/or coaching to support their meaningful participation in the design, monitoring, and evaluation of children’s health policies and services.

Priority Need: MCH systems of care have improved capacities to ensure access to quality child and adolescent health services.

Objective 3.4

In FFY2030, at least 50% children with and without special health care needs, ages 0 through 17, will meet the criteria of having a medical home.

Strategy 3.4.1: Improve first responder and emergency department capacities to provide quality emergency medicine services for children.

Louisiana faces critical challenges in providing effective emergency medical services for children. Across the state there is a shortage of EMS providers specifically trained and experienced in pediatric emergency care. The shortage is particularly acute in rural and underserved parishes. Many EMS agencies in Louisiana lack the resources to offer regular, specialized training in pediatrics. There is a lack of standardized pediatric equipment on ambulances further hindering the quality of care delivered to children in crisis. Compounding these issues is a significant gap in the collection and analysis of pediatric emergency care data. Without comprehensive and reliable data, it is difficult to assess system performance, identify areas of greatest need and implement evidence-based improvements. Addressing these gaps in provider availability, training, equipment and data remains essential to ensure that all children receive high quality, timely and appropriate care regardless of location.

The Title V supported Emergency Medical Services for Children (EMSC) program is moving toward implementing both pediatric Emergency Department (ED) and PreHospital (EMS) agency designations to standardize and elevate pediatric emergency care across Louisiana. The program is led by a partnership between the Bureau of Emergency Management Services and the Bureau of Family Health and works to improve capacities of key constituents including EMS agencies (rural, urban and parish based), Hospitals and Health systems (Children's Hospital New Orleans, LCMC Health), Louisiana Nurses Associations, AAP, and Louisiana Ambulance Alliance.

The ED designation process has generated significant interest from hospitals, healthcare professionals, and the community, reflecting a shared commitment to improving pediatric emergency readiness. In FFY2026, the program will address these gaps by:

- Supporting the implementation of pediatric ED and EMS designation programs, establishing clear standards and recognition for pediatric readiness.
- Enhancing statewide data collection and analysis to inform quality improvement and policy development.
- Expanding access to pediatric specific training and resources for EMS providers and ED staff.
- Fostering collaboration among key constituents to create a more coordinated system of pediatric care. Engaging families and communities in education and advocacy to ensure that improvements reflect the needs and values of Louisiana's population.

Strategy 3.4.2: Provide technical assistance to improve in-state universities' educational curricula and didactics for pediatric medical students.

In 2023, the Medical Home team engaged key faculty constituents from healthcare provider training programs across the state to conduct a comprehensive assessment of current medical home curriculums. This collaborative effort identified strengths as well as areas for improvement in the integration of pediatric medical home principles within educational curricula. Building upon the assessment, three standardized lectures were developed, each focusing on essential components of the pediatric medical home model. These lectures were designed through a quality improvement lens, emphasizing core concepts such as care coordination, family-centered care, developmental screening and youth health transition.

The lectures were created to be adaptable across various teaching methods, thereby maximizing engagement and accessibility for various educational settings. Evaluation tools were embedded into the curriculum to measure both the improvement in participant knowledge and the overall quality of the training experience. The approach was pilot-tested in three distinct healthcare training programs, where it yielded positive results, validating the strategy as a successful model for expanding medical home education.

Building on the success of the pilot initiative, the Medical Home team will expand its didactic offerings in FFY2026. The expansion will involve broadening the scope of engagement to include not only nurse practitioner and residency programs but also family medicine and physician assistant training programs. This wider reach will ensure that a greater variety of healthcare providers are equipped with the knowledge and skills necessary to deliver holistic, coordinated pediatric care. In addition to extending the number of programs involved, the Medical Home team will incorporate detailed feedback from constituents to refine the learning experience, ensuring that future participants benefit from a more tailored and effective training approach.

Through these efforts, the Medical Home team aims to increase the number of new medical providers who possess the competencies required to implement the pediatric medical home model. This expansion represents a critical step in improving

access to high-quality, comprehensive care for children, with the ultimate goal of enhancing health outcomes across the state.

Strategy 3.4.3: Provide technical assistance to improve key constituent capacities to deliver trauma-informed services.

Whole Health Louisiana (WHL) hosts monthly virtual Lunch and Learns, which are presented by subject matter experts with a focus on sector-specific strategies for adoption and integration of trauma-informed services. Continuing education credits are currently available to participants in the nursing, social work, and LPC fields. These webinars, and all Childhood Adversity Resilience Education (CARE) Network training modules, will be recorded and included on the WHL website along with evidence-based and supported resources and toolkits.

WHL planned initiatives for FFY26 include a trauma-informed training and technical assistance pilot (Regional TI Pilot Program) in the eighth public health region of the state. The Regional Pilot Program will be led by the Center for Children and Families (CCF) with support from LDH-BFH. The pilot will produce a landscape assessment of the region, an outreach strategy, and a toolkit and training program for organizations that are interested in adopting and integrating trauma-informed practices. CCF will provide TA services to all participating organizations.

The CARE Network provides office hours virtually four times a month to provide technical assistance, learning opportunities, and a shared space for Educators. CARE Network staff and BFH's Trauma and Resilience Manager also provide TA by request.

Strategy 3.4.4: Improve access to comprehensive, holistic pediatric medical home services for children ages 0-5 by providing technical assistance to pediatric providers in clinical settings.

The Louisiana Pediatric Medical Home Program seeks to promote universal access to comprehensive, family centered care aligned with medical home standards to support evidence-based best practices within the state's pediatric systems of care. The program is grounded in a commitment to ensure every child has access to comprehensive and coordinated care within a well-functioning pediatric healthcare system. In partnership with state and community leaders, the program builds capacity around three core components of the medical home model: universal developmental screening, holistic care coordination, and youth health transition services.

The Medical Home program delivers technical assistance (TA) through general training and awareness as well as through partnerships with clinical system constituents:

1. *General training for pediatric providers:* Medical Home Program staff and partners provide training and awareness sessions throughout the year to improve understanding of core medical home concepts and to promote utilization of in-depth, tailored technical assistance opportunities and resources available.
2. *Tailored technical assistance to health system partners:* Medical Home program staff provide tailored TA for health systems including pediatric hospitals, pediatric clinics, and private practice providers. Tailored technical assistance (TA) is delivered with a client-centered approach including supported self-assessment and design of client defined improvement objectives and action plans. The program offers training/coaching on quality improvement, developmental screening and care coordination best practices and youth health transition/adolescent well care service models. Tailored technical assistance may include community feedback via surveys or focus groups with patients and families.

Care coordination is foundational to the medical home healthcare delivery model. To support implementation or expansion of practice level care coordination services, the program published a Care Coordination Toolkit in FFY24 and offers care coordination training/support that promotes best practices outlined within the toolkit. The toolkit offers quality improvement tools for implementing comprehensive care coordination at both the practice and systems levels and aligns with national guidelines and frameworks, including:

- The American Academy of Pediatrics/Bright Futures clinical guidelines and policy statements Blueprint for Change: Guiding Principles for a System of Services for Children and Youth With Special Health Care Needs and Their Families
- 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

The Care Coordination Toolkit not only includes quality improvement tools, but also region-specific pediatric referral guides that help providers navigate services, eligibility, and points of contact to better support families.

Universal developmental screening is another core component of Louisiana's medical home program. Developmental screening TA services provide pediatric clinicians and health systems with the tools and skills to implement universal developmental screening at the practice or systems level. Over the 2021-2025 strategic cycle, the program developed and piloted the Developmental Screening Toolkit along with complementary learning resources. Title V developmental screening TA services provides training and guidance on screening instrument selection, use and scoring of instruments, workflows for implementing developmental screening into day to day practices, and referral processes for when risk is identified through screening. The toolkit includes region specific developmental resource guides to support timely referral when risk is identified through

developmental screenings. For practices needing support to expand their care coordination capacity, TA and training is also available on pediatric care coordination.

In FFY2026, the program will strengthen its strategy for delivering tailored technical assistance (TA) to partnering healthcare institutions. Key efforts will include refining the TA self-assessment tool, enhancing the objective-setting and action planning process, and formalizing practice agreements. In an initial stage, the program will focus on the state's School-Based Health Centers, Sickle Cell Centers/Clinics and Community-Based Sickle Cell Foundations that provide care coordination and system navigation for these clients, as well as public health unit staff. The program will also leverage existing partnerships with Rural Health Centers, Federally Qualified Health Centers, and children's hospitals throughout the state to identify the health systems with a level of readiness to engage in medical home system transformation.

Strategy 3.4.5: Improve families' access to information and referral services through direct implementation of a virtual, statewide care-coordination resource center.

The Title V supported Family Resource Center (FRC) plays an essential role in supporting children and youth with special healthcare needs to access the health, social, and basic needs services available to them. The center addresses gaps in care coordination by providing statewide assistance for community referrals and system navigation. It offers health and education resources, peer support referrals, and transition planning for families in need. The Center also provides targeted outreach to families of children identified by the Louisiana Birth Defects Monitoring Network's newborn screening protocol to ensure timely access to services. The FRC's approach is low-barrier, needs-based care coordination aligned with the National Care Coordination Standards for Children and Youth with Special Health Care Needs. This model is designed to ensure every child has the opportunity to thrive.

Over the last 5 years, the FRC has successfully transitioned from a single-site brick-and-mortar center to a statewide virtual resource that is low-barrier, needs assessment-driven, and family-centered. This resource provides universal care coordination. Sentinel and current studies, as well as the AAP Policy Statement on *Patient and Family Centered Care Coordination*, emphasize the essential nature of a family-centered approach and the management and tracking of referrals and outcomes. An analysis of the FRC activity data shows a high family engagement rate and effective closed-loop referrals. The Family Resource Center provides good practices and important lessons learned for the provision of universal care coordination in Louisiana.

The FRC is staffed with a small number of highly qualified resource specialists (four in total). Through collaboration with the Louisiana Birth Defects Monitoring Network, the FRC outreaches approximately 1,500 families annually, with this number increasing due to the recent addition of outreach for extreme premature infants. Additionally, the FRC receives referrals from BFH partner community-based organizations and providers, as well as self-referrals from families in the community. In FFY2026, the Family Resource Center will continue to provide families access to essential resources and referral support. Key outputs include the number of families served, the percentage linked to required services, the number of specific service referrals made, and feedback reflecting family satisfaction with the assistance received.

Building on the successes and lessons learned from targeted outreach to parents of newborns identified by the Louisiana Birth Defects monitoring network, the FRC will continue to pilot targeted outreach to parents and families of extremely premature infants. The pilot expands the FRC's collaboration with the Louisiana Birth Defects Monitoring Network. To enhance support for this new referral population, the FRC will hire an additional Resource Specialist during FFY2026. This pilot program presents an opportunity to provide resources to more families in Louisiana.

In FFY2026, the FRC will also continue to conduct annual alignment meetings with each Title V supported program. This ensures that all families and providers participating in Title V programs have access to resource and referral services and that each program has an established process for referring families and/or health providers to the FRC resources. Feedback will be collected from program representatives regarding the effectiveness of resource and referral services. Transition to a state-owned REDCap data system will reduce costs, enhance efficiency, and enhance reliability.

ESM MH.1 - In FFY2026, at least 1000 families will receive care coordination services from the Family Resource Center.

ESM MH.2 - In FFY2026, 100% of infants with a presumptive positive screening result for heritable conditions will receive follow-up for additional testing and linkage to appropriate care.

ESM MH.3 - In FFY2026, at least 98% of cases identified by the Louisiana Birth Defects Monitoring Network will be processed within 45 days.

ESM MH.4 - In FFY2026, 100% of community Sickle Cell Foundations will define an action plan to improve access to a medical home for children with Sickle Cell Disease.

Strategy 3.5.1: Promote evidence-based developmental screening practices through direct training and coaching of pediatric providers.

The Title V supported Developmental Screening Initiative will continue to promote developmental screening aligned with the Louisiana Developmental Screening Guidelines (LDSG). 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.

In FFY2026, the program 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.

Office Hours will continue to 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.

ESM DS.2 - In FFY2026, at least 80% of developmental screening providers who participated in training and/or technical assistance will demonstrate improved knowledge of recommended screening tools and screening guidelines.

Priority Need: Quality steering / advisory mechanisms ensure policymakers, providers, and MCH populations are effectively collaborating to design, monitor, and evaluate MCH policies and services.

Objective 3.6

In FFY2030, at least 80% of participants "strongly" or "very strongly" agree that the steering / advisory mechanism is "effectively contributing to the improvement of children's health policies and services".

Strategy 3.6.1: Improve children's health policies and services by directly convening steering/advisory mechanisms that include participation of policymakers, providers, and MCH populations.

The Title V Program supports state and local steering/advisory mechanisms including public bodies (i.e., boards, commissions, councils, etc.), program/project specific steering or advisory committees, and other planning and coordination mechanisms. Louisiana's Title V Program places significant emphasis on ensuring meaningful participation of constituents including policymakers, providers, and people (MCH populations) in the steering / advisory mechanisms. The program recognizes that participants in Title V supported steering / advisory mechanisms have varying levels of familiarity with:

- existing state statutes and/or administrative codes relevant to MCH programs and services

- the metrics used to monitor health outcomes and evaluate MCH programs and services
- the strengths and weaknesses of existing programs and services
- national standards and best practices for MCH programs and services

While bringing people with different areas of expertise is essential for quality steering / advisory mechanisms, a common foundation of understanding facilitates effective dialogue, problem solving, and consensus building. Louisiana's Title V Program contributes to effective dialogue by providing guidance for the recruitment and onboarding of new members, providing training to ensure Title V supported program staff clearly understand their roles and responsibilities, and by providing ad-hoc support when needed. Title V supported steering/advisory mechanisms related to children's health include:

Louisiana Child Death Review (CDR) Panel

In FFY2026, to complete the Child Death Review, nine regional Maternal and Child Health coordinators will continue to 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. Recommendations defined by local Child Death Review panels will be disseminated to local state agency offices and to local community-based organizations to promote evidence-based actions for childhood injury and mortality prevention.

The state-level Child Death Review is a legislatively mandated panel that includes 29 multidisciplinary panel members of Louisiana state and non-governmental agencies and organizations. The state Child Death Review Panel serves as a platform to elevate local-level issues or to support Child Death Review partners in statewide systems change efforts. The state Child Death Review Panel is also responsible for the publication of the annual Child Death Review report that highlights data and specific prevention recommendations by audience and topic area.

In FFY2026, regional and state Child Death Review panels will continue to meet regularly to conduct case review and identify prevention recommendations. Regional Community Action and Advisory Teams (CAATs) will also meet regularly to discuss and share findings, promote health education messages, and implement recommendations. In FFY2026, the state Child Death Review will prioritize elevating the recommendations to policymakers, such as presenting the findings and recommendations at a Children's Cabinet Advisory Board meeting.

Whole Health Louisiana (WHL) Coalition

The WHL Coalition includes over 300 members and is composed of state agencies, healthcare professionals, child and family service providers, representatives from local community organizations, parents, caregivers, and regional constituents from across the state. The initiative will enhance existing efforts by raising public awareness, amplifying evidence-based policies, sharing data for future decisions, and supporting the workforce to expand trauma-informed efforts statewide.

The Coalition meets virtually bi-monthly. Meetings include ASL interpreter services, and translation services are available by request. Coalition meetings include guest speakers from nationally recognized organizational leaders in trauma-informed approaches and related fields to build the knowledge base of the coalition. Objectives and activities include statewide coalition building, the development of a framework for reporting data, successes, and opportunities for growth, and piloting regional initiatives to advance the priorities and objectives outlined in the WHL State Plan.

In addition to the Regional TI Pilot Program, the WHL team and partners are planning a convening in the capital area of the state to establish a regional hub to advance trauma-informed efforts. The convening was proposed and is championed by DCFS Secretary Matlock and members of the Capital Area Trauma Collective. The purpose is to convene a regional group to support WHL efforts in the Greater Baton Rouge area, inviting all interested entities, from faith-based communities to community members to the judiciary, in the fall of 2025. The regional hub will be led by a local organization and supported by the WHL implementation body.

Young Child Wellness Collaborative (YCWC)

Established in 2017, the Young Child Wellness Collaborative (YCWC) serves as Louisiana's advisory committee for state level early childhood systems development. The role of the collaborative is to provide leadership and informed recommendations that drive shared priority setting and strategic planning across the continuum of supports and services in order to create seamless transitions and coordination for families. The ongoing Early Childhood Comprehensive Systems (ECCS) funded project entitled Screen Often and Accurately Refer (Project SOAR), funded for the period 2021-2026, has supported the YCWC to lead the development of an early childhood systems state plan of action. Project SOAR has also facilitated the empowerment of a group of family leaders, who are actively participating in the YCWC and state plan of action development process.

Since its formation, the YCWC has focused on early childhood developmental health. In FFY2026, the YCWC will broaden its focus to the wider child health system with a goal to promote the Medical Home model as the gold standard for pediatric care for children and youth - including for the provision of youth health transition services.

The Title V supported Medical Home Program will continue to support and facilitate the YCWC as a key strategy to align cross-sector efforts that support the health and development of Louisiana's youngest children. By bringing together constituents from health care, early childhood education, behavioral health, state and community agencies, and family support services, the YCWC will foster integrated, family-centered systems of care. Over the next fiscal year, the program will strengthen YCWC impact by expanding its membership to include local-level partners and parent/caregiver voices. The program will leverage relationships across sectors to promote collaborative problem-solving and will continue to convene at least quarterly.

SPM ESM 14.1 - In FFY2026, at least 80% of Title V supported steering / advisory mechanisms produce actionable recommendations to improve child and adolescent health policies and services.

Priority Need: State policies relevant to MCH programs and services are modernized to align with current day public health functions.

Objective 3.7

In FFY2030, at least 2 child health policy priorities have been advanced through 2 stages of the policy process towards implementation or other resolution.

Strategy 3.7.1: Contribute to advancing children's health policy priorities through the five stages of the policy process (Identification, Analysis, Strategy and Policy Development, Enactment, Implementation) by producing data / information briefs and providing subject-matter expertise to inform policy dialogue.

Legal statutes, or laws, are the foundation of the federal and state MCH policy framework. In addition to legal statutes, the Louisiana Administrative Code (LAC) is the official, state-certified compilation of rules adopted or amended by Louisiana state agencies, which provide detailed guidance for the implementation of many state programs, services, and functions. Over the past several years, the Title V Director and program staff have identified the need to revise state laws and/or associated rules in order for them to more accurately reflect current-day needs and functions.

The Title V supported Policy and Legislation section provides technical assistance to all Title V supported programs. Utilizing the [CDC Policy Process](#) as a framework for strategic planning, the policy section provides expertise to facilitate advancing policy priorities through each of the five stages: Problem Identification, Policy Analysis, Strategy and Policy Development, Policy Enactment, and Policy Implementation. The Policy and Legislation section delivers internal training and capacity building activities to improve Title V workforce skills for policy analysis, policy development, rulemaking, and engaging with policymakers.

In FFY2026, the Policy and Legislation section will collaborate with Title V supported programs to identify and prioritize policy priorities and to develop strategies to facilitate advancing policy priorities to the next stage of the policy process. With a focus on priority needs identified in the 2025 Title V Needs Assessment and highlighted in the 2026 - 2030 State Action Plan, programs will be supported to scan existing legislation and review current administrative code to identify policy gaps or opportunities for modernization.

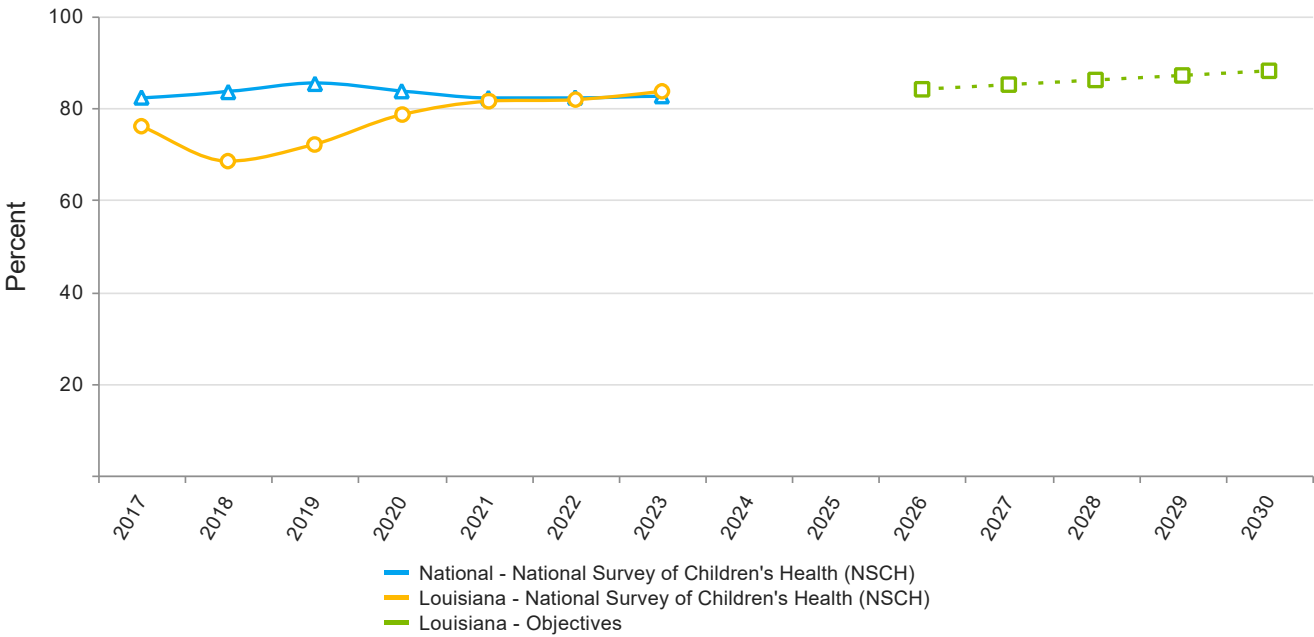
A critical component of this strategy is to ensure key constituent input in policy development. Programs will be supported to develop data / information briefs to facilitate dialogue with key constituents including state agency leadership staff, steering / advisory mechanism members, community / family leaders, and all key Title V workforce staff. Lastly, programs will be supported to develop strategies for engaging key constituents in the policy development stage of the process. In addition to engagement with Title V supported steering / advisory mechanisms, engagement with Medicaid quality committees and related work groups is anticipated to be a key activity in the policy development process.

SPM ESM 15 - Number of children's health policy priorities advanced through 2 stages of the policy process towards implementation or other resolution.

Adolescent Health

National Performance Measures

NPM - Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling - MHT
Indicators and Annual Objectives



Federally Available Data	
Data Source: National Survey of Children's Health (NSCH)	
	2024
Annual Objective	
Annual Indicator	83.6
Numerator	62,440
Denominator	74,670
Data Source	NSCH
Data Source Year	2022_2023

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	84.0	85.0	86.0	87.0	88.0

Evidence-Based or –Informed Strategy Measures

ESM MHT.1 - In FFY2026, at least 85% of youth participating in suicide prevention training will demonstrate improved knowledge, attitudes, and behaviors.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	85.0	85.0	85.0	85.0	85.0

ESM MHT.2 - In FFY2026, at least 70% of unduplicated students seen at an OPH-affiliated school-based health centers will be screened for depression.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	70.0	70.0	70.0	70.0	70.0

NPM - Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care - TAHC
Indicators and Annual Objectives

NPM - Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care - TAHC - Adolescent Health - All Adolescents

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH) - All Adolescents	
	2024
Annual Objective	
Annual Indicator	13.6
Numerator	51,329
Denominator	378,535
Data Source	NSCH-All Adolescents
Data Source Year	2022_2023

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	14.0	15.0	16.0	17.0	18.0

Evidence-Based or –Informed Strategy Measures

ESM TAHC.1 - In FFY2026, at least 60% of community Sickle Cell Foundations define a medical home action plan objective addressing youth health transition.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	60.0	60.0	60.0	60.0	60.0

State Performance Measures

SPM 16 - Percent of adolescent health constituents reporting “high” or “very high” satisfaction with the quality of data products available.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Evidence-Based or –Informed Strategy Measures

SPM ESM 16.1 - In FFY2026, at least 1 adolescent health data product will be produced or updated and disseminated to key constituents to facilitate data-informed decision-making.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	1.0	1.0	1.0	1.0	1.0

SPM 17 - Percent of adolescent health constituents reporting that they “frequently” or “very frequently” share key health education messages with their families and other community members.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Evidence-Based or –Informed Strategy Measures

SPM ESM 17.1 - In FFY2026, at least 300 community leaders will receive information and resources supporting the design of local adolescent health education efforts.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	300.0	300.0	300.0	300.0	300.0

SPM 18 - Percent of youth leaders engaged in Title V supported adolescent health programs who reported “high” or “very high” satisfaction with the training / coaching received.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Evidence-Based or –Informed Strategy Measures

SPM ESM 18.1 - In FFY2026, 0 youth leaders will receive training/coaching to support their meaningful participation in the design, monitoring, and evaluation of adolescent health policies and services.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	0.0	5.0	10.0	15.0	15.0

SPM 19 - Percent of participants who “strongly” or “very strongly” agree that the adolescent steering / advisory mechanism is “effectively contributing to the improvement of Louisiana’s adolescent health policies and services”.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Evidence-Based or –Informed Strategy Measures

SPM ESM 19.1 - In FFY2026, at least 80% of Title V supported steering / advisory mechanisms produce actionable recommendations to improve child and adolescent health policies and services.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

SPM 20 - Number of adolescent health policy priorities advanced through 2 stages of the policy process towards implementation or other resolution.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	0.0	0.0	0.0	1.0	2.0

Evidence-Based or –Informed Strategy Measures

SPM ESM 20.1 - In FFY2026, at least 1 data / information brief is produced to inform policy dialogue.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	1.0	1.0	1.0	1.0	1.0

State Action Plan Table

State Action Plan Table (Louisiana) - Adolescent Health - Entry 1

Priority Need

MCH systems of care have improved capacities to ensure access to quality child and adolescent health services.

NPM

NPM - Mental Health Treatment

Five-Year Objectives

OBJ 4.4: In FFY2030, at least 88% of adolescents ages 12 through 17 will report that they received needed mental health treatment or counseling.

Strategies

Strategy 4.4.1: Improve access to adolescent risk behavior screening, information and timely referrals by providing funding and technical assistance to school-based health providers and administrators.

Strategy 4.4.2: Improve youth's ability to reduce incidences of sexual assault / violence by providing technical assistance to relevant community based organizations.

Strategy 4.4.3: Improve youth's ability to reduce suicide incidence by providing technical assistance to strengthen the capacities of relevant community based organizations.

ESMs

Status

ESM MHT.1 - In FFY2026, at least 85% of youth participating in suicide prevention training will demonstrate improved knowledge, attitudes, and behaviors.

Active

ESM MHT.2 - In FFY2026, at least 70% of unduplicated students seen at an OPH-affiliated school-based health centers will be screened for depression.

Active

NOMs

Adolescent Mortality

Adolescent Suicide

Adolescent Firearm Death

Adolescent Injury Hospitalization

Children's Health Status

Adolescent Depression/Anxiety

CSHCN Systems of Care

Flourishing - Child Adolescent - CSHCN

Flourishing - Child Adolescent - All

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

Priority Need

MCH systems of care have improved capacities to ensure access to quality child and adolescent health services.

NPM

NPM - Transition To Adult Health Care

Five-Year Objectives

OBJ 4.5: In FFY2030, at least 18% of children and youth with and without special healthcare needs, ages 12 through 17, will receive services to prepare for the transition to adult health care.

Strategies

Strategy 4.5.1: Improve access to comprehensive, holistic health transition services for adolescents ages 14 - 21 by providing technical assistance to hospitals, health centers, and other clinical and community-based providers.

ESMs

Status

ESM TAHC.1 - In FFY2026, at least 60% of community Sickle Cell Foundations define a medical home action plan objective addressing youth health transition.

Active

NOMs

CSHCN Systems of Care

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

Priority Need

Reliable data is available to inform the design, monitoring, and evaluation of MCH policies and services.

SPM

SPM 16 - Percent of adolescent health constituents reporting “high” or “very high” satisfaction with the quality of data products available.

Five-Year Objectives

OBJ 4.1: In FFY2030, at least 80% of child and adolescent health constituents report that they are “highly” or “very highly” satisfied with the quality of data products available to inform strategic decision-making.

Strategies

Strategy 4.1.1: Improve key constituents' (policymakers, providers, MCH populations) understanding of the key drivers and underlying factors contributing to Louisiana's adolescent health outcomes by directly carrying out epidemiological surveillance / investigations, disseminating health education messages, and presenting recommendations to improve child health policies and services.

ESMs

Status

SPM ESM 16.1 - In FFY2026, at least 1 adolescent health data product will be produced or updated and disseminated to key constituents to facilitate data-informed decision-making.

Active

NOMs

Adolescent Injury Hospitalization

State Action Plan Table (Louisiana) - Adolescent Health - Entry 4

Priority Need

Communities and families have timely access to reliable and accessible information.

SPM

SPM 17 - Percent of adolescent health constituents reporting that they “frequently” or “very frequently” share key health education messages with their families and other community members.

Five-Year Objectives

OBJ 4.2: In FFY2030, at least 80% of adolescent health constituents will report that they “frequently” or “very frequently” share adolescent health education messages with their families and other community members.

Strategies

Strategy 4.2.1: Improve community leaders' understanding of effective strategies for responding to key risk and protective factors affecting adolescent health by convening community action and advisory teams.

ESMs

Status

SPM ESM 17.1 - In FFY2026, at least 300 community leaders will receive information and resources supporting the design of local adolescent health education efforts.

Active

NOMs

Adolescent Injury Hospitalization

State Action Plan Table (Louisiana) - Adolescent Health - Entry 5

Priority Need

Community / family leaders and CBOs meaningfully participate in the design, monitoring, and evaluation of MCH policies and services.

SPM

SPM 18 - Percent of youth leaders engaged in Title V supported adolescent health programs who reported “high” or “very high” satisfaction with the training / coaching received.

Five-Year Objectives

OBJ 4.3: In FFY2030, at least 80% of youth leaders report that they are “highly” or “very highly” satisfied with the training and/or coaching received to support their meaningful participation in the design, monitoring and evaluation of adolescent health policies and services.

Strategies

Strategy 4.3.1: Training and coaching for youth leaders participating in Title V supported adolescent health programs and activities.

ESMs

Status

SPM ESM 18.1 - In FFY2026, 0 youth leaders will receive training/coaching to support their meaningful participation in the design, monitoring, and evaluation of adolescent health policies and services. Active

NOMs

Adolescent Injury Hospitalization

State Action Plan Table (Louisiana) - Adolescent Health - Entry 6

Priority Need

Quality steering / advisory mechanisms ensure effective collaboration in the design, monitoring, and evaluation of MCH policies and services.

SPM

SPM 19 - Percent of participants who “strongly” or “very strongly” agree that the adolescent steering / advisory mechanism is “effectively contributing to the improvement of Louisiana’s adolescent health policies and services”.

Five-Year Objectives

OBJ 4.6: In FFY2030, at least 80% of participants "strongly" or "very strongly" agree that the steering / advisory mechanism is “effectively contributing to the improvement of child and adolescent health policies and services”.

Strategies

Strategy 4.6.1: Improve adolescent health policies and services by directly convening steering / advisory mechanisms that include participation of policymakers, providers, and MCH populations.

ESMs

Status

SPM ESM 19.1 - In FFY2026, at least 80% of Title V supported steering / advisory mechanisms produce actionable recommendations to improve child and adolescent health policies and services.

Active

NOMs

Adolescent Injury Hospitalization

State Action Plan Table (Louisiana) - Adolescent Health - Entry 7

Priority Need

State policies relevant to MCH programs and services are modernized to align with current day public health functions.

SPM

SPM 20 - Number of adolescent health policy priorities advanced through 2 stages of the policy process towards implementation or other resolution.

Five-Year Objectives

OBJ 4.7: In FFY2030, at least 2 adolescent health policy priorities have been advanced through 2 stages of the policy process towards implementation or other resolution.

Strategies

Strategy 4.7.1: Contribute to advancing adolescent health policy priorities through the five stages of the policy process (Identification, Analysis, Strategy and Policy Development, Enactment, Implementation) by producing data / information briefs and providing subject-matter expertise to inform policy dialogue.

ESMs

Status

SPM ESM 20.1 - In FFY2026, at least 1 data / information brief is produced to inform policy dialogue.

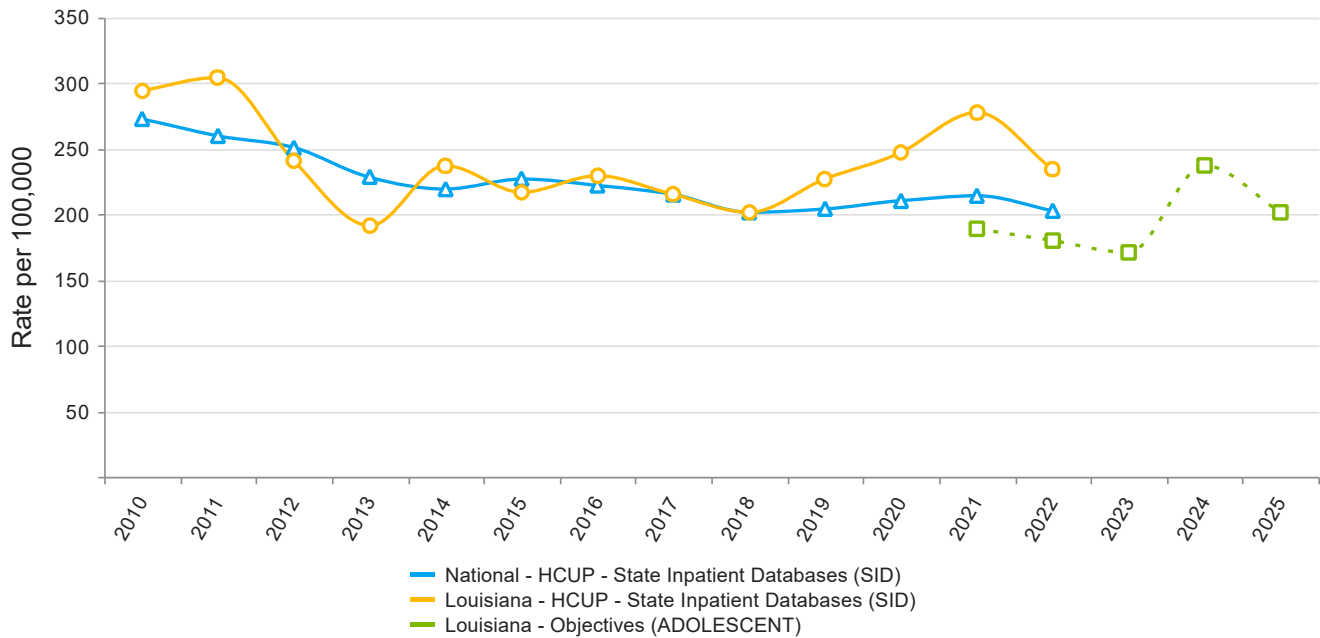
Active

NOMs

Adolescent Injury Hospitalization

2021-2025: National Performance Measures

2021-2025: NPM - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 - IH-Adolescent Indicators



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	2024
Annual Objective		188.9	179.9	170.9	237
Annual Indicator	201.4	226.8	246.9	276.8	233.7
Numerator	1,215	1,362	1,473	1,687	1,406
Denominator	603,371	600,579	596,490	609,433	601,511
Data Source	SID- ADOLESCENT	SID- ADOLESCENT	SID- ADOLESCENT	SID- ADOLESCENT	SID- ADOLESCENT
Data Source Year	2018	2019	2020	2021	2022

2021-2025: Evidence-Based or –Informed Strategy Measures

2021-2025: ESM IH-Adolescent.2 - Number of “gatekeepers” trained in adolescent suicide prevention

Measure Status:			Active	
State Provided Data				
	2021	2022	2023	2024
Annual Objective			468	450
Annual Indicator			323	586
Numerator				
Denominator				
Data Source			Training attendance records	Training attendance records
Data Source Year			2023	2024
Provisional or Final ?			Final	Final

2021-2025: 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.

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.

Summary of adolescent health interventions supported by Title V in FFY2024

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 section 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 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. In FFY2024, the team developed its first suicide data fact sheet and a map of suicide death rates by parish that was shared with suicide prevention partners. The Office of Behavioral Health utilized this fact sheet for media requests and presentations to their leadership, and the American Foundation for Suicide Prevention (Louisiana Chapter) used the data in talking points for Behavioral Health Day at the Capital in May 2024. The team also developed and published fatal and non-fatal injury fact sheets and a drowning infographic. The team also responds to partner requests for data 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 29 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.

While there was no additional funding to support purchasing materials during this reporting period, the MCH Regional Coordinators continued to distribute materials in their communities. In FFY2024, over 2,000 materials including brochures, palm cards, and posters were shared with family members, head start programs, domestic violence shelters, law enforcement, and nursing students. The team also met with National BeSMART to discuss updates to the materials and possible partnerships for the future. One of these partnerships includes Our Lady of the Lake Children's Hospital in Baton Rouge, which is interested in working with their pediatricians to increase messaging to parents about secure storage practices.

Additionally, the 2020-2022 Child Death Review report highlights several recommendations to prevent homicides, suicides, and accidental shootings including secure storage of firearms and links to BeSMART resources.

Population Priority Needs: 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

The Statewide Suicide Prevention Collaborative is facilitated by BFH through the CDC funded Comprehensive Suicide Prevention (CSP) grant. This collaborative began in 2022 and has grown to over 50 active organizations and meets in-person twice a year. This collaborative has participation of state agencies, community nonprofits, healthcare providers, researchers, veterans-serving organizations, education, and individuals who have experienced the loss of a family member due to suicide. The collaborative identifies 2-3 priorities a year to address through work groups. One of the work groups is focused on developing and supporting regional suicide prevention coalitions (one in Region 4 coalition was established in FFY2024 and they are now working to establish one in region 7 over the next 6 months).

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 for three years 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) Training 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. At the end of FFY2023, two additional nonprofit agencies, Save Cenla and Peer Initiative, joined the program for 3 partners now funded under the grant program to deliver these trainings. Save Cenla is a nonprofit in central Louisiana that provides ASIST training. Peer Initiative is a nonprofit in the Lake Charles area (southwestern LA) that specifically delivers training to high school students.

In FFY2024, 36 trainings were delivered and over 500 people trained. Audiences included college residence life staff, law enforcement, clinicians, social workers and peer support case workers, school counselors, high school students, first responders, and substance abuse professionals.

Additionally, through a partnership with VIALINK, a new suicide prevention training directory was added to their resource database. This searchable database allows anyone to look up what suicide prevention training is available to them based on their needs. The database was launched in July 2024 and was prioritized based on suicide prevention partners' request to create a centralized database for suicide prevention training.

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

Title V continued to support the Violence and Injury Prevention Team's Strategic Action Plan. This plan prioritizes strategies and work that focuses 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), Domestic 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.

In July and August 2024, the team partnered with Louisiana Foundation Against Sexual Assault to host an Injury-Free Louisiana Academy. This is an in-person, multiple day workshop for injury and health care professionals who want to learn about shared risk and protective factors, how to develop evidence-based programs, and how to evaluate impact. The Academy brings together partners from various fields including health care, victim advocates and researchers, and different injury focuses including domestic violence, suicide prevention, and substance misuse. (See Rape Prevention Education section for more detail).

In FFY2024, the Violence and Injury Prevention Manager attended a Community of Practice (CoP) with the Office of Behavioral Health's Suicide Prevention Coordinator. This CoP was facilitated by the Suicide Prevention Resource Center and focused on primary prevention of suicide and how to address social determinants of health to prevent suicide. Highlights from this workshop were presented to the Statewide Suicide Prevention Collaborative in fall 2024. These two examples highlight the team's collaborative efforts to focus on risk and protective factors that influence multiple types of injury and adverse health outcomes.

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

ACE Educator Program:

During FFY2024, the ACE Educator Program (AEP) conducted four cohort trainings. 43 new volunteer ACE Educators from seven different regions were trained. While initially planned in regions 5 and 6, cohort training was conducted in regions 1, 4, and 9 following revision of the work plan at the beginning of FFY2024. The AEP network provided 108 presentations to 2,574 attendees. Included in these presentations are four regional training presentations delivered by local ACE Educators on behalf of Whole Health Louisiana.



The AEP underwent programmatic changes in FFY2024 to expand efforts to build community awareness of childhood adversity, experiences of trauma, and resilience science. These changes included expanding the programmatic staff by adding the position of AEP Supervisor and ending the use of licensed material that was dated and heavily focused on ACEs and ACE burden. The role of the AEP Supervisor was added to expand program capacity and to develop and revise program materials. Current offerings have been revised to reflect current scientific research. New foundational modules that are solution-focused and include actionable strategies by sector have been developed and are being piloted for program use in FFY2025.

Whole Health Louisiana (WHL):

In June and July 2024, an implementation plan was developed in collaboration with contracted partners for year-one activities. BFH staff supported and strengthened the capacity of the contracted WHL Statewide Lead agency to direct implementation activities. From July-September 2024, WHL activities included three Regional Trainings, two bi-monthly virtual Coalition meetings, and two virtual Lunch and Learn webinars to increase collaboration and awareness of childhood adversity, its impacts, and community-level resilience-building strategies to prevent and protect against adverse or traumatic experiences.

WHL Regional Trainings were planned for all nine public health regions throughout calendar year 2024. Trainings were held in accessible locations and were advertised and open to the public. Four trainings were scheduled during FFY2024. Three were completed and one was rescheduled due to Hurricane Francine. (Totals for three trainings: 101 unique individuals pre-registered, 64 attended, 22 received continuing education credits [social work and nursing], 52 pre-surveys and 44 post-surveys were completed.) The Regional Trainings included a presentation of the Introduction to Trauma-Informed Care module by local volunteer ACE Educators and region-specific discussions on opportunities and barriers to integration of trauma-informed principles and mapping of local trauma-informed-related resources. The two WHL Lunch and Learns hosted 71 participants. Note that people may have attended more than one Lunch-n-Learn, so the number above is not unique participation.

The WHL Coalition meeting schedule was developed and two Coalition meetings were held virtually during FFY2024 (July meeting 75 participants, Sept. meeting 99 participants).

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

The WHL State Plan was completed and disseminated to the public on November 30th, 2023. Plan revisions were completed in October and November 2023.

The State Plan was developed utilizing advisory groups (youth, trauma-informed SMEs, policy and philanthropy), community conversations (focus groups in the state's nine public health regions), steering committees, and working groups that took place in the prior federal fiscal year.

From January to June 2024, LDH-OPH-BFH identified and executed contracts with external agencies and consultants to deliver implementation-related services. The Kathleen Babineaux Blanco Center for Public Policy (Blanco Center) was selected and contracted by LDH-OPH-BFH to implement the objectives identified in the WHL State Plan. The Blanco Center was also contracted to provide quality improvement monitoring and evaluation of the State Plan implementation. In compliance with contract deliverables, the Blanco Center subcontracted with Frameworks to guide the framing of communications for the initiative.

Other contracted partnerships include Trepwise, a meeting facilitation firm that coordinates meetings and assists with the facilitation of activities; Gatorworks, a website development firm that designs and maintains websites to develop an external WHL website; and an epidemiological consultant who assists in replicating the ALCANLink data linkage project to inform future WHL-related interventions and resource allocation (a data linkage project using PRAMS data).

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 FFY2024, BFH was able to continue IFLA with funding from the Rape Prevention Education (RPE) grant.

Collaboration is essential to increasing the effectiveness and capacity of the Rape Prevention and Education Program. The Office of Public Health, the Louisiana Foundation Against Sexual Assault (LaFASA) and the six 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 groups with a higher need at the community level by promoting livable wages, improving school climate and safety, promoting bystander intervention and engaging boys and men as allies.

In FFY2024, the RPE Program implemented the following community-based initiatives through six funded sexual assault centers. Campus Coalition prevention efforts reached 75 students. Coaching Boys to Men reached 142 student athletes. Girls Leadership programs reached 55 female students. School policy changes have been discussed at 2 schools. Environmental change/greening projects have reached 2,141 community members. The NOVA initiative has reached 22 community members. Reel Love has reached 36 participants. Darkness to light had 8 participants, and Second Step had 71 participants.

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 12 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.

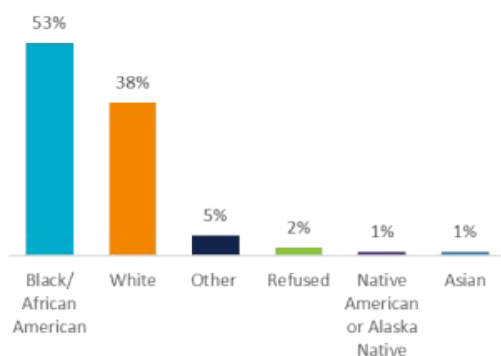
A community assessment was also implemented in FFY2023. The assessment provided insight on the perception of local programs and what services the communities feel are needed in the future. Recommendations from the community assessment will be incorporated in the next RPE work plan and contributed to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

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

The Adolescent School Health Program (ASHP) supports 57 school-based health centers (SBHCs) affiliated with the Office of Public Health to provide Medical and Behavioral Health Services to students who have a signed consent. Medical services include annual well-child visits. Bright Futures, a national health promotion and prevention initiative led by the Academy of Pediatrics, provides theory-based and evidence-driven guidance for all preventive care screenings and health supervision visits. One resource offered by Bright Futures is the Periodicity Schedule. The Periodicity Schedule recommends that all children, beginning in infancy receive a behavioral/social/emotional screening.

School-Based Health Center providers screen students for depression and risky behaviors. The majority of programs utilize the PHQ2, PHQ9, or PHQA to screen students for depression. In addition to screening for depression, 19 of the 57 programs use a standardized general risk screening tool (RAAPS).

Patient Demographics By Race



More than half (53%) of school-based health patients in school year (SY) 2022-2023 were Black/African American.

Reasons for SBHC Visit

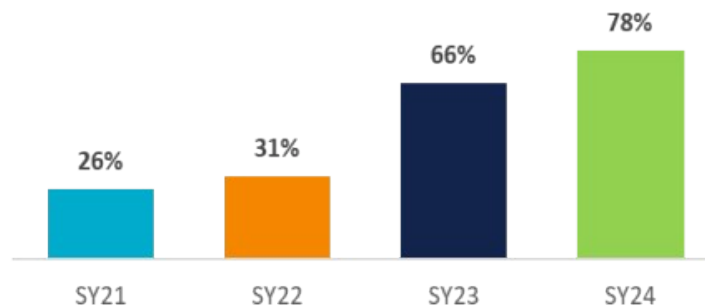
16% of all medical visits were for a well-child visit.



In SY24, the SBHCs served 27,583 patients across the 57 sites, providing 131,650 visits overall. Of those visits, 89,645 were for medical visits and 42,005 were for behavioral health. The majority of medical visits were to address acute illness and injury needs.

During the 2022 - 2023 school year, SBHCs reported the total number of students screened for depression and for risk. The adolescent school health program reviewed the data and recognized that the reported totals did not align with other screening totals. During a Director's meeting in March 2024, attended by approximately 35 individuals, the adolescent school health program provided training on the six categories of risk identified by the CDC. This training revealed the need for ASHP to provide additional guidance on risk screenings. During the summer of 2024, ASHP developed a guide to conducting risk screenings and reporting data. Training was provided via Zoom to SBHC Directors and staff. This training revealed the level of misunderstanding regarding risk screenings. It also revealed that most programs are not using a standardized screening tool to screen students for unintentional injury, sexual health, tobacco/alcohol use, physical activity and nutrition. In response to this need, ASHP eliminated the need for programs to report the number of positive risk screenings. Instead, ASHP has required all programs to report on one of the six CDC's risk categories, mental health. During the 2024-2025 school year, all SBHCs are required to report the percentage of unduplicated students who are screened for depression and the percentage of students screened with a positive depression screening. ASHP continues to research standardized risk screening tools for the remaining risk categories. We are currently reviewing substance use screening tools. We believe we may include substance use as the next category for the programs to report.

