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Jefferson Parish Human Services Authority

REVISED JULY 2012

Vision

Jefferson Parish Human Services Authority (JPHSA) envisions a Jefferson Parish in which individuals and families affected by mental illness, addictive disorders or developmental disabilities will live full, independent and productive lives to the greatest extent possible with available resources.

Mission

Jefferson Parish Human Services Authority's mission is to minimize the existence and disabling effects of mental illness, substance abuse, and developmental disabilities and to maximize opportunities for individuals and families affected by those conditions to achieve a better quality of life and to participate more fully within our community.

Philosophy

Jefferson Parish Human Services Authority has embraced shared philosophies of person-centered and recovery-oriented service planning and delivery within a culture committed:

- To assist each individual served with overcoming barriers to achieving his or her full potential;
- To offer relevant and integrated services representative of best and evidence-based practices with a focus on positive outcomes;
- To maintain service delivery environments that are both welcoming and safe; and,
- To practice the Authority's Service Statement – we promise courtesy, empathy, and respect in meeting the expectations of those we serve and each other – during daily interpersonal interactions.

Jefferson Parish Human Services Authority operates within a context of performance and continuous quality improvement and practices data-based decision-making to assure effective and efficient use of available resources and to best position the Authority for long-term sustainability.

Executive Summary

In 1989, the Louisiana State Legislature passed RS 28:831, the enabling legislation that established Jefferson Parish Human Services Authority as a Local Governing Entity responsible for the administration, management and operation of mental health, addictive disorders, and developmental disabilities services for the residents of Jefferson Parish, Louisiana. JPHSA is now a model for other regions in Louisiana who also provide these services. Previously, direct provision of these services was through the Department of Health and Hospitals (DHH).

Governance of JPHSA is by a 12-member Board of Directors with nine members appointed by the Jefferson Parish Council and the remaining three members appointed by the Governor of Louisiana. Each Board member must possess experience in the areas of mental health, addictive disorders, or developmental disabilities and represent parents, consumers, advocacy groups, or serve as a professional in one of the areas. All members serve without compensation.

Administration of JPHSA is by an Executive Director, who is selected by the Board of Directors and is supported in administration and day-to-day operations by an Executive Management Team. This leadership strives to foster a culture of accountability and collaboration in an environment focused on evidence-based and best practices and the ongoing assessment of needs and monitoring of quality and efficacy. Success is defined by positive outcomes and customer satisfaction along with maximized efficiency and cost-effectiveness in the provision of services and supports.

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

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

State Outcome Goal: Better Health

Jefferson Parish Human Services Authority (JPHSA) supports and advances the State Outcome Goal: Better Health through Program Activities.

Registration/Assessment Center: reduces and/or prevents emergency room presentation, hospitalization, institutionalization, and incarceration for individuals facing immediate risk to health, independence and safety by providing a single point of entry for ready access to Behavioral Health and Developmental Disabilities assessments, crisis stabilization and appropriate referral to treatment and/or community support.

Adult Clinic-based Behavioral Health Services: provides individuals with inter- and outer-agency coordinated care through collaborations that aid in the provision of Behavioral Health services. Clinic-based care for individuals discharged from hospitals is facilitated by a Transitional Care Team; follow-up services are determined by a best practice Level of Care Utilization System; and, services are individualized by a multidisciplinary treatment team that includes the individual served.

Adult Community-based Behavioral Health Services: prevents hospitalization and institutionalization; facilitates independence; and, maximizes individual recovery. JPHSA works with area hospitals and local law enforcement to decrease Behavioral Health admissions and arrests. Collaboration focuses on recovery and stabilization of individuals served.

Child & Youth Clinic- and Community-based Behavioral Health Services: utilize multi-agency input to streamline planning to provide evidence-based and best practices that improve health outcomes, reduce costly and restrictive out-of-home placement of youth, and address key health factors such as self-care and reduction of unhealthy behaviors, e.g. substance/tobacco use and risky sexual behaviors. Utilizing a best practice level of care system, appropriate services are delivered to address both social and physical environmental issues, which assist in keeping youth and their families intact.

Developmental Disabilities Community Services: provides a single point of entry for individuals with Developmental Disabilities, offering ease of access to needed services that are person- and family-centered and planned to assist with outcomes of independence, participation in community life, and prevention of institutionalization and unnecessary hospitalization. Services provide a safety net for individuals and their families.

Administration: provides leadership within a culture of strategic thinking, information seeking, data-based decision-making, flexibility, and empathy. Focus on performance and continuous quality improvement is ongoing; priorities are set, regularly reviewed, and consistently communicated; provision of high quality, effective, and cost efficient community- and clinic-based services and supports; full implementation of an electronic health record to achieve concurrent and holistic documentation as well as to gain expansive data to mine; and, increase direct service time and engagement of individuals served by providing an environment that maximizes workflow and emphasizes customer service meeting or exceeding expectations.

Strategic Links

Brazelon Center for Mental Health Law

“Adequate stable housing is a prerequisite for improved functioning for people with mental disabilities and a powerful motivator for people to seek and sustain treatment.”

“Assertive Community Treatment (ACT) teams serve the clients with the greatest challenges, including individuals with serious mental illness who have co-occurring problems, such as homelessness, substance abuse or involvement with the judicial system.”

“ACT teams have been widely recognized as one of the most effective ways to provide services to individuals with mental illness.”

Healthy People 2020

Objective MHMD HP 2020-6: Increase the proportion of children with mental problems who receive treatment.

Objective MHMD HP 2020-12: Increase the proportion of persons with serious mental illness who are employed.

Objective MHMD HP 2020-13: Increase the proportion of adults with mental disorder who receive treatment.

Institute of Medicine Report

Goal 1: Assuring the system is patient centered.

Goal 2: Enhancing measurement and quality improvements in infrastructure.

Goal 3: Improving linkages across the systems of care.

Goal 4: Increasing involvement in National Health Information Infrastructure.

National Alliance for the Mentally Ill (NAMI)

“75% of the most frequent users of health and criminal justice services were diagnosed with a mental illness or substance abuse problem.”

“Lack of housing causes people with severe mental illness to cycle among hospitals, shelters or jails at very high costs.”

“Investments in supportive housing and mental health services also save money: a New York study of 10,000 people with mental illness showed that after supportive housing and services, there was a 60% drop in state hospital use and an 80% drop in the number of public hospital in-patient days.”

Parish Children and Youth Services Planning Boards Act (Act 555)

For the purposes of encouraging positive youth development, diversion of youth from the criminal justice system, reduction in commitments of youth to state institutions, promoting efficiency and economy in the delivery of youth services, and providing community response to the growing rate of juvenile delinquency, the legislature authorizes a program of state subsidies to assist parishes, on a voluntary basis, in the development, implementation, and operation of comprehensive, community-based youth service programs.

The purpose of the children and youth planning boards is to assist in the assessment, alignment, coordination, prioritization, and measurement of all available services and programs that address the needs of children and youth. This includes children and youth at risk for, or identified with, social, emotional, or developmental problems, including, but not limited to educational failure, abuse, neglect, exposure to violence, juvenile or parental mental illness, juvenile or parental substance abuse, poverty, developmental disabilities and delinquency. The boards are intended to encourage collaborative efforts among local stakeholders for assessing the physical, social, behavioral, and educational needs of children and youth in their respective communities and for assisting in the development of comprehensive plans to address such needs.

Substance Abuse and Mental Health Services Administration

Assertive Community Treatment has been endorsed as an essential treatment for severe mental illness in the Surgeon General’s Report on Mental Health.

In the new federal performance indicators system developed by the Substance Abuse and Mental Health Services Administration, accessibility to Assertive Community Treatment services is one of the three best practice measures of the quality of a state’s mental health system.

Substance Abuse and Mental Health Services Administration’s Center for Substance Abuse Prevention (CSAP)

CSAP promotes the use of data-driven decision-making in determining which evidence-based programs, practices, and policies work best to keep citizens healthy. The goal of the CSAP initiative is to create prevention prepared communities where individuals, families, schools, workplaces, and communities take action to promote emotional health and prevent and reduce mental illness, substance abuse including tobacco, and suicide across the lifespan.

Substance Abuse and Mental Health Services Administration’s Center for Substance Abuse Treatment (CSAT)

CSAT promotes the quality and availability of community-based substance abuse treatment services to improve lives of individuals and families affected by alcohol and drug abuse by ensuring access to clinically sound, cost-effective addiction treatment. Because no single treatment approach is effective for all persons, CSAT supports the effort to provide multiple treatment modalities, to evaluate effectiveness, and to use evaluation results to enhance treatment and recovery approaches.

American Association on Intellectual and Developmental Disabilities (AAIDD)

People with intellectual and/or developmental disabilities must be able to live the lives they choose and have a good quality of life.

A good quality of life exists for individuals with intellectual and developmental disabilities when they:

- Receive the support, encouragement, opportunity and resources to explore and define how they want to live their lives;
- Choose and receive the services and supports that will help them live meaningful lives;
- Direct the services and supports they receive;
- Lead a life rich with friendships;
- Have their rights, dignity and privacy protected;
- Are allowed to take risks in their choices; and,
- Are assured of health and safety.

Public agencies, private organizations, and individuals providing services and supports must:

- Be responsible and accountable to individuals and their families;
- Continuously improve their efforts to support individuals in leading meaningful lives;
- Be recognized when they make meaningful contributions to the quality of life for individuals;
- Be replaced when they fail to make meaningful contributions to quality of life for individuals; and,
- Be part of a program of ongoing monitoring, independent of the service provider, to ensure desired outcomes and the satisfaction of the people served and their families.

Developmental Disabilities Council

The Developmental Disabilities Council ensures that all individuals with disabilities benefit from supports and opportunities in their communities so they can achieve quality of life in conformance with their wishes.

Individuals with Disabilities Education Act (IDEA)

Ensuring educational and related services to children with disabilities from birth to 21 years of age, IDEA states that disability is a natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society. The IDEA makes certain that educational services result in equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities.

Louisiana Act 378, Family Support Act of 1989

Individuals and families with developmental disabilities need supports and services which are person- and family-centered, flexible, and determined by their preferences, goals and priorities. No matter the severity of the disability or degree of support needed, supports and services must be provided so the individual may live in a stable family environment within the community. Services and supports must be responsive to individuals and families, and result in individuals having greater independence, community participation, and productivity similar to other citizens without disabilities in community domains such as employment, volunteer service, participation in neighborhood activities, home ownership, and education.

Human Resources Policies Benefiting Women and Families, Act 1078

With regard to employees who provide services and to support staff, JPHSA has an array of authority-wide Human Resources policies that support female employees, and hence, their families. All policies are reviewed on a regular basis and updated as needed. Additionally, the Human

Resources Director monitors state and federal guidelines/mandates as well as internal feedback from front-line staff and management to assure compliance and to stimulate process improvement.

With regard to individuals served, as reflected in this strategic plan, JPHSA utilizes a person- and family-centered approach to the provision of services and supports; and, recognizes 1) families as the foundation of lifelong love and care and 2) the need for families to be supported and strengthened. Evidence, too, the operation of activities within the JPHSA program – Child & Youth Clinic- and Community-based Behavioral Health Services – with focus on children, infancy through adolescence, and the family unit; and, including services specifically geared to benefit women in the parent role.

The Jefferson Parish Human Services Authority has one Program: Jefferson Parish Human Services Authority.

The Jefferson Parish Human Services Authority program includes the following activities: Registration/Assessment Center; Adult Clinic-based Behavioral Health Services; Adult Community-based Behavioral Health Services; Child & Youth Clinic-based Behavioral Health Services; Child & Youth Community-based Behavioral Health Services; Developmental Disabilities Community-based Services; and, Administration.

Authority Goals

Goal I

Provide coordinated services and supports which improve the quality of life and community participation for persons in crisis and with serious and persistent mental illness, emotional and behavioral disorders, addictive disorders, and/or developmental disabilities, while providing appropriate and best practices to individuals with less severe needs.

Goal II

Improve personal outcomes through effective implementation of best practices and data-driven decision-making.

Objective I:

Through the Registration/Assessment Center serving as a single point of entry, provide increased access to Behavioral Health and Developmental Disabilities services by 15% by the end of FY 2015-2016 with FY 2009-2010 used as the baseline measure, thereby preventing emergency room presentations, hospitalizations, and/or incarceration.

Strategies:

- 1.1 Expand eligibility criteria to provide services to a broader population.
- 1.2 Strengthen collaboration with community stakeholders to expand the referral base and to provide integrated services.

Performance Indicator:

Percent increase in community access to mental health, addictive disorders, and/or developmental disabilities services (Key)

Objective II:

Through Adult Clinic-based Behavioral Health Services, promote independence, foster recovery, enhance employment and productivity, facilitate personal responsibility, and ensure that at least 50% of adults with depression report a reduction in symptoms by the end of FY 2015-2016.

Strategies:

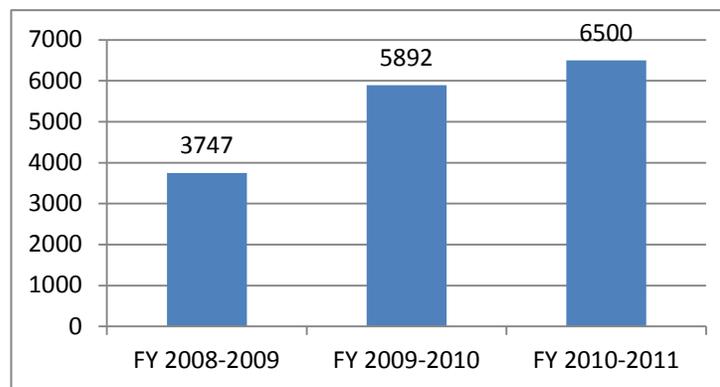
- 2.1 Increase use of treatment modalities shown to be effective.
- 2.2 Increase access to and participation in social support systems.

Performance Indicators:

- Percent of adults with an Addictive Disorder who successfully complete treatment (Key)
- Percent of adults with Mental Illness employed in community-based employment (Key)
- Percent of adults with depression who report they feel better/are less depressed (Key)
- Percent of adults with an Addictive Disorder who report improvement in family/social relationships (Key)
- Number of adults with Mental Illness served in Adult Clinic-based Behavioral Health Services (Key)

Performance Indicator Name: Number of adults with Mental Illness served in Adult Clinic-based Behavioral Health Services (23815)

Overall, Adult Behavioral Health Services showed volume increases from FY 09 through FY 11. The number of unduplicated individuals served for Mental Health treatment is depicted in the charts.



This Performance Indicator demonstrates the effectiveness of the open access model, which allows more individuals to receive services.

Objective III:

Through Adult Community-based Behavioral Health Services, provide evidence-based practices to decrease utilization of hospital/institutional settings while promoting independence, fostering recovery, enhancing productivity, facilitating personal responsibility, and improving quality of life as evidenced by 90% of individuals receiving Assertive Community Treatment (ACT) remaining housed for at least seven months and 90% of individuals receiving ACT remaining in the community without a hospitalization by the end of FY 2015-2016.

Strategies:

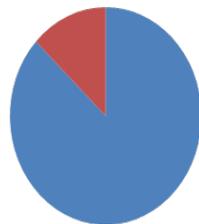
- 3.1 Monitor providers to assure fidelity to the ACT evidence-based model.
- 3.2 Provide intensive technical assistance to maximize Authority effectiveness and best practices.
- 3.3 Insure providers implement internal continuous quality improvement (CQI) plans.

Performance Indicators:

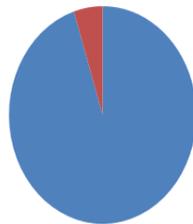
- Percent of adults receiving Assertive Community Treatment (ACT) services who remain in the community without a hospitalization (Key)
- Percent of adults receiving Assertive Community Treatment (ACT) services who remain housed for seven months or longer (Key)

Performance Indicator Name: Percent of adults receiving Assertive Community Treatment (ACT) services who remain in the community without a hospitalization (22932)

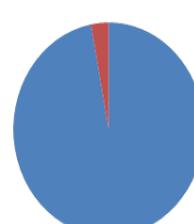
Designated ACT staff report data per contract specifications. JPHSA staff consistently monitor for accuracy and timeliness. The charts show actual performance for three Fiscal Years.



87%
FY 2008-2009



95%
FY 2009-2010



97%
FY 2010-2011

This Performance Indicator is one of the key outcome measures for the evidence-based practice and is used to determine program effectiveness.

Objective IV:

Through Child & Youth Clinic-based Behavioral Health Services, deliver a continuum of best and evidence-based practices, decreasing the disabling effects of behavioral health illness while assisting individuals to live productive lives in the community, and ensure at least 80% of youth served display a decrease in mental health symptoms or continued stability by the end of FY 2015-2016.

Strategies:

- 4.1 Deliver evidence-based and best practice behavioral health clinic-based services for children and adolescents.
- 4.2 Measure functional and symptom improvements of children and adolescents who have received services.
- 4.3 Collaborate with child-serving agencies to enhance availability of resources to serve youth, while decreasing duplication of funding efforts.

Performance Indicators:

- Percent of youth whose mental health symptoms improve or remain stable after six months of treatment (Key)
- Percent of youth whose substance abuse decreased or remained stable at completion of treatment (Key)
- Number of youth with a Behavioral Health illness served in Child & Youth Clinic-based Behavioral Health Services (Key)

Objective V:

Through Child & Youth Community-based Behavioral Health Services, provide a continuum of best and evidence-based practices to minimize the disabling effects of Behavioral Health illnesses (mental illness and addictive disorders) while assisting individuals served to live productive lives in the community and to reduce utilization of institutions and the juvenile justice system, and ensure at least 80% of youth who complete Multi-Systemic Therapy are free from arrests and 80% remain in school or are employed by the end of FY 2015-2016.

Strategies:

- 5.1 Deliver evidence-based and best practice behavioral health community-based services for children and adolescents.
- 5.2 Measure functional and symptom improvements of children and adolescents who have received services.
- 5.3 Collaborate with child-serving agencies to enhance availability of resources to serve youth, while decreasing duplication of funding efforts.

Performance Indicators:

- Percent of individuals completing Multi-Systemic Therapy (MST) free from arrests (Key)
- Percent of individuals completing Multi-Systemic Therapy (MST) in school or employed (Key)
- Percent of youth who completed Functional Family Therapy (FFT) to show improvement in behavioral problems (Key)

Objective VI:

Through comprehensive Developmental Disabilities Community Services, promote independence, participation, employment and productivity, personal responsibility, and quality of life in the community, thus preventing institutionalization and assuring at least 95% of individuals and families receiving family and support services remain in their communities by the end of FY 2015-2016.

Strategies:

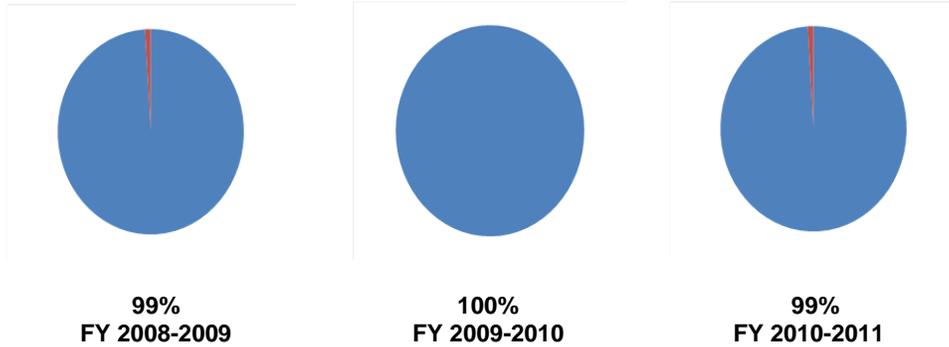
- 6.1 Implement best practices for person/family-centered planning, team functioning and leadership for person/family-centered planning and team functioning at all levels of the service delivery community.
- 6.2 Increase the number of vocational services staff who complete the job coach training program sponsored by the Office for Citizens with Developmental Disabilities (OCDD), State Employment Leadership Network.
- 6.3 Improve the development, implementation and quality of individuals' comprehensive plans of supports via effective service monitoring and ongoing plan evaluation.

Performance Indicators:

- Percent of Flexible Family Fund recipients who remain in the community vs. institution (Key)
- Percent of Individual and Family Support recipients who remain in the community vs. institution (Key)
- Percent of persons with a developmental disability employed in community-based employment (Key)
- Number of children with developmental disabilities and their families who were assisted in the development of their Individual Education Plans including Individual Transition Plans (Key)
- Number of people (unduplicated) receiving state-funded developmental disabilities community-based services. (Key)

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

Data is extracted from the state office Individual Tracking System (ITS) and from an internal database. Authority employees are responsible for entering accurate and timely information. The charts show actual performance from FY 2008-2009 through FY 2010-2011.



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

Objective VII:

Through Administration effectively and efficiently managing Jefferson Parish Human Services Authority and utilizing an Electronic Health Record for data analysis to assure continuous quality improvement of workforce performance inclusive of client engagement and retention, 85% of clients will keep intake and ongoing clinic-based appointments by the end of FY 2015-2016.

Strategies:

- 7.1 Monitor and track time from first contact to intake.
- 7.2 Monitor and track time from intake to first clinic-based appointment.
- 7.3 Initiate and implement ongoing engagement tactics

Performance Indicator:

Percent of appointments kept for intake and ongoing clinic-based appointments
(Key)



09-301

Florida Parishes Human Services Authority

Vision

The vision of the Florida Parishes Human Services Authority (FPHSA) is to enhance the availability of support services leading to a satisfying and productive life for persons living with addictions, developmental disabilities, and mental illness.

Mission

The mission of the Florida Parishes Human Services Authority is to direct the operation and management of public community-based programs and services relative to addictive disorders (including the Alcohol Drug Unit and Fontainebleau Treatment Center), developmental disabilities, and mental health in the parishes of Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington.

Philosophy

To ensure that services provided are responsive to client concerns, integrated in service delivery methods and representative of best practices, in the most cost-effective manner.

Florida Parishes Human Services Authority exists to support each consumer, to the full extent that resources permit, to live productively in the location and environment of their choosing, within appropriate and fiscally responsible parameters.

Executive Summary

The Florida Parishes Human Services Authority Program is a political subdivision created by the Louisiana Legislature to directly operate and manage community-based addictive disorders, developmental disabilities, and mental health services in the parishes of Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington. Functions and funds relative to the operation of these services were transferred to FPHSA from the Department of Health and Hospitals (DHH) through a memorandum of understanding monitored by the DHH Secretary. Some funds relative to these functions are also appropriated directly to FPHSA. To increase responsiveness to local human service needs, FPHSA is governed by a board composed of members appointed by the respective parish governing authority and ratified by a plurality of the legislative delegation representing the five parishes which are included in the authority. The program has three major activities: addictive disorders, developmental disabilities, and mental health services. Also included are the activities of permanent supportive housing and executive administration.

Agency Goals

Goal I

To assure comprehensive services and supports which improve the quality of life and community participation for persons with serious and persistent addictive disorders, developmental disabilities, and/or mental illness, while providing effective limited intervention to individuals with less severe needs.

Goal II

To improve the quality and effectiveness of services and/or treatment through the implementation of best practices and the use of data-based decision-making.

Goal III

To promote healthy and safe lifestyles for people by providing leadership in educating the community on the importance of prevention, early detection and intervention, and by facilitating coalition building to address the localized community problems.

Program A: Florida Parishes Human Services Authority

The Florida Parishes Human Services Authority has one program: Florida Parishes Human Services Authority. The three major activities are: addictive disorders, developmental disabilities, and/or mental health services. Also included are the activities of permanent supportive housing and executive administration.

Note: The FPHSA Board of Directors and administration assure consistency of its goals with DHH in the areas of prevention, treatment, support and advocacy for persons with serious and persistent addictive disorders, developmental disabilities, and/or mental illness.

Program A Mission

The mission of the Florida Parishes Human Services Authority is to direct the operation and management of public community-based programs and services relative to addictive disorders (including the Alcohol Drug Unit and Fontainebleau Treatment Center), developmental disabilities, and mental health in the parishes of Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington.

Program A Goals

Goal I

To assure comprehensive services and supports which improve the quality of life and community participation for persons with serious and persistent addictive disorders, developmental disabilities, and/or mental illness, while providing effective limited intervention to individuals with less severe needs.

Goal II

To improve the quality and effectiveness of services and/or treatment through the implementation of best practices and the use of data-based decision-making.

Goal III

To promote healthy and safe lifestyles for people by providing leadership in educating the community on the importance of prevention, early detection and intervention, and by facilitating coalition building to address the localized community problems.

State Outcome Goal

Better Health-Affordable Care: Addictive Disorders Services (ADS)

Provision of addictive disorders treatment to those suffering from addictions contributes to the reduction of statewide health care costs. Left untreated, the addicted person's medical care needs grow due to secondary health conditions. When addiction is treated, better health care outcomes become apparent and statewide medical care costs are reduced. Studies show that addiction treatment significantly reduces emergency room, inpatient, and total health care costs.¹

Primary Prevention goes a step further in containing health care costs by initiating environmental change through community coalitions and providing evidence-based programs to children, increasing the odds that they will lead drug-free healthy lifestyles. The Screening Brief Intervention Referral Treatment (SBIRT)-Health Babies Initiative collaborative of FPHSA and other state and private agencies is designed to be integrated into prenatal care providing treatment for the mother, if indicated, while increasing the chances that babies will be born healthy, thus preventing future serious health, behavioral, and mental issues.

¹2007, U. S. Agency for Healthcare Research and Quality; 2000, researcher Constance Weisner; 2006, U. S. Department of Health study

Better Health-Optimizing Community Based Care: Developmental Disabilities Services (DDS)

FPHSA's Developmental Disabilities Services contributes to a continuum of care that provides individuals with choices. DDS, through its Entry Unit, conducts an individualized needs assessment to determine the level of care/services for individuals to remain in the community. There is a twenty working-day timeline following the face-to-face interview to determine whether a person meets criteria. This ensures timely access into the service system. A person-centered approach provides an effective method to address a person's hopes, dreams, and desires, thus helping to ensure an opportunity to be a productive, contributing member of society. The services are developed through a Plan of Support created by the individual/family and the assigned DDS Support Coordinator. Natural supports are discussed with the individual and they are encouraged to use these supports to enhance their quality of life. The individual/family is given a list of private agencies providing an opportunity to choose an agency which meets their needs. The individual/family may choose to use a person known to the family and trained in the specialized needs of the individual. The Support Coordinator works with the individual to define the structure

of what, when, and where the services will be implemented. Implementation of the Plan of Support is reviewed monthly by submission of a log of services provided to the individual. The Support Coordinator provides feedback on how the services are being implemented. During the interaction between the individual and Support Coordinator, the success and quality of services are evaluated, adjustments are made to meet the individual's changing needs, and referrals are made to other community-based services in an effort to assure the individual continues to live in the community. An in-depth monitoring of services is completed quarterly.

Better Health-Optimizing the use of community-based care while decreasing reliance on more expensive institutional care: Executive Administration

As the local governance entity responsible for state-administered behavioral health, developmental disabilities services, and permanent supportive housing, FPHSA is the area's major provider of community-based service delivery and governance, providing community level knowledge of needs and the most effective means of meeting those needs by utilizing local resources and infrastructure. The Executive Administration oversees the budget, contracting, and purchasing processes, ensuring that the agency optimizes tax-payer dollars; develops, implements, and monitors agency compliance with policies and procedures modeled after state and national best-practices; assesses staff training needs and fosters workforce development by connecting employees with appropriate training opportunities; reduces or eliminates inefficiencies by analyzing and improving on agency processes; keeps pace with the rest of the state by early adoption of technological improvements; and ensures agency adherence to state and federal regulations.

Better Health-Optimizing Community Based Care: Mental Health Services (MHS)

FPHSA's Mental Health Services, through its system of Community Mental Health Centers, clinics and supportive services, offers a full range of outpatient psychiatric care for individuals with emotional disorders. Availability of community-based services reduces dependence on more costly hospital-based services. Moreover, services provided in a natural setting are more conducive to recovery than is institutionalized care.

With the exception of St. Tammany Parish, the catchment area of FPHSA faces a severe lack of private providers of behavioral health services. We are to a great extent the only provider of psychiatric services for individuals with severe mental illness.

FPHSA, by collaborating with institutions of higher learning, is attempting to address the immediate shortfall of providers and to groom (through internships) a future qualified workforce.

Better Health-Community-Based Housing: Permanent Supportive Housing (PSH)

FPHSA's Permanent Supportive Housing Services provides individuals with stable community-based housing where individuals and families can maintain or develop independence and personal responsibility. PSH reduces the number of individuals in shelters, in-patient psychiatric hospitals, public hospitals, and emergency rooms by providing community-based services to citizens with disabilities and the elderly. PSH is improving the quality of life of individuals and families with disabilities by providing stable affordable housing, allowing many to maintain their independence at home in their communities. FPHSA/PSH integrates community-based services with a stable mixed-income environment that promotes social interaction and fosters a healthier lifestyle. Many PSH households are taking advantage of new opportunities to increase social and physical activities

through their residential community's social events, exercise facilities, swimming pools, and recreational activities.

Objective I:

Each year through June 30, 2016, Florida Parishes Human Services Authority/Addictive Disorders Services will provide treatment services to individuals with addictive disorders and prevention services to four percent of the population within its catchment area.

Strategies:

- 1.1: Meet monthly with ADS facility managers and service providers to review performance goals and successes as well as review/revise strategies for reaching goals.*
- 1.2: Annually seek input from stakeholders and consumers to identify service gaps and initiate program modifications if indicated or initiate collaborations/partnerships in response to survey results.*

Performance Indicators:

21037 - Percentage of individuals receiving outpatient treatment for three months or more

21038 - Percentage of individuals successfully completing the program (Primary Inpatient-Adult-FTC/ADU)

New - Percentage of enrollees completing the evidence-based educational (prevention) program

21039 - Average daily census (Primary Inpatient-Adult, FTC/ADU)

21045 - Average cost per client day (Primary Inpatient-Adult, FTC/ADU)

New - Average cost per individual served in outpatient addictive disorders treatment services

New - Average cost per individual served in inpatient (FTC/ADU) addictive disorders treatment services

New - Average cost per individual served in addictive disorders prevention programs

21041 - Total number of individuals receiving addictive disorders treatment services

21042 - Total number of individuals receiving outpatient addictive disorders treatment services (Includes admitted and screened)

21043 - Total number of individuals receiving inpatient (FTC/ADU) addictive disorders treatment services

New - Total number of individuals admitted/received outpatient addictive disorders treatment services

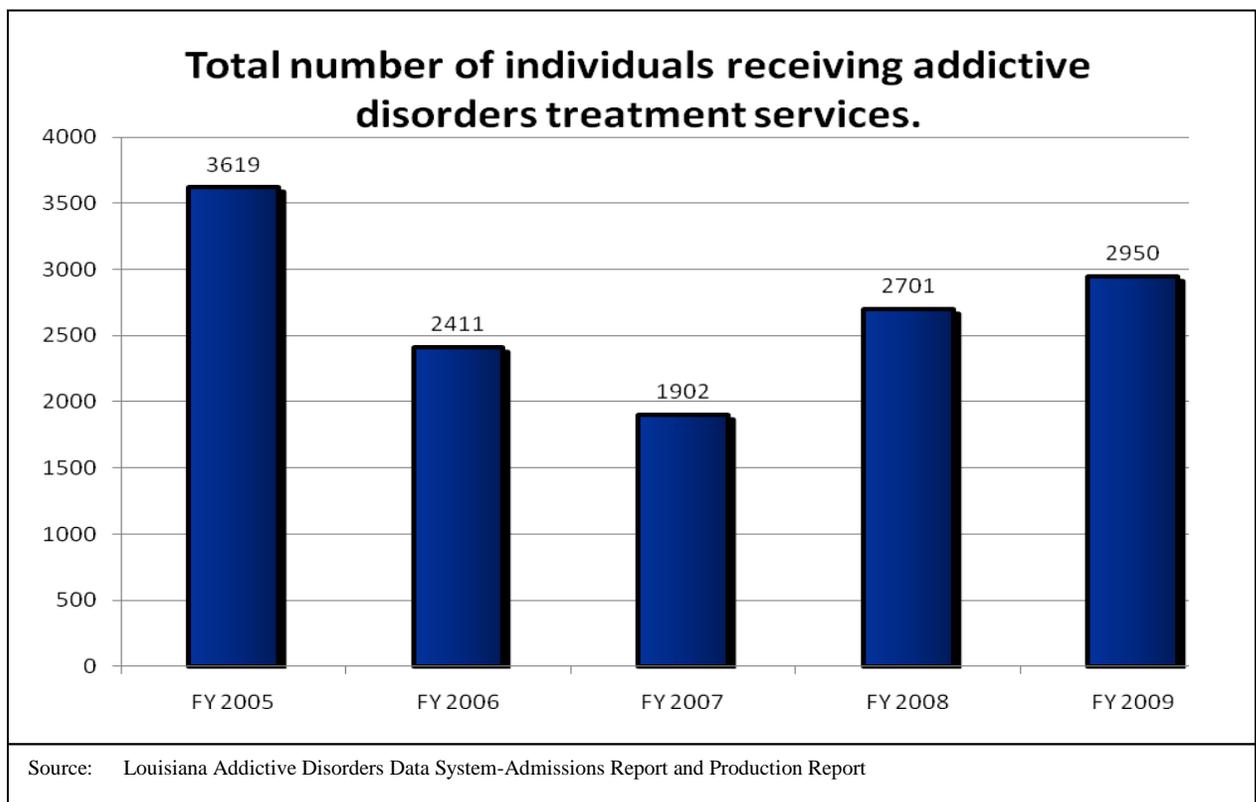
New - Total number of individuals screened but not admitted to outpatient addictive disorders treatment services

New - Total number of individuals served in prevention programs

New - Total number of participants served by other prevention efforts (does not include those enrolled in evidence-based educational (prevention) programming or merchants educated through Synar)

New - Total number of merchants educated through Synar services

New - Cost per participant enrolled in evidence-based educational (prevention) programs



Objective II:

Each year through June 30, 2016, Florida Parishes Human Services Authority/Developmental Disabilities Services will provide services that emphasize person-centered individual and family supports to people with developmental disabilities. Delivery of services will result in an increased percentage of people within the FPHSA catchment area that remain in the community rather than being institutionalized.

Strategies:

- 2.1: *Utilize person-centered planning to assist individuals and families in identifying supports needed to remain in the community.*
- 2.2: *Meet quarterly with service providers and families to discuss goals and services and to resolve barriers to achieving goals.*
- 2.3: *Analyze and develop a baseline annual institutionalization rate for people with developmental disabilities within the FPHSA catchment area by July 1, 2014 and develop a plan for focusing resources on the segment of the developmentally disabled population that will result in the highest possible annual percent increase of those remaining in the community.*
- 2.4: *By July 1, 2015, develop and implement a performance indicator to measure the percentage of developmentally disabled people in the FPHSA catchment area that remain in the community.*

Performance Indicators:

21022 - The total unduplicated number of individuals receiving developmental disabilities community-based services

21023 - The total unduplicated number of individuals receiving Individual and Family Support services

New - The total number of individuals receiving Cash Subsidy

New - The total unduplicated number of individuals receiving individual and family support crisis services

New - The total unduplicated number of individuals receiving Pre-admission Screening and Annual Resident Review (PASARR) services

New - The total unduplicated number of individuals referred by FPHSA/DDS to Families Helping Families (FHF) services

New - Average cost per individual receiving Individual and Family Support services

New - Average cost per individual receiving Cash Subsidy

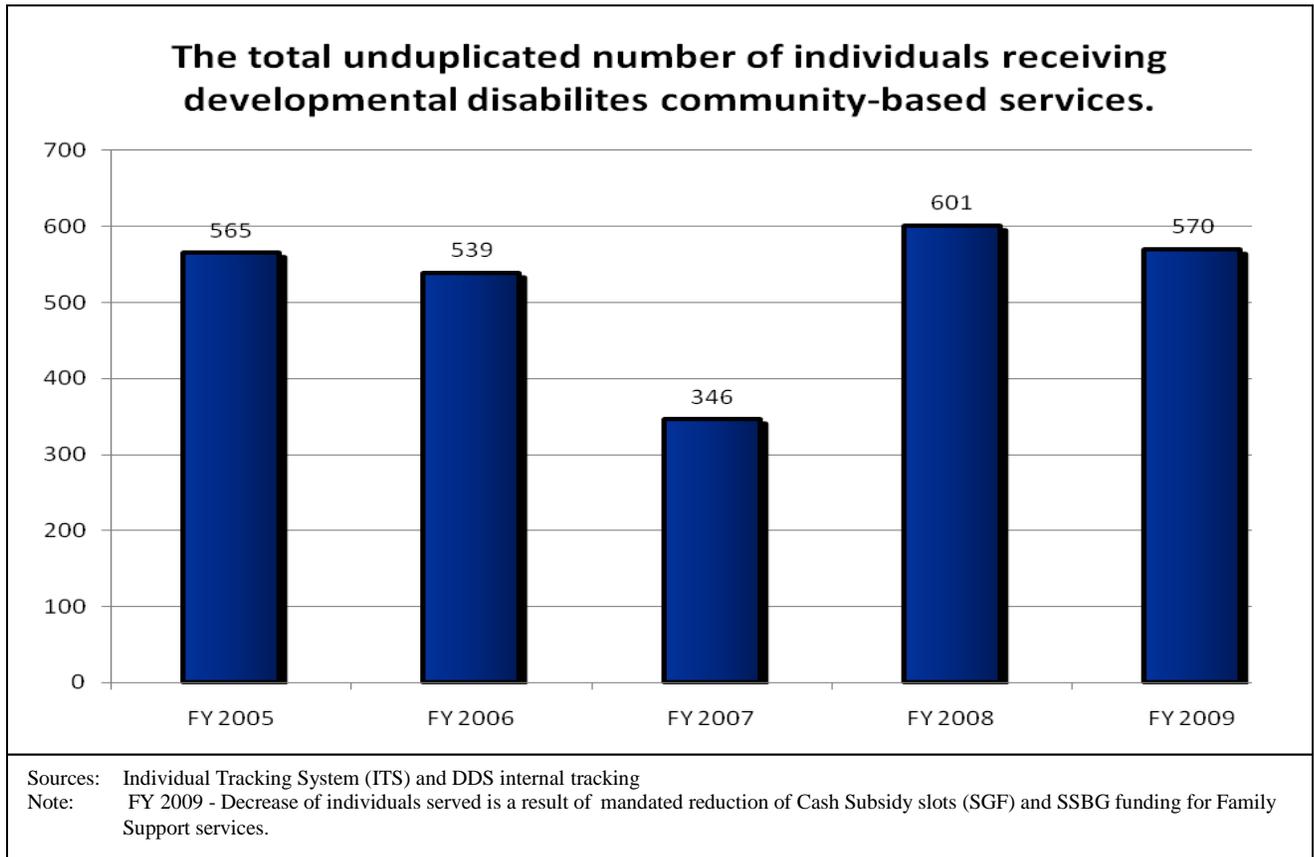
New - Average cost per individual receiving individual and family support crisis services

New - Average cost per individual receiving Pre-admission Screening and Annual Resident Review (PASARR) services

New - Average cost per individual referred by FPHSA/DDS to Families Helping Families services

New - Percentage of Cash Subsidy recipients that remain in the community (vs. institution)

New - Percentage of Individual and Family Support recipients that remain in the community (vs. institution)



Objective III:

Each year through June 30, 2016, Florida Parishes Human Services Authority/Executive Administration will increase the efficiency of the operation and management of public, community-

based services related to addictive disorders, developmental disabilities, mental health, and permanent supportive housing in the parishes of Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington.

Strategies:

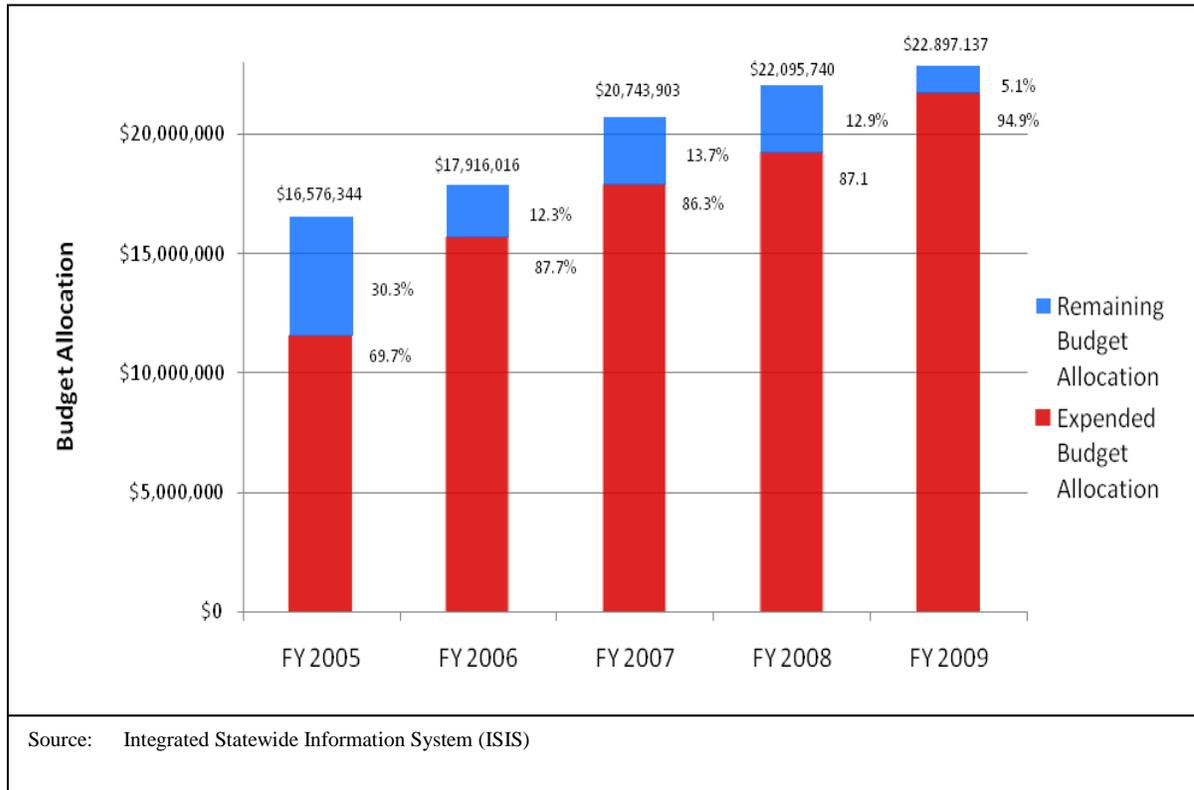
- 3.1: *Monitor key and supporting performance indicators reported in the Louisiana Performance Accountability System (LaPAS) and address any deviations from the assigned target.*
- 3.2: *Audit agency processes related to fleet management (quarterly), cash receipts (monthly), billing (monthly), and petty cash (quarterly).*
- 3.3: *By July 1, 2012, develop and implement an internal analysis of current workflow processes governed by established agency policy and procedure and revise, as necessary, to maximize the production and efficiency of FPHSA activities.*

Performance Indicators:

- New - Percentage of Performance Planning and Review (PPR) evaluations completed by each employee's anniversary date
- New - Percentage of Information Technology (IT) work orders closed within 5 business days of work request
- New - Percentage of contract invoices for which payment is issued within 21 days of agency receipt
- New - Percentage of new employees completing mandatory online training courses within 90 days of employment
- New - Percentage of agency's Performance Indicators within + / - 4.99 percent of target
- New - Agency's overall compliance percentage as reported on the quarterly Civil Service Data Integrity Report Card
- New - Executive Administration expenditures as a percentage of the agency's budget
- New - Percentage of agency's moveable property accounted for annually
- New - Total number of individuals served by Florida Parishes Human Services Authority (includes admitted and screened/assessed)
- New - Total annual budget allocation for FPHSA at state fiscal year end

New - Average cost per individual served (includes admitted and screened/assessed) by Florida Parishes Human Services Authority

Total annual budget allocation for FPHSA at state fiscal year end.



Objective IV:

Florida Parishes Human Services Authority/Mental Health Services will manage community-based mental health services such that quality services will be provided in a cost-effective manner in 2016 compared to 2012.

