



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

LOUISIANA

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

Title V Federal-State Partnership - Louisiana

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY 2016 Application / FY 2014 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

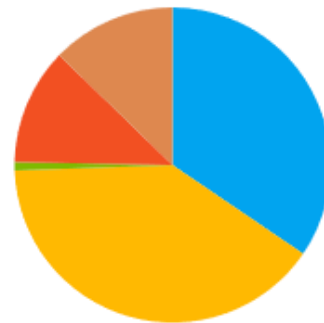
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
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Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	\$9,222,174
State MCH Funds	\$10,671,883
Local MCH Funds	\$230,658
Other Funds	\$3,196,750
Program Income	\$3,401,862

FY 2014 Expenditures



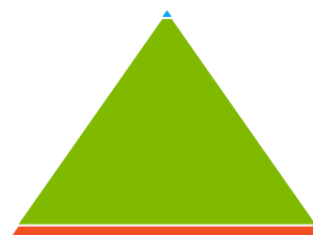
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$907,342	\$514,490
Enabling Services	\$6,462,989	\$16,183,436
Public Health Services and Systems	\$1,851,843	\$803,227

FY 2014 Expenditures Federal



FY 2014 Expenditures Non-Federal



Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
Pregnant Women	6,144	\$5,212,977	19.5%
Infants < 1 Year	65,581	\$6,516,976	24.4%
Children 1-22 Years	93,172	\$8,941,976	33.5%
CSHCN	45,199	\$4,738,897	17.7%
Others *	133,697	\$1,312,500	4.9%
Total	343,793	\$26,723,326	100%

FY 2014 Expenditures



FY 2014 Individuals Served



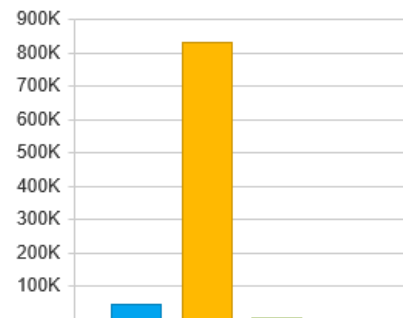
*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 5	Safe Sleep	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 12	Transition	Children with Special Health Care Needs
NPM 15	Adequate Insurance	Cross-Cutting/Life Course

Communication Reach

Communication Method	Amount
State Title V Website Hits:	46,228
State Title V Social Media Hits:	828,700
State MCH Toll-Free Calls:	5,979
Other Toll-Free Calls:	0



Executive Summary

The Title V Program is a crucial building block for the health of women, children, children and youth with special health care needs (CYSHCN), and families within the state of Louisiana. Housed within the Department of Health and Hospitals (DHH), Office of Public Health (OPH), the Bureau of Family Health (BFH) and CYSHCN Programs, Title V elevates the maternal and child health needs of Louisiana to the forefront of public health action. This action, rooted in the Essential Public Health Services, incorporates data, policy and educational initiatives; preventive and supportive services; and community, government, and academic partnerships to monitor and promote community health and livelihood. Together, these two Title V Programs work in the 6 Maternal and Child Health (MCH) population domains described below.

In 2015, the BFH and CYSHCN Programs conducted a statewide needs assessment, examining both qualitative and quantitative data to better understand the needs and desired health outcomes for the state's MCH populations. The expertise of The Policy & Research Group (PRG), a research and evaluation firm based in New Orleans, was used to collect data not available through state or national databases. The 2015 Needs Assessment illuminated emerging Priority Needs within each of the MCH population domains, and informed the selection of Louisiana's National Performance Measures (NPMs) and proposed State Performance Measures (SPMs) for the next five years. These priority needs and plans are described by domain below:

Women/Maternal Health

There has been some improvement in recent years in women's health status in Louisiana. However, the Needs Assessment indicated that many women do not regularly access preventive healthcare and that for several chronic health issues, such as obesity, hypertension, diabetes, and smoking status, Louisiana ranks between 45th and 50th in the nation. These conditions play a significant role in the state's high rates of poor birth outcomes. Based on this information, Louisiana will address the percent of women with a past year preventive medical visit (NPM 1), in alignment with the Priority Need to improve access to and quality of primary care, reproductive health, and specialty clinical services including care coordination. To date, the Title V Program has worked extensively in this area, and BFH was instrumental in expanding Louisiana's family planning Medicaid waiver program under a State Plan Amendment in 2014, which now provides reproductive health coverage, including STD screening and treatment, to non-pregnant women and men of childbearing age with incomes $\leq 138\%$ of FPL. BFH will work towards increasing women's enrollment in and utilization of these essential reproductive health services. In addition, the BFH will develop a statewide plan to increase the integration of comprehensive reproductive health services into primary care settings, and define a scope of services for women's preventive visits. Overall, Louisiana will seek to maximize utilization and quality of reproductive health and prenatal services; sustain and advance supports for pregnant women, including home visiting; and illuminate the economic, family and community safety concerns that impact the health of women.