Percent of Students who received a Depression Screening



Of all students registered at an OPH-affiliated SBHC in School Year (SY) 24, 78% received a depression screening. This is a 12 percent increase over the previous year.

Overview and context of population domain

National Vital Statistics Systems (NVSS) data shows that Louisiana's overall mortality rate for adolescents ages 10 - 19 was 63.7 per 100,000 in 2023.¹¹ Use of 2021-2023 combined data allowed for an analysis of disparities among population groups. Race/ethnicity disparities were higher than all other factors analyzed. The mortality rate for non-Hispanic Black adolescents was 105, compared to a rate of 43.3 for non-Hispanic white adolescents. Firearm related mortality and motor vehicle related mortality are leading drivers of adolescent mortality in Louisiana.

2022-2023 National Survey of Children's Health (NSCH) data showed that 15.5% of 12 - 17 year old adolescents in Louisiana had experienced depression or anxiety in the past year.¹² Parents of 1 in 3 adolescents (31.4%) reported that their child had experienced bullying. The 2021-2023 National Vital Statistics System data showed a suicide rate of 6.4 per 100,000 among adolescents ages 10-19.¹¹ Among adolescents who do not have an existing special healthcare need, 65.3% reported attending an adolescent well visit in the past year and only 83.6% reporting being able to receive needed mental health treatment or counseling. Only 13.6% of adolescents ages 12-17 reported that they have received services to prepare for transition to adult health care.¹²

The 2025 - 2030 Title V Program will continue to promote awareness of the drivers and underlying factors contributing to adolescent mortality in the state through maintenance of public health surveillance systems and through partnerships with community based organizations working with youth and youth facing service providers. Specific Title V supported programs will focus on prevention of sexual assault and suicide. The program will also work to strengthen access to high-quality preventive medical visits and linkage to behavioral health services by supporting the integration of school-based health centers in a network of statewide middle and high schools.

Planned Title V efforts and alignment with adolescent priorities

Priority Need: Reliable data is available to inform policy makers, providers, and MCH populations engaged in the design, monitoring, and evaluation of MCH policies and services.

Objective 4.1

In FFY2030, at least 80% of child and adolescent health constituents report that they are "highly" or "very highly" satisfied with the quality of data products available to inform strategic decision-making.

Strategy 4.1.1: Improve key constituents' (policymakers, providers, MCH populations) understanding of the key drivers and underlying factors contributing to Louisiana's adolescent health outcomes by directly carrying out epidemiological surveillance / investigations, disseminating health education messages, and presenting recommendations to improve child health policies and services.

Access to timely and reliable data is critical for ensuring that key constituents develop data-informed policies and services. As Louisiana's Title V agency, the Bureau of Family Health plays an important role in surveillance of key adolescent health data indicators including mortality and hospitalization rates, rates of depression and anxiety, and rates of access to health services. Public health surveillance includes monitoring changes in data trends over time as well as monitoring disparities across sub-population groups.

Louisiana's mortality rate for adolescents ages 10 - 19 was 63.7 per 100,000 in 2023, ranking the state 49th in the country. Firearm and motor vehicle related deaths are leading causes of adolescent mortality in the state. The rate of fatalities related to firearms and motor vehicle crashes have each continuously increased since 2014. To better understand and prevent these tragedies, the Louisiana Title V Program invested funds to support an increase in the number of households participating in the 2022 and 2023 National Survey of Children's Health (NSCH). The NSCH collects important data which can be utilized to support investigation of factors contributing to child and adolescent well-being. In FFY2026, the Title V supported epidemiology workforce within the Bureau of Family Health will continue to analyze key indicators from the NSCH and utilize findings to support data informed health education and systems change efforts.

SPM ESM 16.1 - In FFY2026, at least 1 adolescent health data product will be produced or updated and disseminated to key constituents to facilitate data-informed decision-making.

Priority Need: Communities and families have timely access to reliable and accessible information.

Objective 4.2

In FFY2030, at least 80% of adolescent health constituents will report that they “frequently” or “very frequently” share adolescent health education messages with their families and other community members.

Strategy 4.2.1: Improve community leaders' understanding of effective strategies for responding to key risk and protective factors affecting child and adolescent health by convening community action and advisory teams

Community Action and Advisory Teams provide an important mechanism to address this need. These teams serve as trusted liaisons between the Maternal and Child Health program and the populations it serves, fostering bidirectional communication, trust, and ensuring that initiatives are culturally competent, contextually appropriate, and community-informed. The Community Action and Advisory Teams are organized into nine regional teams across the state, each with distinct local representation and priorities. Each regional Community Action and Advisory Team is composed of community members and organizations dedicated to promoting the health and safety of Louisiana’s families. They work together to identify and address family health issues, prioritize needs, and implement solutions. This regional structure ensures that each Community Action and Advisory Team is tailored to the specific needs and dynamics of its community, fostering effective collaboration and impactful outcomes.

In FFY2026, each of the 9 regional Community Action and Advisory Teams will convene quarterly and engage with approximately 360 partners across the state, including healthcare providers, mental health professionals, community organizations, law enforcement, coroners, and death scene investigators.

In FFY2026, Title V supported MCH Coordinators plan to share statewide suicide prevention initiatives with Community Action and Advisory Teams, including the opportunity for participation in regional suicide prevention coalition meetings and promoting gatekeeper training (dependent on continued funding of the Comprehensive Suicide Prevention program).

SPM ESM 17.1 - In FFY2026, at least 300 community leaders will receive information and resources supporting the design of local adolescent health education efforts.

Priority Need: Community / family leaders and CBOs meaningfully participate in the design, monitoring, and evaluation of MCH policies and services.

Objective 4.3

In FFY2030, at least 80% of youth leaders report that they are “highly” or “very highly” satisfied with the training and/or coaching received to support their meaningful participation in the design, monitoring and evaluation of adolescent health policies and services.

Strategy 4.3.1: Training and coaching for youth leaders participating in Title V supported adolescent health programs and activities.

The mission of the Bureau of Family Health (BFH), Louisiana’s Title V agency, is “*to elevate the strengths and voices of individuals, families, and communities to catalyze transformational change to improve population health.*” Aligned with this mission, the Bureau is committed to continuously improving two-way exchange of information and *meaningful participation*² of communities and families in the design, monitoring, and evaluation of Title V supported programs. This commitment to shifting power to communities and families is integrated into (1) the strategies and tactics used in the delivery of direct and enabling services to individuals and families, (2) the design, monitoring, and evaluation of systems strengthening programs and services, (3) the formulation and promotion of policy and legislation affecting the state’s MCH populations, and (4) the processes guiding the overall strategy of the Bureau.

In recent years, the Title V Program has supported increased participation of community and/or family leaders in decision-making mechanisms including program steering/advisory meetings or state-mandated Boards, Councils, and Commissions. However, efforts to prepare community/family leaders to effectively, or “meaningfully”, participate in these mechanisms have been varied and largely dependent on the leadership of the individual program/project manager. The 2026 - 2030 state action plan will increase focus on truly shifting power to community/family leaders and the community based organizations closest to the state’s

MCH populations by supporting the development and piloting of standardized processes for recruitment, onboarding, and continuous mentoring and leadership development. In FFY2026, the Title V Program will prioritize completing an assessment of training and capacity building needs and interests and identification of an institutional partner to support the design and delivery of capacity building activities for community/family leaders. Recognizing that there are numerous experienced leaders currently participating meaningfully in Title V supported program activities, a peer-to-peer learning strategy is anticipated to be a core component of the approach to the community/family leader empowerment strategy.

In FFY2026, the Title V Program will complete a strategic planning process to explore pathways to increase youth participation in the design, monitoring, and evaluation of Title V supported adolescent health programs. The program will specifically carry out a landscape assessment of existing youth advisory bodies in the state to explore possibilities for collaborative partnerships. The program will also explore pathways for recruiting youth leaders / champions following the model of family leaders currently utilized within Title V supported children and youth with special healthcare needs.

SPM ESM 18.1 - In FFY2026, 0 youth representatives will receive training/coaching to support their meaningful participation in the design, monitoring, and evaluation of adolescent health policies and services.

Priority Need: MCH systems of care have improved capacities to ensure access to quality child and adolescent health services.

Objective 4.4

In FFY2030, at least 85% of adolescents ages 12 through 17 will report that they received needed mental health treatment or counseling.

Strategy 4.4.1: Improve access to adolescent risk behavior screening, information and timely referrals by providing funding and technical assistance to school-based health providers and administrators.

R.S. 40:31.3, enacted in 1991, mandates the Office of Public Health, within the Department of Health, to establish an Adolescent School Health Initiative. This initiative is intended to promote and facilitate the development of comprehensive health centers in Louisiana public middle and secondary schools. These health centers are to deliver preventive health services, counseling, acute health services, and make appropriate referrals for acute health services.

Implemented in partnership with Louisiana Clinical Services (LCS), the Title V supported Adolescent School Health Program (ASHP) aims to improve access to quality preventive and primary care health services for school aged children in a minimum of 57 public elementary, middle and high schools located throughout the State. 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.

Annual well visits focus on physical, social, and emotional well being. These visits allow providers to monitor an individual's growth and development, conduct routine screenings and address any health related behaviors. School-based health centers are encouraged to review a student's health history for an annual well visit. If a visit has not been conducted in the preceding year, the SBHC will provide a student the opportunity to schedule a visit. SBHCs are required to report the percentage of unduplicated students who receive a well child visit during the school year.

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 FFY2026, 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. The Adolescent School Health Program also conducts site visits to each of the 57 OPH-affiliated SBHCs at least once every three years. Interviews with school administrators, school nurses and school counselors are one component of a site visit.

Strategy 4.4.2: Improve youth's ability to reduce incidences of sexual assault / violence by providing technical assistance to relevant community based organizations.

In FFY2026, the Bureau of Family Health will continue to partner with the LaFASA to fund sexual assault centers to provide supportive services for people who have experienced sexual assault, including the state sexual assault hotline (funded by the

PHHS block grant allocation). These centers do not provide clinical health services, but they do offer prevention education programming and link people in crisis to resources.

In FFY2026, the Bureau of Family Health and LaFASA will conduct Injury-Free Louisiana (IFLA) training academies in Louisiana. IFLA focuses on shared risk and protective factors to prevent violence and injury with a special focus on sexual violence across the lifespan. As part of IFLA, local sexual assault centers team up with community partners to establish or improve individual or community level prevention strategies. IFLA will be held twice a year in different parts of Louisiana. Each training academy is capped at eight teams and at least one team is focused on sexual violence prevention.

The contract between LaFASA and the Bureau of Family Health also directs LaFASA to implement evidence-based educational models to train different audiences on sexual assault prevention strategies. Sexual assault centers develop proposals for the model(s) they intend to implement and request funding. There are 11 centers across Louisiana and the CDC grant funding provides enough funds to support this work at six of the centers.

Strategy 4.4.3: Improve youth's ability to reduce suicide incidence by providing technical assistance to strengthen the capacities of relevant community based organizations.

The Bureau of Family Health Comprehensive Suicide Prevention Program partners with community-based organizations to provide suicide prevention (gatekeeper) training across the state through three evidence-based trainings: Applied Suicide Intervention Skills Training (ASIST), safeTALK, and Question, Persuade Refer (QPR). In FFY2026, the program will continue to provide funding and technical assistance to at least two partners to facilitate suicide prevention training. Training effectiveness will be measured by pre and post-tests, with at least one funded partner (Peer Initiative) facilitating 6-month follow-up surveys to determine changes in knowledge and if/how participants used the skills learned in the training.

ESM MHT.1 - In FFY2026, at least 85% of youth participating in suicide prevention training will demonstrate improved knowledge, attitudes, and behaviors.

ESM MHT.2 - In FFY2026, at least 70% of unduplicated students seen at an OPH-affiliated school-based health centers will be screened for depression.

Objective 4.5

In FFY2030, at least 18% of children and youth with and without special healthcare needs, ages 12 through 17, will receive services to prepare for the transition to adult health care.

Strategy 4.5.1: Improve access to comprehensive, holistic health transition services for adolescents ages 14 - 21 by providing technical assistance to pediatric providers in clinical settings.

Less than 14% of youth in Louisiana receive the services to prepare for the transition to adult health care and adulthood. Transitioning from pediatric to adult health care is a normative process that should be supported through targeted anticipatory guidance, preventative health services, and care coordination. For youth with special health care needs, structured transition planning is essential to preventing lapses in chronic care management as well as disengagement with preventative health services. Supported health transitions lead to fewer medical crises, reduced health system costs, and healthier, more independent young adults.

The Louisiana Pediatric Medical Home Program seeks to promote universal access to comprehensive, family centered care aligned with medical home standards to support evidence-based best practices within the state's pediatric systems of care. The program is grounded in a commitment to ensure every child has access to comprehensive and coordinated care within a well-functioning pediatric healthcare system. In partnership with state and community leaders, LaPMHP builds capacity around three core components of the medical home model: universal developmental screening, holistic care coordination, and youth health transition services.

The Medical Home program delivers technical assistance (TA) through general training and awareness as well as through partnerships with clinical system constituents:

1. *General training for pediatric providers:* Medical Home Program staff and partners provide training and awareness sessions throughout the year to improve understanding of core medical home concepts and to promote utilization of in-depth, tailored technical assistance opportunities and resources available
2. *Tailored technical assistance to health system partners:* Medical Home program staff provide tailored TA for health systems

including pediatric hospitals, pediatric clinics, and private practice providers. Tailored technical assistance (TA) is delivered with a client-centered approach including supported self-assessment and design of client defined improvement objectives and action plans. The program offers training/coaching on quality improvement, developmental screening and care coordination best practices and youth health transition/adolescent well care service models. Tailored technical assistance may include community feedback via surveys or focus groups with patients and families.

Care coordination is foundational to the medical home healthcare delivery model. To support implementation or expansion of practice level care coordination services, the program published a Care Coordination Toolkit in FFY24 and offers care coordination training and support using quality improvement best practices outlined within the toolkit. The toolkit offers quality improvement tools for implementing comprehensive care coordination at both the practice and systems levels and aligns with national guidelines and frameworks, including:

- The American Academy of Pediatrics/Bright Futures clinical guidelines and policy statements Blueprint for Change: Guiding Principles for a System of Services for Children and Youth With Special Health Care Needs and Their Families
- 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

The Care Coordination Toolkit not only includes quality improvement tools, but also region-specific pediatric referral guides that help providers navigate services, eligibility, and points of contact to better support families.

Youth health transition services is another core component of the program. Youth health transition technical assistance provides pediatric clinicians and health systems with the tools and skills to implement medical home core components at the practice or systems level. The Youth Health Transition (YHT) Toolkit launched in calendar year 2025 is the third volume of the web-based BFH Medical Home Toolkit library. The toolkit utilizes a quality improvement framework and promotes family centered, comprehensive, coordinated healthcare delivery. The toolkit aligns with guidelines set forth by the American Academy of Pediatrics, the National Alliance to Advance Adolescent Health, the Blueprint for Change: Guiding Principles for a System of Services for Children and Youth With Special Health Care Needs and Their Families, the National Standards for Systems of Care for Children and Youth with Special Health Care Needs, and the National Care Coordination Standards for Children and Youth with Special Health Care Needs. Lastly, the toolkit includes region specific YHT referral guides and other key resources.

In FFY2026, the program will strengthen its strategy for delivering tailored technical assistance (TA) to partnering healthcare institutions. Key efforts will include refining the TA self-assessment tool, enhancing the objective-setting and action planning process, and formalizing practice agreements. In an initial stage, the program will focus on the state's School-Based Health Centers, Sickle Cell Centers/Clinics and Community-Based Sickle Cell Foundations that provide care coordination and system navigation for these clients, as well as public health unit staff. The program will also leverage existing partnerships with Rural Health Centers, Federally Qualified Health Centers, and children's hospitals throughout the state to identify the health systems with a level of readiness to engage in medical home system transformation.

ESM TAHC.1 - In FFY2026, at least 60% of community Sickle Cell Foundations define a medical home action plan objective addressing youth health transition.

Priority Need: Quality steering / advisory mechanisms ensure policymakers, providers, and MCH populations are effectively collaborating to design, monitor, and evaluate MCH policies and services.

Objective 4.6

In FFY2030, at least 80% of participants "strongly" or "very strongly" agree that the steering / advisory mechanism is "effectively contributing to the improvement of child and adolescent health policies and services".

Strategy 4.6.1: Improve adolescent health policies and services by directly convening steering/advisory mechanisms that include participation of policymakers, providers, and MCH populations

The Title V Program supports state and local steering/advisory mechanisms including public bodies (i.e., boards, commissions, councils, etc.), program/project specific steering or advisory committees, and other planning and coordination mechanisms. Louisiana's Title V Program places significant emphasis on ensuring meaningful participation of constituents including policymakers, providers, and people (MCH populations) in the steering / advisory mechanisms. The program recognizes that participants in Title V supported steering / advisory mechanisms have varying levels of familiarity with:

- existing state statutes and/or administrative codes relevant to MCH programs and services
- the metrics used to monitor health outcomes and evaluate MCH programs and services
- the strengths and weaknesses of existing programs and services
- national standards and best practices for MCH programs and services

While bringing people with different areas of expertise is essential for quality steering / advisory mechanisms, a common foundation of understanding facilitates effective dialogue, problem solving, and consensus building. Louisiana's Title V Program contributes to effective dialogue by providing guidance for the recruitment and onboarding of new members, providing training to ensure Title V supported program staff clearly understand their roles and responsibilities, and by providing ad-hoc support when needed. Title V supported steering/advisory mechanisms related to adolescent health include:

Statewide Suicide Prevention Collaborative:

The program will continue to support the Statewide Suicide Prevention Collaborative of over 80 members to network with other agencies and spread awareness of their work. Two in-person meetings will be held in FFY2026 to facilitate network and collaboration, share data and resources, conduct a SWOT analysis, and discuss sustainability. Several partners will also participate in Youth Mental Health Day and Behavioral Health Day at the Capitol in May 2026 and utilize the Bureau's suicide data and fact sheets when speaking with policymakers about the importance of youth suicide prevention efforts.

In FFY2026, the Bureau will work with members of the Collaborative to develop and disseminate messaging on findings from a study evaluating the association between suicide-related Emergency Department visits and academic calendar for Louisiana youth 10 - 17 years of age. This Bureau of Family Health study found that the spring and fall semesters (particularly February and September) had the highest prevalence of suicide-related visits, with the lowest prevalence in the summer and holiday months. The team will develop messaging highlighting these findings, as well as develop and disseminate resources for school administrators and Adolescent School-Based Health Centers.

SPM ESM 19.1 - In FFY2026, at least 80% of Title V supported steering / advisory mechanisms produce actionable recommendations to improve child and adolescent health policies and services.

Priority Need: State policies relevant to MCH programs and services are modernized to align with current day public health functions.

Objective 4.7

In FFY2030, at least 2 adolescent health policy priorities have been advanced through 2 stages of the policy process towards implementation or other resolution.

Strategy 4.7.1: Contribute to advancing adolescent health policy priorities through the five stages of the policy process (Identification, Analysis, Strategy and Policy Development, Enactment, Implementation) by producing data / information briefs and providing subject-matter expertise to inform policy dialogue.

Legal statutes, or laws, are the foundation of the federal and state MCH policy framework. In addition to legal statutes, the Louisiana Administrative Code (LAC) is the official, state-certified compilation of rules adopted or amended by Louisiana state agencies, which provide detailed guidance for the implementation of many state programs, services, and functions. Over the past several years, the Title V Director and program staff have identified the need to revise state laws and/or associated rules in order for them to more accurately reflect current-day needs and functions.

The Title V supported Policy and Legislation section provides technical assistance to all Title V supported programs. Utilizing the [CDC Policy Process](#) as a framework for strategic planning, the policy section provides expertise to facilitate advancing policy priorities through each of the five stages: Problem Identification, Policy Analysis, Strategy and Policy Development, Policy Enactment, and Policy Implementation. The Policy and Legislation section delivers internal training and capacity building activities to improve Title V workforce skills for policy analysis, policy development, rulemaking, and engaging with policymakers.

In FFY2026, the Policy and Legislation section will collaborate with Title V supported programs to identify and prioritize policy priorities and to develop strategies to facilitate advancing policy priorities to the next stage of the policy process. With a focus on priority needs identified in the 2025 Title V Needs Assessment and highlighted in the 2026 - 2030 State Action Plan, programs will be supported to scan existing legislation and review current administrative code to identify policy gaps or opportunities for

modernization.

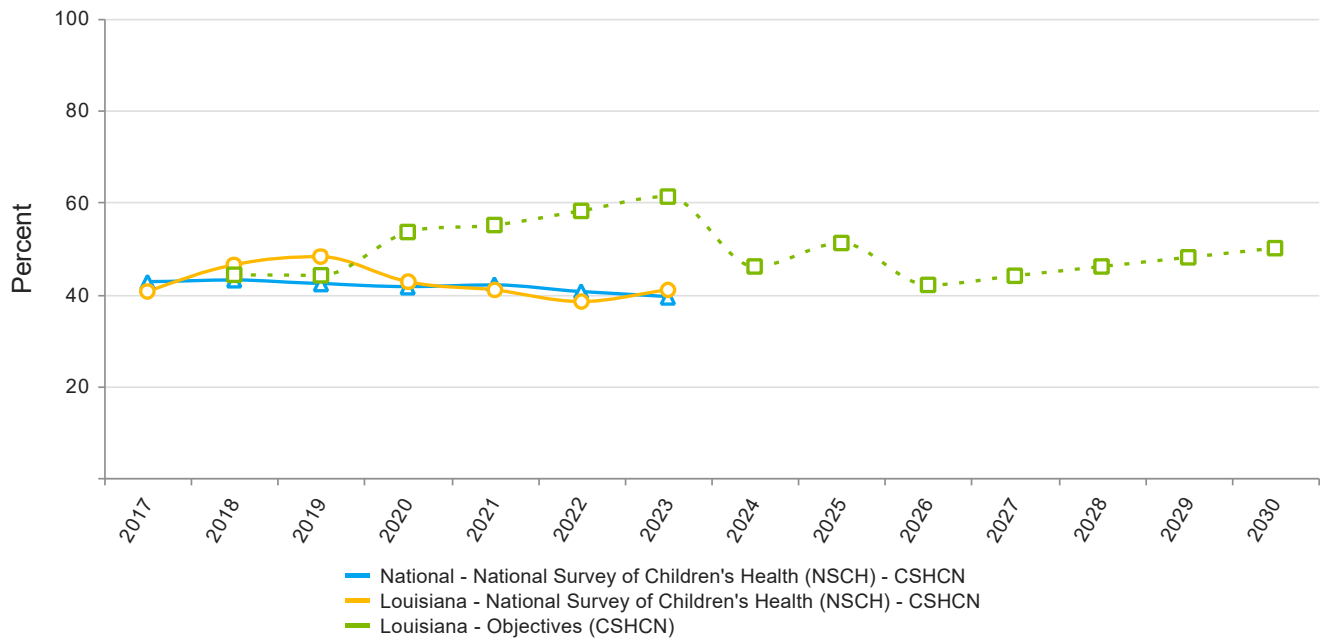
A critical component of this strategy is to ensure key constituent input in policy development. Programs will be supported to develop data / information briefs to facilitate dialogue with key constituents including state agency leadership staff, steering / advisory mechanism members, community / family leaders, and all key Title V workforce staff. Lastly, programs will be supported to develop strategies for engaging key constituents in the policy development stage of the process. In addition to engagement with Title V supported steering / advisory mechanisms, engagement with Medicaid quality committees and related work groups is anticipated to be a key activity in the policy development process.

SPM ESM 20.1 - In FFY2026, at least 1 data / information brief is produced to inform policy dialogue.

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 - MH
Indicators and Annual Objectives



NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH - Children with Special Health Care Needs

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CSHCN					
	2020	2021	2022	2023	2024
Annual Objective	53.5	55	58.1	61.2	46
Annual Indicator	51.1	44.2	39.7	39.9	40.9
Numerator	135,582	108,240	99,237	105,746	138,561
Denominator	265,306	245,057	249,824	264,932	339,115
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2018_2019	2019_2020	2020_2021	2021_2022	2022_2023

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	42.0	44.0	46.0	48.0	50.0

Evidence-Based or –Informed Strategy Measures

ESM MH.1 - In FFY2026, at least 1000 families will receive care coordination services from the Family Resource Center

Measure Status:					Active
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective	300	150	350	400	450
Annual Indicator	24	303	271	701	738
Numerator					
Denominator					
Data Source	Internal program records.	Internal program records.	Internal Program Records	Internal Program Records	Internal Program Records
Data Source Year	2020	2021	2022	2023	2024
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0

ESM MH.2 - In FFY2026, 100% of infants with a presumptive positive screening result for heritable conditions will receive follow-up for additional testing and linkage to appropriate care.

Measure Status:					Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	100.0	100.0	100.0	100.0	100.0

ESM MH.3 - In FFY2026, at least 98% of cases identified by the Louisiana Birth Defects Monitoring Network will be processed within 45 days.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	98.0	98.0	98.0	98.0	98.0

ESM MH.4 - In FFY2026, 100% of community Sickle Cell Foundations will define an action plan to improve access to a medical home for children with Sickle Cell Disease.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	100.0	100.0	100.0	100.0	100.0

State Performance Measures

SPM 21 - Percent of CYSHCN health constituents reporting “high” or “very high” satisfaction with the quality of data products available.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Evidence-Based or –Informed Strategy Measures

SPM ESM 21.1 - In FFY2026, at least 1 CYSHCN health data product will be produced or updated and disseminated to key constituents to facilitate data-informed decision-making.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	1.0	1.0	1.0	1.0	1.0

SPM 22 - Percent of CYSHCN health constituents reporting that they “frequently” or “very frequently” share key health education messages with their families and other community members.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Evidence-Based or –Informed Strategy Measures

SPM ESM 22.1 - In FFY2026, at least 15 community-based organizations receive funding and technical assistance to provide family-to-family support for parents of children and youth with special healthcare needs.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	15.0	15.0	15.0	15.0	15.0

SPM 23 - Percent of family, community and/or community based organization leaders engaged in Title V supported CYSHCN programs who reported “high” or “very high” satisfaction with the training / coaching received.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Evidence-Based or –Informed Strategy Measures

SPM ESM 23.1 - In FFY2026, at least 15 family, community, and/or CBO leaders will receive training/coaching to support their meaningful participation in the design, monitoring, and evaluation of CYSHCN policies and services.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	15.0	15.0	15.0	15.0	15.0

SPM 24 - Percent of participants who “strongly” or “very strongly” agree that the CYSHCN steering / advisory mechanism is “effectively contributing to the improvement of Louisiana’s CYSHCN health policies and services”.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Evidence-Based or –Informed Strategy Measures

SPM ESM 24.1 - In FFY2026, at least 80% of Title V supported steering / advisory mechanisms produce actionable recommendations to improve policies and services related to the health of children and youth with special healthcare needs.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

SPM 25 - Number of CYSHCN policy priorities advanced through 2 stages of the policy process towards implementation or other resolution.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	0.0	0.0	0.0	1.0	2.0

Evidence-Based or –Informed Strategy Measures

SPM ESM 25.1 - In FFY2026, at least 1 data / information brief is produced to inform policy dialogue.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	1.0	1.0	1.0	1.0	1.0

State Action Plan Table

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

Priority Need

MCH systems of care have improved capacities to ensure access to quality health services for children and youth with special healthcare needs.

NPM

NPM - Medical Home

Five-Year Objectives

OBJ 5.4: In FFY2030, at least 50% of children and youth with special health care needs, ages 0 through 17, will meet the criteria for having a medical home.

Strategies

Strategy 5.4.1: Ensure universal access to newborn genetic screening, counseling and early intervention services by providing funding and technical assistance to the Office of Public Health's Bureau of Regional and Clinical Operations.

Strategy 5.4.2: Improve timely access to early intervention services for children who are deaf or hard of hearing by providing quality improvement consultation and technical assistance to the state's early childhood systems of care.

Strategy 5.4.3: Improve timely access to early intervention services for children with birth defects by direct provision of information and referral support to families.

Strategy 5.4.4: Improve access to specialized health services for children with complex medical needs by providing funding and technical assistance to the Office of Public Health's Bureau of Regional and Clinical Operations.

Strategy 5.4.5: Promote appropriate care for children and youth with Sickle Cell Disease by providing technical assistance for the development of statewide in-service training modules for school nurses

Strategy 5.4.6: The Louisiana Commission for the Deaf (LCD) will improve access to quality MCH services for persons who are d/Deaf, and/or hard of hearing by directly delivering core empowerment programs

Strategy 5.4.7: The Louisiana Commission for the Deaf (LCD) will improve access to quality MCH services for persons who are d/Deaf, DeafBlind, and/or hard of hearing by providing technical assistance to Title V supported MCH Programs.

Strategy 5.4.8: Improve access to pediatric depression screening & referral by providing technical assistance including training and tele-consultation services to pediatric providers.

ESMs

Status

ESM MH.1 - In FFY2026, at least 1000 families will receive care coordination services from the Family Resource Center Active

ESM MH.2 - In FFY2026, 100% of infants with a presumptive positive screening result for heritable conditions will receive follow-up for additional testing and linkage to appropriate care. Active

ESM MH.3 - In FFY2026, at least 98% of cases identified by the Louisiana Birth Defects Monitoring Network will be processed within 45 days. Active

ESM MH.4 - In FFY2026, 100% of community Sickle Cell Foundations will define an action plan to improve access to a medical home for children with Sickle Cell Disease. Active

NOMs

Children's Health Status

CSHCN Systems of Care

Flourishing - Young Child

Flourishing - Child Adolescent - CSHCN

Flourishing - Child Adolescent - All

State Action Plan Table (Louisiana) - Children with Special Health Care Needs - Entry 2

Priority Need

Reliable data is available to inform the design, monitoring, and evaluation of MCH policies and services.

SPM

SPM 21 - Percent of CYSHCN health constituents reporting “high” or “very high” satisfaction with the quality of data products available.

Five-Year Objectives

OBJ 5.1: In FFY2030, at least 80% of constituents report that they are “highly” or “very highly” satisfied with the quality of data products available to inform strategic decision-making related to children and youth with special healthcare needs.

Strategies

Strategy 5.1.1: Improve key constituents' (policymakers, providers, MCH populations) understanding of the key drivers and underlying factors contributing to Louisiana's CYSHCN health outcomes by directly carrying out epidemiological surveillance / investigations, disseminating health education messages, and presenting recommendations to improve CYSHCN health policies and services.

ESMs

Status

SPM ESM 21.1 - In FFY2026, at least 1 CYSHCN health data product will be produced or updated and disseminated to key constituents to facilitate data-informed decision-making.

Active

NOMs

CSHCN Systems of Care

State Action Plan Table (Louisiana) - Children with Special Health Care Needs - Entry 3

Priority Need

Communities and families have timely access to reliable and accessible information.

SPM

SPM 22 - Percent of CYSHCN health constituents reporting that they “frequently” or “very frequently” share key health education messages with their families and other community members.

Five-Year Objectives

OBJ 5.2: In FFY2030, at least 80% of CYSHCN health constituents will report that they “frequently” or “very frequently” share CYSHCN health education messages with their families and other community members.

Strategies

Strategy 5.2.1: Improve community leaders' understanding of effective strategies for responding to the health needs of children and youth with special healthcare needs by convening community action and advisory teams.

Strategy 5.2.2: Improve families' access to information and referral services through provision of funding and technical assistance to regional Families Helping Families' organizations.

Strategy 5.2.3: Improve access to information, referrals, and peer support for parents of children with sickle cell disease through provision of funding and technical assistance to regional Sickle Cell Foundations.

Strategy 5.2.4: Improve access to information, referrals, and peer support for parents of children who are deaf or hard of hearing through provision of funding and technical assistance to Louisiana Hands & Voices.

ESMs

Status

SPM ESM 22.1 - In FFY2026, at least 15 community-based organizations receive funding and technical assistance to provide family-to-family support for parents of children and youth with special healthcare needs.

Active

NOMs

CSHCN Systems of Care

State Action Plan Table (Louisiana) - Children with Special Health Care Needs - Entry 4

Priority Need

Community / family leaders and CBOs meaningfully participate in the design, monitoring, and evaluation of MCH policies and services.

SPM

SPM 23 - Percent of family, community and/or community based organization leaders engaged in Title V supported CYSHCN programs who reported “high” or “very high” satisfaction with the training / coaching received.

Five-Year Objectives

OBJ 5.3: In FFY2030, at least 80% of family, community and/or community based organization leaders report that they are “highly” or “very highly” satisfied with the training and/or coaching received to support their meaningful participation in the design, monitoring and evaluation of policies and services related to the health of children and youth with special healthcare needs.

Strategies

Strategy 5.3.1: Training and coaching for family, community, and community based organization leaders participating in Title V supported programs and activities related to children and youth with special healthcare needs.

ESMs

Status

SPM ESM 23.1 - In FFY2026, at least 15 family, community, and/or CBO leaders will receive training/coaching to support their meaningful participation in the design, monitoring, and evaluation of CYSHCN policies and services.

Active

NOMs

CSHCN Systems of Care

State Action Plan Table (Louisiana) - Children with Special Health Care Needs - Entry 5

Priority Need

Quality steering / advisory mechanisms ensure effective collaboration in the design, monitoring, and evaluation of MCH policies and services.

SPM

SPM 24 - Percent of participants who “strongly” or “very strongly” agree that the CYSHCN steering / advisory mechanism is “effectively contributing to the improvement of Louisiana’s CYSHCN health policies and services”.

Five-Year Objectives

OBJ 5.5: In FFY2030, at least 80% of participants "strongly" or "very strongly" agree that the steering / advisory mechanism is “effectively contributing to the improvement of health policies and services related to the health of children and youth with special healthcare needs”.

Strategies

Strategy 5.5.1: Improve policies and services related to the health of children and youth with special healthcare needs by directly convening steering / advisory mechanisms that include participation of policymakers, providers, and MCH populations.

ESMs

Status

SPM ESM 24.1 - In FFY2026, at least 80% of Title V supported steering / advisory mechanisms produce actionable recommendations to improve policies and services related to the health of children and youth with special healthcare needs.

Active

NOMs

CSHCN Systems of Care

State Action Plan Table (Louisiana) - Children with Special Health Care Needs - Entry 6

Priority Need

State policies relevant to MCH programs and services are modernized to align with current day public health functions.

SPM

SPM 25 - Number of CYSHCN policy priorities advanced through 2 stages of the policy process towards implementation or other resolution.

Five-Year Objectives

OBJ 5.6: In FFY2030, at least 2 CYSHCN health policy priorities have been advanced through 2 stages of the policy process towards implementation or other resolution.

Strategies

Strategy 5.6.1: Contribute to advancing policy priorities for children and youth with special healthcare needs through the five stages of the policy process (Identification, Analysis, Strategy and Policy Development, Enactment, Implementation) by producing data / information briefs and providing subject-matter expertise to inform policy dialogue.

ESMs

Status

SPM ESM 25.1 - In FFY2026, at least 1 data / information brief is produced to inform policy dialogue.

Active

NOMs

CSHCN Systems of Care

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 Medical Home.¹

Summary of Title V supported interventions for CYSHCN in FFY2024

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 data

Over FFY2024, 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 sufficient data was available from Louisiana households including children with 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 varied disabilities and special healthcare needs. Oversample data from the 2023 NSCH was received in October 2024 and utilized to support the 2026-2030 Title V Needs Assessment.

Conduct targeted ongoing needs assessment activities and research projects to identify gaps and opportunities for improvement within the state systems of care for CYSHCN

Medical Home:

This activity was completed in FFY2023. The mapping of sub-specialty service providers across the state continues to inform transition of clinical patients from state-funded programs to mainstream, non-state funded health services.

Early Hearing Detection and Intervention (EHDI) program:

A comprehensive programmatic evaluation was completed in January 2024, and identified a few gaps to explore for improvement, notably: 1) there is a concern with transportation for families to get children to diagnostic evaluations in some areas of state; 2) there is a shortage of Medicaid hearing aid providers in some areas of the state; 3) there are gaps in early intervention providers in some areas of state. Additionally, Louisiana Early Hearing Detection and Intervention (EHDI) conducted a survey of Louisiana pediatric audiologists. The results of the evaluation and survey reinforced the lack of access in parts of the state, particularly for items 1) transportation to diagnostic evaluations, and 2) Medicaid hearing aid providers.

To further explore the barriers limiting access to services, each member of the LA EHDI staff completed the EHDI System Self-Assessment, which is based on the twelve Joint Committee on Infant Hearing (JCIH) early intervention (EI) goals. The team used the self-assessment as a mechanism to evaluate our state's current progress, and will factor in the results when determining quality improvement processes to strengthen the services delivered to children who are DHH and their families. The overall results, detailed in the following chart, were analyzed and characterized as 1) nothing in place, 2) just beginning, 3) making good progress, and 4) established practice.

Joint Committee on Infant Hearing Goals		Overall
1	All Children Who Are D/HH and Their Families Have Access to Timely and Coordinated Entry Into EI Programs Supported by a Data Management System Capable of Tracking Families and Children From Confirmation of Hearing Loss to Enrollment Into EI Services	Established practice
2	All Children Who Are D/HH and Their Families Experience Timely Access to Service Coordinators Who Have Specialized Knowledge and Skills Related to Working With Individuals Who Are D/HH	Established practice
3	All Children Who Are D/HH From Birth to 3 Years of Age and Their Families Have EI Providers Who Have the Professional Qualifications and Core Knowledge and Skills to Optimize the Child's Development and Child/Family Well-being	Just beginning
4	All Children Who Are D/HH With Additional Disabilities and Their Families Have Access to Specialists Who Have the Professional Qualifications and Specialized Knowledge and Skills to Support and Promote Optimal Developmental Outcomes	Just beginning
5	All Children Who Are D/HH and Their Families Have Access to Culturally Competent Services With Provision of the Same Quality and Quantity of Information Given to Families From the Majority Culture	Making good progress
6	All Children Who Are D/HH Should Have Their Progress Monitored Every 6 Months From Birth to 36 Months of Age, Through a Protocol That Includes the Use of Standardized, Norm-Referenced Developmental Evaluations, for Language (Spoken and/or Signed), the Modality of Communication (Auditory, Visual, and/or Augmentative), Social-Emotional, Cognitive, and Fine and Gross Motor Skills	Just beginning
7	All Children Who Are Identified With Hearing Loss of Any Degree, Including Those With Unilateral or Slight Hearing Loss, Those With Auditory Neural Hearing Loss (Auditory Neuropathy), and Those With Progressive or Fluctuating Hearing Loss, Receive Appropriate Monitoring and Immediate Follow-up Intervention Services Where Appropriate	Just beginning
8	Families Will Be Active Participants in the Development and Implementation of EHDI Systems at the State/Territory and Local Levels	Making good progress
9	All Families Will Have Access to Other Families Who Have Children Who Are D/HH and Who Are Appropriately Trained to Provide Culturally and Linguistically Sensitive Support, Mentorship, and Guidance	Making good progress
10	Individuals Who Are D/HH Will Be Active Participants in the Development and Implementation of EHDI Systems at the National, State/Territory, and Local Levels; Their Participation Will Be an Expected and Integral Component of the EHDI Systems	Just beginning
11	All Children Who Are D/HH and Their Families Have Access to Support, Mentorship, and Guidance From Individuals Who Are D/HH	Just beginning
12	As Best Practices Are Increasingly Identified and Implemented, All Children Who Are D/HH and Their Families Will Be Ensured of Fidelity in the Implementation of the Intervention They Receive	Just beginning

Equip clinicians around the state with the knowledge, tools, and resources to promote and provide care coordination and make appropriate community referrals in their personal practices

Equip clinicians with care coordination knowledge, tools, and resources:

The Bureau of Family Health (BFH) published a web-based Care Coordination Toolkit in Summer 2023 to help pediatric practices enhance or expand care coordination services. Using a step-by-step quality improvement framework, clinics can improve the capacity, efficiency, and effectiveness of care coordination at the practice level. While designed for primary care practices, the toolkit is also useful for other health care and social service professionals. It aligns with the National Care Coordination Standards for Children and Youth with Special Health Care Needs and includes region-specific referral guides for each of the 9 Louisiana Department of Health regions.

The BFH Communications Team developed a dashboard to track and analyze toolkit usage. Between October 2023 and September 2024, the toolkit received 1654 page views and 662 unique users. Additionally, between April and June 2024, Families Helping Families partners conducted provider interviews with pediatric clinics in targeted catchment areas as part of a Care Coordination Toolkit evaluation pilot. The pilot aimed to gather user feedback on the toolkit and associated resources. BFH developed a project one-pager, engagement scripts, and tracking logs to support Families Helping Families partners with this effort. Each Families Helping Families partner engaged 2–3 pediatric providers within their region, reaching over 20 community providers with detailed information on the toolkit.

The pilot successfully built relationships and engaged providers, but yielded limited end-user feedback on the toolkit. The feedback received, though positive, was minimal. After a debrief with BFH and Families Helping Families teams, it was decided to streamline the evaluation approach for the 2.0 pilot in FFY2025.

Promoting Mental Health and youth health transition (YHT):

In FFY2023, the Bureau of Family Health (BFH) conducted a Landscape Assessment to explore the depth of medical home concepts provided to Louisiana pediatric primary care providers in training. BFH identified faculty from 16 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 (KII). The interviews examined the extent to which medical home competency training existed in each of the academic programs. KII questions were developed using American Academy of Pediatrics (AAP) recommendations for medical home competency training and the previous work of the Medical Home Resident Education Initiative. The Landscape Assessment framework used a 5-point scale to measure the degree to which the following medical home competencies were embedded within each curriculum. The assessment covered seven medical home focus areas: (1) Care Coordination, (2) Community Resources, (3) Developmental Screening, (4) Accessible Care, (5) Continuity of Care, (6) Family Centeredness and Partnership, and (7) Youth Health Transition.

The Title V Landscape Assessment was the first step in operationalizing a medical home didactic expansion grounded in the historical work with Louisiana residency programs. Results of the assessment revealed that nurse practitioner (NP) programs demonstrated the highest level of interest and readiness to participate in a medical home didactic pilot.

The next step in the didactic expansion initiative was development of a customized NP curriculum on medical home competencies guided by findings from the Landscape Assessment. Leveraging residency didactic coursework, the medical home (MH) team developed a tailored curriculum to enhance NP education. This curriculum was informed by the Accreditation Council for Graduate Medical Education (ACGME), the American Academy of Pediatrics Medical Home Policy Statement, Title V residency didactics and insights from the Landscape Assessment. The curriculum featured three specialized training modules:

1. Introduction to the Pediatric Medical Home
2. Louisiana Medical Home: Developmental Screening, Care Coordination, and Youth Health Transition
3. Quality Improvement in the Medical Home

Each module included pre- and post-tests to assess knowledge acquisition and evaluations to measure course delivery and content effectiveness. This approach ensures the curriculum aligns with both educational standards and the evolving needs of medical home implementation in practice.

Once curriculums were fully outlined, the Medical Home Coordinator began recruitment of early adopters to pilot integration of specific-focused medical home didactic content into pediatric and family nurse practitioner coursework. The goal was engagement of at least 2 nurse practitioner programs for the pilot. By September 30, 2024 BFH gained commitments from 3 Nurse Practitioner training programs. Lengthy collaborative meets were held via zoom to tailor the curriculum to build on the current curriculum content.

Over FFY2024, Title V continued partnership with LSU Health Sciences Center New Orleans pediatric residency program. As a component of the pediatric development rotation, 23 residents receive medical home didactics and a packet of medical home resources, provided and each resident completes a case presentation at the end of the month-long rotation.

In FFY2024, BFH launched work to develop care paths for special populations, which outlined care coordination considerations for Premature Infant/Discharge from the NICU, Maternal Mental Health and Sickle Cell Disease across the life course. The first drafts of the care paths for high-need target populations were developed with the Medical Home/Care Coordination, Maternal Health, and Genetics teams at BFH. Two additional review sessions for the refinement of the Sickle Cell Disease Care Path included the Louisiana Sickle Cell Commission.

Additionally, Title V offered Implementation, Training and Support (ITS) and customized technical assistance to support practices with establishing effective and efficient care coordination services in family medicine, pediatric, and adolescent primary care settings. With support from the BFH Communications team, the care coordination toolkit and ITS services continued to be promoted throughout FFY2024 to state pediatric primary care providers and managed care organization (MCO) quality teams through LDH channels and established networks. BFH continued to utilize the care coordination toolkit to support clinicians with the provision of effective and efficient care coordination services. Along with the Developmental Screening Coordinator, the BFH Care Coordination Consultant delivered two Technical Assistance sessions: Southwest Louisiana Center for Health Services and East Jefferson General Hospital (EJGH) Clinic, and focused on the utilization of the Care Coordination Toolkit and a general overview of state Louisiana care coordination resources and quick start tools for clinic implementation.

Youth Health Transition:

In FFY2024, BFH continued to advance Youth Health Transition (YHT) service provision as another core component of the pediatric medical home. The medical home team completed the development of the draft of the web-based YHT toolkit November 2023, built from the resource released in 2021. The 2021 toolkit supported two YHT initiative pilots facilitated by the medical home team. Lessons learned from these pilots were used to inform updates and the transition of the toolkit into an interactive web-based tool. Each of the BFH medical home toolkits (developmental screening, care coordination, youth health transition) utilize a quality improvement (QI) framework, which allows practitioners to systematically improve the way health care is delivered to patients. QI offers a process for planning and testing changes on a small scale, with the goal of implementing them across the entire practice. To support the release of the YHT Toolkit, the medical home team developed a YHT Provider flyer and materials for promotion (YHT Talking points, newsletter blurbs, social media graphics). The Bureau began the promotion of the Medical Home Toolkits as a package to support technical assistance, the package includes the developmental screening, care coordination and youth health transition toolkits.

Enhance impact of the Medicaid managed care case management benefit:

In FFY2024, the Care Coordination consultant continued to support alignment and linkages between BFH's various community and clinical services. As described in the FFY2023 report, BFH has worked with Louisiana Medicaid as a part of the ongoing Title V/Title XIX interagency coordination meetings for systems-level collaboration around care coordination for CYSHCN. Over FFY2024, alignment efforts were continued with Medicaid to seek additional opportunities to improve access to and enhance care coordination services for CYSHCN enrolled in Medicaid and the Maternal Health population. BFH requested Medicaid MCO quarterly case management data and analyzed with a focus on case management data for high risk pregnancies to support identification of areas of intersection and potential collaboration between Medicaid/MCOs and BFH to the system of care. The MH Team drafted a new care coordination brief, "Improving Health Outcomes for Louisiana Mothers and Children through Effective Care Coordination: Considerations and Potential Strategies", to illuminate several potential strategies. In addition to an extensive literature review, the MH Team developed a high-risk pregnancy definition for Louisiana that addresses medical and mental health risk, as well as social complexity.

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

The Family Resource Center (FRC) is a virtual, statewide resource and referral hub supporting access to information and services for children and youth with special health care needs (CYSHCN) and their families. In FFY2024, the FRC received 1,062 referrals from the Louisiana Birth Defects Monitoring Network (LBDNMN). 35 additional families contacted the FRC as a result of provider or self-referral. From these contacts, 680 families were engaged and 470 needs assessments were completed for a total of 1,479 identified needs linked to services through FRC encounters.

The FRC also conducted annual and semi-annual meetings with all project leads of the Bureau of Family Health (BFH) to identify opportunities for collaboration and to develop effective referral protocols across programs and projects supported by Title V funding.

Additional key achievements of the FRC in FFY2024 included:

- Development of updated promotional resources: a revised FRC postcard, family engagement tool, and a provider informational resource.
- Translation of family resources into Spanish, Vietnamese, Arabic, and Portuguese to enhance accessibility for non-English-speaking families.
- Creation of webpage instructions for requesting translated services via text and implementation of live translation support through the LDH's Language Line contract.
- Progress on a provider email template and engagement scripts to enhance communication.