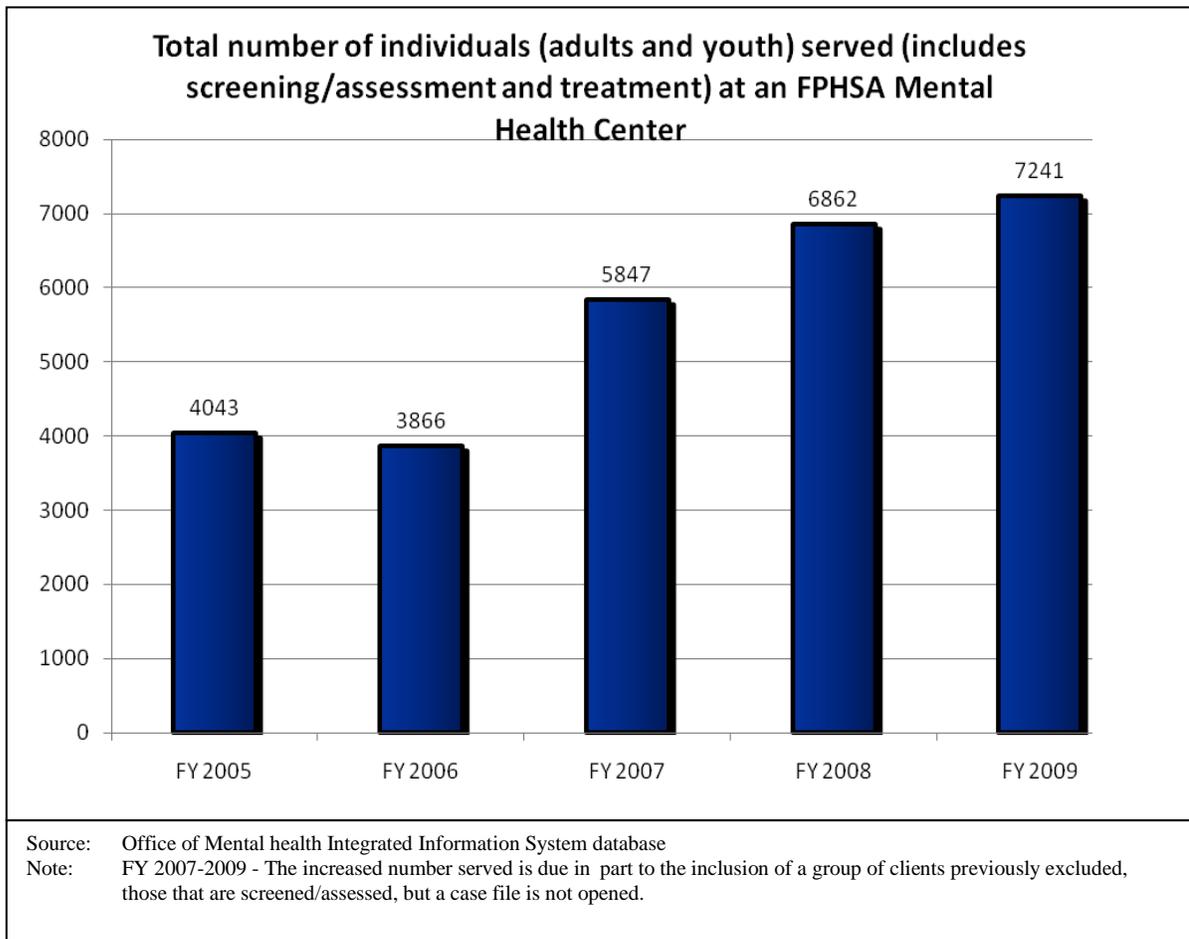
Strategies:

- 4.1: *Provide quality services through individualized, recovery-based treatment resulting in reduced symptoms and improved quality of life as measured by the Telesage Outcomes Measurement System (TOMS).*
- 4.2: *Evaluate cost per individual served for adults and youth.*
- 4.3: *Evaluate community need through analysis of demand for services and adjust allocation of resources based upon determined need.*

- 4.4: *Provide continuity of care through timely after-care appointments following discharge from a Department of Health and Hospital Mental Health acute unit.*

Performance Indicators:

- 21027 - Average number of days between discharge from an OMH acute unit and an aftercare CMHC visit (Adult)
- 21029 - Average number of days between discharge from an OMH acute unit and an aftercare CMHC visit (Children/Adolescents)
- New - Total number of adults considered active status at a FPHSA Mental Health Center
- New - Total number of youth (children/adolescents) considered active status at a FPHSA Mental Health Center
- New - Total number of individuals (adults and youth) considered active status at a FPHSA Mental Health Center
- New - Total number of adults screened/assessed, but not admitted at a FPHSA Mental Health Center
- New - Total number of youth (children/adolescents) screened/assessed, but not admitted at a FPHSA Mental Health Center
- New - Total number of individuals (adults and youth) screened/assessed, but not admitted at a FPHSA Mental Health Center
- 21031 - Total number of adults served (includes screening/assessment and treatment) at a FPHSA Mental Health Center
- 21032 - Total number of youth (children/adolescents) served (includes screening/assessment and treatment) at a FPHSA Mental Health Center
- New - Total number of individuals (adult and youth) served (includes screening/assessment and treatment) at an FPHSA Mental Health Center
- 21034 - Average cost per individual served through community-based mental health services
- 21028 - Percentage of adults with major mental illness served in the community receiving medication from the FPHSA pharmacy who are receiving new generation medications (Deleted)



Objective IV:

Each year through June 30, 2016, Florida Parishes Human Services Authority/Permanent Supportive Housing Services will maintain tenancy of and provide support services to 198 apartments/housing units designated for individuals/families with a variety of long-term disabilities.

Strategies:

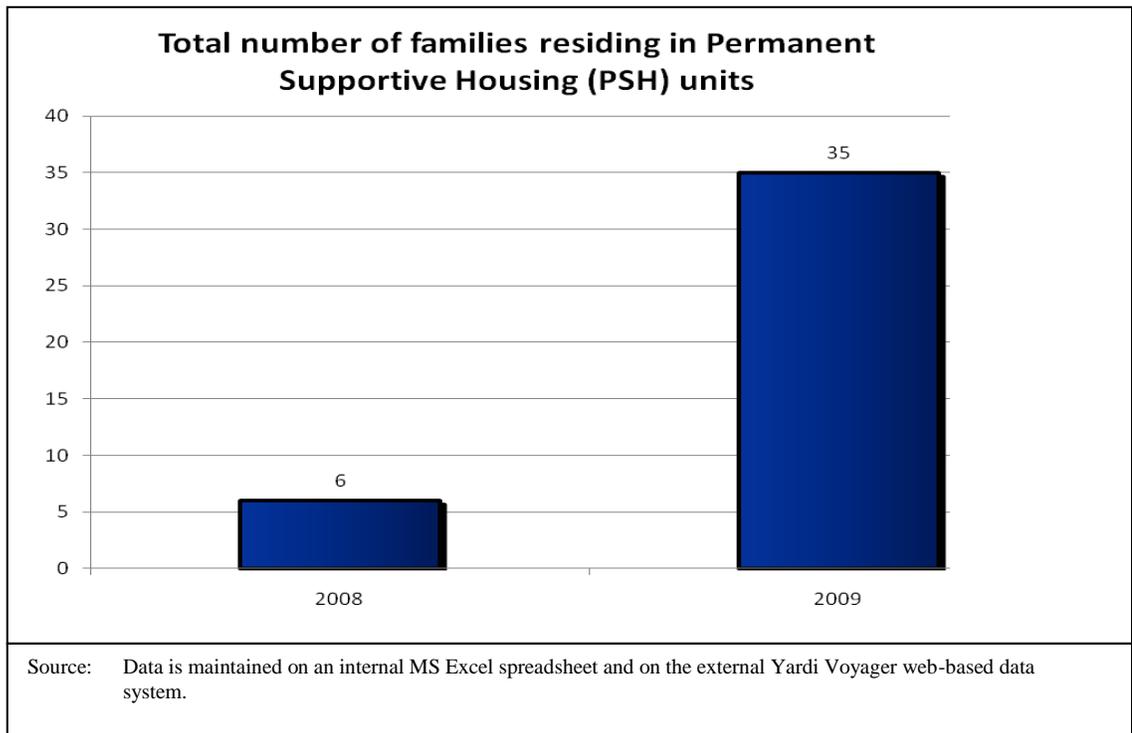
- 5.1: Identify and secure sustainable funding by July 1, 2012 that will replace the Community Development Block Grant funds.*
- 5.2: Develop and (at a minimum) annually update Individual Service Plans (ISPs) with each household specifying specific methods to help ensure long-term stable community residency.*
- 5.3: Review adequacy and accuracy of PSH documentation at least quarterly and develop corrective action plans as needed.*

Performance Indicators:

New - Total number of eligible applicants indicating a need for permanent supportive housing

New - Total number of individuals or families residing in Permanent Supportive Housing (PSH) units

New - Percentage of Permanent Supportive Housing (PSH) tenants for which there is a current Individual Service Plan (ISP)





09-302

Capital Area Human Services District

REVISED JULY 2012

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

Vision

Our network provides local access to best practices that respond to the unique needs of individuals living in the District's communities.

Mission

Our mission is to improve the availability and quality of supports to enhance each individual's quality of life. The CAHSD directs the operation and management of public, community-based programs and services relative to addictive disorders, developmental disability, and mental health for individuals meeting treatment criteria in the parishes of Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge and West Feliciana.

Philosophy

CAHSD commits to the philosophy that all individuals are valuable members of the community, and the District exists to support each consumer, to the full extent that resources permit, to live productively in the location and environment of their choosing, within appropriate and fiscally responsible parameters. The services and supports provided by the District are those determined by the client/consumer/customer to be important to their successful integration into the community. Our staff works with the customer as a unified team to facilitate the individual in attaining their goals.

Executive Summary

We envision a community network which provides a continuum of supports and services that respond, in a practical manner, to the unique needs of our consumers living with mental illness, addictions, and developmental disabilities, which will allow each to develop his/her potential for living a satisfying and productive life within the community. We continuously strive for greater resource efficiency to expand our capability for innovation and to provide access to more decentralized services.

Agency Goals:

Goal I. To provide mental health, addictive disorders, and developmental disabilities services that consumers, their families, and communities want in a manner that provides them quick and convenient entry into services.

Goal II. To ensure that services provided are responsive to client concerns, integrated in service delivery methods, representative of best practice, and consistent with the goals of the Department of Health and Hospitals and its Program Offices.

Goal III. To promote healthy and safe lives for people by providing leadership in educating the community on the importance of prevention, early detection and intervention, and by facilitating coalition building to address localized community problems.

Program A: Capital Area Human Services District

State Outcome Goals:

Better Health: Activities advance better health for youth through outpatient prevention & treatment which decreases the percentage of avoidable state government expenditures for acute, behavioral health, disability and/or chronic care that are institutional/inpatient and for adults by integration of adult screening, assessment & treatment of co-occurring disorders into all clinic programs addressing multiple health issues (mental, substance and primary health) in one location.

Safe and Thriving Children and Families: By providing services and linkage to community programs that address social, cognitive and developmental needs that contribute to safe homes and self sufficient families and intensive in home treatment and family support services that increase the safety and well being of children who live in unsafe environments.

Youth Education: Through partnerships that prevent and de-escalate situations that contribute to detrimental behaviors, improve academic achievement & an educated work-force while decreasing school dropouts, suspensions and expulsions.

Public Safety: By linking our systems of care with the criminal justice system so individuals with behavioral health issues can be appropriately identified, assessed, referred and treated and by training law enforcement to deal with this group of individuals to reduce criminalization of persons with behavioral disorders.

Transparent, Accountable, and Effective Government: The Administration activity provides support services for seven (7) other activities; Child/Adolescent & Adult Behavioral Health, Developmental Disabilities, Nurse Family Partnership, Prevention & Primary Care, Disaster Response and Behavioral Health Emergency Services Continuum. The operation of this activity is very economical and efficient and is well below the 10% administrative average. Under this model, three major program offices which still exists in the remaining Department of Health and Hospitals Regions with separate administrative offices and costs (Mental Health, Addictive Disorders and Developmental Disabilities), are under the direction and management of a single administrative section which combines philosophy in the treatment of the whole individual under one clinic umbrella, reduces needed resources to perform the same/similar tasks, builds competencies through multi-disciplinary staffing and trainings, and creates an environment that drives performance by opening all areas up for recommendations for improvement and innovative ideas from peers, private and public partners, and the consumers/clients (and their representatives) that we serve.

Objective I. *Through the Administration activity, CAHSD will support and oversee programmatic operations that improve health outcomes of the citizens served by ensuring that at least 90% of LaPAS Indicators meet or exceed target within (-/+) 4.99%.*

- Strategy I.1** The Executive Director, in conjunction with the Executive Management Team, shall establish strategic goals and objectives, develop policy and procedures, provide direction, training & guidance, and monitor compliance with state and federal regulations, departmental directives and legislative mandates for Administration and in the provision of clinic based services and supports for Adult and Child Behavioral Health, Developmental Disabilities, Nurse Family Partnership, Prevention and Primary Care, Disaster Response and Emergency Services Continuum.
- Strategy I.2** Perform the functions of accounting & fiscal management, budget development & implementation, purchasing & accounts payable, contract development, implementation & management, property control, fleet management, human resources, telecommunications management, travel, staff development & training, information technology, quality assurance and executive oversight that supports the District's employees, providers and clients/consumers.
- Strategy I.3** Monitor compliance with trainings that meet licensure and standards requirements through use of Essential Learning, staff development, Office of Risk Management, CPTP and other resources as needed.
- Strategy I.4** Develop, monitor and oversee implementation of the CAHSD work plan to meet standards/policy requirements for behavioral health accreditation.
- Strategy I.4** Continue to manage processes for CAHSD audits, reviews and performance monitoring by external entities (Louisiana Legislative Auditor, Office of Risk Management, Louisiana Property Assistance Agency, Department of Civil Service, DHH Bureaus of Health Standards, LaPAS, etc.).

Performance Indicators

- K Percentage of staff Performance Appraisals conducted in compliance with Civil Services guidelines
- K Percentage of state assets in the Protégé system located/accounted for annually
- K Percentage score on annual Civil Service ISIS Human Resources Data Integrity Report Card
- K Percentage of LaPAS indicators that meet target within (+/-) 4.9 or exceed target
- K Number of findings in Legislative Auditor Report resulting from misappropriation of resources, fraud, theft or other illegal or unethical activity

Objective II. *Through the Developmental Disabilities activity, CAHSD will provide services for persons with developmental disabilities in the least restrictive setting near their home or*

community and ensure that at least 95% of the persons served will have satisfaction with the services they receive.

- Strategy II.1** Work with DHH in transitioning persons into living environments of their choice, and in monitoring the quality of services provided to waiver recipients
- Strategy II.2** Continue to use OCDD data systems to maintain updated waiting lists and services being provided to consumers
- Strategy II.3** Continue to work with CAHSD/OCDD staff, providers, and consumers to develop and/or refine outcome-oriented performance indicators for developmental disability services
- Strategy II.4** Continue to conduct/host trainings to increase the knowledge of developmental disabilities services for area healthcare professionals

Performance Indicators

- K Percentage of those surveyed reporting that the Individual and Family Support services contributed to maintaining themselves or their family member in their own home
- S Percentage of those surveyed reporting that they had choice in the services they received
- S Percentage of those surveyed reporting they had overall satisfaction with the services received
- S Percentage of those surveyed reporting they had regular participation in community activities

General Performance Information

- Number of available cash subsidies slots
- Amount of cash subsidy stipend per person per month
- Number of person determined eligible for MR/DD services, but not yet receiving services (D&E)

Objective III. *Through the Nurse Family Partnership activity, CAHSD will provide home visiting for first-time, low-income mothers to 100% capacity.*

- Strategy III.1** Provide Public Health Nurse Providers intensive initial and ongoing education through the NFP National Service Office in utilization of the Visit-to-Visit Guidelines, clinical consultation and intervention resources to translate the program’s theoretical foundations and content into practice in a way that is adaptable to each family; and Infant Mental Health training to aid in the assessment of mother-child interaction which is unique to the Louisiana NFP.
- Strategy III.2** Public Health Nurse Providers work with mothers to complete their education and provide life coaching for her and her family to

make them more self-sufficient by staying in school, finding employment and planning for future pregnancies.

Strategy III.3 Public Health Nurse Providers support mothers after delivery in the adjustment to parenthood. Particular attention is paid to breastfeeding support and assessment of postpartal depression. Individualized parent coaching is aimed at increasing awareness of specific child developmental milestones and behaviors as well as immunizations and well child exams.

Strategy III.4 Public Health Nurse Providers assist mothers in learning better coping strategies & non-violent techniques in interactions with family members and children.

Performance Indicators

- K Total number of home visits completed
- K Number of families served in program

Objective IV. *Through the Children’s Behavioral Health Services activity, CAHSD will provide an integrated, comprehensive behavioral health system of care prevention & treatment services for at risk youth ages 0-18 years & their families and will ensure that at least 95% of children/adolescents who are admitted for mental health services and 85% admitted for substance abuse services are served in their parish of residence.*

Strategy IV.1 Work closely with local governments, school systems, parents, and other child-serving agencies to identify local needs and patterns of gaps and deficiencies in care delivery systems

Strategy IV.2 Work to develop new and sustain existing financial partnerships with local governments and other public systems that will allow locally-based service delivery

Strategy IV.3 Develop funding strategies that combine multiple revenue sources (traditional and non-traditional)

Strategy IV.4 Work to maintain school-based delivery of mental health and substance abuse treatment/early intervention

Strategy IV.5 Continue and enhance the provision of educational outreach programs targeting school professionals and parents, which are focused on prevention and early intervention

Performance Indicators

- K Percentage of total children/adolescents admitted for mental health services that are served within their parish of residence.
- K Percentage of total children/adolescents admitted for substance abuse services that are served within their parish of residence.
- K Percentage increase in positive attitude of non-use of drugs or substances
- S Percentage of persons provided services by Child Mobile Outreach and Family Preservation reporting that services helped maintain them or their

family member in their home; avoiding unnecessary hospitalization or removal

S Percentage reduction of problem behaviors (suspension, expulsion and truancy) by providing behavioral health services in the school setting

General Performance Information

- Number of children/adolescent admissions per year who are provided publicly supported behavioral health services in their parish of residence
- Number of children/adolescents admitted per year for behavioral health services
- Number of parishes with parish-domiciled public behavioral health services for children/adolescents
- Number of child/adolescent substance abuse primary prevention programs offered
- Number of parishes in which child/adolescent substance abuse prevention programs exist
- Percentage of child/adolescent mental health prevalence population served
- Total children/adolescents served
- Average cost per person served in the community

Objective V. *Through the CAHSD Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 80% of clients who enroll in the Addictive Disorders inpatient program will successfully complete the program.*

- Strategy V.1** Work with the Office of Behavioral Health (OBH) in developing, analyzing, and modifying clinical indicators of quality performance. Review clinical and administrative operations in light of indicator data.
- Strategy V.2** Annually survey consumers to identify programmatic/supportive service gaps, and develop/modify programs in response to results
- Strategy V.3** Actively pursue education of CAHSD clinicians in identification of the presence of co-morbidity and strategies for treatment of persons with dual diagnosis
- Strategy V.4** Expand psychosocial support and consumer education groups in response to results of consumer survey
- Strategy V.5** Work cooperatively with other entities of OBH Area B to provide a seamless system of care
- Strategy V.6** Quantitatively define desired clinical and social outcomes and identifies appropriate outcome measurement tools

Performance Indicators

K Percentage of clients successfully completing outpatient treatment

- program (Addictive Disorders)
- K Percentage of persons successfully completing residential addictions (CARP 28 day inpatient) treatment program
- S Percentage of persons served in CMHCs that have been maintained in the community for the past six months
- S Annual percentage of adults reporting satisfactory access to services
- S Annual percentage of adults reporting positive service quality
- S Percentage of adults with major mental illness served in the community receiving new generation medication

General Performance Information

- Total adults served in CAHSD
- Average cost per person served in the community mental health
- Percentage of adult mental health prevalence population served
- Number of Community Mental Health Centers operated in CAHSD
- Percentage of Community Mental Health Centers licensed
- Number of persons provided social detoxification services
- Average daily census (Detoxification)
- Average length of stay in days (Detoxification)
- Number of Beds (Detoxification)
- Percentage of positive responses on client survey (Detoxification)
- Number of persons provided residential (28 day inpatient) services
- Average daily census residential (Inpatient)
- Number of beds residential (Inpatient)
- Number of persons provided community-based residential services
- Average daily census (Community-based Residential)
- Number of beds (Community-based Residential)
- Number of persons provided outpatient substance abuse services
- Number of services provided (Outpatient)
- Number of admissions (Outpatient Compulsive Gambling)
- Number of Services provided (Outpatient Compulsive Gambling)

Objective VI. *Through the Prevention and Primary Care activity, CAHSD will improve physical health and emotional well-being of the adult un/underinsured population and ensure that at least 50% of tobacco cessation group participants will reduce the use of tobacco by 50% or quit the use of tobacco use by the end of the program.*

Strategy VI.1 New adult admissions who are linked to a primary care provider at the time of admission will receive education on the importance of having routine health check-ups

Strategy VI.2 Annually survey consumers to identify programmatic/supportive service gaps, and develop/modify programs in response to results

Strategy VI.3 Expand primary care services and consumer education groups in response to results of consumer survey

Strategy VI.4 Work cooperatively with other entities in the private and public physical health arena (OPH, local government officials, BR General, OLOL, FQHCs and staff) to provide ongoing health screenings, referrals/connection to primary care and tobacco cessation

Performance Indicators

- K Percentage of new adult admissions in the three largest behavioral health clinics that received a physical health screen
- K Percentage of clients receiving a referral to primary care as a result of the physical health screen
- K Percentage of clients who keep their first primary care appointment
- S Percentage of clients who rate the extent to which they felt better on the client satisfaction survey as strongly agree
- S Percentage of tobacco cessation group participants that reduce use of tobacco by 50% or quit tobacco use by the end of the program

Objective VII. *Through the Disaster Response activity, CAHSD will deliver targeted communication, supports and services prior to, during and after an emergency/disaster.*

Strategy VII.1 Function as lead agency for staffing and management of the Medical Special Needs Shelter Theater, in collaboration with sister agencies, providing medical and behavioral health services to shelterees in the DHH Region 2.

Strategy VII.2 Provide community response component (strike teams, mobile teams, clinic access services) to avert behavioral health crisis in the community and avoid emergencies; and serve as an Occupational Point of Dispensing site in times of disaster/emergency.

Strategy VII.3 Provide on-going training for CAHSD staff on the Emergency Operations Plan to Provide Behavioral Health Support for Multi-Hazard Incidents

Strategy VII.4 Provide on-going education to CAHSD clients on personal safety plans and CAHSD response activities and alternate service plans

Performance Indicators

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

Objective VIII. *Through the Behavioral Health Emergency Services Continuum activity, CAHSD will provide a comprehensive community-based continuum of behavioral health (BH) services to prevent, mitigate and avoid repeated cycles of crises to reduce reliance on first responders, emergency departments and acute psychiatric beds and ensure that 100% of all calls received by Access Services during hours of operation are triaged at the time of call and referred for care.*

Strategy VIII.1 Lead a community-wide collaborative to implement processes, services and overall quality improvement practices to prevent and manage behavioral health crisis with local hospitals, first responders, emergency call centers, coroner's offices, advocates, primary care & behavioral health providers and housing specialists through a continuum of care provided by CAHSD.

Strategy VIII.2 Provide a Continuum of Care which includes standardized screening and assessment tools & training for use in all Emergency Departments; Access Service: Immediate mental health clinic triage, screening & referral; Interagency Services Coordination (ISC): Holistic plan development and implementation for our most vulnerable, frequent users of crisis services; Crisis Intervention Team: Training for law enforcement to identify, de-escalate and safely manage & triage people in crisis; Integrate response to calls within CAHSD through joined processes; Mobile & Assertive Community Treatment Team: Provide preventive and treatment interventions at alternative settings; MHERE: A specialized Emergency Department staffed by mental health professionals to manage individuals in psychiatric crisis who cannot be accommodated safely in a less restrictive setting, for stabilization and reintegration back into the community quickly, or to provide for a higher level of care as needed; Medical Case Management: screening, referral & follow-up for medical needs; Coordinated Referral to Treatment & Public Awareness; Housing, includes CAHSD direct and contracted services; Community Advisory Board: Provides oversight by review of indicators and utilization.

Strategy VIII.3 Continued collaboration with LSU/EKL in the operation of the Mental Health Emergency Room Extension (MHERE) facility to provide a safe, quality care facility to provide rapid assessment, stabilization and informed disposition for adults experiencing a behavioral health crisis in a system of care supporting stability and addressing recidivism.

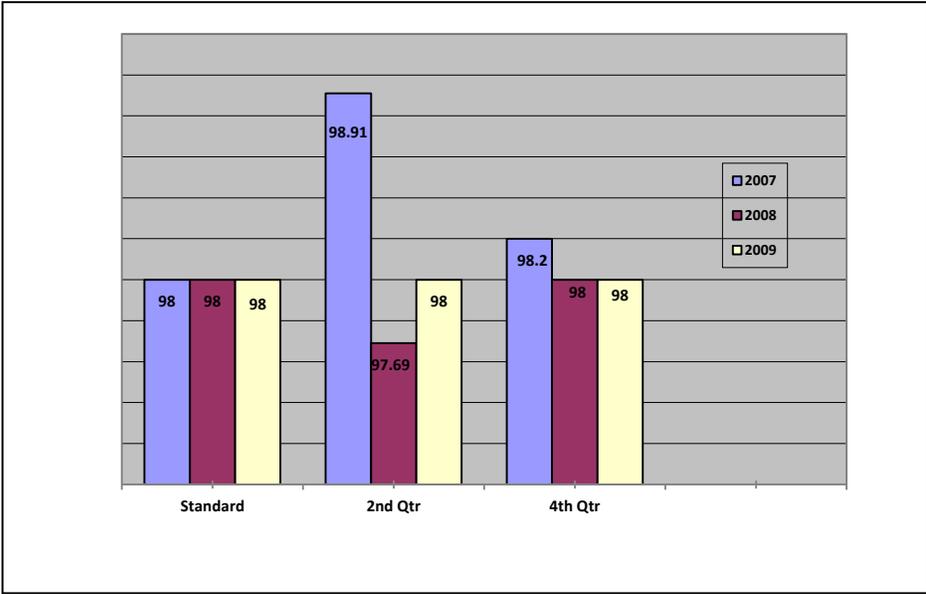
Strategy VIII.4 Facilitate Crisis Intervention Team (CIT) curriculum which contains 19 modules (including effective communication skills and de-escalation tactics) taught by local specialists, at and through CAHSD, to help educate and teach law enforcement officers, probation & parole, first responders and EMT about the various issues with addictive disorders, mental health and developmental disabilities.

Performance Indicators

- K Percentage of all calls received by Access Services during hours of operation that were triaged at the time of call and referred for care
- K Percentage of clients referred from the MHERE to CAHSD clinics for aftercare that kept their appointment

K Percentage of consumers receiving Inter-agency Services Coordination that achieve and maintain residential stability within twelve (12) months

Percentage of Persons Served in Community Mental Health Clinics That Have Been Maintained in the Community for the Past Six Months





09-303

Louisiana Developmental Disabilities Council

Note that this budget unit is composed of one program, so the mission and goals for the budget unit and the program are identical and not reported separately.

Vision

We envision a system of services and supports in Louisiana which enable individuals with developmental disabilities to exercise self-determination, be independent, be productive and be integrated and included in all facets of community life.

Mission

The mission of the Louisiana Developmental Disabilities Council is to ensure all individuals with disabilities benefit from supports and opportunities in their communities so they achieve quality of life in conformance with their wishes.

Philosophy

Individuals with developmental disabilities, including those with the most severe developmental disabilities, are capable of self-determination, independence, productivity, and integration and inclusion in all facets of community life, but often require the provision of community services, individualized supports, and other forms of assistance.

Executive Summary

All actions and efforts undertaken by the Developmental Disabilities Council will be directed to advocacy, capacity building and systems change activities to affect real and meaningful reform of Louisiana's system of services and supports to individuals with disabilities and their families. As such the Council will continue to function as Louisiana's premier advocacy organization for individuals with disabilities and their families. The Council will continue to advocate for the community services and supports desired by individuals with disabilities and their families, increased availability of those supports for Louisiana's citizens now waiting for those services, appropriate rebalancing of Louisiana's resources to better meet the needs of our citizens with disabilities and their families, and reasonable fiscal expenditures to support high quality community services.

Agency Goal

The goal of the Developmental Disabilities Council is to effectively implement the Developmental Disabilities Assistance and Bill of Rights Act of 2000 in Louisiana. The Council, through direct activity and funded projects with agencies, organizations, universities, other state agencies and individuals, shall facilitate advocacy, capacity building, and systemic change that contribute to increased community based services for individuals with developmental disabilities.

State Outcome Goal

The Developmental Disabilities Council advances State Outcome Goal #7 (Better Health): Better Health of Louisiana citizens with developmental disabilities and their family members will be improved as a result of improved quality of life from increased community-based supports and self-directed services.

Program A: Developmental Disabilities Council

The Developmental Disabilities Council (DDC) has only one program and one activity: Developmental Disabilities Council.

Objective I:

To obtain the Federal Developmental Disabilities Assistance and Bill of Rights Grant Allocation and ensure that Council plan objectives are met on an annual basis each year through June 30, 2016.

Strategies:

- 1.1 Prepare a comprehensive review and analysis of the extent to which services, supports and other assistance are available to individuals with developmental disabilities and their families, and the extent of unmet needs for services, supports, and other assistance for those individuals and their families in Louisiana.
- 1.2 Develop a State five-year plan to facilitate advocacy, capacity Building and systemic change for services/supports for individuals with disabilities and their families in Louisiana.
- 1.3 Expend funds on activities identified in the plan through contracts to various individuals, organizations or entities to facilitate advocacy, capacity building and systemic change for services/supports for individuals with disabilities and their Families in Louisiana.
- 1.4 Ensure that not less than 70% of funds paid to the State of Louisiana under the Act are expended on activities related to the goals identified in the State five-year plan.

Performance Indicator:

Percent of Council plan objectives on target *

* Indicates a new indicator without existing data.

Objective II:

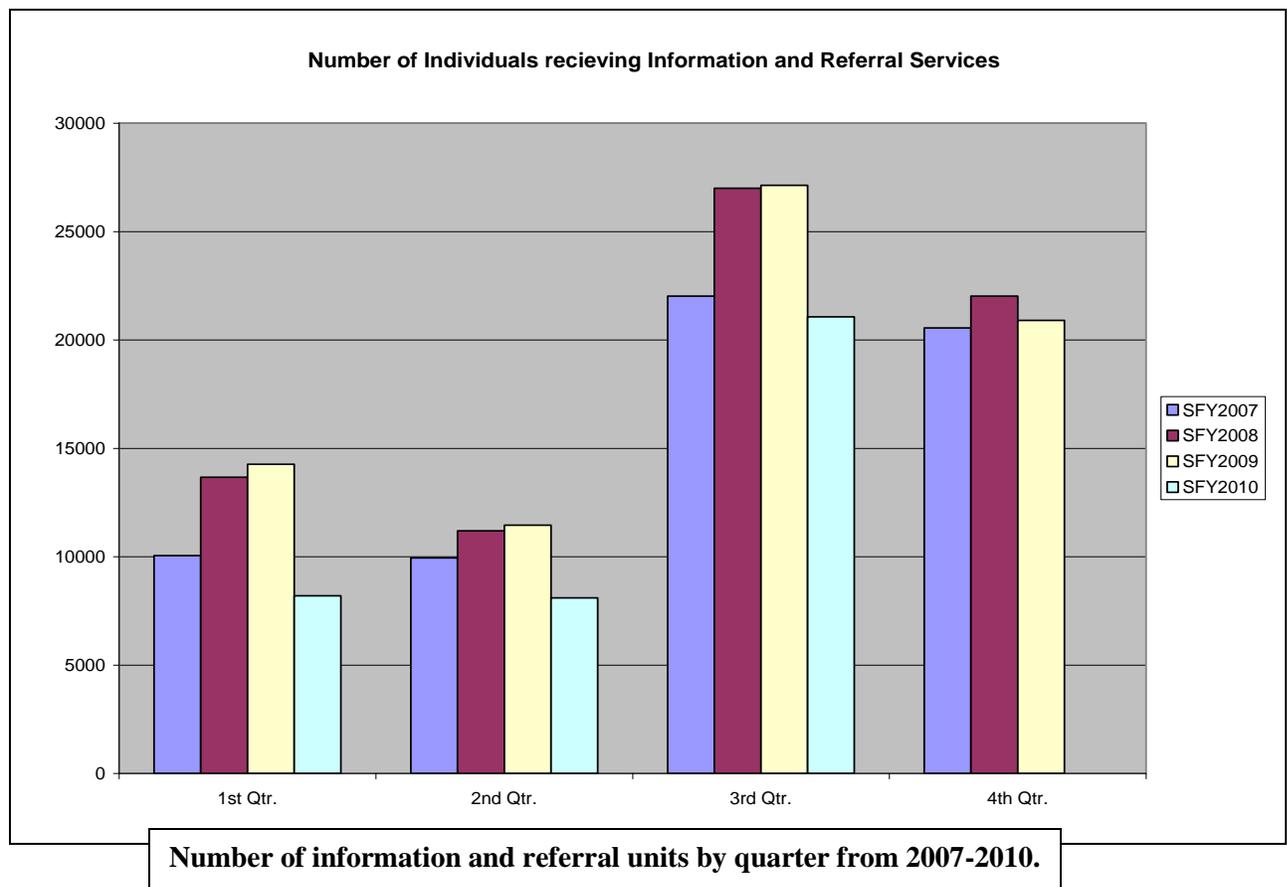
Undertake advocacy, capacity building, and systemic change activities that contribute to increased quantity and quality of community-based services for individuals with developmental disabilities each year through June 30, 2016.

Strategies:

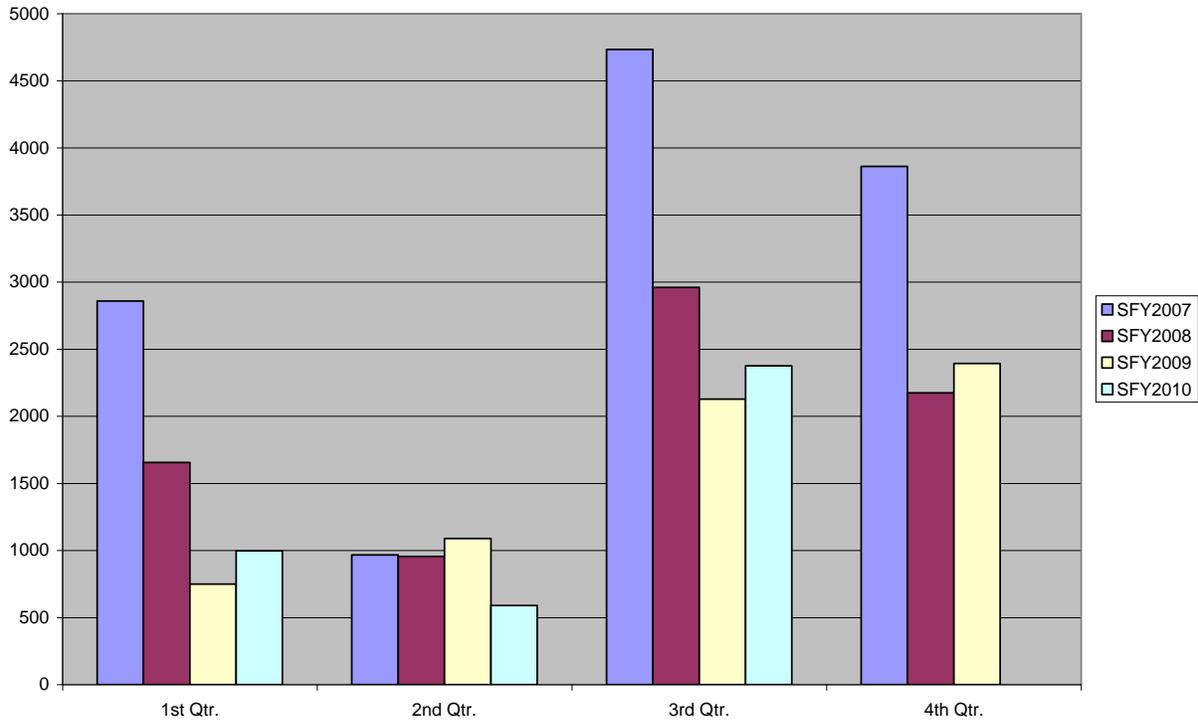
- 2.1 Provide training for self-advocates and their family members to build their advocacy leadership skills, knowledge of the service delivery system and effective advocacy with policy makers.
- 2.2 Identify community needs and promote initiatives and activities that build the capacity of community members, service providers and family members.
- 2.3 Track progress of each agency or system charged with serving individuals with developmental disabilities and the policies that govern these agencies and services to promote movement toward practices that increase self-determination, independence, productivity, integration and inclusion of people with developmental disabilities in their communities.
- 2.4 Disseminate information to family organizations, listserv members, and other advocacy organizations to support grassroots advocacy efforts.

Performance Indicator:

Percentage of decisions regarding policy and program practices influenced through Council involvement and education that promote self-determination, independence, productivity, integration and inclusion of people with developmental disabilities in their communities



Number of Individuals provided training



Number of Individuals provided training statewide by quarter from 2007-2010.

Objective III:

Support information and referral services, education and training for peer to peer support to individuals with developmental disabilities, parents/family members, and professionals each year through June 30, 2016.

Strategy:

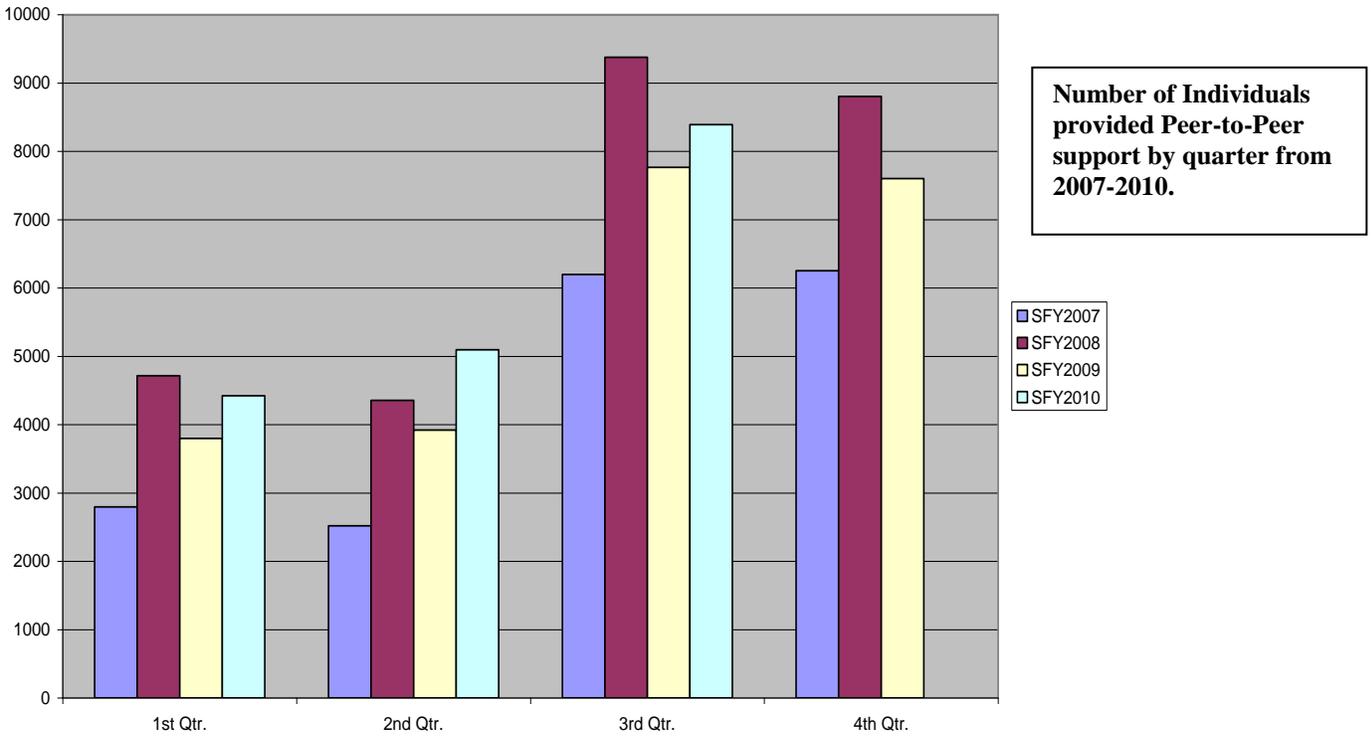
- 3.1 Provide support to Families Helping Families Regional Resource Centers to provide individuals with disabilities and their family members the information and referral to access existing services, education on disability issues and services, and peer to peer support.

Performance Indicators:

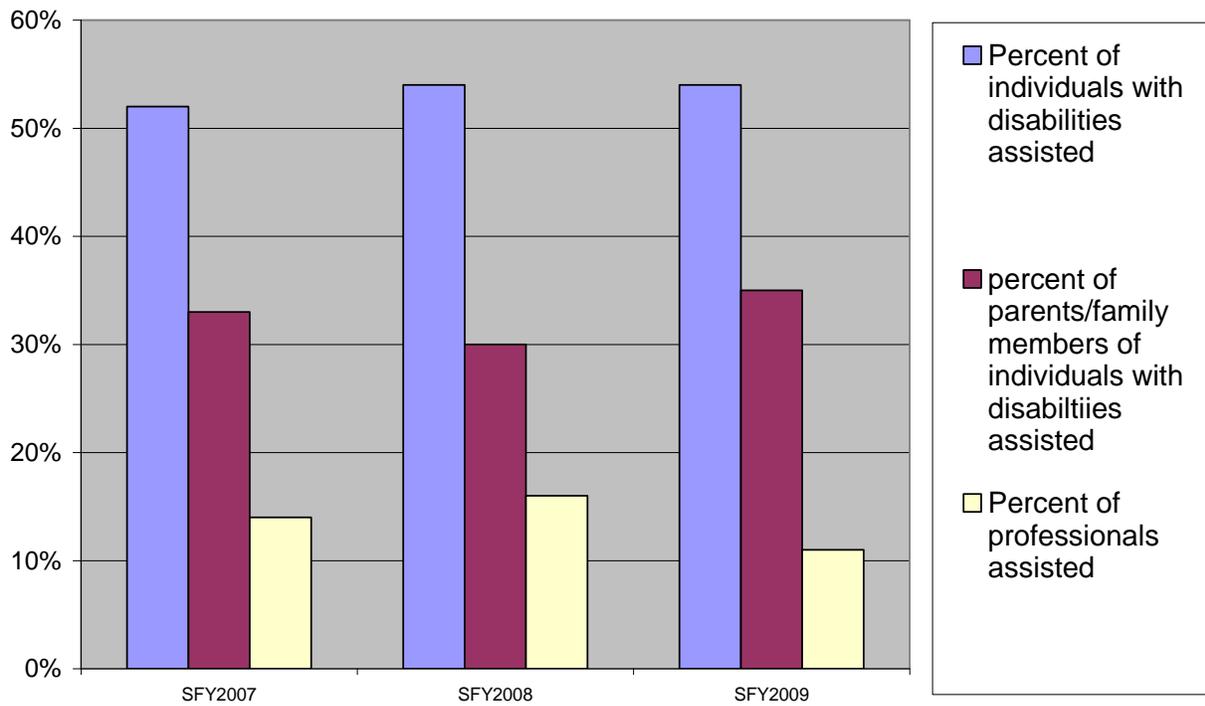
- Number of information and referral services provided
- Number of training sessions provided statewide
- Number of individuals provided training statewide
- Number of individuals provided peer-to-peer support opportunities statewide
- Percentage of individuals who report that they received the information or support that they needed *

- Percent of individuals with disabilities assisted
- Percent of parents/family members of individuals with disabilities assisted
- Percent of professionals assisted

Number of Individuals provided Peer-to-Peer Support



Breakout of percentage of individuals with disabilities, family members and professionals assisted





09-304

Metropolitan Human Services District

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

Vision

Metropolitan Human Services District (MHSD) will operate a dynamic and comprehensive system of services that will be recognized by consumers and the community-at-large for its innovation, quick access, effectiveness and ability to positively influence the direction and quality of community-based human services.

Mission

Metropolitan Human Services District (MHSD) is a public agency committed to maximizing the full potential and enhancing the quality of life of individuals, children, youth, and families faced with the challenges of mental health, addictive disorders, developmental disabilities and their related behaviors. To this end, a comprehensive system of care is offered which provides research-based prevention, early intervention, treatment and recovery support services to citizens of Orleans, St. Bernard and Plaquemines Parishes, directly and through community collaborations.

Philosophy

We understand that the true test of one's humanity is measured by a capacity to give respect, patience, and understanding to those who confront challenges that interrupt/impede their quality of life. We believe that the strongest and most relevant voice that can offer realistic solutions to these challenges is that of the consumer. Further, we believe that it is the responsibility of the district to garner resources, identify innovative programs, and make available to its consumers a comprehensive array of research-based services offered in an integrated system that promotes consumer choice.

Executive Summary

Metropolitan Human Services District will employ relevant, research-based programs, practices and activities that are responsive to consumer and community identified strengths and needs within a structured measurable and outcomes-based integrated system.