Perinatal/Infant Health

Progress has been made on key perinatal health measures such as breastfeeding and infant safe sleep rates. However, Louisiana ranks low compared to other states on a number of infant health indicators, and racial disparities continue to be a persistent problem in health outcomes. This led to the state selecting the percent of infants ever breastfed and breastfed till 6 months (NPM 4) and the percent of infants placed on their backs to sleep (NPM 5), reflecting the Priority Need to bolster local level capacity to promote and protect health and well-being of children, caregivers and families. Breastfeeding initiatives of the BFH include a statewide hospital designation program (*The Gift*), and professional training of hospital staff and physicians. BFH has numerous efforts in place to promote safe sleep environments for infants, including statewide ongoing media and community outreach. BFH will continue the momentum on both breastfeeding and safe sleep efforts by increasing the number of *Gift* designated facilities; offering trainings on breastfeeding and safe sleep best practices to professional groups who have touch points with families, and aligning those practices at the local level through engagement and consistent messaging. BFH will continue to work on establishing policies that eliminate barriers to breastfeeding and that promote safe sleep environments; increasing coroners' accuracy in the coding of SIDS/SUIDS cases; and utilizing data to further align actions with community partners' engagement with families. Overall, Louisiana will seek to promote breastfeeding; prevent infant mortality through community strategies and safe sleep prevention messaging; advance early detection and intervention of potential health problems; work to improve the quality of perinatal clinical practices; sustain and advance home visiting; and effect change in communities around the prevention of infant mortality.

Child Health

The assessment of child health found that Louisiana fares well nationally on a number of child health indicators, yet many children are not screened for developmental disorders. For the providers who do screen regularly, many do not properly use the screening tools. As such, the state has selected to track developmental screening using a parent-completed screening tool (NPM 6), in alignment with the Priority Need to ensure high performing essential MCH screening and surveillance systems. The state is also developing a SPM in this domain, to adequately measure not only newborn hearing and genetic disorders screening, but also the timely intervention for those newborns who screen positive. To date, BFH has incorporated best-practice screening tools in their home visiting program, and both BFH and CYSHCN Programs have initiated training and provider outreach for proper use of screening tools. The Title V Program aims to continue this work by increasing the number of pediatric primary care providers who implement recommended developmental screening tools and practices; designing a system to monitor timely referral and follow-up for children with a positive developmental screen; and increasing the number of providers who utilize training and support services on developmental screening. Overall, Louisiana will advance early detection and intervention systems; lay the groundwork for better coordinated screening approaches; improve the quality of pediatric care for autism, ADHD and development screening; sustain and advance supports for children and families; and further local level action to effect change in communities to positively impact child health and well-being.

Adolescent Health

The adolescent health assessment showed that while adolescents have improved on some health indicators such as teen pregnancy, alcohol use, violence, and cigarette use, these risk areas continue to affect them, reflecting the need to measure the percentage of adolescents attending preventive medical visits (NPM 10) which could address these varied health problems. NPM 10 aligns with the

Priority Need to improve access to and quality of primary care, reproductive health, and specialty clinical services including care coordination. To date, Title V has many touch points with adolescents—through the BFH Reproductive Health and MIECHV Programs and the CSHS clinics. Other OPH programs also serve teens, including the Adolescent School Based Health clinics and WIC. By working with these programs, Title V will work to increase the percentage of adolescents receiving regular care in the coming year. Additionally, over the next year new initiatives and efforts for increasing and improving adolescent preventive care will focus on increasing the number of qualified and trained adolescent providers and the number of adolescent-friendly OPH clinics; developing a benchmark plan for increasing awareness of the importance of an adolescent well-visit; and developing a reporting system to monitor utilization of adolescent level visits by parish, payer, and provider. Overall, Louisiana will promote the quality, delivery and utilization of adolescent-friendly health care; strengthen services to address adolescent transitions; utilize analytics for continual quality improvement of adolescent preventive care; and improve social and behavioral supports that can positively impact the health and resiliency of adolescents, their families and the communities in which they live.