The virtual FRC model has supported CYSHCN and their families statewide, including rural as well as suburban and urban areas. FRC materials have been provided to pediatric academic partner clinics to ensure families previously served through clinic-based care coordination maintain access to the same level of support.

The FRC implemented a post-encounter evaluation survey to monitor service quality and participant satisfaction in May of 2024. The evaluation plan protocols required each FRC Resource Specialist to disseminate the satisfaction survey to every 10th family contacted through LBDNMN outreach. Between May and September 2024, six responses were received, all of which were overwhelmingly positive. 100% of respondents indicated they would contact the FRC for future resource needs. All respondents strongly agreed or agreed that the FRC staff provided useful community resource information. To improve response rates, the survey dissemination process has been modified for and a plan-do-study-act cycle was begun at the beginning of FFY2025.

The FRC is a key partner in the BFH-FHF and SOAR projects. The FRC has continued to build on the coordinated referral pathways established between Families Helping Families (FHF) and the FRC since the project inception. The FRC continues to advance collaboration with community-level counterparts to ensure all families have access to resource and referral services. Combining efforts between the FRC and FHF networks, Louisiana families have greater access to resource and referral services. Over the last fiscal year, the FRC has also focused on capacity-building activities to prepare for piloting coordinated intake and referral strategies as part of the SOAR work-plan. Based on provider input, resource and referral services are seen as an important resource for Louisiana's healthcare workforce.

Support the Louisiana Provider to Provider Consultation Line in the development and implementation of a statewide consultation system for pediatric and perinatal healthcare providers

The Provider-to-Provider Consultation Line (PPCL) provides technical assistance and training to frontline maternal health care providers, including perinatal providers and pediatricians. PPCL assists health care providers in building their capacity to effectively recognize and respond to the mental and behavioral health needs of their maternal and pediatric patients through two core program components - Education and Consultation. PPCL serves as a platform for enhancing provider knowledge and competence through targeted educational initiatives. These initiatives include structured training programs, workshops, resource dissemination, and health improvement initiatives aimed at equipping perinatal health care providers with the skills and knowledge needed to identify and address mental health and substance use challenges in their patients. The goal is to empower providers with evidence-based practices to improve patient outcomes. FY2024 educational offerings included two cohorts of the Pediatric Mental Health TeleECHO series, webinars, and supporting LaPQC in its Caregiver Perinatal Depression Screening in Pediatric Practices (CPDS) health improvement initiative. PPCL provided 26 pediatric focused trainings over the course of the year to 885 participants.

In FY2024, PPCL implemented two cohorts of its Pediatric Mental Health ECHO series. Below is a list of topics and numbers and types of participants for the sessions that occurred in FY2024.

Session Date	Session Didactic Title	Total # of attendees	MDs	RNs	Behavioral Health	Psychologists	Other
7/11/2023	Screening for Depression and Anxiety in Primary Care	16	5	5	3	0	3
8/8/2023	Discussing Screening Results with Caregivers	28	7	8	8	0	5
9/12/2023	Autism Spectrum Disorder in Young Children	30	8	6	11	1	4
10/10/2023	Binge Eating Disorder Evaluation and Management	18	7	5	4	0	2
11/14/2023	Challenges Facing Blended Families & Strategies to Strengthen Familial Connection	25	6	6	10	0	3
2/20/2024	Intro to ECHO	33	5	8	12	0	8
3/12/2024	Aggressive and Irritable Behavior in Children and Adolescents	36	8	9	9	2	8
4/9/2024	Obsessive Compulsive Disorder in Pediatrics	45	10	11	14	1	9
5/15/2024	Grief Responses in Children and Adolescents	43	8	15	14	1	5
6/11/2024	Pediatric Bipolar Disorder	33	10	9	10	0	4

PPCL also offers direct access to expert consultations, enabling pediatric providers to receive tailored guidance from licensed mental professionals and psychiatrists on complex cases. This service supports providers in delivering informed, patient-centered

care by facilitating real-time collaboration with specialists in pediatric mental health and substance use disorders. In addition to clinical guidance, PPCL is also able to give providers up-to-date and viable resource and referral information for their patients, thus providing some relief to the time burden encountered by clinic staff when searching for resources for the patients. The consultation line is staffed Monday through Friday, 8am to 4:30pm, and providers can also submit online consultation requests at a time that is convenient to them via the PPCL website.

In FY2024, PPCL completed the full integration of the perinatal and pediatric consultation lines, with both programs fully sharing a call line, management, infrastructure, staff, and data system. At the end of FY2024, PPCL had 344 registered pediatric providers who identified themselves as working with the pediatric population or with both the perinatal and pediatric populations.

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

Nationally and in Louisiana, SCD is being elevated as a health issue that is overdue for investment and policy action. In Louisiana, Title V funding is contributing to a response that includes multiple strategies. Firstly, support to the operations of a statewide Sickle Cell Commission and Rare Disease Council has contributed to improved high-level awareness and statewide policy development. Secondly, investment into the development of patient registries and public health monitoring systems are contributing to improved clinical care and care coordination. Finally, some patients with SCD across the state are seen at Children with Special Health Services (CSHS) clinics to receive necessary care and treatment.

The mandate of the Louisiana Sickle Cell Commission (LSCC) is to improve the delivery of sickle cell services in Louisiana. During FFY2024, the LSCC had four regular meetings. Some of the LSCC's activities include releasing the annual legislative report, contributing to the development of a care coordination toolkit designed to support healthcare providers in expanding care coordination services at the clinic level, forming a subcommittee to organize a statewide sickle cell disease symposium for FFY2025, and collaborating with LDH to recruit new members for vacant positions in FFY2025. The LSCC has been vital in the development of the statewide sickle cell registry, mandated by Act 647, by advocating for legislation that establishes a timeline for LDH to launch the registry and create data-sharing agreements. This legislation was successfully passed during the 2024 Regular Session of the Louisiana Legislature. Additionally, at the request of the Commission, BFH staff attended LSCC meetings to report the status of the registry and CBOs' access to patient data.

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. Although the RDAC is still in its early stages of development, the members are dedicated to improving treatment, care and support for individuals diagnosed with a rare disease in Louisiana. In FFY2024, the Council spoke with physicians and leaders from RDACs in other states to identify effective methods to determine the population and needs. Additionally, the Council researched and considered strategies and recommendations for advancing service provider awareness and education related to treating individuals diagnosed with rare diseases in the state. Lastly, in FFY2024, 209 infants, children, and adolescents were seen and received services for sickle cell treatment in Children's Special Health Services clinics.

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

Support family-led organizations to co-create capacity building initiatives which target local pediatric healthcare providers and promote high-quality medical home care that is tailored to the specific needs of CYSHCN and families in the community

The Bureau of Family Health's (BFH) partnership with the Families Helping Families (FHF) network 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 9 family-led organizations who historically served children and adults with disabilities. As part of the BFH collaborative partnership, the networks have intentionally focused efforts on expanding their reach to the broader population of CYSHCN, their families, and the health providers who serve them.

FHF-BFH co-developed a Change Package in FFY2021 that outlines and guides this initiative. The Standards of Systems of Care for CYSHCN was used to inform the change ideas, and strategies. Annually, the Change Package, along with the contract scope of work is reviewed and updated with input from FHF Executive Directors, BFH, and FHF staff. These annual updates inform project deliverables for the next fiscal year.

In FFY2024, BFH proposed shifting from monthly to quarterly reporting to reduce administrative reporting burden and to align reporting metrics across the network. As part of this work, a deep dive around measurement options was undertaken. Definition of common metrics to be reported quarterly by all 9 FHF network organizations was challenging due to the absence of a common data management system across the network. To get the project underway, BFH invited all of the networks to consider

participation in the FHF-BFH Report Workgroup. The volunteer workgroup included the BFH Nurse Consultant, BFH FRC Resource Specialist, and 4 FHF representatives. Over the course of 6 months, the team met 4 times and a draft quarterly report template was brought to the FHF-BFH full membership for review and edit. A final version of the report template was prepped for testing. The quarterly report will be implemented July-September 2024, with the first submission due October 10, 2024.

As part of this partnership, FHF- BFH co-host Shared Learning meetings that provide the opportunity for skill building and technical assistance. Over FFY2024, Shared Learning topics included FHF Region 2 Effective Problem Solving, Region 4 Parent Peer Support Training Model, Region 5 Best Practices for Outreach and Planning, Region 6 Effective Networking Strategies, Region 7 Parent Pupil Education Program/Louisiana School for the Deaf, Region 10 Rehabilitation Service Administration Parent Information and Training Project, BFH data driven initiatives and provider detailing. In addition to the Shared Learning, FHF-BFH conducted a collaborative review of the FHF 2023 Statewide Child Health and Community Services Parent Survey. The survey gathered input from 177 families statewide around the services and supports most important to families of children with special healthcare needs and provides FHF a tool for assessing the needs of families in their communities.

During FFY2024, FHF and BFH implemented the Evaluation Pilot for the BFH Care Coordination Provider Toolkit. The pilot design included FHF staff engaging providers during outreach visits for 2-3 pediatric providers in their region. The focus of the encounters was to gather feedback from providers to support evaluation of the toolkit. The Care Coordination Toolkit was created for primary care practices, but has application to other health care or social service settings. To support this pilot, the BFH Communications Team developed an outreach flyer with a QR code that linked individuals to the virtual toolkit (included at end of report). The Nurse Consultant, with support from the CYSHCN epidemiologist, created tracking logs, evaluation questions, and scripts to support FHF teams with provider detailing activities. The pilot process followed a 2-step outreach protocol. FHF staff first introduced clinic staff to the resource and left the informational resource on the toolkit evaluation. Follow-up visits with providers were organized 4-6 weeks following the initial meeting. All 10 networks were able to connect with at least 1 provider in their region, but formal feedback/evaluation of the toolkit was limited. One of the barriers identified was that the virtual toolkit had to be accessed via the internet and therefore difficult to review at the introductory visit. After detailed assessment of the pilot outcomes, it was determined to focus on detailing a resource that can be printed and easily shared during the initial encounter.

In FFY2024, BFH continued collaborative talks with the Family Voices Affiliate, Bayouland FHF Region 3. The Family Voices Affiliate/Family 2 Family (F2F) Health Information Center (HIC) Grant Recipient hosts a data sharing collaborative between 8 of the 9 currently active FHF networks on services, supports, and demographics of CYSHCN ages 0-26 in Louisiana. The F2F HIC data was added to the quarterly FHF-BFH Project reporting. BFH continues to meet with and build its partnership with the Family Voices Affiliate to identify opportunities of intersection and collaboration.

The Bureau continues to collaborate with the FHF Executive Directors on a variety of other initiatives. In FFY2024, FHF Directors along with key staff participated in monthly meetings and supported implementation of ECCS work plan strategies. FHF Region 7 and 8 provided in-kind support for the ECCS Project SOAR team. These experienced Family Leader Champions provided the family perspective for building and implementation of the SOAR work plan.

Enhance partnerships with family and community-led organizations to increase population reach and support services for CYSHCN and families

Hands and Voices:

BFH efforts to strengthen the capacity of local organizations to support and engage families is led by the work conducted by the Louisiana Early Hearing Detection and Intervention program, with guidance from the State of Louisiana Advisory Council for the Early Identification of Deaf and Hard of Hearing Infants. The LA EHDI program focused on improving the support and engagement of families with children who are DHH & DHH adults throughout the EHDI system. Through collaboration with Hands & Voices (H&V) Guide By Your Side (GBYS) program, considerable effort to broaden enrollment of families in DHH Adult-to-family supports and services was made. 163 events by GBYS were held for families in FFY2024. While a significant increase in families enrolling for DHH Guide services was not observed, there was a surge in intentional communication between Parent Guides and families surrounding the opportunity to engage with a Deaf adult through the program. H&V shared information to an estimated 384 unique families with a total of 3475 contacts with emails, information sharing, phone calls, and text messages for further outreach and education.

Additionally, LA EHDI worked directly with Hands & Voices leadership in our state to move the needle on incorporating both families and DHH adults more seamlessly in our system. Meetings that occur every other week with leadership of our state's H&V program provide regular opportunity to discuss current activities, barriers they are encountering, program sustainability, and needed support. Efforts have been made on the part of Parent Guides to work more closely with teachers from the Guidance, Outreach, and Language Development program through the Louisiana School for the Deaf, with one item of focus as

identification of opportunities to engage families with DHH adults. Additionally, parents enrolled in the GBYS program were surveyed for feedback regarding opportunities to connect with a DHH Adult. This resulted in five new referrals to Deaf Guides. There is currently one active Deaf Guide, and much effort has been made to recruit additional DHH Guides. The DHH Guides worked with the H&V director to create an information flyer, and a webinar information session was held so that interested DHH adults could learn more about becoming a DHH Guide. Two applications have been received.

With targeted parent and DHH adult engagement, LA EHDI is further addressing the barrier of limited access to qualified EI providers for children who are DHH. In collaboration with EarlySteps (LA Part C) we have initiated a plan to recruit additional qualified providers to enroll in EarlySteps to provide services to children who are Deaf or Hard of Hearing (DHH). We have also assessed and identified gaps in knowledge of families whose children are DHH, and hypothesized that due to a lack of standardized parent education for all families and limited knowledgeable providers, family education and training may be limited and inconsistent. A plan was outlined and the following activities were initiated: 1) verified need for additional providers for “Sensory Impairment” within the EarlySteps system and obtained steps for provider enrollment, 2) held 4 focus groups (3 English, 1 Spanish) to obtain input from families with children who are DHH, to assist in identifying provider training needs, 3) hosted a round table discussion with Deaf adults to obtain their perspective on provider training needs, 4) surveyed families of children who are DHH to assist in determining family support needs (25% response rate), and 5) identified teachers of the deaf potentially interested in enrolling as an EarlySteps provider. Following a review of the focus groups’ summaries, a summary of the round table discussion, and the survey results we have worked to identify a list of training topics and potential trainers.

To further track engagement, we have made changes to how we are documenting familial contacts with both Parent and Deaf Guides to ensure we are capturing all types of correspondence and interactions. Additionally, the number of Parent Guides attending Parent Chats, number of families/parents attending, and number of Deaf Guides attending is tracked. To increase parent awareness, 2069 parent education materials about newborn screening were shared to providers in FFY2024 and will continue to be documented. For family events, the number of parents/caregivers will be collected, along with the number of children attending and the approximate age span of children who are DHH.

Families Helping Families:

FHF provides content expertise around best practices for family engagement within BFH’s CYSHCN initiatives. FHF was an invaluable partner collaborating to engage community families in the Early Childhood Comprehensive Systems (ECCS) Grant work plan. With a very tight timeline, the ECCS team was able to engage family participants from across the state. Additionally, FHF annual Resource Information Workshops reached 606 health providers over FFY2024. Resource Information Workshops focus on building health provider capacity to provide comprehensive care for CYSHCN.

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 Children’s Special Health Services (CSHS) and Genetics safety-net clinics

Historically, direct services for children and youth with special healthcare needs (CYSHCN) have been 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 FFY2024, 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 FFY2024, these services supported 209 children/youth with Sickle Cell Disease, 138 families benefited from genetic evaluation / counseling, and 494 children/youth benefitted from access to sub-specialty services (Orthopedics, Plastic Surgery, Cleft lip and Palate, Neurology, Otolaryngology, etc.).

This grant period has been focused on guiding continuous quality improvement within children’s special health service (CSHS) clinics. With quality assurance in mind, 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: Insurance, Medical Home, Care Coordination, Behavioral Health, Nutrition, and Transition Services

In FFY2024, 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 FFY2024, 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.

In addition to the QI measures set forth 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 FFY2024, charts were randomly selected and the results were shared with the CSHS Program Manager and staff. Of the 809 charts reviewed, similar errors in reporting were noted across all regions and addressed on an individual level, as well as statewide meetings. These meetings extend invitations to our partners in the Bureau of Regional and Clinical Operations (BRCO) to provide an overview and insight into the programmatic monitoring of these activities. These multi-level meetings provide a space for communication surrounding QI/QA strategies and ensure support from each team. Moving forward into FFY2025, audits will be performed by the staff in a self-audit manner and then reviewed by the pediatric nurse and social work consultants. As we work to shape our strategy to address quality assurance, this effort will focus on staff understanding of quality measures and improve the communication surrounding any errors noted. Meetings will be held at the individual level, as well as statewide, to continue our communication strategy. Additional quality improvement plans will be developed and implemented as needed to improve outcomes.

Within this grant period, BFH set a goal to begin transitioning services historically provided in parish health units to community based care within non state-funded healthcare systems. In FFY2024, the CSHS team continued to enact clinic transition protocols utilizing a new detailed action process. The step by step protocol guides clinical and administrative decision-making during transition of care for families. 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 post transition 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.

In an effort to increase accessibility to patients, BFH supported the Bureau of Regional and Clinical Operations (BRCO) to implement a large-scale, HIPAA compliant telehealth platform. In support of BRCO, BFH was able to provide support and training for 25 staff members within the Public Health Units. Training consisted of group and individual simulations, as well as a walk-through of a detailed workflow. Patient response has been positive as we continue to support BRCO in monitoring outcomes.

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 Genetic Diseases Program worked with the statewide pediatric nurse consultant and the BFH pediatric medical advisor to implement changes to the regulatory function of newborn screening based on Act 17 of the 2023 Regular Legislative Session. This act increases the ability to add new conditions by rulemaking. Collaboration with Medicaid and the State Laboratory remained the focus of FFY2024 with internal meetings on an as needed basis to obtain CPT codes for newly added conditions in a timely manner. This collaboration also helped us to capture the infant's Medicaid status, which crucially contributed to the Medicaid reimbursement process.

The program attends the quarterly meetings of the HHS Advisory Committee on Heritable Disorders in Newborns and Children to obtain information on conditions considered for the recommended uniform screening panel (RUSP).

Improve timely linkage to care in screening and surveillance systems

Genetics Newborn Screening:

Newborn screening is a crucial aspect of the public health sector and serves as one of the first interactions between an infant and the healthcare system. 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 order to improve the quality of this service, the program and BFH have established a formal steering

committee as part of their FFY2024 activities. This committee includes key constituents who are dedicated to enhancing technical, clinical, financial, and policy collaboration efforts. The ultimate goal is to ensure early detection and treatment of genetic disorders and to provide support to Genetic & Sickle Cell clinics in regional Parish Health Units.

In the federal fiscal year 2024, a total of 53,056 infants born in Louisiana received at least one newborn heel stick screening. Of these, 25,998 were non-Hispanic white, 19,353 were non-Hispanic black, 5,903 were Hispanic, 352 were American Indian, 851 were Asian, 36 were Native Hawaiian or other Pacific Islander, 98 were of multiple races, and 465 were other or unknown. In the calendar year 2024, of the 52,898 heelstick screenings, 100% of the newborns (2,901) with positive screens received timely follow-up to definitive diagnosis and clinical management. Of these, 138 were diagnosed as positive cases and referred to treatment. 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. The program steadfastly ensures that infants detected with time-critical disorders are reported to their primary care provider and specialist within two hours of receiving an abnormal result from the OPH Lab and Revvity newborn screening laboratory.

In the past year, Genetics program had successfully collaborated with birthing hospitals to gain access to numerous hospital systems which enable the capabilities to obtain confirmatory results for infants with abnormal newborn screens. The program also began discussions with the Perinatal Commission on how to address reproductive health concerns for women diagnosed with sickle cell disease.

In CY2024, the top four conditions identified as a confirmed case were sickle cell anemia (51), primary congenital hypothyroidism (32), Sickle Cell Disease (19), and cystic fibrosis (7).

Early Hearing Detection and Intervention (EHD) Program:

There were 53,643 occurrent births in Louisiana during FFY2024. During FFY2024, 99.19% (52,908 out of 53,342) of all newborns were screened by 1 month of age or prior to hospital discharge, (note, benchmark is 98%). Time for data completeness (mid-2025) is needed for both the 3 month benchmark (completed diagnosis) and 6 month benchmark (enrollment in EI), but of the babies who were referred for rescreen and/or diagnostic evaluation following newborn hearing screening, 79.37% (1227 out of 1546) received diagnosis by 3 months of age.

Though the state's newborn and pediatric systems of care relative to the newborn hearing screening and follow-up process, are approaching a rate of 80% diagnosed by 3 months of age, continued improvement beyond this has proved challenging. In our efforts to determine how timely diagnosis rates could be increased further, the EHD Program began reviewing diagnosis rates by region. Louisiana is divided into nine geographical regions. In 2022, there were two regions (Regions 6 and 9) who met the 85% goal of diagnosis by 3 months of age, while four more regions (Regions 1, 4, 5, and 7) were at or above 80%. Three regions (Regions 2, 3, and 8) had rates of diagnosis by 3 months of age under 80%. We have targeted these underperforming regions for improvement by sharing region-specific statistics at EHD Regional Collaborative meetings, in which all EHD constituents are invited to attend. The EHD program, as well as other constituents, share suggested change strategies. Barriers we have identified to achieving early diagnosis include medical complexity (long NICU stays) and a lack of pediatric audiology providers in some regions of the state. These barriers are of particular relevance in our three lowest performing regions (Regions 2, 3, and 8), which adds to the difficulty of improving this measure further.

In addition to regional statistics, the EHD Program is evaluating birth hospital-specific statistics for this measure. We began including the percentage of children diagnosed by 3 months of age on each hospital's scorecard for 2023 births (sent in 2024). We hope that by raising awareness of the national goal, hospitals will be motivated to improve their statistics. Hospitals already receive scores for actions taken to encourage timely diagnosis, such as collecting family contact information, collecting child's primary care provider, and scheduling an outpatient follow-up appointment prior to hospital discharge for all babies who do not pass newborn hearing screening. In 2023, 25 hospitals reached or exceeded the goal of 85% diagnosed by 3 months of age, while only 13 of 46 birth hospitals (nearly 30%) scored less than 80%. Further statewide improvements may necessitate targeting underperforming birth hospitals. Our program will evaluate factors contributing to poor timely diagnostic rates, beginning with the three birth hospitals with rates under 70%.

In addition to tracking timely diagnosis for all infants who do not pass newborn hearing screening, the program evaluates timeliness for the subset of children identified as DHH on an annual basis. The percentage of infants diagnosed as DHH by 3 months of age has improved substantially over time (46.8% in 2017 cohort vs. 70.9% in 2021 cohort). Our program saw another positive increase in 2022, with 77.6% of DHH children from this cohort identified by 3 months of age. When reviewing individual cases to determine why the remaining 22.4% were not diagnosed on time, we found that 61.5% of these late diagnoses were unavoidable due to patient or family factors. These include children who were medically complex, and therefore unable to complete testing by 3 months of age (50% of late diagnoses), children who missed appointments or were reported lost to follow-

up (7.7%), and children whose parents initially declined follow-up testing (3.8%). This leaves 38.5% of late diagnoses that were potentially preventable. These children all entered outpatient follow-up testing in a timely fashion, but their diagnoses were delayed because they were referred for medical management of their otologic issues before a complete audiological diagnosis was obtained. In each of these cases, the diagnosis was delayed, either due to excessive rescreens conducted, or due to an excessive scheduling gap between appointments. In some cases, multiple appointments were documented before a diagnosis was secured. Half of these cases were diagnosed at the same clinic, which we have previously worked with to address the problems observed. In addition, we recently provided detailed statistics to this clinic, which displayed their diagnosis rates alongside five other clinics across the state. Follow-up discussions may ensue in the future, if the clinic providers are willing.

The program continually analyzes early intervention (EI) data to identify system-level gaps in the current infrastructure for enrollment by 6 months of age. Despite the positive trend of diagnosis by 3 months of age, beginning in 2021, a primary barrier to EI enrollment by 6 months of age began to emerge. The number of families declining enrollment in EI increased from the historically steady rate of 10% to 17%. This trend continued to increase in 2022 and 2023, with 24%, and 23% respectively declining EI. Prior to 2021, those declining EI typically had either unilateral hearing loss or mild hearing levels. Beginning in 2021, children whose families declined EI were no longer limited to unilateral or mild hearing levels. Hearing levels ranged from mild to profound, with the majority being moderate or greater. The one consistent factor that remained steady among those families declining EI was early identification, whereby earlier identification was correlated with increased rates of declined EI enrollment.

Along with our collaborative partners, a Quality Improvement (QI) plan was developed, and change strategies initiated. Audiologists began: 1) discussing the importance of language development and EI with families at the time of diagnosis, 2) providing families with EHDl developed written information about EI, 3) informing families that the EHDl program will contact them in the next 2 days to discuss EI referrals, and 4) verifying EI enrollment at follow-up visits. The EHDl EI Coordinator also began recalling families who initially declined, and adjusting the script for the initial call, which helped reduce the number of declines from 24% to 14% in 2022, and from 23% to 17% in 2023. The success of our quality improvement efforts are beginning to be revealed in the first three quarters of 2024. As of September 30th 2024, there are 42 children identified as D/HH, and only 12% (5/42) initially declined EI, with 2 of those families who initially declined choosing to enroll upon recall, reducing the percent declined to 7%. The EHDl Program will continue to monitor EI data, and implement additional QI activities as needs are identified.

Louisiana Birth Defects Monitoring Network:

The 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, the program includes 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.

The LBDMN has identified 3,292 children born between January 2020 – September 2024 who may benefit from a referral needs assessment. Currently, the program is referring children under 2 years old for needs assessment/resource services. In FFY2024, the LBDMN processed 99% of initial potential cases within 45 days of identification from hospital discharge indices, exceeding the National Birth Defects Prevention Network (NBDPN) standard of completing 95% of all core and recommended data within two years of birth.

In FFY2024, the LBDMN developed and began implementation of a protocol to identify and include children who could benefit from a referral needs assessment, but who do not meet LBDMN case definition for 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.

Overview and context of population domain

Utilizing the National Survey of Children's Health (NSCH) expanded criteria, it is estimated that 31.8% of Louisiana's children and youth have a special healthcare need (CYSHCN). Importantly, 68.8% of Louisiana's children and youth either currently have a special healthcare need or are at increased risk of a special healthcare need.¹² The prevalence of special healthcare needs status is strongly associated with household poverty. The association is bi-directional where special healthcare needs status can be viewed as both cause and consequence of household poverty.^{13, 14} According to 2022-2023 National Survey of Children's Health (NSCH) data, 40% of parents reported that their child with special healthcare need had experienced depression and/or anxiety in the past year.¹² 41.5% of youth with special healthcare needs ages 12-17 experienced bullying, compared with 25.5% of children without special healthcare needs. Data also show that only 40.9% of children and youth with special healthcare needs (CYSHCN) met the criteria for having a medical home.

The Title V Program supports a robust early identification and early intervention system including significant investment in the state's newborn bloodspot screening program, contribution to the state early hearing detection and intervention program, support for the Louisiana Birth Defects Monitoring Network, and provision of technical assistance to improve the quality and accessibility of developmental screening for children ages 0-5. The OPH parish health units continue to serve as a point of access to specialty health services, as a part of the state's newborn screening and follow up system. Funding and technical assistance is also provided to family-led community based organizations including a statewide network of ten Families Helping Families organizations, five Sickle Cell Foundations, and one peer support organization for families with children who are d/Deaf or Hard of Hearing. In 2026 - 2030, the program will strengthen collaboration with the Louisiana Commission for the Deaf to improve accessibility of all Title V supported programs, including for maternal and infant health. The Title V Program will continue to play a key leadership role for children and youth with special healthcare needs in the state by supporting quality steering / advisory mechanisms including the Louisiana Birth Defects Monitoring Network Advisory Board, the Early Hearing Detection and Intervention Advisory Council, the Genetic Disease Program Advisory Committee, the Rare Disease Advisory Council, and the Louisiana Sickle Cell Commission.

Planned Title V efforts and alignment with CYSHCN priorities

Priority Need: Reliable data is available to inform policy makers, providers, and MCH populations engaged in the design, monitoring, and evaluation of MCH policies and services.

Objective 5.1

In FFY2030, at least 80% of constituents report that they are "highly" or "very highly" satisfied with the quality of data products available to inform strategic decision-making related to children and youth with special healthcare needs.

Strategy 5.1.1: Improve key constituents' (policymakers, providers, MCH populations) understanding of the key drivers and underlying factors contributing to Louisiana's CYSHCN health outcomes by directly carrying out epidemiological surveillance / investigations, disseminating health education messages, and presenting recommendations to improve CYSHCN health policies and services.

Access to timely and reliable data is critical for ensuring that key constituents develop data-informed policies and services. As Louisiana's Title V agency, the Bureau of Family Health plays an important role in surveillance of key data indicators related to the health of children and youth with special healthcare needs. Public health surveillance includes monitoring changes in data trends over time as well as monitoring disparities across sub-population groups. The Bureau has a specifically important role in monitoring newborn screening data including rates of newborns with genetic disorders, hearing differences, or birth defects. Beyond newborn screening, the Bureau also closely monitors children and youth with special healthcare needs' access to health services meeting national medical home standards.

Newborn screening data represents a significant cornerstone of the Bureau of Family Health's surveillance related to children and youth with special healthcare needs. Title V funding supports multiple programs related to newborn and infant health screening. The Title V supported Genetics program, Early Hearing Detection and Intervention (EDHI) program, and Louisiana Birth Defects Monitoring Network (LBDMN) are each described in more detail below.

Utilizing the National Survey of Children's Health (NSCH) expanded criteria, 2022-2023 data estimates that 31.8% of Louisiana's

children and youth have a special healthcare need (CYSHCN). NSCH data also shows that only 40.9% of children and youth with special healthcare needs met the criteria for having a medical home. To better understand the health and healthcare needs of this population group, the Louisiana Title V Program invested funds to support an increase in the number of households participating in the 2022 and 2023 National Survey of Children's Health (NSCH). The NSCH collects important data which can be utilized to support investigation of prevalence of specific health conditions, factors associated with increased prevalence of specific health conditions, and factors associated with access to health services. In FFY2026, the Title V supported epidemiology workforce within the Bureau of Family Health will continue to analyze key indicators from the NSCH and utilize findings to support data informed health education and systems change efforts.

In FFY2026, the Bureau of Family Health will consult with key constituents to identify data needs and interests. This consultation will support the design of relevant data products for potential data seekers in FFY2026 and beyond.

SPM ESM 21.1 - In FFY2026, at least 1 CYSHCN health data product will be produced or updated and disseminated to key constituents to facilitate data-informed decision-making.

Priority Need: Communities and families have timely access to reliable and accessible information.

Objective 5.2

In FFY2030, at least 80% of CYSHCN health constituents will report that they "frequently" or "very frequently" share CYSHCN health education messages with their families and other community members.

Strategy 5.2.1: Improve community leaders' understanding of effective strategies for responding to the health needs of children and youth with special healthcare needs by convening community action and advisory teams.

Community Action and Advisory Teams provide an important mechanism to address this need. These teams serve as trusted liaisons between the Maternal and Child Health program and the populations it serves, fostering bidirectional communication, trust, and ensuring that initiatives are culturally competent, contextually appropriate, and community-informed. The Community Action and Advisory Teams are organized into nine regional teams across the state, each with distinct local representation and priorities. Each regional Community Action and Advisory Team is composed of community members and organizations dedicated to promoting the health and safety of Louisiana's families. They work together to identify and address family health issues, prioritize needs, and implement solutions. This regional structure ensures that each Community Action and Advisory Team is tailored to the specific needs and dynamics of its community, fostering effective collaboration and impactful outcomes. In FFY2026, each of the 9 regional Community Action and Advisory Teams will convene quarterly and engage with approximately 360 partners across the state, including healthcare providers, mental health professionals, community organizations, law enforcement, coroners, and death scene investigators.

Strategy 5.2.2: Improve families' access to information and referral services through provision of funding and technical assistance to regional Families Helping Families' organizations.

57 of Louisiana's 64 parishes are designated as primary care Health Professional Shortage Areas (HPSAs). Only 42% of children and youth with special healthcare needs receive care in a medical home in Louisiana. The shortage of health professionals forces families of CYSHCN to shoulder increased responsibilities in care coordination, decision-making, and advocacy. For many, the journey can be isolating, overwhelming, and confusing. Families of CYSHCN must have timely access to accurate information, trusted guidance, and supportive services. To meet this need, the Families Helping Families (FHF) network and the Bureau of Family Health (BFH) have partnered to expand access to resources, peer support, and referral navigation for CYSHCN and their families. The federally funded Family to Family Health Information Center (F2F-HIC) is a peer organization within the network of 10 Families Helping Families organizations in Louisiana.

FHF is a statewide network of nine family-led organizations with a long-standing history of serving individuals with disabilities. Through this partnership, Title V supported programs provide financial and technical assistance to strengthen the FHF network's capacity to reach a broader population that includes all CYSHCN (those with and without disabilities) and the providers who support and care for them. Through expanded peer support and navigation services, the program is contributing to a more responsive system of care—one that ensures all families have the tools, information, and connections they need to help their children thrive.

FHF organizations provide parental education via virtual information sessions as well as in-person activities. Family education

and training events promote the benefits of well-care visits, importance of early childhood screenings/developmental promotion, family-centered care in a medical home, and addressing developmental and mental health problems at the earliest possible juncture. FHF organizations also engage with local health services. Provider training and resource information workshops are organized to build the capacity of community health providers to care for children and youth with special health care needs.

Strategy 5.2.3: Improve access to information, referrals, and peer support for parents of children with sickle cell disease through provision of technical assistance to regional Sickle Cell Foundations.

The Title V supported Genetics Disease Program has designed a flyer to convey the importance of newborn screening to birthing facilities, pediatric providers, and families. This initiative was started with funding from the University of Colorado's *Unite Us* grant. This activity hopes to maintain high numbers of infants who receive screening soon after birth.

The program is also assisting sickle cell community based organizations (foundations) with improving access to information, referrals, and peer support for parents of children with Sickle Cell Disease. In FFY2026, the program will continue working with a network of five Sickle Cell Foundations to enhance their data maintenance through enhanced technical assistance to regional sickle cell foundations.

Strategy 5.2.4: Improve access to information, referrals, and peer support for parents of children who are deaf or hard of hearing through provision of funding and technical assistance to Louisiana Hands & Voices.

In FFY2026, 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. 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.

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.

SPM ESM 22.1 - In FFY2026, at least 15 community-based organizations receive funding and technical assistance to provide family-to-family support for parents of children and youth with special healthcare needs.

Priority Need: Community / family leaders and CBOs meaningfully participate in the design, monitoring, and evaluation of MCH policies and services.

Objective 5.3

In FFY2030, at least 80% of family, community and/or community based organization leaders report that they are "highly" or "very highly" satisfied with the training and/or coaching received to support their meaningful participation in the design, monitoring and evaluation of policies and services related to the health of children and youth with special healthcare needs.

Strategy 5.3.1: Training and coaching for family, community, and community based organization leaders participating in Title V supported programs and activities related to children and youth with special healthcare needs.

The mission of the Bureau of Family Health (BFH), Louisiana's Title V agency, is "*to elevate the strengths and voices of individuals, families, and communities to catalyze transformational change to improve population health.*" Aligned with this mission, the Bureau is committed to continuously improving two-way exchange of information and *meaningful participation*¹ of communities and families in the design, monitoring, and evaluation of Title V supported programs. This commitment to shifting power to communities and families is integrated into (1) the strategies and tactics used in the delivery of direct and enabling services to individuals and families, (2) the design, monitoring, and evaluation of systems strengthening programs and services, (3) the

formulation and promotion of policy and legislation affecting the state's MCH populations, and (4) the processes guiding the overall strategy of the Bureau.

In recent years, the Title V Program has supported increased participation of community and/or family leaders in decision-making mechanisms including program steering/advisory meetings or state-mandated Boards, Councils, and Commissions. However, efforts to prepare community/family leaders to effectively, or “meaningfully”, participate in these mechanisms have been varied and largely dependent on the leadership of the individual program/project manager. The 2026 - 2030 state action plan will increase focus on truly shifting power to community/family leaders and the community based organizations closest to the state's MCH populations by supporting the development and piloting of standardized processes for recruitment, onboarding, and continuous mentoring and leadership development. In FFY2026, the Title V Program will prioritize completing an assessment of training and capacity building needs and interests and identification of an institutional partner to support the design and delivery of capacity building activities for community/family leaders. Recognizing that there are numerous experienced leaders currently participating meaningfully in Title V supported program activities, a peer to peer learning strategy is anticipated to be a core component of the approach to the community/family leader empowerment strategy.

The Genetic Diseases Program Advisory Committee, Rare Diseases Advisory Committee, and Louisiana Sickle Cell Commission each include community and family representatives. These steering/advisory mechanisms allow community partners and providers to recommend policy and advocate for needed services. Title V supported programs provide onboarding support to all members of these steering/advisory mechanisms. In FFY2026, community/family leaders will be included in an assessment of capacity building needs and interests.

In FFY2026, the Louisiana Birth Defects Monitoring Network Advisory Board will be onboarding new members to fill vacant and inactive positions. The Board met for the first time since 2022 in May 2025 without a quorum. In FFY2026, the Louisiana Birth Defects Monitoring Network will bring on new members, including a consumer and parent representative, and provide them an orientation to the expectations and requirements of membership as well as an orientation to the statute, mandates, data, reports, activities of the board, and an overview of maternal and child health initiatives within the Bureau of Family Health.

Families are included as valued and essential partners in the LA Early Hearing Detection and Intervention (EHDI) program. The EHDI program partners with Hands & Voices, a family-led community based organization, 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. The program supports community and family participation in the EHDI Advisory Council by ensuring clear information is provided during the recruitment and onboarding of each new member. An onboarding guide for new Advisory Council members was developed and provides education related to the purpose and goals of the LA EHDI program, statute, rules and regulations of the legislation that guides the LA EHDI program. The onboarding guide also outlines the purpose of the Advisory Council, membership, powers and duties, as well as expectations. The guide is intended for annual review by existing Council members, and through individual or small group context for newly appointed members. The Onboarding Guide will be piloted in FFY2026.

The Louisiana Commission for the Deaf (LCD) is mandated to promote, coordinate, and facilitate accessibility to public and private services for individuals who are d/Deaf, DeafBlind, and hard of hearing. This mandate extends across all sectors of services, including maternal and child health services. The LCD would like to develop its capacity to mobilize family and community leaders to participate in steering and advisory structures, including but not limited to legislatively mandated Boards, Councils and Commissions. To fulfill this important mandate, the LCD will create a Deaf Community Leadership Academy to provide comprehensive leadership development for deaf individuals to assume key roles in public health policy and administration. The objective of this strategy is to build the capacity to build a small cohort of trained deaf community leaders by 2030. In FFY2026, the LCD will explore national best practices for Deaf Community Leadership training and define a concrete plan of action to be implemented over the next four years. In an initial phase of action, LCD trained Deaf Community Leaders will be invited to participate in Title V supported steering and advisory structures.

SPM ESM 23.1 - In FFY2026, at least 15 family, community, and/or CBO leaders will receive training/coaching to support their meaningful participation in the design, monitoring, and evaluation of CYSHCN policies and services.

Priority Need: MCH systems of care have improved capacities to ensure access to quality health services for child and youth with special healthcare needs.

Objective 5.4

In FFY2030, at least 50% of children and youth with special health care needs, ages 0 through 17, will meet the criteria for having a medical home.

Strategy 5.4.1: Ensure universal access to newborn genetic screening, counseling and early intervention services by providing funding and technical assistance to the Office of Public Health's Bureau of Regional and Clinical Operations.

The Genetic Diseases Program operates a legislatively mandated Newborn Heel Stick Screening and Follow-Up program to ensure early detection and treatment for genetic disorders. The program's mission of early detection, coupled with immediate medical management, prevents serious complications, disabilities, or delays that could result from genetic disorders. Currently, the program screens for thirty-six of the forty conditions recommended by the [HHS Advisory Committee on Heritable Disorders in Newborns and Children](#).

The Genetic Diseases Program's follow-up monitors are responsible for informing an infant's primary care provider to ensure referral to an appropriate specialist and to obtain timely treatment to subside the negative consequences of the identified disorder. In FFY2026, the program will continue to contract with medical geneticists, endocrinologists, hematologists, and pulmonologists to conduct specialty clinics around the state. Because Louisiana has a vast rural population, regional clinics have been established to provide greater access to specialists either in person or via telehealth. The OPH executes contracts with major treatment centers to ensure that all infants diagnosed with a condition receive effective treatment regardless of income and insurance coverage.

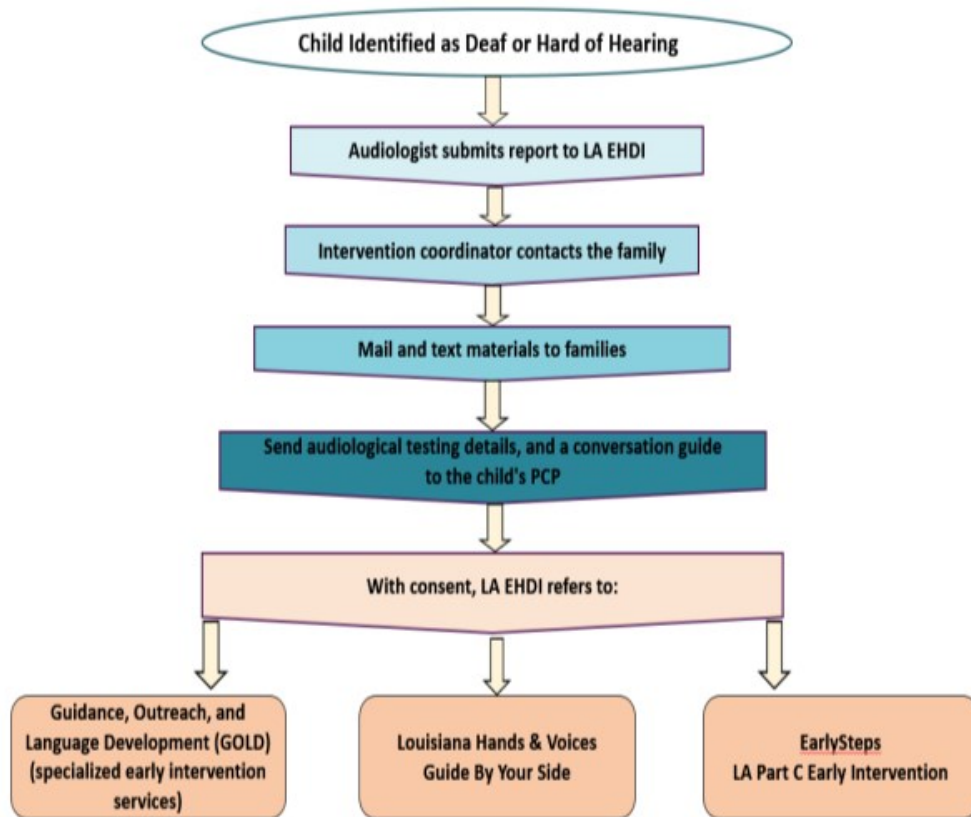
The program also facilitates the Genetic Diseases Program Advisory Committee, the Louisiana Sickle Cell Commission and the Rare Diseases Program Advisory Committee. These committees are composed of medical professionals, public health staff, community based organizations, consumers and other interested parties. These groups assist OPH in regulating policy and information pertaining to genetic disorders and other uncommon disorders.

The Genetics Disease program is working with the Office of Public Health Laboratory and the Genetic Diseases Program Advisory Committee (GDPAC) to assess the feasibility of adding the remaining conditions to the panel. These are x-linked adrenoleukodystrophy (X-ALD), mucopolysaccharidosis type II (MPS II), guanidinoacetate methyltransferase (GAMT) deficiency, and infantile Krabbe disease. Factors considered around adding these conditions to the newborn screening panel include recommendations from the GDPAC to the Louisiana Surgeon General and their approval, and the laboratory's capacity to screen for a disorder. The program consults with Medicaid to determine reimbursement costs for screening and treatment.

Strategy 5.4.2: Improve timely access to early intervention services for children who are deaf or hard of hearing by providing quality improvement consultation and technical assistance to the state's early childhood systems of care.

The LA EHDI Outreach Coordinator serves as the first contact for a family after their child is identified as D/HH. Initial information shared with a family relates to the importance of EI, and outlines the system of support available for families whose children are D/HH in LA.

Pointed efforts to increase enrollment in EI by 6 months of age through a variety of change strategies represent an area of accomplishment for the LA EHDI program. These specific efforts reflect interactions with both families and providers, but overall, the strategies resulted in an increase in enrollment in EI over the 2022-2024 birth cohorts. Changes include the LA EHDI Outreach Coordinator re-calling families who initially decline EI at 3 months, and again at 6 months after last date of decline; adjusted procedure and script for initial contact, specifically, for infants under 2-3 months of age, an introductory call is placed, followed by a call a month later to discuss EI referral. An automatic referral to family-to-family support is then made 1 month after referral to EI. Further actions to increase enrollment include sharing "[8 Reasons to Say Yes to Early Intervention](#)" and follow up with pediatricians and audiologists if a family declines referral to EI. Talking points and materials are provided to these individuals to aid in family encouragement. We observed a 13.4 percentage point increase in the number of infants identified as DHH that are enrolled in EI services no later than 6 months of age in 2022 vs. 2021 (53.1% in 2022 vs. 39.7% in 2021), with 2023 remaining steady at 53.5%. Simultaneously overall enrollment in EI has also steadily increased from 66.7% in 2021, 77.6% in 2022, and 80.2% in 2023. In FFY2026, the EHDI Program will continue to utilize these lessons learned to further increase enrollment in early intervention services at an appropriate age.



The EHD program maintains a close partnership with IDEA Part C Early Steps. In recent years, a number of QI initiatives have taken place to improve not only the number of families enrolling in EI, but also to build capacity in Louisiana by recruiting new providers with qualifications and expertise in working with children who are D/HH and their families, and educating existing providers in the Part C EarlySteps system that were not yet experienced. In FFY2026, LA EHD will provide training on how to develop functional outcomes for families and children who are D/HH, in the Part C system.

Strategy 5.4.3: Improve timely access to early intervention services for children with birth defects by direct provision of information and referral support to families.

In FFY2026, the Louisiana Birth Defects Monitoring Network will continue to refer families identified through birth defects monitoring to the Bureau of Family Health's Family Resource Center for a needs assessment, information, and referral. The Louisiana Birth Defects Monitoring Network refers families of children with a birth defect as well as those who do not meet the case definition for a birth defect but are at high risk for having a special healthcare need (such as prematurity) to the Family Resource Center.

The Louisiana Birth Defects Monitoring Network identifies babies born to military families, but because the Department of Defense has its own birth defects tracking program, the Louisiana Birth Defects Monitoring Network does not include children born to parents in the military or those covered by Tricare or CHAMPUS insurance in the tracking system. This is to prevent dual reporting of prevalence of birth defects nationwide. However, service members who have children with special healthcare needs may benefit from connection with community resources. In May 2025, the Louisiana Birth Defects Monitoring Network met with the Military Community Clinical Integration Lead, a clinical psychologist, within the Department of Defense Health Agency to learn of military programs and resources for CYSHCN families. In FFY2026, the Louisiana Birth Defects Monitoring Network will collaborate with the Family Resource Center to develop a referral protocol to expand referrals for military members serving in Louisiana who have children with special healthcare needs.

Strategy 5.4.4: Improve access to specialized health services for children with complex medical needs by providing funding and technical assistance to the Office of Public Health's Bureau of Regional and Clinical Operations.

The Title V supported Children's Special Health Services (CSHS) program is implemented in partnership with the Office of Public Health's Bureau of Regional Clinical Operation (BRCO). BRCO is responsible for the oversight of regional clinics throughout the state. The CSHS program provides funding to support integration of specialized services so that all children with special

healthcare needs receive gold standard treatment. This includes access to needed specialists, access to timely care and access to necessary services for publicly insured patients.

The CSHS program has developed a clinical services quality improvement plan to assure that Title V supported CYSHCN clinical programs are providing the highest quality services to all the intended populations. In FFY2026, the program will continue to provide ongoing monitoring of Quality Improvement and Quality Assurance measures including insurance coverage, medical home, referrals, care coordination, behavioral health, nutritional risk assessment, and youth health transition.