Core Values

Consumers of our services are at the center of our planning & decision-making

- We value them
- We respect them
- We listen to them
- We learn from them
- We strive to understand their needs
- We recognize consumers right to choose

Cultural and ethnic diversity is valued, respected and utilized in:

- Consumer Assessment
- Treatment Planning
- Referrals
- Supports
- Contracting
- Service Integration across systems (addictive disorder, developmental disability and mental health)

Critical to success is the staff:

- We support and encourage their professional growth and development
- We expect competency and excellent work performance

Overarching Goals

1. To identify, strengthen and link relevant resources that will foster community collaboration resulting in a dynamic and comprehensive system of service delivery for Citizens of Orleans, St. Bernard and Plaquemines Parishes.
2. To develop meaningful innovative research-based activities and programs directed towards the self-actualization of individuals and families throughout the community
3. To deliver high quality cost efficient community based prevention, early intervention, treatment, recovery supports, individual and family supports that will equip and strengthen individuals, children, and youth to be maintained in the community

Consumer-Centered Goals

1. To deliver a seamless, integrated, and comprehensive system of services that is responsive to consumer strengths, needs, interests, and choices
2. To ensure quick and easy access of consumers, family members and the community to an efficient system of care which addresses their addictive disorder, developmental disability and mental health needs

State Outcome Goal

This programmatic approach advances several of the State's goals, including: Youth Education, Better Health, Public Safety, and Safe and Thriving Children and Families. Research suggests that in addition to the personal consequences of ineffective behavioral health services, consequences are felt directly in the education, health and justice systems (IOM, 2006). More specifically, behavioral health problems lead to poor educational achievement by children (Zeanah et al., 2003). Children with poor school achievement are at risk for antisocial behavior and dropping out of school (Yoshikawa, 1995).

Depression and drug abuse are the leading cause of death/disability among American women and the second highest among men (Michaud et al., 2001). Behavioral health problems also co-occur and adversely affect the results of treatment for heart disease and cancer (Katon, 2003). Behavioral health problems result in a burden on the workplace owing to absenteeism, days of disability and on the job

accidents (Burton et al., 2004). And, finally, one study estimates that about 16% of all persons in jails/prisons report having a mental disorder (Mumola, 1999).

ACTIVITY: CARE MANAGEMENT/ADMINISTRATION

Goal 1 To increase access, engagement and coordination of care for the behavioral health (addictive disorders (AD) and mental health (MH)) population of Orleans, St Bernard and Plaquemines Parishes

Goal 2 To expand treatment services to reflect best practices in the field of behavioral health.

Objective 1: Each year through June 30, 2016, MHSD will provide increased access, engagement and coordination of care for the behavioral health population in Orleans, St. Bernard and Plaquemines Parish.

Strategies:

Strategy 1.1: Implement an effective programmatic and fiscal monitoring system that insures the quality, quantity, and appropriateness of services delivered by all contract providers

Strategy 1.2 Expand treatment options to reflect best practices in the field of behavioral health

Performance Indicators:

Outputs

- Percentage of contracted services that are active participants in the Care Management program

Outcomes

- Percentage of clients in compliance with ambulatory follow-up 30 days after hospitalization

ACTIVITY: DEVELOPMENTAL DISABILITIES

Goal 1 To conduct aggressive and ongoing outreach

Goal 2 To provide timely access to appropriate, comprehensive community based supports for individuals with disabilities, their families and/or support system such that they will be able to be maintained within their communities

Goal 3 To expand developmental disabilities services to include behavioral health services and supports to family members through MHSD integrated behavioral health system

- Goal 4** To increase stakeholders involvement in MHSD planning, education and decision making
- Goal 5** To delivery quality services to individuals with developmental disabilities and those with co-occurring disorders and their family members with behavioral health issues

Objective 1: Each year through June 30, 2016, MHSD will conduct targeted collaboration with consumers, family members and community partners to identify individuals with disabilities who may be eligible for supports offered through MHSD

Strategies:

- 1.1 Utilize school based health clinics and other MHSD school based behavioral health services as vehicle through which clients can be identified
- 1.2 Community Education & Awareness events sponsored by MHSD to educate individuals, family member, community organizations, school systems and the medical community on how to access services

Performance Indicator:

Output

- Number of consumers who apply for developmental disabilities services

Objective 2: Each year through June 30, 2016, MHSD will ensure quality and timely assessment and initiation of services for each person with developmental disabilities seeking services through MHSD

Strategies:

- 1.1 Identify staff to perform DD Continuous Quality Improvement function
- 1.2 Re-Train staff on DD policies and procedures
- 1.3 Include this objective expectation in staff PPR

Performance Indicators:

Output

- Total number of individuals receiving services, placement and crisis support

Outcome

- Number of consumers receiving cash subsidies
- Number of consumers receiving support coordination services
- Number of individual agreements with consumers and individuals

Objective 3: Each year through June 30, 2016, MHSD will effectively manage the delivery of individualized community based supports & services through support

coordination that assist individuals and family supports in achieving their personally defined outcomes

Strategies:

- 3.1 Work in partnership with individuals to identify his/her service desires
- 3.2 Develop Individualized Service Plans that are periodically reviewed
- 3.3 Partner with private support coordination agencies for continuity of care
- 3.4 Train private support coordination agencies on person-centered service delivery
- 3.5 Provide services in communities/neighborhoods
- 3.6 Appropriately link individual and family into other MHSD behavioral health services

Performance Indicator:

Outcome

- Percentage of consumers who indicate satisfaction with partnership with MHSD staff and MHSD contract provider agencies in the development and implementation of the Individualized Service Plans as is reflected in consumer evaluations (surveys/focus groups, etc)

ACTIVITY: CHILDREN'S BEHAVIORAL HEALTH SERVICES

- Goal 1** To provide behavioral health treatment services as part of the State Office's children's continuum of care in Orleans, St Bernard and Plaquemines Parishes
- Goal 2** To deliver quality services to children with behavioral health disorders, those with addictions and those with co-occurring disorders.
- Goal 3** To expand services by focusing on early intervention and prevention supports

Objective 1: Each year through June 30, 2016, Metropolitan Human Services District will work as part of the State Office's children's continuum of care that centers on prevention and early intervention supports.

Strategy:

- Strategy 1.1: Implement behavioral health treatment services from an effective practice perspective within the State's continuum of care plan
- Strategy 1.2: Implement an effective programmatic and fiscal monitoring system that insures the quality, quantity, and appropriateness of services delivered by all contract providers
- Strategy 1.3: Expand treatment and prevention options to reflect best practices in the field of children's behavioral health

Performance Indicators:

Outputs Number of children receiving behavioral health services within the community

Objective 2: Each year through June 30, 2016, MHSD will provide evidenced based prevention activities to individuals, youth, and families

Strategies:

2.1 Contract with local providers to administer prevention programs in schools.

2.2 Implement an effective programmatic and fiscal monitoring system that insures the quality, quantity, and appropriateness of services delivered by all contract providers

Performance Indicator:

Output Number of evidenced based program offered by contract providers

ACTIVITY: ADULT BEHAVIORAL HEALTH SERVICES

Goal 1 To provide a behavioral health continuum of care that is patient centric for adults in Orleans, St Bernard and Plaquemines Parishes

Goal 2 To deliver quality services to individuals with behavioral health disorders, specifically those with severe and persistent mental illness, those with addictions and those with co-occurring disorders.

Goal 3 To expand services by focusing on early intervention and recovery supports.

Objective 1: Each year through June 30, 2016, MHSD will provide a continuum of care that is patient centric/evidence-based focused on early intervention and recovery supports.

Strategies:

Strategy 1.1: Implement behavioral health treatment and recovery supports services from an effective practice perspective within outpatient centers and through contract providers agencies

Strategy 1.2: Implement an effective programmatic and fiscal monitoring system that insures the quality, quantity, and appropriateness of services delivered by all contract providers

Strategy 1.3 Expand treatment and prevention options to reflect best practices in the field of behavioral health

Performance Indicators:

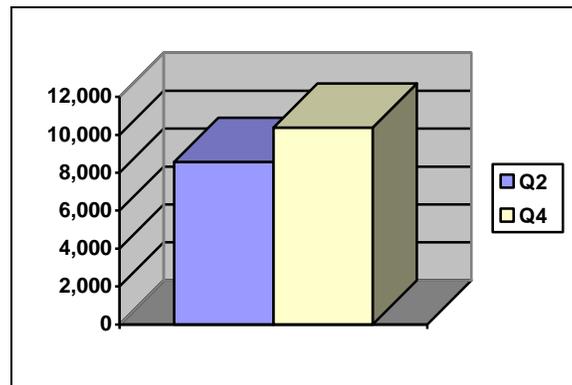
Outputs

- Total persons served in the Community Mental Health Centers (CMHC) area-wide (mental health clients)
- Total number of outpatient admissions (addiction clients)

Outcomes

- Percentage of clients successfully completing outpatient treatment program (addiction clients)
- Percentage of clients continuing treatment for 90 days or more (addiction clients)
- Percentage of persons served in CMHC that have been maintained in the community for the past six months (mental health clients)

Total Adults Receiving Mental Health Services in CMHC in FY 2009



Metropolitan Human Services District provides services that emphasize community-based mental health services to individuals diagnosed with mental illness.



09-305

Medical Vendor Administration Bureau of Health Services Financing

REVISED JULY 2012

Vision

We envision a future where the people of Louisiana are healthier through a continuum of evidence-based accessible, quality and comprehensive health care services with emphasis on efficiency and cost effectiveness.

Mission

Our mission is to anticipate and respond to the health needs of Louisiana's citizens by developing, implementing, and enforcing administrative and programmatic policy with respect to eligibility, reimbursement, and monitoring of quality-driven health care services, in concurrence with evidence-based best practices as well as federal and state laws and regulations.

Philosophy

Our philosophy is to administer the Medicaid program in an equitable manner, while continuing to seek ways of ensuring enrollee satisfaction with care by providing high quality care and innovative customer service.

Executive Summary

The direction of health care on both the national and state level has been toward more cost-effective, comprehensive, accessible, community-based, and individualized services. Louisiana has taken steps to shift from overall higher-cost institutional to lower cost preventive, coordinated system of care and home and community-based long-term care. It has expanded Medicaid eligibility through the LaCHIP program and other initiatives. Louisiana's statewide implementation Medicaid managed care (Bayou Health) will provide access to a medical home for more than 80% of the Medicaid population. Medicaid now focuses on the quality of care provided to our population. Additionally, Medicaid enhances healthcare access and efficiency with quality outcome initiatives. As technology moves medical care forward, Medicaid administrative staff, contractors and providers must utilize electronic tools to streamline work processes resulting in increased program operation efficiencies and to provide improved delivery of healthcare services. In the event of a disaster, the Bureau administration and provider community must be prepared by building infrastructures capable of handling major increases in the number of those being served and facilitating continuity of operations regardless of the patient's geographical location.

Agency Goals

Goal I

To improve health outcomes by emphasizing medical homes and reducing the number of uninsured persons in Louisiana.

Goal II

To expand existing and develop additional community-based services as an alternative to institutional care.

Goal III

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

Goal IV

To assure accountability through reporting and monitoring of the health care delivery system in an effort to promote the health and safety of Louisiana citizens.

Goal V

To streamline work processes and increase productivity through technology by expanding the utilization of electronic tools for both the providers and the Medicaid Administrative staff.

Goal VI

To implement measures that will constrain the growth in Medicaid expenditures while improving services and to secure alternative sources of funding for healthcare in Louisiana.

Program A: 305_2000 – Medical Vendor Administration

Program A: Mission

The mission of the Medical Vendor Administration Program is to administer the Medicaid program and ensure that operations are in accordance with federal and state statutes, rules and regulations.

Program A: Goals

- I. To process claims from Medicaid providers within state and federal regulations.
- II. To process Medicaid applications within state and federal regulations.
- III. To enroll and provide health care coverage for uninsured individuals.
- IV. To improve health outcomes by operating healthcare delivery models that emphasizes coordination of care.

Activity 1 – BAYOU HEALTH

State Outcome Goal

The BAYOU HEALTHBAYOU HEALTH program activity enhances the goals of better health and effective government. BAYOU HEALTH Program is responsible for the oversight of the Medicaid managed care program which consists of two models of care that represent best practices for improving health outcomes for Louisiana’s population, increasing access to quality care and providing fiscal sustainability. The Managed Care Organization (MCO) model is a comprehensive, full risk Medicaid managed care Health Plan, referred to as a “Prepaid Plan”. Prepaid Plans are responsible for

the provision and payment of all claims for core benefits and services. The second model, referred to as a shared savings plan, is an Primary care case management (PCCM) model in which entities are paid a monthly management fee and may share in savings generated through better coordination of care, and is referred to as a “Shared Savings Plan”. Providers in Shared Savings Plans are paid directly by DHH’s fiscal intermediary on a fee-for-service basis. Additionally, DHH continues to provide care to a portion of the population through the legacy fee-for-service model. Under all plan models, policies and procedures for all benefits and services are defined within the Louisiana Medicaid State Plan.

Goals for better health addressed by BAYOU HEALTH include increased access to the appropriate level of care; keeping people out of the hospital and the emergency room; improving health care quality through monitoring of quality outcomes; payment reform; and savings/cost containment. Administrative activities incorporate the following elements of effective government as designed to 1) Deliver healthcare services by specifying performance outcomes that include predefined savings expectations at an actuarially sound rate; 2) Assure performance accountability and compliance with federal Medicaid regulations thereby avoiding costly disallowances with contractors and providers held can be held accountable for performance and potential loss of funds or loss of contract for failure due to noncompliance of contract requirements; 3) Publish policies, procedures and performance reports as part of a commitment to transparency through public Web sites; and 4) Leverage additional funding sources to better fund administration of Medicaid coordinated care and achieve savings for Louisiana taxpayers; examples include leveraging the 2.25% premium tax levied against the capitation payments to the prepaid health plans annually to draw down additional federal funds.

Objective I: Through the Medicaid BAYOU HEALTH activity, to increase preventive health care; improve quality, performance measurement, and patient experience for BAYOU HEALTH members through: 1) implementation of fee-for-service coordinated care networks (BAYOU HEALTH Shared Savings); and 2) implementation of comprehensive prepaid coordinated care networks (BAYOU HEALTH Prepaid) through state fiscal year 2016.

Strategies:

- 1.1 Encourage Medicaid recipients to obtain appropriate preventive and primary care in order to improve their overall health and quality of life, and to ensure that those who care for them provide the care through PCCM or BAYOU HEALTH Prepaid Plans.
- 1.2 Expand Medicaid Managed care to-eligible enrollees to include all currently excluded Medicaid enrollees, as feasible, through the most appropriate federal authority or a State Plan Amendment.
- 1.3 Expand the Medicaid Managed Care services to include all currently excluded services as feasible.
- 1.4 Ensure greater budget predictability in the procurement of health care services.
- 1.5 Provide health services in the most integrated setting possible, and emphasize community and home based alternatives where appropriate.

- 1.6 Reimburse for a cohesive service delivery model of high quality medically necessary behavioral health services, avoiding unnecessary duplication of services and maximizing the use of federal funding.

Performance Indicators:

- Percentage increase in adults’ access to preventive/ambulatory health services for BAYOU HEALTH members.
- Percentage increase in comprehensive diabetes care HgbA1C for BAYOU HEALTH members.
- Percentage increase in chlamydia screening for women for their members.
- Percentage increase of well-child visits in third, fourth, fifth and sixth years of life for BAYOU HEALTH members.
- Percentage increase of adolescent well-care visits for BAYOU HEALTH members.
- Percentage increase in the non-incentive based administrative and clinical performance measures for BAYOU HEALTH members.
-
- Percentage of annual growth of Medicaid enrollees who are receiving services through the Louisiana Behavior Health Partnership.
- Annual percentage of newly enrolled Medicaid children receiving behavioral health services who are appropriately diverted from residential treatment facilities.

Activity 2 – Eligibility

State Outcome Goal

The Eligibility activity advances the State outcome goals of 1) better health; 2) safe/thriving children and families; and 3) transparent, accountable, and effective government. Activities are designed to identify, inform, enroll, and retain eligible citizens in Medicaid and CHIP health coverage. Stable health coverage is a prerequisite to access to health care and better health outcomes. Rapid application processing accelerates access to health care, and increases the likelihood of first trimester prenatal care. Proactive efforts to keep eligible individuals enrolled at annual renewal minimize “churning” that can disrupt access to health care. Transparent, Accountable and Effective Government: QUALITY WORKFORCE: Empowered Employees & Great Work Environment through WorkSmart!, employees receive training and authority to redesign work processes and become more efficient. Telecommuting through Work@Home creates a favorable work environment with employees more likely to provide high levels of service. RESOURCE MANAGEMENT: Information Technology Harnessing such as electronic eligibility files have resulted in centralization and faster decision. Leveraging Additional Funding Sources: The activity includes 100% federal and private foundation grant funding increasing services without additional state dollars and maximizing collections from liable third parties for Medicaid expenditures and cost avoidance. RESULTS-ORIENTED DELIVERY OF SERVICES: Elimination of Barriers through Administrative simplification has improved customer service and reduced frustration for citizens and employees. Effective Programmatic Partnerships: The use of a single database for Medicaid and CHIP and sharing data with DCFS and other state agencies increases efficiency and reduces redundancy. Partnership with DCFS for Medicaid Express Lane Eligibility for children under age 19 who are determined eligible for Supplemental Nutrition Assistance Program (SNAP) benefits.

The LaCHIP/Medicaid Eligibility Division has been widely praised as a national model for among other things the comprehensive grassroots outreach model developed to ensure the enrollment of uninsured eligible children and for aggressive efforts to retain those children at annual renewal ensuring their continuity of coverage. Reports issued by the Commonwealth Fund in 2006 & 2009 had LaCHIP & Medicaid recognized as a model for reducing inappropriate closures at renewal for low-income children, which has “reduced administrative costs” and at the same time avoided “coverage instability affects millions of children and families each year, taking a considerable toll on their ability to access needed health care in a timely manner and in an appropriate and cost-effective setting.” In a 2008 report issued for the Robert Wood Johnson Foundation, it was noted that the Medicaid & LaCHIP outreach efforts “represents the leading edge of efforts across the United States to reach more than 6 million children eligible for government-sponsored health insurance but not enrolled.” In another 2009 report for the March of Dimes, it was noted that “Louisiana is both innovative and assertive in its marketing for and Enrollment” into public coverage for pregnant women. In a presentation by the Director of the Center for Medicaid and State Operations on September 24, 2009, the efforts Louisiana has made to dramatically reduce the number of procedural closures was cited as a model that any state working to provide health coverage to all eligible children should focus on immediately. In the same presentation, she referenced that despite the simplifications that Louisiana put into place for families that helped them to achieve this great success, that the state has one of the lowest eligibility error rates in the country through the Medicaid Payment Error Rate Measurement (PERM) project.

Objective I: Through the Medicaid Eligibility Determination activity, to provide Medicaid eligibility determinations and administer the program within federal regulations by processing at least 98.5% of applications timely through a continuing process to improve enrollment, to streamline business process and to eliminate duplicated effort each year through June 30, 2016.

Strategies:

- 1.1 Maximize the availability of sophisticated technology in order to reduce the need for the applicant to be physically present in an office to apply for Medicaid or report changes.
- 1.2 Take full advantage of the use of data-sharing with agency partners to increase access and maximize resources to reach most of the remaining uninsured but eligible children
- 1.3 Strategic alignment of staffing to obtain maximum efficiencies and expedite the processing of applications
- 1.4 Develop corrective action plans for Medicaid eligibility staff based on errors found in Medicaid Quality Control reviews.

Performance Indicator:

- Percentage of applications for pregnant women approved within 5 calendar days
- Number of children renewed through Express Lane Eligibility
- Percentage of Medicaid applications received online
- Number of individuals eligible for program
- Average number of eligibles per month

- Average number of recipients per month
- Number of applications taken annually
- Number of application centers

Objective II: Through the Eligibility activity, to inform, identify and enroll eligibles into LaCHIP/Medicaid by processing applications and annual renewals timely and to improve access to health care for uninsured children through the LaCHIP Affordable Plan each year through June 30, 2016.

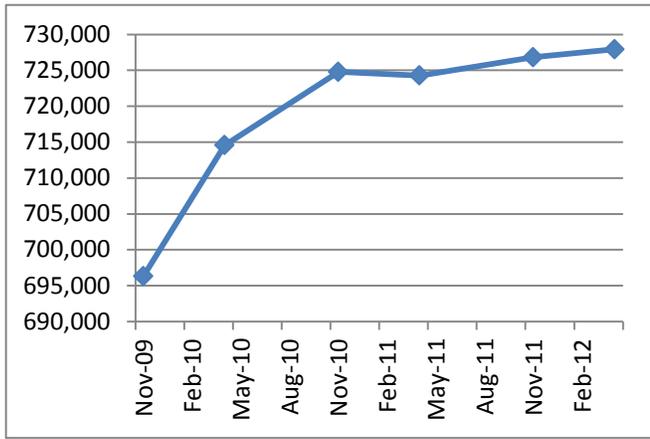
Strategies:

- 2.1 Increase enrollment and retention by removing barriers
- 2.2 Simplified application and renewal process
- 2.3 Express Lane Eligibility: automatically enrolls Medicaid eligible children who are in the SNAP or Free and Reduced Lunch Program
- 2.4 Outreach initiatives as necessary to educate and enroll children who are eligible but not yet enrolled in LaCHIP/Medicaid.

Performance Indicators:

- Number of children potentially eligible for coverage under Medicaid or LaCHIP
- Number of children enrolled as Title XXI Eligibles (LaCHIP)
- Number of children enrolled as Title XIX Eligibles (traditional Medicaid)
- Total number of children enrolled
- Average cost per Title XIX enrolled per year
- Percentage of procedural closures at renewal
- Percentage of applications for LaCHIP & Medicaid programs for children approved within 10 calendar days
- Percentage of calls received through the Medicaid & LaCHIP hotlines who hold for a representative less than 5 minutes
- Estimated percentage of children potentially eligible for coverage under Medicaid or LaCHIP who remain uninsured
- Estimated number of children potentially eligible for coverage under Medicaid or LaCHIP who remain uninsured
- Number of children enrolled through Express Lane Eligibility

Source: VSAM file (table in a database) that is pulled from the Medicaid Management Information System (MMIS) mainframe -- Children Under 19 Recipient Statistic Report (RS -O-92)



Total number of children enrolled

Objective III: Through the Eligibility activity, to explore third party sources responsible for payments otherwise incurred by the state through June 30, 2016.

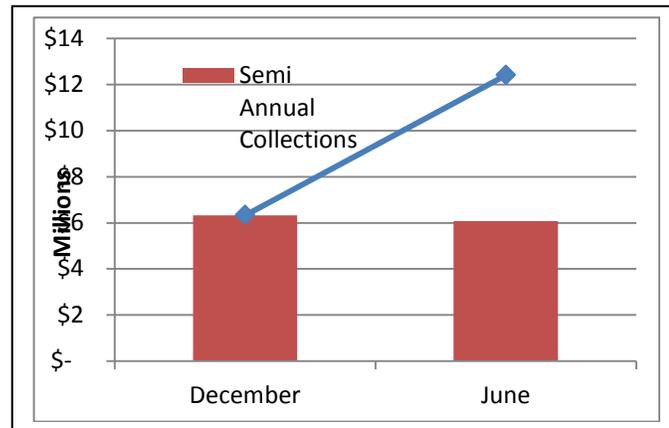
Strategies:

- 3.1 Maintenance of the Third Party Liability Resource File in order to assure that the most accurate, up-to-date third party liability information is reflected in the MMIS (payment) system which, in turn, ensures of the maximum number of TPL claims available.
- 3.2 Monitor the logic of the payment system and update as needed to be sure that TPL edits are applied correctly.
- 3.3 Streamline work processes through the use of technology to increase productivity and collections.
- 3.4 Recovery of Medicaid funds in cases where a Medicaid recipient had other insurance coverage at the time medical services were rendered or became retroactively eligible for Medicare to cover services paid for using Medicaid funds.

Performance Indicators:

- Number of TPL claims processed
- Percentage of TPL claims processed
- TPL trauma recovery amount
- Funds recovered from third parties with a liability for services provided by Medicaid

**Trauma Collections for SFY 2008/09
were \$12,401,901**



Objective IV: Through the Eligibility activity, to reduce errors in eligibility determinations by reviewing eligibility determinations and identifying errors which may inhibit the approval or retention of eligible citizens in Medicaid and CHIP health coverage each year through June 30, 2016.

Strategy:

- 4.1 Develop corrective action plans for Medicaid eligibility staff based on errors found in Medicaid Quality Control reviews.
- 4.2 Develop training and educational materials for Medicaid Eligibility staff based on regular and periodic case reviews.

Performance Indicator:

- Percentage of Errors Identified through Medicaid Eligibility Quality Control process-review of negative case actions

General Performance Indicators:

- Number of recipients eligible for program (eligibles)
- Number of program recipients
- Average number of eligibles per month
- Average number of recipients per month
- Number of applications taken annually
- Number of application centers
- Number of claims available for TPL processing
- Percentage of TPL claims processed and cost avoided.

Activity 3 – Executive Administration

State Outcome Goal

The Executive Administrative activity advances the state outcome goal by promoting high quality health care and ensuring a continuum of delivery of medical care, preventive, and rehabilitative services for the citizens of Louisiana. It is focused on transparency, accountability and monitoring functions to mitigate fraud and abuse; creating coordinated systems of health and long-term care; providing choice in a competitive market; and employing health data information and policy analysis to improve health care outcomes, manage growth in future health care costs and creating a more sustainable model of state financing for health care that is quality-driven.

Managing costs and efficient management of resources through business process improvement through evidence based best practices, and program analysis will enable the most cost-effective use of health care resources and reduce and eliminate inefficiencies, duplication of resources, and non-optimal activities.

Objective I: Through the Executive Administration activity, to administer the Medicaid program and ensure that operations are in accordance with federal and state statutes, rule, and regulations each year through June 30, 2016.

Strategy:

- 1.1 Monitor total expenditures to ensure costs does not exceed available resources for administering the Medicaid Program

Performance Indicator:

- Administrative cost as a percentage of total cost relative to other states.

General Performance Indicators:

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

Activity 5 – Monitoring

State Outcome Goal

The Monitoring activity advances the State Outcome Goal by decreasing the percentage of avoidable state government expenditures in the Medicaid program thereby ensuring that limited resources are used for health care initiatives that have proven to be the most responsive to the needs of patients. This activity also ensures that funding allocated to extremely large eligibility groups (nursing homes, waivers and ICFS) is properly spent.

Objective I: Through the Monitoring activity, to reduce the incidence of inappropriate Medicaid expenditures and to annually perform a minimum of 95% of the planned monitoring visits to school systems/boards participating in the Medicaid School-Based Administrative Claiming Program through state fiscal year 2016.

Strategies:

- 1.1 Perform the monitoring of the EPSDT cost reports in conjunction with the monitoring of the MAC claim forms.
- 1.2 Monitor a minimum of 16 Local Education Agencies (school-boards) annually, with all LEAs monitored once every three years.
- 1.3 Assure measurable and accurate performance reporting in accordance with standards established by the American Institute of Certified Public Accountants.
- 1.4 Assure that HCBS waiver claims are codes and paid for in accordance with the reimbursement methodology specified in the approved waivers.

Performance Indicators:

- Number of School Boards quarterly claims targeted for monitoring
- Percent of targeted School Boards monitored
- Number and percentage of HCBS waiver services provided to participants who were enrolled in the waivers on the date of service that was reported as delivered.
- Number and percentage of waiver claims submitted which did not exceed the approved rate.

General Performance Indicators:

- Number of claims adjusted as a result of monitoring activities
- Amount identified as over claimed as a result of monitoring

Objective II: Through the monitoring activity, BAYOU HEALTH has developed quality and administrative measures to hold the managed care organizations accountable. Medicaid will measure and monitor the health plans from the program’s implementation, with strict penalties included for failure to meet measures. BAYOU HEALTH was designed with quality as the primary goal; while also ensuring access to services; and providing payment that is aligned with the severity of illness in the member population.

Strategies:

- 2.1 Increase preventive health care; improve quality, and patient experience; and moderate cost increases through: 1) implementation of fee-for-service primary care case management (PCCM) (BAYOU HEALTH Shared Savings); and 2)

implementation of comprehensive prepaid risk bearing capitated managed care organizations (MCO) also known as BAYOU HEALTH Prepaid Plans.

- 2.2 Ensure prompt payment or preprocessing of claims for network providers.
- 2.3 Perform all federally mandated administrative activities required for the Medicaid Managed Care Program.

Performance Indicators:

- Percentage of Health Plans that meet the calendar year improvement benchmarks for the five key performance measures.
- Percentage of Health Plans that meet adults' access to preventative/ambulatory health services for their members.
- Percentage of Health Plans that meet comprehensive diabetes care HgbA1C for their members
- Percentage that meet chlamydia screening for women for their members.
- Percentage of Health Plans that meet well-child visits in third, fourth, fifth and sixth years of life for their members.
- Percentage of Health Plans that meet adolescent well-care visits for their members.
- Percentage of BAYOU HEALTH – Prepaid Health Plan's payments that meet the prompt pay requirements.
- Percentage of BAYOU HEALTH – Shared Health Plan's claims that meet the pre-processed timeline requirements.
- Annual percentage of new eligible BAYOU HEALTH members who proactively select a Health Plan.
- Percentage of BAYOU HEALTH Primary Care practices recognized by DHH as medical homes.

Activity 6 – Operations

State Outcome Goal

The Operations activity advances the state outcome goal by optimizing the use of community-based care while decreasing reliance on more expensive institutional care. The focus on efficient program management in the Operations activity, including monitor of day to day operation of Medicaid Fiscal Intermediary contract, will benefit all of Louisiana's citizens by promoting health care that makes better use of resources and is more responsive to the needs of patients. It will be accomplished through: increasing reliance on community based services, increasing access to comprehensive, coordinated care and managing cost and efficient management of resources through use of technology, best practices, and program analysis will enable the most cost-effective use of health care resources and reduce and eliminate inefficiencies, duplication of resources, and non-optimal activities. The agency continues to explore opportunities to maximize other funding sources including enhanced federal matching funds for systems development. Furthermore through the Operations Activity, the agency demonstrates its commitment to being a Smart Buyer, most notably through the consolidation of functions in conjunction with replacing of the existing legacy MMIS system. Focus also continues to be placed on implementing efficiencies to the operations of the Medicaid program to ensure that the most clinically appropriate and cost effective medical services are provided to Louisiana Medicaid enrollees.

Objective I: Through the MMIS Operations activity, to operate an efficient Medicaid claims processing system through June 30, 2016.

Strategies:

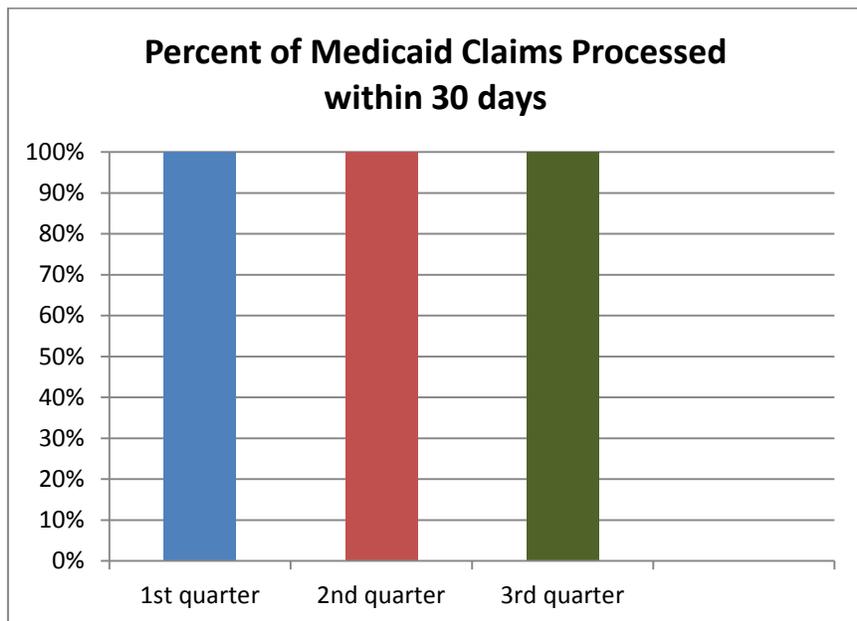
- 1.1 Implement radiology utilization management program utilizing best practice and evidence based standards.
- 1.2 Improve efficiency and accuracy of claims processing and payments through utilization of a clinical editing tool including clinically appropriate CCI edits.
- 1.3 Improve hospital length of stay assignment through monitoring of Interqual criteria for inpatient hospital care.
- 1.4 Monitor and supervise the Fiscal Intermediary services.

Performance Indicators:

- Percentage of total claims processed within 30 days of receipt
- Average processing time in days

General Performance Indicator:

- Total number of claims processed



This indicator measures the Fiscal Intermediary’s efficiency against the CMS and FI contract requirement that all “clean” claims be processed within 30 days. The target set for this PI is 98% of submitted claims. The chart shows the target was met for each quarter of fiscal year 2009-10.

Activity 7 – Pharmacy Benefits Management

State Outcome Goal

The Pharmacy Benefits Management (PBM) activity advances the state goals of improving health care outcomes and providing cost efficiencies in delivering prescriptions and direct patient access in providing prescription medications to Medicaid recipients. The Pharmacy Program provides clinically-appropriate and cost effective medications to Medicaid recipients in order to avoid more costly outpatient and institutional services. Clinical and support staff in addition to contractors perform a variety of cost saving initiatives including invoicing and reconciliation of pharmacy rebates from drug manufacturers, point of sale pharmacy prospective drug utilization review edits, cost avoidance of claims for Medicaid eligibles with other drug coverage, pharmacy audit recoupments, provider compliance with the drugs on the preferred drug list as well as establishing State Maximum Allowable Cost limitations for multiple source drugs. The Pharmacy Program continually evaluates and enhances clinical and cost measures. The Pharmacy program has implemented numerous efficiencies in securing cost savings to the State while continuing to provide necessary medication to the Medicaid recipients. The pharmacy program is highly monitored by State and Federal auditors as many facets of this program are statutorily required and must comply with the Board of Pharmacy rules and regulations. Since the Pharmacy program is one of the largest in services and expenditures, and it is recognized that pharmacy services improve health status, reduce cost and promote a healthier population by providing drug therapies, the agency is continuously looking at ways to modernize and strengthen our current state-run PBM model to achieve better health outcomes and lower costs and growth trends through overall better management of the pharmacy benefit.

Objective I: Strengthen current State-run Pharmacy Benefit Management Program through June 30, 2016.

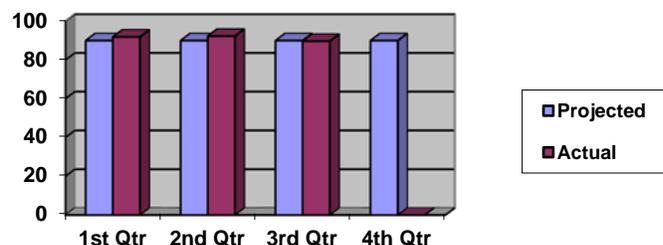
Strategy:

- 1.1 Revise reimbursement methodology to align more closely with actual acquisition costs.
- 1.2 Develop a more meaningful Prior Authorization process with a focus on increasing generic drug utilization and building upon our current clinical drug edits.
- 1.3 Encourage prescriber adherence to the Preferred Drug List (PDL) for Medicaid prescriptions.

Performance Indicators:

- Percentage (%) of Total Scripts PDL Compliance
- Percentage (%) of Generic drug utilization

Measure of the prescriber's adherence to the PDL based on the number of prescriptions paid for in all therapeutic classes included in the PDL process.



P.I. 1.1 Percentage (%) of Total Scripts PDL Compliance based on Provider Synergies Quarterly Report for FY2009-10.



09-306

Medical Vendor Payments

Bureau of Health Services Financing

REVISED JULY 2012

Vision

We envision a future where the people of Louisiana are healthier through a continuum of evidence-based accessible, quality and comprehensive health care services with emphasis on efficiency and cost effectiveness in community-based settings.

Mission

Our mission is to anticipate and respond to the health needs of Louisiana's citizens by developing, implementing, and enforcing administrative and programmatic policy with respect to eligibility, reimbursement, and monitoring of quality-driven health care services, in concurrence with evidence-based best practices and federal and state laws and regulations.

Philosophy

Our philosophy is to administer the Medicaid program in an equitable manner, while continuing to seek ways of ensuring enrollee satisfaction with care by providing high quality care and innovative customer service.

Executive Summary

The direction of health care on both the national and state level has been toward more cost-effective, comprehensive, accessible, community-based, and individualized services. Louisiana has taken steps to shift from overall higher-cost institutional to lower cost preventive, coordinated system of care and home and community-based long-term care. It has expanded Medicaid eligibility through the LaCHIP program and other initiatives. Louisiana's statewide implementation of Medicaid managed care (Bayou Health) will provide access to a medical home for more than 80% of the Medicaid population. Medicaid now focuses on the quality of care provided to our population. Additionally, Medicaid enhance healthcare access and efficiency with quality outcome initiatives. As technology moves medical care forward, Medicaid administrative staff and contractors must utilize electronic tools to streamline work processes resulting in increased program operation efficiencies and to provide improved delivery of healthcare services. In the event of a disaster, the Bureau administration and provider community must be prepared by building infrastructures capable of handling major increases in the number of those being served and facilitating continuity of operations regardless of the patient's geographical location.

Agency Goals

Goal I

To improve health outcomes by emphasizing medical homes and reducing the number of uninsured persons in Louisiana.

Goal II

To expand existing and develop additional community-based services as an alternative to institutional care.

Goal III

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

Goal IV

To assure accountability through reporting and monitoring of the health care delivery system in an effort to promote the health and safety of Louisiana citizens.

Goal V

To streamline work processes and increase productivity through technology by expanding the utilization of electronic tools for both the providers and the Medicaid Administrative staff.

Goal VI

To implement measures that will constrain the growth in Medicaid expenditures while improving services and to secure alternative sources of funding for healthcare in Louisiana.

Program A: Payments to Private Providers

Program A: Mission

The mission of Payments to Private Providers is to administer the Medicaid Program to ensure operations are in accordance with federal and state statutes regarding medically necessary services to eligible recipients.

Program A: Goals

- I. To provide cost effective and medically appropriate pharmaceutical services.
- II. To improve health outcomes by emphasizing choice of healthcare options for Medicaid recipients, better coordination of care and quality of care, increasing access to medically necessary services, and mandating accountability for the delivery of Medicaid covered services through contractual arrangements with two different types of managed care organizations/health plans.
- III. To provide cost effective and medically appropriate Medicaid covered services for individuals remaining in the Fee-for-Service Program.

Activity 1 – Bayou Health

State Outcome Goal

The Bayou Health program activity enhances the goals of better health and effective government. Bayou Health is responsible for the oversight of the managed care program which incorporates two models of care that represent best practices for improving health outcomes for Louisiana’s population, increasing access to quality care and providing fiscal sustainability. One model provides a comprehensive, full risk Medicaid managed care Health Plan, referred to as a “Prepaid Plan”. Prepaid Plans are responsible for the provision and payment of all claims for these services. The second model is an enhanced primary care case management (PCCM) organization that is paid a monthly management fee and may share in savings generated through better coordination of care, and is referred to as a “Shared Savings Plan”. Providers in Shared Savings Plans are paid directly by DHH’s fiscal intermediary on a fee-for-service basis. Additionally, DHH continues to provide care to a portion of the population through a fee-for-service model. Under all plan models, policies and procedures for all benefits and services are defined within the Louisiana Medicaid State Plan.

Goals addressed by Bayou Health include increased access to the appropriate level of care; keeping people out of the hospital and the emergency room; improving health care quality through monitoring of quality outcomes; payment reform; and savings/cost containment. Administrative activities incorporate the following elements of effective government as we intend to 1) Deliver healthcare services by specifying performance outcomes that include predefined savings expectations at an actuarially sound rate. 2) Assure performance accountability and compliance with federal Medicaid regulations thereby avoiding costly disallowances. More importantly, contractors and providers can be held accountable for performance. Results shall be measured for performance and will result in loss of funds or loss of contract for failure to meet the contract requirements. 3) Publish contractor’s policies, procedures and performance reports as part of a commitment to transparency through public Web sites.; and 4) Leverage additional funding sources to better fund administration of Medicaid coordinated care and achieve savings for Louisiana taxpayers; examples include leveraging the 2.25% premium tax levied against the PMPM paid to the prepaid health plans annually to draw down additional federal funds.

Objective I: Through the Medicaid Bayou Health Initiatives activity, ensure prompt payment or preprocessing of claims for network providers through state fiscal year 2016.

Strategies:

- 1.1 Include contractual requirements tied to performance measures in the Bayou Health Plan contracts.
- 1.2 Implement administrative sanctions for noncompliance of contract requirements.

Performance Indicators:

- Percentage of Bayou Health – Prepaid Health Plan’s payments that meet the prompt pay requirements
- Percentage of Bayou Health – Shared Health Plan’s claims that meet the pre-processed timeline requirements

Objective II: Through the Medicaid Bayou Health Initiatives activity, implement payment reform activities through state fiscal year 2016.

Strategies:

- 2.1 Develop a payment structure that ensures budget predictability for the Medicaid program.
- 2.2 Develop a per member per month full risk payment rate for the delivery of health care services in a risk-based model.
- 2.3 Creation of a risk-adjusted methodology that is aligned with the severity of illness in the Health Plan’s member population to prevent cherry picking by the Health Plans, while maintaining budget neutrality for the state.
- 2.4 Implement new and/or revised payment structures that disincentivize the inappropriate use of higher cost, non-medically necessary procedures (for example caesarian versus vaginal delivery).
- 2.5 Implement new and/or revised system edits that disincentivize charging for non-covered or inappropriately billed procedures/services (for example pain management).

Performance Indicators:

- Implement new and/or revised payment structures/edits.
- Risk adjustment score for BAYOU HEALTH Plan 1.
- Risk adjustment score for BAYOU HEALTH Plan 2.
- Risk adjustment score for BAYOU HEALTH Plan 3.
- Risk adjustment score for BAYOU HEALTH Plan 4.
- Risk adjustment score for BAYOU HEALTH Plan 5.
- Annual additional funding provided by the 2.25% premium tax levied against the PMPM payments to BAYOU HEALTH Pre-Paid Health Plan 1.
- Annual additional funding provided by the 2.25% premium tax levied against the PMPM payments to BAYOU HEALTH Pre-Paid Health Plan 2.
- Annual additional funding provided by the 2.25% premium tax levied against the PMPM payments to BAYOU HEALTH Pre-Paid Health Plan 3.

Activity 2 – Community Based Services (in avoidance of Hospitalizations)

State Outcome Goal

Optimizing the use of community-based care while decreasing reliance on more expensive institutional care will benefit all of Louisiana’s citizens by promoting health care that makes better use of resources and is more responsive to the needs of patients. Increasing reliance on community-based services will facilitate cost-effective use of available resources through actions which are in-line with national best practices to reduce unnecessary hospitalizations and reliance on institutionalization. Fostering or facilitating independence through availability of home and community-based services for citizens with

disabilities and the elderly will promote the dignity and independence of Louisiana's citizens while enabling them to find cost-effective supports and services within their community. Within this activity, home health care is a cost-effective alternative to long-term hospitalization. In-home health care is also a lifesaver for many patients and their families, as most patients find it comforting to be in familiar surroundings where they are near friends and family. The requested amount includes funding for Act 432 of the 2004 Regular Session, which directed the department to develop licensure standards for pediatric day health care facilities for medically-fragile children. The state seeks to provide for the complex medical needs of this population through a single point of contact by the collaborative efforts of a multi-vendor service providing physician services, therapy services, nursing services, educational services, and socialization skills. The majority of this population is dependent upon ventilation, oxygen, and other technological devices to compensate for the loss of normal use of a vital body function.

It has been confirmed through research that in-home care results in savings for not only the payer, but also saves the family financial impact with less out-of-pocket expense, and a decrease in loss of income to the caregiver. • An Avalere study analyzed 2005 and 2006 data from the Centers for Medicare & Medicaid Services (CMS) to determine the impact that home health care had on overall Medicare costs and rates of re-hospitalization. The study revealed that Medicare patients with diabetes, chronic obstructive pulmonary disease, or congestive heart failure that used home health care cost the program \$1.71 billion less and had 24,000 fewer re-hospitalizations than similar patients that used other forms of post-acute care over a two year period. The same number of avoided re-hospitalizations in Louisiana would generate a cost savings of \$22M annually. A June 1995 study in the Official Journal of the American Academy of Pediatrics compared prospective chemotherapy in the hospital to chemotherapy at home with respect to billed medical charges, out-of-pocket expenses, and quality of life; it found that at-home treatment reduced expenses, reduced loss of income for parents, and provided a more satisfying lifestyle for patients. • Studies by the Institute for Child Health Policy found the following benefits of an inclusive program (Pediatric Day Health Care facility): Children with special needs develop increased social skills and self-esteem; families of children with special needs gain social support and develop more positive attitudes about their child; children without special needs become more understanding and accepting of differences and disabilities; caregivers learn from working with children, families, and service providers and develop skills in individualizing care for all children. Reduced inpatient hospital admissions for these recipients would result in a savings of \$699 per day per recipient. • Current Medicaid rates for DME/supplies are not in compliance with federal regulations requiring Medicaid to ensure "equal access" to covered items and services by offering payment rates that result in services providers treating Medicaid recipients equally in comparison to people with other public or private health care coverage. Louisiana has been forced into negotiations with providers just to be in compliance with this access requirement [42 USC 1396a(a)(30)].