CYSHCN

For CYSHCN, the assessment illuminated the need for better quality and access to medical homes and for adequate transition services, measured by NPM 11 and NPM 12 respectively. Of the physicians who participated in the 2015 Needs Assessment survey, very few practices had a care coordinator or provided key transition services, and even fewer practiced as a certified medical home. In addition, the Needs Assessment found that CYSHCN need better access to subspecialists. Aligning with the Priority Needs to improve access and quality of primary care, reproductive health, and specialty clinical services including care coordination and to improve the ability of care systems to serve and support children, adolescents and CYSHCN through transitions, NPM 11 and NPM 12 are key system standards for CYSHCN. To date, the CYSHCN Programs have provided safety-net specialty clinics; trained residents in academic practices and other healthcare providers on care coordination (CC) and transition services; and supported family initiatives to improve healthcare services for CYSHCN. CYSHCN Programs also participated in an AMCHP Action Learning Collaborative to advance CC which resulted in Medicaid changing the CC requirements for the Bayou Health Medicaid managed care contracts. In the coming year, these efforts will continue along with disseminating newly developed educational tools such as webinars on caring for CYSHCN, lunch and learns on CC and transition, a CC toolkit and regional resource guides for private practices, and reformatting the CSHS website to improve navigation of resources for providers. In addition, CYSHCN Programs will expand collaboration efforts to include a CC cost benefit analysis and pilot involving the largest Bayou Health Medicaid managed care plan and will work with Medicaid, the Louisiana Healthcare Quality Forum (LHCQF) and the other Bayou Health Medicaid managed care plans to improve CC. Through these trainings, services, collaboration efforts, and outreach campaigns, the CYSHCN Programs plan to increase the number of physicians who provide care coordination and transition services, and also increase the transition materials and resources disseminated to YSHCN and families.

Life Course/Cross-Cutting

In the Life Course/Cross-Cutting domain, the Needs Assessment found that, while for a number of years there has been adequate health insurance coverage for the 0-17 age group, this percentage has decreased slightly in recent years. For all children in Louisiana, 77.6% are adequately insured, and 68.2% of CYSHCN are adequately insured. With the many changes in healthcare coverage systems with the implementation of the Federal MarketPlace, Louisiana will be seeking to monitor and improve the percent of children ages 0 through 17 who are adequately insured (NPM 15), in alignment with the Priority Need to improve access to and quality of primary care, reproductive health, and specialty clinical services including care coordination. In the coming year, BFH and CYSHCN Programs plan to improve this NPM by increasing Title V staff knowledge of adequate insurance coverage and eligibility; creating strategies for improving network adequacy of key clinician types serving children aged 0 to 17; partnering with state and community entities to qualitatively assess adequacy of insurance coverage; and working with Louisiana Medicaid Bayou Health plans to increase the number of CYSHCN families who report that their insurance coverage is adequate and meets their needs. In addition to the NPM 15, Louisiana is also developing four SPMs in this domain. These SPMs include creating performance standards for MCH epidemiology and MCH surveillance programs; developing benchmark plans to improve social and behavioral supports for MCH and CYSHCN and to disseminate knowledge regarding health and economic vitality research; and to identify key strategies to encourage family and community leaders to actively inform Louisiana's Title V efforts. Overall, Louisiana will identify and address gaps in health insurance coverage for children aged 0-17; address the shortage of certain providers for this age group; improve data analysis of key health indicators that cross the life span; disseminate knowledge on concentrated disadvantage to foster economic and community development; and pinpoint health disparities to promote health equity throughout the course of life.

As seen from these domain descriptions, the 2015 Needs Assessment painted a picture of the health and well-being of Louisiana's mothers, infants, children, and youth, including CYSHCN, and shed light on possible paths towards achieving future goals. The Priority Needs that emerged encompass various functions of public health service. First, these Priority Needs hold the Title V Program to rigorous standards of continuous **screening and surveillance**, a core function of public health, in order to ensure timely identification and follow up of health concerns. Second, Title V will be the driving force in improving **quality and access to clinical services**, serving as a safety-net provider for certain services, and an innovator in creative coordinated care approaches. Third, in recognizing the importance of the whole person in addressing complex health issues, Title V will work to improve **social and behavioral health supports**, and work to promote resiliency of Louisiana's children and families. Fourth, Title V will strive to support adolescents and CYSHCN in their **transitions** as they move from service to service and from childhood to adulthood. Finally, Title V will build up **local level capacity** to protect and promote health, **decrease disparities**, and **engage families to cultivate leaders** to inform Title V efforts. Title V, through the combined efforts of BFH and CYSHCN Programs, will actively monitor the health and well-being of Louisiana's women, children and families to identify emerging issues and address MCH needs in this rapidly changing environment. Title V in Louisiana will support our Priority Needs through innovative approaches, collaborative efforts, and evidence-based programs to promote healthy and thriving children and families.