Chart audits are completed to facilitate monitoring of the quality of care provided in BRCC clinics. In FFY2026, the chart audit strategy is undergoing revisions to improve quality and safety of services. Methods are being developed to improve accuracy of documentation to ensure proper Medicaid payment. CSHS program staff provide direct pediatric nursing and social work consultation services to BRCC staff through daily consultation, site visits, and 1:1 meetings. Executive team meetings are routinely conducted to ensure communication and efficiency are maintained.

Strategy 5.4.5: Promote appropriate care for children and youth with Sickle Cell Disease by providing technical assistance for the development of statewide in-service training modules for school nurses.

The Louisiana Sickle Cell Commission is currently developing a sickle cell training module for school nurses. The training module for school nurses will be shared with the Louisiana State Board of Nursing and the Louisiana Department of Education included in the required annual in-service training for school nurses. The training will be available before the 2025-26 school year.

Strategy 5.4.6: The Louisiana Commission for the Deaf (LCD) will improve access to quality MCH services for persons who are d/Deaf, DeafBlind, and/or hard of hearing by directly delivering core empowerment programs.

The Louisiana Commission for the Deaf (LCD) is mandated to promote, coordinate, and facilitate accessibility to public and private services for individuals who are d/Deaf, DeafBlind, and hard of hearing. This mandate extends across all sectors of services, including maternal and child health services. To contribute to the achievement of this mandate, the LCD implements a twin track approach strategy to (1) providing targeted programs specifically for people who are d/Deaf, DeafBlind, and/or hard of hearing while simultaneously (2) implementing initiatives to promote access to all mainstreaming policies, programs and services for persons who are d/Deaf, DeafBlind, and/or hard of hearing.

In 2026 - 2030, the LCD will directly implement the following targeted programs to meet the specific service needs of persons who are d/Deaf, DeafBlind, and/or hard of hearing:

- The LCD Telecommunications Equipment Program provides state-of-the-art telecommunications equipment and alert systems to empower Louisiana residents with the tools they need to break down communication barriers and live life to the fullest.
- The LCD Hearing Aid Program makes hearing aids accessible to those that could benefit from amplifying sound, helping them regain control of their auditory world without the burden of hefty expenses.
- The LCD Sign Language Interpreting Program supports access to qualified American Sign Language (ASL) interpretation services. The program establishes minimum standards for the ASL interpreter workforce in the state and supports a statewide interpreter registry. The program also provides professional development opportunities for ASL interpreters including both training and mentorship opportunities.
- The LCD Support Service Provider (SSP) Program provides one-on-one trained guides for DeafBlind individuals at no cost, so they may lead dignified, independent, and autonomous lives.

Strategy 5.4.7: The Louisiana Commission for the Deaf (LCD) will improve access to quality MCH services for persons who are d/Deaf, DeafBlind, and/or hard of hearing by providing technical assistance to Title V supported MCH Programs.

In addition to implementing the targeted programs described above, the LCD also provides technical assistance to support access of persons who are d/Deaf, DeafBlind, and/or hard of hearing in mainstream services. LCD's technical assistance approach includes sensitizing public health professionals to the needs and rights of persons who are d/Deaf, DeafBlind, and/or hard of hearing, ensuring that persons who are d/Deaf, DeafBlind, and/or hard of hearing are visible in public health data surveillance and needs assessment processes, and ensuring that persons who are d/Deaf, DeafBlind, and/or hard of hearing participate in mechanisms for public health decision-making. In 2026 - 2030, the LCD will develop and pilot its technical assistance approach with Title V supported programs interested in collaborating to improve accessibility for persons who are d/Deaf, DeafBlind, and/or hard of hearing. While the technical assistance methods are still in development, the LCD envisions a collaborative process wherein Title V supported programs are given tools to conduct a self assessment and design an action plan. This supported process gives ownership of the strategy to the program, contributing to long term sustainability of the assistance. Self-assessments will consider workforce attitudes towards persons who are d/Deaf, DeafBlind, and/or hard of hearing, ability to stratify program data, accessibility of information and education resources, and linkages with d/Deaf community leaders and organizations. In FFY2026, the LCD will focus on development of its technical assistance approach and work towards identification

of an initial cohort of 2-3 Title V supported program partners.

Strategy 5.4.8: Improve access to pediatric depression screening & referral by providing technical assistance including training and tele-consultation services to pediatric providers.

The Title V supported mental health consultation system uses a two-tiered approach—universal and targeted—to build the capacity of frontline health care providers in recognizing and responding to behavioral health needs of maternal and child populations. The universal tier provides guidance and education to any frontline health care provider seeking a one-time consultation, offering timely support on common behavioral health questions without the need for ongoing engagement. The targeted tier offers ongoing, individualized support for providers managing complex or high-risk cases, including case-based consultation, clinical guidance, and opportunities for deeper collaboration with behavioral health specialists.

The Provider-to-Provider Consultation Line (PPCL) occupies the universal tier of the mental health consultation system. PPCL is a no-cost provider-to-provider telephone consultation and training program that is available to any healthcare provider in Louisiana who is caring for pregnant and postpartum women and children and youth ages birth to 21. PPCL has a team of licensed mental health professionals and medical experts who staff a phone line that providers can call when they have a question regarding a specific patient or have a more general question related to mental health and substance use. PPCL is also able to provide up-to-date information on local community and telehealth mental and behavioral resources. Satisfaction survey results indicate that 100% of responding providers are extremely satisfied with the support received through PPCL. One provider stated, “PPCL is my ‘life line’ during a busy schedule to ensure mental health counseling for my patients.”

Targeted mental health consultation (MHC) has become a foundational component of quality services within the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) teams that have been established in multiple regions of the state. MHC is a critical support for our home visiting workforce, offering guidance, education, and support as staff navigate complex client needs. Providing home visitors and their supervisors with access to mental health expertise and support also helps the MIECHV program to manage the risk for its large number of high acuity cases. Evaluation results show that MHC both increases home visitors’ self-efficacy and knowledge in navigating client mental health concerns.

Education, universally available to all clinicians in the state or targeted on specific provider types and/or mental health issues, is an integral component of BFH’s mental health consultation system. Using the evidence-based Extension for Community Health Outcomes (ECHO) model, PPCL holds monthly training sessions on perinatal and pediatric mental health topics to providers statewide and, in Fall 2025, will be facilitating the REACH Institute’s three-day intensive Patient-Centered Mental Health in Pediatric Primary Care (PPP) training for 35 of Louisiana’s prescribing pediatric providers. In partnership with the Louisiana Perinatal Quality Collaborative (LaPQC), PPCL is also supporting the implementation of the Caregiver Perinatal Depression Screening in Pediatric Practices (CPDS) Learning Collaborative, a quality improvement initiative focused on assisting pediatric practices to improve their implementation of perinatal depression screening and response in the pediatric well-child visits. Leveraging the infant and early childhood expertise across teams, consultants have also developed and implemented the Foundations of Infant Mental Health (FIMH) training for any provider working with young children. Consultants working with the MIECHV team provide more targeted education to the home visitors and actively participate in the monthly case conferences and team meetings.

ESM MH.1 - In FFY2026, at least 1000 families will receive care coordination services from the Family Resource Center.

ESM MH.2 - In FFY2026, 100% of infants with a presumptive positive screening result for heritable conditions will receive follow-up for additional testing and linkage to appropriate care.

ESM MH.3 - In FFY2026, at least 98% of cases identified by the Louisiana Birth Defects Monitoring Network will be processed within 45 days.

ESM MH.4 - In FFY2026, 100% of community Sickle Cell Foundations will define an action plan to improve access to a medical home for children with Sickle Cell Disease.

Priority Need: Quality steering / advisory mechanisms ensure policymakers, providers, and MCH populations are effectively collaborating to design, monitor, and evaluate MCH policies and services.

Objective 5.5

In FFY2030, at least 80% of participants "strongly" or "very strongly" agree that the steering / advisory mechanism is "effectively contributing to the improvement of health policies and services related to the health of children and youth with special healthcare needs".

Strategy 5.5.1: Improve policies and services related to the health of children and youth with special healthcare needs by directly convening steering / advisory mechanisms that include participation of policymakers, providers, and MCH populations.

The Title V Program supports state and local steering/advisory mechanisms including public bodies (i.e., boards, commissions, councils, etc.), program/project specific steering or advisory committees, and other planning and coordination mechanisms. Louisiana's Title V Program places significant emphasis on ensuring meaningful participation of constituents including policymakers, providers, and people (MCH populations) in the steering / advisory mechanisms. The program recognizes that participants in Title V supported steering / advisory mechanisms have varying levels of familiarity with:

- existing state statutes and/or administrative codes relevant to MCH programs and services
- the metrics used to monitor health outcomes and evaluate MCH programs and services
- the strengths and weaknesses of existing programs and services
- national standards and best practices for MCH programs and services

While bringing people with different areas of expertise is essential for quality steering / advisory mechanisms, a common foundation of understanding facilitates effective dialogue, problem solving, and consensus building. Louisiana's Title V Program contributes to effective dialogue by providing guidance for the recruitment and onboarding of new members, providing training to ensure Title V supported program staff clearly understand their roles and responsibilities, and by providing ad-hoc support when needed. Title V supported steering/advisory mechanisms related to CYSCHN health include:

Louisiana Rare Disease Advisory Council (RDAC)

The 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:

- 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,
- 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
- 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.

Genetic Disease Program Advisory Committee (GDPAC)

The Louisiana Genetic Disease Program Advisory Committee is composed of medical specialists, a nutritionist, a social worker, laboratory professional and consumers. Responsibilities of the GDPAC include assisting OPH in developing standards legislative implementation, consulting with and assisting OPH in setting policy and the scope of services, participating with OPH in developing and maintaining educational programs among health professionals and the lay public on the services offered by the Genetic Diseases Program and on genetic disorders and, consulting with OPH regarding the promulgation of rules and regulations necessary for the conduct of the Genetic Diseases Program.

The Louisiana Birth Defects Monitoring Network (LBDMN) Advisory Board

The Louisiana Birth Defects Monitoring Network Advisory Board will meet quarterly in FFY2026 after a long hiatus. At the meetings, the board will review data, identify activities or special projects to improve surveillance, prevention, and/or services for children and families affected by birth defects.

The Louisiana Sickle Cell Commission (LSCC)

The mandate of the 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 to (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 access to transformative therapies for sickle cell disease; (3) Submit budget recommendations to the Legislature and the Governor; and (4) Prepare and publish an annual report on sickle cell.

The Louisiana Commission for the Deaf (LCD)

The LCD was established by Act 629 in 1980 by the Louisiana legislature, to serve as the principal agency of the state providing leadership to promote the general welfare of d/Deaf, DeafBlind, and hard of hearing individuals. In accordance with RS 46:2352, the LCD Board of Commissioners consists of qualified and knowledgeable members with experience which enables them to represent the concerns, needs, and recommendations of d/Deaf, DeafBlind, and hard of hearing persons. This board is established to support the work of LCD and to advocate on behalf of d/Deaf, DeafBlind, and hard of hearing communities and their families. Board members include d/Deaf, DeafBlind, and hard of hearing representatives, parents, professionals, and representatives from related state organizations and the state legislature. In FFY2026, LCD will continue to support the organization of regular meetings of the Board of Commissioners.

The Louisiana Early Hearing Detection and Intervention (EHDl) Advisory Council

By statute, the State of Louisiana Advisory Council for the Early Identification of Deaf and Hard of Hearing Infants must convene four times per year. The Council is composed of 14 members representing the lived experience of families whose children are identified as D/HH and adults who are D/HH, as well as educational and medical personnel who are engaged in the EHDl system. In addition, the Council has two active committees at this time. One committee focuses on Language Outcomes, and the other, just recently voted to reconvene, will re-examine the authorizing statute, rules, and bylaws for the Council.

The LA EHDl program also hosts regional collaborative meetings in 3-5 regions annually. Based on lessons learned from previous regional collaborative meetings, LA EHDl has shifted audience focus to tailor more directly to families whose children are D/HH and providers of early intervention. The objectives for the regional collaboratives planned in FFY2026 are: 1) share achievement of EHDl 1 – 3 – 6 goals, 2) provide an opportunity for families and providers to work together, and 3) improve early intervention and language outcomes for children who are D/HH.

SPM ESM 24.1 - In FFY2026, at least 80% of Title V supported steering / advisory mechanisms produce actionable recommendations to improve policies and services related to the health of children and youth with special healthcare needs.

Priority Need: State policies relevant to MCH programs and services are modernized to align with current day public health functions.

Objective 5.6

In FFY2030, at least 2 CYSHCN health policy priorities have been advanced through 2 stages of the policy process towards implementation or other resolution.

Strategy 5.6.1: Contribute to advancing policy priorities for children and youth with special healthcare needs through the five stages of the policy process (Identification, Analysis, Strategy and Policy Development, Enactment, Implementation) by producing data / information briefs and providing subject-matter expertise to inform policy dialogue.

Legal statutes, or laws, are the foundation of the federal and state MCH policy framework. In addition to legal statutes, the Louisiana Administrative Code (LAC) is the official, state-certified compilation of rules adopted or amended by Louisiana state agencies, which provide detailed guidance for the implementation of many state programs, services and functions. Over the past several years, the Title V Director and program staff have identified the need to revise state laws and/or associated rules in order for them to more accurately reflect current-day needs and functions.

The Title V supported Policy and Legislation section provides technical assistance to all Title V supported programs. Utilizing the [CDC Policy Process](#) as a framework for strategic planning, the policy section provides expertise to facilitate advancing policy priorities through each of the five stages: Problem Identification, Policy Analysis, Strategy and Policy Development, Policy Enactment, and Policy Implementation. The Policy and Legislation section delivers internal training and capacity building activities to improve Title V workforce skills for policy analysis, policy development, rulemaking, and engaging with policymakers.

In FFY2026, the Policy and Legislation section will collaborate with Title V supported programs to identify and prioritize policy priorities and to develop strategies to facilitate advancing policy priorities to the next stage of the policy process. With a focus on priority needs identified in the 2025 Title V Needs Assessment and highlighted in the 2026 - 2030 State Action Plan, programs will be supported to scan existing legislation and review current administrative code to identify policy gaps or opportunities for modernization.

A critical component of this strategy is to ensure key constituent input in policy development. Programs will be supported to

develop data / information briefs to facilitate dialogue with key constituents including state agency leadership staff, steering / advisory mechanism members, community / family leaders, and all key Title V workforce staff. Lastly, programs will be supported to develop strategies for engaging key constituents in the policy development stage of the process. In addition to engagement with Title V supported steering / advisory mechanisms, engagement with Medicaid quality committees and related work groups is anticipated to be a key activity in the policy development process.

SPM ESM 25.1 - In FFY2026, at least 1 data / information brief is produced to inform policy dialogue.

2021-2025: State Performance Measures

2021-2025: SPM 1 - Percent of recommended actions that have been successfully implemented to reduce health disparities.

Measure Status:	Inactive - The measure is no longer an effective way of monitoring the program's efforts related to reducing health disparities.				
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		0	38	58	70
Annual Indicator		0	40	50	50
Numerator		0	4	5	5
Denominator		10	10	10	10
Data Source		Internal records	Internal Scoring Instrument	Internal Scoring Instrument	Internal Scoring Instrument
Data Source Year		2021	2022	2023	2024
Provisional or Final ?		Final	Final	Final	Final

2021-2025: SPM 2 - Organizational Commitment to Family Engagement in Systems Change

Measure Status:				Active	
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		40	50	50	75
Annual Indicator		25	40	70	70
Numerator		5	8	14	14
Denominator		20	20	20	20
Data Source		Family Engagement in Systems Assessment Tool	Family Engagement in Systems Assessment	Family Engagement in Systems Assessment	Family Engagement in Systems Assessment
Data Source Year		2021	2022	2023	2024
Provisional or Final ?		Final	Final	Final	Final

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 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 period, BFH completed an organizational strategic planning process that led to a structural reorganization, which included creation of the Strategy and Operations team to facilitate the development of systematic processes for strategy development, legislation and policy efforts, and program quality improvement across the Bureau.

Summary of cross-cutting / systems-building interventions supported by Title V in FFY2024

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

Build workforce and partner capacity

In FFY2024, informal and formal learning opportunities were made available to staff across the state. Firstly, a Title V orientation was developed to elaborate on Title V's legislation, framework, financial regulations, and Louisiana's selected priorities and strategies for the 5-year period. Over the course of the year, four Title V orientation sessions were held to further inform staff on how all or partial of their funding is received and allocated across all Bureau of Family Health's programs, projects, and initiatives. New staff are strongly encouraged to attend to learn more while all staff are welcomed. There is an opportunity to connect with colleagues and ask questions about current or upcoming initiatives hosted by the Title V Coordinator. In FFY2024, 78 participants attended the quarterly Title V Orientation sessions.

Secondly, a series of orientation sessions focused on strategies and tactics for improving health outcomes. Each part is 30 - 45 minutes and focuses on (1) terminology; (2) what LDH, OPH, and BFH have done to support families; and (3) how staff can get involved. By recording the parts, staff have more on demand access to the content. In addition to the orientation series, office hours were added to provide an opportunity for staff to talk about anything related to positive health outcomes. A survey was sent to staff after each part of orientation and a final survey was shared with staff who attended parts of the orientation to gain feedback of the overall structure of orientation.

There was also the creation of a project/program/initiative management process that incorporates steps and guidelines for involving community and/or partners following the principle, "Nothing about us, without us." The process adapted the Project Management Institute (PMI)'s project management process by incorporating holistic and systems approaches and considerations within each phase. The process was piloted with the Provider to Provider Consultation Line (PPCL) program, who reported that the process allowed team members to think about health disparities and alignment with other BFH programs in a way that gets all the information and everyone in the conversation at the beginning of a project. Whereas previously, projects would be delayed because not all considerations were made at project onset. This proactive approach prioritizes improvement of health outcomes for all by having all information and everyone together at the start. A training for the process was created and shared with staff November 2024. The process is currently being piloted again for further refining until bureauwide rollout.

Thirdly, the Louisiana Commission for the Deaf (LCD) provided annual trainings for BFH staff and external partners on understanding d/Deaf culture and working with d/Deaf and hard of hearing communities. LCD facilitated two trainings: Deaf Sensitivity Training Part 1: More than a Medical Condition and Deaf Sensitivity Training and Part 2: Advocacy and Access. Part 1 explains how deafness is more than a medical condition and goes into detail about the cultural aspects, identity and language of the d/Deaf and hard of hearing communities. This training also speaks to the systemic barriers that exist for people who are deaf or hard of hearing, and encourages collaboration with the Deaf, DeafBlind, and Hard of Hearing (DDBH) communities. Part 2 shares the many ways attendees can communicate with people who are d/Deaf, DeafBlind, and hard of hearing (DDBHH); brings insight to the prolonged barriers which exist for people who are DDBHH; and explains the importance of including all d/Deaf and hard of hearing communities.

Fourthly, BFH's Quality Improvement groups were restructured to allow for greater staff participation and acts as a mechanism to institute holistic practices and a way for staff to apply what they learn. In FFY2024, the workgroup structure was revamped to a project-based system. Staff are recruited based on their interest in a particular time-limited project. These changes allow more staff to participate and be a part of ongoing quality improvement initiatives of the Bureau. Recruitment of work group members

considers staff's domicile, team, and position in the Bureau to create a workgroup that represents all BFH staff in regards to location, team, and position. Efforts in FFY2024 prioritized internal communication styles to pilot this new strategy.

Additionally, a group of 15 staff representing multiple teams, positions, and tenure within BFH participated in Learning Journey with the National Maternal and Child Health Workforce Development Center (MCH WDC). The objective of this Learning Journey was to develop a strategy for providing professional development opportunities to the over 200 staff members. The goal was to create a system that uses multiple learning modalities, factors in learning stages (awareness, knowledge, application, mastery), and meets staff where they are in the learning continuum. This way, training and education can be tailored to individual staff as much as possible, based on their learning styles and preferences to ultimately improve the quality and reach of the populations served.

The MCH WDC supported BFH in this endeavor by hosting an in-person "Learning Institute," facilitated two virtual systems exploration workshops, a webinar series, and an in-person meeting to provide additional coaching to the Bureau's co-leads. The system exploration workshop was a 2-day virtual experience introducing the 15 staff to systems level thinking and approaches to consider the external environment. Following this, an in-person Learning Institute in California was held for the states participating. Alongside Louisiana's coaches, the Learning Institute supported discussions about the aim of the work and actionable steps to take back to our home states. Taking learnings back home, the core team determined additional onboarding was needed for other BFH staff involved. One-on-one interviews and discussions were scheduled with the co-lead to better elaborate on the project's direction and shaping professional development opportunities for the bureau. Following this, monthly webinar series were attended to introduce various tools, facilitation activities, and exercises the team could be potentially used as a resource. The tailored experience consisted of monthly calls with the assigned coach; there were also monthly peer-to-peer meetings, where project team members could talk to other states as a support. After a 3-day in-person consultation in New Orleans, efforts were made to initiate the work plan development and formal documentation. Throughout the experience, the co-leads held monthly full team meetings with all 15 staff to identify new areas of work and share progress updates. The team's goal was to have the workplan written by December 2024.

The project team focused their efforts on the first phase of the project, the Discovery Phase. The goal of the first phase was to learn best practices from other bureaus inside of LDH and external organizations. Internal and external scans were completed to learn how others provide professional development opportunities. This consisted of identifying and interviewing or surveying external organizations with similar compositions to BFH (statewide, public health, etc.) to learn best practices on how to build out BFH's system for staff learning opportunities. Scans also included workshops and trainings available to staff within BFH, OPH, LDH, and partnering agencies (i.e. AMCHP, WDC, CDC, etc.). The team also analyzed other LDH offices and bureaus initiatives to discover competencies to align with the department at large for unison.

Lastly, this workforce development work is also being supported at the Office of Public Health (OPH) level with representatives from Bureaus under its jurisdiction. Members facilitated the creation of two Employee Resource Groups (ERGs). ERGs are "affinity groups" that center staff to a common interest. OPH's two ERGs are Emerging Professionals and Caregivers. Each ERG provides support to its members by sharing information, resources, and relationship-building amongst members. Each ERG operates independently with support from OPH leadership members. In FFY2024, the ERGs established charters and created and assigned leadership positions.

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

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

Regarding public bodies, the composition of the membership is named in statute or rule. Thus, we are limited in our changes to the membership. For changes to membership, the statute or rule will need to be amended to include more persons with lived experience and/or family members in BFH-supported boards, commissions, and councils. However, we continuously seek input from persons with lived experience and/or family members through public participation at meetings and to create opportunities for these individuals to serve on committees or workgroups. In addition, we will continue to seek opportunities to propose legislative changes to existing statutes or rules that establish boards, commissions, and councils under the purview of BFH. For example, there is a proposal to amend the [Adolescent School Health Initiative Act](#), which will amend the language that establishes the Adolescent School Health Initiative Coordinating Council.

Facilitate opportunities for local partners and community based organizations to increase input into BFH program planning, monitoring, and evaluation

In FFY2024, the Bureau of Family Health (BFH) continued to develop a multi-modal family and community engagement strategy

based on the following components:

1. Supporting family, community, and youth representatives' participation in individual program and project planning, monitoring, and evaluation processes.
2. Supporting family, community, and youth representatives' participation in legislatively mandated Boards, Councils, and Commissions as well as
3. Strengthening partnerships with community-based organizations connected with the MCH populations of the state.
4. Strengthening program and project level feedback mechanisms including satisfaction surveys and other two-way communication tools for public input in program / project design.

The below strategies summarize some of the Bureau's efforts to create opportunities for family and community member participation in program planning, monitoring, and evaluation.

Increase resources and opportunities for the BFH family representative to fulfill the role of effectively participating in BFH strategic planning processes

In FFY2024, the Bureau of Family Health's (BFH) family representative was unfortunately unable to participate in some capacity building and networking opportunities including the AMCHP Annual Conference (Oakland) and HRSA Partners Meeting (Washington D.C.). However, the representative did an MCH Block Grant Reviewer Training, which included receiving mentorship from experienced block grant reviewers. The family representative then participated in Missouri's October 2024 Block Grant review.

Continue to support the Title V Helpline as a resource for families

In 2024, 7186 calls were received by the 24 hours/7-day a week, toll-free State Maternal Child Health Helpline. With each call, Helpline staff offer to conduct a brief screening to collect information about each family's wants and needs. Information is provided to the callers and when appropriate and with consent from families, referrals to services are made. The majority of calls received were from the Greater New Orleans area (21%) and callers requested information about resources available through the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), as well as requesting assistance with WIC cards and the app (83%). Most of the callers were female (86%), ages 22-30 years, African-American and insured by Medicaid or Medicare (68%). Additional requests for information from callers were related to general resources for children and families, breastfeeding, child care, immunizations, Medicaid and food assistance.

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

In addition to being Louisiana's Title V agency, the Bureau of Family Health (BFH) is a recipient of an Early Childhood Comprehensive Systems (ECCS) grant for the implementation of the "Screen Often and Refer (SOAR)" Project. Project SOAR has been a testing ground for the development of resources and learning related to engagement of family members and other persons with lived experience in program/project management and systems strengthening initiatives.

In FFY2024, BFH Title V Block Grant Coordinators held multiple meetings with the ECCS grant "Project SOAR" team to discuss their family engagement strategy. (SEE FFY2024 REPORT FOR CHILD HEALTH STRATEGY: "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 access to timely and accurate developmental screening and follow-up via a coordinated system of maternal health and early childhood providers.") The purpose of the meetings was to monitor the implementation of the strategy and provide input based on good practices observed in other states. The purpose is also to, eventually, bring alignment to family and youth engagement strategies currently being developed across numerous programs and projects in the BFH.

Support the MIECHV Program with implementation of the Home Visiting Collaborative Improvement and Innovation Network (HV COIIN) 2.0 Parent Leadership Toolkit

In addition to being Louisiana's Title V agency, the Bureau of Family Health (BFH) also manages Louisiana's Maternal Infant and Early Childhood Home Visiting (MIECHV) Program. The LA MIECHV program is engaged in a multi-stage, multi-year strategic plan for incorporating parent leadership in continuous quality improvement (CQI) activities. The program has completed the Readiness Assessment for Parent Involvement and Leadership in CQI (Stage 1/Toolkit). In June 2024, a staff readiness survey (modeled after the sample survey from the Toolkit) was launched. Results were presented and discussed with teams in the monthly CQI workgroup meetings. The survey found that there is a high level of readiness to include parents in the program's CQI initiatives, but also identified several areas where staff were hesitant to include parents (i.e., interpretation of program data). In response to the survey findings, the MIECHV team is developing educational sessions to support preparation for broader staff participation in parent leadership initiatives (Stage1/Toolkit). To reinforce key messages, the benefits of parent leadership continue to be discussed in CQI Committee meetings and also mentioned throughout our monthly CQI newsletters. The program had also begun contacting parents to collect more robust qualitative data for new projects under development.

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

Implement a bureau-wide strategic communications plan to assure consistent messaging across communication channels and products related to Title V priorities

In FFY2024, the Communication team continued to utilize and refine forms and processes created in the previous year to develop communication plans for specific projects across teams in the Bureau. Each communication plan included the following information: purpose of the product, audience-who the product is being developed for, how it will be utilized and timelines for completion. [Monday.com](#) continued to be utilized as the primary project management platform. Additionally, the BFH style guide was updated to reflect changes required by the Bureau of Media and Communications team in LDH. Updates to the BFH style guide related to the utilization of people-first, human-centered, strength-based language. Updates also promoted simplified language to ensure accessibility of content for all audiences, framing content, grammar, style, design, organization and formatting. Training was provided to leadership staff developing content for all public facing materials in the Bureau, including but not limited to briefs, one-pagers, legislative reports, brochures, flyers and presentation materials.

For most of FFY2024, the Communications staff continued to be supported by the team lead for the Strategy and Operations team. During this time, the Health Communications Strategy and Operations Manager position remained vacant and two of the three communication specialists left to pursue other opportunities. The Manager position was posted several times using different platforms and multiple interviews were conducted to identify the best candidate. No applicants interviewed had the skills or experience needed for this important leadership position. In August 2024, a candidate with exemplary experience, including working in public health, and skills that had previously applied for the position, but lived in a bordering state, was interviewed and hired for this position. With her knowledge, experience and support, a new team structure was developed to expand the skills and experiences needed to create a well-rounded communications team versus having communication specialists with similar experience and skills work across teams in the Bureau. Additionally, utilizing the current communication processes, including conducting a needs assessment and developing a communication plan for each project, then having different people in leadership review and provide feedback on all public facing products and materials, the Health Communication Strategy and Operations Manager began to refine and test these communication processes with plans to create new processes with defined operating procedures to standardize the development and evaluation (with metrics) for all public facing communication products developed and utilized by BFH staff, prior to these materials being sent to OPH and LDH leadership for review and approval. The Communications staff also began the process to assess the effectiveness of the Bureau's branding, social media, websites, and promotion platforms to identify areas for improvement for the next fiscal year.

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

The Bureau's Board, Commissions, and Councils Strategy and Operations Lead was hired in May 2024. Since being hired, the Lead has implemented monthly check-in meetings with assigned facilitators to receive updates on the progress of implementation associated with the Bureau's major strategies, to discuss successes and challenges, and to provide these individuals with technical expertise in the management and coordination of these public bodies. In December 2024, the Lead will host a meet and greet to engage in a collaborative discussion on the work of boards, commissions, and councils. Facilitators will be invited to actively participate by submitting at least one question related to the work of boards, councils, and commissions, which will be answered by a panel of peers. The panelist of peers will share insights based on their experiences, such as meaningful ways to promote membership engagement to meet quorum requirements. Following this meet and greet, there will be regularly-scheduled (monthly, bi-monthly, or quarterly) meetings where the Lead will provide trainings or conduct "coffee chats" on newly-released materials that will be part of the BFH Boards, Commissions, and Councils Operational Guide.

Develop and operationalize processes and templates to support BFH policy recommendations

In addition to the development of the BFH Boards, Commissions, and Councils Operational Guide, the Policy Team continues to develop resource guides to inform and educate BFH staff on the development and submission of legislative proposals, the legislative implementation process and techniques to utilize when providing bi-weekly updates, and rulemaking (technical requirements for drafting rules, the submission of the notice of intent documents, and timelines). Further, we continue to educate staff on the legislative process and how to elevate constituent and/or media requests received related to maternal and child health initiatives.

Cross-Cutting/Systems Building - Application Year

The 2026 – 2030 Louisiana Title V State Action Plan does not include activities in the cross-cutting domain

III.F. Public Input

Louisiana's Title V Program is committed to continuously improving dialogue with communities and families representing our state's MCH population. This commitment is integrated in activities implemented at the individual / household level, at the program / project management level, and at the statewide strategic level. The various components of this strategy are described in the *Family and Community Partnerships* section of the Needs Assessment Summary chapter of this application. While the strategies and activities described in the *Family and Community Partnerships* section of the application represent the primary mechanisms for public input, additional channels for receiving public input include:

Participation in the Office of Public Health's Maternal and Child Health Working Group

Following the completion of the [2021-2022 State Health Assessment \(SHA\)](#), the Office of Public Health (OPH) established a series of working groups to facilitate public input into the design, monitoring, and evaluation of the [State Health Improvement Plan \(SHIP\)](#). The SHIP Working Groups include representation of community based organizations and individual advocates from across the state. The SHIPs Working Group for Maternal and Child Health meets on a quarterly basis to design plans of action, coordinate efforts, and to monitor SHIP implementation. Louisiana's Title V Strategy Manager serves as the Office of Public Health's Ambassador to the SHIP Working Group for Maternal and Child Health.

24-Hour Helpline

The Title V Program supported 24-hour provides a key channel for public input. Available to residents across the state, the Helpline primarily functions to provide information and referral to callers. However, helpline staff are available to receive and respond to other inquiries related to the Title V Program and/or redirect callers to the appropriate public input channels when relevant.

Title V Program Webpage

The Bureau of Family Health (BFH) has also created a [dedicated webpage](#) to facilitate access to the five year state action plan, annual report and application package, and to provide a channel for public questions or public input into the program. The public and all community partners are able to contact the Title V Program via a dedicated email (TitleVMCH@la.gov) to request additional information and/or share their inputs.

III.G. Technical Assistance

The Title V Program has identified two key areas of need to support implementation of the 2026 - 2030 state action plan.

Program Monitoring, Evaluation, and Learning

Louisiana's Title V Program supports the state's core maternal and child health epidemiology workforce, which carries out routine surveillance of key MCH data indicators and completes periodic investigations into priority areas. While this work supports monitoring medium to long-term impacts of Title V supported programs and activities, there is a need to improve skills and internal systems for monitoring, evaluation, accountability and learning of short and medium term effects of Title V supported programs. While Title V supported program teams include a high degree of subject-matter expertise, they have differing levels of experience and expertise in designing tools and processes to assess the effectiveness of health promotion / community health education strategies and/or technical assistance strategies. The 2026 - 2030 state action plan has defined a series of state performance measures requiring collection of data concerning (1) constituency satisfaction with public health data products, (2) partners' capacity to effectively disseminate key health education messages, (3) family/community leader satisfaction with training and coaching supports aiming to increase their meaningful participation in the design, monitoring, and evaluation of Title V supported programs, (4) participating partners' perceptions of the effectiveness of Title V supported steering / advisory mechanisms, and (5) Title V Program impacts on state policy development. A bi-annual (FFY2026, FFY2028, and FFY2030) knowledge, attitude and practice survey is planned to facilitate collection of this program monitoring data. In FFY2025 - 2026, the program will explore opportunities to partner with state and/or national academic institutions to support design and bi-annual completion of the knowledge, attitude, and practice survey.

In addition to performance monitoring, the Title V Program seeks to create tools and processes to enhance continuous learning. In FFY2027-2028, the program will seek technical assistance to support the development of guidance for identifying and documenting evidence-based good practices and lessons learned at the activity level. The continuous learning technical assistance should support Program and Project Managers to identify the underlying factors contributing to the success (or lack of success) of a particular strategy or activity. The continuous learning technical assistance should also install a commitment to rigorous analysis when determining what is (or is not) a "good practice" or an "innovative practice".

Empowerment of Community and Family Leaders

The 2026 - 2030 state action plan has highlighted the need to move beyond creating opportunities for participation of community and family leaders to engage in Title V supported programs. The five year plan seeks to increase "meaningful participation" by providing specific capacity building support to community/family leaders and community based organizations working most closely with the state's MCH populations. The strategy will include a combination of training, mentoring, and peer-to-peer learning opportunities. In FFY2025 - FFY2026, the program will explore opportunities to partner with state and/or national organizations with expertise in promoting public participation in governance and policy processes.

IV. Title V-Medicaid IAA/MOU

The Title V-Medicaid IAA/MOU is uploaded as a PDF file to this section - [TitleV and Medicaid_IAA_07Aug2025.pdf](#)

V. Supporting Documents

The following supporting documents have been provided to supplement the narrative discussion.

Supporting Document #01 - [Acronyms List July 2025.pdf](#)

Supporting Document #02 - [References.pdf](#)

Supporting Document #03 - [LegislativeReport2024NBSConditionsFinal.pdf](#)

VI. Organizational Chart

The Organizational Chart is uploaded as a PDF file to this section - [LDH_OPH_BFH Org Chart_FFY2026.pdf](#)

VII. Appendix

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Form 2
MCH Budget/Expenditure Details

State: Louisiana

	FY 26 Application Budgeted	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	\$ 13,152,546	
A. Preventive and Primary Care for Children	\$ 4,883,510	(37.1%)
B. Children with Special Health Care Needs	\$ 5,365,253	(40.7%)
C. Title V Administrative Costs	\$ 1,315,254	(10%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	\$ 11,564,017	
3. STATE MCH FUNDS (Item 18c of SF-424)	\$ 12,727,387	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	\$ 0	
5. OTHER FUNDS (Item 18e of SF-424)	\$ 877,075	
6. PROGRAM INCOME (Item 18f of SF-424)	\$ 4,877,069	
7. TOTAL STATE MATCH (Lines 3 through 6)	\$ 18,481,531	
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)	\$ 31,634,077	
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)	\$ 25,686,982	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	\$ 57,321,059	

OTHER FEDERAL FUNDS	FY 26 Application Budgeted
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	\$ 275,000
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) > Health Resources and Services Administration (HRSA) > Early Childhood Comprehensive Systems (ECCS): Building Health Through Integration	\$ 255,600
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Emergency Medical Services for Children (EMSC)	\$ 190,650
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Formula Grants	\$ 11,969,121
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Pediatric Mental Health Care Access Program	\$ 2,854,045
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program	\$ 825,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	\$ 100,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Universal Newborn Hearing Screening and Intervention	\$ 235,000
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) > Centers for Disease Control and Prevention (CDC) > Early Hearing Detection and Intervention (EHDI) State Programs	\$ 165,998

OTHER FEDERAL FUNDS	FY 26 Application Budgeted
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) > Maternal Innovation Grant	\$ 1,368,770
Department of Health and Human Services (DHHS) > Other > SLTT Partnership Grant	\$ 280,067
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Louisiana Comprehensive Suicide Prevention Plan	\$ 561,000

	FY 24 Annual Report Budgeted		FY 24 Annual Report Expended	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	\$ 12,957,668 (FY 24 Federal Award: \$ 13,291,582)		\$ 13,152,546	
A. Preventive and Primary Care for Children	\$ 5,201,974	(40.1%)	\$ 5,144,016	(39.1%)
B. Children with Special Health Care Needs	\$ 4,791,883	(37%)	\$ 5,228,680	(39.7%)
C. Title V Administrative Costs	\$ 1,295,766	(10%)	\$ 1,315,254	(10%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	\$ 11,289,623		\$ 11,687,950	
3. STATE MCH FUNDS (Item 18c of SF-424)	\$ 10,036,713		\$ 10,605,387	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	\$ 0		\$ 0	
5. OTHER FUNDS (Item 18e of SF-424)	\$ 2,877,075		\$ 2,877,075	
6. PROGRAM INCOME (Item 18f of SF-424)	\$ 3,893,661		\$ 3,593,689	
7. TOTAL STATE MATCH (Lines 3 through 6)	\$ 16,807,449		\$ 17,076,151	
A. Your State's FY 1989 Maintenance of Effort Amount \$ 6,207,276				
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	\$ 29,765,117		\$ 30,228,697	
9. OTHER FEDERAL FUNDS Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2.				
10. OTHER FEDERAL FUNDS (Subtotal of all funds under item 9)	\$ 24,518,259		\$ 20,876,273	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	\$ 54,283,376		\$ 51,104,970	

OTHER FEDERAL FUNDS	FY 24 Annual Report Budgeted	FY 24 Annual Report Expended
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Early Childhood Comprehensive Systems (ECCS): Building Health Through Integration	\$ 255,600	\$ 263,505
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Emergency Medical Services for Children (EMSC)	\$ 615,650	\$ 166,480
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > State-Based Perinatal Quality Collaboratives (PQCs) Cooperative Agreement	\$ 275,000	\$ 156,037
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	\$ 620,033
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	\$ 9,411,530
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > National Violent Death Registry	\$ 330,086	\$ 256,523
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Pregnancy Risk Assessment Monitoring System (PRAMS)	\$ 175,000	\$ 168,213
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	\$ 100,000	\$ 34,636
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Sudden Unexpected Infant Death (SUID) Case Registry Program	\$ 95,600	\$ 123,613
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Rape Prevention and Education (RPE) Program	\$ 561,455	\$ 608,305
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Early Hearing Detection and Intervention (EHDI) State Programs	\$ 234,980	\$ 186,938

OTHER FEDERAL FUNDS	FY 24 Annual Report Budgeted	FY 24 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	\$ 165,998	\$ 83,314
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Pediatric Mental Health Care Access Program	\$ 1,093,606	\$ 338,115
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees	\$ 450,000	\$ 434,201
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) > Health Resources and Services Administration (HRSA) > Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) American Rescue Plan (ARP)	\$ 3,282,780	\$ 2,208,854
Department of Health and Human Services (DHHS) > Other > State, Local, Territorial and Tribal Partnership Programs to Reduce Maternal Deaths due to Violence	\$ 280,607	\$ 336,360
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Comprehensive Suicide Prevention Plan	\$ 784,000	\$ 690,896

Form Notes for Form 2:

None

Field Level Notes for Form 2:

None

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 26 Application Budgeted	FY 24 Annual Report Expended
1. Pregnant Women	\$ 407,935	\$ 439,595
2. Infants < 1 year	\$ 730,594	\$ 789,391
3. Children 1 through 21 Years	\$ 4,883,510	\$ 5,144,016
4. CSHCN	\$ 5,365,253	\$ 5,228,680
5. All Others	\$ 450,000	\$ 235,610
Federal Total of Individuals Served	\$ 11,837,292	\$ 11,837,292

IB. Non-Federal MCH Block Grant	FY 26 Application Budgeted	FY 24 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	\$ 2,237,328	\$ 2,237,328
4. CSHCN	\$ 10,392,128	\$ 8,986,748
5. All Others	\$ 375,000	\$ 375,000
Non-Federal Total of Individuals Served	\$ 18,481,532	\$ 17,076,152
Federal State MCH Block Grant Partnership Total	\$ 30,318,824	\$ 28,913,444

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

I.A. Federal MCH Block Grant	FY 26 Application Budgeted	FY 24 Annual Report Expended
1. Direct Services	\$ 207,256	\$ 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	\$ 207,256	\$ 230,261
2. Enabling Services	\$ 2,373,534	\$ 3,503,338
3. Public Health Services and Systems	\$ 10,571,756	\$ 9,418,947
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	\$ 13,152,546	\$ 13,152,546

IIB. Non-Federal MCH Block Grant	FY 26 Application Budgeted	FY 24 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	\$ 6,674,203	\$ 6,083,701
3. Public Health Services and Systems	\$ 9,807,328	\$ 7,518,136
4. Select the types of Non-Federally-supported "Direct Services", as reported in II.B.1. Provide the total amount of Non-Federal MCH Block Grant funds expended for each type of reported service		
Pharmacy		\$ 0
Physician/Office Services		\$ 0
Hospital Charges (Includes Inpatient and Outpatient Services)		\$ 0
Dental Care (Does Not Include Orthodontic Services)		\$ 0
Durable Medical Equipment and Supplies		\$ 0
Laboratory Services		\$ 0
Direct Services Line 4 Expended Total		\$ 0
Non-Federal Total	\$ 16,481,531	\$ 13,601,837

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: 53,702

Data Source Year: 2024

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	53,074 (98.8%)	4,466	211	207 (98.1%)

Program Name(s)				
3-Hydroxy-3-Methylglutaric Aciduria	3-Methylcrotonyl-CoA Carboxylase Deficiency	Argininosuccinic Aciduria	Biotinidase Deficiency	Carnitine Uptake Defect/Carnitine Transport Defect
Citrullinemia, Type I	Classic Galactosemia	Classic Phenylketonuria	Congenital Adrenal Hyperplasia	Cystic Fibrosis
Glutaric Acidemia Type I	Glycogen Storage Disease Type II (Pompe)	Hearing Loss	Holocarboxylase Synthase Deficiency	Homocystinuria
Isovaleric Acidemia	Long-Chain L-3 Hydroxyacyl-CoA Dehydrogenase Deficiency	Maple Syrup Urine Disease	Medium-Chain Acyl-CoA Dehydrogenase Deficiency	Methylmalonic Acidemia (Cobalamin Disorders)
Methylmalonic Acidemia (Methylmalonyl-CoA Mutase)	Mucopolysaccharidosis Type I (MPS I)	Primary Congenital Hypothyroidism	Propionic Acidemia	S, β -Thalassemia
S,C Disease	S,S Disease (Sickle Cell Anemia)	Severe Combined Immunodeficiencies	Spinal Muscular Atrophy Due To Homozygous Deletion Of Exon 7 In SMN1	β -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

None

4. Long-Term Follow-Up

Louisiana has a short term follow-up program. Infants are followed until the program received 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.

Form Notes for Form 4:

None

Field Level Notes for Form 4:

1.	Field Name:	Total Births by Occurrence
	Fiscal Year:	2024
	Column Name:	Total Births by Occurrence Notes
	Field Note:	Occurrent births for calendar year 2024
2.	Field Name:	Data Source Year
	Fiscal Year:	2024
	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:	2024
	Column Name:	Core RUSP Conditions
	Field Note:	Newborn hearing screenings: 53,074. Newborn genetic heel stick screenings: 52,898. Larger number from hearing screening reported here. Number of children receiving a screening dropped from 2023 calendar year data (54,506).
4.	Field Name:	Core RUSP Conditions - Total Number of Out-of-Range Results
	Fiscal Year:	2024
	Column Name:	Core RUSP Conditions
	Field Note:	Newborn hearing loss presumptive positive screens: 1565; Newborn Genetics Heel stick presumptive positive screens: 2901. Total number of presumptive positive screens is sum of hearing and genetics heel stick screenings = 4466.
5.	Field Name:	Core RUSP Conditions - Total Number Confirmed Cases
	Fiscal Year:	2024
	Column Name:	Core RUSP Conditions
	Field Note:	Newborn hearing loss confirmed cases: 73; Newborn genetics heelstick confirmed cases: 138. Total number of confirmed cases = 211

6.	Field Name:	Core RUSP Conditions - Total Number Referred For Treatment
	Fiscal Year:	2024
	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: 69. Newborn genetic heelstick confirmed cases referred for treatment: 138. Total sum number referred for treatment = 207.

Of the four children not referred to early intervention for hearing screening, 1 moved out of state, 1 was unable to contact, and 2 were still in the diagnostic process.