Objective I: Through the Community Based Services activity, to achieve better health outcomes for the state by promoting affordable community-based services, decreasing reliance on more expensive institutional care, and providing choice to recipients each year through June 30, 2016.

Strategy:

- 1.1 Develop and implement enrollment and reimbursement methodologies to improve access to community based alternatives to inpatient hospitalization, such as Pediatric Day Health Care facilities and Home Health Services.

Performance Indicator:

- Percentage change in the unduplicated number of recipients receiving community-based services

Activity 3 – Community-Based Long Term Care for Persons with Disabilities

State Outcome Goal

The narrative activities in A thru E (above) provide better health & more affordable care through optimizing the availability of community-based health care & decreasing reliance on more costly institutional care. Specifically, community-based health care is improved by: a)-converting existing state funds into Medicaid funds which increase access to more community services by more children with smaller waiting lists; b)-providing more flexible/specialized community service alternates to the causes of institutionalization (crisis, abuse/neglect, unmet medical/behavioral needs); by converting private ICF/DD community homes into waiver slots; by assuring that community funding levels cannot exceed institutional ones; & matching services to individual needs through nationally recognized assessment tools; c)-using systemic improvements to assure cost-effectiveness, more efficient/higher quality community services with specific outcomes tied to specific funding. These innovations will form the basis for implementing the next steps in our system’s refinement as outlined in item 4, (d); d)-eliminating separate waiting lists for separate waivers & placing the responsibility on the Program Office (not the Legislature) for targeting funding for specific, most appropriate, cost-effective waivers with most effective healthy outcomes to the appropriate individuals waiting for services. This matching process serves all persons on the waiting list more efficiently & fairly based on individual needs via evidence-based, data driven, statistically proven & nationally recognized assessment tools; & e)-targeting available funding to the most appropriate, nationally recognized best practices in vocational service delivery; shifting from segregated employment to community-integrated jobs working alongside non-handicapped peers. Persons who are more fulfilled in their work settings tend to lead healthier & more productive lives.

(1.) United Cerebral Palsy “Case for Inclusion Report”-2009 documents the need for increased community services for people with DD in La & the need for conversion of ICF/DD settings to community waiver settings: La ranks 50th among all states with only 56.5% of its citizens with DD receiving community waiver services (compared to the national average of 83.9%); La ranks 41st among all states with only 65.5% of its citizens with DD living independently, with family or in community shared settings of up to 3 persons (compared to the national average of 76.4%); La Ranked 9th highest in ICF/DD total expenditures & 50th (or last place) in cost per ICF/DD resident; (2.) The move towards choice, independence, person-centered planning, decreased institutional care, increased community services in the most integrated, least restrictive setting with assurances of health, safety & quality of life is supported by: national mandates such as Olmstead; Gary W; Chisolm; the DOJ’s settlement with OCDD over its large public institutions; the DD Law; (3.) The AAIDD recognized OCDD for improving its SIS, a copyrighted, nationally recognized, statistically proven needs assessment tool & OCDD was recognized for development of its LA Plus assessment tool which addressed specialized areas not covered by the SIS; (4.) OCDD’s SIS/LA Plus Assessment Tools, Guidelines for Support Planning, & Resource Allocation Model have all been approved for use by CMS, the federal agency which approves, renews & oversees all waivers. Other states have successfully used similar resource allocation models to reduce waiver costs; (5.) In 8/09, CMS published “Advanced Notice of Rulemaking” as a precursor to regulatory revisions which support & allow the combining of multiple, existing waivers & waiting lists for different target populations into a single waiver designed to serve multiple populations with multiple needs. Thus, OCDD’s proposal to combine waiting lists, use generic waiver slots & match individual needs to specific waiver types using data-based assessments comports with national mandates; (6.) These articles validate supported

employment as delivering the best outcomes for DD persons: (a) Cimer, R. (2000) The cost-efficiency of supported employment programs: A literature review. Journal of Vocational Rehabilitation, 14(2000), 51-61; (b) Cimer, R., (2008) The cost-trends of supported employment versus sheltered employment. Journal of Vocational Rehabilitation, 28(2008), 15-20.

Objective I: Through the Community-Based Long Term Care for Persons with Disabilities activity, to increase the number of people accessing community-based services by 5% annually over the next 5 years in a more cost-effective and efficient manner through June 30, 2016.

Strategies:

- 1.1 Provide effective management of community service and waiver programs through OCDD Central Office oversight of regional delivery of developmental disability services in order to optimize the use of community-based services while decreasing reliance on institutional services.
- 1.2 Develop and implement a variety of innovative rebalancing/restructuring activities which focus existing funding toward achievement of quality outcomes targeted to individual needs.
- 1.3 Provide processes, training and support to encourage providers, individuals with disabilities, and their families to utilize Residential Options Waiver conversion and Money Follows the Person.
- 1.4 Provide advocacy, one-on-one assistance, and collaboration with other agencies to overcome barriers for persons with developmental disabilities to obtain accessible, affordable and safe housing.
- 1.5 Develop policies and procedures for adult waiver participants to have pathways to community employment.

Performance Indicators:

- Percentage change in number of persons served in community-based waiver services
- Percentage change in the cost of the New Opportunities Waiver post implementation of resource allocation
- Number of residents of private ICFs/DD transitioning to Residential Options Waiver (ROW) opportunities Utilization of Residential Options Waiver (ROW) opportunities available through funding allocation or conversion of ICF/DD beds
- Percentage of persons surveyed reporting overall satisfaction with services requested.

Activity 4 – Community-Based Long Term Care for the Elderly and Disabled

State Outcome Goal

This activity directly achieves Indicator 1 of the Better Health Goal: “Optimize the use of community-based care while decreasing reliance on more expensive institutional care.” A challenge with this activity is that demand for community-based LTC will continue to grow as the population ages & expenditures are subject to increase. The objective in delivering LTC services to this population is to slow the rate of increase rather than seeking net decreases in spending, and to serve as many people as possible within available resources. The community-based programs provided through this activity serve Medicaid participants at less average cost than in a nursing home. The activity as a whole addresses deinstitutionalization/prevention & creates a continuum of care to provide choice. As with all Medicaid programs, state dollars are maximized by federal mandates.

Programs and strategies used in this activity are a direct outgrowth of Louisiana’s Plan for Immediate Action: Providing Long Term Care Choices for the Elderly and People with Disabilities. That plan calls for implementation of a broad array of community-based services & a multi-faceted strategy for transitioning individuals from nursing homes to the community. The strategies used in this activity are also consistent with best practices used by states that have achieved a cost-effective “rebalancing” from institutional to community-based LTC (see, for instance, Mollica & Reinhard, Rebalancing State Long-Term Care Systems, National Academy for State Health Policy, October 2005). **Evidence of effectiveness:** The major programs in this offer have proven effective in preventing institutionalization. Between SFY 2007 and SFY 2010, only 2% of waiver participants transitioned into a nursing home. Of those participants receiving state plan personal care services alone (i.e., without waiver) only 4% transition into a nursing home during the same time period.

Objective I: Through the Community-Based Long Term Care for the Elderly and Disabled activity, to achieve national averages for Medicaid-funded institutional versus community-based Long Term Care (LTC) spending for older adults and adults with disabilities by state fiscal year 2016.

Strategies:

- 1.1 Allocate resources for home and community based services based on individual acuity as determined through unbiased, comprehensive assessment.
- 1.2 Offer a diverse and flexible array of cost-effective services to achieve quality outcomes and serve as many individuals as possible within available budgetary resources.
- 1.3 Improve access to Medicaid and non-Medicaid long-term care resources through implementation of an effective Single Point of Entry system and improved approaches to support coordination.
- 1.4 Implement consumer-direction of services.
- 1.5 Expand nursing facility transition and diversion efforts.
- 1.6 Implement and maintain a comprehensive Quality Management system consistent with the federal framework for quality in home and community-based services.
- 1.7 Expand capitated, integrated-risk approaches to service delivery.

- 1.8 Maximize federal match by using authorities and pursuing incentives available under the federal Patient Protection and Affordable Care Act.

Performance Indicators:

- Percentage of Medicaid spending for elderly and disabled adult long term care that goes towards community-based services rather than nursing homes
- Average Medicaid expenditure per person for community-based long term care as percentage of average expenditure per person for nursing home care
- Percentage of available, nationally recognized measures on which Medicaid community-based programs perform the same or better than the Medicaid nursing home programs

Activity 5– Behavioral Health

State Outcome Goal

The Department will seek to contract with an Administrative Services Organization (ASO) or State Management Organization (SMO) to manage all Behavioral Health programs. This will improve health outcomes by emphasizing primary and preventive care in the mental health arena, and increase reliance on community-based services that are cost-effective and in line with national best practices. Currently, the state expends approximately 56% of mental health funding on hospital-based care and only 44% on community-based care, while the national trend is approximately 25% hospital and 75% community-based care. Positive results can be expected in the following areas:

- Health Care – Increases access to outpatient, community-based, best practice behavioral health services to reduce the level of unmet need in Louisiana which impacts the overall health of citizens and contributes to high medical costs.
- Education - Early identification and treatment of behavioral health issues reduces special education costs and contributes to success in the educational environment.
- Public Safety - Lack of access to behavioral health care is a major problem in the criminal, family and juvenile court system. Untreated mental illness and substance abuse are common characteristics of incarcerated individuals.
- Self-Sufficient Families - Serious mental illness and substance abuse are the two most significant factors contributing to homelessness in Louisiana, and adults and youth with mental health disorders are drastically unemployed and underemployed in Louisiana. Having access to behavioral health services will promote financial stability for families as caregivers are allowed to work outside of the home and have their ill family member's daily medical needs met in a constant and safe environment.
- Transparent, Accountable, Effective Government - The state can maximize use of limited General Fund and Block Grant dollars by providing for Medicaid reimbursement of services currently purchased by DSS, DOE and OJJ without benefit of Federal Match.

ASO or SMO management of services ensures consistency in care access, delivery and outcomes, creates capacity, tracks outcomes and manages and reduces costs of those services (National Council on Community Behavioral Health). Cost savings can then be used to expand and increase available services. For FY 10-11, estimates from the Surgeon General and the National Council for Community Behavioral Healthcare indicate approximately 18% of Louisiana's eligible Medicaid population, estimated at 213,847, need mental health services, yet only about 30,000 or 14% of the total actually received services in FY09, illustrating a large unmet need. Studies by Substance Abuse & Mental Health Services Administration indicate persons with SMI have a life expectancy 25 years less than the general public. A 2006 report published by the American Psychological Association maintains that limited

access to services often leads to “inadequate care and treatment...Systematic reimbursement for evidence-based psychosocial and psychopharmacological treatments must be established.” The requested Psychological & Behavioral Services expansion will allow reimbursement for neuropsychological evaluations and medical psychology services not currently covered. OJJ and DSS report that a large portion of the populations they serve (estimated 30% to 60%) are in need of psychological and other mental health services, which they currently pay for with SGF. The US Dept. of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Blueprints for Violence prevention Initiative and the US Surgeon General all consider MST a top evidence-based program which decreases out of home placement by 50-64% and recidivism/re-arrest by up to 60%. Wraparound Oregon, an early childhood mental health program similar to ECSS is in its 4th year. Data shows 78% family satisfaction and compliance, 70% of children doing better in school or daycare, and 69% of children now get along better with their families. Mental Health Rehabilitation (MHR) program has reduced the yearly cost per recipient from \$8,072 in 2005 to \$4,967 in 2009. The efficiency of the MHR program can be seen in the increased numbers of recipients that were served in FY 09 for nearly the same cost as the previous year. This activity supports goals 1 through 4 of the 2007 Louisiana Plan for Mental Health Access.

Objective I: Through the Behavioral Health activity, to increase access to a full array of community-based, evidence-based and/or best practice behavioral services, improve health outcomes, and decrease reliance in institutional care by state fiscal year 2016.

Strategies:

- 1.1 Through collaboration with DSS, DOE and OJJ develop and strategically implement a Coordinated System of Care for children at imminent risk of out of home placement.
- 1.2 Through utilization management promote appropriate treatment interventions, level of care and length of stay.
- 1.3 Identify, promote and incentivize expansion of evidence-based/best practice behavioral services.
- 1.4 Develop quality management tools and performance measures that identify and promote quality care and improved health outcomes.
- 1.5 Identify and pilot models that reduce out of home placements/incarceration of adults with serious mental illness.
- 1.6 Promote knowledgeable use of medications and a reduction of polypharmacy in the treatment of mental illness.
- 1.7 Identify and pilot models that address co-morbid conditions which shorten the lives of people with mental illnesses diagnoses.

Performance Indicator:

- Percentage of eligible recipients receiving behavioral health services in the community

General Performance Indicator:

- Percentage change in expenditures for state inpatient psychiatric services

Activity 6 – Support Services

State Outcome Goal

Through the Support Services activity, the Pharmacy Benefits Management program advances the state goals of improving health care outcomes and providing cost efficiencies in delivering prescriptions and direct patient access in providing prescription medications to Medicaid recipients. Prescription drugs are used to treat patients with varying illnesses and diseases as prescribed by prescribing practitioners. Medications are important and have a growing role in basic health care and improving health statuses. They often prevent the need for expensive health services such as hospitalizations, emergency room visits, additional physician visits, surgeries and long-term care services. Thus, drugs lower the costs on non-drug medical spending. Additionally, they are often the least costly service to treat a particular condition.

Evidence to support the value of medications in treating and preventing illnesses is well established. Prescription medicines play an important and growing role in basic health care. Medications also are helpful in disease prevention and preventing progression of a disease. Disease prevention means an increased emphasis on prevention and becoming more proactive in treating diseases such as diabetes, hypertension and high cholesterol that require greater utilization of medications to treat and prevent escalation of these conditions. If pharmaceutical services are not accessible to Medicaid patients, soaring costs could be expected in more costly settings and mortality and morbidity will increase.

Objective I: Through the Support Services activity, to reduce the rate of growth of expenditures for drugs in the DHH Pharmacy Benefits Management Program.

Strategies:

- 1.1 Allow Prepaid Health Plans to effectively manage their pharmacy benefits through establishment of their own formulary.
- 1.2 Modernize the state-managed pharmacy benefit by providing for a revised reimbursement methodology.
- 1.3 Develop a more meaningful Prior Authorization process with a focus on increasing generic drug utilization and enhancing and building upon our current point-of-sale clinical drug edits.

Performance Indicators:

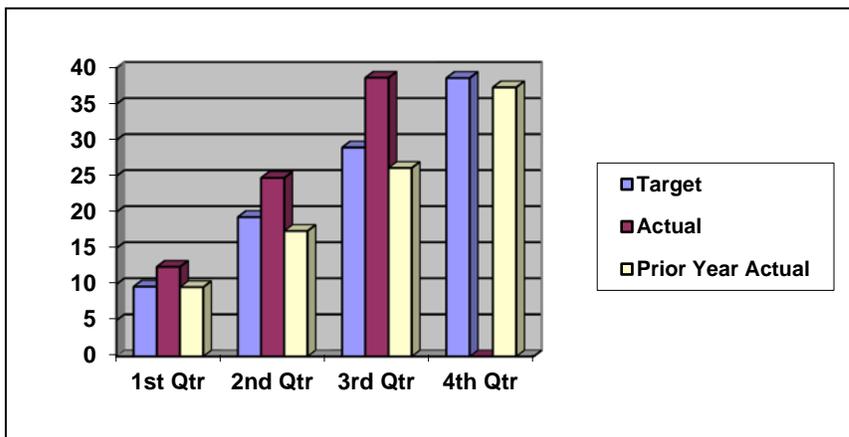
- Implementation of Prepaid contract amendments for pharmacy services.
- Implementation of revised reimbursement methodology.
- Percentage of increased generic drug utilization.
- Percentage of Total Drug Rebates Collected
- Percentage of Total Scripts PDL Compliance¹

General Performance Indicator:

- Number Classes of Therapeutic Drugs Established

¹Percentage of Total Scripts PDL Compliance was reported on in 09-306 Medical Vendor Payments for FY2009-2010. The indicator will be reported in agency 09-305 Medical Vendor Administration for FY 2010-2011 (See agency 09-305 Medical Vendor Administration for information).

This chart measures cost avoidance resulting from maintaining the Pharmacy PA and PDL and State Supplemental Rebates process for fiscal year 2009-10.



P.I. 1.1: Amount of cost avoidance (in millions) for Fiscal Year 2009-10; based on Provider Synergies Quarterly Pharmacy

Activity 7 – Inpatient Hospitalization

State Outcome Goal

The inpatient hospitalization activity reflects the goal of improving the health of Louisiana’s citizens and reducing avoidable inpatient hospitalizations. This activity provides medical care needed for the treatment of an illness or injury which can only be provided safely and adequately in a hospital setting and with the expectation that this care will be needed for 24 hours or more. Implementation and expansion of the Inpatient Utilization Management Program will reduce the number of avoidable inpatient admissions as well as the length of stay for appropriate admissions. It will also facilitate movement of patients to the most appropriate level of care such as step down nurseries and home health services. Reimbursement reform opportunities are being evaluated to improve affordability and quality of the services provided and purchased. Agency initiatives seek to improve overall health, avoid infections and disease exacerbations that result in avoidable inpatient stays.

Dartmouth Medical School Professor Jack Wennberg has estimated, based on years of study, that up to one third of the over \$2 trillion that we now spend annually on health care is squandered on unnecessary hospitalizations; unneeded and often redundant tests; unproven treatments; overpriced, cutting-edge drugs; devices no better than the less expensive products they replaced; and, end-of-life care that brings neither comfort nor cure. • The American Association of Diabetes Educators believe that diabetes self-management education is an essential component of care to achieve the outcomes desired by the person with diabetes, the diabetes educator, and other members of the health care team. • The U.S. Department of Health and Human Services indicates that counseling and medication are effective when used by themselves for treating tobacco dependence. The combination of counseling and medication, however, is more effective than either alone. Thus, clinicians should encourage all individuals making a quit attempt to use both counseling and medication. • According to the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), the Tdap vaccine for adults offers an opportunity to reduce the burden of pertussis (whooping cough) in the United States by reducing the reservoir of pertussis in the population at large thereby decreasing exposure of persons at risk for complicated infection (e.g. infants), and reducing the cost and disruption of pertussis in health-care facilities. The ACIP goes on to indicate that up to 5% of

pneumonia hospitalizations for adults are from pertussis complications and vaccination could prevent the disease and associated hospitalizations. • Pneumococcal vaccine (PPSV) is 60-70% effective in preventing invasive pneumococcal meningitis and pneumococcal bacteremia. This vaccine has not been demonstrated to provide protection against pneumococcal pneumonia.

Objective I: Through the Inpatient Hospitalization activity, to provide necessary care for Medicaid recipients when acute care hospitalization is most appropriate and to lower the growth of inpatient hospital costs while moving toward a higher and consistent level of quality medical care.

Strategies:

- 1.1 Expand the Inpatient Utilization Management Program to include preadmission reviews.
- 1.2 Maintain utilization of current clinical guidelines for all acute care reviews.

Performance Indicator:

- Average (mean) length of stay in days (non-psych.) for Title XIX Medicaid recipients

Activity 8 – Institutional Based Long Term Care for Persons with Developmental Disabilities

State Outcome Goal

Private ICF/DD facilities care for approximately 3,500 individuals annually. These individuals require 24-hour care and supervision. It is imperative that the state ensures these individuals are cared for.

United Cerebral Palsy's "Case for Inclusion" Report (2009) documents the need for increased community-based services for people with developmental disabilities and the need for conversion of ICF/DD settings to community-based waiver settings: - LA ranks 50th among all states with only 56.5% of its citizens with DD receiving community-based waiver services (nat'l average: 83.9%) - LA ranks 41st among all states with only 65.5% of its citizens with DD living independently, with family or in community-based shared settings of up to 3 persons (nat'l average: 76.4%) - LA ranked 9th highest in ICF/DD total expenditures and 50th (or last place) in cost per ICF/DD resident. • The move towards choice, independence, person-centered planning, decreased institutional care, increased community-based services in the most integrated, least restrictive setting with assurances of health, safety and quality of life is supported by national mandates such as "Olmstead"; LA class action suits such as Gary W., Chisholm, the Dept. of Justice's Settlement with DHH/OCDD over its large public institutions; and the revised DD Law.

Objective I: Through June 30, 2016, the Institutional Based Long Term Care for Persons with Developmental Disabilities activity, will transition recipients living in Intermediate Care Facilities for individuals with developmental disabilities to home and community based settings.

Strategy:

- 1.1 Through the Residential Options Waiver (ROW) recipients will transition from ICF-DDs into home and community settings.

Performance Indicators:

- Percentage of recipients moved from the ICF-DD setting into home and community based settings
- Number of recipients moving from ICF-DD to community based services

Activity 9 – Institutional Based Long Term Care for the Elderly and Disabled

State Outcome Goal

Nursing facilities provide a vital service as part of the long term care continuum. However, as noted in the Governor's and administration's Request for Results for the "Better Health" state outcome goal, Louisiana is over-supplied and over-reliant when it comes to institutional care. In addition, quality, as measured by independent national benchmarks, is below average. Despite the large number of beds overall, certain highly skilled or specialized care is available on a very limited basis.

As the population ages, it is critical to expand choices within the continuum, ensure persons receive care in the most appropriate & cost-effective setting, & improve quality & efficiency. DHH and the NH industry have already taken steps to reduce excess bed capacity. Further payment reforms, including but not limited to enhancing the existing incentives, buying back beds directly, or providing offsetting rate adjustments based on occupancy rates should be explored. Other reforms, such as pay for performance and integrated, capitated payment mechanisms and coordinated care can be piloted. If successful necessary changes in law could be sought in order to implement on a large scale. New approaches to providing specialized services should be explored, including the use of performance-based contracts. Incentive payments and additional resources can be provided using an existing fund set aside for NH quality improvements. These activities move the state toward a long term care system that allocates resources and provides care more rationally so persons needing long term care get it in the right place at the right time.

Objective I: Through the Institutional Based Long Term Care for the Elderly and Disabled activity, to use spending to reduce unused bed capacity and improve quality to achieve national averages by state fiscal year 2016.

Strategies:

- 1.1 Continue "bed buy back" and "private room conversion" initiatives
- 1.2 Work with industry to explore additional incentives and disincentives that affect excess capacity and quality of care.
- 1.3 Develop new approaches for providing specialized services.
- 1.4 Pilot approaches, using available funds, for pay for performance, care coordination and other quality initiatives.

- 1.5 Explore best practices from national and state sources.
- 1.6 Maximize federal match by using authorities and pursuing incentives available under the federal Patient Protection and Affordable Care Act.

Performance Indicators:

- Percentage of national nursing home quality measures on which Louisiana nursing homes rate at or above the national average per most recent Dept. of Health & Human Services Report
- Percentage change in nursing facility utilization
- Percentage change in nursing facility spending under Medicaid
- Nursing Home Occupancy Rate

Activity 10 – Hospice and Related Nursing Home Room and Board Payments

State Outcome Goal

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

Objective I: Through the Hospice and Nursing Home Room and Board Payments activity, to provide quality palliative care to Medicaid Hospice recipients at the most reasonable cost to the state by state fiscal year 2016.

Strategy:

- 1.1 Monthly budget reports will be utilized to determine the performance indicators to track the number of Room & Board Services for Hospice Patients and the Number of Hospice Services.

Performance Indicators:

- Number of Room & Board Services for Hospice Patients
- Number of Hospice Services

Program B: Payments to Public Providers

Program B: Mission

The mission of Payments to Public Providers is to administer the Medicaid Program to ensure operations are in accordance with federal and state statutes regarding medically necessary services to eligible recipients.

Program B: Goals

- I. To provide cost effective and medically appropriate pharmaceutical services.
- II. To improve health outcomes by emphasizing choice of healthcare options for Medicaid recipients, better coordination of care and quality of care, increasing access to medically necessary services, and mandating accountability for the delivery of Medicaid covered services through contractual arrangements with two different types of managed care organizations/health plans.
- III. To provide cost effective and medically appropriate Medicaid covered services for individuals remaining in the Fee-for-Service Program.

Activity 1 – Payments to Public Providers

State Outcome Goal

This activity provides access to care through safety net state providers that provide services not readily available in the private sector, such as services provided to individuals with severe mental illness, developmental disabilities, and specialty care.

As of June 30, 2009, Medicaid had 2,556 state enrolled providers ranging from clinic services to hospital inpatient services. The number of unduplicated Medicaid recipients served in SFY 08-09 was 312,764.

Objective I: Through the Payment to Public Providers activity, to encourage all Medicaid enrollees to obtain appropriate preventative and primary care in order to improve their overall health and quality of life as shown by well-visits, annual dental visits, assess to primary care practitioners and asthma and diabetes measures.

Strategy:

- 1.1 Expand the Inpatient Utilization Management Program to include preadmission reviews.
- 1.2 Maintain utilization of current clinical guidelines for all acute care reviews.

Performance Indicator:

- Average acute care length of stay in days per discharge for state hospitals

Program C: Medicare Buy-Ins & Supplements

Program C: Mission

The mission of the Buy-Ins Program is to allow a mechanism for states to pay premiums under specific circumstances. This program has three major components:

1. Medicare Buy-Ins and Supplements which allows states to enroll certain groups of needy people in the supplemental medical insurance program and pay their premiums. The Medicare

Buy-Ins and Supplements may permit the State, as part of its total assistance plan, to provide medical insurance protection to designated categories of needy individuals who are eligible for Medicaid and also meet the Medicare eligibility requirements. It has the effect of transferring some medical costs for this population from the Title XIX Medicaid program, which is partially State financed, to the Title XVIII program, which is financed by the Federal government. Federal matching money is available through the Medicaid program to assist the States with the premium payments for certain buy-in enrollees.

2. Bayou Health Buy-In Program which reimburses for the delivery of specified health services to Medicaid recipients who are members of a Bayou Health Plan. Reimbursement consists of:
 - a. Capitated per member per month payments to full risk Managed Care Organizations; and
 - b. Primary care case management per member per month payments to Primary Care Manager Organizations.

Louisiana Behavioral Health Partnership – The behavioral health program managed by DHH-OBH that includes behavioral health services for a special target population of children eligible for the Coordinated System of Care (CSoC); adults with serious mental illness (SMI); and the SMO child/adult population (e.g., the rest of the non-institutionalized Medicaid population). The benefit package for this third population includes inpatient psychiatric care, emergency room care, substance abuse services and care by psychiatrists for all adults and children. It also includes all EPSDT behavioral health care services for all Medicaid children. This population could be referred to as a traditional behavioral health – carve-out program.

The Louisiana Behavioral Health Partnership managed by DHH-OBH oversees the Behavioral Statewide Management Organization (SMO), the prepaid inpatient health plan (PIHP) that implements the 1) 1915(b) waiver; 2) the 1915(i) Adult Mental Health Rehabilitation services for the Severely Mentally Ill; and 3) the CSoC –1915(c) SED Children’s waiver.

Program C: Goal

- I. To avoid additional Medicaid cost by utilizing Buy-In (premiums) for Medicare and Medicaid eligibles.

Activity 1 – Clawback

State Outcome Goal

Most prescription drugs for dual eligibles which were previously paid by Louisiana Medicaid are now reimbursed by Part D plans. Therefore, dual eligibles are receiving necessary medications for their various illnesses in improving the healthcare of Louisiana.

The Medicare Modernization Act of 2003 requires the phased down state contribution by paid by State Medicaid programs. There is mounting evidence to support the value of medications in treating and preventing illnesses is well established. While Medicare Part D provides valuable medications to their eligibles today, the Federal Statute requires State Medicaid agencies to assist in financing the Part D coverage by paying the “clawback” each month. This benefit has allowed seniors to address their health needs.

Objective I: Through state fiscal year 2016, the Medicare Part D - Phased-Down State Contribution, also known as "Clawback," to help finance the Medicare Part D benefit for dual

eligibles (individuals insured by both Medicare and Medicaid), as required by the Medicare Prescription Drug Improvement Modernization Act of 2003.

Strategy:

- 1.1 Assist in financing the Part D coverage by paying the “clawback” each month.

Performance Indicator:

- Number of dual eligibles

Activity 2 – Medicare Savings Program for Low-Income Seniors & Persons with Disabilities

State Outcome Goal

This type of dual coverage is much less costly for the state Medicaid agency. The state receives regular Medicaid federal match on Qualified Medicare Beneficiaries (income below 100% FPL) and Specified Low Income Beneficiaries (income between 100-120% FPL), but expenditures for Qualified Individuals (between 120-135% FPL) are 100% federally funded. The ultimate aim of the Medicare Savings Programs is to improve the health of their beneficiaries. Many studies have shown how reducing financial barriers to health care can lead to better health outcomes (Institute of Medicine 2002). Moreover, improving access to health care appears to have the greatest effect on health status and mortality for those with the lowest incomes (Lindert 2004). An additional benefit for people who qualify for the Medicare Savings Programs is that they are automatically eligible for the low-income subsidy (LIS or Extra Help), which helps pay for the premium, deductible and some copayments of a Medicare Part D drug plan, enabling them to maintain drug coverage.

Medicare beneficiaries age 65 and over pay a much larger share of their income in out-of-pocket health care costs than the non-elderly. Although the Medicare Savings Programs do not completely eliminate out-of-pocket expenditures for all enrollees, they provide significant savings that free up funds for other necessities. The Medicare Savings Programs have been shown to improve access to medical care services. Use of all types of medical service is greater for MSP enrollees than for eligible non-enrollees, even when accounting for differences in health status and other characteristics. MSP enrollment has the greatest effect on the use of outpatient hospital services and the frequency of office visits.

Objective I: Through state fiscal year 2016, the Medicare Savings Program for Low-Income Seniors & Persons with Disabilities activity, will avoid more expensive costs that would otherwise be funded by Medicaid by ensuring that eligible low-income senior citizens do not forego health coverage due to increasing Medicare premiums that make maintaining coverage increasingly difficult.

Strategies:

- 1.1 Resolve buy-in problems quickly, so that MSP coverage continues.
- 1.2 Continue outreach to promote the programs to the public.
- 1.3 Simplification of renewal process so that it is not burdensome to the recipients.

Performance Indicators:

- Total number of recipients (Part A)
- Total number of recipients (Part B)
- Total number of Buy-In eligibles
- Buy-In Expenditures (Part A)
- Buy-In Expenditures (Part B)
- Total savings (costs of care less premium costs) for Medicare benefits

Activity 3 – LaCHIP Affordable Plan (Phase V)

State Outcome Goal

This activity advances the state outcome goal of better health care by providing families with the option of affordable health coverage that allows them to take responsibility for their health and the health of their families. More specifically, increasing the number of children in families from 201-250% of Federal Poverty Level (FPL) who are enrolled in health coverage will increase the number who are “health ready” for kindergarten. The SFY2012 federal CHIP match rate of 73.20% will be leveraged for this program and an estimated \$1,260,894 will be generated through the collection of premiums in SFY12 (\$50 per family per month).

This activity has proven effective in currently providing health coverage to over 3,350 children who would otherwise be uninsured. According to the 2011 Louisiana Health Insurance Survey (LHIS), the percentage of uninsured children between 200-250% is 5.2%. The enrollment into LAP through OGB’s delivery system has proven to be extremely cost-effective coverage for the state. The SFY12 cumulative per member per month cost as of April 2012 for this population has run lower than the cost of children in lower income phases of LaCHIP (\$135.33 for LAP compared to \$145.89 for traditional LaCHIP [Phases I, II, and III]). In addition, national research from the Kaiser Family Foundation shows that Medicaid and SCHIP have impacted low-income children’s health by not only expanding coverage and increasing access to care, but by improving quality of care and health outcomes. “Studies that have examined health status before and after a child is enrolled in a public insurance program provide evidence of a more direct, causal relationship between public coverage and improved health.

State and national surveys of parents have found that children are in better health after just one year of enrollment in Medicaid or SCHIP.” (<http://www.kff.org/medicaid/upload/7645-02.pdf>).

Objective I: Through state fiscal year 2016, the LaCHIP Affordable Plan activity, will maximize enrollment of children (birth through 18 years of age) who are potentially eligible for services under Title XXI of the Social Security Act, improve their health outcomes, and ensure they receive quality health care.

Strategies:

- 1.1 Outreach initiatives including a statewide marketing campaign to reach children who are eligible but not yet enrolled in LaCHIP and blitzes throughout the

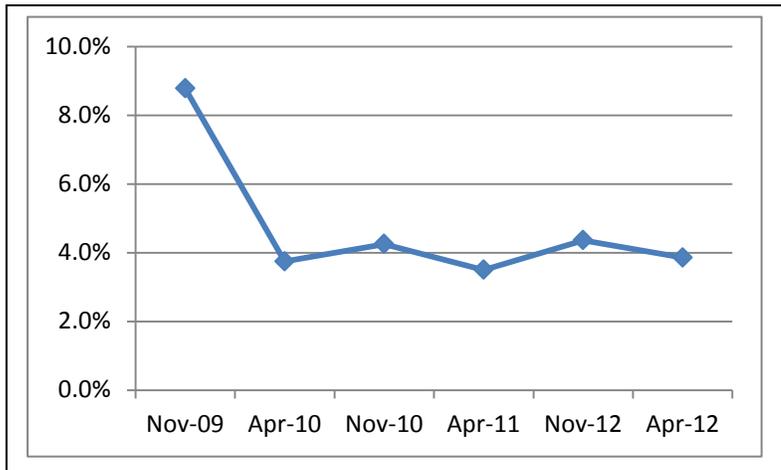
state in targeted areas. Louisiana also plans to use CHIPRA Outreach Grant funds to target rural and Hispanic areas.

1.2 Increase enrollment and retention by removing barriers

Performance Indicators:

- Total number of children enrolled as LaCHIP Affordable Plan (LAP) eligibles (between 201-250 % FPL)
- Total number of LAP eligibles who have annual dental exams (HEDIS measure)
- Percentage of LAP eligibles who lost coverage due to failure to pay premium
- Percentage of enrollees reporting satisfaction with LAP and access to services (OGB CAHPS Survey)
- Number of well-care visits, including immunizations, for adolescents (HEDIS measure)

Source: Infopac report number MEM0860R5 LAP Closures Due to Non-Payment of Premium; VSAM file (table in a database) that is pulled from the Medicaid Management Information System (MMIS) mainframe -- Children Under 19 Recipient Statistic Report (RS-O-92)



Percentage of LAP eligibles who lost coverage due to failure to pay premium

Activity 4 – Louisiana Health Insurance Premium Payment (LaHIPP)

State Outcome Goal

This activity focuses on ensuring access to affordable and appropriate care to Medicaid & LaCHIP eligibles and their families who have access to employer sponsored health insurance. • Through coordination of services with private insurance, the state Medicaid agency is able to leverage other resources that would otherwise have to be assumed for this population in the entitlement program. • LaHIPP advances the State outcome goal of Better Health by reducing the number of uninsured Louisiana residents and freeing up Medicaid dollars by establishing a third party resource as the primary payer of medical expenses as Medicaid pays only after a third party has met the legal obligation to pay. The funds which are not expended for LaHIPP recipients can be utilized to cover the medical needs of non-LaHIPP Medicaid recipients.

According to the National Academy for State Health Policy, there are a number of benefits that states experience from building and growing premium assistance programs like LaHIPP, including: 1) strengthening of the private market and preventing the substitution of public coverage for available private coverage; 2) allowing Medicaid agencies to capture employer contributions towards the care of Medicaid eligibles; 3) easing the transition from public coverage to private coverage; and 4) allowing children to enroll in a single health plan with their parents, which often ensures greater access to services. While it is difficult to provide a true estimate of cost avoidance or savings given that some providers will not bill Medicaid as a secondary payer, cost avoidance data from other states indicates a significant potential for savings. Texas avoided \$46M in costs through its HIPP program in FY08, and Georgia avoided \$21M in costs through its HIPP program. Estimates for Louisiana indicate that \$9.7M in costs were avoided through claims processing.

Objective I: Each year through June 30, 2016, the Louisiana Health Insurance Premium Payment activity, will assist eligible individuals and families in purchasing private health insurance through an employer while maintaining Medicaid/LaCHIP coverage as a secondary payor of medical expenses, resulting in reduced cost exposure to the state.

Strategy:

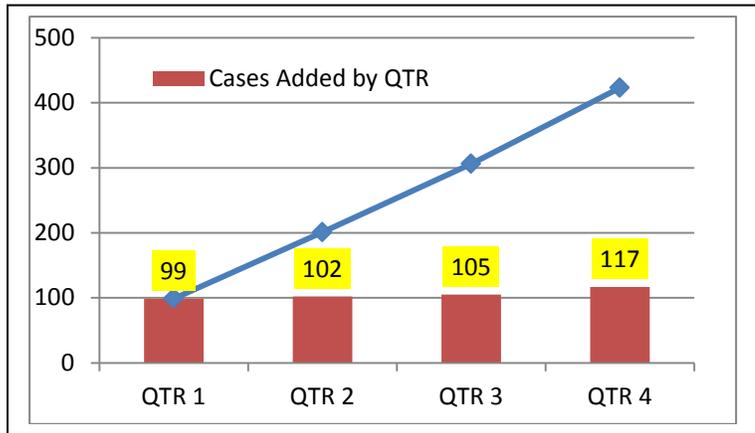
- 1.1 Maximize the number of LaHIPP cases where it is determined to be cost effective to pay for employer sponsored health insurance coverage which becomes the primary payor of medical expenses.

Performance Indicators:

- Number of cases added in LaHIPP
- LaHIPP Total Savings (Cost of Care less LaHIPP Premium Costs) in Millions

For the SFY 2008/09, the total number of cases added totaled 423.

Streamlining our work processes and separating the major tasks (workload & staff) into two components - "intake" and "caseload" have resulted in efficiencies being obtained.



Number of LaHIPP Cases added by quarter for SFY 2008/09. The data was extracted from the LaHIPP data warehouse.

Program D: Uncompensated Care Costs

Program D: Mission

The mission of the Uncompensated Care Costs program is to encourage hospitals and providers to serve uninsured and indigent clients. As a result, the client's quality and access to medical care is improved. Louisiana's disproportionate share hospital cap allotment provides federal funding to cover a portion of qualifying hospitals' costs of treating uninsured and Medicaid patients. If this funding was not available, hospitals' cost of treating uninsured would have to be financed by State General Fund.

Program D: Goal

- I. To encourage hospitals and other providers to provide access to medical care for the uninsured and to reduce reliance on the State General Fund to cover these costs.

Activity 1 – Uncompensated Care Costs

State Outcome Goal

Without access to care, the uninsured population is likely to experience poorer health outcomes because they may not receive recommended screenings and follow-up care for urgent medical conditions. Delaying or forgoing needed medical care increases overall health care costs incurred by everyone because uninsured patients are more likely to be treated in either an emergency room or to be hospitalized for avoidable medical conditions. High bills that uninsured patients incur can permanently jeopardize their family's financial security. The Uncompensated Care Costs Program also funds a significant portion of the cost of training physicians in Louisiana hospitals which results in long-term increased access to primary, preventive and specialty care for all state citizens.

Louisiana has the fourth largest DSH program in the United States. Without leveraging federal funding available through DSH, Louisiana would have to fund these uncompensated costs using State General Fund dollars.

Information about the importance of covering the uninsured can be found at:

<http://www.kff.org/uninsured/upload/7842.pdf>

<http://www.kff.org/uninsured/kcmu091809pkg.cfm>

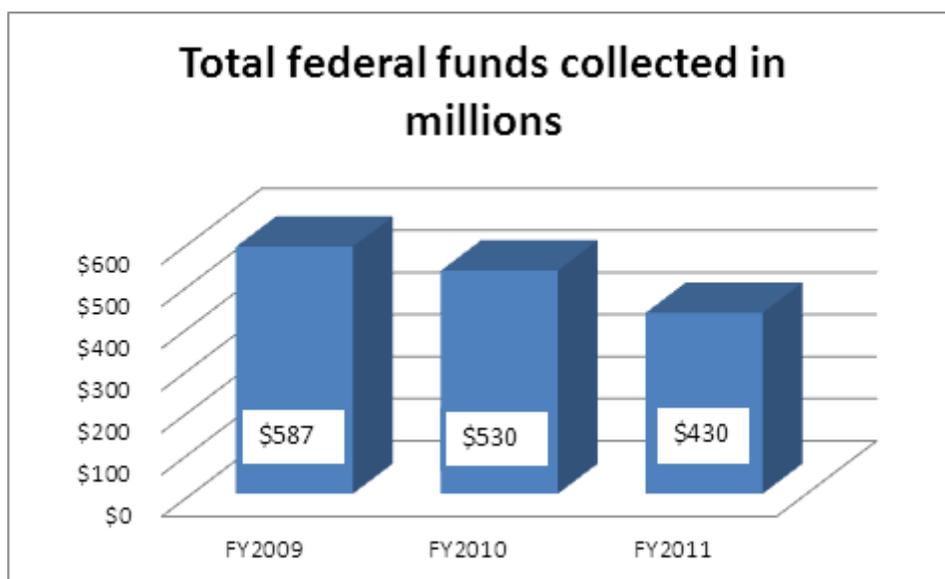
Objective I: Through the Uncompensated Care Costs activity, to encourage hospitals and other providers to provide access to medical care for the uninsured and reduce the reliance on their State General Fund by collecting disproportionate share (DSH) payments from UCC each year through June 30, 2016.

Strategy:

- 1.1 To facilitate Disproportionate Share Payments (DSH) payments to fairly offset as much of the care provided to uninsured residents of the state as funded.

Performance Indicators:

- Total DSH funds collected in millions
- Total federal funds collected in millions
- Total state match in millions
- Public Disproportionate Share (DSH) in millions
- State Match in millions (public only)
- Amount of federal funds collected in millions (public only)
- Number of patients served by GNOCHC providers



This indicator measures federal funds collected in each state fiscal year for hospitals that qualify for Medicaid Disproportionate Share Payments (DSH).

Activity 2 – Greater New Orleans Community Health Connection (GNOCHC)

State Outcome Goal

The Greater New Orleans Community Health Connection (GNOCHC) Demonstration protects and promotes health and ensures access to medical, preventive, and rehabilitative services to all citizens in Region 1 by: 1) preserving primary and behavioral health care access that was restored and expanded in the Greater New Orleans area after Hurricane Katrina with Primary Care Access Stabilization Grant (PCASG) funds; 2) advancing and sustaining the medical home model begun under PCASG; and 3) Evolving the grant-funded model to a financially sustainable model over the long term that incorporates Medicaid, CHIP, and other payer sources as the revenue base.

Disproportionate Share Hospital Funds are used to pay for covered services provided to eligible recipients by enrolled providers under the GNOCHC Demonstration. Demonstration payments incent enrolled providers' attainment of National Committee on Quality Assurance Patient Centered Medical Home Recognition and compensate for care coordination services provided to a recipient by

the recipient's medical home under the Demonstration. Providers are required to submit encounter data for claims payment in standard Medicaid format to the State's Fiscal Intermediary and have a strategic plan for financial sustainability after the Demonstration; in addition, Demonstration payments support targeted investments in support of the sustainability plan, such as practice management and billing systems improvements.

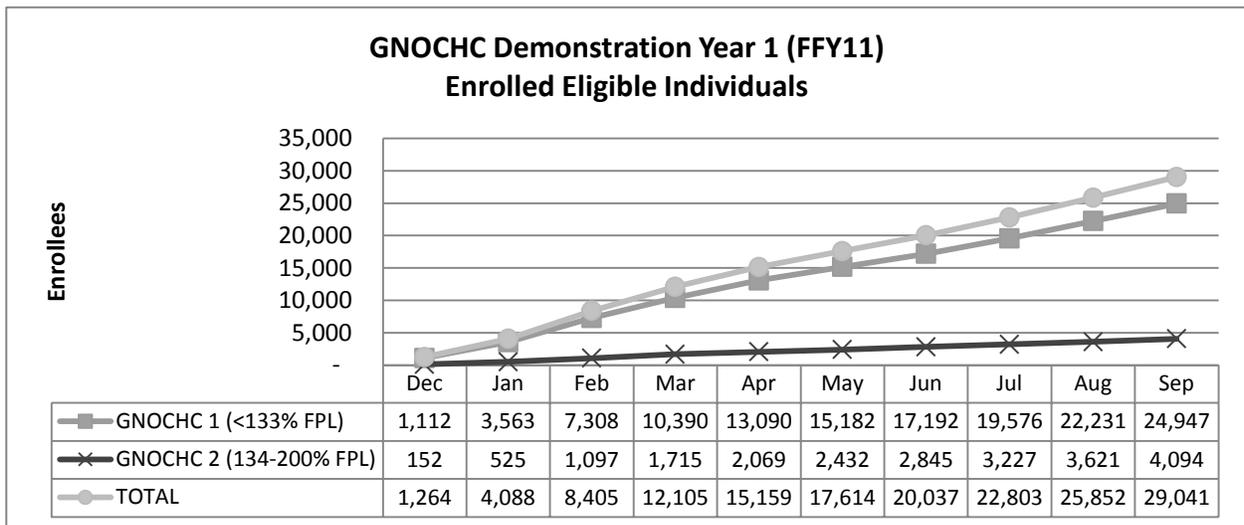
Objective I: Through the Greater New Orleans Community Health Connection (GNOCHC) Demonstration, to help preserve primary and behavioral health care service access in Region 1.

Strategy:

- 1.1 To facilitate GNOCHC enrollment and payments to providers to preserve health care access in Region 1.

Performance Indicators

- Number of patients served by GNOCHC providers





09-307 Office of the Secretary

Vision

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

Mission

The mission of the Office of the Secretary is to provide both quality leadership and support to the various offices and programs in the Department so their functions and mandates can be carried out in an efficient and effective manner.

Philosophy

The Department of Health and Hospitals (DHH) will continue to focus on health care policies that increase access to care and help people afford appropriate care and services. The Department and its agencies will be accountable for the health care dollars our state spends and will strive to implement proven, cost-effective policies and programs directed toward improving health outcomes.

Executive Summary

DHH is the largest agency of Louisiana State government, with four statutorily created program offices and the Medicaid program under its direction. DHH has a State Fiscal Year (SFY) 2011 budget of over \$8 billion and approximately 9,400 employees.

Systemic changes to Louisiana's health care system are necessary to ensure that all Louisianans have access to the health care they need – when they need it. Louisiana is challenged with rising health care costs and sub-optimal health outcomes. Key factors include high rates of uninsured citizens, high use of services (e.g. emergency rooms, hospitals and prescription drugs), a large percentage of citizens living in poverty, and several other health and social determinants.

Many of Louisiana's health care challenges are not unique. Nationally, health care expenditures continue to increase while available financing decreases. These budgetary constraints force states, such as Louisiana, to do more with less. While there are no easy solutions to fixing this problem, there are actions that Louisiana can take to provide appropriate, quality healthcare care and improve outcomes for our citizens today and in the future. DHH, as the leading state agency for health care, is taking the necessary actions to improve the health of Louisiana's citizens. A few of the steps taken include expanding the local governing entity (LGE) model statewide, strengthening the role and operations of current LGEs, and providing a more local assessment of community needs and service provision.

Further, the Department is working to develop a statewide birth outcome initiative that reaffirms the state's commitment to improving Louisiana's high infant mortality rates, low birth rates, and high pre-term birth rates. More closely addressing these areas would result in significant improvements to not only health care measures, but to other areas such as social services, education, and criminal justice.

The leadership of DHH is also committed to enhancing regulatory and monitoring functions to mitigate fraud and abuse; creating coordinated systems of health care; providing choice in a competitive market; and employing health data information and policy analysis to improve health care outcomes, manage growth in future health care costs and create a more sustainable model of state financing for health care that is quality-driven.

Strategic Links

Healthy People 2010: *Goal 1 of Healthy People 2010 is to "Improve access to comprehensive, high-quality health care services." This goal, particularly as it relates to primary and preventive care, is reflective of the administration in the Office of the Secretary, as it addresses the importance of access to quality care and its importance in eliminating health disparities and increasing the quality and years of healthy life for all persons in the United States. In particular, Program B: Grants within the Office of the Secretary directly relates to improving access to primary care by recruiting physicians and other medical practitioners to work in rural and under-served areas of the state.*

Human Resources Policies Beneficial To Women And Families: *The Department of Health and Hospitals (DHH) is committed to providing health and medical services for the prevention of disease for the citizens of Louisiana, particularly those individuals who are indigent and uninsured, persons with mental illness, persons with developmental disabilities and those with addictive disorders. It is the mission of the Department and the Office of the Secretary, to protect and promote health and to ensure access to medical, preventive, and rehabilitative services for all citizens of the State of Louisiana.*

The Office of the Secretary (adherence to departmental policies) has the following policies in place that are helpful and beneficial to women and children:

Policy Number 8105-06: Crisis Leave Pool

Policy Number: 8116-77: Equal Employment Opportunity, EEOC Complaints

Policy Number: 8108-93: Family Medical Leave Act

Policy Number 8143-02: Sexual Harassment

In addition to those policies listed above, the DHH agencies, including the Office of the Secretary, offers flexible time and attendance policies that permit the use of flexible time schedules for employees as approved by their supervisor or manager. Other examples of policies/strategies include the Employee Assistance Program and Funeral Leave.

In addition to those policies listed in the overall section of this strategic plan, the Office of the Secretary Auxiliary Account (HEAL) operates a day care center in the New Orleans Medical Complex. DHH also offers flexible time and attendance policies that permit the use of flexible time schedules for employees as approved by their supervisor or manager.

The following goal is established by the Office of the Secretary to enable the Department of Health and Hospitals to fulfill its mission to ensure access to medical, preventive and rehabilitative services for all citizens of the State of Louisiana:

Goal I

The goal of the Office of the Secretary is to provide overall direction and administrative support to the Department.

Program A: Management and Finance

Programs A and B in the Office of the Secretary share the same mission and goal.

Mission

The program mission of the Management and Finance program is to provide both quality and timely leadership and support to the various Offices and programs in the Department of Health and Hospitals so that their functions and mandates can be carried out in an efficient and effective manner.

Goal

The goal of the Management and Finance program is to provide overall direction and administrative support to the Department.

Activity 1: Executive Administration and Program Support

State Outcome Goal: This activity supports State Outcome Goal No. 9 – Transparent, Accountable, and Effective Government. DHH embraces this philosophy as we believe that state government’s internal services should be equally transparent, accountable, and efficient; getting more “Bang for the Buck” in internal services is especially important because it frees resources for more direct services to citizens. Additionally, the activities within the Office of the Secretary are all geared toward adhering to the strictest government performance and accountability standards, delivering transparent, accountable and effective government services and making the overall department more transparent by allowing citizens and customer agencies to hold us more accountable for the way in which dollars are spent.

Objective I.1 To provide leadership, strategic and policy direction while maximizing resources and maintaining the highest level of government performance and accountability standard each year through June 30, 2016.

Strategies:

- 1.1 Provide oversight and supervision to the Divisions and Bureaus responsible for auditing, budget preparation, financial planning, purchasing, human resources, accounting, data processing and the development of strategic and operational plans
- 1.2 Conduct weekly meetings with Assistant Secretaries and executive staff members and review existing policies on an ongoing basis
- 1.3 Provide guidance and assistance to agencies on strategic planning, financial planning, organizational structure, and other policy or legislative/executive information requirements
- 1.4 Respond to and prioritize requests from executive management for audit services (as resources permit) and emphasize adherence to auditing standards during the planning, field work, and report writing phases of every audit
- 1.5 Conduct internal quality control reviews to ensure that all applicable standards are met
- 1.6 Develop and implement a comprehensive approach to employee recruitment and development, retention and recognition to ensure excellence in employee satisfaction across the Department

Performance Indicators:

- Percentage indicators in the Office of the Secretary meeting or exceeding targeted standards
- Number of internal audit reports released
- Percentage of the department's employees receiving annual Performance Progress Report (PPR) ratings

Activity 2: Primary Care and Community Health Access

State Outcome Goal: This activity supports State Outcome Goal No. 7 – Better Health.

1. The Bureau of Primary Care and Rural Health provides a continuum of services to establish, enhance and sustain health care services for all Louisiana residents. The Bureau of Primary Care and Rural Health's work depends on strong partnerships with state and federal partner organizations. Through collaboration and information sharing, the support services for primary and rural health care and community access organizations enable communities to effectively develop sustainable health care systems and solutions.
2. The Governor's Council on Physical Fitness and Sports efforts depend on strong partnerships with state and local partner organizations. Through collaboration and information sharing, the Governor's Council on Physical Fitness and Sports and the Lighten

Up Louisiana campaigns enable citizens of all ages, as well as communities, to develop and maintain positive changes that lead to healthier lifestyles.

Objective 2.1: Through the **Bureau of Primary Care and Rural Health**, provide technical assistance to communities, Federally Qualified Health Centers, physician practices, Rural Health Clinics and Small Rural Hospitals in order to improve the health status of Louisiana residents in rural and underserved areas through June 30, 2016.

Strategic Links:

Louisiana Fund: This objective is also associated with Tobacco Settlement Funds through the Louisiana Fund.

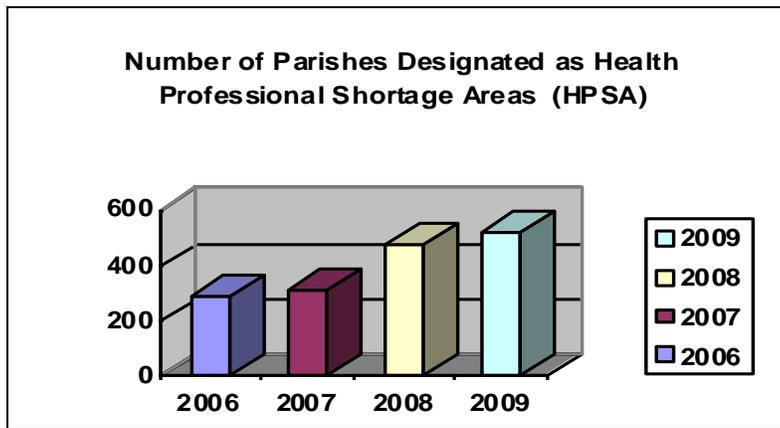
Healthy People 2010: This objective is linked to Focus Area 27: Reduce illness, disability, and death related to tobacco use and exposure to secondhand smoke; Specifically Objective 27-1: To reduce cigarette smoking by adults and Objective 27-2: To reduce cigarette smoking by adolescents. Louisiana's goal is to target students in 6-12 grade compared to the national goal which targets 9-12 graders.

Strategy:

- 2.1 To reduce disease, disability and death related to tobacco use by increasing statewide initiatives, cessation programs, school programs, media campaigns, and media marketing and education programs.

Performance Indicators:

- Number of state partners, programs, and agencies that utilize the Behavioral Risk Factor Surveillance System survey results
- Number of emergency healthcare management training classes provided to critical access hospital staff
- Number of healthcare providers receiving practice management technical assistance
- Number of parishes and/or areas analyzed and designated as Health Professional Shortage Areas by the federal government
- Percentage of school districts reporting implementation of 100% tobacco-free school policies



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

Health Professional Shortage Areas (HPSAs) are designated by Health Resources and Services Administration (HRSA) as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility).

Objective 2.2: Through the **Governor's Council on Physical Fitness & Sports**, to offer competitive sporting events, workshops and conferences that will educate elementary age school children about the importance of physical fitness and work with non-profit health oriented organizations to educate all age groups in Louisiana about the value of staying physically active.

Strategies:

- 1.1 Work with local school boards and physical education teachers to help grow the parish and statewide Elementary Fitness Meets, expanding the event to include every parish in Louisiana.
- 1.2 Sponsor physical fitness and sports workshops, clinics, conferences and other similar activities. An example would be the Athlete Leadership Summit, which is designed to give young kids in Louisiana an opportunity to listen to former and current professional athletes talk about the important of education, values, leadership, team work and other items.
- 1.3 Produce high quality sporting events in an Olympic-style atmosphere that will make sporting events and recreational activities attractive to potential competitors.
- 1.4 Solicit corporate sponsors who will invest in the Governor's Games competitions, which will help finance the expansion of the event and promote commerce in Louisiana.

Performance Indicator:

- Number of participants in the Governor's Games and Lighten Up Louisiana events

Activity 3: Financial and Procurement Services

State Outcome Goal: This activity supports State Outcome Goal No. 9 – Transparent, Accountable, and Effective Government. DHH embraces this philosophy as we believe that state government’s internal services should be equally transparent, accountable, and efficient; getting more “Bang for the Buck” in internal services is especially important because it frees resources for more direct services to citizens. Additionally, the activities within the Office of the Secretary are all geared toward adhering to the strictest government performance and accountability standards, delivering transparent, accountable and effective government services and making the overall department more transparent by allowing citizens and customer agencies to hold us more accountable for the way in which dollars are spent.

Objective 3.1: To promote efficient use of agency resources and provide support to all activities within the Office of the Secretary by ensuring fiscal responsibility and accountability, excellence in customer service, and promoting innovation in the use of technology each year through June 30, 2016.

Strategies:

- 3.1 Provide guidance and assistance to agencies on strategic planning, financial planning, organizational structure, and other legislative or executive information requirements
- 3.2 Provide guidance and direction relative to policies impacting fiscal operations and ensure compliance with auditing, budget and legislative requirements
- 3.3 Participate in agency related meetings, including regular contact with state agency directors and other personnel to facilitate communication of financial and management practice information
- 3.4 Coordinate with agencies, the Division of Administration, and Legislative Offices regarding the review of financial and budget information in accordance with year-end closing guidelines and responsibilities
- 3.5 Maintain current and build new partnerships with other agencies and associations that support auditing, budgeting, financial, forecasting and procurement literacy training
- 3.6 Participate in the National Association of State Human Services Finance Officers activities to ensure information compatibility with other states and to seek innovative concepts and other features that may be applied to the Department for improved operations
- 3.7 Review existing policies on an ongoing basis
- 3.8 Produce the Annual Departmental Budget Request in accordance with guidelines from the Division of Administration and state Office of Planning & Budget
- 3.9 Establish regular communications and ensure that transactions are executed according to management's authority and recorded properly
- 3.10 Coordinate the management, tagging and monitoring of the department’s moveable property inventory

Performance Indicators:

- Percentage of invoices paid within 90 days of receipt
- Number of internal audit reports released
- Percentage of budget related documents submitted in accordance with DOA and Legislative timelines
- Percentage of contracts under \$20,000 approved within 4 weeks of receipt
- Percentage of all Medicaid financial/forecast documents and requests submitted in accordance with executive management and legislative timelines

Activity 4: Legal Services and Appeals

State Outcome Goal: This activity supports State Outcome Goal No. 9: Transparent, Accountable, and Effective Government. DHH embraces this philosophy as we believe that state government's internal services should be equally transparent, accountable, and efficient; getting more "Bang for the Buck" in internal services is especially important because it frees resources for more direct services to citizens. Additionally, the activities within the Office of the Secretary are all geared toward adhering to the strictest government performance and accountability standards, delivering transparent, accountable and effective government services and making the overall department more transparent by allowing citizens and customer agencies to hold us more accountable for the way in which dollars are spent.

Objective 4.1: To provide legal services to the various DHH agencies and programs and promote confidence in the integrity of the appeals process through fair, timely, efficient and legally correct adjudication of disputes and protests each year through June 30, 2016.

Strategies:

- 4.1 Litigate cases and provide advice, counsel and legal representation to DHH agencies
- 4.2 Conduct administrative hearings and provide policy and contract review
- 4.3 Recoup monies owed the Department of Health and Hospitals
- 4.4 Provide guidance on civil service and personnel actions
- 4.5 Handle all special assignments in an efficient, effective and timely manner
- 4.6 Establish effective internal practices for receiving, routing, tracking and reviewing appeals

- 4.7 Maximize use of electronic technology and resources to keep staff up to date in policy, law and regulations pertinent to appeals
- 4.8 Standardize protocols for decision processing, for conducting hearings with Administrative Law Judges and for the Judicial Review Process. Log and track activities related to appeals accurately
- 4.9 Institute quality assurance practices

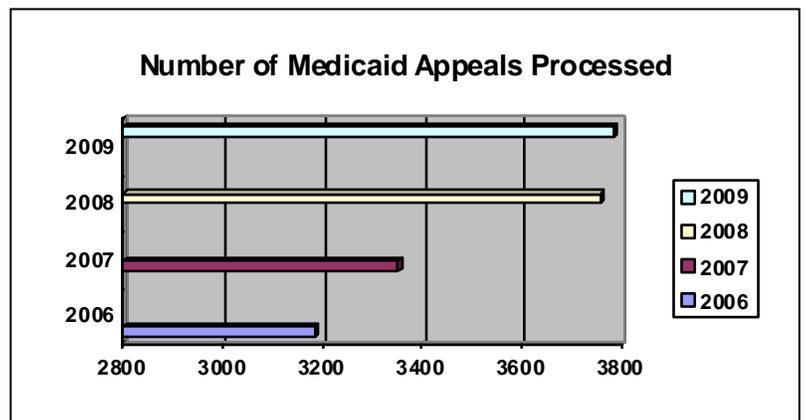
Performance Indicators:

- Percentage of cases litigated successfully
- Percentage of Medicaid appeals processed within 90 days of the date the appeal is filed
- Number of cases litigated Number of cases litigated successfully
- Amount recovered

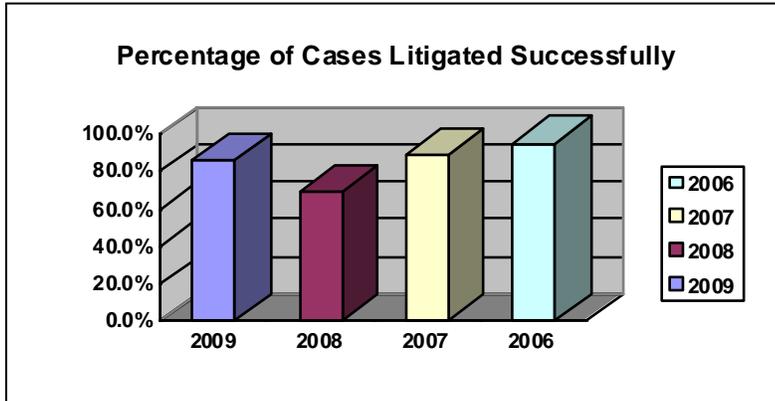
- Number of Medicaid appeals received
- Number of appeals pending
- Number of Medicaid appeals processed
- Number of Medicaid appeals processed within 90 days of the date the appeal is filed

The Bureau of Appeals provides a system of hearings to the Department's clientele and health care providers, which meets the due processing standards set forth in Federal Regulations, State laws, and Goldberg v. Kelly 397 US 245 (1970).

The Bureau of Appeals is dedicated to fulfilling its mission through direct provision of fair and impartial hearings in a manner which preserves human dignity and safeguards the interests of the citizens of Louisiana.



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



The Bureau of Legal Services provides professional and competent representation for the department and all of its offices and/or facilities before state and federal courts, administrative tribunals, and the Civil Service Commission and/or its referees in the defense/prosecution of litigation or matters filed by or against the Department (this includes new areas of regulatory enforcement, Medicaid appeals and mental health and mental retardation proceedings, interdictions and adult protective services matters).

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

Activity 5: Information Technology (IT)

State Outcome Goal: This activity supports State Outcome Goal No. 9: Transparent, Accountable, and Effective Government. DHH embraces this philosophy as we believe that state government’s internal services should be equally transparent, accountable, and efficient; getting more “Bang for the Buck” in internal services is especially important because it frees resources for more direct services to citizens. Additionally, the activities within the Office of the Secretary are all geared toward adhering to the strictest government performance and accountability standards, delivering transparent, accountable and effective government services and making the overall department more transparent by allowing citizens and customer agencies to hold us more accountable for the way in which dollars are spent.

Key Initiatives to Effectively and Efficiently Provide Services and Support for DHH

The DHH IT Vision and Mission successfully align and position DHH IT with the Key DHH Initiatives and Critical Downward Directed Programs.

DHH IT Vision: To be the preeminent Information Technology Division among Louisiana state organizations

DHH IT Mission: Partnering with the Offices of the Louisiana Department of Health and Hospitals (DHH) and the citizens they support, DHH Information Technology (IT) provides and facilitates quality IT solutions, support, information, guidance, and standards for DHH to accomplish its mission.

The DHH IT staff fulfills these responsibilities through consistent staff training and development, and by exemplifying Ownership, Thoroughness, Communication, and Closure (OTCC) in all aspects of their work.

Through this Mission, DHH IT helps the DHH Business both ‘run’ (i.e. the DHH IT Factory that ‘keeps the lights on’ through Operations and Support) and ‘grow’ (i.e. modernize, transform, and change DHH through Projects). DHH IT is focused on making the ‘running’ of IT more efficient and effective (i.e. predictable for DHH IT, DHH staff, and those external to DHH) so that more

time can be spent ‘growing’ DHH (i.e. achieving and supporting all the Key DHH Initiatives and Critical Downward Programs).

Objective 5.1: To reduce the cost of government Information Technology (IT) operations and enhance service delivery by providing innovative technologies and a secure computing environment in accordance with industry standards each year through June 30, 2016.

Objective 5.1.1: To implement, support, and achieve the Key DHH Initiatives, the Critical Downward Programs, and the Key CIO Initiatives each year through June 30, 2016.

Strategies:

- 5.1 Improve Help Desk services and responsiveness to the department’s users.
- 5.2 Provide and facilitate quality IT solutions, support, information, guidance, and standards for Critical Downward Directed Programs.
 - 5.2.1 Healthcare Reform and Delivery
 - 5.2.2 Health Information Technology (HIT)
- 5.3 Standardize and Structure IT Processes
 - 5.3.1 IT Service Management Centralization and Process Improvement

Performance Indicator:

- Percentage of response to requests for Information Technology (IT) assistance in less than 24 hours

Program B: Grants Program

Programs A and B in the Office of the Secretary share the same mission and goal.

Mission

The program mission of the Grants program is to provide both quality and timely leadership and support to the various Offices and programs in the Department of Health and Hospitals so that their functions and mandates can be carried out in an efficient and effective manner.

Goal

The goal of the Grants program is to provide overall direction and administrative support to the Department.

Activity 1: Grants Administration

State Outcome Goal: This activity supports State Outcome Goal #7: Better Health. The activities provided in the Grants program seek to protect and promote health, ensure access to medical, preventative, and rehabilitation services for the most underprivileged citizens of the state. This program also provides outreach to medical students, practicing health care professionals, facilities and health care partners in the areas of recruitment and retention of health care professionals.

Objective 1.1: Through the Grants Administration activity, to promote efficient use of agency resources in the administration and monitoring of the agency's grants while ensuring access to primary and preventative health services in underserved communities each year through June 30, 2016.

Strategies:

- 1.1 In partnership with the Area Health Education Centers (AHEC), support integrated on-site primary care providers' recruitment for all health professional shortage areas in the state.
- 1.2 In partnership with the AHEC, support the on-going development and placement of primary care providers in rural areas through medical job fairs.
- 1.3 Support primary care providers annually in health professional shortage areas across the state through the State Loan Repayment Program.
- 1.4 Expand the State Loan Repayment Program to include health care providers as identified in the federal state loan repayment program as eligible for SLR that choose to practice in rural, highly underserved areas.

Performance Indicators:

- Number of National Health Services Corp providers practicing in Louisiana
- Number of new and existing health care practitioners recruited to work in rural and underserved areas



The National Health Service Corps is a federal program developed to supply rural and underserved communities with health professionals dedicated to providing services to the neediest communities throughout the country.

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

Auxiliary Account: Health Education Authority of Louisiana (HEAL)

Auxiliary Program: Health Education Authority of Louisiana (HEAL)

The statement and purpose of HEAL is defined by R.S. 17:3051:

In order to promote the medical and/or health educational activities of various public and private institutions and organizations in the state of Louisiana and to promote health and welfare of its citizens through encouraging and assisting in the provision of medical care and prompt and efficient health and health related services at reasonable cost by public and private institutions and organizations in modern, well-equipped facilities, and to strive to achieve superlative standards of attainment in health care and education that will place Louisiana in the position of regional, national, and international leadership in those fields, it is hereby declared to be in the public interest that the Health Education Authority of Louisiana be created within the Department of Health and Hospitals.

State Outcome Goal: This activity supports Sate Outcome Goal #7: Better Health. HEAL encourages and looks for activities that will result in shared facilities such as a day care center, parking, centralized chilled water, steam and electricity plants. Other areas considered include laundry facilities, centralized warehouses, a student center, cafeteria, bookstores, and office buildings.

Objective 1.1: To operate a parking garage at the Medical Center of Louisiana at New Orleans and promote medical education, research and health care each year through June 30, 2016.

Strategies:

- 1.1 To operate, in accordance with a master plan, a cooperative and coordinated multi-institutional complex that will serve to attract, encourage and assist public and private institutions and organizations that are dedicated to exemplary patient care, health science education and biomedical research, as well as organizations providing facilities and/or services to locate and/or operate in a functional geographic relationship with the Medical Center of Louisiana at New Orleans
- 1.2 To aid in the development of health care and education programs and to assist in the coordination of planning and in implementing the attainment of the objectives of such institutions.
- 1.3 To acquire or assist in the acquisition of land and the planning, acquisition, construction, reconstruction, rehabilitation, improvement and development of facilities in the complex and primary service area for the use of the primary and participating institutions, and the development, acquisition, construction, reconstruction, rehabilitation, improvement and operation of jointly usable facilities for such institutions.
- 1.4 To assist in or provide for the financing of any of the above and foregoing activities or facilities.

Performance Indicator:

- Amount of fees and revenue collected (Self-Generated Revenue)



09-309

South Central Louisiana Human Services Authority

South Central Louisiana Human Services Authority has only one program: South Central Louisiana Human Services Authority. This agency provides services for Addictive Disorders, Developmental Disabilities, and Mental Health.

Vision

To become the Center for Behavioral Health and Community Based Services in South Central Louisiana by removing barriers to treatment while focusing on unity and equality of individuals by implementing collaboration of public and private services, creative resource allocation and advocating for the provision of efficient, effective quality care to the people we serve.

Mission

The Mission of the South Central Louisiana Human Services Authority (SCLHSA) is to increase public awareness of and to provide access for individuals to integrated behavioral health and community based services while promoting wellness, recovery and independence through education and the choice of a broad range of programmatic and community resources.

Philosophy

The SCLHSA shall operate as an organized professional entity of the health care system functioning as an integral part of the interdisciplinary health care team dedicated to total patient care in the community.

Our prescribed purpose is to be helpful and innovative in the pursuit of quality behavioral health care for our clients. We serve as an advocate on behalf of our clients and assist in planning a course of care while in treatment and at home. Our goal is to always maintain a high level of professional practice, cooperation and courtesy in contact with our clients, families, community and other health care personnel.

The SCLHSA endeavors to enable individuals to utilize the health care system to achieve their optimal level of physical, emotional and social well-being. We help individuals and their families deal with problems related to illness, treatment and recovery. The relationship between psychosocial factors and illness is addressed with clients and their families and its application serves as the basis for our therapeutic technique. By assisting our clients in utilizing the health care system, community agencies and his/her own resources; we hope to provide them with continuity of care while pursuing the goal of wellness.

Executive Summary

The Louisiana State Legislature established the South Central Louisiana Human Services Authority (SCLHSA) in 2006 to provide administration, management and operation of mental health, addictive disorders, and developmental disabilities services to the residents of Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, and Terrebonne parishes. Direct oversight of these services was previously provided through the Department of Health and Hospitals (DHH).

Governance of SCLHSA is by a nine (9) member Board of Directors. The Board includes two residents from the parishes of Lafourche and Terrebonne and one resident from the parishes of Assumption, St. Charles, St. James, St. John the Baptist and St. Mary. Each board member is appointed by the governing authority of each parish and must possess experience in the areas of mental health, addictive disorders, or developmental disabilities and represent parents, consumers, advocacy groups, or serve as a professional in one of the areas. All members serve without compensation.

The Administration of the SCLHSA is headed by an Executive Director, who is selected by the Board of Directors. Regional Directors of Mental Health, Addictive Disorders, and Developmental Disabilities, the Project Director and Administrative Services support the Executive Director in management and day-to-day operations.

The SCLHSA utilizes community stakeholders and volunteers to assist in fulfilling the Mission, Vision, Intent and Philosophy adopted by the Board. The SCLHSA has also partnered with community agencies and other health care entities to foster cooperative endeavors that benefit the behavioral health population in Region III.

Geography

The SCLHSA serves a large diverse population in seven parishes including Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary and Terrebonne. The area covers over 500 square miles and contains a population of over 450,000 potential clients. Of this population, the SCLHSA has an inherent responsibility to the medically indigent (e.g. – the uninsured and under-insured and those with Medicaid) as all individuals who present at our program sites in crisis or in need of other services.

Demographics

The SCLHSA population of patients consists of children (ages 6-12), adolescents (ages 13-17), adults and geriatrics. The patient population is approximately one-third Caucasian, one-third African American and one-third Native American with a growing number of patients of Southwest Asian descent. The SCLHSA has begun to work closely with the United Houma Nation, Inc., the NAACP and other affiliations to enhance our ability to meet the needs of the individuals we serve.

Core Values:

Respect – A high regard for the worth and dignity of each individual

Clarity – Openness, honesty and accountability in all services, supports and information

Quality – Excellence in services without regard to race, creed, color, religion, background, sexual orientation, gender, national origin or ability to pay

Advocacy – Supporting the cause of those whom lack resources for a reasonable quality of life

Creativity – Inventiveness, flexibility and innovation in order to provide methods for continuous development and improvement of services to meet the behavioral health needs of the community

Knowledge – Development through learning and teaching to offer a continuum of services ranging from recovery to independence while serving the behavioral health needs of the community

Choice – Giving individuals the opportunity to learn about options for their care and use this information to make informed decisions, and

Partnership – Work cooperatively with other healthcare providers and educational institutions.

Intent

- 1) To provide comprehensive services and supports which improve the quality of life and community participation for persons in crisis and/or with serious and persistent mental illness, emotional and behavioral disorders, addictive disorders, and/or developmental disabilities, while providing appropriate and best practices to individuals with less severe needs.
- 2) To improve personal outcomes through effective implementation of best practices and data-driven decision-making.
- 3) To promote healthy and safe lives for people by providing leadership in educating the community on the importance of prevention, early detection and intervention, and by facilitating coalition building to address localized community problems.
- 4) To retain an adequate workforce to fulfill the mission and priorities of South Central Louisiana Human Services Authority.

Strategic Links

Healthy People 2010

Various objectives of Goals 6, 18, and 26 in Healthy People 2010 are indirectly linked to services provided by SCLHSA and/or goals and objectives of this strategic plan.

- Goal VI:** Promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities in the U.S. population.
- Goal 18:** Improve mental health and ensure access to appropriate, quality mental health services
- Goal 26:** Reduce substance abuse to protect the health, safety and quality of life for all, especially children.

The American Association of Intellectual and Developmental Disabilities (AAID)

The primary goal for all persons with mental retardation and related developmental disabilities is to enjoy and maintain a good quality of life and to be able to live the lives they choose and have a good quality of life.

A good quality of life exists for persons with mental retardation and related developmental disabilities when they:

- Goal 1:** Receive the support, encouragement, opportunity and resources to explore and define how they want to live their lives.

Goal 2: Choose and receive the services and supports that will help them live meaningful lives.

Goal 3: Public agencies, private organizations, and individuals providing services and supports must:

- Be responsible and accountable to individuals and their families.
- Continuously improve their efforts to support individuals in leading meaningful lives.
- Be recognized when they make meaningful contributions to the quality of life for individuals.
- Be replaced when they fail to make meaningful contributions to quality of life for individuals.
- Be part of program of ongoing monitoring, independent of the service provider, to ensure, to ensure desired outcomes and the satisfaction of the people served and their families.

Substance Abuse Mental Health Services Administration's Center for Substance Abuse Prevention (CSAP)

The role of prevention is to create healthy communities in which people have a quality of life.

Goal 1: Healthy environments at work and in school

Goal 2: Supportive communities and neighborhoods

Goal 3: Connections with families and friends

Goal 4: Drug and crime-free communities

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

CSAT promotes the quality and availability of community-based substance abuse treatment services for individuals and families who need them and to improve the lives of individuals and families affected by alcohol and drug abuse by ensuring access to clinically sound, cost-effective addiction treatments that reduces the health and social costs to our communities and the nation. Programs are based on research findings and the general consensus of experts on the addiction field that, for most individuals, treatment and recovery work best in a community-based, coordinated system of comprehensive services. Because no single treatment approach is effective for all persons, CSAT supports the nation's effort to provide multiple treatment modalities, evaluate treatment effectiveness, and use evaluation results to enhance treatment and recovery approaches.

Agency Goals

Goal I

To provide comprehensive services and supports which improve the quality of life and community participation for persons in crisis and/or with serious and persistent mental illness,

emotional and behavioral disorders, addictive disorders, and/or developmental disabilities, while providing appropriate and best practices to individuals with less severe needs.

Goal II

To improve individual outcomes through effective implementation of best practices and data driven decision-making.

Goal III

To promote healthy and safe lives for people by providing leadership in educating the community on the importance of prevention, early detection and intervention, and by facilitating coalition building to address localized community problems.

Activity: South Central Louisiana Human Services Authority Administration

Mission:

To integrate service provision among Addictive Disorders, Developmental Disabilities and Mental Health Agencies under local governing entity administration.

Goal:

To develop clear policy objectives, well-defined local roles and responsibilities, and measures to assure accountability of delivering quality services to consumers that assist in determining the relative efficiency and effectiveness of public systems.

State Outcome Goal:

State Outcome Goals Link: 7 - Better Health: Better health and affordable care through reform of health care systems correlates the goal set forth by DHH for the transfer of addictive disorders, developmental disabilities and mental health services to a local governing entity. The LGE, if formed properly has the buy-in of local representatives (board members), stakeholders, DHH, providers and consumers for collaborative oversight and management of these programs. The LGE also has the capability to instill business practices that provide for accountability and efficiency in the organization through the mechanics of the board governance process. This style of management creates the culture for organizational effectiveness based on outcomes and fosters the need to educate the client on their responsibility for personal healthcare outcomes that complement the SCLHSA's strategic plan.

Objective I:

To provide programmatic leadership and direction to the programs of Addictive Disorders (AD), Developmental Disabilities (DD) and Mental Health (MH) under SCLHSA; to continue the operational activity of the SCLHSA Central Office in relation to the Readiness Assessment Criteria and other regulatory/licensure processes for the transition of services and budget oversight for the

Offices of Addictive Disorders, Developmental Disabilities and Mental Health each year through June 30, 2016.

Strategies:

- 1.1 Develop, implement and monitor guidelines for assessment and intervention services for individuals with addictive disorders, developmental disabilities and mental health with a focus on building community partnerships and early intervention services.
- 1.2 Develop and implement a variety of innovative rebalancing/restructuring activities which focus existing funding toward achievement of quality outcomes targeted to individual needs.
- 1.3 Manage compliance with federal and state regulations and AD, DD, and MH policies governing statewide programs.
- 1.4 Provide effective management of AD, DD, and MH community service programs with DHH input of program delivery of services in order to optimize the use of community-based services while decreasing reliance on institutional services.
- 1.5 Continue monthly Managers Meetings with Regional Directors, Regional Staff, and Clinic Managers from all disciplines to engage in policy and goal setting and receive feed back on administrative actions.
- 1.6 Provide advocacy, one-on-one assistance, and collaboration with other agencies to overcome barriers for persons to obtain accessible and affordable services.
- 1.7 Continue ongoing development and training for all staff to enhance skill sets and service provision.
- 1.8 Educate all agencies on services provided by AD, DD, and MH programs to assist with cross training of staff for use with future staffing strategies.

Performance Indicators:

- Percent compliance with the Readiness Assessment Process to contract with DHH for the delivery of behavioral health and developmental disability services
- Percentage of licensed behavioral health clinics and developmental disabilities services
- Total number of services rendered by SCLHSA
- Total number of individuals served in the SCLHSA

Objective II:

To provide administrative and support functions to SCLHSA programs in a manner that is responsive to individual needs and results in effective/efficient service delivery each year through June 30, 2016.

Strategies:

- 2.1 Produce an accurate and timely monthly expenditure report beginning September of each fiscal year through June reflecting the current budgetary position and proposing

any necessary actions to the SCLHSA Board and DHH remaining within the appropriations for the fiscal year.

- 2.2 Conduct annual satisfaction surveys reviewing data obtained and developing quality improvement strategies for prioritized areas of concern by comparison of other authority/district/regions results and with national average of other states.
- 2.3 Continue implementation of the operational data for reporting Human Services Accountability and Implementation Plan (AIP) performance indicators and validating.
- 2.4 Produce monthly contract reports to include the current status and expenditures for each program for the current fiscal year.
- 2.5 Develop or purchase information system from a variety of sources including but not limited to computerized systems for knowledge, information, communications, planning, and policy to support SCLHSA goals and strategies.

Performance Indicators:

- Percentage of months in the designated period that reports were delivered accurately and timely
- Percentage of people surveyed reporting they had overall satisfaction with services received
- Percentage of people surveyed reporting that they had choice in the services they received
- Percentage of months in the fiscal year that a monthly contract report was produced reflecting status of SCLHSA contracts

Activity: Addictive Disorders

Mission:

To develop ideas and programs that can help increase public awareness, treat adults and youth who need OAD services and prevent the abuse of alcohol and drug addiction as well as compulsive gambling and to integrate these practices into the comprehensive health care system without losing attention to the special needs of individuals, families, communities requiring substance abuse intervention.

Goal:

To promote and support healthy lifestyles for individuals, families and communities by maintaining a comprehensive and accessible system of prevention/treatment services.

State Outcome Goal:

State Outcome Goals Link: 7 - Better Health: The statewide Results Team recognized that there is a connection between criminal activity and substance abuse. Substance abuse impacts many of Louisiana's citizens, as evidenced by statistics which reveal that Louisiana has the 7th highest adult

per capita alcohol consumption in the United States with 3.1 gallons of alcohol per capita and the 18th highest number of illicit drug users with 8.4% of the population. Understanding the breadth and depth of the substance abuse problem requires looking beyond prevalence data alone and examining the role of substance abuse as a contributor to other health risks. Addressing the issue of substance abuse treatment and prevention in rural areas begins with understanding the complex etiology underlying substance abuse and utilizing this information to develop effective drug prevention programs. Fundamental to this understanding is identification of the unique barriers and limitations encountered by rural Americans in seeking effective substance abuse prevention programs and treatment.

Objective I:

To provide addictive disorder prevention services to children, adolescents and their families and treatment services to adults including inpatient care each year through June 30, 2016.

Strategies:

- 1.1 Contract with nonprofit agencies to provide research based interventions in the schools and community agencies which address identified risk and protective factors that work towards the prevention/reduction of addictive disorders and other risky behaviors.
- 1.2 Ensure that referrals from the outpatient single point of entry are clients in need of inpatient level of care.
- 1.3 Counsel clients prior to leaving an inpatient facility before completion of program to encourage them to stay until program has been finalized.
- 1.4 Provide evidenced based treatment to clients and contact those clients who have dropped out of treatment for inclusion in services.
- 1.5 Monitor census system in LADDS and OAD to ensure admissions and occupancy rate are appropriate.
- 1.6 Monitor caseload in LADDS system to ensure provider ratio is appropriate to number of clients.

Performance Indicators:

- The number of enrollees in prevention programs
- Percentage of successful completion of inpatient addictive disorder treatment programs
- Total number of individuals not completing outpatient treatment programs
- Total number of individuals served by inpatient Addictive Disorders in SCLHSA
- Total numbers of individuals served outpatient by Addictive Disorders in SCLHSA

Activity: Developmental Disabilities

Mission:

To provide quality services and supports information and opportunities for choice to individuals with developmental disabilities and their families.

Goal:

To serve as the Single Point of Entry (SPOE) into the Developmental Disabilities (DD) Services System providing support coordination services to individuals and their families through OCDD and other available community resources.

State Outcome Goal:

State Outcome Goals Link: 7 Better Health: Better Health is furthered in two ways by this activity. The Results team noted that increasing reliance on community-based services will facilitate cost effective use of available resources. These actions are inline with national best practices to reduce unnecessary hospitalizations and reliance on institutions to serve people in their communities. The second notion is that by increasing access to comprehensive, coordinated care that is patient centric to local delivery systems will reduce costs and benefit citizens by expanding service access locally. It will also reduce the need for clients to search for health care providers outside of their community. Helping to instill a culture of independence for those with developmental disabilities through availability of home and community based services will promote the dignity of clients and their families while enabling them to find cost effective supports and services within their own community.

Objective I:

To foster and facilitate independence for citizens with disabilities through the availability of home and community based services each year through June 30, 2016.

Strategies:

- 1.1 Provide training and support to encourage providers, individuals with disabilities, and their families to utilize Residential Options Waiver conversion and Money Follows the Person.
- 1.2 Review all New Opportunities Waiver plans before submission to assure consistency with the Guidelines for Support Planning.
- 1.3 Identify state agencies and community organization resources in order to better support people with developmental disabilities to live full community lives and support partnerships with and referrals to these agencies and organizations.
- 1.4 Monitor program utilization, effectiveness, and collect performance indicator data.
- 1.5 Implement policies and procedures for adult waiver participants to have pathways to community employment.

Performance Indicators:

- Percentage of home and community based waiver assessments completed timely
- Number of people receiving individual and family support services
- Number of people receiving cash subsidy services
- Percentage of cash subsidy recipients who remain in the community versus institutionalization
- Total number of individuals receiving individual and family support services in SCLHSA
- Number of people who were evaluated for system entry for developmental disabilities services
- Percentage of new applications received that take no more than 20 working days to complete

Activity: Mental Health

Mission:

Establish a recovery and consumer focused system of person centered care utilizing evidenced based practices supported by service outcomes and accountability.

Goal:

To provide a quick and appropriate response to individuals who are experiencing acute distress.

State Outcome Goal:

State Outcome Goals Link: 7- Better Health: In the 2008 Legislative Session, Act 447 was created to provide the basis for the development of a crisis response system in each human service district, authority or region in the state. Act 447 outlines the need to provide a mechanism to better manage the multiple behavioral health crisis situations that inundate our local emergency rooms, clinics, and law enforcement agencies every day. The formation of a local collaborative to provide input, support and maintain the development of an effective crisis response system is key to the efficient means of sharing resources and reducing the financial burden of behavioral health crisis. The current budget for mental health services in Region III provides for outpatient clinics to provide services for children over the age of six, adolescents, and adults. Core services include screening, assessment, crisis evaluation, individual, group and family counseling and medication management which includes administration, education and screening for people with co-occurring disorders. For the Crisis Response System to be effective, the current mental health services must become more efficient in service utilization to allow the collaborative to operate with a prevention mindset. The ultimate goal of the Crisis Response System is to focus on improving access to care to assist in reducing the number of clients requiring crisis services.

Objective I:

To establish a regional Crisis Response System that is supported by local stakeholders and existing behavioral health services for all individuals presenting in a crisis situation each year through June 30, 2016.

Strategies:

- 1.1 Establish a Crisis Hot line to assist the population of Region III in staying connected to services provided for behavioral health care to include mental health, addictive disorders, and developmental disabilities.
- 1.2 Implement separate crisis line number for children and youth.
- 1.3 Establish after-hours crisis response teams and train crisis response staff to utilize forms and data systems used in Mental Health Centers.
- 1.4 Activate crisis teams after hours to respond to adults and children who are experiencing a psychiatric or emotional crisis and are unable or willing to travel to receive behavioral health services.
- 1.5 Provide crisis triage and referral on a 24-hour, 7-day per week basis.
- 1.6 Establish experienced screening staff, which are able to consistently identify and appropriately manage behavioral health crisis.
- 1.7 Establish effective case management services and alternative preventative services that can appropriately link clients to services to alleviate the need for crisis services.

Performance Indicators:

- Number of psychiatric inpatient hospitalization encounters in SCLHSA
- Total number of individuals served by outpatient mental health in SCLHSA
- Number of referrals to community resources in SCLHSA Crisis Response System
- Number of crisis visits in all SCLHSA Mental Health Clinics

Objective II:

To focus on improving access to care to assist in reducing the number of clients requiring crisis services for behavioral health issues each year through June 30, 2016.

Strategies:

- 2.1 Assess current access procedures (adult and youth) at SCLHSA CMHC's and other state CMHC's to determine best practices based on procedures, staffing, and technical support.
- 2.2 Standardize screening, registration, and intake procedures and related documentation.
- 2.3 Establish standardized admission criteria (with LOTUS scores).

- 2.4 Establish formal procedures for using LOCUS to determine service packages and level of care.
- 2.5 Establish protocols for after-hours crisis response teams to communicate and refer callers to the appropriate mental health center.
- 2.6 Re-organize center resources and procedures to ensure that clients are screened immediately at time of first contact.
- 2.7 Re-organize center resources and procedures to ensure that clients receive psychosocial evaluation and other indicated services within intensity of need times frames: routine – no more than 7 days; urgent - no more than 72 hours; emergent – asap / same day.
- 2.8 Designate aftercare contact persons authority wide to be the main contact with the hospitals in planning for discharge, setting aftercare appointment, and completing a concise aftercare referral form that would be a substitute for the bulk of documentation faxed by the hospital.
- 2.9 Develop protocol for specialized placement services for persons being discharged from long term care facilities.
- 2.10 Establish a community resource list (preferably internet based) for all SCLHSA staff to use in community resource decisions.