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 2024

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	2,476	78.3	0.0	4.6	14.9	2.2
2. Infants < 1 Year of Age	1,420	0.0	88.9	2.6	0.2	8.3
3. Children 1 through 21 Years of Age	38,454	67.4	2.1	14.3	9.9	6.3
3a. Children with Special Health Care Needs 0 through 21 years of age^	3,195	45.8	0.0	2.5	0.3	51.4
4. Others	31,848	61.8	0.0	6.3	25.8	6.1
Total	74,198					

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	54,927	Yes	54,927	97.1	53,334	2,476
2. Infants < 1 Year of Age	55,243	Yes	55,243	96.4	53,254	1,420
3. Children 1 through 21 Years of Age	1,244,977	Yes	1,244,977	23.1	287,590	38,454
3a. Children with Special Health Care Needs 0 through 21 years of age^	413,659	Yes	413,659	23.1	95,555	3,195
4. Others	3,272,934	Yes	3,272,934	3.7	121,099	31,848

^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:	2024
	Field Note: Unduplicated pregnant women visited by a Family Support Coach Professional FFY2024 (enabling); Unduplicated females with positive pregnancy test through Reproductive Health Program (RHP) FFY2024 (direct)	
2.	Field Name:	Infants Less Than One YearTotal Served
	Fiscal Year:	2024
	Field Note: Unduplicated infants visited by a Family Support Coach Professional FFY2024 (enabling)	
3.	Field Name:	Children 1 through 21 Years of Age
	Fiscal Year:	2024
	Field Note: Unduplicated children ages 1-21 visited by a Family Support Coach Professional FFY2024 (enabling); Unduplicated caregivers/parents (14-21) visited by a Family Support Coach Professional FFY2024 (enabling); Unduplicated students who received services at SBHCs - SY 2023-2024 (direct & enabling); Unduplicated number of patients with at least one Quality Family Planning visit served thru Title X in FFY2024 (direct & enabling); Includes all CYSHCN Activities (see 3a: CYSHCN 0-21)	
4.	Field Name:	Children with Special Health Care Needs 0 through 21 Years of Age
	Fiscal Year:	2024
	Field Note: Unduplicated CYSHCN served thru CSHS clinics (subspecialty, Sickie Cell, and Genetics) FFY2024 (direct and enabling); Unduplicated family interactions with the Family Resource Center (FRC) FFY2024 (enabling); Unduplicated CYSHCN receiving care coordination through EHDI (enabling); Transportation assistance to medical appointments FFY2024 (enabling)	
5.	Field Name:	Others
	Fiscal Year:	2024
	Field Note: Unduplicated caregivers/parents over 21 visited by a Family Support Coach Professional FFY2024 (enabling); Families receiving ASL interpretation for Deaf or Hard of Hearing Adults in EHDI system FFY2024 (enabling); Families served by Hands & Voices Guide By Your Side Parent/Deaf Guides through EHDI FFY2024 (enabling); Unduplicated number of patients over 21 with at least one quality Family Planning visit served thru Title X in FFY 2024 (direct & enabling); Unduplicated patients over 21 served through Children's Special Health Services (CSHS) clinics (subspecialty, Sickie Cell, and Genetics) FFY2024 (direct and enabling); State MCH toll-Free Hotline Calls and Chat FFY2024 (enabling)	

Field Level Notes for Form 5b:

1.	Field Name:	Pregnant Women Total % Served
	Fiscal Year:	2024
	Field Note:	Numerator - Number of annual births in birthing hospitals participating in QI initiatives with LaPQC during FFY2024
2.	Field Name:	Infants Less Than One Year Total % Served
	Fiscal Year:	2024
	Field Note:	Numerator - Newborns having hearing screening during FFY2024
3.	Field Name:	Children 1 through 21 Years of Age Total % Served
	Fiscal Year:	2024
	Field Note:	Numerator - Medicaid-enrolled children ages 1-5 in Louisiana impacted by Title V/Title XIX collaboration to strengthen EPSDT system; Students K-12 (ages 5-18) registered in schools with BFH-supported SBHC during school year 2023-2024; High School and College students who participated in Rape Prevention Education Outreach and Promotion; Children 1-21 receiving no/low cost reproductive health services in Parish Health Units in FFY2024; Caregivers/parents (14-21) visited by Family Support Coach Professional
4.	Field Name:	Children with Special Health Care Needs 0 through 21 Years of Age Total % Served
	Fiscal Year:	2024
	Field Note:	Numerator - % of children served by Title V multiplied by the total population of CYSHCN
5.	Field Name:	Others Total % Served
	Fiscal Year:	2024

Field Note:

Numerator -

ACE Educator Program Community level Training Participants;

Number of website page views from Partners for Healthy Babies, Partners for Family Health, Whole Health Louisiana, Give Your Baby Space, 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;

Participants in regional awareness raising sessions & Lunch and Learns for promotion of statewide Whole Health Louisiana Plan about trauma-informed care;

Suicide Prevention Training Participants (high school students, school administrators, law enforcement, first responders, clinicians, etc.) in FFY2024;

Unduplicated caregivers/parents 22+ visited by a Family Support Coach Professional FFY2024;

Families receiving ASL interpretation for Deaf or Hard of Hearing Adults in EHDI system FFY2024;

Families served by Hands & Voices Guide By Your Side Parent/Deaf Guides through EHDI FFY2024;

Unduplicated number of patients 22+ with at least one quality Family Planning visit served thru Title X in FFY 2024;

Unduplicated patients 22+ served through Children's Special Health Services (CSHS) clinics (subspecialty, Sickle Cell, and Genetics) FFY2024;

State MCH toll-Free Hotline Calls and Chat FFY2024

Data Alerts: None

Form 6
Deliveries and Infants Served by Title V and Entitled to Benefits Under Title XIX

State: Louisiana

Annual Report Year 2024

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	53,896	26,602	18,491	6,178	239	852	32	894	608
Title V Served	53,356	26,234	18,374	6,146	235	847	32	885	603
Eligible for Title XIX	34,608	16,876	12,059	4,019	153	561	19	542	379
2. Total Infants in State	53,443	26,069	18,438	6,127	238	848	32	876	815
Title V Served	53,254	26,274	18,259	6,130	235	849	32	882	593
Eligible for Title XIX	80,761	12,951	18,952	10,031	137	459	63	0	38,168

Form Notes for Form 6:

None

Field Level Notes for Form 6:

1.	Field Name:	1. Total Deliveries in State
	Fiscal Year:	2024
	Column Name:	Total
	Field Note: The deliveries are defined as all births in LA regardless of residence of mother during FFY2024	
2.	Field Name:	1. Title V Served
	Fiscal Year:	2024
	Column Name:	Total
	Field Note: Number of deliveries at facilities participating in PQC initiatives FFY2024 (on or before 09/30/2024)	
3.	Field Name:	1. Eligible for Title XIX
	Fiscal Year:	2024
	Column Name:	Total
	Field Note: Unduplicated count of Title XIX eligible deliveries during FFY2024	
4.	Field Name:	2. Total Infants in State
	Fiscal Year:	2024
	Column Name:	Total
	Field Note: The total infants in the state are defined as births during 10/1/2023 - 09/30/2024 only to LA residents, regardless if they were born in LA or not	
5.	Field Name:	2. Title V Served
	Fiscal Year:	2024
	Column Name:	Total
	Field Note: Number of infants screened for hearing during FFY2024	
6.	Field Name:	2. Eligible for Title XIX
	Fiscal Year:	2024
	Column Name:	Total
	Field Note: Total unduplicated number of infants under one years of age enrolled in Title XIX at any point during FFY2024	

Form 7
Title V Program Workforce
State: Louisiana

Form 7 Entry Page

A. Title V Program Workforce FTEs	
Title V Funded Positions	
1. Total Number of FTEs	133.10
1a. Total Number of FTEs (State Level)	30.50
1b. Total Number of FTEs (Local Level)	102.60
2. Total Number of MCH Epidemiology FTEs (subset of A. 1)	3.40
3. Total Number of FTEs eliminated in the past 12 months	0
4. Total Number of Current Vacant FTEs	15.70
4a. Total Number of Vacant MCH Epidemiology FTEs	0
5. Total Number of FTEs onboarded in the past 12 months	16.30
B. Training Needs (Optional)	
No training needs were reported by the state.	

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	Suite 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	Suite 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
Address 2	Suite 2013
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 Priority Needs – Needs Assessment Year
State: Louisiana

Application Year 2026

No.	Priority Need	Priority Need Type (New, Revised or Continued Priority Need for this five- year reporting period)
1.	Reliable data is available to inform the design, monitoring, and evaluation of MCH policies and services.	New
2.	Communities and families have timely access to reliable and accessible information.	New
3.	Community / family leaders and CBOs meaningfully participate in the design, monitoring, and evaluation of MCH policies and services.	New
4.	MCH systems of care have improved capacities to ensure access to quality maternal and infant health services.	New
5.	MCH systems of care have improved capacities to ensure access to quality child and adolescent health services.	New
6.	MCH systems of care have improved capacities to ensure access to quality health services for children and youth with special healthcare needs.	New
7.	Quality steering / advisory mechanisms ensure effective collaboration in the design, monitoring, and evaluation of MCH policies and services.	New
8.	State policies relevant to MCH programs and services are modernized to align with current day public health functions.	New

Form Notes for Form 9:

None

Field Level Notes for Form 9:

None

Form 10
National Outcome Measures (NOMs)

State: Louisiana

Form Notes for Form 10 NPMs, NOMs, SPMs, SOMs, and ESMs.

None

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

Data Source: HCUP - State Inpatient Databases (SID)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	81.1	3.9	427	52,634
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 - MM
Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2023	40.7	3.8	116	285,112
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 - Teen birth rate, ages 15 through 19, per 1,000 females - TB

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023	23.1	0.4	3,490	151,000
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 low birth weight deliveries (<2,500 grams) - LBW

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023	11.3 %	0.1 %	6,176	54,895
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 gestation) - PTB

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023	13.4 %	0.2 %	7,333	54,890
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 - Stillbirth rate per 1,000 live births plus fetal deaths - SB

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	5.3	0.3	300	56,779
2021	5.2	0.3	302	57,739
2020	5.6	0.3	322	57,650
2019	4.9	0.3	290	59,231
2018	5.4	0.3	325	59,940
2017	5.4	0.3	329	61,347
2016	6.1	0.3	390	63,568
2015	5.4	0.3	348	65,040
2014	5.3	0.3	344	64,841
2013	4.6	0.3	289	63,490
2012	4.5	0.3	282	62,924
2011	5.4	0.3	333	62,221
2010	5.4	0.3	339	62,718
2009	5.5	0.3	359	65,332

Legends:

🚫 Indicator has a numerator <10 and is not reportable

⚡ Indicator has a numerator <20 and should be interpreted with caution

NOM SB - Notes:

None

Data Alerts: None

NOM - Perinatal mortality rate per 1,000 live births plus fetal deaths - PNM

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	5.7	0.3	324	56,638
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 - IM

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	7.4	0.4	416	56,479
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 - IM-Neonatal

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	3.9	0.3	220	56,479
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 - IM-Postneonatal

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	3.5	0.3	196	56,479
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 - IM-Preterm Related
Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	237.3	20.5	134	56,479
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 - IM-SUID

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	164.7	17.1	93	56,479
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 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations - NAS

Data Source: HCUP - State Inpatient Databases (SID)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	5.1	0.3	254	50,157
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 children meeting the criteria developed for school readiness - SR
Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022_2023	59.9 %	3.4 %	102,693	171,311

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 SR - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year - TDC

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022_2023	13.9 %	1.1 %	141,509	1,016,985
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 - CM

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023	29.3	2.4	153	522,047
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 - AM

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023	63.7	3.2	386	605,833
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 - AM-Motor Vehicle

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021-2023	19.0	1.5	172	905,687
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 10 through 19 per 100,000 - AM-Suicide
Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2023	6.4	0.6	117	1,816,777
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 - Adolescent firearm mortality rate, ages 10 through 19 per 100,000 - AM-Firearm
Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2023	28.0	1.2	508	1,816,777
2020_2022	26.3	1.2	475	1,807,434
2019_2021	23.5	1.1	424	1,806,502
2018_2020	17.9	1.0	323	1,800,440
2017_2019	16.5	1.0	299	1,809,790
2016_2018	15.5	0.9	281	1,816,983
2015_2017	15.4	0.9	280	1,820,312
2014_2016	13.8	0.9	251	1,822,256
2013_2015	14.2	0.9	260	1,825,528
2012_2014	14.3	0.9	262	1,834,588
2011_2013	13.9	0.9	257	1,851,612
2010_2012	13.1	0.8	246	1,874,183
2009_2011	13.6	0.9	258	1,893,059
2008_2010	13.4	0.8	256	1,904,927
2007_2009	14.8	0.9	283	1,906,208

Legends:

🚩 Indicator has a numerator <10 and is not reportable

⚡ Indicator has a numerator <20 and should be interpreted with caution

NOM AM-Firearm - Notes:

None

Data Alerts: None

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

Data Source: HCUP - State Inpatient Databases (SID)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	145.6	5.0	838	575,538
2021	149.4	5.1	876	586,475
2020	140.6	4.9	840	597,623
2019	132.9	4.7	801	602,686
2018	136.9	4.7	833	608,586
2017	134.5	4.7	831	618,028
2016	144.3	4.8	897	621,763
2015	167.4	6.0	783	467,630
2014	178.6	5.4	1,112	622,504
2013	162.8	5.1	1,013	622,091
2012	203.5	5.7	1,273	625,427
2011	277.0	6.7	1,726	623,125
2010	277.8	6.7	1,724	620,622
2009	309.4	7.1	1,908	616,632
2008	287.2	6.9	1,748	608,672

Legends:

🚩 Indicator has a numerator ≤ 10 and is not reportable

⚡ Indicator has a numerator < 20 and should be interpreted with caution

NOM IH-Child - Notes:

None

Data Alerts: None

NOM - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 - IH-Adolescent

Data Source: HCUP - State Inpatient Databases (SID)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	233.7	6.2	1,406	601,511
2021	276.8	6.7	1,687	609,433
2020	246.9	6.4	1,473	596,490
2019	226.8	6.1	1,362	600,579
2018	201.4	5.8	1,215	603,371
2017	214.9	6.0	1,302	605,840
2016	229.5	6.2	1,395	607,772
2015	216.3	6.9	984	455,025
2014	236.3	6.2	1,436	607,784
2013	191.6	5.6	1,171	611,044
2012	240.8	6.3	1,483	615,760
2011	304.3	7.0	1,901	624,808
2010	293.9	6.8	1,862	633,615
2009	328.8	7.2	2,087	634,636
2008	344.9	7.4	2,196	636,676

Legends:

🚩 Indicator has a numerator ≤ 10 and is not reportable

⚡ Indicator has a numerator < 20 and should be interpreted with caution

NOM IH-Adolescent - Notes:

None

Data Alerts: None

NOM - Percent of women, ages 18 through 44, in excellent or very good health - WHS

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023	50.5 %	2.1 %	416,024	823,302
2022	51.0 %	2.1 %	421,430	826,628
2021	53.6 %	2.3 %	445,815	831,551
2020	56.8 %	2.2 %	473,438	833,489
2019	53.6 %	2.0 %	453,290	845,801
2018	56.3 %	2.1 %	474,299	842,987
2017	50.4 %	2.2 %	430,324	853,940
2017	50.4 %	2.2 %	430,324	853,940
2016	55.8 %	2.7 %	471,206	845,167
2015	54.1 %	2.2 %	458,932	848,297
2014	56.2 %	1.7 %	475,370	845,163
2013	55.3 %	2.5 %	465,045	841,185
2012	54.0 %	1.9 %	453,024	839,001

Legends:

 Indicator has an unweighted denominator <30 and is not reportable

 Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

NOM WHS - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 0 through 17, in excellent or very good health - CHS

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022_2023	88.0 %	1.0 %	938,389	1,066,045
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 6 through 17, who are obese (BMI at or above the 95th percentile) - 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: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022_2023	23.1 %	1.6 %	157,750	681,976
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 women who experience postpartum depressive symptoms - PPD

Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023	7.2 %	1.0 %	3,786	52,403
2022	10.0 %	1.2 %	5,484	54,603
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 women who experience postpartum anxiety symptoms - PPA

Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2023	12.8 %	1.4 %	6,690	52,283

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 PPA - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 6 through 11, who have a behavioral or conduct disorder - BCD

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022_2023	16.4 %	2.3 %	58,109	354,225
2021_2022	15.3 %	2.4 %	54,604	356,037
2020_2021	11.3 %	1.9 %	40,116	355,915
2019_2020	13.2 %	2.3 %	47,268	359,285
2018_2019	11.7 %	2.2 %	42,801	366,799
2017_2018	11.8 %	2.6 %	43,476	367,671
2016_2017	11.7 %	2.4 %	43,529	372,440

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 BCD - Notes:

None

Data Alerts: None

NOM - Percent of adolescents, ages 12 through 17, who have depression or anxiety - ADA
Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022_2023	15.5 %	1.4 %	57,864	372,761
2021_2022	15.3 %	1.9 %	56,452	368,502
2020_2021	15.0 %	1.8 %	55,390	368,309
2019_2020	13.6 %	1.9 %	50,108	368,034
2018_2019	12.7 %	1.9 %	46,702	368,681
2017_2018	11.5 %	2.3 %	42,733	373,101
2016_2017	15.2 %	2.6 %	54,911	362,212

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 ADA - 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 - SOC
Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022_2023	14.2 %	1.5 %	48,382	339,651
2021_2022	11.6 %	1.5 %	39,988	344,264
2020_2021	13.1 %	1.8 %	39,130	298,280
2019_2020	16.5 %	2.4 %	51,863	315,216
2018_2019	16.2 %	2.3 %	59,789	369,367
2017_2018	17.2 %	2.8 %	61,982	360,509
2016_2017	14.7 %	2.8 %	49,935	339,082

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 6 months through 5, who are flourishing - FL-YC

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022_2023	79.4 %	2.2 %	245,996	309,819
2021_2022	80.4 %	2.6 %	259,960	323,247
2020_2021	78.4 %	2.7 %	260,530	332,234
2019_2020	77.3 %	3.0 %	263,746	341,275
2018_2019	80.7 %	3.0 %	279,053	345,947

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 FL-YC - Notes:

None

Data Alerts: None

NOM - Percent of children with and without special health care needs, ages 6 through 17, who are flourishing - FL-CA

Data Source: National Survey of Children's Health (NSCH)-CSHCN

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022_2023	40.9 %	2.9 %	110,125	269,515
2021_2022	38.8 %	3.4 %	109,646	282,324
2020_2021	40.1 %	3.3 %	97,746	243,805
2019_2020	39.3 %	3.4 %	95,715	243,368
2018_2019	37.4 %	3.3 %	106,761	285,384

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 FL-CA - Notes:

None

Data Alerts: None

NOM - Percent of children with and without special health care needs, ages 6 through 17, who are flourishing - FL-Child Adolescent
Data Source: National Survey of Children's Health (NSCH)-All Children

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022_2023	59.7 %	1.7 %	430,141	720,281
2021_2022	58.8 %	2.1 %	422,039	717,941
2020_2021	60.7 %	1.9 %	437,638	721,458
2019_2020	62.3 %	2.1 %	451,025	724,278
2018_2019	60.5 %	2.3 %	444,597	735,338

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 FL-Child Adolescent - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 0 through 17, who have experienced 2 or more Adverse Childhood Experiences - ACE

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022_2023	22.4 %	1.3 %	231,878	1,033,336
2021_2022	22.3 %	1.5 %	231,613	1,040,079
2020_2021	21.7 %	1.4 %	226,789	1,044,630
2019_2020	24.0 %	1.7 %	253,155	1,053,829
2018_2019	23.7 %	1.7 %	255,801	1,077,678
2017_2018	21.3 %	1.8 %	229,627	1,079,546
2016_2017	24.4 %	1.9 %	264,472	1,083,317

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 ACE - Notes:

None

Data Alerts: None

Form 10
National Performance Measures (NPMs)
State: Louisiana

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

Federally Available Data		
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)		
	2023	2024
Annual Objective		
Annual Indicator	89.1	95.7
Numerator	48,861	50,260
Denominator	54,821	52,529
Data Source	PRAMS	PRAMS
Data Source Year	2021	2023

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	96.0	96.0	97.0	97.0	98.0

Field Level Notes for Form 10 NPMs:

None

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

Federally Available Data		
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)		
	2023	2024
Annual Objective		
Annual Indicator	66.1	82.8
Numerator	32,294	41,590
Denominator	48,861	50,221
Data Source	PRAMS	PRAMS
Data Source Year	2021	2023

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	83.0	83.0	84.0	84.0	85.0

Field Level Notes for Form 10 NPMs:

None

NPM - Percent of very low birth weight (VLBW) infants born in a hospital with a Level III + Neonatal Intensive Care Unit (NICU) - RAC

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

State Provided Data	
	2024
Annual Objective	
Annual Indicator	91.3
Numerator	
Denominator	
Data Source	Louisiana Vital Statistics
Data Source Year	2023
Provisional or Final ?	Final

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	92.0	92.0	93.0	94.0	95.0

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 - DS

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2020	2021	2022	2023	2024
Annual Objective	24.7	28.9	31.1	33.3	30.7
Annual Indicator	29.0	29.9	24.2	35.8	38.5
Numerator	50,909	48,525	32,172	47,267	47,907
Denominator	175,529	162,221	133,071	131,988	124,356
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2018_2019	2019_2020	2020_2021	2021_2022	2022_2023

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	40.0	42.0	46.0	48.0	50.0

Field Level Notes for Form 10 NPMs:

None

NPM - Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling - MHT

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH)	
	2024
Annual Objective	
Annual Indicator	83.6
Numerator	62,440
Denominator	74,670
Data Source	NSCH
Data Source Year	2022_2023

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	84.0	85.0	86.0	87.0	88.0

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 - MH - Children with Special Health Care Needs

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CSHCN					
	2020	2021	2022	2023	2024
Annual Objective	53.5	55	58.1	61.2	46
Annual Indicator	51.1	44.2	39.7	39.9	40.9
Numerator	135,582	108,240	99,237	105,746	138,561
Denominator	265,306	245,057	249,824	264,932	339,115
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2018_2019	2019_2020	2020_2021	2021_2022	2022_2023

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	42.0	44.0	46.0	48.0	50.0

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 - MH - Child Health - All Children

Federally Available Data		
Data Source: National Survey of Children's Health (NSCH) - All Children		
	2023	2024
Annual Objective		
Annual Indicator	44.3	45.8
Numerator	477,017	488,363
Denominator	1,076,134	1,067,104
Data Source	NSCH-All Children	NSCH-All Children
Data Source Year	2021_2022	2022_2023

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	46.0	47.0	48.0	49.0	50.0

Field Level Notes for Form 10 NPMs:

None

NPM - Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care - TAHC - Adolescent Health - All Adolescents

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH) - All Adolescents	
	2024
Annual Objective	
Annual Indicator	13.6
Numerator	51,329
Denominator	378,535
Data Source	NSCH-All Adolescents
Data Source Year	2022_2023

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	14.0	15.0	16.0	17.0	18.0

Field Level Notes for Form 10 NPMs:

None

Form 10
National Performance Measures (NPMs) (2021-2025 Needs Assessment Cycle)
State: Louisiana

2021-2025: NPM - A) Percent of infants who are ever breastfed - BF

Federally Available Data		
Data Source: National Vital Statistics System (NVSS)		
	2023	2024
Annual Objective	75	71.8
Annual Indicator	74.4	71.2
Numerator	40,354	37,448
Denominator	54,262	52,583
Data Source	NVSS	NVSS
Data Source Year	2022	2023

Field Level Notes for Form 10 NPMs:

None

2021-2025: NPM - B) Percent of infants breastfed exclusively through 6 months - BF

Federally Available Data		
Data Source: National Survey of Children's Health (NSCH)		
	2023	2024
Annual Objective	24.1	20.7
Annual Indicator	20.1	19.6
Numerator	30,025	27,912
Denominator	149,038	142,508
Data Source	NSCH	NSCH
Data Source Year	2021_2022	2022_2023

Field Level Notes for Form 10 NPMs:

None

2021-2025: NPM - A) Percent of infants placed to sleep on their backs - SS

Federally Available Data					
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)					
	2020	2021	2022	2023	2024
Annual Objective	69.4	70.1	70.8	71.5	69.9
Annual Indicator	69.3	68.1	69.3	69.3	48.7
Numerator	38,239	37,066	37,547	37,547	25,075
Denominator	55,216	54,404	54,152	54,152	51,499
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2019	2020	2021	2021	2023

Field Level Notes for Form 10 NPMs:

None

2021-2025: NPM - B) Percent of infants placed to sleep on a separate approved sleep surface - SS

Federally Available Data					
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)					
	2020	2021	2022	2023	2024
Annual Objective	33	28.6	28.9	29.2	25.3
Annual Indicator	26.2	28.3	22.3	22.3	15.5
Numerator	14,266	15,336	11,855	11,855	7,941
Denominator	54,492	54,212	53,272	53,272	51,174
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2019	2020	2021	2021	2023

Field Level Notes for Form 10 NPMs:

None

2021-2025: NPM - C) Percent of infants placed to sleep without soft objects or loose bedding - SS

Federally Available Data					
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)					
	2020	2021	2022	2023	2024
Annual Objective	40.8	40.3	40.6	40.8	44.5
Annual Indicator	39.8	40.7	44.3	44.3	57.7
Numerator	21,721	22,078	23,594	23,594	29,670
Denominator	54,569	54,257	53,233	53,233	51,464
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2019	2020	2021	2021	2023

Field Level Notes for Form 10 NPMs:

None

2021-2025: NPM - D) Percent of infants room-sharing with an adult during sleep - SS

Federally Available Data	
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)	
	2024
Annual Objective	
Annual Indicator	89.4
Numerator	46,531
Denominator	52,028
Data Source	PRAMS
Data Source Year	2023

Field Level Notes for Form 10 NPMs:

None

2021-2025: NPM - Percent of cesarean deliveries among low-risk first births - LRC

Federally Available Data					
Data Source: National Vital Statistics System (NVSS)					
	2020	2021	2022	2023	2024
Annual Objective	28.5	35.8	36.4	37.1	27.6
Annual Indicator	28.5	29.4	29.8	27.9	28.3
Numerator	5,146	5,158	5,231	4,897	4,834
Denominator	18,041	17,562	17,540	17,525	17,055
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS
Data Source Year	2019	2020	2021	2022	2023

Field Level Notes for Form 10 NPMs:

None

2021-2025: NPM - Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9 - IH-Child

Federally Available Data					
Data Source: HCUP - State Inpatient Databases (SID)					
	2020	2021	2022	2023	2024
Annual Objective			84.5	67.9	143.4
Annual Indicator	136.9	135.6	142.4	149.4	145.6
Numerator	833	817	851	876	838
Denominator	608,586	602,686	597,623	586,475	575,538
Data Source	SID-CHILD	SID-CHILD	SID-CHILD	SID-CHILD	SID-CHILD
Data Source Year	2018	2019	2020	2021	2022

Field Level Notes for Form 10 NPMs:

None

2021-2025: NPM - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 - IH-Adolescent

Federally Available Data					
Data Source: HCUP - State Inpatient Databases (SID)					
	2020	2021	2022	2023	2024
Annual Objective		188.9	179.9	170.9	237
Annual Indicator	201.4	226.8	246.9	276.8	233.7
Numerator	1,215	1,362	1,473	1,687	1,406
Denominator	603,371	600,579	596,490	609,433	601,511
Data Source	SID- ADOLESCENT	SID- ADOLESCENT	SID- ADOLESCENT	SID- ADOLESCENT	SID- ADOLESCENT
Data Source Year	2018	2019	2020	2021	2022

Field Level Notes for Form 10 NPMs:

None

Form 10
State Performance Measures (SPMs)
State: Louisiana

SPM 1 - Percent of maternal health constituents reporting "high" or "very high" satisfaction with the quality of data products available.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Field Level Notes for Form 10 SPMs:

None

SPM 2 - Percent of maternal health constituents reporting that they “frequently” or “very frequently” share key health education messages with their families and other community members.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Field Level Notes for Form 10 SPMs:

None

SPM 3 - Percent of family, community and/or community based organization leaders engaged in Title V supported maternal and infant health programs who reported “high” or “very high” satisfaction with the training / coaching received.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Field Level Notes for Form 10 SPMs:

None

SPM 4 - Percent of participants who "strongly" or "very strongly" agree that the maternal and infant health steering / advisory mechanism is “effectively contributing to the improvement of Louisiana’s infant health policies and services”.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Field Level Notes for Form 10 SPMs:

None

SPM 5 - Number of maternal health policy priorities advanced through 2 stages of the policy process towards implementation or other resolution.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	0.0	0.0	0.0	1.0	2.0

Field Level Notes for Form 10 SPMs:

None

SPM 6 - Percent of infant health constituents reporting “high” or “very high” satisfaction with the quality of data products available.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Field Level Notes for Form 10 SPMs:

None

SPM 7 - Percent of infant health constituents reporting that they “frequently” or “very frequently” share key health education messages with their families and other community members.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Field Level Notes for Form 10 SPMs:

None

SPM 8 - Percent of family, community and/or community based organization leaders engaged in Title V supported maternal and infant health programs who reported “high” or “very high” satisfaction with the training / coaching received.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Field Level Notes for Form 10 SPMs:

None

SPM 9 - Percent of participants who "strongly" or "very strongly" agree that the maternal and infant health steering / advisory mechanism is “effectively contributing to the improvement of Louisiana’s health policies and services for infants”.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Field Level Notes for Form 10 SPMs:

None

SPM 10 - Number of infant health policy priorities advanced through 2 stages of the policy process towards implementation or other resolution.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	0.0	0.0	0.0	1.0	2.0

Field Level Notes for Form 10 SPMs:

None

SPM 11 - Percent of children’s health constituents reporting “high” or “very high” satisfaction with the quality of data products available.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Field Level Notes for Form 10 SPMs:

None

SPM 12 - Percent of children’s health constituents reporting that they “frequently” or “very frequently” share key health education messages with their families and other community members.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Field Level Notes for Form 10 SPMs:

None

SPM 13 - Percent of family, community and/or community based organization leaders engaged in Title V supported children’s health programs who reported “high” or “very high” satisfaction with the training / coaching received.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Field Level Notes for Form 10 SPMs:

None

SPM 14 - Percent of participants who “strongly” or “very strongly” agree that the children’s health steering / advisory mechanism is “effectively contributing to the improvement of Louisiana’s children’s health policies and services”.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Field Level Notes for Form 10 SPMs:

None

SPM 15 - Number of children's health policy priorities advanced through 2 stages of the policy process towards implementation or other resolution.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	0.0	0.0	0.0	1.0	2.0

Field Level Notes for Form 10 SPMs:

None

SPM 16 - Percent of adolescent health constituents reporting "high" or "very high" satisfaction with the quality of data products available.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Field Level Notes for Form 10 SPMs:

None

SPM 17 - Percent of adolescent health constituents reporting that they “frequently” or “very frequently” share key health education messages with their families and other community members.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Field Level Notes for Form 10 SPMs:

None

SPM 18 - Percent of youth leaders engaged in Title V supported adolescent health programs who reported “high” or “very high” satisfaction with the training / coaching received.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Field Level Notes for Form 10 SPMs:

None

SPM 19 - Percent of participants who “strongly” or “very strongly” agree that the adolescent steering / advisory mechanism is “effectively contributing to the improvement of Louisiana’s adolescent health policies and services”.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Field Level Notes for Form 10 SPMs:

None

SPM 20 - Number of adolescent health policy priorities advanced through 2 stages of the policy process towards implementation or other resolution.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	0.0	0.0	0.0	1.0	2.0

Field Level Notes for Form 10 SPMs:

None

SPM 21 - Percent of CYSHCN health constituents reporting “high” or “very high” satisfaction with the quality of data products available.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Field Level Notes for Form 10 SPMs:

None

SPM 22 - Percent of CYSHCN health constituents reporting that they “frequently” or “very frequently” share key health education messages with their families and other community members.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Field Level Notes for Form 10 SPMs:

None

SPM 23 - Percent of family, community and/or community based organization leaders engaged in Title V supported CYSHCN programs who reported “high” or “very high” satisfaction with the training / coaching received.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Field Level Notes for Form 10 SPMs:

None

SPM 24 - Percent of participants who “strongly” or “very strongly” agree that the CYSHCN steering / advisory mechanism is “effectively contributing to the improvement of Louisiana’s CYSHCN health policies and services”.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Field Level Notes for Form 10 SPMs:

None

SPM 25 - Number of CYSHCN policy priorities advanced through 2 stages of the policy process towards implementation or other resolution.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	0.0	0.0	0.0	1.0	2.0

Field Level Notes for Form 10 SPMs:

None

Form 10
State Performance Measures (SPMs) (2021-2025 Needs Assessment Cycle)

2021-2025: SPM 1 - Percent of recommended actions that have been successfully implemented to reduce health disparities.

Measure Status:	Inactive - The measure is no longer an effective way of monitoring the program's efforts related to reducing health disparities.				
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		0	38	58	70
Annual Indicator		0	40	50	50
Numerator		0	4	5	5
Denominator		10	10	10	10
Data Source		Internal records	Internal Scoring Instrument	Internal Scoring Instrument	Internal Scoring Instrument
Data Source Year		2021	2022	2023	2024
Provisional or Final ?		Final	Final	Final	Final

Field Level Notes for Form 10 SPMs:

1.	Field Name:	2021
	Column Name:	State Provided Data
	Field Note: The 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.	

2021-2025: SPM 2 - Organizational Commitment to Family Engagement in Systems Change

Measure Status:				Active	
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		40	50	50	75
Annual Indicator		25	40	70	70
Numerator		5	8	14	14
Denominator		20	20	20	20
Data Source		Family Engagement in Systems Assessment Tool	Family Engagement in Systems Assessment	Family Engagement in Systems Assessment	Family Engagement in Systems Assessment
Data Source Year		2021	2022	2023	2024
Provisional or Final ?		Final	Final	Final	Final

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 PPV.1 - In FFY2026, at least 76% of birthing hospitals in Louisiana will achieve Louisiana Birth Ready and Louisiana Birth Ready Plus designation.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	76.0	78.0	78.0	80.0	80.0

Field Level Notes for Form 10 ESMs:

None

ESM PPV.2 - In FFY2026, at least 85% of providers participating in the perinatal mental health ECHO training will have improved knowledge, attitudes, and/or behaviors.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	85.0	85.0	85.0	85.0	85.0

Field Level Notes for Form 10 ESMs:

None

ESM RAC.1 - In FFY2026, at least 86.9% of birthing hospitals in Louisiana will achieve Gift Designation.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	86.9	86.9	86.9	89.0	89.0

Field Level Notes for Form 10 ESMs:

None

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

Measure Status:			Inactive - Replaced		
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective	24	200	400	800	650
Annual Indicator	150	786	791	602	653
Numerator					
Denominator					
Data Source	Internal program records	Internal program records	Internal Program Records	Internal Program Records	Internal Program Records
Data Source Year	2020	2021	2022	2023	2024
Provisional or Final ?	Final	Final	Final	Final	Final

Field Level Notes for Form 10 ESMs:

None

ESM DS.2 - In FFY2026, at least 80% of developmental screening providers who participated in training and/or technical assistance will demonstrate improved knowledge of recommended screening tools and screening guidelines.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Field Level Notes for Form 10 ESMs:

None

ESM MHT.1 - In FFY2026, at least 85% of youth participating in suicide prevention training will demonstrate improved knowledge, attitudes, and behaviors.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	85.0	85.0	85.0	85.0	85.0

Field Level Notes for Form 10 ESMs:

None

ESM MHT.2 - In FFY2026, at least 70% of unduplicated students seen at an OPH-affiliated school-based health centers will be screened for depression.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	70.0	70.0	70.0	70.0	70.0

Field Level Notes for Form 10 ESMs:

None

ESM MH.1 - In FFY2026, at least 1000 families will receive care coordination services from the Family Resource Center

Measure Status:					Active
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective	300	150	350	400	450
Annual Indicator	24	303	271	701	738
Numerator					
Denominator					
Data Source	Internal program records.	Internal program records.	Internal Program Records	Internal Program Records	Internal Program Records
Data Source Year	2020	2021	2022	2023	2024
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0

Field Level Notes for Form 10 ESMs:

None

ESM MH.2 - In FFY2026, 100% of infants with a presumptive positive screening result for heritable conditions will receive follow-up for additional testing and linkage to appropriate care.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	100.0	100.0	100.0	100.0	100.0

Field Level Notes for Form 10 ESMs:

None

ESM MH.3 - In FFY2026, at least 98% of cases identified by the Louisiana Birth Defects Monitoring Network will be processed within 45 days.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	98.0	98.0	98.0	98.0	98.0

Field Level Notes for Form 10 ESMs:

None

ESM MH.4 - In FFY2026, 100% of community Sickle Cell Foundations will define an action plan to improve access to a medical home for children with Sickle Cell Disease.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	100.0	100.0	100.0	100.0	100.0

Field Level Notes for Form 10 ESMs:

None

ESM TAHC.1 - In FFY2026, at least 60% of community Sickle Cell Foundations define a medical home action plan objective addressing youth health transition.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	60.0	60.0	60.0	60.0	60.0

Field Level Notes for Form 10 ESMs:

None

SPM ESM 1.1 - In FFY2026, at least 5 maternal health data products will be produced or updated and disseminated to key constituents to facilitate data-informed decision-making.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	5.0	5.0	5.0	5.0	5.0

Field Level Notes for Form 10 ESMs:

None

SPM ESM 2.1 - In FFY2026, at least 300 community leaders will receive information and resources supporting the design of local maternal health education efforts.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	300.0	300.0	300.0	300.0	300.0

Field Level Notes for Form 10 ESMs:

None

SPM ESM 3.1 - In FFY2026, at least 15 family, community, and/or CBO leaders will receive training/coaching to support their meaningful participation in the design, monitoring, and evaluation of maternal and infant health policies and services.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	15.0	15.0	15.0	15.0	15.0

Field Level Notes for Form 10 ESMs:

None

SPM ESM 4.1 - In FFY2026, at least 80% of Title V supported steering / advisory mechanisms produce actionable recommendations to improve maternal and infant health policies and services.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Field Level Notes for Form 10 ESMs:

None

SPM ESM 5.1 - In FFY2026, at least 1 data / information brief is produced to inform policy dialogue.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	1.0	1.0	1.0	1.0	1.0

Field Level Notes for Form 10 ESMs:

None

SPM ESM 6.1 - In FFY2026, at least 3 infant health data products will be produced or updated and disseminated to key constituents to facilitate data-informed decision-making.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	3.0	3.0	3.0	3.0	3.0

Field Level Notes for Form 10 ESMs:

None

SPM ESM 7.1 - In FFY2026, at least 300 community leaders will receive information and resources supporting the design of local maternal and infant health education efforts.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	300.0	300.0	300.0	300.0	300.0

Field Level Notes for Form 10 ESMs:

None

SPM ESM 8.1 - In FFY2026, at least 15 family, community, and/or CBO leaders will receive training/coaching to support their meaningful participation in the design, monitoring, and evaluation of maternal and infant health policies and services.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	15.0	15.0	15.0	15.0	15.0

Field Level Notes for Form 10 ESMs:

None

SPM ESM 9.1 - In FFY2026, at least 80% of Title V supported steering / advisory mechanisms produce actionable recommendations to improve maternal and infant health policies and services.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Field Level Notes for Form 10 ESMs:

None

SPM ESM 10.1 - In FFY2026, at least 1 data / information brief is produced to inform policy dialogue.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	1.0	1.0	1.0	1.0	1.0

Field Level Notes for Form 10 ESMs:

None

SPM ESM 11.1 - In FFY2026, at least 3 children’s health data products will be produced or updated and disseminated to key constituents to facilitate data-informed decision-making.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	3.0	3.0	3.0	3.0	3.0

Field Level Notes for Form 10 ESMs:

None

SPM ESM 12.1 - In FFY2026, at least 300 community leaders will receive information and resources supporting the design of local child and adolescent health education efforts.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	300.0	300.0	300.0	300.0	300.0

Field Level Notes for Form 10 ESMs:

None

SPM ESM 13.1 - In FFY2026, at least 12 family, community, and/or CBO leaders will receive training and/or coaching to support their meaningful participation in the design, monitoring, and evaluation of children’s health policies and services.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	12.0	12.0	12.0	12.0	12.0

Field Level Notes for Form 10 ESMs:

None

SPM ESM 14.1 - In FFY2026, at least 80% of Title V supported steering / advisory mechanisms produce actionable recommendations to improve child and adolescent health policies and services.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Field Level Notes for Form 10 ESMs:

None

SPM ESM 15.1 - In FFY2026, at least 1 data / information brief is produced to inform policy dialogue.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	1.0	1.0	1.0	1.0	1.0

Field Level Notes for Form 10 ESMs:

None

SPM ESM 16.1 - In FFY2026, at least 1 adolescent health data product will be produced or updated and disseminated to key constituents to facilitate data-informed decision-making.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	1.0	1.0	1.0	1.0	1.0

Field Level Notes for Form 10 ESMs:

None

SPM ESM 17.1 - In FFY2026, at least 300 community leaders will receive information and resources supporting the design of local adolescent health education efforts.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	300.0	300.0	300.0	300.0	300.0

Field Level Notes for Form 10 ESMs:

None

SPM ESM 18.1 - In FFY2026, 0 youth leaders will receive training/coaching to support their meaningful participation in the design, monitoring, and evaluation of adolescent health policies and services.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	0.0	5.0	10.0	15.0	15.0

Field Level Notes for Form 10 ESMs:

None

SPM ESM 19.1 - In FFY2026, at least 80% of Title V supported steering / advisory mechanisms produce actionable recommendations to improve child and adolescent health policies and services.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Field Level Notes for Form 10 ESMs:

None

SPM ESM 20.1 - In FFY2026, at least 1 data / information brief is produced to inform policy dialogue.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	1.0	1.0	1.0	1.0	1.0

Field Level Notes for Form 10 ESMs:

None

SPM ESM 21.1 - In FFY2026, at least 1 CYSHCN health data product will be produced or updated and disseminated to key constituents to facilitate data-informed decision-making.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	1.0	1.0	1.0	1.0	1.0

Field Level Notes for Form 10 ESMs:

None

SPM ESM 22.1 - In FFY2026, at least 15 community-based organizations receive funding and technical assistance to provide family-to-family support for parents of children and youth with special healthcare needs.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	15.0	15.0	15.0	15.0	15.0

Field Level Notes for Form 10 ESMs:

None

SPM ESM 23.1 - In FFY2026, at least 15 family, community, and/or CBO leaders will receive training/coaching to support their meaningful participation in the design, monitoring, and evaluation of CYSHCN policies and services.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	15.0	15.0	15.0	15.0	15.0

Field Level Notes for Form 10 ESMs:

None

SPM ESM 24.1 - In FFY2026, at least 80% of Title V supported steering / advisory mechanisms produce actionable recommendations to improve policies and services related to the health of children and youth with special healthcare needs.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	80.0	80.0	80.0	80.0	80.0

Field Level Notes for Form 10 ESMs:

None

SPM ESM 25.1 - In FFY2026, at least 1 data / information brief is produced to inform policy dialogue.

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	1.0	1.0	1.0	1.0	1.0

Field Level Notes for Form 10 ESMs:

None

Form 10
Evidence-Based or -Informed Strategy Measures (ESMs) (2021-2025 Needs Assessment Cycle)

2021-2025: ESM BF.1 - Percent of births that were delivered at Gift-designated facilities

Measure Status:				Active	
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		91.2	92.3	93.2	93.2
Annual Indicator	90.6	91.9	95	94.5	94.4
Numerator	52,030	52,925	53,858	52,130	52,048
Denominator	57,401	57,596	56,711	55,170	55,123
Data Source	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	Louisiana Vital Statistics Birth Records
Data Source Year	2020	2021	2022	2023	2024
Provisional or Final ?	Final	Final	Final	Final	Final

Field Level Notes for Form 10 ESMs:

None

2021-2025: ESM SS.1 - Number of professionals trained to recognize, identify, and model safe sleep environments

Measure Status:				Active	
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective	800	840	950	1,040	2,600
Annual Indicator	835	941	3,146	2,546	3,013
Numerator					
Denominator					
Data Source	Training attendance records	Training attendance records	Training attendance records	Training attendance records	Training attendance records
Data Source Year	2020	2021	2022	2023	2024
Provisional or Final ?	Final	Final	Final	Final	Final

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.

2021-2025: ESM LRC.1 - Percent of birthing hospitals actively participating in Louisiana Perinatal Quality Collaborative Initiatives

Measure Status:				Active	
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective		81	85	94	98
Annual Indicator	78.8	80.8	89.6	93.5	95.7
Numerator	41	42	43	43	44
Denominator	52	52	48	46	46
Data Source	Internal program records	Internal program records	Internal Program Records	Internal Program Records	Internal Program Records
Data Source Year	2020	2020	2022	2023	2024
Provisional or Final ?	Final	Final	Final	Final	Final

Field Level Notes for Form 10 ESMs:

None

2021-2025: ESM LRC.2 - Percent of birthing hospitals achieving Louisiana Birth Ready Designation

Measure Status:				Active	
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective			52	72	75
Annual Indicator		30.8	68.8	68.1	69.6
Numerator		16	33	32	32
Denominator		52	48	47	46
Data Source		Internal program records	Internal Program Records	Internal Program Records	Internal Program Records
Data Source Year		2021	2022	2023	2024
Provisional or Final ?		Final	Final	Final	Final

Field Level Notes for Form 10 ESMs:

None

2021-2025: ESM IH-Child.1 - Number of households participating in evidence-based home visiting programs

Measure Status:				Active	
State Provided Data					
	2020	2021	2022	2023	2024
Annual Objective			2,500	2,550	2,600
Annual Indicator	2,186	2,471	2,951	3,093	2,901
Numerator					
Denominator					
Data Source	MIECHV Annual Performance Report	MIECHV Program Records	MIECHV Program Records	MIECHV Program Records	MIECHV Program Records
Data Source Year	2020	2021	2022	2023	2024
Provisional or Final ?	Final	Final	Final	Final	Final

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.

2021-2025: 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.

Field Level Notes for Form 10 ESMs:

None

2021-2025: ESM IH-Adolescent.2 - Number of “gatekeepers” trained in adolescent suicide prevention

Measure Status:			Active	
State Provided Data				
	2021	2022	2023	2024
Annual Objective			468	450
Annual Indicator			323	586
Numerator				
Denominator				
Data Source			Training attendance records	Training attendance records
Data Source Year			2023	2024
Provisional or Final ?			Final	Final

Field Level Notes for Form 10 ESMs:

None

2021-2025: 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.

Field Level Notes for Form 10 ESMs:

None

Form 10
State Performance Measure (SPM) Detail Sheets
State: Louisiana

SPM 1 - Percent of maternal health constituents reporting "high" or "very high" satisfaction with the quality of data products available.

Population Domain(s) – Women/Maternal Health

Measure Status:	Active								
Goal:	Key maternal health constituents including policymakers, providers, and people (MCH Populations) utilize data to make evidence-informed decisions.								
Definition:	<table border="1"> <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 persons responding "high" or "very high" level of satisfaction</td></tr> <tr> <td>Denominator:</td><td>Total number of respondents.</td></tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of persons responding "high" or "very high" level of satisfaction	Denominator:	Total number of respondents.
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of persons responding "high" or "very high" level of satisfaction								
Denominator:	Total number of respondents.								
Healthy People 2030 Objective:	This performance measure will contribute to the achievement of the following Healthy People 2030 objectives: 1) Increase the health literacy of the population - HC/HIT-R01; 2) Enhance the use and capabilities of informatics in public health — PHI-R06. It is also aligned with the Foundational Principle and Overarching Goal of engaging the public and leaders of multiple sectors in health policy and service development. Lastly, the measure is aligned with the Plan of Action items to set measurable objectives, provide timely and accurate data, and support implementation of evidence-based programs and policies that are replicable to enhance programs and impact an improved quality of life								
Data Sources and Data Issues:	Data will be collected by a bi-annual key constituent survey (FFY2026, FFY2028, FFY2030). The survey will be developed with the inputs of Title V staff and representatives of Title V key constituent groups. The key constituent survey will be implemented using RedCap and shared with respondents via email link. The survey will be completed in the fourth quarter of each survey year. Data will be anonymous and kept in the secure server of the Louisiana Bureau of Family Health.								
Significance:	Improving key constituents' access to and utilization of public health data to inform decision-making is directly related to Essential Public Health Services 1-4. EPHS 1: Assess and monitor population health. EPHS 2: Investigate, diagnose and address health hazards and root causes. EPHS 3: Communicate effectively to inform and educate. EPHS 4: Strengthen, support and mobilize communities and partnerships. Ensuring constituent participation in evidence-based public health decision-making processes also contributes to Essential Public Health Services 7, 8, 9, & 10. EPHS 7: Enable equal access. EPHS 8: Build a skilled workforce. EPHS 9: Improve and innovate through evaluation, research and quality improvement. EPHS 10: Build and maintain a strong organizational infrastructure for public health.								

SPM 2 - Percent of maternal health constituents reporting that they “frequently” or “very frequently” share key health education messages with their families and other community members.
Population Domain(s) – Women/Maternal Health

Measure Status:	Active									
Goal:	Key maternal health constituents including policymakers, providers, and people (MCH Populations) disseminate data-informed health education messages within their communities and professional networks.									
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 persons responding that they “frequently” or “very frequently” share key health education messages with their peers.</td></tr><tr><td>Denominator:</td><td>Total number of respondents.</td></tr></table>		Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of persons responding that they “frequently” or “very frequently” share key health education messages with their peers.	Denominator:	Total number of respondents.
Unit Type:	Percentage									
Unit Number:	100									
Numerator:	Number of persons responding that they “frequently” or “very frequently” share key health education messages with their peers.									
Denominator:	Total number of respondents.									
Healthy People 2030 Objective:	This performance measure will contribute to the achievement of the following Healthy People 2030 objectives: 1) Increase the health literacy of the population - HC/HIT-R01; It is also aligned with the Foundational Principle and Overarching Goal of engaging the public and leaders of multiple sectors in health policy and service development. Lastly, the measure is aligned with the Plan of Action items to set measurable objectives, provide timely and accurate data, and support implementation of evidence-based programs and policies that are replicable to enhance programs and impact an improved quality of life.									
Data Sources and Data Issues:	Data will be collected by a bi-annual key constituent survey (FFY2026, FFY2028, FFY2030). The survey will be developed with the inputs of Title V staff and representatives of Title V key constituent groups. The survey will be implemented using RedCap and shared with respondents via email link. The survey will be completed in the fourth quarter of each survey year. Data will be anonymous and kept in the secure server of the Louisiana Bureau of Family Health.									
Significance:	Improving key constituents’ access to and utilization of public health data to inform decision-making is directly related to Essential Public Health Services 3-4. EPHS 3: Communicate effectively to inform and educate. EPHS 4: Strengthen, support and mobilize communities and partnerships.									