Performance Indicators:

- Wait time for screening and evaluation by providers for each mental health clinic
- Next available physician appointment for each mental health clinic
- Percentage of contacts who have LOCUS scores 3 or 4 who are admitted for services
- Percentage of stable clients (seen by a physician at least every 3-6 months) with a LOCUS score 2 or less who are enrolled in medication management
- Monitor referrals from crisis response providers to the appropriate level of care



09-320

Office of Aging and Adult Services (OAAS)

Vision

The vision of the Office of Aging and Adult Services is to provide a framework for community, residential, and facility-based long term care supports and services for Louisiana Citizens whereby individuals can be assured a safe and healthy environment and quality services, and are empowered with the opportunity to direct their lives based on their desired personal outcomes.

Mission

To provide a system for long-term care services and supports whereby individuals who require long-term care can be assured a safe and healthy environment and quality services.

Philosophy

In carrying out its vision and mission, the Office of Aging and Adult Services seeks to follow these guiding principles:

- *to involve stakeholders in the development and implementation of new programs and policies;*
- *to adopt rules, policies, and procedures that, while consistent with legal requirements, are also easily understandable, practical, and flexible;*
- *to ensure that programs and services are designed using evidence-based practices and data-driven decision-making;*
- *to meet, within legal and fiscal restraints and requirements, the needs of recipients while recognizing that a system of long term care supports and services must be sustainable in order to meet the demand inherent with an aging population.*

Executive Summary

The Office of Aging and Adult Services was created in 2006. Louisiana's support of community-based and residential options was growing and the Department of Health and Hospitals (DHH) needed to align its infrastructure to address this growth. The Office of Aging and Adult Services develops policies, procedures, rules, and programs to develop alternatives to institutional care; to timely complete investigation of adult abuse, neglect, exploitation and extortion in the community; and to promote quality facility-based long term care services both in private nursing facilities and in those operated by OAAS. As a relatively new office, OAAS also works to create and improve the programmatic infrastructure – including information technology and quality management systems – necessary to meet its responsibilities and to assure quality and accountability in the delivery of long term supports and services.

Agency Goals

Goal I - To expand existing, and to develop additional, community-based services as an alternative to institutional care.

Goal II - To timely complete investigations of adult abuse, neglect, exploitation, and extortion in the community.

Goal III - To administer and manage patient care programs in OAAS long-term/acute care and nursing home facilities in a manner that ensures compliance with applicable standards of care; and to promote policies that improve the quality and cost-effectiveness of privately-owned nursing facilities.

Program A: Administration, Protection, and Support

Program A Mission

To provide a system for long-term care services and supports whereby individuals who require long-term care can be assured a safe and healthy environment and quality services.

Program A Goals

- I. Develop a more balanced long-term care system which features a sustainable cost-effective continuum of community-based services and facility-based services.*
- II. Improve access and quality in long-term care programs.*
- III. Ensure vulnerable adults are protected from abuse and neglect while living in community settings.*
- IV. Provide specialized facility-based care to persons whose needs are difficult to meet in private facilities.*

Activity 1 – Executive Administration

State Outcome Goal

This Activity provides executive management, support, and direction to the Office of Aging and Adult Services (OAAS). OAAS operates DHH programs for the elderly and persons with adult-onset disabilities. These programs include two 24-hour facilities -- John J. Hainkel Home and Villa Feliciano Medical Complex -- Adult Protective Services, Permanent Supportive Housing (DHH Region 1), and operation of several community-based long term care programs which expend over \$300 million in Medicaid funds. OAAS also performs medical certification for nursing home care totaling over \$700 million in Medicaid funds. The Executive Administration Activity is also responsible for providing programmatic expertise on aging and disability issues to DHH Executive Management, carrying out legislative directives, and directing implementation of long term reforms and program improvements.

Executive Administration of OAAS directly advances the State Outcome Goal of Better Health and Affordable Care, with a special focus on optimizing the use of cost-effective community-based care as an alternative to institutionalization.

Objective I: Ensure that OAAS operate in compliance with all legal requirements, that the Office accomplishes its goals and objectives to improve the quality of life and quality of care of persons needing long term care services in a sustainable way, reaching or exceeding appropriate national benchmarks by 2016.

Strategies:

- 1.1 Simplify and streamline OAAS policies, procedures, and work processes while maintaining compliance with all state and federal requirements.
- 1.2 Make judicious and accountable use of external resources and private provider network through performance-based contracts, interagency agreements, and Memoranda of Understanding.
- 1.3 Implement an integrated IT system to automate all work processes and to support long term care system access, quality management, and accountability.
- 1.4 Recruit, retain, and develop staff with skill sets necessary to support best-practice research, policy improvement, new program development, performance-based contracting, provider training and technical assistance, performance analysis, program and performance monitoring, quality management, and data-based decision-making.

Performance Indicators:

- Percentage of OAAS Performance Indicators that meet or exceed performance standards
- Administrative cost as percentage of service cost
- Percentage of in-house and contracted OAAS IT systems that improve on the federal Medicaid Information Technology Architecture (MITA) maturity scale

Activity 2 – Elderly and Adults with Disabilities Long Term Care

State Outcome Goal

This Activity manages and operates community-based long term care programs for people with adult-onset disabilities, including Medicaid Home and Community Based Services (HCBS) waivers, Medicaid personal care services, the Program of All-inclusive Care for the Elderly (PACE), the DHH Region 1 Permanent Supportive Housing Program, the Independent Living Programs, and the Traumatic Head and Spinal Cord Injury Trust Fund. This Activity also operates nursing facility admissions, i.e., Medicaid certification for nursing facility care. This Activity provides state and regional office operations necessary to provide program planning, access, monitoring, quality assurance/improvement, and accountability for these programs as required under state and federal rules, statutes, and program requirements.

This Activity directly advances the State Outcome Goal of Better Health and Affordable Care and achieves Indicator 1 of that goal to: “Optimize the use of community based care while decreasing reliance on more expensive institutional care.” It does so by operating a variety of home and community-based long term care programs that serve Medicaid participants at less average cost per person than Medicaid nursing home care. A challenge addressed by this Activity is that demand for community-based LTC will continue to grow as the population ages, therefore expenditures on programs operated through this Activity are subject to increase. For this reason, the goal in delivering LTC services to this population is to slow the rate of increase rather than seeking net decreases in spending, and to serve as many people as possible within available resources. Maximization of federal funding is also an important strategy for addressing increased demand for the services provided through this Activity. The Activity as a whole addresses the Better Health purchasing strategies of “deinstitutionalization/prevention” and “continuum of care that provide choice.”

Programs and strategies used in this Activity are also a direct outgrowth of Louisiana’s Plan for Immediate Action: Providing Long Term Care Choices for the Elderly and People with Disabilities. That plan calls for implementation of a broad array of community-based services & a multi-faceted strategy for transitioning individuals from nursing homes to the community. The strategies used in this Activity are also consistent with best practices used by states that have achieved a cost-effective “rebalancing” from institutional to community-based LTC (see, for instance, Mollica & Reinhard, Rebalancing State Long-Term Care Systems, National Academy for State Health Policy, October 2005). The major programs operated through this Activity have proven effective in preventing institutionalization, with only a small percentage of program participants ever transitioning to nursing home care. Between SFY 2007 and SFY 2010, only 2% of HCBS waiver participants transitioned into a nursing home. During that same period, only 4% of participants receiving just state plan personal care services (i.e., without HCBS waiver) transitioned into a nursing home.

Objective II: Optimize the use of community-based care while decreasing reliance on more expensive institutional care to meet or exceed national averages for institutional versus community-based spending by 2016.

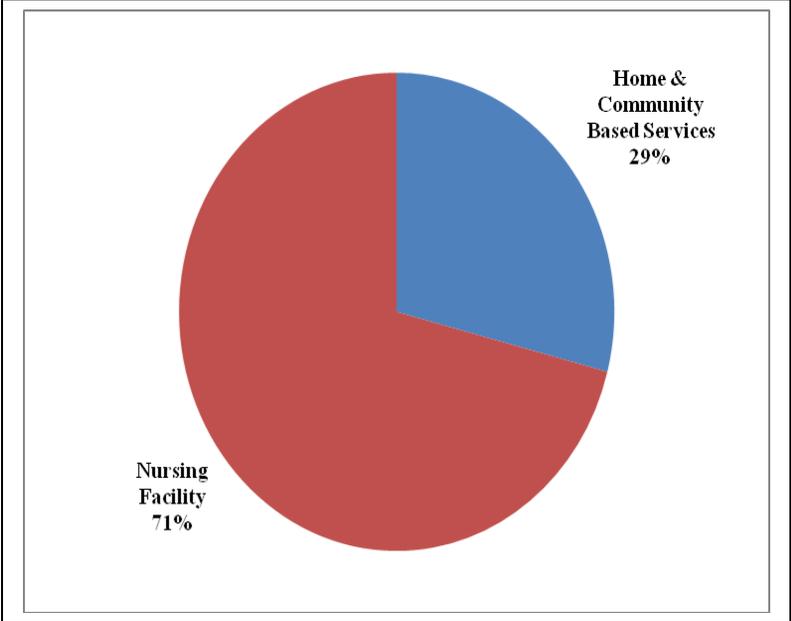
Strategies:

- 2.2 Offer a diverse and flexible array of cost-effective services to achieve quality outcomes and serve as many individuals as possible within available budgetary resources.
- 2.3 Improve access to and coordination of Medicaid and non-Medicaid long-term care resources through implementation of an effective Single Point of Entry system and improved approaches to support coordination.
- 2.4 Implement consumer-direction of services.
- 2.5 Expand nursing facility transition and diversion efforts.
- 2.6 Implement and maintain a comprehensive Quality Management system that enables cross-program and provider level comparisons.
- 2.7 Expand capitated, integrated-risk approaches to service delivery.
- 2.8 Maximize federal match by using authorities and pursuing incentives available under the federal Patient Protection and Affordable Care Act.

Performance Indicators:

- Percentage of Medicaid spending for elderly and disabled adult long-term care that goes towards community-based services rather than nursing homes
- Average expenditure per person for community-based long term care as a percentage of the average expenditure per person for nursing home care
- Program operation cost as a percentage of service cost.
- Percentage change in nursing facility utilization
- Percentage change in nursing facility spending
- Percentage of identified quality indicators for which data is available.

Percentage of Medicaid Spending for Elderly and Disabled Adult Long-Term Care by Services Setting



Data source: May 2010 Louisiana Medicaid Expenditure Forecast Report State Fiscal Year 2009/10

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

Strategies:

- 3.1 Offer a diverse and flexible array of cost-effective services to achieve quality outcomes and serve as many individuals as possible within available budgetary resources.
- 3.2 Improve access to Medicaid and non-Medicaid long-term care resources through implementation of an effective Single Point of Entry system and improved approaches to support coordination.
- 3.3 Allocate resources for home and community-based services based on individual acuity as determined through objective and comprehensive assessment.
- 3.4 Implement and maintain a comprehensive Quality Management system consistent with the federal framework for quality in home and community-based services.

Performance Indicators:

- Number on registry for OAAS HCBS waivers
- Percentage on registry for OAAS HCBS waivers who are receiving other Medicaid LTC
- Percentage of available Healthcare Effectiveness Data Information Set (HEDIS) and Agency for Research and Healthcare Quality (ARHQ) Prevention measures on which Medicaid community-based programs perform as well or better than the Medicaid nursing home program.
- Number served in all OAAS HCBS programs

Objective IV: To facilitate timely access to nursing facilities for eligible applicants through June 30, 2016.

Strategies:

- 4.1 Fully automate business processes.
- 4.2 Use periodic review and sampling of Minimum Data Set for Nursing Facilities (MDS-NF) for quality assurance on nursing facility level of care decisions.
- 4.3 Transition to performance-based contracting with Single Point of Entry entities for nursing facility admissions functions that can be more timely and cost-effectively performed by those entities, and to assure consumer choice of service and provider.

Performance Indicator:

- Percentage of nursing facility admissions applications determined within established timeframes for OAAS access systems

Activity 3 – Permanent Supportive Housing (PSH) – DHH Region 1

State Outcome Goal

This Activity is 100% federally funded through Community Development Block Grant (CDBG) to the state of Louisiana for post-Katrina/Rita disaster recovery. This Activity provides supportive services to help people with disabilities – particularly those who are or who are at risk for institutionalization or homelessness -- have successful tenancies in mainstream affordable housing. The DHH Office of the Secretary administers the PSH program under a Cooperative Endeavour Agreement with the Louisiana Office of Community Development (OCD); OAAS operates the program in DHH Region 1. The majority of PSH services are provided through contracts with private, non-profit agencies.

This Activity directly achieves Indicator 1 of the Better Health Goal: “Optimize the use of community-based care while decreasing reliance on more expensive institutional care.” It employs all four methods for this indicator as outlined in the Better Health Request for Results (RFR) by “increasing reliance on community-based services; increasing access to comprehensive, coordinated care; fostering and facilitating independence for citizens with disabilities and the elderly; and managing costs with efficient management of resources.” It also employs multiple Purchasing Strategies recommended in the RFR:

Prevention – Housing Support Teams (HST) facilitate access to preventive health services for a population that makes disproportionate use of emergency services and provides education and training related to individual preventive health care strategies such as proper nutrition, exercise, and medication management.

Coordinated Case Management for Individuals & Families at High Risk for Poor Health & Mental Health Outcomes – Intensive cross-disability case management is provided by HSTs and includes assisting participants to access mainstream health and LTC resources including early detection and intervention for health care. PSH provides individually tailored and flexible supportive services including assistance with making medical appointments, transportation to appointments and support in understanding aspects of medical care. The support provided is voluntary and can be accessed 24 hours a day/7 days a week.

De-Institutionalization/Prevention – PSH provides an alternative to institutional care, costly hospitalization and emergency room services, inpatient mental health churning, and corrections.

The effectiveness of permanent supportive housing has been documented both in the published professional literature and in unpublished studies emerging from communities that have implemented PSH. Most compelling are studies of its cost-effectiveness. A landmark study by the University of Pennsylvania examined the use of public services and associated costs in the two years before and after entry into New York City’s permanent supportive housing program. Seven service systems were studied, including homeless shelters, inpatient psychiatric facilities, public hospitals, Veterans Administration hospitals, prisons, and jails. The total reduction in service costs across these systems was \$16,281 per PSH participant per year. A pilot study in Portland, Oregon found that 35 chronically homeless individuals with disabilities used over \$42,000 per person per year in emergency and hospitalization costs before entering a housing and supportive service program which saved over \$16,000 per person per year. Extremely small scale PSH programs in

Jefferson Parish and East Baton Rouge Parish have likewise shown good results, reducing average days of hospitalization from 286 in the 12 months prior to starting PSH to 36 in the 12 months after, and helping about 50% of younger participants to find employment in the first year. The Robert Wood Johnson Foundation is funding evaluation of Louisiana's PSH program.

Objective V: Through the Permanent Supportive Housing Activity, stabilize and reduce acute and institutional care for 2,000 elders and adults with disabilities through June 30, 2016.

Strategies:

- 5.1 Provide access to affordable, community-based housing.
- 5.2 Manage application process and waiting list to ensure program eligibility and to meet overarching policy goals of DHH.
- 5.3 Provide individualized in-home supportive services through Housing Support Teams and through the activities of the OAAS Local Lead Agency.
- 5.4 Facilitate access to medical homes.
- 5.5 Facilitate access to preventative health services, such as proper nutrition through receipt of food stamps and food boxes, and free or reduced cost pharmacy programs.
- 5.6 Assist with obtaining SSI and Medicaid eligibility.

Performance Indicators:

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

Activity 4 – Independent Living supports for Adults with Disabilities

State Outcome Goal

The Independent Living Activity enables individuals who have significant disabilities to function more independently in home, work, and community environments, reducing dependence on others for support of routine activities and community integration. It prevents unnecessary out of home placement and provides opportunities that enable citizens to move from an institutional setting to a home and community-based setting. It also supports and enhances their employability. Specific program components of the Independent Living Activity are:

State Personal Assistance Services (SPAS) Program - provides personal care attendant services to assist significantly disabled adults with activities of daily living such as bathing, dressing, toileting, and feeding.

Community and Family Support Program - provides support services, including but not limited to personal care attendant services, rental assistance, and medical supplies.

The 2010 Streamlining report recommended the Independent Living programs for transfer from the Department of Social Services and the Developmental Disabilities Council to DHH. The State Personal Assistance Services and Community and Family Support programs align closely with the purpose and mission of other programs/services provided by OAAS. Because of this alignment, OAAS is better positioned to achieve efficiencies and commit more funds to direct service delivery and less to administrative cost. OAAS will also redesign the service delivery model to introduce a consumer-directed option.

This activity addresses the State Outcome Goal of Transparent, Accountable and Effective Government by placing responsibility for the program with OAAS rather than having the program run in two agencies that are not otherwise involved in service delivery (DD Council), or whose primary focus is on child and family issues (DSS). This promotes efficiency through coordination of funding sources serving the same or similar individuals, reduced administration, and potential for leveraging funds. It also supports the Better Health State Outcome Goal of expanding community-based services through better coordination of services.

Objective VI: Through the Independent Living Activity, enable persons with significant disabilities to function more independently in home, work, and community environments through June 30, 2016.

Strategies:

- 6.1 Complete transfer and consolidation of IL programs within OAAS.
- 6.2 Consolidate and reduce the number of separate contracts for program services.
- 6.3 Establish a consumer-directed option to provide more choice and more cost-effective use of funds.
- 6.4 Coordinate IL services with Medicaid and other available services.
- 6.5 Use efficiencies, coordination, and leveraging of multiple funding sources to serve additional recipients at established levels of funding.

Performance Indicators:

- Percentage of expenditures going to direct services
- Average cost per person
- Percentage of consumers rating services as satisfactory
- Number of people served
- Number of people on waiting list for services

Activity 5 – Traumatic Head and Spinal Cord Injury (TH/SCI) Trust Fund

State Outcome Goal

The TH/SCI Trust Fund allows survivors of traumatic head and spinal cord injury to avoid unnecessary and costly institutionalization by providing resources or services that they are not otherwise eligible for through any other funding source. The Trust Fund promotes the health of

eligible Louisiana citizens by providing services, such as specially designed medical beds, maintenance therapies, and remote in-home client monitoring systems, that prevent or delay the onset or progression of diseases and excess disability associated with such injuries. The TH/SCI Trust Fund was established in the 1993 Regular Session of the Louisiana Legislature as a special fund in the state treasury consisting of monies collected from an additional fee imposed on three specific motor vehicle violations.

In response to the 2010 Streamlining report, the TH/SCI Trust Fund was transferred from the Department of Social Services to the DHH Office of Aging and Adult Services. Transfer of this program advances the State Outcome Goal of Transparent, Accountable, and Effective Government by placing the program in an agency with programmatic expertise and a mission aligned with serving persons with adult-onset disabilities. As part of the Single State Medicaid Agency (DHH), OAAS is positioned to potentially leverage existing funding to obtain matching federal funds and thereby serve more persons; a significant potential benefit given the waiting list for Trust Fund assistance. This Activity also supports the Better Health State Outcome Goal by providing a viable, cost-effective alternative to institutionalization. In SFY09, the average expenditure to care for a Medicaid-eligible individual in a LA nursing home was \$23,789. In that same year, the TH/SCI Trust Fund maintained 646 individuals in the community at an average cost per person to the Trust Fund of less than \$5,000 per year.

Objective VII: Through the Traumatic Head and Spinal Cord Injury Trust Fund Activity, maintain independence and improve quality of life for survivors of traumatic head and/or spinal cord injury who receive services through the Trust Fund each year through June 30, 2016.

Strategies:

- 7.1 Complete transfer of program from DSS to DHH Office of Aging and Adult Services.
- 7.2 Achieve better coordination of care using these and existing Medicaid services.
- 7.3 Review policies and statute regarding program requirements, benefit access, time limits, and package of services in order to determine how to more effectively serve additional people within available levels of funding.
- 7.4 Revise policies/statute in order to more effectively serve additional people within available levels of funding.

Performance Indicators:

- Percentage of consumers who maintain independence as a result of services
- Number of people served
- Number of people on waiting list for Trust Fund assistance

Activity 6 – Adult Protective Services

State Outcome Goal

This Activity assists and enables adults with disabilities to live free from harm due to abuse, neglect, exploitation, or extortion. Protective services include but are not limited to:

- receiving and screening information on allegations of abuse, neglect, exploitation and/or extortion;
- conducting investigations and assessments of those allegations to determine if the situation and condition of the alleged victim warrants corrective or other action;
- stabilizing the situation;
- developing and implementing plans for preventive or corrective actions;
- referring for necessary on-going services and/or to case management;
- ensuring services are obtained;
- initiating and/or referring for necessary civil legal remedies;
- referring cases as needed or required to law enforcement and/or the district attorney and cooperating in any court proceedings.

This Activity is accomplished through a Central intake office that receives all reports/allegations and assigns them to a regional office staffed by investigators who then follow up on the report/allegation. This Activity also include a section within APS which investigates abuse and other incidents within DHH-operated facilities and programs. This function is distinct from the statutory APS function (as provided for in R. S. 14:403.2 and R. S. 15: 1501 – 1511) and is unique to the program in DHH.

This Activity supports the Better Health State Outcome Goal. As the State seeks to advance better health through increased reliance on community-based services, there is a corresponding increased need for oversight and protection for those residing in settings that lack the degree of regulation associated with institutional settings.

Each year, over 2,500 allegations of abuse, neglect, exploitation and/or extortion are reported to APS. On average, the investigations in a community setting are completed in 22 days. APS has received recognition by the Legislative Auditor for improvement as reflected in program Performance Indicators. Caseloads are maintained at or near the nationally recommended caseload size, with an emphasis on ensuring interventions are effective rather than on simply closing cases as quickly as possible. Adults with severe disabilities are at high risk of abuse, with statistics showing that over 90% of persons with developmental disabilities will be sexually abused; and that 62% of women with physical disabilities report experiencing abuse. Victims are often invisible to the wider community, meaning they can suffer for years with no one intervening to protect them. Only 3% of sexual abuse cases involving people with developmental disabilities are ever reported. Vulnerable adult abuse cases are often extremely complex, and require responses by a number of different professions and systems, including health care providers, the criminal justice and civil legal systems, financial institutions, guardianship agencies, state mental health and developmental disability agencies, and many others.

Objective VIII: Through the Adult Protective Services Activity, ensure that disabled adults are protected from abuse and neglect by completing investigations within timelines as established in DHH policy for those investigations each year through June 30, 2016.

Strategies:

- 8.1 Maintain caseloads at or near nationally recommended caseload sizes to insure effective intervention as opposed to simply achieving closures.
- 8.2 Conduct initial and ongoing training for all staff in investigative techniques, service planning, legal interventions, and community resources.
- 8.3 Operate an ongoing quality assurance plan, which includes case reviews and quarterly review of performance indicator data.
- 8.4 Revise policy manual, procedures and forms as needed to improve case response and client outcomes.
- 8.5 Develop interagency agreements and protocols with program offices, other Agencies (such as the Governor's Office of Disability Affairs, etc.), law enforcement and the judiciary to improve response to substantiated cases.
- 8.6 Develop inter/intra-agency protocols with program offices, other agencies, law enforcement and the judiciary to improve emergency response for after hours calls.

Performance Indicators:

- Percentage of investigations completed within established timeframes
- Number of clients served

Program B: John J. Hainkel, Jr. Home and Rehab Center

Mission

The mission of the John J. Hainkel Jr., Home and Rehabilitation Center is to meet the medical, nursing and rehabilitation needs of persons admitted for care through an array of medical, nursing, therapy, and other professional services. While focusing on skilled nursing and rehabilitation care to persons discharged from hospital care, and while providing comprehensive care to long term residents, the Hainkel Center will operate as a model facility including operation of an Adult Day Health Care Center, provision of training site for area colleges and universities, and maintenance of a recognized level of excellence in direct care.

Goals

1. *Provide comprehensive interdisciplinary services including medical, skilled nursing and rehabilitation services in a manner that improves or maintains resident's physical and social functioning level.*
2. *Provide an alternative to inpatient nursing facility care through an Adult Day Health Care Center.*

3. *Appropriately screen referrals from hospitals of persons requiring skilled nursing and rehabilitation care.*
4. *Provide a teaching setting for area universities and colleges with healthcare programs including, physician, nursing, and allied health, and provide an ongoing series of continuing education workshops on care for the aging to area health care professionals.*
5. *Maintain a level of excellence in care as measured by CMS and LHCR rankings.*

State Outcome Goal

The John J. Hainkel Jr. Home & Rehabilitation Center provides nursing home long term care, skilled nursing facility rehabilitation care, and Adult Day Health care to medically and financially eligible residents and clients. JJHHRC has maintained well above average quality of care for such services as measured by CMS. Pursuant to the State strategy of Developing an Adequate Qualified Medical Workforce, the JJHHRC acts as an Academic Health Center where allied health personnel (physicians, nurses, occupational, speech, and physical therapists, phlebotomists, and dental hygienists) from local colleges and universities train for future careers in the demographically expanding field of geriatrics. The JJHHRC is the only facility within greater New Orleans authorized to admit Veterans Administration patients, and the facility maintains a high caseload of Medicaid patients.

Pursuant to desired State Outcome Goal of Better Health through increased reliance on community-based services, the JJHHRC maintains an Adult Day Health Care center that provides a place for family caregivers to drop off elderly relations during work hours. The JJHHRC ensures and provides health care to eligible Louisiana citizens through direct long term patient care in the greater New Orleans area. Simultaneously, the JJHHRC's rehabilitation activities accept and treat shorter term previously hospitalized "skilled" patients so that they regain independence and are de-institutionalized from more expensive long term acute care or hospital settings. Eighty percent (80%) of admissions to the JJHHRC facility are from area hospitals. The JJHHRC provides an experiential learning site for physicians and allied health providers who will become Louisiana's future care-givers as the State population ages and such services are in ever greater demand. The JJHHRC serves as a site where multiple independent research studies are performed in partnership with the LSU Health Sciences Center advancing knowledge in the field of geriatric medicine. The JJHHRC's historical involvement with the community leverages funding from the non-profit New Orleans Home for the Incurables, and donations of time, services, and equipment from several New Orleans organizations.

The JJHHRC has been the recipient of two Louisiana Health Care Review gold level recognition awards, one for maintaining a restraint-free facility, and one for prevention and treatment of pressure sores. In 2010, the facility received an LHCR platinum level award for recognition of quality. The facility has also maintained high CMS ratings for quality of care. In the first half of 2009, and again in 2010, with a CMS five star rating, the facility was ranked in the top 3-4% of facilities in the State for quality of care.

The facility serves a population of residents with a higher acuity level than most Louisiana nursing facilities. Post Katrina the level and volume of skilled care has increased. The higher case mix occurs across the overall facility population, including Medicare and Medicaid.

Over recent years, several factors have contributed to a means of financing for the facility. The facility operates on revenue earned, and does not use state general fund. Historically the facility

operated primarily as a Medicaid facility. The shift over the past several years to increased short term care has increased Medicare revenues and private insurance revenues. Also the facility has increased the volume of VA care. The net impact of these changes has been a shift in payor mix away from high reliance on Medicaid, to increased reliance on Medicare and self generated revenues.

Objective I: To provide quality of care that exceeds external requirements and achieve excellent resident outcomes in a cost-effective manner each year through June 30, 2016.

Strategies:

- 1.2 Ensure effective care outcomes through interdisciplinary focus on assessments and treatment plans, process for continuous performance improvement, and resident satisfaction.
- 1.3 Maintain an organizational culture that promotes excellence in care, resident and family satisfaction with services, staff development, continuous performance improvement, and compliance with health standards.
- 1.4 Maintain affiliation agreements with area universities and colleges to provide a teaching setting for health care programs; and provide annual workshop series for area professionals on topics of interest in aging services.
- 1.5 Participate in Louisiana Health Care Review annual initiatives to improve quality of nursing facility care in the State of Louisiana.

Performance Indicators:

- Percent compliance with CMS license and certification standards
- Average daily census
- Total clients served
- Occupancy rate
- Staff/client ratio
- Number of staffed beds

Objective II: The Adult Day Health Care Center will provide an alternative to nursing facility care for persons with family support, and in FY 2010 will increase the number of clients served by 20% over FY 2009.

Strategies:

- 2.1 Provide information to the public on ADHC services as an alternative to nursing facility care.
- 2.2 Provide interdisciplinary care that maintains or improves client level of independence in activities of daily living.

Performance Indicators:

- Number of clients enrolled
- Percentage of ADHC clients with maintained or improved ADL level of independence

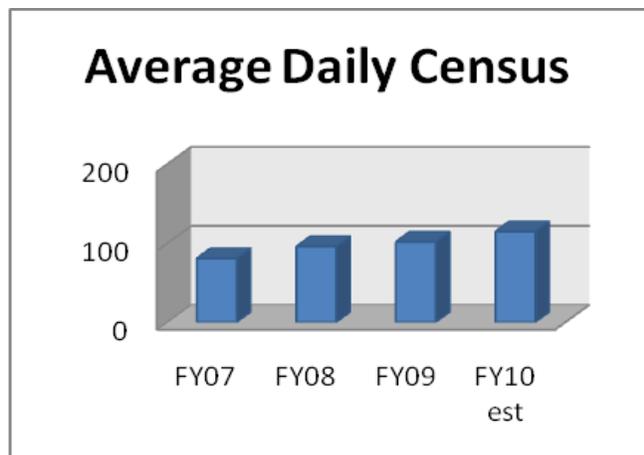
Objective III: Through FY 2016, to provide leadership and administration that results in cost efficient operations.

Strategies:

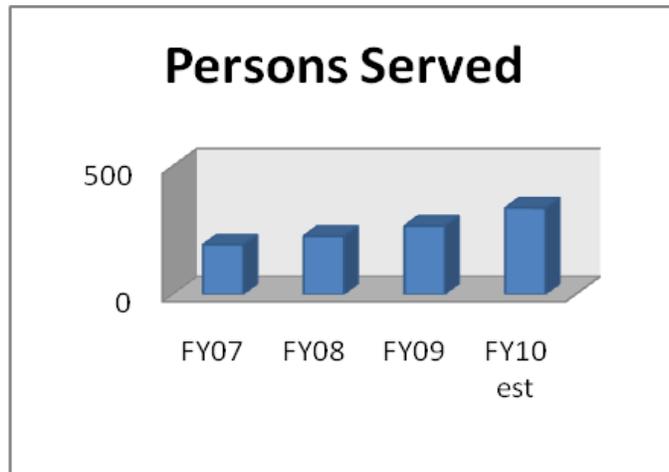
- 3.1 Ensure financial and human resource operations compliance with State and Federal statutory and administrative requirements.
- 3.2 Monitor utilization of staff, professional services, and operating expenses to ensure that resources needed to meet care needs are available and are used in a cost-efficient manner.
- 3.3 Ensure effective admission screening and discharge planning process for persons requiring short term skilled nursing and rehabilitation care.
- 3.4 Continue to assure a diverse payor mix that includes Medicare and self-generated revenues.

Performance Indicator:

- Cost per client day



Census has trended upward from 81 in FY 07, to 96 in FY 08, and 102 in FY 09. In FY 10, census will average between 115 and 120.



Number of persons served has trend upward. In FY 07, 193 persons were served. In FY 08, 227 persons, and in FY 09, 267 persons were served. The nursing facility is projected to serve 337 persons in FY 10. This does not include clients served in the Adult Day Health Care Center.

Program C: Villa Feliciana Medical Complex

Mission

Villa Feliciana Medical Complex is a state owned and operated Medicare and Medicaid licensed long-term care facility with a mission of providing specialized care and rehabilitative services to medically complex patients diagnosed with chronic diseases, disabilities, and terminal illnesses.

Goals

1. *Provide management leadership and administrative support necessary for the delivery of patient care services.*
2. *Administer and manage patient care in a manner that ensures compliance with applicable standards of care.*
3. *Provide quality health care services to patients through the identification of need and maximizing utilization of existing services.*

State Outcome Goal

Villa is a 24-hour long-term care facility that provides quality, comprehensive, in-house health care services. Villa is committed to providing health and medical services not readily available to the citizens of Louisiana, particularly those individuals who are indigent and uninsured. We work to prevent the progression of diseases through proper nutrition, exercise, therapy, regular check-ups and routine screenings.

Villa contributes to the Better Health State Outcome Goal by decreasing the percentage of avoidable expenditures for the care of citizens who have acute and chronic medical conditions through the provision of comprehensive services at our facility. This reduces fragmentation of care, duplication of efforts, unnecessary medical treatments, emergency room visits, and hospitalizations. Villa provides many services not provided by the vast majority of private nursing homes to patients with high acuity levels. Villa receives over 98% of its referrals from local

hospitals and private nursing homes. Many of these referrals help to prevent unnecessary extended hospital stays. Continuity of care is improved through in-house physicians who assess patients on a daily basis to diagnose, manage, and treat multiple chronic diseases, provide annual wellness physicals, and emergency care. Villa provides care to Eastern Louisiana Mental Health System and Forensics patients who require more acute care. It also provides lab and radiology services to these facilities and the Louisiana War Veterans Home. Villa is a training site for students from five Louisiana Technical Colleges with a role of addressing healthcare labor shortages.

Villa provides quality health care services to patients, regardless of their social or economic status. It serves as a safety net facility with most of our residents having no other placement options due to such factors as their acuity level and their need for effective disease management not generally offered by private long-term care facilities. Villa provides on-site medical services specifically structured to meet special health care needs. For example:

- Villa provides care to residents under judicial commitment who require long-term care in a secure environment.
- Villa is the only facility in Louisiana that provides in-patient care for clients with tuberculosis. Most of Villa's TB patients have been court-ordered here due to their non-compliance with their treatment regimen in their local community. They remain at Villa until their treatment is complete and they are no longer a public health threat.
- Louisiana has the 4th highest AIDS rate in the U.S. Villa is one of a few long-term care facilities that admit residents with infectious diseases, such as HIV.
- The cost of obesity in the U.S. is \$117 billion per year. The adult obesity rate was 34% in 2006 based on a national survey. Obesity leads to many costly health issues. Villa provides care to morbidly obese bariatric patients with both chronic and acute healthcare conditions. The intensive treatment offered these residents has resulted in significant weight loss, improved health and ambulation, an increase in their overall quality of life and discharge back to their local communities.
- Villa provides extensive respiratory care services, including care for patients who are ventilator dependent. We continue to be successful in weaning residents off of this equipment, thereby improving their quality of life and reducing their cost of care. In some cases they have even been discharged to their home or to a less restrictive setting.

Objective I: To provide high quality medical services and achieve excellent resident outcomes in a cost effective manner through June 30, 2016.

Strategies:

- 1.1 Identify patients' medical needs.
- 1.2 Train patient care staff in specialty areas.
- 1.3 Annually prepare a Capital Outlay Budget Request identifying the five-year construction and physical plan improvement needs of the facility. Conduct periodic physical plant inspections to insure all needs are identified and documented.

- 1.4 Maintain education requirements for Patient Care Standards.
- 1.5 Maintain suggested staffing for patient care.

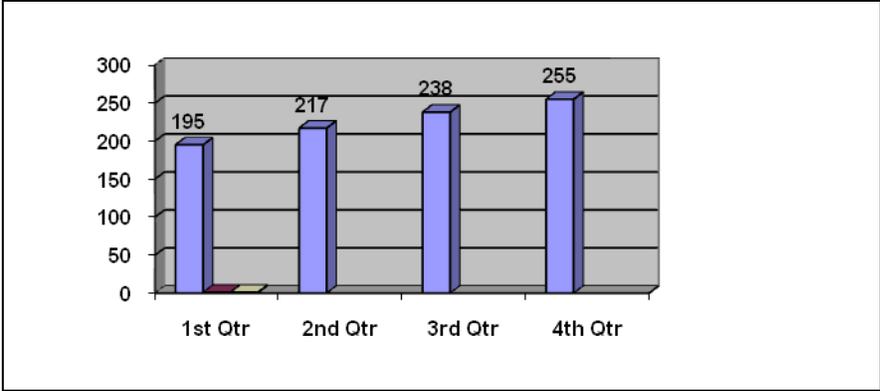
Performance Indicators:

- Percent compliance with CMS license and certification standards
- Average daily census
- Total clients served
- Occupancy rate
- Staff/client ratio
- Number of staffed beds

TOTAL CLIENTS SERVED FOR FY 2008/09

Total Clients Served measures the total number of patients who are served by Villa Feliciana Medical Complex throughout the fiscal year.

The number is computed by starting with our census at the beginning of the fiscal year and adding all new admissions during the fiscal year to that figure.



Objective II: To appropriately manage and treat individuals that have been diagnosed with tuberculosis and who have failed to comply with directly observed care in the community each year through June 30, 2016.

Strategies:

- 2.1 Closely monitor each resident’s health and acuity levels to ensure prescribed treatment is effective.
- 2.2 Ensure care plans adequately address each individual resident’s needs.

Performance Indicator:

- Percentage of patients completing recommended course of treatment by Infections Disease physician

Objective III: To provide acute care services for residents of Villa Feliciano Medical Complex each year through June 30, 2016.

Strategies:

- 3.1 Monitor each resident's initial treatment upon admission to ensure compliance with physician's orders.
- 3.2 Ensure care plans adequately address each individual resident's needs.

Performance Indicators:

- Percentage of patients assessed and plan of care implemented by Registered Nurse
- Percentage of patients receiving ordered antibiotics within four hours of admission

Objective IV: To provide management leadership and administrative support necessary for the delivery of patient care services and to provide for the efficient and effective use of resources in meeting all mandated regulatory requirements each year through June 30, 2016.

Strategies:

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

Performance Indicator:

- Cost per client day



09-324

Louisiana Emergency Response Network Board

Vision

Louisiana will have a statewide comprehensive and integrated trauma network that decreases trauma-related deaths and incidents of morbidity and mortality due to trauma in Louisiana by maximizing the integrated delivery of optimal resources for patients who ultimately need acute trauma care. The network will also address the daily demands of trauma care and form the basis for disaster preparedness.

Mission

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

Philosophy

The Louisiana Emergency Response Network, as a statewide comprehensive and integrated trauma system is dedicated to providing access to high quality, definitive care for all in the state of Louisiana. LERN is committed to proactively building an integrated trauma system that is responsive to both those in need, as well as the provider communities around the state. LERN is driven by the basic principle that any preventable death, as a result of delay in treatment, is unacceptable.

Executive Summary

Each year, thousands of Louisianans suffer and die needlessly from traumatic injuries, heart attacks, and strokes. In the vast majority of cases, the difference between life and death hinges on a well-coordinated team response and specialized medical training plus the public awareness and modern technology to tie it all together.

In 2008, Louisiana was tested, yet again by powerful hurricanes. Disaster planning and response refined post-hurricanes Katrina and Rita paid dividends this past year as hundreds of lives were saved during hurricanes Gustav and Ike. Every Louisianan owes a debt of gratitude to those public servants and volunteers who placed the well-being of others above their personal concerns.

LERN was granted the necessary funding to begin the implementation of a system that coordinates the patient's day-to-day emergent care need with the closest most appropriate facility and the resources to provide definitive trauma and time sensitive care. LERN is well on its way to improving access to regional trauma patient care and safeguarding the people of Louisiana against deaths and incidents of morbidity due to trauma. In the future, LERN will be instituting protocols to address heart attack and stroke.

The nine Regional Commissions continue to engage local pre-hospital providers, doctors and nurses, and homeland security professionals in the development and implementation of protocols to improve trauma and time-sensitive illness response in their region. Through these commissions, partnerships between public and private healthcare entities continue to meet the mission of LERN. These committed individuals working together demonstrate Louisiana's commitment to implement best-in-class, evidence-based trauma, acute MI, and stroke response care field. There is no question that this work translates into saved lives.

With plans for this coming year to have all areas of the state covered by LERN pre-hospital destination protocols, the efforts mature to the measurement and performance improvement of care delivery. LERN will continue to better integrate with the Governor's Office of Homeland Security ensuring that the communications and information sharing systems between state emergency operations centers and regional response systems are comprehensive and effective.

LERN Goals

Goal I *Decrease risk adjusted trauma-related deaths and incidents of morbidity and mortality due to trauma in Louisiana.*

Goal II *Maximize the return on investment (ROI) of state dollars and supplement of general fund dollars with alternative funding sources.*

Goal III *Ensure that all citizens gain access to the statewide trauma network for both trauma and time sensitive related illnesses.*

Goal IV *Establish and codify protocols that specify the role of LERN in ESF-8 activities.*

Accomplishments:

- Completed Build Out Plan defining goals, objectives, and timelines for network implementation
- Standardized Trauma Protocol for entry into LERN network for pre-hospital care throughout the state by the end of 2009
- Hired Executive Director and refined organizational structure
- Started interface with key agencies including Governor's Office of Homeland Security and Emergency Preparedness and the Department of Health and Hospitals in support of Emergency Support Function #8 (ESF-8) in 2009
- Rules and regulations for liability protection promulgated
- Continuation of key Work Groups for 2009-2010

- Ongoing telecommunications testing and quality improvement between participating members of the network
- Established collaborative relationships with LSU Trauma Service, the Department of Surgery, and the Dean's Office of the Louisiana State University Health Sciences Health Center – Shreveport
- LCC North currently covering 15 parishes, 20 hospital (nine rural hospitals), population 478,000 – LERN Call Center (LCC) North also provides fail over redundancy to LCC Central
- LCC Central became operational June 2008 including training and education for hospitals in Regions 2, 4, and 5 that are participating in LERN
- LCC Central currently covering 57 hospitals, 32 parishes, and a population of 2.3 million
- Developed redundancy protocols for LCC Central and LCC North
- LERN Board voted to accept and adopt the recommendations set forth in the PricewaterhouseCoopers report on Emergency Preparedness and Disaster Planning
- LERN Board approved funding to support the development of ESF-8 functions such as Chem Pac, Pandemic Flu planning, and the Office of Public Health's Center for Community Preparedness
- LERN Board approved part-time funding for the Program Manager for the Bureau of Emergency Medical Services within the Department of Health and Hospitals
- Regional Commissions developed standardized state-wide pre-hospital protocols for entry into LERN's network
- Seven out of nine regions have adopted LERN protocols and the LERN Board has approved the standard protocols in all seven regions
- Hospitals and physicians in regions have participated in the development of protocols
- Small work groups within the Regional Commissions continue to meet to develop protocols and to make changes in light of evidence-based data
- Additional protocol development and improvement is ongoing as a result of data review
- Hired Tri-Regional Medical Director for LERN Regions 6, 7, and 8 in October 2008
- Hired Tri-Regional Medical Director for LERN Regions 1, 3, and 9 in December 2008
- Engaging the American College of Surgeons to provide an assessment of LERN's system related to clinical care processes in June 2009
- Developed training and education and LERN Activation plan for regions
- Developed a pilot project for data collection and evaluation of LERN Call Center operations
- Developed a review process for operations and quality review of LERN Call Center(s)
- Louisiana Hospital Association work group for the LERN Board established to provide guidance on implementation of operations of LERN's impact on hospitals
- Louisiana Hospital Association work group and the LERN Board established a Memorandum of Understanding for hospitals participating in LERN's network

- LERN Board established a Memorandum of Understanding for EMS providers participating in LERN's network
- 75% of the state's population will be covered as of June 2009
- 75% of the state's hospitals and 75% of the state's EMS agencies will participate in LERN's network by June 30, 2009; participation in the network is voluntary
- Have identified minimal set of data points required to test the LERN entry criteria and patient movement within the LERN system
- Currently collecting pilot data testing LERN Call Center operations and protocols
- Developed a review process for LERN patients entered into the network as part of the performance improvement process
- Selected a Trauma Management Information System Provider consistent with national Trauma Registry Guidelines which will enable Louisiana to collect necessary benchmark and outcomes data for evaluation of system efficacy
- Joined the Emergency Medical Services for Children (EMS-C) Council to facilitate collection, analysis, and reporting of emergency medical services data related to pediatric traumatic injuries
- Data from LERN Call Centers will provide background for injury prevention, improved access to available pediatric trauma services, and advocacy for pediatric emergency care
- Participates in the Louisiana Department of Transportation and Development, the Louisiana Highway Traffic Safety Commission, and the Traffic Records Coordinating Committee; exploring the integration of emergency medical services clinical data with motor vehicle crash data; data from LERN Call Center operations may provide trauma data to the involved agencies promoting injury prevention initiatives, highway engineering improvements, traffic safety enforcement, and traffic safety education in support of the State's Strategic Highway Safety Initiative

Budget constraints for Fiscal Year 2009-2010 impacted all sectors of state-sponsored healthcare delivery programs. The LERN system received funding for the day-to-day components of a Trauma System. LERN is optimistic that the reality of improved systemic, tangible results of LERN's performance, rather than a mere theoretical abstraction, will convince the citizens and legislators that sustainable funding for LERN is critical to moving forward with initiatives to save lives from trauma, heart attacks, and stroke. LERN's role in the evolution of mass casualty response planning and ESF-8 disaster response continues to be refined.