SPM 3 - Percent of family, community and/or community based organization leaders engaged in Title V supported maternal and infant health programs who reported “high” or “very high” satisfaction with the training / coaching received.
Population Domain(s) – Women/Maternal Health

Measure Status:	Active								
Goal:	Family, community, community-based organizations have the knowledge and confidence needed to meaningfully participate in public health decision-making processes.								
Definition:	<table border="1"> <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 persons responding “high” or “very high” level of satisfaction.</td></tr> <tr> <td>Denominator:</td><td>Total number of respondents.</td></tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of persons responding “high” or “very high” level of satisfaction.	Denominator:	Total number of respondents.
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of persons responding “high” or “very high” level of satisfaction.								
Denominator:	Total number of respondents.								
Healthy People 2030 Objective:	This performance measure will contribute to the achievement of the following Healthy People 2030 objectives: Increase the health literacy of the population - HC/HIT-R01. It is also aligned with the Foundational Principle promoting and achieving good health as a shared responsibility at all government and community levels. Also, it is aligned with the Overarching Goal to engage the public and leaders of multiple sectors for improvement of health and wellbeing. Lastly, the measure is aligned with the Plan of Action item to provide tools for the public, programs, and policymakers, and others to evaluate progress and improve health.								
Data Sources and Data Issues:	Data will be collected by a bi-annual key constituent survey (FFY2026, FFY2028, FFY2030). The survey will be developed with the inputs of Title V staff and representatives of Title V key constituent groups. The survey will be implemented using RedCap and shared with respondents via email link. The survey will be completed in the fourth quarter of each survey year. Data will be anonymous and kept in the secure server of the Louisiana Bureau of Family Health.								
Significance:	Improving family and community participation in public health decision-making is directly related to the fourth Essential Public Health Service. EPHS 4: Strengthen, support and mobilize communities and partnerships. Ensuring family and community participation in public health decision-making processes also contributes to Essential Public Health Services 2, 3, 7, & 8. EPHS 2: Investigate, diagnose and address health hazards and root causes. EPHS 3: Communicate effectively to inform and educate. EPHS 7: Enable equal access. EPHS 8: Build a skilled workforce. There is significant evidence that community engagement interventions have a positive impact on a range of health outcomes across various conditions. O'Mara-Eves, A., Brunton, G., Oliver, S., Kavanagh, J., Jamal, F., & Thomas, J. (2015). The effectiveness of community engagement in public health interventions for disadvantaged groups: a meta-analysis. BMC public health, 15, 129. https://doi.org/10.1186/s12889-015-1352-y Bassler, A. et al., "Developing Effective Citizen Engagement: A How-to Guide for Community Leaders." Center for Rural America, 2008.								

SPM 4 - Percent of participants who "strongly" or "very strongly" agree that the maternal and infant health steering / advisory mechanism is "effectively contributing to the improvement of Louisiana's infant health policies and services".
Population Domain(s) – Women/Maternal Health

Measure Status:	Active								
Goal:	Improve the meaningful participation of all key constituent groups (Policymakers, Providers, and People) in public health decision-making processes.								
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 persons responding "strongly" or "very strongly" agree with the statement.</td></tr> <tr> <td>Denominator:</td><td>Total number of respondents</td></tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of persons responding "strongly" or "very strongly" agree with the statement.	Denominator:	Total number of respondents
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of persons responding "strongly" or "very strongly" agree with the statement.								
Denominator:	Total number of respondents								
Healthy People 2030 Objective:	This performance measure will contribute to the achievement of the following Healthy People 2030 objective: 1) Increase the health literacy of the population - HC/HIT-R01. It is also aligned with the Foundational Principle of promoting and achieving good health as a shared responsibility at all government and community levels. Also, it is aligned with the Overarching Goal to engage the public and leaders of multiple sectors for improvement of wellbeing. Lastly, the measure is aligned with the Plan of Action items to set measurable objectives, provide timely and accurate data, and support implementation of evidence-based programs and policies that are replicable to enhance programs and impact an improved quality of life.								
Data Sources and Data Issues:	Data will be collected by a bi-annual key constituent survey (FFY2026, FFY2028, FFY2030). The survey will be developed with the inputs of Title V staff and representatives of Title V key constituent groups. The survey will be implemented using RedCap and shared with respondents via email link. The survey will be completed in the fourth quarter of each survey year. Data will be anonymous and kept in the secure server of the Louisiana Bureau of Family Health.								
Significance:	Louisiana's Title V Program recognizes the value of meaningful participation of policymakers, providers, and MCH Populations (or "people") in public health decision-making processes. Improving constituent participation in public health decision-making is directly related to the fourth Essential Public Health Service. EPHS 4: Strengthen, support and mobilize communities and partnerships. Ensuring constituent participation in public health decision-making processes also contributes to Essential Public Health Services 2, 3, 7, & 8. EPHS 2: Investigate, diagnose and address health hazards and root causes. EPHS 3: Communicate effectively to inform and educate. EPHS 7: Enable equal access. EPHS 8: Build a skilled workforce.								

SPM 5 - Number of maternal health policy priorities advanced through 2 stages of the policy process towards implementation or other resolution.

Population Domain(s) – Women/Maternal Health

Measure Status:	Active								
Goal:	Louisiana’s maternal health policies are aligned with current legal statutes and modernized with current day public health functions.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td><td>Count</td></tr> <tr> <td>Unit Number:</td><td>10</td></tr> <tr> <td>Numerator:</td><td>Number of policy priorities advanced through 2 states of the policy process</td></tr> <tr> <td>Denominator:</td><td></td></tr> </table>	Unit Type:	Count	Unit Number:	10	Numerator:	Number of policy priorities advanced through 2 states of the policy process	Denominator:	
Unit Type:	Count								
Unit Number:	10								
Numerator:	Number of policy priorities advanced through 2 states of the policy process								
Denominator:									
Healthy People 2030 Objective:	This performance measure will contribute to the achievement of the following Healthy People 2030 overarching goal to: “Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.”								
Data Sources and Data Issues:	Internal records								
Significance:	Louisiana’s Title V Program seeks to contribute to sustainable systems change. The measure is directly related to the fifth Essential Public Health Service. EPHS 5: Create, champion, and implement policies, plans and laws								

SPM 6 - Percent of infant health constituents reporting “high” or “very high” satisfaction with the quality of data products available.

Population Domain(s) – Perinatal/Infant Health

Measure Status:	Active								
Goal:	Key infant health constituents including policymakers, providers, and people (MCH Populations) utilize data to make evidence-informed decisions.								
Definition:	<table border="1"> <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 persons responding “high” or “very high” level of satisfaction.</td></tr> <tr> <td>Denominator:</td><td>Total number of respondents.</td></tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of persons responding “high” or “very high” level of satisfaction.	Denominator:	Total number of respondents.
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of persons responding “high” or “very high” level of satisfaction.								
Denominator:	Total number of respondents.								
Healthy People 2030 Objective:	This performance measure will contribute to the achievement of the following Healthy People 2030 objectives: 1) Increase the health literacy of the population - HC/HIT-R01; 2) Enhance the use and capabilities of informatics in public health — PHI-R06. It is also aligned with the Foundational Principle and Overarching Goal of engaging the public and leaders of multiple sectors in health policy and service development. Lastly, the measure is aligned with the Plan of Action items to set measurable objectives, provide timely and accurate data, and support implementation of evidence-based programs and policies that are replicable to enhance programs and impact an improved quality of life.								
Data Sources and Data Issues:	Data will be collected by a bi-annual key constituent survey (FFY2026, FFY2028, FFY2030). The survey will be developed with the inputs of Title V staff and representatives of Title V key constituent groups. The survey will be implemented using RedCap and shared with respondents via email link. The survey will be completed in the fourth quarter of each survey year. Data will be anonymous and kept in the secure server of the Louisiana Bureau of Family Health.								
Significance:	Improving key constituents’ access to and utilization of public health data to inform decision-making is directly related to Essential Public Health Services 1-4. EPHS 1: Assess and monitor population health. EPHS 2: Investigate, diagnose and address health hazards and root causes. EPHS 3: Communicate effectively to inform and educate. EPHS 4: Strengthen, support and mobilize communities and partnerships. Ensuring constituent participation in evidence-based public health decision-making processes also contributes to Essential Public Health Services 7, 8, 9, & 10. EPHS 7: Enable equal access. EPHS 8: Build a skilled workforce. EPHS 9: Improve and innovate through evaluation, research and quality improvement. EPHS 10: Build and maintain a strong organizational infrastructure for public health.								

SPM 7 - Percent of infant health constituents reporting that they “frequently” or “very frequently” share key health education messages with their families and other community members.
Population Domain(s) – Perinatal/Infant Health

Measure Status:	Active								
Goal:	Key infant health constituents including policymakers, providers, and people (MCH Populations) disseminate data-informed health education messages within their communities and professional networks.								
Definition:	<table border="1"> <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 persons responding that they “frequently” or “very frequently” share key health education messages with their peers.</td></tr> <tr> <td>Denominator:</td><td>Total number of respondents.</td></tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of persons responding that they “frequently” or “very frequently” share key health education messages with their peers.	Denominator:	Total number of respondents.
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of persons responding that they “frequently” or “very frequently” share key health education messages with their peers.								
Denominator:	Total number of respondents.								
Healthy People 2030 Objective:	This performance measure will contribute to the achievement of the following Healthy People 2030 objectives: 1) Increase the health literacy of the population - HC/HIT-R01; It is also aligned with the Foundational Principle and Overarching Goal of engaging the public and leaders of multiple sectors in health policy and service development. Lastly, the measure is aligned with the Plan of Action items to set measurable objectives, provide timely and accurate data, and support implementation of evidence-based programs and policies that are replicable to enhance programs and impact an improved quality of life.								
Data Sources and Data Issues:	Data will be collected by a bi-annual key constituent survey (FFY2026, FFY2028, FFY2030). The survey will be developed with the inputs of Title V staff and representatives of Title V key constituent groups. The survey will be implemented using RedCap and shared with respondents via email link. The survey will be completed in the fourth quarter of each survey year. Data will be anonymous and kept in the secure server of the Louisiana Bureau of Family Health.								
Significance:	Improving key constituents’ access to and utilization of public health data to inform decision-making is directly related to Essential Public Health Services 3-4. EPHS 3: Communicate effectively to inform and educate. EPHS 4: Strengthen, support and mobilize communities and partnerships.								

SPM 8 - Percent of family, community and/or community based organization leaders engaged in Title V supported maternal and infant health programs who reported “high” or “very high” satisfaction with the training / coaching received.
Population Domain(s) – Perinatal/Infant Health

Measure Status:	Active								
Goal:	Family, community, community-based organizations have the knowledge and confidence needed to meaningfully participate in public health decision-making processes.								
Definition:	<table border="1"> <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 persons responding “high” or “very high” level of satisfaction.</td></tr> <tr> <td>Denominator:</td><td>Total number of respondents.</td></tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of persons responding “high” or “very high” level of satisfaction.	Denominator:	Total number of respondents.
Unit Type:	Percentage								
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Denominator:	Total number of respondents.								
Healthy People 2030 Objective:	This performance measure will contribute to the achievement of the following Healthy People 2030 objective: Increase the health literacy of the population - HC/HIT-R01. It is also aligned with the Foundational Principle promoting and achieving good health as a shared responsibility at all government and community levels. Also, it is aligned with the Overarching Goal to engage the public and leaders of multiple sectors for improvement of health and wellbeing. Lastly, the measure is aligned with the Plan of Action item to provide tools for the public, programs, and policymakers, and others to evaluate progress and improve health.								
Data Sources and Data Issues:	Data will be collected by a bi-annual key constituent survey (FFY2026, FFY2028, FFY2030). The survey will be developed with the inputs of Title V staff and representatives of Title V key constituent groups. The survey will be implemented using RedCap and shared with respondents via email link. The survey will be completed in the fourth quarter of each survey year. Data will be anonymous and kept in the secure server of the Louisiana Bureau of Family Health.								
Significance:	Improving family and community participation in public health decision-making is directly related to the fourth Essential Public Health Service. EPHS 4: Strengthen, support and mobilize communities and partnerships. Ensuring family and community participation in public health decision-making processes also contributes to Essential Public Health Services 2, 3, 7, & 8. EPHS 2: Investigate, diagnose and address health hazards and root causes. EPHS 3: Communicate effectively to inform and educate. EPHS 7: Enable equal access. EPHS 8: Build a skilled workforce. There is significant evidence that community engagement interventions have a positive impact on a range of health outcomes across various conditions. O'Mara-Eves, A., Brunton, G., Oliver, S., Kavanagh, J., Jamal, F., & Thomas, J. (2015). The effectiveness of community engagement in public health interventions for disadvantaged groups: a meta-analysis. BMC public health, 15, 129. https://doi.org/10.1186/s12889-015-1352-y Bassler, A. et al., "Developing Effective Citizen Engagement: A How-to Guide for Community Leaders." Center for Rural America, 2008.								

SPM 9 - Percent of participants who "strongly" or "very strongly" agree that the maternal and infant health steering / advisory mechanism is "effectively contributing to the improvement of Louisiana's health policies and services for infants".
Population Domain(s) – Perinatal/Infant Health

Measure Status:	Active								
Goal:	Improve the meaningful participation of all key constituent groups (Policymakers, Providers, and People) in public health decision-making processes.								
Definition:	<table border="1"> <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 persons responding "strongly" or "very strongly" agree with the statement.</td></tr> <tr> <td>Denominator:</td><td>Total number of respondents</td></tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of persons responding "strongly" or "very strongly" agree with the statement.	Denominator:	Total number of respondents
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Numerator:	Number of persons responding "strongly" or "very strongly" agree with the statement.								
Denominator:	Total number of respondents								
Healthy People 2030 Objective:	This performance measure will contribute to the achievement of the following Healthy People 2030 objective: 1) Increase the health literacy of the population - HC/HIT-R01. It is also aligned with the Foundational Principle of promoting and achieving good health as a shared responsibility at all government and community levels. Also, it is aligned with the Overarching Goal to engage the public and leaders of multiple sectors for improvement of wellbeing. Lastly, the measure is aligned with the Plan of Action items to set measurable objectives, provide timely and accurate data, and support implementation of evidence-based programs and policies that are replicable to enhance programs and impact an improved quality of life.								
Data Sources and Data Issues:	Data will be collected by a bi-annual key constituent survey (FFY2026, FFY2028, FFY2030). The survey will be developed with the inputs of Title V staff and representatives of Title V key constituent groups. The survey will be implemented using RedCap and shared with respondents via email link. The survey will be completed in the fourth quarter of each survey year. Data will be anonymous and kept in the secure server of the Louisiana Bureau of Family Health.								
Significance:	Louisiana's Title V Program recognizes the value of meaningful participation of policymakers, providers, and MCH Populations (or "people") in public health decision-making processes. Improving constituent participation in public health decision-making is directly related to the fourth Essential Public Health Service. EPHS 4: Strengthen, support and mobilize communities and partnerships. Ensuring constituent participation in public health decision-making processes also contributes to Essential Public Health Services 2, 3, 7, & 8. EPHS 2: Investigate, diagnose and address health hazards and root causes. EPHS 3: Communicate effectively to inform and educate. EPHS 7: Enable equal access. EPHS 8: Build a skilled workforce.								

SPM 10 - Number of infant health policy priorities advanced through 2 stages of the policy process towards implementation or other resolution.

Population Domain(s) – Perinatal/Infant Health

Measure Status:	Active	
Goal:	Louisiana’s infant health policies are aligned with current day public health functions	
Definition:	Unit Type:	Count
	Unit Number:	10
	Numerator:	Number of infant health policy priorities moved through 2 stages of the policy process
	Denominator:	
Healthy People 2030 Objective:	This performance measure will contribute to the achievement of the following Healthy People 2030 overarching goal to: “Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.”	
Data Sources and Data Issues:	Internal records	
Significance:	Louisiana’s Title V Program seeks to contribute to sustainable systems change. The measure is directly related to the fifth Essential Public Health Service. EPHS 5: Create, champion, and implement policies, plans and laws	

SPM 11 - Percent of children’s health constituents reporting “high” or “very high” satisfaction with the quality of data products available.

Population Domain(s) – Child Health

Measure Status:	Active								
Goal:	Key children’s health constituents including policymakers, providers, and people (MCH Populations) utilize data to make evidence-informed decisions.								
Definition:	<table border="1"> <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 persons responding “high” or “very high”.</td></tr> <tr> <td>Denominator:</td><td>Total number of respondents.</td></tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of persons responding “high” or “very high”.	Denominator:	Total number of respondents.
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Numerator:	Number of persons responding “high” or “very high”.								
Denominator:	Total number of respondents.								
Healthy People 2030 Objective:	This performance measure will contribute to the achievement of the following Healthy People 2030 objectives: 1) Increase the health literacy of the population - HC/HIT-R01; 2) Enhance the use and capabilities of informatics in public health — PHI-R06. It is also aligned with the Foundational Principle and Overarching Goal of engaging the public and leaders of multiple sectors in health policy and service development. Lastly, the measure is aligned with the Plan of Action items to set measurable objectives, provide timely and accurate data, and support implementation of evidence-based programs and policies that are replicable to enhance programs and impact an improved quality of life.								
Data Sources and Data Issues:	Data will be collected by a bi-annual key constituent survey (FFY2026, FFY2028, FFY2030). The survey will be developed with the inputs of Title V staff and representatives of Title V key constituent groups. The survey will be implemented using RedCap and shared with respondents via email link. The survey will be completed in the fourth quarter of each survey year. Data will be anonymous and kept in the secure server of the Louisiana Bureau of Family Health. .								
Significance:	Improving constituents’ access to and utilization of public health data to inform decision-making is directly related to Essential Public Health Services 1-4. EPHS 1: Assess and monitor population health. EPHS 2: Investigate, diagnose and address health hazards and root causes. EPHS 3: Communicate effectively to inform and educate. EPHS 4: Strengthen, support and mobilize communities and partnerships. Ensuring constituent participation in evidence-based public health decision-making processes also contributes to Essential Public Health Services 7, 8, 9, & 10. EPHS 7: Enable equal access. EPHS 8: Build a skilled workforce. EPHS 9: Improve and innovate through evaluation, research and quality improvement. EPHS 10: Build and maintain a strong organizational infrastructure for public health.								

SPM 12 - Percent of children's health constituents reporting that they "frequently" or "very frequently" share key health education messages with their families and other community members.
Population Domain(s) – Child Health

Measure Status:	Active								
Goal:	Key children's health constituents including policymakers, providers, and people (MCH Populations) disseminate data-informed health education messages within their communities and professional networks.								
Definition:	<table border="1"> <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 persons responding that they "frequently" or "very frequently" share key health education messages with their peers.</td></tr> <tr> <td>Denominator:</td><td>Total number of respondents.</td></tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of persons responding that they "frequently" or "very frequently" share key health education messages with their peers.	Denominator:	Total number of respondents.
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Healthy People 2030 Objective:	This performance measure will contribute to the achievement of the following Healthy People 2030 objectives: 1) Increase the health literacy of the population - HC/HIT-R01; It is also aligned with the Foundational Principle and Overarching Goal of engaging the public and leaders of multiple sectors in health policy and service development. Lastly, the measure is aligned with the Plan of Action items to set measurable objectives, provide timely and accurate data, and support implementation of evidence-based programs and policies that are replicable to enhance programs and impact an improved quality of life.								
Data Sources and Data Issues:	Data will be collected by a bi-annual key constituent survey (FFY2026, FFY2028, FFY2030). The survey will be developed with the inputs of Title V staff and representatives of Title V key constituent groups. The survey will be implemented using RedCap and shared with respondents via email link. The survey will be completed in the fourth quarter of each survey year. Data will be anonymous and kept in the secure server of the Louisiana Bureau of Family Health.								
Significance:	Improving key constituent access to and utilization of public health data to inform decision-making is directly related to Essential Public Health Services 3-4. EPHS 3: Communicate effectively to inform and educate. EPHS 4: Strengthen, support and mobilize communities and partnerships.								

SPM 13 - Percent of family, community and/or community based organization leaders engaged in Title V supported children's health programs who reported "high" or "very high" satisfaction with the training / coaching received.
Population Domain(s) – Child Health

Measure Status:	Active								
Goal:	Family, community, community-based organizations have the knowledge and confidence needed to meaningfully participate in public health decision-making processes.								
Definition:	<table border="1"> <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 persons responding "high" or "very high" level of satisfaction</td></tr> <tr> <td>Denominator:</td><td>Total number of respondents.</td></tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of persons responding "high" or "very high" level of satisfaction	Denominator:	Total number of respondents.
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Healthy People 2030 Objective:	This performance measure will contribute to the achievement of the following Healthy People 2030 objective: Increase the health literacy of the population - HC/HIT-R01. It is also aligned with the Foundational Principle promoting and achieving good health as a shared responsibility at all government and community levels. Also, it is aligned with the Overarching Goal to engage the public and leaders of multiple sectors for improvement of health and wellbeing. Lastly, the measure is aligned with the Plan of Action item to provide tools for the public, programs, and policymakers, and others to evaluate progress and improve health.								
Data Sources and Data Issues:	Data will be collected by a bi-annual key constituent survey (FFY2026, FFY2028, FFY2030). The survey will be developed with the inputs of Title V staff and representatives of Title V key constituent groups. The survey will be implemented using RedCap and shared with respondents via email link. The survey will be completed in the fourth quarter of each survey year. Data will be anonymous and kept in the secure server of the Louisiana Bureau of Family Health.								
Significance:	Improving family and community participation in public health decision-making is directly related to the fourth Essential Public Health Service. EPHS 4: Strengthen, support and mobilize communities and partnerships. Ensuring family and community participation in public health decision-making processes also contributes to Essential Public Health Services 2, 3, 7, & 8. EPHS 2: Investigate, diagnose and address health hazards and root causes. EPHS 3: Communicate effectively to inform and educate. EPHS 7: Enable equal access. EPHS 8: Build a skilled workforce. There is significant evidence that community engagement interventions have a positive impact on a range of health outcomes across various conditions. O'Mara-Eves, A., Brunton, G., Oliver, S., Kavanagh, J., Jamal, F., & Thomas, J. (2015). The effectiveness of community engagement in public health interventions for disadvantaged groups: a meta-analysis. BMC public health, 15, 129. https://doi.org/10.1186/s12889-015-1352-y Bassler, A. et al., "Developing Effective Citizen Engagement: A How-to Guide for Community Leaders." Center for Rural America, 2008.								

SPM 14 - Percent of participants who “strongly” or “very strongly” agree that the children’s health steering / advisory mechanism is “effectively contributing to the improvement of Louisiana’s children’s health policies and services”.
Population Domain(s) – Child Health

Measure Status:	Active								
Goal:	Improve the meaningful participation of all key constituent groups (Policymakers, Providers, and People) in public health decision-making processes								
Definition:	<table border="1"> <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 persons responding “strongly” or “very strongly” agree with the statement.</td></tr> <tr> <td>Denominator:</td><td>Total number of respondents</td></tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of persons responding “strongly” or “very strongly” agree with the statement.	Denominator:	Total number of respondents
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Healthy People 2030 Objective:	This performance measure will contribute to the achievement of the following Healthy People 2030 objective: 1) Increase the health literacy of the population - HC/HIT-R01. It is also aligned with the Foundational Principle of promoting and achieving good health as a shared responsibility at all government and community levels. Also, it is aligned with the Overarching Goal to engage the public and leaders of multiple sectors for improvement of wellbeing. Lastly, the measure is aligned with the Plan of Action items to set measurable objectives, provide timely and accurate data, and support implementation of evidence-based programs and policies that are replicable to enhance programs and impact an improved quality of life.								
Data Sources and Data Issues:	Data will be collected by a bi-annual key constituent survey (FFY2026, FFY2028, FFY2030). The survey will be developed with the inputs of Title V staff and representatives of Title V key constituent groups. The survey will be implemented using RedCap and shared with respondents via email link. The survey will be completed in the fourth quarter of each survey year. Data will be anonymous and kept in the secure server of the Louisiana Bureau of Family Health.								
Significance:	Louisiana’s Title V Program recognizes the value of meaningful participation of policymakers, providers, and MCH Populations (or “people”) in public health decision-making processes. Improving constituent participation in public health decision-making is directly related to the fourth Essential Public Health Service. EPHS 4: Strengthen, support and mobilize communities and partnerships. Ensuring constituent participation in public health decision-making processes also contributes to Essential Public Health Services 2, 3, 7, & 8. EPHS 2: Investigate, diagnose and address health hazards and root causes. EPHS 3: Communicate effectively to inform and educate. EPHS 7: Enable equal access. EPHS 8: Build a skilled workforce.								

SPM 15 - Number of children's health policy priorities advanced through 2 stages of the policy process towards implementation or other resolution.

Population Domain(s) – Child Health

Measure Status:	Active	
Goal:	Louisiana’s children’s health policies are aligned with current day public health functions.	
Definition:	Unit Type:	Count
	Unit Number:	10
	Numerator:	Number of children’s health policy priorities moved through 2 stages of the policy process
	Denominator:	
Healthy People 2030 Objective:	This performance measure will contribute to the achievement of the following Healthy People 2030 overarching goal to: “Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.”	
Data Sources and Data Issues:	Internal Records	
Significance:	Louisiana’s Title V Program seeks to contribute to sustainable systems change. The measure is directly related to the fifth Essential Public Health Service. EPHS 5: Create, champion, and implement policies, plans and laws	

SPM 16 - Percent of adolescent health constituents reporting “high” or “very high” satisfaction with the quality of data products available.

Population Domain(s) – Adolescent Health

Measure Status:	Active								
Goal:	Key adolescent health constituents including policymakers, providers, and people (MCH Populations) utilize data to make evidence-informed decisions.								
Definition:	<table border="1"> <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 persons responding “high” or “very high”.</td></tr> <tr> <td>Denominator:</td><td>Total number of respondents.</td></tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of persons responding “high” or “very high”.	Denominator:	Total number of respondents.
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Healthy People 2030 Objective:	This performance measure will contribute to the achievement of the following Healthy People 2030 objectives: 1) Increase the health literacy of the population - HC/HIT-R01; 2) Enhance the use and capabilities of informatics in public health — PHI-R06. It is also aligned with the Foundational Principle and Overarching Goal of engaging the public and leaders of multiple sectors in health policy and service development. Lastly, the measure is aligned with the Plan of Action items to set measurable objectives, provide timely and accurate data, and support implementation of evidence-based programs and policies that are replicable to enhance programs and impact an improved quality of life.								
Data Sources and Data Issues:	Data will be collected by a bi-annual key constituent survey (FFY2026, FFY2028, FFY2030). The survey will be developed with the inputs of Title V staff and representatives of Title V key constituent groups. The survey will be implemented using RedCap and shared with respondents via email link. The survey will be completed in the fourth quarter of each survey year. Data will be anonymous and kept in the secure server of the Louisiana Bureau of Family Health.								
Significance:	Improving key constituents’ access to and utilization of public health data to inform decision-making is directly related to Essential Public Health Services 1-4. EPHS 1: Assess and monitor population health. EPHS 2: Investigate, diagnose and address health hazards and root causes. EPHS 3: Communicate effectively to inform and educate. EPHS 4: Strengthen, support and mobilize communities and partnerships. Ensuring key constituent participation in evidence-based public health decision-making processes also contributes to Essential Public Health Services 7, 8, 9, & 10. EPHS 7: Enable equal access. EPHS 8: Build a skilled workforce. EPHS 9: Improve and innovate through evaluation, research and quality improvement. EPHS 10: Build and maintain a strong organizational infrastructure for public health.								

SPM 17 - Percent of adolescent health constituents reporting that they “frequently” or “very frequently” share key health education messages with their families and other community members.
Population Domain(s) – Adolescent Health

Measure Status:	Active								
Goal:	Key adolescent health constituents including policymakers, providers, and people (MCH Populations) disseminate data-informed health education messages within their communities and professional networks.								
Definition:	<table border="1"> <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 persons responding that they “frequently” or “very frequently” share key health education messages with their peers.</td></tr> <tr> <td>Denominator:</td><td>Total number of respondents.</td></tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of persons responding that they “frequently” or “very frequently” share key health education messages with their peers.	Denominator:	Total number of respondents.
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Significance:	Improving key constituents’ access to and utilization of public health data to inform decision-making is directly related to Essential Public Health Services 3-4. EPHS 3: Communicate effectively to inform and educate. EPHS 4: Strengthen, support and mobilize communities and partnerships.								

SPM 18 - Percent of youth leaders engaged in Title V supported adolescent health programs who reported “high” or “very high” satisfaction with the training / coaching received.
Population Domain(s) – Adolescent Health

Measure Status:	Active								
Goal:	Youth leaders have the knowledge and confidence needed to meaningfully participate in public health decision-making processes.								
Definition:	<table border="1"> <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 persons responding “high” or “very high” level of satisfaction.</td></tr> <tr> <td>Denominator:</td><td>Total number of respondents.</td></tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of persons responding “high” or “very high” level of satisfaction.	Denominator:	Total number of respondents.
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Data Sources and Data Issues:	Data will be collected by a bi-annual key constituent survey (FFY2026, FFY2028, FFY2030). The survey will be developed with the inputs of Title V staff and representatives of Title V key constituent groups. The survey will be implemented using RedCap and shared with respondents via email link. The survey will be completed in the fourth quarter of each survey year. Data will be anonymous and kept in the secure server of the Louisiana Bureau of Family Health.								
Significance:	Improving family and community participation in public health decision-making is directly related to the fourth Essential Public Health Service. EPHS 4: Strengthen, support and mobilize communities and partnerships. Ensuring family and community participation in public health decision-making processes also contributes to Essential Public Health Services 2, 3, 7, & 8. EPHS 2: Investigate, diagnose and address health hazards and root causes. EPHS 3: Communicate effectively to inform and educate. EPHS 7: Enable equal access. EPHS 8: Build a skilled workforce. There is significant evidence that community engagement interventions have a positive impact on a range of health outcomes across various conditions. O'Mara-Eves, A., Brunton, G., Oliver, S., Kavanagh, J., Jamal, F., & Thomas, J. (2015). The effectiveness of community engagement in public health interventions for disadvantaged groups: a meta-analysis. BMC public health, 15, 129. https://doi.org/10.1186/s12889-015-1352-y Bassler, A. et al., "Developing Effective Citizen Engagement: A How-to Guide for Community Leaders." Center for Rural America, 2008.								

SPM 19 - Percent of participants who “strongly” or “very strongly” agree that the adolescent steering / advisory mechanism is “effectively contributing to the improvement of Louisiana’s adolescent health policies and services”.
Population Domain(s) – Adolescent Health

Measure Status:	Active								
Goal:	Improve the meaningful participation of all key constituent groups (Policymakers, Providers, and People) in public health decision-making processes.								
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 persons responding “strongly” or “very strongly” agree with the statement.</td></tr> <tr> <td>Denominator:</td><td>Total number of respondents</td></tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of persons responding “strongly” or “very strongly” agree with the statement.	Denominator:	Total number of respondents
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Data Sources and Data Issues:	Data will be collected by a bi-annual key constituent survey (FFY2026, FFY2028, FFY2030). The survey will be developed with the inputs of Title V staff and representatives of Title V key constituent groups. The survey will be implemented using RedCap and shared with respondents via email link. The survey will be completed in the fourth quarter of each survey year. Data will be anonymous and kept in the secure server of the Louisiana Bureau of Family Health.								
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SPM 20 - Number of adolescent health policy priorities advanced through 2 stages of the policy process towards implementation or other resolution.
Population Domain(s) – Adolescent Health

Measure Status:	Active	
Goal:	Louisiana’s adolescent health policies are aligned with current day public health functions	
Definition:	Unit Type:	Count
	Unit Number:	10
	Numerator:	Number of adolescent health policy priorities moved through 2 stages of the policy process.
	Denominator:	
Healthy People 2030 Objective:	This performance measure will contribute to the achievement of the following Healthy People 2030 overarching goal to: “Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.”	
Data Sources and Data Issues:	Internal records.	
Significance:	Louisiana’s Title V Program seeks to contribute to sustainable systems change. The measure is directly related to the fifth Essential Public Health Service. EPHS 5: Create, champion, and implement policies, plans and laws	

SPM 21 - Percent of CYSHCN health constituents reporting “high” or “very high” satisfaction with the quality of data products available.

Population Domain(s) – Children with Special Health Care Needs

Measure Status:	Active								
Goal:	Key CYSHCN health constituents including policymakers, providers, and people (MCH Populations) utilize data to make evidence-informed decisions.								
Definition:	<table border="1"> <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 persons responding “high” or “very high”.</td></tr> <tr> <td>Denominator:</td><td>Total number of respondents.</td></tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of persons responding “high” or “very high”.	Denominator:	Total number of respondents.
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of persons responding “high” or “very high”.								
Denominator:	Total number of respondents.								
Healthy People 2030 Objective:	This performance measure will contribute to the achievement of the following Healthy People 2030 objectives: 1) Increase the health literacy of the population - HC/HIT-R01; 2) Enhance the use and capabilities of informatics in public health — PHI-R06. It is also aligned with the Foundational Principle and Overarching Goal of engaging the public and leaders of multiple sectors in health policy and service development. Lastly, the measure is aligned with the Plan of Action items to set measurable objectives, provide timely and accurate data, and support implementation of evidence-based programs and policies that are replicable to enhance programs and impact an improved quality of life.								
Data Sources and Data Issues:	Data will be collected by a bi-annual key constituent survey (FFY2026, FFY2028, FFY2030). The survey will be developed with the inputs of Title V staff and representatives of Title V key constituent groups. The survey will be implemented using RedCap and shared with respondents via email link. The survey will be completed in the fourth quarter of each survey year. Data will be anonymous and kept in the secure server of the Louisiana Bureau of Family Health.								
Significance:	Improving key constituents’ access to and utilization of public health data to inform decision-making is directly related to Essential Public Health Services 1-4. EPHS 1: Assess and monitor population health. EPHS 2: Investigate, diagnose and address health hazards and root causes. EPHS 3: Communicate effectively to inform and educate. EPHS 4: Strengthen, support and mobilize communities and partnerships. Ensuring constituent participation in evidence-based public health decision-making processes also contributes to Essential Public Health Services 7, 8, 9, & 10. EPHS 7: Enable equal access. EPHS 8: Build a skilled workforce. EPHS 9: Improve and innovate through evaluation, research and quality improvement. EPHS 10: Build and maintain a strong organizational infrastructure for public health.								

SPM 22 - Percent of CYSHCN health constituents reporting that they “frequently” or “very frequently” share key health education messages with their families and other community members.
Population Domain(s) – Children with Special Health Care Needs

Measure Status:	Active								
Goal:	Key CYSHCN health constituents including policymakers, providers, and people (MCH Populations) disseminate data-informed health education messages within their communities and professional networks.								
Definition:	<table border="1"> <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 persons responding that they “frequently” or “very frequently” share key health education messages with their peers.</td></tr> <tr> <td>Denominator:</td><td>Total number of respondents.</td></tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of persons responding that they “frequently” or “very frequently” share key health education messages with their peers.	Denominator:	Total number of respondents.
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of persons responding that they “frequently” or “very frequently” share key health education messages with their peers.								
Denominator:	Total number of respondents.								
Healthy People 2030 Objective:	This performance measure will contribute to the achievement of the following Healthy People 2030 objectives: 1) Increase the health literacy of the population - HC/HIT-R01; It is also aligned with the Foundational Principle and Overarching Goal of engaging the public and leaders of multiple sectors in health policy and service development. Lastly, the measure is aligned with the Plan of Action items to set measurable objectives, provide timely and accurate data, and support implementation of evidence-based programs and policies that are replicable to enhance programs and impact an improved quality of life.								
Data Sources and Data Issues:	Data will be collected by a bi-annual key constituent survey (FFY2026, FFY2028, FFY2030). The survey will be developed with the inputs of Title V staff and representatives of Title V key constituent groups. The survey will be implemented using RedCap and shared with respondents via email link. The survey will be completed in the fourth quarter of each survey year. Data will be anonymous and kept in the secure server of the Louisiana Bureau of Family Health.								
Significance:	Improving key constituents’ access to and utilization of public health data to inform decision-making is directly related to Essential Public Health Services 3-4. EPHS 3: Communicate effectively to inform and educate. EPHS 4: Strengthen, support and mobilize communities and partnerships.								

SPM 23 - Percent of family, community and/or community based organization leaders engaged in Title V supported CYSHCN programs who reported “high” or “very high” satisfaction with the training / coaching received.
Population Domain(s) – Children with Special Health Care Needs

Measure Status:	Active								
Goal:	Family, community, community-based organizations have the knowledge and confidence needed to meaningfully participate in public health decision-making processes.								
Definition:	<table border="1"> <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 persons responding “high” or “very high” level of satisfaction</td></tr> <tr> <td>Denominator:</td><td>Total number of respondents.</td></tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of persons responding “high” or “very high” level of satisfaction	Denominator:	Total number of respondents.
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of persons responding “high” or “very high” level of satisfaction								
Denominator:	Total number of respondents.								
Healthy People 2030 Objective:	This performance measure will contribute to the achievement of the following Healthy People 2030 objective: Increase the health literacy of the population - HC/HIT-R01. It is also aligned with the Foundational Principle promoting and achieving good health as a shared responsibility at all government and community levels. Also, it is aligned with the Overarching Goal to engage the public and leaders of multiple sectors for improvement of health and wellbeing. Lastly, the measure is aligned with the Plan of Action item to provide tools for the public, programs, and policymakers, and others to evaluate progress and improve health.								
Data Sources and Data Issues:	Data will be collected by a bi-annual key constituent survey (FFY2026, FFY2028, FFY2030). The survey will be developed with the inputs of Title V staff and representatives of Title V key constituent groups. The survey will be implemented using RedCap and shared with respondents via email link. The survey will be completed in the fourth quarter of each survey year. Data will be anonymous and kept in the secure server of the Louisiana Bureau of Family Health.								
Significance:	Improving family and community participation in public health decision-making is directly related to the fourth Essential Public Health Service. EPHS 4: Strengthen, support and mobilize communities and partnerships. Ensuring family and community participation in public health decision-making processes also contributes to Essential Public Health Services 2, 3, 7, & 8. EPHS 2: Investigate, diagnose and address health hazards and root causes. EPHS 3: Communicate effectively to inform and educate. EPHS 7: Enable equal access. EPHS 8: Build a skilled workforce. There is significant evidence that community engagement interventions have a positive impact on a range of health outcomes across various conditions. O'Mara-Eves, A., Brunton, G., Oliver, S., Kavanagh, J., Jamal, F., & Thomas, J. (2015). The effectiveness of community engagement in public health interventions for disadvantaged groups: a meta-analysis. BMC public health, 15, 129. https://doi.org/10.1186/s12889-015-1352-y Bassler, A. et al., "Developing Effective Citizen Engagement: A How-to Guide for Community Leaders." Center for Rural America, 2008.								

SPM 24 - Percent of participants who “strongly” or “very strongly” agree that the CYSHCN steering / advisory mechanism is “effectively contributing to the improvement of Louisiana’s CYSHCN health policies and services”.
Population Domain(s) – Children with Special Health Care Needs

Measure Status:	Active								
Goal:	Improve the meaningful participation of all key constituent groups (Policymakers, Providers, and People) in public health decision-making processes.								
Definition:	<table border="1"> <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 persons responding “strongly” or “very strongly” agree with the statement.</td></tr> <tr> <td>Denominator:</td><td>Total number of respondents</td></tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of persons responding “strongly” or “very strongly” agree with the statement.	Denominator:	Total number of respondents
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of persons responding “strongly” or “very strongly” agree with the statement.								
Denominator:	Total number of respondents								
Healthy People 2030 Objective:	This performance measure will contribute to the achievement of the following Healthy People 2030 objective: 1) Increase the health literacy of the population - HC/HIT-R01. It is also aligned with the Foundational Principle of promoting and achieving good health as a shared responsibility at all government and community levels. Also, it is aligned with the Overarching Goal to engage the public and leaders of multiple sectors for improvement of wellbeing. Lastly, the measure is aligned with the Plan of Action items to set measurable objectives, provide timely and accurate data, and support implementation of evidence-based programs and policies that are replicable to enhance programs and impact an improved quality of life.								
Data Sources and Data Issues:	Data will be collected by a bi-annual key constituent survey (FFY2026, FFY2028, FFY2030). The survey will be developed with the inputs of Title V staff and representatives of Title V key constituent groups. The survey will be implemented using RedCap and shared with respondents via email link. The survey will be completed in the fourth quarter of each survey year. Data will be anonymous and kept in the secure server of the Louisiana Bureau of Family Health.								
Significance:	Louisiana’s Title V Program recognizes the value of meaningful participation of policymakers, providers, and MCH Populations (or “people”) in public health decision-making processes. Improving constituent participation in public health decision-making is directly related to the fourth Essential Public Health Service. EPHS 4: Strengthen, support and mobilize communities and partnerships. Ensuring constituent participation in public health decision-making processes also contributes to Essential Public Health Services 2, 3, 7, & 8. EPHS 2: Investigate, diagnose and address health hazards and root causes. EPHS 3: Communicate effectively to inform and educate. EPHS 7: Enable equal access. EPHS 8: Build a skilled workforce.								

SPM 25 - Number of CYSHCN policy priorities advanced through 2 stages of the policy process towards implementation or other resolution.

Population Domain(s) – Children with Special Health Care Needs

Measure Status:	Active	
Goal:	Louisiana’s CYSHCN policies are aligned with current day public health functions	
Definition:	Unit Type:	Count
	Unit Number:	10
	Numerator:	Number of CYSHCN policy priorities moved through 2 stages of the policy process
	Denominator:	
Healthy People 2030 Objective:	This performance measure will contribute to the achievement of the following Healthy People 2030 overarching goal to: “Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.”	
Data Sources and Data Issues:	Internal records	
Significance:	Louisiana’s Title V Program seeks to contribute to sustainable systems change. The measure is directly related to the fifth Essential Public Health Service. EPHS 5: Create, champion, and implement policies, plans and laws	

Form 10

State Performance Measure (SPM) Detail Sheets (2021-2025 Needs Assessment Cycle)

2021-2025: SPM 1 - Percent of recommended actions that have been successfully implemented to reduce health disparities.
Population Domain(s) – Cross-Cutting/Systems Building

Measure Status:	Inactive - The measure is no longer an effective way of monitoring the program's efforts related to reducing health disparities.								
Goal:	To effectively contribute to the reduction of health disparities.								
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 recommendations successfully implemented</td></tr><tr><td>Denominator:</td><td>Total number of recommendations</td></tr></table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of recommendations successfully implemented	Denominator:	Total number of recommendations
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of recommendations successfully implemented								
Denominator:	Total number of recommendations								
Data Sources and Data Issues:	Internal program records								
Significance:	BFH is committed to addressing health disparities. Addressing health disparities requires consideration of internal tools and methods related to all 10 essential public health services.								

2021-2025: 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

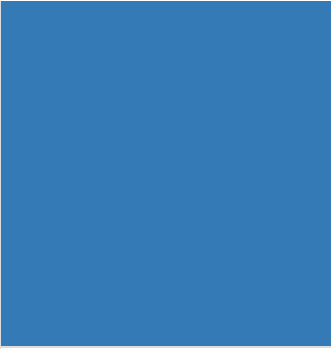
No State Outcome Measures were created by the State.

Form 10
Evidence-Based or –Informed Strategy Measures (ESM) Detail Sheets
State: Louisiana

ESM PPV.1 - In FFY2026, at least 76% of birthing hospitals in Louisiana will achieve Louisiana Birth Ready and Louisiana Birth Ready Plus designation.

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

Measure Status:	Active	
Goal:	The quality of care in birthing hospitals is improved as a result of participation in continuous quality improvement initiatives.	
Definition:	Unit Type:	Percentage
	Unit Number:	100
	Numerator:	35
	Denominator:	46
Data Sources and Data Issues:	Internal Records	
Evidence-based/informed strategy:	Findings from systematic evidence reviews performed by the National Center for Education in Maternal and Child Health Evidence Center indicate that adding population-based components to interventions, such as state or national guidelines, may support the effectiveness of local hospital-based interventions. Additionally, hospital implementation of structured multi-component interventions that include obstetrical skills training, improving teamwork, and public promotion of the strategy has been effective in improving maternal health outcomes. The American College of Obstetricians and Gynecologists Committee on Obstetric Care has reinforced the importance of a “fourth trimester” to prioritize postpartum care for new parents. Evidence also suggests that implementation of quality improvement projects can increase postpartum visits among those who have recently given birth. Louisiana Department of Health. (2024). Louisiana Pregnancy Associated Mortality Review. Maternal Mortality in Louisiana. 2020 Report. 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. ACOG Committee Opinion No. 736: Optimizing Postpartum Care. Obstetrics & Gynecology 131(5):p e140-e150, May 2018. DOI: 10.1097/AOG.0000000000002633 https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care Kuster, A., Lee, K. A., & Sligar, K. (2022). Quality Improvement Project to Increase Postpartum Clinic Visits for Publicly Insured Women. Journal of obstetric, gynecologic, and neonatal nursing : JOGNN, 51(3), 313–323. https://doi.org/10.1016/j.jogn.2022.01.002	
Significance:	While the Louisiana Perinatal Quality Collaborative (LaPQC) is not responsible for directly implementing evidence-based improvement strategies within birthing hospitals, the LaPQC	



incentivizes hospitals to implement these multi-component interventions through a designation program.

Louisiana Birth Ready Designation requires hospitals to demonstrate improvement through: participation in collaborative learning; health disparity and patient partnership; policies and procedures; structures and education; and outcome and process measures. Hospitals awarded Designation must demonstrate active implementation of multiple evidence-based best practices that address common causes of maternal mortality and morbidity related to hemorrhage and hypertension, specifically with elements addressed in the postpartum period.

ESM PPV.2 - In FFY2026, at least 85% of providers participating in the perinatal mental health ECHO training will have improved knowledge, attitudes, and/or behaviors.

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

Measure Status:	Active									
Goal:	Perinatal providers deliver the appropriate care components within every postpartum visit.									
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 training participants with improved post training assessment scores.</td></tr><tr><td>Denominator:</td><td>Total number of training participants.</td></tr></table>		Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of training participants with improved post training assessment scores.	Denominator:	Total number of training participants.
Unit Type:	Percentage									
Unit Number:	100									
Numerator:	Number of training participants with improved post training assessment scores.									
Denominator:	Total number of training participants.									
Data Sources and Data Issues:	Internal Data Records									
Evidence-based/informed strategy:	Pediatric and Perinatal TeleECHO series function to fill the gap by providing a collaborative model of care management to the clinicians that are readily available to serve the patient population. Speciality treatment becomes more widely available to rural and underserved areas designated as mental health shortage areas. Assessment of knowledge, attitude, and practice about mental health amongst providers, including physicians, nurse practitioners, midwives, doulas, social workers, etc. can build a system of quality improvement efforts to best serve the state mental health needs. Project ECHO series has growing evidence indicating participant improvements in knowledge and confidence to manage complex psychiatric conditions. Additionally, ECHO trainings have been proven to be more impactful and effective for primary care teams than continued medical education counterparts surrounding topics of behavioral disorders. Louisiana Methodist Children’s Home. 3.6M Louisianas Live in Mental Health Care Deserts. (2022). https://lumcfs.org/mental-health-care-deserts/ Louisiana Department of Health. Bureau of Chronic Disease Prevention and Healthcare Access. https://wellaheadla.com/healthcare-access/health-professional-shortage-areas/ Bessell, E., Kim, J. S., Chiem, L., McDonald, A., Thompson, D., Glozier, N., Simpson, A., Parcsi, L., Morris, R., & Koncz, R. (2023). Effectiveness of Project ECHO Programs in Improving Clinician Knowledge and Confidence in Managing Complex Psychiatric Patients: a Waitlist-Controlled Study. <i>Academic psychiatry : the journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry</i>, 47(1), 25–34. https://doi.org/10.1007/s40596-022-01701-5 Komaromy, M., Bartlett, J., Manis, K., & Arora, S. (2017). Enhanced Primary Care Treatment of Behavioral Disorders With ECHO Case-Based Learning. <i>Psychiatric Services</i>, 68(9), 873–875. https://doi.org/10.1176/appi.ps.201600471									
Significance:	This strategy is measuring the effectiveness of providers’ ability to respond to the growing rates of postpartum anxiety and depression. Patients should be afforded and provided quality healthcare. PPCL’s ECHO training series provides the opportunity for providers to be equipped to serve their patient populations. Building upon peer learning, additionally, creates a community of professionals that may be experiencing similar issues to create a space for shared learnings and takeaways to bring to their practice. Progress can indicate where along the knowledge, attitude, and practice continuum more public health efforts and supports can be provided to increase parents' attendance to postpartum visits and decrease maternal mortality rates in Louisiana.									