The LERN Board of Directors is committed to being good stewards of the resources provided to LERN as we continue to rollout the 2011 Build Out Plan. The priority is to save lives through the development and implementation of a mature statewide trauma system that serves citizens suffering from traumatic injury, heart attacks, and strokes.

State Outcome Goal

State Outcome Goal No. 7 - Better Health: The Results Team recognized that there is "a lack of coordination among emergency service providers and medical facilities to best route a patient to the facility where...(they) can receive the best care." The legislatively mandated goal of LERN is to establish a "coordinated statewide system for access to regional trauma-patient care throughout the state in order to safeguard the public health, safety, and welfare of the people..."

The LERN Network, through the function of the two LERN Call Centers coordinates the transport of traumatically injured patients allowing the citizens of the State to receive definitive care at the right time.

Strategic Links

- United States Department of Homeland Security
- Goals I and III Healthy People 2010
- Governor's Office of Homeland Security and Emergency Preparedness
- Federal Emergency Management Administration

LERN Goals

Goal I

Decrease risk adjusted trauma-related deaths and incidents of morbidity and mortality due to trauma in Louisiana.

Objective I.1:

Decrease the percentage of risk adjusted trauma-related deaths by 5% by June 30, 2016.

Strategies:

- 1.1 Review and accept the recommendations from the American College of Trauma Surgeons Consultation (conducted in June of 2009).
- 1.2 Conduct a strategic prioritization workshop to incorporate and prioritize the recommendations from the American College of Surgeons (ACS) Survey, the LERN 2011 Build Out Plan, and the LERN Best Practices Research Study.
- 1.3 Develop a fully-functioning, integrated, and comprehensive statewide Trauma Registry by 2012.
- 1.4 Develop a statewide education and injury prevention plan based on data gathered through the statewide Trauma Registry.

- 1.5 Increase the number of certified Level 4 trauma hospitals in rural areas of the state.

Performance Indicator:

- Reduction in trauma-related morbidity and risk adjusted mortality rate for Louisiana

Goal II

Maximize the return on investment (ROI) of state dollars and supplement of general fund dollars with alternative funding sources.

Objective II.1:

Reduce the total percentage of LERN's budget devoted to administrative costs by an average of 3% per year through June 30, 2016.

Strategies:

- 1.1 Conduct periodic sessions to define and refine roles and responsibilities of LERN staff, contractors, and volunteers.
- 1.2 Identify grant sources to secure federal and private foundation dollars to support LERN's mission.

Performance Indicators:

- Administrative costs as a total percentage of the overall LERN budget.
- Non-state dollars generated to support LERN activities.

Goal III

Ensure that all citizens gain access to the statewide trauma network for both trauma and time sensitive related illnesses.

Objective III.1:

Through the LERN Central Office and Call Center Operations Activity, to continue the operational activity of the LERN Central Office and the LERN Call Centers located in Baton Rouge and Shreveport to encompass 100% of the citizens of Louisiana in directing the transport of traumatically injured patients to definitive care within sixty minutes of injury each year through June 30, 2016.

Strategies:

- 1.1 Regions 1, 3 and 7 to “go live” by December 2012.

Performance Indicators:

- Percentage of agencies/facilities with an above-average capability rating to respond to trauma incidents
- Percentage of traumatically-injured patients directed by LERN that are transported to an appropriate care facility within an hour of their injury
- Percentage of Louisiana citizens covered by the LERN network

Goal IV

Establish and codify protocols that specify the role of LERN in ESF-8 activities.

Objective IV.I:

LERN will establish protocols to effectively assist and participate in ESF-8 activities by December 30, 2016.

Strategies:

- 1.1 Define LERN’s role in ESF-8 activities.
- 1.2 Establish and roll out protocols statewide to support ESF-8 activities.

Performance Indicators:

- Percentage of hospitals having emergency room services that participate in the LERN network
- Percentage of EMS agencies that participate in LERN



09-326 Office of Public Health

REVISED JULY 2012

Vision

The Department of Health and Hospitals (DHH) Office of Public Health (OPH) sees the community as a place where all Louisianans are born healthy and have the opportunity to grow, develop and live in an environment that is nurturing, supportive, and safe; and that promotes the physical, mental and social health of individuals and families.

Mission

The Mission of DHH OPH is to protect and improve the health and well-being of Louisiana's residents. We do this through education, promotion of healthy lifestyles, disease and injury prevention, enforcement of regulations that protect the environment, sharing vital information, analyzing health effects on the population, and assuring that essential preventive services are available to uninsured and underserved individuals and families.

Philosophy

OPH is committed to providing evidence based services through a system of public health care that is efficient and cost effective, and that improves health outcomes of Louisiana's entire population. OPH will continue to be a key leader and influential partner in creating and sustaining a healthy and prosperous Louisiana.

Executive Summary

OPH is DHH's primary office for protecting the health of all Louisianans.

Public Health professionals across the state work to prevent the incidence or re-occurrence of health problems by conducting research, developing policy and environmental change, implementing evidence based educational programs, regulating health professions and systems, and administering services through parish health units and with our partners in community health settings.

Engineers, doctors, chemists, biologists, nurses, sanitarians, clinicians, emergency preparedness experts and a host of other professionals work constantly to:

- monitor the food Louisiana's residents and visitors eat,*
- keep our water safe to drink,*
- fight to reduce chronic and communicable disease,*
- ensure we are ready for hurricanes, disasters and other threats,*
- ensure access to vital records like birth certificates,*
- offer preventive health services, and*
- limit health disparities in health outcomes.*

OPH has one appropriated program titled Public Health Services. The organizational structure includes an assistant secretary, a deputy assistant secretary and three core operating units- vital records and statistics, personal health services, and environmental health. OPH's Executive Leadership provides direction and policy guidance to administer 58 programs, manage 69 parish health units, and ensures fiscal responsibility for 200 funding sources.

Public health shares interests with private industry, community-based organizations, regulated industry, academia, health advocates, faith-based organizations, tribal governments, and neighborhoods. OPH partners with these organizations to leverage opportunities that assure the maximum benefit and greatest possible impact for the public's health in Louisiana.

Every five years OPH updates its strategic plan to describe the work needed to undertake complex, dynamic human issues. A strategic plan is a major requirement of Louisiana's Government Performance and Accountability Act for all budget units that receive general appropriation or ancillary appropriation. The plan includes a mission, goals, strategies, objectives, and a defined set of measures to track performance within its core operating units. The Louisiana Performance Accountability System is the state's database used by the offices to collect and track performance standards, interim quarterly performance targets, and actual performance information. Infant mortality, immunization rates; hospitalizations and deaths prevented because of safe water and food are examples of performance measures that public health tracks.

Public health develops and selects performance measures that contribute to long-term, positive results. In 2010 OPH was awarded funding to transform its antiquated infrastructure. Through the community transformation grant, OPH began a statewide, community health assessment project aimed at identifying critical population health needs.

The community health assessment will be used to develop a state health improvement plan. With input from its stakeholders, OPH will set priorities and strategies for community health status, overall health system improvement, and national accreditation. Public health will build upon the state health improvement plan and will engage in an office-wide strategic planning process in fall 2012. The strategic plan will align with the department's business plan titled a "Roadmap for a Healthier Louisiana", agency goals, objectives, strategies, and performance priorities.

Agency Goals

Goal I

Reduce illness, disability, and premature death

Goal II

Elevate the health status of our population

Goal III

Protect the quality of our physical environment

Goal IV

Improve our social and health care environments

Program A: Public Health Services

OPH has one appropriated program titled Public Health Services. This program focuses on three core operating areas that are described in this plan. These include vital records and statistics, personal health services, and environmental health. Goals, objectives, strategies, and performance information are included for each area.

Program A Mission

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

- Operating a centralized vital event registry that provides efficient access to, collection and archival of vital event records.
- Collecting, analyzing, and reporting statistics needed to determine and improve population health status.
- Limiting risky behaviors and reduce poor health outcomes resulting from chronic and communicable diseases, genetic conditions in infancy and childhood, and unintentional injuries, OPH will provide preventive health services and assure educational services are available to residents.
- Monitoring and providing environmental health assessments and inspections.
- Enforcing the Public Health Sanitary Code by conducting activities to investigate, correct, and reduce health hazards, diseases, and conditions in the community caused by unsafe environmental conditions.

Program A Goals

The goals of the public health services program are to:

- Facilitate the timely filing of high quality vital records documents prepared by hospitals, physicians, coroners, funeral directors, Clerks of the Court, and others by providing

responsive public services, analyzing and disseminating health information in support of health and social planning efforts, and maintaining and operating the Louisiana Putative Father Registry.

- Reduce high-risk conditions of infancy and childhood; prevent and/or control infectious and communicable diseases; promote and encourage healthy behaviors in communities and reduce risk behaviors associated with the emergence and prevalence of chronic disease.
- Promote a reduction in infectious and chronic disease morbidity and mortality and a reduction in communicable/infectious disease through the promulgation, implementation and enforcement of Title 51 Public Health – Sanitary Code.

Objective I:

Public Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for emergency document services annually each year through June 30, 2016.

Strategies:

- 1.1 Collaborate with and provide educational opportunities to individuals and organizations charged with originating vital records.
- 1.2 Promulgate clear, concise administrative rules and written guidelines for use by individuals and organizations charged with originating vital records.
- 1.3 Facilitate the movement from paper to electronic vital records.
- 1.4 Move from batch-based systems to current flow processing.
- 1.5 Move from an annual to a quarterly processing of special file closeout edits.

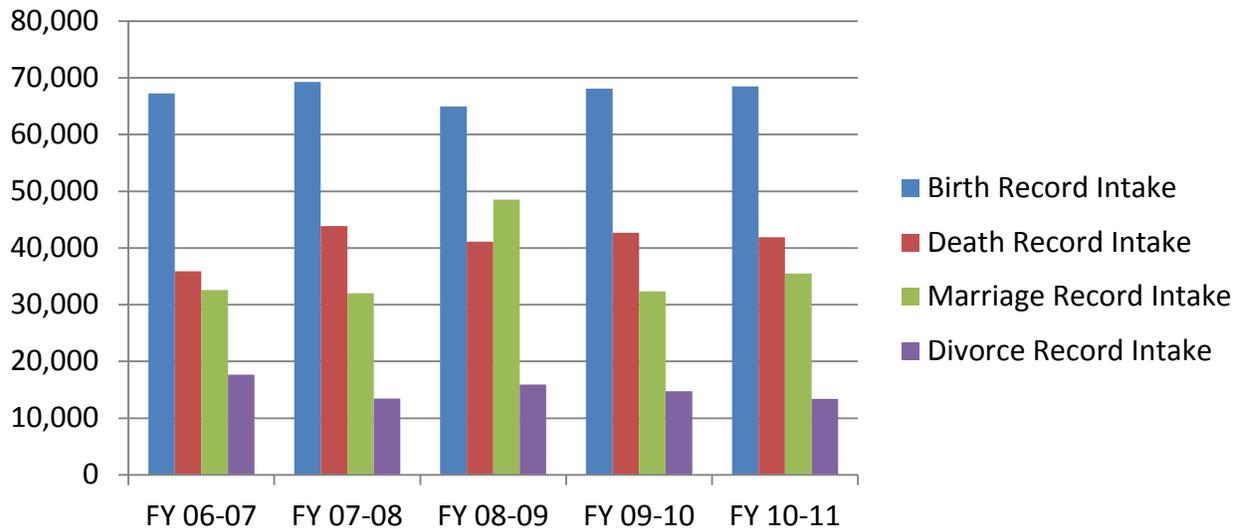
Performance Indicators:

- Number of vital records processed
- Percentage of emergency document service requests filled within 24 hours
- Percentage of mail requests issued within two weeks
- Percentage of records processed on a current flow basis within 30 days of receipt
- Percentage of counter services customers served within 30 minutes

General Performance Information

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

Table 1 - Vital Event Trends



Objective II:

Public Health Services, through its emergency medical services activity, will develop an adequate medical workforce by mobilizing partnerships, developing policies and plans, enforcing laws, regulations, and assuring a competent workforce each year through June 30, 2016.

Strategies:

- 2.1 Develop an adequate qualified medical workforce by mobilizing partnerships, developing policies and plans, enforcing laws and regulations, and assuring a competent workforce.
- 2.2 Ensure the workforce is appropriately trained by following course objectives as outlined by the National Highway Traffic Safety Administration Curriculum.
- 2.3 Require instructors to attend a nationally recognized Instructor Course and become affiliated with an approved program.
- 2.4 Administer the National Registry Practical Examination to eligible candidates who seek to attain certification as an EMS Professional.

Performance Indicators:

- Percent increase in EMS workforce in Louisiana
- Number of EMS personnel newly certified
- Number of EMS personnel re-certified
- Total number in EMS workforce

Objective III:

Public Health Services, through its community preparedness activity, will build healthy, resilient communities and enhance Louisiana's state and local public health agencies capacities to prepare for, detect, and respond to chemical and biological terrorism and other communicable disease threats each year through June 30, 2016.

Strategy:

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

Performance Indicator:

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

Objective IV:

Public Health Services, through its Injury Research and Prevention activity, will reduce the burden of injuries and violence through their surveillance and prevention activities.

Strategies:

- 4.1 Provide an injury surveillance system that monitors and reports injury trends, priorities, and risk factors.
- 4.2 Improve the injury surveillance system by advocating for additional data sources and increasing the quality of existing ones.

Performance Indicator:

- Reduce injury mortality rate by 1% each year

Objective V:

Public Health Services, through its maternal child health activity, will reduce infant and child mortality and incidence of preventable diseases by providing primary and preventive services to improve the health of pregnant women, infants, children, and adolescents; and assure comprehensive health care and subspecialty health care for children with special health care needs each year through June 30, 2016.

Strategies:

- 5.1 Provide pregnancy tests, prenatal care, nutrition and prenatal health education and counseling for women who do not have access to private providers; and screening, brief intervention, referral and treatment for women with depression, substance use, and domestic violence (*SBIRT*).
- 5.2 Provide information and referral to the public about where to access prenatal care and how to stay healthy during pregnancy as well as how to reduce the risk of Sudden Infant Death Syndrome and infant suffocation through a media campaign, website, and a toll-free hotline.

- 5.3 Maintain a network of regional obstetric and pediatric health providers and community leaders to review the causes of infant deaths and implement preventive interventions to address infant and woman's health before, during, after, and between pregnancies.
- 5.4 Conduct data analyses and surveillance on infant mortality and the associated causes and risk factors in order to develop and implement data-driven interventions
- 5.5 Coordinate case reviews of child deaths due to motor vehicle crashes by the State and Local Child Death Review Panels in order to obtain more accurate, detailed information about the circumstances surrounding the fatalities, identify risk factors, and develop more effective prevention intervention panel recommendations.
- 5.6 Conduct data analysis on motor vehicle-related child fatalities for the development of data-driven injury prevention interventions, programs, policies, and/or legislation.
- 5.7 Provide parents/caregivers with child passenger safety seat inspections by MCH Child Safety Coordinators (who are certified National Child Passenger Safety Technicians) and community-wide child passenger safety education that emphasize the importance of consistent use and proper installation of child car safety seats.
- 5.8 Provide professional nursing assessment, counseling, guidance and teaching to first time low income pregnant women and their families during home visits according to the Nurse-Family Partnership Program schedule, to improve pregnancy outcomes, improve child growth and development and increase the woman's self-sufficiency.
- 5.9 Provide strengths based and solution focused guidance and resource linkage across domains of personal health, environmental health, life course development, maternal role, and friends and family to clients in the voluntary Nurse-Family Partnership Program.
- 5.10 Utilize reflective practice in the form of case conferencing, direct one to one supervision and nursing consultation to assure deliverance of the Nurse-Family Partnership with fidelity to the model and according to nursing standards and code of conduct.
- 5.11 Collect, track, and monitor data to evaluate Nurse-Family Partnership Program implementation according to essential model elements and to evaluate program effectiveness.
- 5.12 Ensure that every child with a special healthcare need (CSHCN) seen in a CSHS subspecialty clinic is linked with a medical home, and that the medical home receives a copy of each clinic note.
- 5.13 Work with key pediatric medical homes throughout the state to provide technical assistance and financial incentives for care coordination for CSHCN.
- 5.14 Work with Health Care Reform Initiatives to ensure that the needs of CSHCN are addressed according to the medical home model.

Performance Indicators:

- Infant Mortality Rate
- Child Death Rate among children age 14 and younger due to motor vehicle crashes per 100,000 children
- Number of Nurse Family Partnership home visits
- Percentage of children with special health care needs receiving care in a Medical Home

General Performance Information:

- Percent of infants born to mothers beginning prenatal care in the first trimester
- Number of Adolescent School-based Health Centers
- Average cost per visit to adolescent school-based health centers
- Number of patient visits in adolescent school-based health centers

Objective VI:

Public Health Services, through its immunization activity, will control or eliminate preventable diseases by providing vaccine to susceptible persons each year through June 30, 2016.

Strategies:

- 6.1 Continue to conduct annual immunization surveys using the Centers for Disease Control and Prevention's Clinic Assessment Software Application (CASA) in each parish health unit.
- 6.2 Conduct annual immunization audits of randomly selected private Vaccine for Children providers.
- 6.3 Continue regular and ongoing in-service training to all Immunization Consultants staff.
- 6.4 Continue Immunization in-services for the private sector and other interested vaccine providers for Immunization best practices.
- 6.5 Continue to build and sustain Shots for Tots coalition efforts to improve childhood immunization levels (The coalition should include partnerships between public health and private organizations both inside and outside of the health care sector).
- 6.6 Provide for vaccines to public and private providers through the Vaccines for Children Program.
- 6.7 Recruit private provider participation in the Louisiana Immunization Network for Kids Statewide (LINKS).
- 6.8 Maintain collaborative efforts with the Department of Education to ensure compliance with the State Immunization requirements for school entry requirements for first-time enterers and adolescents.

Performance Indicators:

- Percent of children 19 to 35 months of age up to date for 4 DTP, 3 IPV, 3 HIB, 3 HBV, 1 MMR and 1 VAR
- Percent of kindergartners up to date with 4 DTP, 3 Polio, 2 MMR, 2 VAR, and 3 HBV
- Percent of 6th graders, 11-12 years of age, up to date with 1 Meningitis, 1 Tdap, 2 VAR, 3 HBV, 2 MMR

Objective VII:

Public Health Services, through its nutrition services activity, will provide supplemental foods to eligible women, infants and children while serving as an adjunct to health care during critical times of growth and development and to senior citizens improving health status and preventing health problems in all population groups served through Nutrition Services Programs including coordination of obesity initiatives across state agencies and private organizations each year through June 30, 2016.

Strategies:

- 7.1 Identify additional WIC providers for the most underserved areas of the State in order to serve as many eligible participants as allowed by the annual USDA grant.
- 7.2 Continue to build upon and expand activities outlined in the WIC State Agency's USDA approved Breastfeeding Peer Counseling Implementation Plan based on the biennial USDA grant.
- 7.3 Investigate new technologies to provide nutrition education to groups and high risk nutrition counseling of individuals.
- 7.4 Engage in outreach activities through the CSFP grant sub recipient, Food for Families/Food for Seniors, to meet the yearly USDA assigned caseload.

Performance Indicators:

- Number of monthly WIC participants
- Number of monthly CSFP participants
- Number of collaborative initiatives addressing obesity

General Performance Information:

- Percentage of WIC eligible clients served
- Number of WIC vendor fraud investigations

Objective VIII:

Public Health Services, through its communicable diseases activity, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2016.

Strategies:

- 8.1 *Tuberculosis*
 - 8.1.1 Evaluate TB performance indicators on a patient by patient basis assuring efficient effective contact management.

- 8.2 *STD/HIV*
 - 8.2.1 Utilize Louisiana CAREWare data collection system and HAP Laboratory Surveillance data to determine how many newly enrolled ADAP clients are linked to medical care and have an undetectable viral load.
 - 8.2.2 Contact partners of HIV-infected individuals, offer referral to HIV testing site, and if partner tests HIV positive, refer individual to medical care.
 - 8.2.3 Conduct outreach activities in high-risk neighborhoods, assess service needs of residents and provide appropriate referrals to services during encounter.
 - 8.2.4 Provide for comprehensive STD clinical services for the diagnosis and treatment of infected persons; evaluation, treatment and counseling of sex partners of persons who are infected with an STD to prevent the further spread of disease as well as to prevent HIV/AIDS.
 - 8.2.5 Educate and counsel at risk persons on ways to avoid STD's through changes in sexual behaviors.
 - 8.2.6 Provide pre-exposure vaccination of persons at risk for vaccine-preventable STD's.
 - 8.2.7 Participate in the STD Comprehensive Quality Improvement clinical program evaluation.
 - 8.2.8 Provide for active and ongoing surveillance and partner notification activities for new syphilis, gonorrhea and Chlamydia cases in each region of the state.
 - 8.2.9 Identify asymptotically infected persons unlikely to seek diagnostic and treatment services.
 - 8.2.10 Identify symptomatic persons unlikely to seek diagnostic and treatment services.
 - 8.2.11 Utilize the laboratory visitation program to encourage reporting and screening in OPH targeted clinics such as jails, juvenile detention centers and in the private sector.
 - 8.2.12 Participate in research to determine cost-effective methods to diagnose and prevent STD's.
 - 8.3.13 Facilitate behavior modification efforts by condom distribution and appropriate education to the public about safe sex practices.

Performance Indicators:

- Percentage of TB infected contacts who complete treatment
- Percentage of women in STD clinics with positive Chlamydia test who are treated within 14 days from the specimen collection
- Percentage of partners who test HIV positive who will be connected to appropriate medical care within 12 months of diagnosis (HIV Partner Services)

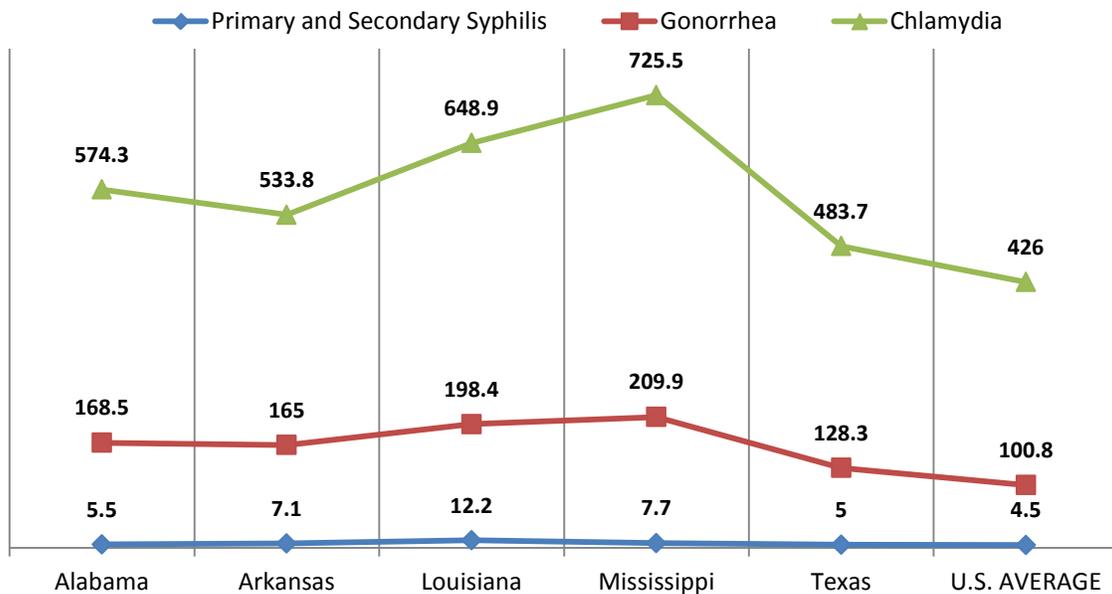
- Percentage of persons contacted through outreach who receive a referral who will be successfully connected to follow-up HIV prevention and care services
- Increase the proportion of newly diagnosed HIV patients linked to clinic care within 3 months of diagnosis

General Performance Information:

- Number of clients HIV tested and counseled at public counseling and testing sites
- Number of HIV infected individuals provided medications through the AIDS Drug Assistance Program
- Number of clients found to be HIV positive
- Number of AIDS cases reported
- Number of syphilis clients provided services and treatment
- Number of gonorrhea clients provided services and treatment
- Number of Chlamydia clients provided services and treatment
- Percentage of persons newly enrolled in Louisiana ADAP who will have at least one undetectable viral load (i.e.<400 copies) within 12 months of enrollment

STD Comparison of LA, Selected Neighboring States, and U.S.

2010 rates per 100,000



Objective IX:

Public Health Services, through the family planning/pharmacy activity, will assist individuals in determining the number and spacing of their children, by providing education, counseling, and medical services each year through June 30, 2016.

Strategies:

- 9.1 Maintain and update statewide resource directory of family planning providers.
- 9.2 Maintain and update regional referral system for family planning services with agencies/community-based organizations that serve adolescents, sexual assault and domestic abuse victims, the homeless, disabled persons, substance abusers.
- 9.3 Expand standard of care for family planning services to continue to routinely include STD, HIV, screening, education, and counseling.

Performance Indicators:

- Number of Women Served

General Performance Information:

- Percentage of clients returning for follow-up family planning visits
- Average cost of providing family planning services per person

Objective X:

Public Health Services, through its laboratory activity, will assure timely testing and reporting of laboratory results of specimens to monitor for pollutants, contaminants in water, food, drugs, and environmental materials each year through June 30, 2016.

Strategies:

- 10.1 Establish the state bioterrorism response plan and nine regional response plans.
- 10.2 Establish headquarters and nine regional Bioterrorism Preparedness and Emergency Response sections and to man, equip, and train nine Incidents Response Teams with one in each region.
- 10.3 Conduct regional training and field exercises for each region.

Performance Indicators:

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

Objective XI:

Public Health Services, through its bureau of primary care and rural health activity, will provide technical assistance to communities, federally qualified health centers, physician practices, rural health clinics and small rural hospitals in order to improve the health status of Louisiana residents in rural and underserved areas each year through June 30, 2016.

Strategies:

- 11.1 To reduce disease, disability and death related to tobacco use by increasing statewide initiatives, cessation programs, school programs, media campaigns, and media marketing and education programs.

Performance Indicators:

- Number of state partners, programs, and agencies that utilize the Behavioral Risk Factor Surveillance System survey results
- Number of emergency healthcare management training classes provided to critical access hospital staff
- Number of healthcare providers receiving practice management technical assistance
- Number of parishes and/or areas analyzed and designated as Health Professional Shortage Areas by the federal government
- Percentage of school districts reporting implementation of 100% tobacco-free school policies
- Number of students with access to School Based Health Center services

General Performance Information:

- Number of adolescent school-based health centers
- Average cost per visit to adolescent school-based health centers
- Number of patient visits to adolescent school-based health centers
- Number of emergency healthcare management training classes provided to critical access hospital staff

Objective XII:

Public Health Services, through its grants administration activity, will promote efficient use of agency resources in the administration and monitoring of the agency's grants while ensuring access to primary and preventive health services in underserved communities each year through June 30, 2016.

Strategies:

- 12.1 In partnership with the area health education centers (AHEC), support integrated on-site primary care providers' recruitment for all health professional shortage areas in the state.

- 12.2 In partnership with the AHEC, support the on-going recruitment and placement of primary care providers in rural areas through medical job fairs.
- 12.3 Support primary care providers annually in health professional shortage areas across the state through the State Loan Repayment Program.
- 12.4 Expand the state loan repayment program to include health care providers as identified in the federal state loan repayment program as eligible for SLR that choose to practice in rural, highly underserved areas.

Performance Indicators:

- Number of National Health Services Corp providers practicing in Louisiana
- Number of new and existing health care practitioners recruited to work in rural and underserved areas

Objective XIII:

Public Health Services, through its environmental epidemiology and toxicology activity, will identify toxic chemicals in the environment; evaluate the extent of human exposure and the adverse health effects caused by them; make recommendations to prevent and reduce exposure to hazardous chemicals; promote public understanding of the health effects of chemicals in the environment each year through June 30, 2016.

Strategies:

- 13.1 Promote human health and well-being, and foster a safe and healthful environment by providing public health assessments, health consultations, technical assistance, and other services that aid the public and officials in making appropriate public health decisions.
- 13.2 Work to mitigate environmental risks that are important to the long term health and well-being of Louisiana’s citizens. Environmental Epidemiology and Toxicology is Louisiana’s state-wide public health program for hazardous chemicals and includes the following subprograms: indoor air quality education, environmental health advisories, pesticide surveillance, disease cluster investigations, occupational health surveillance, chemical events exposure assessment, hazardous substances emergency events surveillance, public health assessments (PHA)/health consultations, and health education/community outreach, with the support of geographical information system (GIS) technology.
- 13.3 Take responsive action based on the best science and information to prevent and mitigate harmful exposures to chemicals and other related diseases.

- 13.4 Study, identify and quantify exposures to environmental contaminants, conduct health risk assessments and issue risk communications.
- 13.5 Provide medical evaluation and surveillance for adverse health effects and provide health guidance on levels of exposure to contaminants.
- 13.6 Facilitate and provide timely electronic submissions of the Louisiana State Police and National Response Center reports to the Office of Public Health Regional personnel.
- 13.7 Ensure that all indoor air quality calls are answered or returned within 24 hours and follow up information is provided within two business days.

Performance Indicators:

- Number of indoor air quality phone consults
- Number of health consults and technical assists
- Number of emergency reports screened

General Performance Information:

- Number of fishing/swimming advisories
- Number of environmental exposure investigations

Objective XIV:

Public Health Services, through its sanitarian services activity, will protect public health through preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2016.

Strategies:

- 14.1 Deliver inspection services in a manner that best utilizes field staff and field travel resources.
- 14.2 Provide for regular and ongoing in-service training to program staff.
- 14.3 Identify and establish partnerships with other state or federal agencies or other departments of government or the private sector to more efficiently deliver services.

Performance Indicators:

- Yearly mortality count attributed to unsafe water, food and sewage
- Percentage of permitted facilities in compliance quarterly due to inspections
- Percentage of required samples in compliance
- Percentage of sewerage systems properly installed
- Number of plans reviewed

General Performance Information:

- Number of samples taken
- Percentage of required samples in compliance
- Number of new sewage systems installed

- Number of existing sewage systems inspections
- Number of sewage system applications taken
- Number of food, water, sewage-borne illnesses reported
- Percentage of establishments/facilities in compliance
- Number of inspections of permitted establishment/facilities
- Percentage of permitted establishments inspected 4 times/year
- Percentage of warehouses inspected 2 times/year
- Percentage of tanning facilities inspected 1 time/year
- Percentage of commercial body art facilities inspected 1 time/year
- Number of inspections of permitted retail food establishments
- Number of food borne disease investigations due to illness
- Number of re-inspections of retail food establishments
- Number of permitted retail food establishments
- Food related complaints received from the public

Objective XV:

Public Health Services, through its engineering activities, will provide a regulatory framework to assure that the public is not exposed to contaminated drinking water or to raw sewage by contact or inhalation, which can cause mass illness or deaths each year through June 30, 2016.

Strategy:

- 15.1 Engineering Services will accomplish this objective by enforcing compliance with the State Sanitary Code, by performing plan reviews, conducting inspections to test drinking water quality, training and certifying operators of water and wastewater systems, performing public education, and staffing the ESF 12 Water and Wastewater Utilities desk at Governor's Office of Homeland Security and Emergency Preparedness.

Performance Indicators:

- Percentage of public water systems meeting bacteriological MCL compliance
- Percentage of public water systems meeting chemical MCL compliance
- Number of plans reviewed
- Percentage of plans reviewed within 60 days of receipt of submittal

General Performance Information

- Percentage of Surface Water Public Water Systems monitored annually for chemical compliance
- Percentage of required onsite evaluations (sanitary surveys) conducted for public water systems

- Total number of CEU hours received by certified public water and community sewage operators from DHH approved training courses
- Number of Louisiana public water systems inspections/surveys
- Number of public water systems in Louisiana

Objective XVI:

Public Health Services, through its State Drinking Water Revolving Loan Fund activity, will optimize the Environmental Protection Agency State Revolving Fund Capitalization Grant dollars available for assistance to drinking water initiatives and for evaluating the State's needs; allocate loan funds (through Agency 861) and other assistance for public health protection; and use funds efficiently to maintain the fund's corpus for future public water systems loans.

Strategies:

- 16.1 Administer the loan program effectively and efficiently to provide the maximum amount of Capitalization Grant Dollars for low-interest loans to Louisiana public water systems.
- 16.2 Administer the Technical Assistance program effectively and efficiently to provide technical assistance to as many public water systems with a population of 10,000 or less as possible.
- 16.3 Administer the Capacity Development Program effectively and efficiently to provide public water systems with the tools and financial assistance they need to obtain and maintain technical, financial, and managerial capacity needed to ensure a supply of safe drinking water for Louisiana citizens.
- 16.4 Provide funding to the Operator Certification Program and the Safe Drinking Water Program within the Office of Public Health to assist with Drinking Water Initiatives.

Performance Indicator:

- Number of Louisiana public water systems provided financial and technical assistance

General Performance Information:

- Number of low-interest loans made
- Number of public water systems provided technical assistance
- Number of water systems provided capacity development technical assistance



21-861

Ancillary Account: Safe Drinking Water Revolving Loan Fund

REVISED JULY 2012

The Safe Drinking Water Revolving Loan Fund (SDWRLF) is an ancillary fund that was created to assist public water systems in financing needed drinking water infrastructure improvements (e.g., treatment plant, distribution main replacement, storage facilities, and new wells). The recipients of the services provided by the SDWRLF Program are the consumers of water from those publicly and privately owned community water systems and nonprofit, non-community publicly owned water systems in the state of Louisiana. The SDWRLF consists of federal and state match funds (proceeds of bond sales) that are used to make direct loans to community water systems on the state project list to finance improvements.

Program Mission

To provide for the correction of conditions this may cause poor water quality and/or quantity delivery to Louisiana citizens.

Program Goal

To provide assistance in the form of low-interest loans and technical assistance, to public water systems in Louisiana to assist them in complying with state and federal drinking water regulations ensuring that their customers are provided with safe drinking water thereby protecting the public health.

Objective I:

The Office of Public Health, through its Safe Drinking Water Revolving Loan Fund activity, will review 100% of the loan applications and associated documents within 60 days of receipt each year through June 30, 2016.

Strategies:

- 1.1 Provide assistance in the form of low-interest loans and technical assistance to community water systems in Louisiana to assist them with complying with state and federal drinking water regulations.
- 1.2 Administer the loan program effectively and efficiently to provide the maximum amount of Capitalization Grant Dollars for low-interest loans to Louisiana public water systems.
- 1.3 Optimize the Environmental Protection Agency State Revolving Fund Capitalization Grant dollars available for assistance to drinking water initiatives; and evaluate the State's needs; allocate loan funds and other assistance for public health protection; and use funds efficiently to maintain the fund's corpus for future public water systems loans.

- 1.4 Administer the Technical Assistance program effectively and efficiently to provide technical assistance to as many public water systems with a population of 10,000 or less as possible.
- 1.5 Administer the Capacity Development Program effectively and efficiently to provide public water systems with the tools and financial assistance they need to obtain and maintain technical, financial, and managerial capacity needed to ensure a supply of safe drinking water for Louisiana citizens.
- 1.6 Provide funding to the Operator Certification Program and the Safe Drinking Water Program within the Office of Public Health to assist with Drinking Water Initiatives.

Performance Indicator:

- Percentage of loan applications and associated documents processed within 60 days of receipt



09-330 Office of Behavioral Health

NEW PLAN JULY 2012

Vision

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

Mission

OBH's mission is to lead the effort to build and provide a comprehensive, integrated, person-centered system of prevention and treatment services that promote recovery and resilience for all citizens of Louisiana. OBH assures public behavioral health services are accessible, have a positive impact, are culturally and clinically competent and are delivered in partnership with all stakeholders.

Philosophy

OBH's advisory committee convened in FY 2010 and set the trail for the upcoming challenges by endorsing guiding principles for the delivery of behavioral treatment and prevention services to the citizens of Louisiana. OBH believes we can make a difference in the lives of children and adults in the state of Louisiana. The Office supports the "Recovery-Oriented Systems of Care" philosophy. People recover from both mental illness and addiction when given the proper care and a supportive environment including cultural and linguistically diverse services.

OBH invests resources in Prevention services by working to create communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide.

OBH, through the behavioral health partnership and the programs and services under its jurisdiction, shall provide to the maximum extent possible, behavioral health treatment and prevention services, which assist in enabling individuals to exercise self-determination in their lives, allowing them to achieve their maximum potential through increased independence, productivity, and inclusion in their communities.

It is our conviction, that the community where the person chooses to live and work is an appropriate place to provide treatment, supports, and services. For children with mental illness, the needs of the entire family should be considered in the development of a plan of care. Supports to the family may enable children to live in stable home environments with enduring relationships with one or more adults regardless of the severity of their presenting challenges. The use of existing natural supports and community resources must be promoted.

OBH will assure that these principles are embraced through the Louisiana Behavioral Health Partnership (LBHP) and the programs and services it provides outside the LBHP.

Executive Summary

The Louisiana health care system is currently in crisis. Historically, the system has been underfunded, difficult to access and very costly. Under the leadership of DHH Secretary Bruce D. Greenstein, OBH, through partnerships and the creation of an integrated system of care, will enhance access to care while controlling cost and monitoring quality of services. In this new environment, some services/strategies will no longer be viable, some will be maintained at a lesser scale, and new strategies will be developed to reflect new roles.

Act 384 of the 2009 Legislative Session directed DHH to merge the Offices of Mental Health and Addictive Disorders into the newly created Office of Behavioral Health (OBH), which operates now on a total budget of about \$300 million. OBH will maintain the legacy distinction between mental health and substance abuse and will provide services that will meet the individual needs of each distinct population, as well as those suffering from co-occurring disorders. This is the first Strategic Plan as an integrated Office of Behavioral Health (OBH).

The Office of Behavioral Health (OBH) is the state agency that manages and delivers the services and supports necessary to improve the quality of life for citizens with mental illness and addictive disorders. Historically, persons with Co-Occurring Disorders (COD) have been recipients of compartmentalized management of co-existing mental and addictive disorders, with predominate focus of clinical care determined by the facility at which they were initially provided services. In an effort to address this issue, Louisiana began its course toward developing an integrated behavioral healthcare delivery system that is able to effectively manage persons with co-occurring disorders.

These service system changes come at a critical time when the state is moving toward a managed care model for behavioral health services, the Louisiana Behavioral Health Partnership (LBHP). The system changes for an integrated care delivery system align and complement the necessary changes needed to meet the standards for Medicaid and the managed care environment. As efficiencies are created through integrated care, state-run clinics and private providers will be able to provide appropriate levels of care as determined by the parameters set forth in the LBHP.

With the implementation of the LBHP, OBH is positioned to be both a provider of direct services, and the manager of the established statewide behavioral health managed care partnership. OBH provides direct care through hospitals and regional clinics. OBH operates the state's three free-standing state psychiatric inpatient facilities: Central Louisiana State Hospital (CLSH) located in Alexandria; Eastern Louisiana Mental Health System (ELMHS) located in Jackson; and Southeast Louisiana State Hospital (SELH), located in Mandeville. There are over five-hundred contractual arrangements providing inpatient, outpatient, residential and prevention services.

OBH oversees the management and quality of service delivery through the LBHP. LBHP is a managed care program involving multiple agencies that have historically shared in the delivery of behavioral health services to the citizens of Louisiana. LBHP is operated by contract through Magellan of Louisiana, the statewide management organization selected to manage behavioral health services. The LBHP includes a comprehensive array of rehabilitative behavioral health services and a full continuum of care intended to meet the needs of both adults and children, including the Coordinated System of Care (for children at greatest risk of out-of-home placement). LBHP is designed to increase access to community-based services, improve quality of care and health outcomes, and reduce utilization of more restrictive and crisis driven services such as emergency

departments, hospitalizations, out-of-home placements and institutionalizations. Louisiana is the only state to implement managed care for behavioral health services on a statewide basis.

The scope of this project has required an in-depth analysis of the business process and service system policies within the state-run clinics. This provides the essential information to recommend changes that are necessary for adapting to the new behavioral health delivery system. This emerging delivery system has two significant departures from the old delivery model: 1) services are delivered in an integrated fashion, and 2) services are administered through a managed care company. The Office of Behavioral Health will develop new business and treatment processes that account for integration of services and managed care delivery.

DHH Secretary Bruce D. Greenstein formulated his business plan for FY 2011-2012 captured in “On Leading the Transformation: Our 2012 Priorities for Healthier Louisiana.” Within this document, Secretary Greenstein states, “Louisiana faces numerous challenges when it comes to improving our health care system. However, the successes of both the current system and the Department’s efforts during the past year are noteworthy. The FY 2011 business plan is the first of its kind for DHH. Goals that carried forward from the FY 2011 plan include a continued effort to streamline operations, improve services, measure outcomes, assure efficient spending and implement community-based expansion.”

From these themes emerged Transformational Priorities that reflect those priorities with the highest potential impact. The three themes guiding the Department’s work are: 1)Building Foundational Change for Better-Health Outcomes; 2)Promoting Independence through Community-based Care 3)Managing Smarter for Better Performance. There are nine initiatives under this theme with the common theme of making significant change. The completion of each and all of the initiatives will span SFY 2012 to SFY 2017

OBH transformational initiatives included in the FY 2012 Business Plan and reiterated in the FY 2013 updated Plan include:

Behavioral Health Partnership (LBHP)
Coordinated System of Care (CSoC)
Integrating Behavioral Health Business Practices and Treatment Approaches

Agency Goals

Goal I

To serve children and adults with extensive behavioral health needs including mental health and/or addictive disorders by leading the transition to the Louisiana Behavioral Health Partnership (LBHP) and ensuring full compliance and quality/outcomes of services provided for the duration of its contract with the statewide managed care vendor.

Goal II

To assure that all Louisiana citizens with serious behavioral health challenges have access to needed forensic, residential, and other “safety net” services not provided by the LBHP and promote use of contemporary, evidence-informed treatment, support, and prevention services.

Goal III

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

Program A: ADMINISTRATION

Program A Mission

The Office of Behavioral Health Administration and Support consists of results-oriented managerial, fiscal and supportive functions necessary to advance state behavioral health care goals, adhere to state and federal funding requirements, monitor the Louisiana Behavioral Health Partnership (LBHP) operations and support the provision of services not in the scope of the Statewide Management Organization (SMO).

Program A Goals

Goal 1 To assure that critical functions of the SMO are being performed within expected standards per contract stipulations. The critical functions include that members have access to and receive needed services, providers are timely reimbursed, and members are receiving the support needed to successfully navigate the LBHP system of care.

Objective I: By focusing on enhancing individual outcomes, the SMO will improve the quality of care and behavioral health of Louisiana citizens and will assure that all members are adequately served through the LBHP as demonstrated by 100% achievement of deliverables of the contracted critical functions by FY 2015: provision of services, reimbursement of providers and members' support to facilitate access to care. The objective for FY 13 is 50% and for FY 14 is 75%.

Strategies:

- 1.1 Monitor the SMO Member Services statistics and performance indicators.
- 1.2 Target areas of concern or deficit through corrective action planning.
- 1.3 Analyze required fiscal reporting tool.

Performance Indicators:

Number of clean claims processed within 30 days
Percentage of clean claims processed within 30 days
Average speed to answer calls to member services
Percentage of abandoned calls

General Performance Indicators:

Number of Community Behavioral Health Centers operated statewide
Outpatient Gambling: Total admissions
Outpatient Gambling: Number of services provided
Inpatient Gambling: Total admissions
Annual tobacco non-compliance rate
Number of state hospitals operated statewide

Inpatient Care (Adults - Southeast Louisiana Hospital) - Total persons served
 Inpatient Care (Adults - Southeast Louisiana Hospital) - Average daily census
 Inpatient Care (Adults - Southeast Louisiana Hospital) - Average length of stay in days
 Inpatient Care (Adolescents/Children -Southeast Louisiana Hospital) - Average daily occupancy rate
 Inpatient Care (Adults – East Louisiana State Hospital) - Total persons served
 Inpatient Care (Adults - East Louisiana State Hospital) - Average length of stay in days
 Inpatient Care (Adults - East Louisiana State Hospital) - Average daily occupancy rate
 Inpatient Care (Adults – Feliciana Forensic Facility) – Total persons served
 Inpatient Care (Adults - Feliciana Forensic Facility) - Average daily census
 Inpatient Care (Adults - Feliciana Forensic Facility - Average length of stay in days
 Inpatient Care (Adults - Feliciana Forensic Facility) - Average daily occupancy rate
 Inpatient Care (Adults-Central Louisiana State Hospital) - Total adults served
 Inpatient Care (Adults-Central Louisiana State Hospital) - Average daily census
 Inpatient Care (Adults-Central Louisiana State Hospital) - Average length of stay in days
 Inpatient Care (Adults-Central Louisiana State Hospital) - Average daily occupancy rate

Objective II: OBH in conjunction with partnering state agencies (DCFS, OJJ and DOE) will establish an effective Coordinated System of Care that assures enrollment of 2,400 children during SF 13-17.

Strategy:

- 2.1 Work in partnership with the LBHP vendor to assure eligibility and enrollment processes are in place.
- 2.2 Work in partnership with the state agencies and the LBHP vendor to expand CSoc into the remaining five regions.

Performance indicators:

- Number of children enrolled by region
- Number of CSoc implementing regions

Goal 2 To assure that Louisiana citizens with serious behavioral health challenges have access to “safety net” services not presently provided through the LBHP.

Objective I: OBH contracted providers will meet the necessary requirements to be certified LBHP providers. The five year goal is 95%.

Strategies:

- 1.1 Oversee certification of LBHP providers
- 1.2 Oversee credentialing of LBHP providers by the state managed care organization

1.3 Maintain sufficient access to inpatient intermediate care

1.4 Implement utilization of evidence-based services in the community not currently part of the LBHP

Performance Indicators:

Number of providers certified to provide services

Percent of providers certified to provide services

Number of providers credentialed as LBHP providers

Percent of providers credentialed as LBHP providers

Objective II: Assure OBH-operated regions become Local Governing Entities (LGEs) per La. R.S. 28:911-920

Strategies:

2.1 Provide direct technical assistance to regions to assist them in formulating a board of directors and meeting the functional requirements of R.S 28:911-920 to become an LGE.

2.2 Conduct on-site readiness assessment surveys to determine if a region is meeting the statutory standards required to become an LGE.

2.3 Monitor all LGEs for compliance.

Performance Indicator:

Phase/Stage of progress through the Readiness Criteria for each

District/Authority

Objective III: Monitor provider network efficiency/sufficiency to assure that service types and capacity meet system needs.

Strategies:

3.1 Analyze geographic data reports including density analysis, current and anticipated enrollment, and penetration data.

3.2 Review demographic data including cultural and linguistic needs

3.3 Review satisfaction surveys, stakeholder participation in committee structure, input from LBHP members.

3.4 Monitor Magellan review of onsite audits and surveys of appointment availability and treatment record reviews of high volume providers

Performance Indicators:

Percentage of providers who meet the accessibility standards (urban/ rural)

Percentage of overall satisfaction of provider satisfaction

Number of onsite audits completed

Objective IV: Assure provision of education and training necessary to accomplish the OBH core organizational processes.

Strategies:

4.1 Identify Administrative and Support training needs

4.2 Facilitate training necessary to maintain competent program management for core organizational processes.

4.3 Emphasize learning transfer best practices for trainings developed, facilitated, and provided.

Performance Indicators:

Number of trainings provided addressing competencies necessary to assure performance of core organizational processes.

Program B: BEHAVIORAL HEALTH COMMUNITY

Program B Mission

To monitor and/or provide a comprehensive system of contemporary, innovative, and evidence-informed treatment, support, and prevention services to Louisiana citizens with serious behavioral health challenges.

Program B Goals

Goal 1 OBH, as a provider of treatment services, will focus on providing those services that are not available through the Louisiana Behavioral Health Partnership (LBHP). In this role, OBH will continue to serve as the “safety-net” provider for the behavioral health population.

Objective I:

OBH will assure provision of services not covered under the LBHP at the same level of quality and effectiveness as the partnership so that members are receiving competent services in OBH clinics and by Access to Recovery (ATR) providers, as indicated by at least a 90% satisfaction response by members when surveyed about service access, quality, and outcomes. Target for 2012 is 80%; Target for 2013 and afterwards is 90%.

Strategies:

- 1.1 To develop an ongoing collaborative partnership with key stakeholders.
- 1.2 To develop a statewide survey of the use of Evidence Based Practices (EBPs).
- 1.3 To conduct a statewide survey of access, quality, outcome of OBH clinics and ATR providers.
- 1.4 Provide targeted training using available technology to support the adoption of these EBPs.

Performance Indicators:

- Percentage of members reporting positive satisfaction with access to clinic services
- Percentage of members reporting positive satisfaction with quality of clinic services
- Percentage of members reporting positive satisfaction with outcome of clinic services
- Percentage of clients reporting positive satisfaction with ATR services

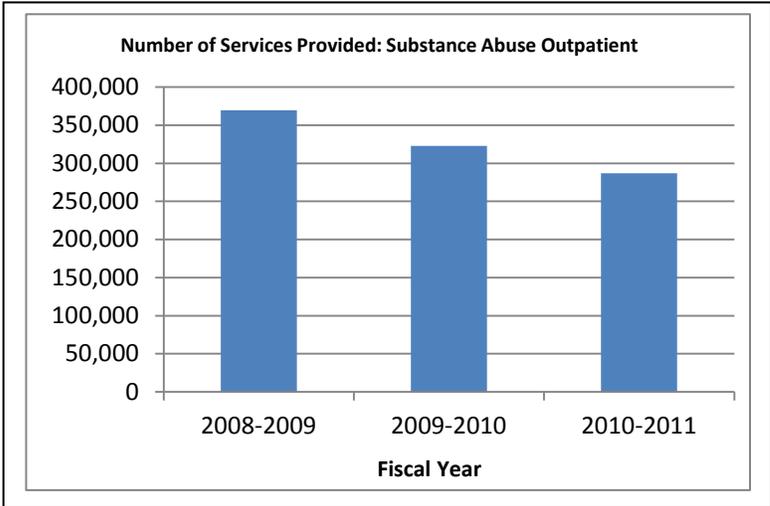
General Performance Indicator:

Number of Community Behavioral Health Centers operated statewide

Note: Starting March 1, 2012, we have discontinued using Louisiana Addictive Disorders Data System (LADDS) and Office of Behavioral Health Integrated Information System (OBHIS) data bases. These data bases have been replaced by Clinical Advisor (CA) data system provided by Magellan, as part of the transition to Louisiana Behavioral Health Partnership (LBHP). A new set of performance indicators have been developed to measure the operations of the LBHP. We will develop a baseline for these new indicators. The graphs below represent data available prior to the partnership.

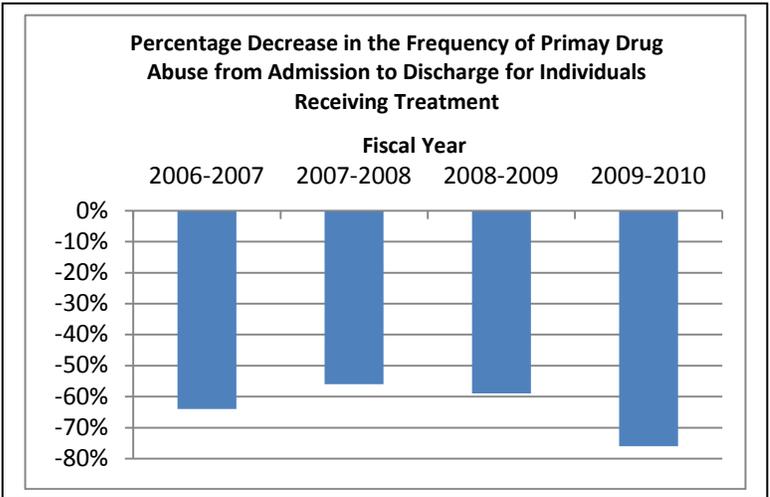
This indicator shows the number of services provided at the Outpatient setting, which was the single point of entry for the Office of Addictive, prior to the merger with the Office of Mental Health and the transition to the Louisiana Behavioral Health System (LBHS).

This will serve as historical data base that may provide a comparison between the two systems, once the LBHS is able to operate at full capacity.



Data Source: LADDS.

This indicator reflects a decrease in frequency of primary drug use from admission to discharge, thus the negative frequency number represents a positive outcome. The primary drugs of choice with the highest frequency at admissions are alcohol, marijuana/hashish and cocaine.



Data source: LADDS.

Goal 2 OBH as a monitor of the Statewide Management Organization (SMO) will assure that the SMO meets all of the contractual requirements stipulated as they pertain to a comprehensive and coordinated service delivery system. OBH will use source data to independently verify that the SMO has developed a sufficient provider network; has properly credentialed providers; has offered training to build and maintain competence; and that the outcomes for members demonstrate effective treatment.

Objective I:

OBH, as a monitor of the State Management Organization, will assure that the SMO fulfills its obligations to the state and citizens of Louisiana by operating a system of high quality, readily accessible and cost effective services as indicated by maintaining an adequate provider network, filling provider gaps within 30 days of notice; maintaining 90% provider satisfaction for timely response, returned calls, ease of authorization, and timely claims payment; and as indicated by demonstrating a balance between payment for authorized services and cost savings to fall within the established Medical Loss Ratio (MLR) in each year of the contract.

Strategies:

- 1.1 To review geo-mapping data showing provider numbers and locations and identifying gaps in service access based on industry standards
- 1.2 To review the annual provider survey data conducted by the SMO
- 1.3 To review the cost reports and claims data submitted by SMO
- 1.4 Implement the Coordinated System of Care (CSoC) for children/youth in or at-risk of out of home placement statewide to reduce use of emergency departments for behavioral health needs.

Performance Indicators:

Number of gaps in provider access based on provider type and acceptable industry standards

Time to resolve identified gaps in provider type

Percent of providers reporting satisfaction with SMO's response to inquiries, ease and speed of authorization process, ease of submitting claims, and timeliness of claims payment (based on annual SMO provider survey

Calculation of Medical Loss Ratio to determine if it falls within stated parameters

Reduce Emergency Department admissions

Goal 3 To assure that effective and efficient prevention services are provided statewide in an effort to impact the citizens of Louisiana by promoting mental health wellness and delaying the initiation and progression of behavioral health disorders by increasing knowledge, awareness, and healthy behaviors.

Objective I: The Office of Behavioral Health, through the Community Based Activity, Prevention services will promote behavioral health wellness as indicated by only 30% percent of individuals served reporting use of alcohol, tobacco and other drugs during the last

30 days and by an annual tobacco non-compliance rate (tobacco sale rate to minors) of no more than 10% during SF 2013-2017.

Strategies

- 1.1 Implement evidence-based prevention programs in school-based settings through a partnership with the Department of Education.
- 1.2 Oversee random, unannounced inspections of tobacco retailers to determine Louisiana’s non-compliance rate as required under the federally mandated SYNAR Amendment.
- 1.3 Provide suicide prevention trainings statewide.

Performance Indicators:

- Number of individuals served by evidence-based prevention programs
- Percentage of individuals served, ages 12-17, who reported that they used alcohol, tobacco and marijuana during the last 30 days
- Cost per participant enrolled in evidence-based prevention programs
- Annual tobacco non-compliance rate
- Number of individuals who received suicide prevention trainings

Program C: HOSPITAL-BASED TREATMENT

Program C Mission

The mission of the Hospital Based Treatment Program is to provide comprehensive, integrated, evidence informed treatment and support services enabling persons to function at their optimal level thus promoting recovery.

Program C Goals

Goal 1 To promote recovery through the efficient use of evidence informed care and successful transition to community based services.

Objective I:

During FY 13-FY 15, through the Hospital-Based Treatment activity, the Office of Behavioral Health will improve behavioral health outcomes of inpatient care by maintaining 30 days readmission rate within the national norm

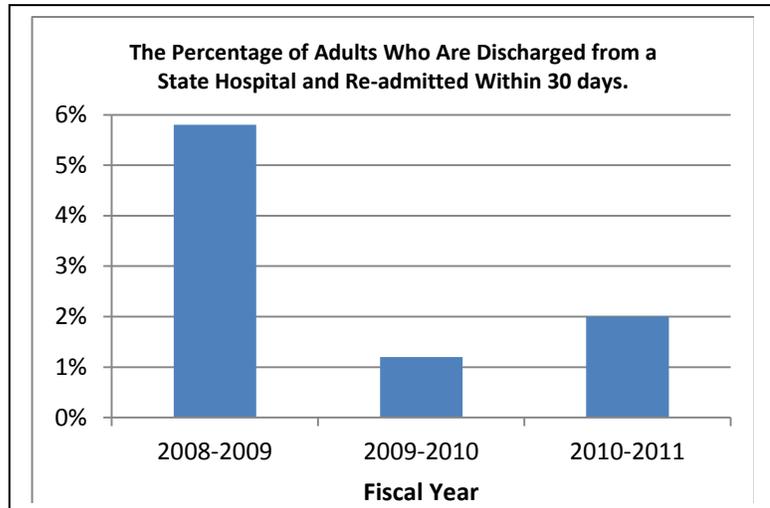
Strategies:

- 1.1 Discharge planning will begin at time of admission
- 1.2 Discharge planning will include input from the client, family, community, and hospital team.

Performance Indicators

- Percentage of adults discharged from a state hospital and readmitted within 30 days of discharge (Statewide)

This chart represents the percentage of consumers discharged from state psychiatric hospitals and re-admitted to a State Mental Health inpatient program within thirty (30) days of discharge. This is National Outcome Measures System (NOMS) indicator number 2. The decrease in readmissions from 2009 to 2011 is a positive trend due to an increase in community based services that prevent/divert persons from hospital levels of care



Data comes from Inpatient Hospital Data (PIP).

Objective II: A minimum of 90% of persons discharged will have their continuing care plans transmitted to the next level provider.

Strategies:

2.1 Post discharge care plans will be forwarded to the next level provider to assure continuity of care.

Performance Indicator:

Percentage of persons discharged with post discharge care plans transmitted to the next level provider. (Statewide)

Objective III:

The rate of the use of physical restraints will be below national norm as reported by ORYX.¹

Strategies:

3.1 The use of restraints will be used as a last resort only in cases where an immediate safety risk to the client or others is present.

Performance Indicators

Ratio of inpatient restraint hours to inpatient days (Statewide)

Goal 2 To provide for services to individuals involved with the court system in compliance with the consent decree ruling.

Objective 1: The Office of Behavioral Health will maintain substantial compliance with the consent decree.

¹ Joint Commission Performance Management Initiative

Strategies:

- 1.1 Prescribed processes put in place following the consent decree will be followed to assure that clients involved with the court system are provided services within required timeframes.

Performance Indicator:

Percentage of compliance with consent decree factors



09-340

Office for Citizens with Developmental Disabilities

REVISED JULY 2012

Vision

A society that promotes partnerships and relationships which empower people with developmental disabilities to live fully integrated and valued lives

Mission

The Office for Citizens with Developmental Disabilities is committed to quality services and supports, information, and opportunities for choice to people of Louisiana with developmental disabilities and their families.

Philosophy

Essential to the achievement of the Office for Citizens with Developmental Disabilities' vision and mission are the following core values that guide the Developmental Disabilities Services System:

- Accountability – People set goals, plan what needs to be done, do the work, monitor progress, report results, evaluate, exchange feedback and take responsibility for their actions.
- Choice – People have the opportunity to learn about options and use this information to make their decisions.
- Clarity – Openness, honesty and accountability are fundamental in all services, supports and information. All information is known and understood by everyone.
- Cultural Sensitivity – People regardless of cultural differences are to be treated with respect and dignity to meet their needs in a fair manner.
- Dignity – People are valued and the system supports their sense of pride and self-respect.
- Empowerment – People act on issues they define as important.
- Inclusion – People take part in their communities of choice including taking part in policies and program planning.
- Partnership – People work together in shared decision making to achieve common values and goals.
- Person/Family Driven Services System – People are at the center of the system and their needs and preferences determine how services are provided.
- Quality – People achieve desired outcomes.

These values are at the center of the Office for Citizens with Developmental Disabilities' philosophy and form the foundation for the following guiding principles, which provide our office direction and are the basis from which all decisions are made:

- Developmental disabilities are a natural part of the human experience that does not diminish the rights of people to have control and choice over their own lives and fully participate in their communities or locations of choice.

- The OCDD values all people and protects their rights and privileges as citizens of Louisiana and the United States of America.
- People have the power to make decisions about services and supports, how they are delivered and by whom. The necessary services, supports and information are received promptly.
- Services and supports are designed to allow people to remain in their communities or locations of choice, support people to achieve valued outcomes, develop meaningful relationships and attain quality of life as defined by the person.
- Services are flexible, and personal outcomes and goals are considered in the development of individualized supports for each person.
- Family supports enable people to live in stable environments with lasting relationships while existing natural supports and community resources are promoted and utilized.
- The needs of the entire family are considered in the development of services and supports.
- The OCDD system values and respects services agencies and workers who provide supports.
- The OCDD system is easy to navigate, user friendly and culturally sensitive. People are able to access services, supports and information through a single point of entry that is person-centered. The services system is a seamless, flexible and responsive system of various services and supports through various stages of life.
- There is a partnership to assist with practices, communication, procedures, information and support so people who rely on services and supports feel confident that effective safeguards are in place and problems will be addressed quickly and effectively.
- The OCDD promotes cost-effective delivery of services.
- The OCDD is always seeking continuous improvement by which there is meaningful and consistent involvement by people in policy development, agenda and priority setting.

Executive Summary

The following are the national and state trends in supports and services for people with developmental disabilities:

- There is increasing demand for home and community-based services (HCBS) based on both demographics (aging of society in general and increased longevity of people with developmental disabilities) and legal forces (waiting list and Olmstead lawsuits).
- Nationally, the predominant residential service setting for people with developmental disabilities has changed from large to small options. In Louisiana, the change from large to small residential settings has happened more slowly than in the rest of the nation.
- In 2010, Louisiana ranked first in the utilization rate of all Intermediate Care Facilities for Persons with Developmental Disabilities (ICFs/DD).
- While the number of people with developmental disabilities in residential settings (ICFs/DD) in Louisiana has remained somewhat steady (7,119 in 2000 and 7,232 in 2010), there has been a shift in the numbers related to size of facility. In 2000, a total of 3,595 people resided in 1-6 bed homes and 2,745 in 16+ bed homes; in 2010, a total of 5,255 people resided in 1-6 bed homes and 1,631 in 16+ bed homes.
- The national average expenditure for ICF/DD services per recipient in FY 2010 (total ICF/DD expenditures in the year divided by the number of average daily recipients in 2010) was \$144,695 per year; in Louisiana, the average expenditure for ICF/DD services per recipient for the same period was \$96,142.

- Nationally in FY 2010, HCBS expenditures per average daily recipient were \$45,550; expenditures ranged from a high of \$106,589 in Delaware to a low of \$18,448 in Mississippi. Louisiana's average was \$50,250.
- Nationally, 23.9% of working age adults with a cognitive disability were employed in 2009 compared to 71.9% for working age adults without a disability as reported by the American Community Survey.
- There are serious nationwide and statewide problems in the recruitment and retention of direct support staff to meet increasing needs.
- Affordable and accessible housing and transportation are significant issues for Louisiana.
- Capacity to address medical and behavioral complexities in community settings are concerns on both a national and state level.
- There is increasing national emphasis on individualized resource allocation and budgeting.
- Nationally, there is an emphasis to evaluate programs and services according to the achievement of personal outcomes for people rather than the traditional focus on output and process activities.

As part of a 2004 statewide initiative to reform health care, the Office for Citizens with Developmental Disabilities (OCDD) began putting mechanisms in place to redesign our long-term care system to align with national promising practices. The redesigned system was envisioned as one that offered choice, managed costs and raised the bar on quality. The Department of Health and Hospitals and the OCDD have provided many opportunities for people with developmental disabilities and their families to provide input regarding their preferences for supports and services, as well as information and educational opportunities. In order to meet the expressed desires and concerns of people with developmental disabilities and their families, the OCDD has taken following steps to improve the Developmental Disabilities Services System:

- Passage of a revised Developmental Disability Law
- Consolidation of OCDD administration functions
- Establishment of OCDD as single point of entry for developmental disability services
- Management of the state's early intervention program for children ages 0-3 with developmental delays (EarlySteps)
- Adoption of the Supports Intensity Scale/Louisiana Plus (SIS/LA Plus) as the state's needs-based assessment for people with developmental disabilities
- Adoption of a single person-centered planning method
- Movement of home and community-based licensure to the Department of Health and Hospitals (DHH)
- Establishment of a direct support worker registry
- Downsizing of public and private large Intermediate Care Facilities for Persons with Developmental Disabilities (ICFs/DD)
- Reduction in the number of large state-operated residential facilities from nine to three
- Transition of state-operated Community Residential Services (Extended Family Living, Supported Independent Living, and 30 community homes) to private providers
- Revision of support coordination roles
- Development of two additional waiver programs (Supports Waiver and Residential Options Waiver)
- Increase in direct support wages
- Design of a full scale quality management system including the enhancement of quality management initiative in the EarlySteps Program

- Implementation of the Quality Partnership with Regional Offices and Human Services Districts and Authorities: Reporting and Verification of Performance Measures and Quality Management Initiatives
- Increased stakeholder involvement
- Implementation of resource allocation for New Opportunities Waiver (NOW)
- Expansion of community capacity to support individuals with medical and behavioral needs
- Implementation of “Guidelines for Support Planning” for New Opportunities Waiver (NOW)
- Development of an Early Intensive Autism Treatment Pilot Project
- Participation in the State Employment Leadership Network (SELN), a joint initiative of the National Association of State Directors of Developmental Disabilities Services
- Since FY 04/05, addition of 7,265 waiver opportunities, (4,192 New Opportunities Waiver; 675 Children’s Choice; 2,188 Supports Waiver; and 210 Residential Options Waiver)
- Since FY 04/05, reduction of waiting time for New Opportunity Waiver services from 12 years to 7.4 years

These initiatives have resulted in a more efficient and comprehensive network of supports and services for people with developmental disabilities and their families. There is a more cohesive stakeholder contingency; service delivery is coordinated in a more unified manner; public sector expertise has been utilized to strengthen community capacity; fewer people are served in large facilities; and more people are living and working in integrated and appropriate settings of their choice.

Our strategic planning for the next five years must utilize this foundation that has positioned OCDD to build the system that is envisioned by our philosophy and guiding principles. We must build on our system access to assure a fair, equitable and timely delivery of services based on need as well as the development and funding of community living and work opportunities. We must build on a planning process that identifies and balances needs and preferences and provides a mechanism for provision of the identified supports through individualized, cost-effective allocation of resources. We must build on our capacity-building initiatives to assure that we not only have the ability to access the capacity of our community resources (i.e., housing and transportation) and our provider capabilities (i.e., direct support, medical, behavioral, vocational, and support coordination) but that we also have the ability to design and implement strategies for increasing those capacities. Lastly, we must move past design of a quality management system to implementation of that system in a manner that measures quality based on outcomes and provides an ongoing cycle of improvement that responds quickly to the changing needs of people and our society. By building on the established mechanisms, OCDD has a unique opportunity to utilize its expertise to make significant, meaningful differences in Louisiana’s developmental disability support and services system.

Strategic Links

Human Resource Policies Beneficial to Women and Families: This agency supports Act 1078 by providing access to and provision of health care services to women, infants, and children. More specifically:

- OCDD's Affirmative Action Plan provides for equal opportunities for the recruitment, employment, training and promotion of all employees based solely on merit factors and prohibits the use of gender and other non-merit factors.

- OCDD follows the DHH Family and Medical Leave Policy to provide up to 12 workweeks of “job-protected” paid or unpaid leave during any 12-month period to eligible employees for certain specified family and medical reasons.
- OCDD follows the DHH Leave for Classified Employees Policy to credit and grant leave in accordance with Civil Service Rules and provisions of the DHH leave policy. Leave is administered as uniformly and equitable as possible without regard to race, sex, age, religion, national origin, disability, veteran status, and any other non-merit factors.
- OCDD’s Time and Attendance Policy permits the use of flexible time schedules for employees as approved by the supervisor and management.

Children’s Cabinet: Child/adolescent services identified are linked via the Children’s Budget to the Children’s Cabinet. Presentation by the Department of Health and Hospitals to the Joint Legislative Committee on the Budget, “Update on State Health Policy and Budget Priorities,” concerning the trend to home and community-based and individualized services for people with developmental disabilities, specifically:

- increased funding for state supports for people with developmental disabilities living with their families;
- expansion of community living options for developmental center residents; and
- increased flexibility and self-direction in state supports for people with developmental disabilities living with their families.

To accomplish policy priorities, target dollars will be utilized to:

- build capacity to address complex medical and behavioral problems in community services; and
- update and expand Medicaid waivers and other supports for people with developmental disabilities living in the community.

Louisiana Health Care Reform Act: In 2004, Governor Blanco convened the first ever Statewide Health Care Summit. The purpose of the Summit was to provide a forum for communities to collectively voice their greatest concerns and health care needs. Responding to the results of the Summit, Governor Blanco directed the development of a statewide focused Governor’s Health Care Reform Panel, charged with developing a plan for the reform of health care in Louisiana. Nine statewide regional consortia were created during the 2004 legislative session authorized by Senate Concurrent Resolution 95. The proceedings of the nine regional summits and a statewide summit led to the adoption and development of activities/strategies, which continue to be monitored by the Department of Health and Hospitals, in the following six broad focus areas:

- Providing Care to the Uninsured
- Creating Access to Appropriate Health Care Resources
- Improving and Restructuring the Long-Term Care in Louisiana
- Improving Health Education and Awareness
- Improving Administrative Delivery of Health Care
- Focusing on Performance Outcomes Using Evidence-Based Principles

OCDD Business Plan: The Office for Citizens with Developmental Disabilities links to the DHH Business Plan “Leading Transformation: Our FY 2012 Priorities for a Healthier Louisiana” through activities/strategies in three broad focus areas:

- Employment First for Citizens with Developmental Disabilities - Real Jobs, Real Wages;
- Sustainable Home and Community-Based Supports and Services - Moving from a Service Life to a Community Life; and
- Systems Rebalancing for People with Developmental Disabilities - Promoting Community, Affordability and Sustainability.

Office Goals:

Goal I

To provide a Developmental Disabilities Services System that affords people with information about what services and supports are available and how to access the services.

Goal II

To provide a person-centered planning process consistent with a needs-based assessment that focuses on the person's goals and desires and addresses quality of life.

Goal III

To increase the capacity of the Developmental Disabilities Services System to provide opportunities for people to live, work, and learn in integrated community settings.

Goal IV

To increase the capacity of the Developmental Disabilities Services System to support people with complex behavioral, mental health, and/or medical needs in all service settings.

Goal V

To implement an integrated, full-scale data-driven quality enhancement system.

Goal VI

To rebalance the Developmental Disabilities Services System in an efficient and equitable manner such that resources are allocated to enable people to live in the most integrated setting appropriate to their needs.

Program A: Administration

Program A Mission

The mission is to provide effective and responsive leadership in the administration and enhancement of the Developmental Disabilities Services System in order for people with developmental disabilities to receive information, opportunities for choice, and quality supports and services.

Program A Goal

To provide system design, policy direction, and operational oversight to the Developmental Disabilities Services System in a manner which promotes person-centeredness, promising practices, accountability, cost effectiveness, and consumer responsiveness.

Objective I:

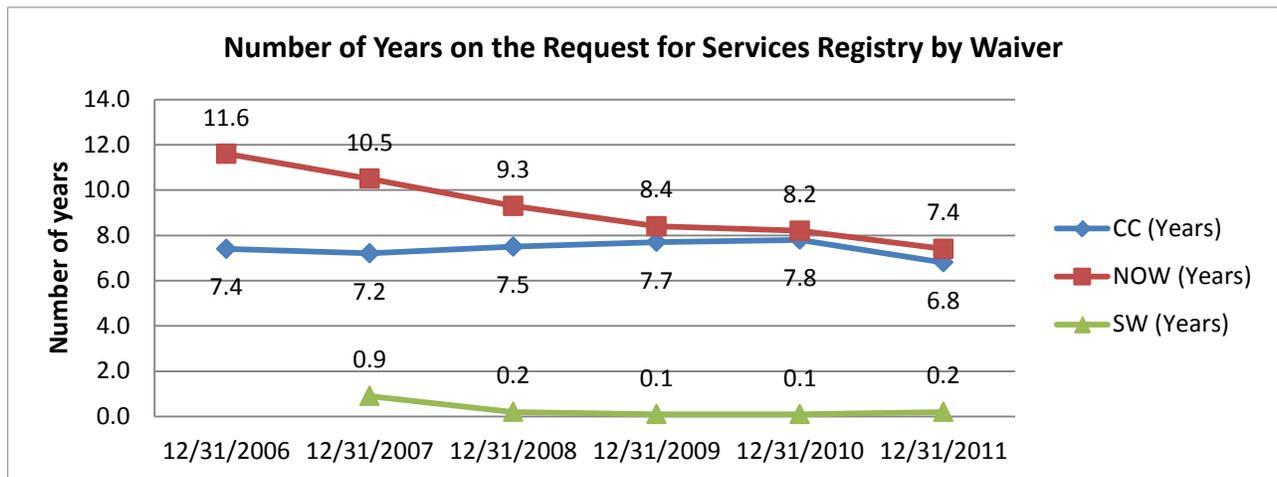
To provide programmatic leadership and direction to Louisiana's Developmental Disabilities Services System in a manner that is responsive to citizens' needs and results in effective/efficient service delivery during FY 2012-2016.

Strategies:

- 1.1 Continue ongoing development and improvement of the training and certification program for support coordinator supervisors consistent with an OCDD determined curriculum inclusive of completing the Support Intensity Scale/ LPlus and the planning process.
- 1.2 Develop guidelines for community provider staff (including direct support workers), support coordinators, and family members to provide supports to individuals with developmental disabilities using person-centered and evidence-based practices and build partnerships with community organizations to expand the capacity for supporting individuals with complex medical and behavioral needs in community living situations.
- 1.3 Develop, implement and monitor guidelines for assessment and intervention services for individuals with autism with a focus on building community partnerships and early intervention services.
- 1.4 Coordinate *Partners in Quality* (PIQ) process (technical assistance and mentoring) for all individuals transitioning from supports and services centers.
- 1.5 Provide effective management of community service and waiver programs through OCDD Central Office oversight of regional delivery of developmental disability services in order to optimize the use of community-based services while decreasing reliance on institutional services.
- 1.6 Manage compliance with federal and state regulations and OCDD policies governing statewide community services and waiver programs.
- 1.7 Develop and implement a variety of innovative rebalancing/restructuring activities which focus existing funding toward achievement of quality outcomes targeted to individual needs.
- 1.8 Provide advocacy, one-on-one assistance, and collaboration with other agencies to overcome barriers for persons with developmental disabilities to obtain accessible, affordable and safe housing.

Performance Indicators:

- Percentage of Support Coordinator Supervisors achieving and/or maintaining certification(s) as determined by OCDD
- Percentage of individuals enrolled in EarlySteps Program who receive the scheduled autism screening
- Percentage of individuals reporting satisfaction across the *Partners in Quality* (PIQ) assessed living situations
- Percentage of individuals reporting satisfaction across the *Partners in Quality* (PIQ) assessed work/day areas
- Percentage of budgeted community funding expended
- Number of years and months on Request for Services Registry until offered a New Opportunities Waiver (NOW) opportunity
- Number of years and months on Request for Services Registry until offered a Children’s Choice (CC) opportunity
- Number of years and months on Request for Services Registry until offered a Supports Waiver (SW) opportunity
- Percentage of decrease in average cost per person for New Opportunities Waiver (NOW) services post implementation of resource allocation model
- Number of individuals with developmental disabilities supported through HCBS Waivers



Objective II:

To provide administrative and support functions to Louisiana's Developmental Disabilities Services System in a manner that is responsive to citizens' needs and results in effective/efficient service delivery during FY 2012 through FY 2016.

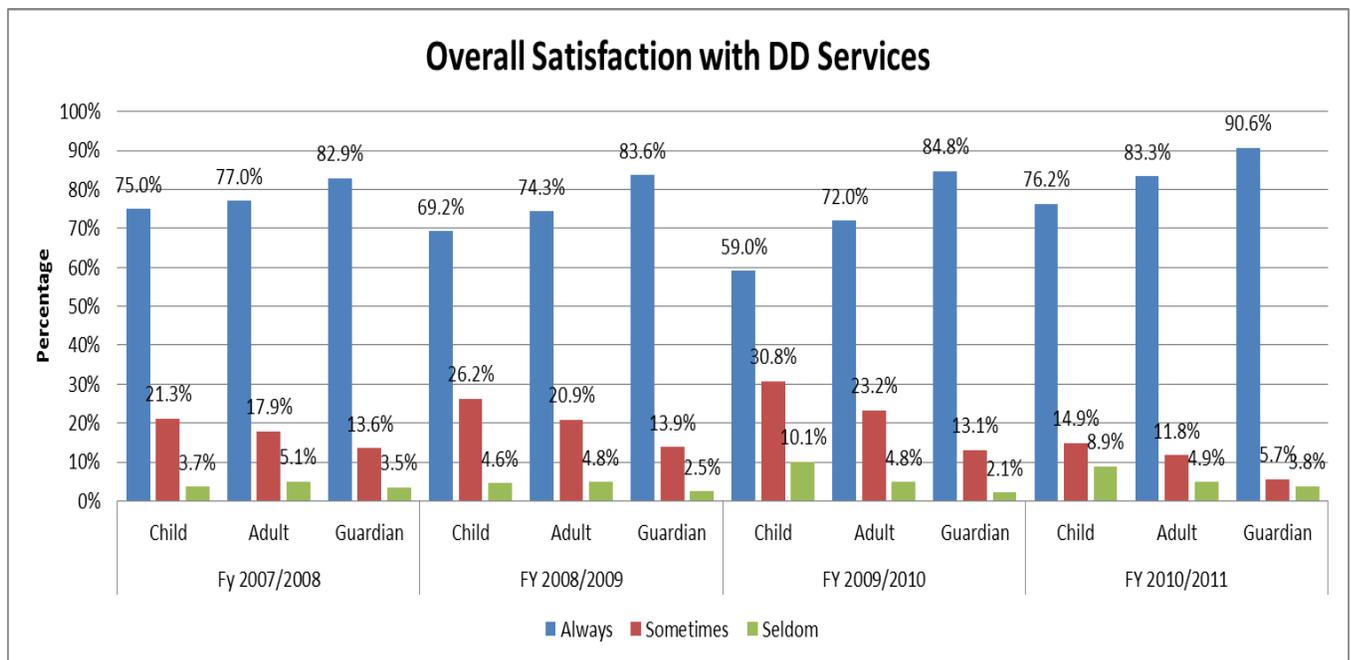
Strategies:

- 2.1 Produce an accurate and timely monthly expenditure report beginning September of each fiscal year through June reflecting the current budgetary position and proposing any necessary actions to the Assistant Secretary for remaining within the appropriations for the fiscal year.

- 2.2 Conduct an annual satisfaction survey as a participating state in the National Core Indicators (NCI) Project reviewing data obtained and developing quality improvement strategies for prioritized areas of concern by comparison of Louisiana results with national average of participating states.
- 2.3 Continue implementation of the operational instructions for reporting Human Services Accountability and Implementation Plan (AIP) performance indicators and validating data.
- 2.4 Produce monthly contract reports to include the current status and expenditures for each OCDD contract for the current fiscal year.
- 2.5 Develop an information system from a variety of sources including but not limited to computerized systems for knowledge, information, communications, planning, and policy to support office goals and strategies.
- 2.6 Develop a process to manage delivery of training and maintain training records.

Performance Indicators:

- Percentage of months in the designated period that monthly expenditure reports were delivered accurately and timely.
- Percentage of people surveyed reporting they had overall satisfaction with services received
- Percentage of people surveyed reporting that they had choice in the services they received
- Percentage of regional offices and human services district/authorities receiving an annual validation visit (from review of reports of validation visits)
- Percentage of months in the fiscal year that a monthly contract report was produced reflecting status of Office contracts



Program B: Community Support

Program B Mission

The mission is to effectively and efficiently implement the Office's community-based programs in a manner that is responsive to people with developmental disabilities and their families and that promotes independence, participation, inclusion, and productivity at home and in the community.

Program B Goals

Goal I

To develop and manage in a fiscally responsible way the delivery of an array of community-based supports and services so that people with developmental disabilities achieve their person-centered or family-driven outcomes in the pursuit of quality of life, well-being, and meaningful relationships.

Goal II

To increase community capacity and competence in a manner consistent with evidence-based practice and national standards of care in order to meet the identified needs of people with developmental disabilities, including the capacity of families, government agencies, and community organizations and businesses, as well as the capacity of those providing specialized disability supports and services.

Objective I:

To provide effective and efficient management, delivery, and expansion of waiver and state-funded community programs and to optimize the use of typical community resources in order to promote and maximize home and community life and prevent and reduce institutional care during FY 2012 through FY 2016.

Strategies:

- 1.1 Provide processes, training and support to encourage providers, individuals with disabilities, and their families to utilize Residential Options Waiver conversion.
- 1.2 Oversee the planning process for all New Opportunities Waiver plans to assure consistency with the Guidelines for Support Planning.
- 1.3 Identify state agencies and community organization resources in order to better support people with developmental disabilities to live full community lives and support partnerships with and referrals to these agencies and organizations.
- 1.4 Develop and implement strategies to promote the principles and values of aging in place throughout the developmental disabilities services system.
- 1.5 Modify existing or develop new databases in order to monitor program utilization, effectiveness, and collect performance indicator data.
- 1.6 Develop policies and procedures for adult waiver participants to have pathways to community employment.

Performance Indicators:

- Percentage of available Residential Options Waiver (ROW) opportunities utilized
- Percentage of available Supports Waiver (SW) opportunities utilized
- Percentage of available Children's Choice (CC) waiver opportunities utilized
- Percentage of available New Opportunities Waiver (NOW) opportunities utilized
- Percentage of waiver participants who have been discharged from their waiver due to admission to a more restrictive setting
- Number of persons in individual integrated employment
- Number of individuals participating in HCBS Waivers who utilize self-direction

Objective II:

To provide supports to infants and toddlers with disabilities and their families in order to increase participation in family and community activities, to minimize the potential for developmental delay, to reduce educational costs by minimizing the need for special education/related services after reaching school age, and to progress to the level of current national standards during FY 2012 through FY 2016.

Strategies:

- 2.1 Conduct outreach to identify eligible infants and toddlers.
- 2.2 Assure that eligible infants and toddlers and their families are supported by qualified, trained providers.
- 2.3 Conduct quality assurance reviews to assure that Individualized Family Service Plans are developed within 45 days of referral.
- 2.4 Conduct quality assurance reviews to assure that Individualized Family Service Plans are implemented within 30 days of parent consent of the plan.
- 2.5 Provide team-based service delivery which supports families in meeting their children's needs.
- 2.6 Assure that training is easily accessible within the system.
- 2.7 Assure that families are referred to Families Helping Families and other appropriate support groups for information and support.

Performance Indicators:

- Percentage of EarlySteps providers that meet all training requirements
- Percentage of infants and toddlers in the state that are identified as eligible
- Percentage of Individual Family Services Plan developed within 45 days of referral
- Percentage of Individual Family Services Plans implemented within 30 days of parental consent on the Individual Family Services Plan
- Percentage of families referred for entry to developmental disability services

Objective III:

To provide criterion-based trainings each year through fiscal year 2016 to direct service provider and support coordination agencies, professionals, community organizations or businesses, individuals and their families, and other stakeholders in order to address identified problems or supports and services gaps, including self-advocacy and family empowerment outreach and information sessions.

Strategies:

- 3.1 Identify problem areas and supports and services gaps and develop training objectives to increase community capacity and competence to meet the needs of the people with developmental disabilities.
- 3.2 Develop and implement policy and procedures to follow when requiring mandatory provider training and consequences for providers who fail to meet training requirements.

Performance Indicators

- Number of criterion-based trainings conducted
- Number of people who participate in training sessions
- Percentage of agencies that attend mandatory training

Program F: Pincrest Supports and Services Center

Program F Mission

To support people with developmental disabilities with quality of life and the attainment of personal goals specializing in people with complex medical and behavioral support needs.

Program F Goals

Goal I:

To provide specialized residential services in a manner that supports the goal of returning or transitioning individuals to community-based options.

Goal II:

To provide services in a manner that is efficient, effective and supports choice and quality of life.

Objective I:

To decrease reliance on public supports and services during FY 2012 through FY 2016.

Strategies:

- 1.1 Conduct person-centered planning, including a needs-based assessment, for all individuals residing in the center to determine if community living is indicated by needs and wishes.
- 1.2 Transition individuals to private-provider options.
- 1.3 Inform individuals and their families of community options, services and supports that are available to them.

Performance Indicators:

- Number of people transitioned to private provider options
- Number of re-admissions to center within one year of transition

Objective II:

To increase the number of people participating in community employment opportunities as recommended by their support teams during FY 2012 through FY 2016.

Strategies:

- 2.1 Establish work opportunities in the community.
- 2.2 Secure appropriate employment for individuals in the community according to assessment/support team recommendations.

Performance Indicators:

- Percentage of people participating in employment in the community according to assessment/ support team recommendations

Objective III:

To increase successful re-entry into traditional community settings for youth with developmental disabilities involved in the court system who require specialized therapeutic, psychiatric and behavioral supports during FY 2012 through FY 2016.

Strategies

- 3.1 Focus specialized, therapeutic psychiatric and behavioral supports to increase successful re-entry into traditional community settings for youth with developmental disabilities involved in the court system.

Performance Indicators:

- Percentage of youth discharged who do not return to therapeutic program within one year
- Percentage of youth discharged who are not incarcerated within one year of discharge

Resource Centers

Mission:

To increase capacity to support and include people with developmental disabilities.

Goal:

To support people with developmental disabilities with quality of life and the attainment of personal goals through development and provision of capacity-building activities, partnerships and collaborative relationships.

Pinecrest Resource Center

Objective I:

To increase capacity-building activities for private community providers, creating private sector community infrastructure to meet the complex needs and support diversion of individuals from public residential services during FY 2012 through FY 2016.

Strategies:

- 1.1 Continue the transformation of the resource center to meet the growing needs of the community.
- 1.2 Provide professional support/consultation to individuals residing in the community.
- 1.3 Provide capacity-building activities for private community providers.

Performance Indicator:

- Percentage of individuals served by the resource center's Community Support Teams (CSTs) and Community Psychologists who remain in the community
- Number of resource center training events
- Number of people who participate in training sessions
- Number of resource center technical assistance sessions
- Number of resource center consultations
- Percentage of customers that report satisfaction with resource center training offered

North Lake Resource Center

Objective I:

To increase capacity-building activities for private community providers, creating private sector community infrastructure to meet the complex needs and support diversion of individuals from public residential services during FY 2012 through FY 2016.

Strategies:

- 1.1 Continue the transformation of the resource center to meet the growing needs of the community.
- 1.2 Provide professional support/consultation to individuals residing in the community.
- 1.3 Provide capacity-building activities for private community providers.

Performance Indicator:

- Percentage of individuals served by the resource center's Community Support Teams (CSTs) and Community Psychologists who remain in the community
- Number of resource center training events
- Number of people who participate in training sessions
- Number of resource center technical assistance sessions
- Number of resource center consultations
- Percentage of customers that report satisfaction with resource center training offered

Northwest Resource Center

Objective I:

To increase capacity-building activities for private community providers, creating private sector community infrastructure to meet the complex needs and support diversion of individuals from public residential services during FY 2012 through FY 2016.

Strategies:

- 1.1 Continue the transformation of the resource center to meet the growing needs of the community.
- 1.2 Provide professional support/consultation to individuals residing in the community.
- 1.3 Provide capacity-building activities for private community providers.

Performance Indicator:

- Percentage of individuals served by the resource center's Community Support Teams (CSTs) and Community Psychologists who remain in the community
- Number of resource center training events
- Number of people who participate in training sessions
- Number of resource center technical assistance sessions
- Number of resource center consultations
- Percentage of customers that report satisfaction with resource center training offered

Greater New Orleans Resource Center

Objective I:

To increase capacity-building activities for private community providers, creating private sector community infrastructure to meet the complex needs and support diversion of individuals from public residential services during FY 2012 through FY 2016.

Strategies:

- 1.1 Continue the transformation of the resource center to meet the growing needs of the community.
- 1.2 Provide professional support/consultation to individuals residing in the community.
- 1.3 Provide capacity-building activities for private community providers.

Performance Indicator:

- Percentage of individuals served by the resource center's Community Support Teams (CSTs) and Community Psychologists who remain in the community
- Number of resource center training events
- Number of people who participate in training sessions
- Number of resource center technical assistance sessions
- Number of resource center consultations
- Percentage of customers that report satisfaction with resource center training offered

Program G: Auxiliary Administration

Program G Mission

The mission is to support people with developmental disabilities with quality of life and the attainment of personal goals.

Program G Goal

To provide individually determined supports and services to residents of supports and services centers through a growing and diverse range of community options and resources operated and/or provided by the center.

Objective I:

To provide residents of supports and services centers with opportunities for paid work and/or therapeutic activities, as recommended by their support teams during FY 2012 through FY 2016.

Strategies:

1.1 Develop/secure paid work opportunities.

Performance Indicator:

- Percentage of individuals of supports and services centers who have paid work and/or therapeutic activities as recommended by support teams