ESM RAC.1 - In FFY2026, at least 86.9% of birthing hospitals in Louisiana will achieve Gift Designation.

NPM – Percent of very low birth weight (VLBW) infants born in a hospital with a Level III + Neonatal Intensive Care Unit (NICU) - RAC

Measure Status:	Active								
Goal:	Hospitals improve capacities to provide quality perinatal services as a result of participation in continuous quality improvement initiatives.								
Definition:	<table border="1"> <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 meeting the criteria for GIFT designation.</td></tr> <tr> <td>Denominator:</td><td>Total number of birthing hospitals in the state.</td></tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of hospitals meeting the criteria for GIFT designation.	Denominator:	Total number of birthing hospitals in the state.
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of hospitals meeting the criteria for GIFT designation.								
Denominator:	Total number of birthing hospitals in the state.								
Data Sources and Data Issues:	Internal records								
Evidence-based/informed strategy:	Evidence suggests that severe hemorrhage and death or necrotizing enterocolitis is the lowest among infants born in hospitals that have a higher volume of very low birth weight (VLBW) deliveries and high-level NICUs. Prenatal transfer of high-risk pregnancies to these equipped facilities that can accommodate these risks may improve outcomes for the infant. Additionally, higher survival rates of VLBW infants was also seen among high ranked NICUs that were adequately staffed to respond to the demands of the infant at birth. Perinatal Quality Collaboratives have the ability to apply collaborative improvement methodology for sustained improvements of perinatal outcomes for the parent and infant. Jensen, E. A., & Lorch, S. A. (2015). Effects of a Birth Hospital's Neonatal Intensive Care Unit Level and Annual Volume of Very Low-Birth-Weight Infant Deliveries on Morbidity and Mortality. <i>JAMA pediatrics</i>, 169(8), e151906. https://doi.org/10.1001/jamapediatrics.2015.1906 Chung, S. H., Kim, C. Y., Choi, Y. S., Lee, M. H., Lim, J. W., Lee, B. S., Kim, K. S., & Korean Neonatal Network (2024). Mortality of very low birth weight infants by neonatal intensive care unit workload and regional group status. <i>Clinical and experimental pediatrics</i>, 67(11), 619–627. https://doi.org/10.3345/cep.2023.01613 Lee King, P. A., Henderson, Z. T., & Borders, A. E. B. (2020). Advances in Maternal Fetal Medicine: Perinatal Quality Collaboratives Working Together to Improve Maternal Outcomes. <i>Clinics in perinatology</i>, 47(4), 779–797. https://doi.org/10.1016/j.cip.2020.08.009								
Significance:	The Gift is an evidence-based hospital designation program for Louisiana birthing facilities supporting hospitals to 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 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 - DS

Measure Status:	Inactive - Replaced									
Goal:	To increase the number of early care/education and health providers trained in developmental, social/emotional, and environmental screening									
Definition:	<table><tr><td>Unit Type:</td><td>Count</td></tr><tr><td>Unit Number:</td><td>1,000</td></tr><tr><td>Numerator:</td><td>Numerator is a count of early care/education and health providers receiving training.</td></tr><tr><td>Denominator:</td><td></td></tr></table>		Unit Type:	Count	Unit Number:	1,000	Numerator:	Numerator is a count of early care/education and health providers receiving training.	Denominator:	
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. 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 - In FFY2026, at least 80% of developmental screening providers who participated in training and/or technical assistance will 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 - DS

Measure Status:	Active									
Goal:	To increase developmental screening providers' knowledge of recommended screening tools and screening guidelines									
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>Numerator is number participants with improved knowledge</td></tr><tr><td>Denominator:</td><td>Total number of developmental screening providers who participated in trainings and/or technical assistance</td></tr></table>		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
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. 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 MHT.1 - In FFY2026, at least 85% of youth participating in suicide prevention training will demonstrate improved knowledge, attitudes, and behaviors.

NPM – Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling - MHT

Measure Status:	Active		
Goal:	Youth participating in suicide prevention training will have improved knowledge, attitudes, and behaviors.		
Definition:	Unit Type:	Percentage	
	Unit Number:	100	
	Numerator:	Number of training participants with improved knowledge, attitudes, or behaviors on a post-training assessment.	
	Denominator:	Total number of training participants.	
Data Sources and Data Issues:	Post training assessment		
Evidence-based/informed strategy:	Suicide prevention, or 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. Additionally, Health Belief Model has key elements to indicate individual behavior changes and decision making for health promotion and disease prevention.¹ A systematic review revealed that gatekeeper training enhances knowledge and self-efficacy to equip individual to respond to suicide ideations.² Additionally, training adolescents on this topic has shown improved intentions to respond to a peer with depression and suicide risk, improved confidence in assisting peers with their mental health, and more willingness to inform others or seek help from an adult.³ Glanz, K., Rimer, B. K., & Viswanath, K. "V." (Eds.). (2015). Health behavior: Theory, research, and practice (5th ed.). Jossey-Bass/Wiley. Liu, H., Zheng, C., Cao, Y. et al. Gatekeeper training for suicide prevention: a systematic review and meta-analysis of randomized controlled trials. BMC Public Health 25, 1206 (2025). https://doi.org/10.1186/s12889-025-21736-1 Hart, L.M., Morgan, A.J., Rossetto, A. et al. teen Mental Health First Aid: 12-month outcomes from a cluster crossover randomized controlled trial evaluation of a universal program to help adolescents better support peers with a mental health problem. BMC Public Health 22, 1159 (2022). https://doi.org/10.1186/s12889-022-13554-6		
Significance:	This ESM is tracking the prevention efforts to equip youth and adolescent to effectively respond to their peers who may be experiencing suicide ideation or related thoughts and experiences. Additionally, the Health Belief Model and measurement utilizing knowledge, attitude, and practice continuum can indicate effectiveness of the strategy in schools and other community-based settings for continuous quality improvements, and ultimately creating a responsive environment to peers in need. This ESM also is rooted in the 10 Essential Public Health Services Model: EPHS 2: Investigate, diagnose, and address health problems and hazards affecting the population EPHS 3: Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it EPHS 4: Strengthen, support, and mobilize communities and partnerships to improve health These services establish a responsive environment to individualized needs and assured support for youth and adolescents trained.		

ESM MHT.2 - In FFY2026, at least 70% of unduplicated students seen at an OPH-affiliated school-based health centers will be screened for depression.

NPM – Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling - MHT

Measure Status:	Active								
Goal:	Adolescents experiencing depression will be identified and referred for appropriate services.								
Definition:	<table border="1"> <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 adolescents screened for depression</td></tr> <tr> <td>Denominator:</td><td>Total number of adolescents seen at an OPH-affiliated SBHC</td></tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of adolescents screened for depression	Denominator:	Total number of adolescents seen at an OPH-affiliated SBHC
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of adolescents screened for depression								
Denominator:	Total number of adolescents seen at an OPH-affiliated SBHC								
Data Sources and Data Issues:	Internal records								
Evidence-based/informed strategy:	Evidence has highlighted that universal screening for adolescents has shown higher odds of being identified for depression symptoms and subsequent initiation of treatment for symptoms in a high school setting. Timely access to healthcare and healthcare treatments can ensure more positive health outcomes for high school students into their young adult years and beyond. Sekhar, D. L., Schaefer, E. W., Waxmonsky, J. G., Walker-Harding, L. R., Pattison, K. L., Molinari, A., Rosen, P., & Kraschnewski, J. L. (2021). Screening in High Schools to Identify, Evaluate, and Lower Depression Among Adolescents: A Randomized Clinical Trial. JAMA network open, 4(11), e2131836. https://doi.org/10.1001/jamanetworkopen.2021.31836 2021 National Healthcare Quality and Disparities Report [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2021 Dec. ACCESS TO HEALTHCARE AND DISPARITIES IN ACCESS. Available from: https://www.ncbi.nlm.nih.gov/books/NBK578537/								
Significance:	This evidence demonstrates the crucial need to effectively screen high school students and be connected with appropriate treatment and/or resources for improved overall wellbeing and school performance. Screening at the school based health clinic located on the student's campus provides a high level of accessibility to mental and behavioral health screening at the middle and/or high school. This ESM aligns with the 10 Essential Public Health Services Model: EPHS 1: Assess and monitor population health status, factors that influence health, and community needs and assets. EPHS 2: Investigate, diagnose, and address health problems and hazards affecting the population. Monitoring and understanding trends among these adolescents in the 57 School Based Health Centers across the state can inform additional public health programming for this population.								

ESM MH.1 - In FFY2026, at least 1000 families will receive care coordination services from the Family Resource Center
NPM – Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH

Measure Status:	Active										
Goal:	Families who contact or are referred to the Family Resource Center receive quality care coordination.										
Definition:	<table><tr><td>Unit Type:</td><td>Count</td></tr><tr><td>Unit Number:</td><td>5,000</td></tr><tr><td>Numerator:</td><td>Number of families that are connected with the FRC and receive care coordination services</td></tr><tr><td>Denominator:</td><td></td></tr></table>			Unit Type:	Count	Unit Number:	5,000	Numerator:	Number of families that are connected with the FRC and receive care coordination services	Denominator:	
Unit Type:	Count										
Unit Number:	5,000										
Numerator:	Number of families that are connected with the FRC and receive care coordination services										
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 home, 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 standard approach for ensuring holistic and coordinated health care for pediatric populations. Domain 2 of the national standards demonstrates the need of a shared plan of care to understand the family needs and priorities. The plan engages the family as an empowered member of the care plan and involvement in the child's future health trajectory. Evidence suggested that families are mostly interested in understanding a child's diagnosis, getting needed interventions and educational supports, and accessing financing options. Additionally, family centered care is associated with improved outcomes for the CYSHCN population. Thus, building care coordination efforts help build a child's medical home and a larger system of care. National Academy for State Health Policy. (2020). National Care Coordination Standards for Children and Youth with Special Health Care Needs. https://nashp.org/national-care-coordination-standards-for-children-and-youth-with-special-health-care-needs/ McNally Keehn, R., Enneking, B., Ramaker, M., Goings, M., Yang, Z., Carroll, A., & Ciccarelli, M. (2020). Family-Centered Care Coordination in an Interdisciplinary Neurodevelopmental Evaluation Clinic: Outcomes From Care Coordinator and Caregiver Reports. <i>Frontiers in pediatrics</i>, 8, 538633. https://doi.org/10.3389/fped.2020.538633 Kuhlthau, K., Bloom, S., Van Cleave, J., Knapp, A., Romm, D., Klatka, K., Homer, C., Newacheck, P., & Perrin, J. (2011). Evidence for Family-Centered Care for Children With Special Health Care Needs: A Systematic Review. <i>Academic Pediatrics</i>, Volume 11, Issue 2, 136 - 143.e8.										
Significance:	The Family Resource Center assists and empowers the family to be involved in the child's medical home and systems of care. Ensuring that all families contacting the center improves quality of care coordination support provided by the FRC. This ESM functions and aligns with the 10 Essential Public Health Services (EPHS) Model, EPHS 7 and 10. EPHS 7: Assure an effective system that enables access to the individual services and care needed to be healthy. EPHS: 10: Build and maintain a strong organizational infrastructure for public health.										

ESM MH.2 - In FFY2026, 100% of infants with a presumptive positive screening result for heritable conditions will receive follow-up for additional testing and linkage to appropriate care.

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

Measure Status:	Active								
Goal:	Infants with a positive screening will have timely follow-up for testing and linked to appropriate care services.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td><td>Percentage</td></tr> <tr> <td>Unit Number:</td><td>100</td></tr> <tr> <td>Numerator:</td><td>Number of infants / families receiving follow-up care after a presumptive positive newborn screen</td></tr> <tr> <td>Denominator:</td><td>Total number of infants / families with a presumptive positive newborn screen</td></tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of infants / families receiving follow-up care after a presumptive positive newborn screen	Denominator:	Total number of infants / families with a presumptive positive newborn screen
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of infants / families receiving follow-up care after a presumptive positive newborn screen								
Denominator:	Total number of infants / families with a presumptive positive newborn screen								
Data Sources and Data Issues:	Louisiana Newborn Screening Data System								
Evidence-based/informed strategy:	Enrollment in early intervention leads to better development outcomes, and more positive behavioral outcomes for those infants with preterm birth. Additionally, it has also demonstrated that early diagnosis of genetic conditions provides opportunity for improved developmental outcomes. Families who are connected to specific supports related to a diagnosed condition have more positive early interventions experiences compared to families with an unspecified developmental delay.⁵ This highlights that early diagnosis of genetic conditions may have a positive impact. Yun, H. J., Parker, M. L., Wilson, C. B., & Cui, M. (2024). Medical Complexity of Children with Special Healthcare Needs and Healthcare Experiences. <i>Children</i> (Basel, Switzerland), 11(7), 775. https://doi.org/10.3390/children11070775 Wojcik, M. H., Stewart, J. E., Waisbren, S. E., & Litt, J. S. (2020). Developmental Support for Infants With Genetic Disorders. <i>Pediatrics</i>, 145(5), e20190629. https://doi.org/10.1542/peds.2019-0629 Javalkar, K., & Litt, J. S. (2017). Reason for Referral Predicts Utilization and Perceived Impact of Early Intervention Services. <i>Journal of developmental and behavioral pediatrics</i> : JDBP, 38(9), 706–713. https://doi.org/10.1097/DBP.0000000000000494								
Significance:	To best ensure that all CYSHCN receive care in a well-functioning home, early intervention strategies ensure that families are connected to the appropriate resource as soon as possible. Families that have a child who screened positive can be included and receive any needed specialized healthcare services and social supports early in the infant's life. This aligns with first four services of the 10 Essential Public Health Services framework: EPHS 1: Assess and monitor population health status, factors that influence health, and community needs and assets EPHS 2: Investigate, diagnose, and address health problems and hazards affecting the population EPHS 3: Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it EPHS 4: Strengthen, support, and mobilize communities and partnerships to improve health								

ESM MH.3 - In FFY2026, at least 98% of cases identified by the Louisiana Birth Defects Monitoring Network will be processed within 45 days.

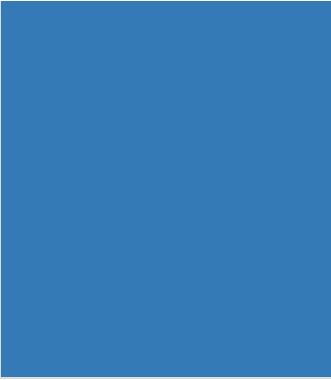
NPM – Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH

Measure Status:	Active								
Goal:	Children with special healthcare needs have timely access to early intervention 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 cases identified by the Louisiana Birth Defects Monitoring Network and processed within 45 days.</td></tr> <tr> <td>Denominator:</td><td>Total number of cases identified by the Louisiana Birth Defects Monitoring Network.</td></tr> </table>	Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of cases identified by the Louisiana Birth Defects Monitoring Network and processed within 45 days.	Denominator:	Total number of cases identified by the Louisiana Birth Defects Monitoring Network.
Unit Type:	Percentage								
Unit Number:	100								
Numerator:	Number of cases identified by the Louisiana Birth Defects Monitoring Network and processed within 45 days.								
Denominator:	Total number of cases identified by the Louisiana Birth Defects Monitoring Network.								
Data Sources and Data Issues:	Louisiana Birth Defects Monitoring Network data.								
Evidence-based/informed strategy:	Timely diagnosis and connection to resources is crucial for families to care for the needs of their child. Evidence suggests that enrollment in early intervention leads to better development outcomes, and more positive behavioral outcomes for those infants with preterm birth.⁴ Lack of timeliness of care, however, can lead to adverse outcomes.⁵ Other states networks have found that timely surveillance provides an invaluable resource for constituents across the state for public health improvements. Yun, H. J., Parker, M. L., Wilson, C. B., & Cui, M. (2024). Medical Complexity of Children with Special Healthcare Needs and Healthcare Experiences. <i>Children (Basel, Switzerland)</i>, 11(7), 775. https://doi.org/10.3390/children11070775 Harder, S.J., Chu, E.S. (2020). Timeliness of Care. In: Sreeramoju, P., Weber, S., Snyder, A., Kirk, L., Reed, W., Hardy-Decuir, B. (eds) <i>The Patient and Health Care System: Perspectives on High-Quality Care</i>. Springer, Cham. https://doi.org/10.1007/978-3-030-46567-4_9 Miller, E. (2006), Evaluation of the Texas Birth Defects Registry: An active surveillance system †‡§. <i>Birth Defects Research Part A: Clinical and Molecular Teratology</i>, 76: 787-792. https://doi.org/10.1002/bdra.20331								
Significance:	Improvements to reviewing all cases in Louisiana for birth defects provides opportunity for timely connection to other social, behavioral, and healthcare supports to best address the child's defect. Cases are referred to the Family Resource Center for individualized assessments to enhance the system of care for CYSHCN in early life.								

ESM MH.4 - In FFY2026, 100% of community Sickle Cell Foundations will define an action plan to improve access to a medical home for children with Sickle Cell Disease.

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

Measure Status:	Active									
Goal:	Children with Sickle Cell Disease have access to a medical home.									
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 community Sickle Cell Foundations with a medical home action plan</td></tr><tr><td>Denominator:</td><td>Total number of community Sickle Cell Foundations.</td></tr></table>		Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of community Sickle Cell Foundations with a medical home action plan	Denominator:	Total number of community Sickle Cell Foundations.
Unit Type:	Percentage									
Unit Number:	100									
Numerator:	Number of community Sickle Cell Foundations with a medical home action plan									
Denominator:	Total number of community Sickle Cell Foundations.									
Data Sources and Data Issues:	Internal Records									
Evidence-based/informed strategy:	There is significant evidence supporting the importance of medical home, 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 standard approach for ensuring holistic and coordinated health care for pediatric populations. Domain 2 of the national standards demonstrates the need of a shared plan of care to understand the family needs and priorities. Family centered care is associated with improved outcomes for the CYSHCN population. Thus, building care coordination efforts help build a child’s medical home and a larger system of care. There is emerging evidence that a patient centered medical home for those with sickle cell provides a high level of preventative care that parents are largely satisfied with. Community level foundations can coordinate with these facilities to ensure a medical home is executed for these families appropriately. American Academy of Pediatrics. National Resource Center for Patient/Family-Centered Medical Home. (n.d.) https://medicalhomeinfo.aap.org Louisiana Department of Health. (n.d.). About Louisiana Sickle Cell Disease. https://ldh.la.gov/bureau-of-family-health/sickle-cell Kuhlthau, K., Bloom, S., Van Cleave, J., Knapp, A., Romm, D., Klatka, K., Homer, C., Newacheck, P., & Perrin, J. (2011). Evidence for Family-Centered Care for Children With Special Health Care Needs: A Systematic Review. <i>Academic Pediatrics</i>, Volume 11, Issue 2, 136 - 143.e8. Barriteau, C. M., Murdoch, A., Gallagher, S. J., & Thompson, A. A. (2020). A patient-centered medical home model for comprehensive sickle cell care in infants and young children. <i>Pediatric Blood & Cancer</i>, 67(6), e28275. https://doi.org/10.1002/pbc.28275									
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. Greater care delivery for those living with SCD is needed to effectively manage									



their complex medical needs. Strengthening the MCH system of community based organizations, and their systems of care, can sustain long-term goals and improvements for those living with SCD in all areas of the state, particularly those in more rural areas.

This ESM aligns 10 Essential Public Health Services, EPHS 10: Build and maintain a strong organizational infrastructure for public health. Employing strategic planning capacities and skills ensures resources and efforts are best aligned to meet SCD population needs with clear accountability and transparency.

American Academy of Pediatrics. National Resource Center for Patient/Family-Centered Medical Home.

ESM TAHC.1 - In FFY2026, at least 60% of community Sickle Cell Foundations define a medical home action plan objective addressing youth health transition.
NPM – Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care - TAHC

Measure Status:	Active									
Goal:	Sickle Cell Foundations will have a strategic action plan developed to effectively respond to the complex medical needs of those living with sickle cell.									
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 Sickle Cell Foundations with an action plan objective addressing youth health transition.</td></tr><tr><td>Denominator:</td><td>Total number of Sickle Cell Foundations</td></tr></table>		Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of Sickle Cell Foundations with an action plan objective addressing youth health transition.	Denominator:	Total number of Sickle Cell Foundations
Unit Type:	Percentage									
Unit Number:	100									
Numerator:	Number of Sickle Cell Foundations with an action plan objective addressing youth health transition.									
Denominator:	Total number of Sickle Cell Foundations									
Data Sources and Data Issues:	Internal Sickle Cell program records									
Evidence-based/informed strategy:	Children who have a medical home are more likely to receive appropriate preventative care, more likely to be diagnosed early for chronic conditions, and less likely to be hospitalized for preventable conditions.¹ About 80 infants born in Louisiana every year are diagnosed with sickle cell disease (SCD). Sickle cell disease is most common among African American and Hispanic American persons. Morbidity rates among those living with SCD are high resulting in poorer quality of life and premature death. A challenge for those living with sickle cell disease is a small number of providers with comprehensive expertise for needed specialized care, have difficulty obtaining pain treatments for vaso-occlusive crisis, diffuse inflammation, chronic organ damage, and chronic pain, and have limited access to specialized care to respond to complex needs with Medicaid or Medicare, all of which further perpetuated inadequate access and response to the disease. American Academy of Pediatrics. National Resource Center for Patient/Family-Centered Medical Home. (n.d.) https://medicalhomeinfo.aap.org Louisiana Department of Health. (n.d.). About Louisiana Sickle Cell Disease. https://ldh.la.gov/bureau-of-family-health/sickle-cell Lee, L., Smith-Whitley, K., Banks, S., & Puckrein, G. (2019). Reducing Health Care Disparities in Sickle Cell Disease: A Review. Public health reports (Washington, D.C. : 1974), 134(6), 599–607. https://doi.org/10.1177/0033354919881438									
Significance:	Greater care delivery for those living with SCD is needed to effectively manage their complex medical needs, especially among the black and hispanic populations in Louisiana. Strengthening the MCH system of community based organizations can sustain long-term goals and improvements for those living with SCD is all areas of the state, particularly those in more rural areas. This ESM aligns 10 Essential Public Health Services, EPHS 10: Build and maintain a strong organizational infrastructure for public health. Employing strategic planning capacities and skills ensures resources and efforts are best aligned to meet SCD population needs with clear accountability and transparency.									

ESM 1.1 - In FFY2026, at least 5 maternal health data products will be produced or updated and disseminated to key constituents to facilitate data-informed decision-making.

SPM 1 – Percent of maternal health constituents reporting "high" or "very high" satisfaction with the quality of data products available.

Measure Status:	Active								
Goal:	Key maternal health constituents including policymakers, providers, and people (MCH Populations) utilize data to make evidence-informed decisions.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td><td>Count</td></tr> <tr> <td>Unit Number:</td><td>15</td></tr> <tr> <td>Numerator:</td><td>Number of data products produced</td></tr> <tr> <td>Denominator:</td><td></td></tr> </table>	Unit Type:	Count	Unit Number:	15	Numerator:	Number of data products produced	Denominator:	
Unit Type:	Count								
Unit Number:	15								
Numerator:	Number of data products produced								
Denominator:									
Data Sources and Data Issues:	Internal Records								
Evidence-based/informed strategy:	Research has demonstrated that enhancement of data collection and use of the data information is needed to continually improve the learning public health system. For example, one such study conducted on childhood vaccination rates demonstrated that improvements of data tracking ultimately lead to more timely public health and healthcare interventions with improved vaccination rates for children. This, alongside the entire public health sector, demonstrates the necessity of accurate, quality data for effective public health response. Then, seeking community feedback on publicly available materials and products can lead to greater community engagement and empowerment. More community investment into implementations can further lead to long term success of improved population health outcomes. Building efforts collectively with other entities can create momentum and positive change within Louisiana into 2030 and beyond. Steinwachs D. M. (2015). Transforming public health systems: using data to drive organizational capacity for quality improvement and efficiency. EGEMS (Washington, DC), 2(4), 1175. https://doi.org/10.13063/2327-9214.1175 Miles, T. A., Granger, L. V., & Gately, C. L. (2019). Improving the accuracy of ACIR data and increasing vaccination rates. Commun Dis Intell, 43. https://doi.org/10.33321/cdi.2019.43.46 Palinkas, L. A., Springgate, B., Cabassa, L. J., Shin, M., Garcia, S., Crabtree, B. F., & Tsui, J. (2025). Methods for community-engaged data collection and analysis in implementation research. Implementation science								
Significance:	The measure tracks the Title V epidemiology workforce capacity to complete routine surveillance and produce information, education, and communication resources to inform key constituents and the general public. Improving key constituents' access to and utilization of public health data to inform decision-making is directly related to Essential Public Health Services 1-4. EPHS 1: Assess and monitor population health. EPHS 2: Investigate, diagnose and address health hazards and root causes. EPHS 3: Communicate effectively to inform and educate. EPHS 4: Strengthen, support and mobilize communities and partnerships.								

ESM 2.1 - In FFY2026, at least 300 community leaders will receive information and resources supporting the design of local maternal health education efforts.

SPM 2 – Percent of maternal health constituents reporting that they “frequently” or “very frequently” share key health education messages with their families and other community members.

Measure Status:	Active		
Goal:	Key maternal health constituents including policymakers, providers, and people (MCH Populations) disseminate data-informed health education messages within their communities and professional networks.		
Definition:	Unit Type:	Count	
	Unit Number:	10,000	
	Numerator:	Number of community leaders participating in Title V supported Community Action and Advisory Teams.	
	Denominator:		
Data Sources and Data Issues:	Internal Records		
Evidence-based/informed strategy:	Inefficient information sharing contributes to the gap between public health discoveries and application. Dissemination approaches can be more effective with intentional strategies. Constituent engagement can ultimately improve dissemination strategies and extend outreach. 1. Brownson, Ross C. PhD; Eyler, Amy A. PhD; Harris, Jenine K. PhD; Moore, Justin B. PhD, MS; Tabak, Rachel G. PhD, RD. Getting the Word Out: New Approaches for Disseminating Public Health Science. <i>Journal of Public Health Management and Practice</i> 24(2):p 102-111, March/April 2018. DOI: 10.1097/PHH.0000000000000673. https://journals.lww.com/jphmp/fulltext/2018/03000/getting_the_word_out__new_approaches_for.4.aspx 2. Lehoux P, Denis JL, Tailliez S, Hivon M. Dissemination of health technology assessments: identifying the visions guiding an evolving policy innovation in Canada. <i>J Health Polit Policy Law</i>. 2005;30(4):603–641. 3. Glasgow RE, Marcus AC, Bull SS, Wilson KM. Disseminating effective cancer screening interventions. <i>Cancer</i>. 2004;101(5 suppl):1239–1250. 4. Keown K, Van Eerd D, Irvin E. Stakeholder engagement opportunities in systematic reviews: knowledge transfer for policy and practice. <i>J Contin Educ Health Prof</i>. 2008;28(2):67–72.		
Significance:	Applying Community Coalition Action Theory (CCAT) informs that constituent engagement can be applied to effectively respond to complex issues, build capacity of members, develop collaborative relationships at the community level, provide community contextualization, and improve social and health outcomes. Improving key constituents’ access to and utilization of public health data to inform decision-making is directly related to Essential Public Health Services 4: Strengthen, support and mobilize communities and partnerships. Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.). (2008). <i>Health behavior and health education: Theory, research, and practice</i> (4th ed.). Jossey-Bass/Wiley. https://www.med.upenn.edu/hbhe4/part4-ch15-community-coalition-action-theory.shtml		

ESM 3.1 - In FFY2026, at least 15 family, community, and/or CBO leaders will receive training/coaching to support their meaningful participation in the design, monitoring, and evaluation of maternal and infant health policies and services.

SPM 3 – Percent of family, community and/or community based organization leaders engaged in Title V supported maternal and infant health programs who reported “high” or “very high” satisfaction with the training / coaching received.

Measure Status:	Active									
Goal:	Family, community, community-based organizations have the knowledge and confidence needed to meaningfully participate in public health decision-making processes.									
Definition:	<table><tr><td>Unit Type:</td><td>Count</td></tr><tr><td>Unit Number:</td><td>100</td></tr><tr><td>Numerator:</td><td>Number of persons trained</td></tr><tr><td>Denominator:</td><td></td></tr></table>		Unit Type:	Count	Unit Number:	100	Numerator:	Number of persons trained	Denominator:	
Unit Type:	Count									
Unit Number:	100									
Numerator:	Number of persons trained									
Denominator:										
Data Sources and Data Issues:	Internal records									
Evidence-based/informed strategy:	There is significant evidence that enhancement of leaders at grassroots organizations needs a dynamic process for shared learning and change experiences. Engagement with community members and community health organizations leads to tangible results with improvements in public health messaging, presentation of information. Additionally, there is greater involvement within youth and adolescents and their parents or caregivers with more intentional engagement strategies. O'Mara-Eves, A., Brunton, G., Oliver, S., Kavanagh, J., Jamal, F., & Thomas, J. (2015). The effectiveness of community engagement in public health interventions for disadvantaged groups: a meta-analysis. BMC public health, 15, 129. https://doi.org/10.1186/s12889-015-1352-y Bassler, A. et al., "Developing Effective Citizen Engagement: A How-to Guide for Community Leaders." Center for Rural America, 2008. Ouellette, P.M., Lazear, K. & Chambers, K. Action leadership: The development of an approach to leadership enhancement for grassroots community leaders in children's mental health. The Journal of Behavioral Health Services & Research 26, 171–184 (1999). https://doi.org/10.1007/BF02287489 Kepper M, Stamatakis KA, Mudd N, Deitch A, Terhaar A, Liu J, et al. A communitywide collaboration to increase enrollment, retention, and success in evidence-based lifestyle-change programs in racial and ethnic minority populations. Prev Chronic Dis. 2023;20:E67. 10.5888/pcd20.220352 Lestishock, L., Nova, S., & Disabato, J. (2021). Improving Adolescent and Young Adult Engagement in the Process of Transitioning to Adult Care. The Journal of adolescent health : official publication of the Society for Adolescent Medicine, 69(3), 424–431. https://doi.org/10.1016/j.jadohealth.2021.01.026									
Significance:	The measure tracks the Title V Programs ability to deliver - on an annual basis - specific capacity building support for community/family leaders and community based organizations participating in Title V supported programs. Ensuring family and community participation in public health decision-making processes also contributes to Essential Public Health Services 2, 3, 7, & 8. EPHS 2: Investigate, diagnose and address health hazards and root causes. EPHS 3: Communicate effectively to inform and educate. EPHS 7: Enable equal access. EPHS 8: Build a skilled workforce.									

ESM 4.1 - In FFY2026, at least 80% of Title V supported steering / advisory mechanisms produce actionable recommendations to improve maternal and infant health policies and services.

SPM 4 – Percent of participants who "strongly" or "very strongly" agree that the maternal and infant health steering / advisory mechanism is “effectively contributing to the improvement of Louisiana’s infant health policies and services”.

Measure Status:	Active	
Goal:	Improve the meaningful participation of all key constituent groups (Policymakers, Providers, and People) in public health decision-making processes.	
Definition:	Unit Type:	Percentage
	Unit Number:	100
	Numerator:	Number of maternal and infant steering / advisory mechanisms producing actionable recommendations
	Denominator:	Total number of maternal and infant steering / advisory mechanisms
Data Sources and Data Issues:	Internal Records, minutes of meetings	
Evidence-based/informed strategy:	There is significant evidence supporting interdisciplinary collaboration in health care provision. Similarly, evidence highlights the benefits of seeking various perspectives in health systems governance. Particularly, the perspective of the communities and persons utilizing health system services is critical.	
	Bigdeli M, Rouffy B, Lane BD, et al. Health systems governance: the missing links. BMJ Global Health 2020;5:e002533. doi:10.1136/ bmjgh-2020-002533 Meessen B. Health system governance: welcoming the reboot. BMJ Global Health 2020;5:e002404. doi:10.1136/ bmjgh-2020-002404 Abimbola S. Health system governance: a triangle of rules. BMJ Global Health 2020;5:e003598. doi:10.1136/ bmjgh-2020-003598	
Significance:	This measure tracks the capacity of Title V supported program to effectively facilitate dialogue with key constituents, leading to definition of actionable recommendations to support continuous improvement of MCH policies and services. Ensuring participation in public health decision-making processes also contributes to Essential Public Health Services 2, 3, 7, & 8. EPHS 2: Investigate, diagnose and address health hazards and root causes. EPHS 3: Communicate effectively to inform and educate. EPHS 7: Enable equal access. EPHS 8: Build a skilled workforce.	

ESM 5.1 - In FFY2026, at least 1 data / information brief is produced to inform policy dialogue.

SPM 5 – Number of maternal health policy priorities advanced through 2 stages of the policy process towards implementation or other resolution.

Measure Status:	Active								
Goal:	Policy priorities are moved towards enactment and implementation.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td><td>Count</td></tr> <tr> <td>Unit Number:</td><td>10</td></tr> <tr> <td>Numerator:</td><td>Number of data / information briefs produced</td></tr> <tr> <td>Denominator:</td><td></td></tr> </table>	Unit Type:	Count	Unit Number:	10	Numerator:	Number of data / information briefs produced	Denominator:	
Unit Type:	Count								
Unit Number:	10								
Numerator:	Number of data / information briefs produced								
Denominator:									
Data Sources and Data Issues:	Internal records, minutes of meetings								
Evidence-based/informed strategy:	The Title V Program's approach to policy dialogue will utilize the CDC's Policy Process as an overarching framework. Moreover, the Program envisions a facilitation role including key constituent groups in the policymaking process. CDC Policy Process https://www.cdc.gov/polaris/php/policy-resources-trainings/roles-in-the-cdc-policy-process.html Bowen S, Zwi AB. Pathways to "evidence-informed" policy and practice: a framework for action. PLoS Med. 2005 Jul;2(7):e166. doi: 10.1371/journal.pmed.0020166. Epub 2005 May 31. PMID: 15913387; PMCID: PMC1140676.								
Significance:	This measure tracks the Title V Programs capacity to develop effective information, education, and communication resources to support moving policy priorities toward policy enactment and implementation. The measure is directly related to the fifth Essential Public Health Service: Create, champion, and implement policies, plans and laws.								

ESM 6.1 - In FFY2026, at least 3 infant health data products will be produced or updated and disseminated to key constituents to facilitate data-informed decision-making.

SPM 6 – Percent of infant health constituents reporting “high” or “very high” satisfaction with the quality of data products available.

Measure Status:	Active								
Goal:	Key infant health constituents including policymakers, providers, and people (MCH Populations) utilize data to make evidence-informed decisions.								
Definition:	<table> <tr> <td>Unit Type:</td><td>Count</td></tr> <tr> <td>Unit Number:</td><td>15</td></tr> <tr> <td>Numerator:</td><td>Number of data products produced</td></tr> <tr> <td>Denominator:</td><td></td></tr> </table>	Unit Type:	Count	Unit Number:	15	Numerator:	Number of data products produced	Denominator:	
Unit Type:	Count								
Unit Number:	15								
Numerator:	Number of data products produced								
Denominator:									
Data Sources and Data Issues:	Internal Records								
Evidence-based/informed strategy:	Research has demonstrated that enhancement of data collection and use of the data information is needed to continually improve the learning public health system. For example, one such study conducted on childhood vaccination rates demonstrated that improvements of data tracking ultimately lead to more timely public health and healthcare interventions with improved vaccination rates for children. This, alongside the entire public health sector, demonstrates the necessity of accurate, quality data for effective public health response. Then, seeking community feedback on publicly available materials and products can lead to greater community engagement and empowerment. More community investment into implementations can further lead to long term success of improved population health outcomes. Building efforts collectively with other entities can create momentum and positive change within Louisiana into 2030 and beyond. Steinwachs D. M. (2015). Transforming public health systems: using data to drive organizational capacity for quality improvement and efficiency. EGEMS (Washington, DC), 2(4), 1175. https://doi.org/10.13063/2327-9214.1175 Miles, T. A., Granger, L. V., & Gately, C. L. (2019). Improving the accuracy of ACIR data and increasing vaccination rates. Commun Dis Intell, 43. https://doi.org/10.33321/cdi.2019.43.46 Palinkas, L. A., Springgate, B., Cabassa, L. J., Shin, M., Garcia, S., Crabtree, B. F., & Tsui, J. (2025). Methods for community-engaged data collection and analysis in implementation research. Implementation science communications, 6(1), 38. https://doi.org/10.1186/s43058-025-00722-z								
Significance:	The measure tracks the Title V epidemiology workforce capacity to complete routine surveillance and produce information, education, and communication resources to inform key constituents and the general public. Improving key constituents' access to and utilization of public health data to inform decision-making is directly related to Essential Public Health Services 1-4. EPHS 1: Assess and monitor population health. EPHS 2: Investigate, diagnose and address health hazards and root causes. EPHS 3: Communicate effectively to inform and educate. EPHS 4: Strengthen, support and mobilize communities and partnerships.								

ESM 7.1 - In FFY2026, at least 300 community leaders will receive information and resources supporting the design of local maternal and infant health education efforts.

SPM 7 – Percent of infant health constituents reporting that they “frequently” or “very frequently” share key health education messages with their families and other community members.

Measure Status:	Active	
Goal:	Key infant health constituents including policymakers, providers, and people (MCH Populations) disseminate data-informed health education messages within their communities and professional networks.	
Definition:	Unit Type:	Count
	Unit Number:	10,000
	Numerator:	Number of persons receiving maternal and infant health education messages
	Denominator:	
Data Sources and Data Issues:	Internal records	
Evidence-based/informed strategy:	Inefficient information sharing contributes to the gap between public health discoveries and application.¹ Dissemination approaches can be more effective with intentional strategies.^{2,3} Constiuent engagement can ultimately improve dissemination strategies and extend outreach.⁴ 1. Brownson, Ross C. PhD; Eyler, Amy A. PhD; Harris, Jenine K. PhD; Moore, Justin B. PhD, MS; Tabak, Rachel G. PhD, RD. Getting the Word Out: New Approaches for Disseminating Public Health Science. Journal of Public Health Management and Practice 24(2):p 102-111, March/April 2018. DOI: 10.1097/PHH.0000000000000673. https://journals.lww.com/jphmp/fulltext/2018/03000/getting_the_word_out__new_approaches_for.4.aspx 2. Lehoux P, Denis JL, Tailliez S, Hivon M. Dissemination of health technology assessments: identifying the visions guiding an evolving policy innovation in Canada. J Health Polit Policy Law. 2005;30(4):603–641. 3. Glasgow RE, Marcus AC, Bull SS, Wilson KM. Disseminating effective cancer screening interventions. Cancer. 2004;101(5 suppl):1239–1250. 4. Keown K, Van Eerd D, Irvin E. Stakeholder engagement opportunities in systematic reviews: knowledge transfer for policy and practice. J Contin Educ Health Prof. 2008;28(2):67–72.	
Significance:	Applying Community Coalition Action Theory (CCAT) informs that constituent engagement can be applied to effectively respond to complex issues, build capacity of members, develop collaborative relationships at the community level, provide community contextualization, and improve social and health outcomes. Improving key constituents’ access to and utilization of public health data to inform decision-making is directly related to Essential Public Health Services 4: Strengthen, support and mobilize communities and partnerships. Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.). (2008). Health behavior and health education: Theory, research, and practice (4th ed.). Jossey-Bass/Wiley. https://www.med.upenn.edu/hbhe4/part4-ch15-community-coalition-action-theory.shtml	

ESM 8.1 - In FFY2026, at least 15 family, community, and/or CBO leaders will receive training/coaching to support their meaningful participation in the design, monitoring, and evaluation of maternal and infant health policies and services.

SPM 8 – Percent of family, community and/or community based organization leaders engaged in Title V supported maternal and infant health programs who reported “high” or “very high” satisfaction with the training / coaching received.

Measure Status:	Active								
Goal:	Family, community, community-based organizations have the knowledge and confidence needed to meaningfully participate in public health decision-making processes.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td><td>Count</td></tr> <tr> <td>Unit Number:</td><td>100</td></tr> <tr> <td>Numerator:</td><td>Number of persons trained</td></tr> <tr> <td>Denominator:</td><td></td></tr> </table>	Unit Type:	Count	Unit Number:	100	Numerator:	Number of persons trained	Denominator:	
Unit Type:	Count								
Unit Number:	100								
Numerator:	Number of persons trained								
Denominator:									
Data Sources and Data Issues:	Internal records								
Evidence-based/informed strategy:	There is significant evidence that enhancement of leaders at grassroots organizations needs a dynamic process for shared learning and change experiences. Engagement with community members and community health organizations leads to tangible results with improvements in public health messaging, presentation of information. Additionally, there is greater involvement within youth and adolescents and their parents or caregivers with more intentional engagement strategies. O'Mara-Eves, A., Brunton, G., Oliver, S., Kavanagh, J., Jamal, F., & Thomas, J. (2015). The effectiveness of community engagement in public health interventions for disadvantaged groups: a meta-analysis. <i>BMC public health</i>, 15, 129. https://doi.org/10.1186/s12889-015-1352-y Bassler, A. et al., "Developing Effective Citizen Engagement: A How-to Guide for Community Leaders." Center for Rural America, 2008. Ouellette, P.M., Lazear, K. & Chambers, K. Action leadership: The development of an approach to leadership enhancement for grassroots community leaders in children's mental health. <i>The Journal of Behavioral Health Services & Research</i> 26, 171–184 (1999). https://doi.org/10.1007/BF02287489 Kepper M, Stamatakis KA, Mudd N, Deitch A, Terhaar A, Liu J, et al. A communitywide collaboration to increase enrollment, retention, and success in evidence-based lifestyle-change programs in racial and ethnic minority populations. <i>Prev Chronic Dis</i>. 2023;20:E67. 10.5888/pcd20.220352 Lestishock, L., Nova, S., & Disabato, J. (2021). Improving Adolescent and Young Adult Engagement in the Process of Transitioning to Adult Care. <i>The Journal of adolescent health</i> : official publication of the Society for Adolescent Medicine, 69(3), 424–431. https://doi.org/10.1016/j.jadohealth.2021.01.026								
Significance:	The measure tracks the Title V Programs ability to deliver - on an annual basis - specific capacity building support for community/family leaders and community based organizations participating in Title V supported programs. Ensuring family and community participation in public health decision-making processes also contributes to Essential Public Health Services 2, 3, 7, & 8. EPHS 2: Investigate, diagnose and address health hazards and root causes. EPHS 3: Communicate effectively to inform and educate. EPHS 7: Enable equal access. EPHS 8: Build a skilled workforce.								

ESM 9.1 - In FFY2026, at least 80% of Title V supported steering / advisory mechanisms produce actionable recommendations to improve maternal and infant health policies and services.

SPM 9 – Percent of participants who "strongly" or "very strongly" agree that the maternal and infant health steering / advisory mechanism is “effectively contributing to the improvement of Louisiana’s health policies and services for infants”.

Measure Status:	Active									
Goal:	Improve the meaningful participation of all key constituent groups (Policymakers, Providers, and People) in public health decision-making processes.									
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 Title V supported steering / advisory mechanisms producing actionable recommendations related to maternal and infant health</td></tr><tr><td>Denominator:</td><td>Total number of maternal and infant health steering / advisory mechanisms</td></tr></table>		Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of Title V supported steering / advisory mechanisms producing actionable recommendations related to maternal and infant health	Denominator:	Total number of maternal and infant health steering / advisory mechanisms
Unit Type:	Percentage									
Unit Number:	100									
Numerator:	Number of Title V supported steering / advisory mechanisms producing actionable recommendations related to maternal and infant health									
Denominator:	Total number of maternal and infant health steering / advisory mechanisms									
Data Sources and Data Issues:	Internal records, minutes of meetings									
Evidence-based/informed strategy:	There is significant evidence supporting interdisciplinary collaboration in health care provision. Similarly, evidence highlights the benefits of seeking various perspectives in health systems governance. Particularly, the perspective of the communities and persons utilizing health system services is critical. Bigdeli M, Rouffy B, Lane BD, et al. Health systems governance: the missing links. <i>BMJ Global Health</i> 2020;5:e002533. doi:10.1136/ bmjgh-2020-002533 Meessen B. Health system governance: welcoming the reboot. <i>BMJ Global Health</i> 2020;5:e002404. doi:10.1136/ bmjgh-2020-002404 Abimbola S. Health system governance: a triangle of rules. <i>BMJ Global Health</i> 2020;5:e003598. doi:10.1136/ bmjgh-2020-003598									
Significance:	This measure tracks the capacity of Title V supported program to effectively facilitate dialogue with key constituents, leading to definition of actionable recommendations to support continuous improvement of MCH policies and services. Ensuring participation in public health decision-making processes also contributes to Essential Public Health Services 2, 3, 7, & 8. EPHS 2: Investigate, diagnose and address health hazards and root causes. EPHS 3: Communicate effectively to inform and educate. EPHS 7: Enable equal access. EPHS 8: Build a skilled workforce.									

ESM 10.1 - In FFY2026, at least 1 data / information brief is produced to inform policy dialogue.

SPM 10 – Number of infant health policy priorities advanced through 2 stages of the policy process towards implementation or other resolution.

Measure Status:	Active								
Goal:	Health policy priorities are moved towards enactment and implementation.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td><td>Count</td></tr> <tr> <td>Unit Number:</td><td>10</td></tr> <tr> <td>Numerator:</td><td>Number of data / information briefs produced</td></tr> <tr> <td>Denominator:</td><td></td></tr> </table>	Unit Type:	Count	Unit Number:	10	Numerator:	Number of data / information briefs produced	Denominator:	
Unit Type:	Count								
Unit Number:	10								
Numerator:	Number of data / information briefs produced								
Denominator:									
Data Sources and Data Issues:	Internal Records, Minutes of Meetings								
Evidence-based/informed strategy:	The Title V Program's approach to policy dialogue will utilize the CDC's Policy Process as an overarching framework. Moreover, the Program envisions a facilitation role including key constituent groups in the policymaking process. CDC Policy Process https://www.cdc.gov/polaris/php/policy-resources-trainings/roles-in-the-cdc-policy-process.html Bowen S, Zwi AB. Pathways to "evidence-informed" policy and practice: a framework for action. PLoS Med. 2005 Jul;2(7):e166. doi: 10.1371/journal.pmed.0020166. Epub 2005 May 31. PMID: 15913387; PMCID: PMC1140676.								
Significance:	This measure tracks the Title V Programs capacity to develop effective information, education, and communication resources to support moving policy priorities toward policy enactment and implementation. The measure is directly related to the fifth Essential Public Health Service: Create, champion, and implement policies, plans and laws								

ESM 11.1 - In FFY2026, at least 3 children’s health data products will be produced or updated and disseminated to key constituents to facilitate data-informed decision-making.

SPM 11 – Percent of children’s health constituents reporting “high” or “very high” satisfaction with the quality of data products available.

Measure Status:	Active								
Goal:	Key children’s health constituents including policymakers, providers, and people (MCH Populations) utilize data to make evidence-informed decisions.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td><td>Count</td></tr> <tr> <td>Unit Number:</td><td>15</td></tr> <tr> <td>Numerator:</td><td>Number of data products produced or updated</td></tr> <tr> <td>Denominator:</td><td></td></tr> </table>	Unit Type:	Count	Unit Number:	15	Numerator:	Number of data products produced or updated	Denominator:	
Unit Type:	Count								
Unit Number:	15								
Numerator:	Number of data products produced or updated								
Denominator:									
Data Sources and Data Issues:	Internal records								
Evidence-based/informed strategy:	Research has demonstrated that enhancement of data collection and use of the data information is needed to continually improve the learning public health system. For example, one such study conducted on childhood vaccination rates demonstrated that improvements of data tracking ultimately lead to more timely public health and healthcare interventions with improved vaccination rates for children. This, alongside the entire public health sector, demonstrates the necessity of accurate, quality data for effective public health response. Then, seeking community feedback on publicly available materials and products can lead to greater community engagement and empowerment. More community investment into implementations can further lead to long term success of improved population health outcomes. Building efforts collectively with other entities can create momentum and positive change within Louisiana into 2030 and beyond. Steinwachs D. M. (2015). Transforming public health systems: using data to drive organizational capacity for quality improvement and efficiency. EGEMS (Washington, DC), 2(4), 1175. https://doi.org/10.13063/2327-9214.1175 Miles, T. A., Granger, L. V., & Gately, C. L. (2019). Improving the accuracy of ACIR data and increasing vaccination rates. Commun Dis Intell, 43. https://doi.org/10.33321/cdi.2019.43.46 Palinkas, L. A., Springgate, B., Cabassa, L. J., Shin, M., Garcia, S., Crabtree, B. F., & Tsui, J. (2025). Methods for community-engaged data collection and analysis in implementation research. Implementation science communications, 6(1), 38. https://doi.org/10.1186/s43058-025-00722-z								
Significance:	The measure tracks the Title V epidemiology workforce capacity to complete routine surveillance and produce information, education, and communication resources to inform key constituents and the general public. Improving key constituents’ access to and utilization of public health data to inform decision-making is directly related to Essential Public Health Services 1-4. EPHS 1: Assess and monitor population health. EPHS 2: Investigate, diagnose and address health hazards and root causes. EPHS 3: Communicate effectively to inform and educate. EPHS 4: Strengthen, support and mobilize communities and partnerships.								

ESM 12.1 - In FFY2026, at least 300 community leaders will receive information and resources supporting the design of local child and adolescent health education efforts.

SPM 12 – Percent of children’s health constituents reporting that they “frequently” or “very frequently” share key health education messages with their families and other community members.

Measure Status:	Active									
Goal:	Key children’s health constituents including policymakers, providers, and people (MCH Populations) disseminate data-informed health education messages within their communities and professional networks.									
Definition:	<table><tr><td>Unit Type:</td><td>Count</td></tr><tr><td>Unit Number:</td><td>10,000</td></tr><tr><td>Numerator:</td><td>Number of persons receiving child and adolescent health education messages</td></tr><tr><td>Denominator:</td><td></td></tr></table>		Unit Type:	Count	Unit Number:	10,000	Numerator:	Number of persons receiving child and adolescent health education messages	Denominator:	
Unit Type:	Count									
Unit Number:	10,000									
Numerator:	Number of persons receiving child and adolescent health education messages									
Denominator:										
Data Sources and Data Issues:	Internal records									
Evidence-based/informed strategy:	Inefficient information sharing contributes to the gap between public health discoveries and application. Dissemination approaches can be more effective with intentional strategies. Constituent engagement can ultimately improve dissemination strategies and extend outreach. Brownson, Ross C. PhD; Eyler, Amy A. PhD; Harris, Jenine K. PhD; Moore, Justin B. PhD, MS; Tabak, Rachel G. PhD, RD. Getting the Word Out: New Approaches for Disseminating Public Health Science. Journal of Public Health Management and Practice 24(2):p 102-111, March/April 2018. DOI: 10.1097/PHH.0000000000000673. https://journals.lww.com/jphmp/fulltext/2018/03000/getting_the_word_out__new_approaches_for.4.aspx Lehoux P, Denis JL, Tailliez S, Hivon M. Dissemination of health technology assessments: identifying the visions guiding an evolving policy innovation in Canada. J Health Polit Policy Law. 2005;30(4):603–641. Glasgow RE, Marcus AC, Bull SS, Wilson KM. Disseminating effective cancer screening interventions. Cancer. 2004;101(5 suppl):1239–1250. Keown K, Van Eerd D, Irvin E. Stakeholder engagement opportunities in systematic reviews: knowledge transfer for policy and practice. J Contin Educ Health Prof. 2008;28(2):67–72.									
Significance:	Applying Community Coalition Action Theory (CCAT) informs that constituent engagement can be applied to effectively respond to complex issues, build capacity of members, develop collaborative relationships at the community level, provide community contextualization, and improve social and health outcomes. Improving key constituents’ access to and utilization of public health data to inform decision-making is directly related to Essential Public Health Services 4: Strengthen, support and mobilize communities and partnerships. Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.). (2008). Health behavior and health education: Theory, research, and practice (4th ed.). Jossey-Bass/Wiley. https://www.med.upenn.edu/hbhe4/part4-ch15-community-coalition-action-theory.shtml									

ESM 13.1 - In FFY2026, at least 12 family, community, and/or CBO leaders will receive training and/or coaching to support their meaningful participation in the design, monitoring, and evaluation of children's health policies and services.

SPM 13 – Percent of family, community and/or community based organization leaders engaged in Title V supported children's health programs who reported "high" or "very high" satisfaction with the training / coaching received.

Measure Status:	Active									
Goal:	Family, community, community-based organizations have the knowledge and confidence needed to meaningfully participate in public health decision-making processes.									
Definition:	<table><tr><td>Unit Type:</td><td>Count</td></tr><tr><td>Unit Number:</td><td>100</td></tr><tr><td>Numerator:</td><td>Number of persons trained</td></tr><tr><td>Denominator:</td><td></td></tr></table>		Unit Type:	Count	Unit Number:	100	Numerator:	Number of persons trained	Denominator:	
Unit Type:	Count									
Unit Number:	100									
Numerator:	Number of persons trained									
Denominator:										
Data Sources and Data Issues:	Internal records									
Evidence-based/informed strategy:	There is significant evidence that enhancement of leaders at grassroots organizations needs a dynamic process for shared learning and change experiences. Engagement with community members and community health organizations leads to tangible results with improvements in public health messaging, presentation of information. Additionally, there is greater involvement within youth and adolescents and their parents or caregivers with more intentional engagement strategies. O'Mara-Eves, A., Brunton, G., Oliver, S., Kavanagh, J., Jamal, F., & Thomas, J. (2015). The effectiveness of community engagement in public health interventions for disadvantaged groups: a meta-analysis. BMC public health, 15, 129. https://doi.org/10.1186/s12889-015-1352-y Bassler, A. et al., "Developing Effective Citizen Engagement: A How-to Guide for Community Leaders." Center for Rural America, 2008. Ouellette, P.M., Lazear, K. & Chambers, K. Action leadership: The development of an approach to leadership enhancement for grassroots community leaders in children's mental health. The Journal of Behavioral Health Services & Research 26, 171–184 (1999). https://doi.org/10.1007/BF02287489 Kepper M, Stamatakis KA, Mudd N, Deitch A, Terhaar A, Liu J, et al. A communitywide collaboration to increase enrollment, retention, and success in evidence-based lifestyle-change programs in racial and ethnic minority populations. Prev Chronic Dis. 2023;20:E67. 10.5888/pcd20.220352 Lestishock, L., Nova, S., & Disabato, J. (2021). Improving Adolescent and Young Adult Engagement in the Process of Transitioning to Adult Care. The Journal of adolescent health : official publication of the Society for Adolescent Medicine, 69(3), 424–431. https://doi.org/10.1016/j.jadohealth.2021.01.026									
Significance:	The measure tracks the Title V Programs ability to deliver - on an annual basis - specific capacity building support for community/family leaders and community based organizations participating in Title V supported programs. Ensuring family and community participation in public health decision-making processes also contributes to Essential Public Health Services 2, 3, 7, & 8. EPHS 2: Investigate, diagnose and address health hazards and root causes. EPHS 3: Communicate effectively to inform and educate. EPHS 7: Enable equal access. EPHS 8: Build a skilled workforce.									

ESM 14.1 - In FFY2026, at least 80% of Title V supported steering / advisory mechanisms produce actionable recommendations to improve child and adolescent health policies and services.

SPM 14 – Percent of participants who “strongly” or “very strongly” agree that the children’s health steering / advisory mechanism is “effectively contributing to the improvement of Louisiana’s children’s health policies and services”.

Measure Status:	Active	
Goal:	Improve the meaningful participation of all key constituent groups (Policymakers, Providers, and People) in public health decision-making processes.	
Definition:	Unit Type:	Percentage
	Unit Number:	100
	Numerator:	Number of child and adolescent steering / advisory mechanisms producing actionable recommendations related to the improvement of child and adolescent health policies and services.
	Denominator:	Total number of child and adolescent steering / advisory mechanisms
Data Sources and Data Issues:	Internal records, minutes of meetings	
Evidence-based/informed strategy:	There is significant evidence supporting interdisciplinary collaboration in health care provision. Similarly, evidence highlights the benefits of seeking various perspectives in health systems governance. Particularly, the perspective of the communities and persons utilizing health system services is critical. Bigdeli M, Rouffy B, Lane BD, et al. Health systems governance: the missing links. <i>BMJ Global Health</i> 2020;5:e002533. doi:10.1136/ bmjgh-2020-002533 Meessen B. Health system governance: welcoming the reboot. <i>BMJ Global Health</i> 2020;5:e002404. doi:10.1136/ bmjgh-2020-002404 Abimbola S. Health system governance: a triangle of rules. <i>BMJ Global Health</i> 2020;5:e003598. doi:10.1136/ bmjgh-2020-003598	
Significance:	This measure tracks the capacity of Title V supported program to effectively facilitate dialogue with key constituents, leading to definition of actionable recommendations to support continuous improvement of MCH policies and services. Ensuring participation in public health decision-making processes also contributes to Essential Public Health Services 2, 3, 7, & 8. EPHS 2: Investigate, diagnose and address health hazards and root causes. EPHS 3: Communicate effectively to inform and educate. EPHS 7: Enable equal access. EPHS 8: Build a skilled workforce.	

ESM 15.1 - In FFY2026, at least 1 data / information brief is produced to inform policy dialogue.

SPM 15 – Number of children's health policy priorities advanced through 2 stages of the policy process towards implementation or other resolution.

Measure Status:	Active								
Goal:	Policy priorities are moved towards enactment and implementation.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td><td>Count</td></tr> <tr> <td>Unit Number:</td><td>10</td></tr> <tr> <td>Numerator:</td><td>Number of data / information briefs produced</td></tr> <tr> <td>Denominator:</td><td></td></tr> </table>	Unit Type:	Count	Unit Number:	10	Numerator:	Number of data / information briefs produced	Denominator:	
Unit Type:	Count								
Unit Number:	10								
Numerator:	Number of data / information briefs produced								
Denominator:									
Data Sources and Data Issues:	Internal records, Minutes of Meetings								
Evidence-based/informed strategy:	The Title V Program's approach to policy dialogue will utilize the CDC's Policy Process as an overarching framework. Moreover, the Program envisions a facilitation role including key constituent groups in the policymaking process. CDC Policy Process https://www.cdc.gov/polaris/php/policy-resources-trainings/roles-in-the-cdc-policy-process.html Bowen S, Zwi AB. Pathways to "evidence-informed" policy and practice: a framework for action. PLoS Med. 2005 Jul;2(7):e166. doi: 10.1371/journal.pmed.0020166. Epub 2005 May 31. PMID: 15913387; PMCID: PMC1140676.								
Significance:	This measure tracks the Title V Programs capacity to develop effective information, education, and communication resources to support moving policy priorities toward policy enactment and implementation. The measure is directly related to the fifth Essential Public Health Service: Create, champion, and implement policies, plans and laws.								

ESM 16.1 - In FFY2026, at least 1 adolescent health data product will be produced or updated and disseminated to key constituents to facilitate data-informed decision-making.
SPM 16 – Percent of adolescent health constituents reporting “high” or “very high” satisfaction with the quality of data products available.

Measure Status:	Active								
Goal:	Key adolescent health constituents including policymakers, providers, and people (MCH Populations) utilize data to make evidence-informed decisions.								
Definition:	<table> <tr> <td>Unit Type:</td><td>Count</td></tr> <tr> <td>Unit Number:</td><td>10</td></tr> <tr> <td>Numerator:</td><td>Number of data products produced or updated</td></tr> <tr> <td>Denominator:</td><td></td></tr> </table>	Unit Type:	Count	Unit Number:	10	Numerator:	Number of data products produced or updated	Denominator:	
Unit Type:	Count								
Unit Number:	10								
Numerator:	Number of data products produced or updated								
Denominator:									
Data Sources and Data Issues:	Internal records								
Evidence-based/informed strategy:	Research has demonstrated that enhancement of data collection and use of the data information is needed to continually improve the learning public health system. For example, one such study conducted on childhood vaccination rates demonstrated that improvements of data tracking ultimately lead to more timely public health and healthcare interventions with improved vaccination rates for children. This, alongside the entire public health sector, demonstrates the necessity of accurate, quality data for effective public health response. Then, seeking community feedback on publicly available materials and products can lead to greater community engagement and empowerment. More community investment into implementations can further lead to long term success of improved population health outcomes. Building efforts collectively with other entities can create momentum and positive change within Louisiana into 2030 and beyond. Steinwachs D. M. (2015). Transforming public health systems: using data to drive organizational capacity for quality improvement and efficiency. EGEMS (Washington, DC), 2(4), 1175. https://doi.org/10.13063/2327-9214.1175 Miles, T. A., Granger, L. V., & Gately, C. L. (2019). Improving the accuracy of ACIR data and increasing vaccination rates. Commun Dis Intell, 43. https://doi.org/10.33321/cdi.2019.43.46 Palinkas, L. A., Springgate, B., Cabassa, L. J., Shin, M., Garcia, S., Crabtree, B. F., & Tsui, J. (2025). Methods for community-engaged data collection and analysis in implementation research. Implementation science communications, 6(1), 38. https://doi.org/10.1186/s43058-025-00722-z								
Significance:	The measure tracks the Title V epidemiology workforce capacity to complete routine surveillance and produce information, education, and communication resources to inform key constituents and the general public. Improving key constituents' access to and utilization of public health data to inform decision-making is directly related to Essential Public Health Services 1-4. EPHS 1: Assess and monitor population health. EPHS 2: Investigate, diagnose and address health hazards and root causes. EPHS 3: Communicate effectively to inform and educate. EPHS 4: Strengthen, support and mobilize communities and partnerships.								

ESM 17.1 - In FFY2026, at least 300 community leaders will receive information and resources supporting the design of local adolescent health education efforts.

SPM 17 – Percent of adolescent health constituents reporting that they “frequently” or “very frequently” share key health education messages with their families and other community members.

Measure Status:	Active		
Goal:	Key adolescent health constituents including policymakers, providers, and people (MCH Populations) disseminate data-informed health education messages within their communities and professional networks		
Definition:	Unit Type:	Count	
	Unit Number:	10,000	
	Numerator:	Number of persons receiving child and adolescent health education messages	
	Denominator:		
Data Sources and Data Issues:	Internal records		
Evidence-based/informed strategy:	Inefficient information sharing contributes to the gap between public health discoveries and application. Dissemination approaches can be more effective with intentional strategies. Constituent engagement can ultimately improve dissemination strategies and extend outreach. 1. Brownson, Ross C. PhD; Eyler, Amy A. PhD; Harris, Jenine K. PhD; Moore, Justin B. PhD, MS; Tabak, Rachel G. PhD, RD. Getting the Word Out: New Approaches for Disseminating Public Health Science. <i>Journal of Public Health Management and Practice</i> 24(2):p 102-111, March/April 2018. DOI: 10.1097/PHH.0000000000000673. https://journals.lww.com/jphmp/fulltext/2018/03000/getting_the_word_out__new_approaches_for.4.aspx 2. Lehoux P, Denis JL, Tailliez S, Hivon M. Dissemination of health technology assessments: identifying the visions guiding an evolving policy innovation in Canada. <i>J Health Polit Policy Law</i>. 2005;30(4):603–641. 3. Glasgow RE, Marcus AC, Bull SS, Wilson KM. Disseminating effective cancer screening interventions. <i>Cancer</i>. 2004;101(5 suppl):1239–1250. 4. Keown K, Van Eerd D, Irvin E. Stakeholder engagement opportunities in systematic reviews: knowledge transfer for policy and practice. <i>J Contin Educ Health Prof</i>. 2008;28(2):67–72.		
Significance:	Applying Community Coalition Action Theory (CCAT) informs that constituent engagement can be applied to effectively respond to complex issues, build capacity of members, develop collaborative relationships at the community level, provide community contextualization, and improve social and health outcomes. Improving key constituents’ access to and utilization of public health data to inform decision-making is directly related to Essential Public Health Services 4: Strengthen, support and mobilize communities and partnerships. Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.). (2008). <i>Health behavior and health education: Theory, research, and practice</i> (4th ed.). Jossey-Bass/Wiley. https://www.med.upenn.edu/hbhe4/part4-ch15-community-coalition-action-theory.shtml		

ESM 18.1 - In FFY2026, 0 youth leaders will receive training/coaching to support their meaningful participation in the design, monitoring, and evaluation of adolescent health policies and services.

SPM 18 – Percent of youth leaders engaged in Title V supported adolescent health programs who reported “high” or “very high” satisfaction with the training / coaching received.

Measure Status:	Active									
Goal:	Youth leaders have the knowledge and confidence needed to meaningfully participate in public health decision-making processes.									
Definition:	<table><tr><td>Unit Type:</td><td>Count</td></tr><tr><td>Unit Number:</td><td>50</td></tr><tr><td>Numerator:</td><td>Number of persons trained</td></tr><tr><td>Denominator:</td><td></td></tr></table>		Unit Type:	Count	Unit Number:	50	Numerator:	Number of persons trained	Denominator:	
Unit Type:	Count									
Unit Number:	50									
Numerator:	Number of persons trained									
Denominator:										
Data Sources and Data Issues:	Internal records									
Evidence-based/informed strategy:	There is significant evidence that enhancement of leaders at grassroots organizations needs a dynamic process for shared learning and change experiences. Engagement with community members and community health organizations leads to tangible results with improvements in public health messaging, presentation of information. Additionally, there is greater involvement within youth and adolescents and their parents or caregivers with more intentional engagement strategies. O'Mara-Eves, A., Brunton, G., Oliver, S., Kavanagh, J., Jamal, F., & Thomas, J. (2015). The effectiveness of community engagement in public health interventions for disadvantaged groups: a meta-analysis. BMC public health, 15, 129. https://doi.org/10.1186/s12889-015-1352-y Bassler, A. et al., "Developing Effective Citizen Engagement: A How-to Guide for Community Leaders." Center for Rural America, 2008. Ouellette, P.M., Lazear, K. & Chambers, K. Action leadership: The development of an approach to leadership enhancement for grassroots community leaders in children's mental health. The Journal of Behavioral Health Services & Research 26, 171–184 (1999). https://doi.org/10.1007/BF02287489 Kepper M, Stamatakis KA, Mudd N, Deitch A, Terhaar A, Liu J, et al. A communitywide collaboration to increase enrollment, retention, and success in evidence-based lifestyle-change programs in racial and ethnic minority populations. Prev Chronic Dis. 2023;20:E67. 10.5888/pcd20.220352 Lestishock, L., Nova, S., & Disabato, J. (2021). Improving Adolescent and Young Adult Engagement in the Process of Transitioning to Adult Care. The Journal of adolescent health : official publication of the Society for Adolescent Medicine, 69(3), 424–431. https://doi.org/10.1016/j.jadohealth.2021.01.026									
Significance:	The measure tracks the Title V Programs ability to deliver - on an annual basis - specific capacity building support for community/family leaders and community based organizations participating in Title V supported programs. Ensuring family and community participation in public health decision-making processes also contributes to Essential Public Health Services 2, 3, 7, & 8. EPHS 2: Investigate, diagnose and address health hazards and root causes. EPHS 3: Communicate effectively to inform and educate. EPHS 7: Enable equal access. EPHS 8: Build a skilled workforce.									

ESM 19.1 - In FFY2026, at least 80% of Title V supported steering / advisory mechanisms produce actionable recommendations to improve child and adolescent health policies and services.

SPM 19 – Percent of participants who “strongly” or “very strongly” agree that the adolescent steering / advisory mechanism is “effectively contributing to the improvement of Louisiana’s adolescent health policies and services”.

Measure Status:	Active									
Goal:	Improve the meaningful participation of all key constituent groups (Policymakers, Providers, and People) in public health decision-making processes.									
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 child and adolescent steering / advisory mechanisms producing actionable recommendations to improve child and adolescent health policies and services.</td></tr><tr><td>Denominator:</td><td>Total number of child and adolescent steering / advisory mechanisms</td></tr></table>		Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of child and adolescent steering / advisory mechanisms producing actionable recommendations to improve child and adolescent health policies and services.	Denominator:	Total number of child and adolescent steering / advisory mechanisms
Unit Type:	Percentage									
Unit Number:	100									
Numerator:	Number of child and adolescent steering / advisory mechanisms producing actionable recommendations to improve child and adolescent health policies and services.									
Denominator:	Total number of child and adolescent steering / advisory mechanisms									
Data Sources and Data Issues:	Internal records, minutes of meetings									
Evidence-based/informed strategy:	There is significant evidence supporting interdisciplinary collaboration in health care provision. Similarly, evidence highlights the benefits of seeking various perspectives in health systems governance. Particularly, the perspective of the communities and persons utilizing health system services is critical. Bigdeli M, Rouffy B, Lane BD, et al. Health systems governance: the missing links. <i>BMJ Global Health</i> 2020;5:e002533. doi:10.1136/ bmjgh-2020-002533 Meessen B. Health system governance: welcoming the reboot. <i>BMJ Global Health</i> 2020;5:e002404. doi:10.1136/ bmjgh-2020-002404 Abimbola S. Health system governance: a triangle of rules. <i>BMJ Global Health</i> 2020;5:e003598. doi:10.1136/ bmjgh-2020-003598									
Significance:	This measure tracks the capacity of Title V supported program to effectively facilitate dialogue with key constituents, leading to definition of actionable recommendations to support continuous improvement of MCH policies and services. Ensuring participation in public health decision-making processes also contributes to Essential Public Health Services 2, 3, 7, & 8. EPHS 2: Investigate, diagnose and address health hazards and root causes. EPHS 3: Communicate effectively to inform and educate. EPHS 7: Enable equal access. EPHS 8: Build a skilled workforce.									

ESM 20.1 - In FFY2026, at least 1 data / information brief is produced to inform policy dialogue.

SPM 20 – Number of adolescent health policy priorities advanced through 2 stages of the policy process towards implementation or other resolution.

Measure Status:	Active								
Goal:	Policy priorities are moved towards enactment and implementation.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td><td>Count</td></tr> <tr> <td>Unit Number:</td><td>10</td></tr> <tr> <td>Numerator:</td><td>Number of data / information briefs produced</td></tr> <tr> <td>Denominator:</td><td></td></tr> </table>	Unit Type:	Count	Unit Number:	10	Numerator:	Number of data / information briefs produced	Denominator:	
Unit Type:	Count								
Unit Number:	10								
Numerator:	Number of data / information briefs produced								
Denominator:									
Data Sources and Data Issues:	Internal records, minutes of meetings								
Evidence-based/informed strategy:	The Title V Program's approach to policy dialogue will utilize the CDC's Policy Process as an overarching framework. Moreover, the Program envisions a facilitation role including key constituent groups in the policymaking process. CDC Policy Process https://www.cdc.gov/polaris/php/policy-resources-trainings/roles-in-the-cdc-policy-process.html Bowen S, Zwi AB. Pathways to "evidence-informed" policy and practice: a framework for action. PLoS Med. 2005 Jul;2(7):e166. doi: 10.1371/journal.pmed.0020166. Epub 2005 May 31. PMID: 15913387; PMCID: PMC1140676.								
Significance:	This measure tracks the Title V Programs capacity to develop effective information, education, and communication resources to support moving policy priorities toward policy enactment and implementation. The measure is directly related to the fifth Essential Public Health Service: Create, champion, and implement policies, plans and laws								

ESM 21.1 - In FFY2026, at least 1 CYSHCN health data product will be produced or updated and disseminated to key constituents to facilitate data-informed decision-making.

SPM 21 – Percent of CYSHCN health constituents reporting “high” or “very high” satisfaction with the quality of data products available.

Measure Status:	Active								
Goal:	Key CYSHCN health constituents including policymakers, providers, and people (MCH Populations) utilize data to make evidence-informed decisions.								
Definition:	<table border="1"> <tr> <td>Unit Type:</td><td>Count</td></tr> <tr> <td>Unit Number:</td><td>10</td></tr> <tr> <td>Numerator:</td><td>Number of data products produced or updated</td></tr> <tr> <td>Denominator:</td><td></td></tr> </table>	Unit Type:	Count	Unit Number:	10	Numerator:	Number of data products produced or updated	Denominator:	
Unit Type:	Count								
Unit Number:	10								
Numerator:	Number of data products produced or updated								
Denominator:									
Data Sources and Data Issues:	Internal records								
Evidence-based/informed strategy:	Research has demonstrated that enhancement of data collection and use of the data information is needed to continually improve the learning public health system. For example, one such study conducted on childhood vaccination rates demonstrated that improvements of data tracking ultimately lead to more timely public health and healthcare interventions with improved vaccination rates for children. This, alongside the entire public health sector, demonstrates the necessity of accurate, quality data for effective public health response. Then, seeking community feedback on publicly available materials and products can lead to greater community engagement and empowerment. More community investment into implementations can further lead to long term success of improved population health outcomes. Building efforts collectively with other entities can create momentum and positive change within Louisiana into 2030 and beyond. Steinwachs D. M. (2015). Transforming public health systems: using data to drive organizational capacity for quality improvement and efficiency. EGEMS (Washington, DC), 2(4), 1175. https://doi.org/10.13063/2327-9214.1175 Miles, T. A., Granger, L. V., & Gately, C. L. (2019). Improving the accuracy of ACIR data and increasing vaccination rates. Commun Dis Intell, 43. https://doi.org/10.33321/cdi.2019.43.46 Palinkas, L. A., Springgate, B., Cabassa, L. J., Shin, M., Garcia, S., Crabtree, B. F., & Tsui, J. (2025). Methods for community-engaged data collection and analysis in implementation research. Implementation science communications, 6(1), 38. https://doi.org/10.1186/s43058-025-00722-z								
Significance:	The measure tracks the Title V epidemiology workforce capacity to complete routine surveillance and produce information, education, and communication resources to inform key constituents and the general public. Improving key constituents' access to and utilization of public health data to inform decision-making is directly related to Essential Public Health Services 1-4. EPHS 1: Assess and monitor population health. EPHS 2: Investigate, diagnose and address health hazards and root causes. EPHS 3: Communicate effectively to inform and educate. EPHS 4: Strengthen, support and mobilize communities and partnerships.								

ESM 22.1 - In FFY2026, at least 15 community-based organizations receive funding and technical assistance to provide family-to-family support for parents of children and youth with special healthcare needs.
SPM 22 – Percent of CYSHCN health constituents reporting that they “frequently” or “very frequently” share key health education messages with their families and other community members.

Measure Status:	Active									
Goal:	Key CYSHCN health constituents including policymakers, providers, and people (MCH Populations) disseminate data-informed health education messages within their communities and professional networks.									
Definition:	<table><tr><td>Unit Type:</td><td>Count</td></tr><tr><td>Unit Number:</td><td>50</td></tr><tr><td>Numerator:</td><td>Number of organizations receiving funding and technical assistance to support health education for parents of children with special healthcare needs (or individuals with special healthcare needs).</td></tr><tr><td>Denominator:</td><td></td></tr></table>		Unit Type:	Count	Unit Number:	50	Numerator:	Number of organizations receiving funding and technical assistance to support health education for parents of children with special healthcare needs (or individuals with special healthcare needs).	Denominator:	
Unit Type:	Count									
Unit Number:	50									
Numerator:	Number of organizations receiving funding and technical assistance to support health education for parents of children with special healthcare needs (or individuals with special healthcare needs).									
Denominator:										
Data Sources and Data Issues:	Internal records									
Evidence-based/informed strategy:	Inefficient information sharing contributes to the gap between public health discoveries and application. Dissemination approaches can be more effective with intentional strategies. Constituent engagement can ultimately improve dissemination strategies and extend outreach. 1. Brownson, Ross C. PhD; Eyler, Amy A. PhD; Harris, Jenine K. PhD; Moore, Justin B. PhD, MS; Tabak, Rachel G. PhD, RD. Getting the Word Out: New Approaches for Disseminating Public Health Science. <i>Journal of Public Health Management and Practice</i> 24(2):p 102-111, March/April 2018. DOI: 10.1097/PHH.0000000000000673. https://journals.lww.com/jphmp/fulltext/2018/03000/getting_the_word_out__new_approaches_for.4.aspx 2. Lehoux P, Denis JL, Tailliez S, Hivon M. Dissemination of health technology assessments: identifying the visions guiding an evolving policy innovation in Canada. <i>J Health Polit Policy Law</i>. 2005;30(4):603–641. 3. Glasgow RE, Marcus AC, Bull SS, Wilson KM. Disseminating effective cancer screening interventions. <i>Cancer</i>. 2004;101(5 suppl):1239–1250. 4. Keown K, Van Eerd D, Irvin E. Stakeholder engagement opportunities in systematic reviews: knowledge transfer for policy and practice. <i>J Contin Educ Health Prof</i>. 2008;28(2):67–72.									
Significance:	Applying Community Coalition Action Theory (CCAT) informs that constituent engagement can be applied to effectively respond to complex issues, build capacity of members, develop collaborative relationships at the community level, provide community contextualization, and improve social and health outcomes. Improving key constituents’ access to and utilization of public health data to inform decision-making is directly related to Essential Public Health Services 4: Strengthen, support and mobilize communities and partnerships. Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.). (2008). <i>Health behavior and health education: Theory, research, and practice</i> (4th ed.). Jossey-Bass/Wiley. https://www.med.upenn.edu/hbhe4/part4-ch15-community-coalition-action-theory.shtml									

ESM 23.1 - In FFY2026, at least 15 family, community, and/or CBO leaders will receive training/coaching to support their meaningful participation in the design, monitoring, and evaluation of CYSHCN policies and services.

SPM 23 – Percent of family, community and/or community based organization leaders engaged in Title V supported CYSHCN programs who reported “high” or “very high” satisfaction with the training / coaching received.

Measure Status:	Active									
Goal:	Family, community, community-based organizations have the knowledge and confidence needed to meaningfully participate in public health decision-making processes.									
Definition:	<table><tr><td>Unit Type:</td><td>Count</td></tr><tr><td>Unit Number:</td><td>100</td></tr><tr><td>Numerator:</td><td>Number of persons trained</td></tr><tr><td>Denominator:</td><td></td></tr></table>		Unit Type:	Count	Unit Number:	100	Numerator:	Number of persons trained	Denominator:	
Unit Type:	Count									
Unit Number:	100									
Numerator:	Number of persons trained									
Denominator:										
Data Sources and Data Issues:	Internal Records									
Evidence-based/informed strategy:	There is significant evidence that enhancement of leaders at grassroots organizations needs a dynamic process for shared learning and change experiences. Engagement with community members and community health organizations leads to tangible results with improvements in public health messaging, presentation of information. Additionally, there is greater involvement within youth and adolescents and their parents or caregivers with more intentional engagement strategies. O'Mara-Eves, A., Brunton, G., Oliver, S., Kavanagh, J., Jamal, F., & Thomas, J. (2015). The effectiveness of community engagement in public health interventions for disadvantaged groups: a meta-analysis. BMC public health, 15, 129. https://doi.org/10.1186/s12889-015-1352-y Bassler, A. et al., "Developing Effective Citizen Engagement: A How-to Guide for Community Leaders." Center for Rural America, 2008. Ouellette, P.M., Lazear, K. & Chambers, K. Action leadership: The development of an approach to leadership enhancement for grassroots community leaders in children's mental health. The Journal of Behavioral Health Services & Research 26, 171–184 (1999). https://doi.org/10.1007/BF02287489 Kepper M, Stamatakis KA, Mudd N, Deitch A, Terhaar A, Liu J, et al. A communitywide collaboration to increase enrollment, retention, and success in evidence-based lifestyle-change programs in racial and ethnic minority populations. Prev Chronic Dis. 2023;20:E67. 10.5888/pcd20.220352 Lestishock, L., Nova, S., & Disabato, J. (2021). Improving Adolescent and Young Adult Engagement in the Process of Transitioning to Adult Care. The Journal of adolescent health : official publication of the Society for Adolescent Medicine, 69(3), 424–431. https://doi.org/10.1016/j.jadohealth.2021.01.026									
Significance:	The measure tracks the Title V Programs ability to deliver - on an annual basis - specific capacity building support for community/family leaders and community based organizations participating in Title V supported programs. Ensuring family and community participation in public health decision-making processes also contributes to Essential Public Health Services 2, 3, 7, & 8. EPHS 2: Investigate, diagnose and address health hazards and root causes. EPHS 3: Communicate effectively to inform and educate. EPHS 7: Enable equal access. EPHS 8: Build a skilled workforce.									

ESM 24.1 - In FFY2026, at least 80% of Title V supported steering / advisory mechanisms produce actionable recommendations to improve policies and services related to the health of children and youth with special healthcare needs.
 SPM 24 – Percent of participants who “strongly” or “very strongly” agree that the CYSHCN steering / advisory mechanism is “effectively contributing to the improvement of Louisiana’s CYSHCN health policies and services”.

Measure Status:	Active									
Goal:	Improve the meaningful participation of all key constituent groups (Policymakers, Providers, and People) in public health decision-making processes.									
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 CYSHCN steering / advisory mechanisms producing actionable recommendations to improve CYSHCN policies and services</td></tr><tr><td>Denominator:</td><td>Total number of CYSHCN steering / advisory mechanisms</td></tr></table>		Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of CYSHCN steering / advisory mechanisms producing actionable recommendations to improve CYSHCN policies and services	Denominator:	Total number of CYSHCN steering / advisory mechanisms
Unit Type:	Percentage									
Unit Number:	100									
Numerator:	Number of CYSHCN steering / advisory mechanisms producing actionable recommendations to improve CYSHCN policies and services									
Denominator:	Total number of CYSHCN steering / advisory mechanisms									
Data Sources and Data Issues:	Internal records, minutes of meetings									
Evidence-based/informed strategy:	There is significant evidence supporting interdisciplinary collaboration in health care provision. Similarly, evidence highlights the benefits of seeking various perspectives in health systems governance. Particularly, the perspective of the communities and persons utilizing health system services is critical. Bigdeli M, Rouffy B, Lane BD, et al. Health systems governance: the missing links. <i>BMJ Global Health</i> 2020;5:e002533. doi:10.1136/ bmjgh-2020-002533 Meessen B. Health system governance: welcoming the reboot. <i>BMJ Global Health</i> 2020;5:e002404. doi:10.1136/ bmjgh-2020-002404 Abimbola S. Health system governance: a triangle of rules. <i>BMJ Global Health</i> 2020;5:e003598. doi:10.1136/ bmjgh-2020-003598									
Significance:	This measure tracks the capacity of Title V supported program to effectively facilitate dialogue with key constituents, leading to definition of actionable recommendations to support continuous improvement of MCH policies and services. Ensuring participation in public health decision-making processes also contributes to Essential Public Health Services 2, 3, 7, & 8. EPHS 2: Investigate, diagnose and address health hazards and root causes. EPHS 3: Communicate effectively to inform and educate. EPHS 7: Enable equal access. EPHS 8: Build a skilled workforce.									

ESM 25.1 - In FFY2026, at least 1 data / information brief is produced to inform policy dialogue.

SPM 25 – Number of CYSHCN policy priorities advanced through 2 stages of the policy process towards implementation or other resolution.

Measure Status:	Active									
Goal:	Policy priorities move towards enactment and implementation.									
Definition:	<table><tr><td>Unit Type:</td><td>Count</td></tr><tr><td>Unit Number:</td><td>10</td></tr><tr><td>Numerator:</td><td>Number of data / information briefs produced</td></tr><tr><td>Denominator:</td><td></td></tr></table>		Unit Type:	Count	Unit Number:	10	Numerator:	Number of data / information briefs produced	Denominator:	
Unit Type:	Count									
Unit Number:	10									
Numerator:	Number of data / information briefs produced									
Denominator:										
Data Sources and Data Issues:	Internal records, minutes of meetings									
Evidence-based/informed strategy:	The Title V Program’s approach to policy dialogue will utilize the CDC’s Policy Process as an overarching framework. Moreover, the Program envisions a facilitation role including key constituent groups in the policymaking process. CDC Policy Process https://www.cdc.gov/polaris/php/policy-resources-trainings/roles-in-the-cdc-policy-process.html Bowen S, Zwi AB. Pathways to "evidence-informed" policy and practice: a framework for action. PLoS Med. 2005 Jul;2(7):e166. doi: 10.1371/journal.pmed.0020166. Epub 2005 May 31. PMID: 15913387; PMCID: PMC1140676.									
Significance:	This measure tracks the Title V Programs capacity to develop effective information, education, and communication resources to support moving policy priorities toward policy enactment and implementation. The measure is directly related to the fifth Essential Public Health Service: Create, champion, and implement policies, plans and laws.									

Form 10

Evidence-Based or -Informed Strategy Measure (ESM) (2021-2025 Needs Assessment Cycle)

2021-2025: ESM BF.1 - Percent of births that were delivered at Gift-designated facilities

2021-2025: NPM – A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - 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:	<table border="1"> <tr> <td>Unit Type:</td><td>Percentage</td></tr> <tr> <td>Unit Number:</td><td>100</td></tr> <tr> <td>Numerator:</td><td>Number of infants born in Gift-designated hospitals during the calendar year</td></tr> <tr> <td>Denominator:</td><td>Number of infants born in Louisiana during the calendar year</td></tr> </table>	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
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. <i>Journal of Midwifery & Women's Health</i>, 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. <i>J Perinatol</i>, 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.

2021-2025: ESM SS.1 - Number of professionals trained to recognize, identify, and model safe sleep environments
2021-2025: 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 - SS

Measure Status:	Active									
Goal:	To increase the number of professionals who provide evidence-based safe sleep practices advice to caregivers of infants									
Definition:	<table><tr><td>Unit Type:</td><td>Count</td></tr><tr><td>Unit Number:</td><td>10,000</td></tr><tr><td>Numerator:</td><td>Number of professionals trained annually</td></tr><tr><td>Denominator:</td><td></td></tr></table>		Unit Type:	Count	Unit Number:	10,000	Numerator:	Number of professionals trained annually	Denominator:	
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. In Louisiana, SUID is the second leading cause of infant deaths. 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. 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. 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. 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. 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. 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.									

2021-2025: ESM LRC.1 - Percent of birthing hospitals actively participating in Louisiana Perinatal Quality Collaborative Initiatives
2021-2025: NPM – Percent of cesarean deliveries among low-risk first births - LRC

Measure Status:	Active									
Goal:	Increase the number of Louisiana birthing hospitals actively participating in evidence-based quality improvement initiatives to ensure safe and dignified births.									
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 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>		Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of birthing hospitals in the Louisiana Perinatal Quality Collaborative that are actively and regularly submitting quality improvement data	Denominator:	Number of all birthing hospitals in Louisiana
Unit Type:	Percentage									
Unit Number:	100									
Numerator:	Number of birthing hospitals in the Louisiana Perinatal Quality Collaborative that are actively and regularly submitting quality improvement data									
Denominator:	Number of all birthing hospitals in Louisiana									
Data Sources and Data Issues:	LaPQC quality improvement database.									
Evidence-based/informed strategy:	Findings from systematic evidence reviews performed by the National Center for Education in Maternal and Child Health Evidence Center indicate that adding population-based components to interventions, such as state or national guidelines, may support the effectiveness of local hospital-based interventions. Additionally, hospital implementation of structured multi-component interventions that include obstetrical skills training, improving teamwork, and public promotion of the strategy has been shown to significantly decrease NTSV rates over time. Lee King PA, Henderson ZT, Borders AEB. Advances in Maternal Fetal Medicine: Perinatal Quality Collaboratives Working Together to Improve Maternal Outcomes. Clin Perinatol. 2020 Dec; 47(4):779-797. doi: 10.1016/j.clp.2020.08.009. Epub 2020 Oct 16. PMID: 33153662. Vadnais MA, Hacker MR, Shah NT, Jordan J, Modest AM, Siegel M, Golen TH. Quality Improvement Initiatives Lead to Reduction in Nulliparous Term Singleton Vertex Cesarean Delivery Rate. Jt Comm J Qual Patient Saf. 2017 Feb; 43(2):53-61. doi: 10.1016/j.jcjq.2016.11.008. Epub 2016 Nov 15. PMID: 28334563; PMCID: PMC5928501.									
Significance:	For most low-risk pregnancies, cesarean delivery poses avoidable maternal risks of morbidity and mortality, including hemorrhage, infection, and blood clots—risks that compound with subsequent cesarean deliveries.¹ Much of the temporal increase in cesarean delivery (over 50% in the past decade), and wide variation across states, hospitals, and practitioners, can be attributed to first-birth cesareans.¹ Moreover, cesarean delivery in low-risk first births may be most amenable to intervention through quality improvement efforts.¹ This low-risk cesarean measure, also known as nulliparous term singleton vertex (NTSV) cesarean, is endorsed by the National Quality Forum (#0471) and included within The Joint Commission’s National Quality Measures for hospitals (PC-02), and the Core Set of Maternal and Perinatal Health Measures for Medicaid and CHIP. An Alliance for Innovation on Maternal Health (AIM) patient safety bundle for Safe Reduction of Primary Cesarean Births was released in 2018.² 1. American College of Obstetricians and Gynecologists (ACOG) and Society for Maternal-Fetal Medicine (SMFM). Obstetric Care Consensus: Safe Prevention of the Primary Cesarean Delivery. Number 1 March 2014 (Reaffirmed 2016).									

<https://www.acog.org/clinical/clinical-guidance/obstetric-care-consensus/articles/2014/03/safe-prevention-of-the-primary-cesarean-delivery>
2. Council on Patient Safety in Women's Health Care. Safe Reduction of Primary Cesarean Birth (+AIM). <https://safehealthcareforeverywoman.org/patient-safety-bundles/safe-reduction-of-primary-cesarean-birth/>

2021-2025: ESM LRC.2 - Percent of birthing hospitals achieving Louisiana Birth Ready Designation
2021-2025: NPM – Percent of cesarean deliveries among low-risk first births - LRC

Measure Status:	Active									
Goal:	Increase the percentage of birthing hospitals that demonstrate active implementation of multiple evidence-based best practices that promote vaginal birth									
Definition:	<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>		Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of hospitals achieving Louisiana Birth Ready Designation	Denominator:	Number of birthing hospitals in Louisiana
Unit Type:	Percentage									
Unit Number:	100									
Numerator:	Number of hospitals achieving Louisiana Birth Ready Designation									
Denominator:	Number of birthing hospitals in Louisiana									
Data Sources and Data Issues:	Internal program records									
Evidence-based/informed strategy:	Findings from systematic evidence reviews performed by the National Center for Education in Maternal and Child Health Evidence Center indicate that adding population-based components to interventions, such as state or national guidelines, may support the effectiveness of local hospital-based interventions. Additionally, hospital implementation of structured multi-component interventions that include obstetrical skills training, improving teamwork, and public promotion of the strategy has been shown to significantly decrease NTSV rates over time. https://www.mchevidence.org/tools/strategies/2-8.php Lee King PA, Henderson ZT, Borders AEB. Advances in Maternal Fetal Medicine: Perinatal Quality Collaboratives Working Together to Improve Maternal Outcomes. Clin Perinatol. 2020 Dec;47(4):779-797. doi: 10.1016/j.clp.2020.08.009. Epub 2020 Oct 16. PMID: 33153662. Vadnais MA, Hacker MR, Shah NT, Jordan J, Modest AM, Siegel M, Golen TH. Quality Improvement Initiatives Lead to Reduction in Nulliparous Term Singleton Vertex Cesarean Delivery Rate. Jt Comm J Qual Patient Saf. 2017 Feb;43(2):53-61. doi: 10.1016/j.jcjq.2016.11.008. Epub 2016 Nov 15. PMID: 28334563; PMCID: PMC5928501.									
Significance:	While the Louisiana Perinatal Quality Collaborative (LaPQC) is not responsible for directly implementing evidence-based improvement strategies within birthing hospitals, the LaPQC incentivizes hospitals to implement these multi-component interventions through a designation program. Louisiana Birth Ready Designation requires hospitals to demonstrate improvement through: participation in collaborative learning; health disparity and patient partnership; policies and procedures; structures and education; and outcome and process measures. Hospitals awarded Designation must demonstrate active implementation of multiple evidence-based best practices that address common causes of maternal mortality and morbidity related to hemorrhage and hypertension, as well as practices that promote vaginal birth.									

2021-2025: ESM IH-Child.1 - Number of households participating in evidence-based home visiting programs
 2021-2025: NPM – Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9 - IH-Child

Measure Status:	Active									
Goal:	Increase the number of households receiving injury prevention education during home visiting sessions									
Definition:	<table><tr><td>Unit Type:</td><td>Count</td></tr><tr><td>Unit Number:</td><td>10,000</td></tr><tr><td>Numerator:</td><td>Number of households enrolled in home visiting during the reporting period</td></tr><tr><td>Denominator:</td><td></td></tr></table>		Unit Type:	Count	Unit Number:	10,000	Numerator:	Number of households enrolled in home visiting during the reporting period	Denominator:	
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.mcchevidence.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.									

2021-2025: ESM IH-Child.2 - Percent of households participating in evidence-based home visiting programs who report high or very high satisfaction

2021-2025: NPM – Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9 - 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>		Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of households who reported high or very high satisfaction levels	Denominator:	Number of MIECHV households who completed a satisfaction survey
Unit Type:	Percentage									
Unit Number:	100									
Numerator:	Number of households who reported high or very high satisfaction levels									
Denominator:	Number of MIECHV households who completed a satisfaction survey									
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.									

2021-2025: ESM IH-Adolescent.2 - Number of “gatekeepers” trained in adolescent suicide prevention
2021-2025: NPM – Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 - 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:	<table><tr><td>Unit Type:</td><td>Count</td></tr><tr><td>Unit Number:</td><td>10,000</td></tr><tr><td>Numerator:</td><td>Number of individuals receiving gatekeeper training</td></tr><tr><td>Denominator:</td><td></td></tr></table>		Unit Type:	Count	Unit Number:	10,000	Numerator:	Number of individuals receiving gatekeeper training	Denominator:	
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.									

2021-2025: ESM IH-Adolescent.3 - Percent of participants in gatekeeper trainings who report increased confidence to help someone at risk of suicide.

2021-2025: NPM – Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 - IH-Adolescent

Measure Status:	Active									
Goal:	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 respond suicide warning signs									
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 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>		Unit Type:	Percentage	Unit Number:	100	Numerator:	Number of individuals receiving gatekeeper training who report increased confidence in supporting someone presenting suicide warning signs	Denominator:	Total number of participants who received the gatekeeper training
Unit Type:	Percentage									
Unit Number:	100									
Numerator:	Number of individuals receiving gatekeeper training who report increased confidence in supporting someone presenting suicide warning signs									
Denominator:	Total number of participants who received the gatekeeper training									
Data Sources and Data Issues:	Gatekeeper attendance records and post training assessment forms									
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.									

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 2024

Data Sources	Access				Linkages	
	(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)

Data Sources	Access				Linkages	
	(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	
11) Children and Family Services	Yes	Yes	Annually	12	Yes	• PRAMS

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 2024

Products and Publications information has not been provided by the State.