

Louisiana

State Action Plan Table

2025 Application/2023 Annual Report

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
Women/Maternal Health					
<p>Improve birth outcomes for individuals who give birth and infants</p>	<p>In 2025, the rate of maternal mortality will decrease to 37.8 per 100,000 live births from the 2020 baseline of 40.3 per 100,000 live births.</p> <p>In 2025, the rate of severe maternal morbidity will be not higher than 76.8 per 10,000 delivery hospitalizations, which is the same as the 2020 baseline rate.</p> <p>In 2025, the rate of Nulliparous, Term, Singleton, Vertex (NTSV) cesarean section deliveries among low-risk first births will decrease to 27.1% from the 2020 baseline rate of 28.5%.</p>	<p>Support implementation of the Louisiana Perinatal Quality Collaborative (LaPQC) Safe Births Initiative and Louisiana Birth Ready Designation</p>	<p>ESM LRC.1 - Percent of birthing hospitals actively participating in Louisiana Perinatal Quality Collaborative Initiatives</p> <p>ESM LRC.2 - Percent of birthing hospitals achieving Louisiana Birth Ready Designation</p>	<p>NPM - Percent of cesarean deliveries among low-risk first births (Low-Risk Cesarean Delivery, Formerly NPM 2) - LRC</p>	<p>NOM - Rate of severe maternal morbidity per 10,000 delivery hospitalizations (Severe Maternal Morbidity, Formerly NOM 2) - SMM</p> <p>NOM - Maternal mortality rate per 100,000 live births (Maternal Mortality, Formerly NOM 3) - MM</p>
<p>Ensure equitable access to high-quality and coordinated clinical and support services</p>	<p>In 2025, the rate of maternal mortality will decrease to 37.8 per 100,000 live births from the 2020 baseline rate of 40.3 per 100,000 live births.</p> <p>In 2025, the rate of severe maternal morbidity will not be higher than 76.8 per 10,000 delivery hospitalizations, which is the same as the 2020 baseline rate.</p> <p>In 2025, the rate of Nulliparous,</p>	<p>Support implementation of new regulations and assessment of levels of maternal care in Louisiana against national recommendation for Louisiana’s birthing facilities</p> <p>Increase the readiness and response of statewide healthcare facilities to address and improve perinatal and neonatal outcomes</p> <p>Support the Louisiana Doula Registry Board with developing and implementing the Louisiana Doula Registry, aligning requirements to facilitate potential coverage by Medicaid and other insurers</p> <p>Provide supplemental funding and infrastructure support to all BFH reproductive health efforts to support access to high-quality family planning</p>	<p>No ESMs were created by the State. ESMs were optional for this measure in the 2025 application/2023 annual report.</p>	<p>NPM - A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV</p>	<p>This NPM was newly added in the 2025 application/2023 annual report. The list of associated NOMs will be displayed in the 2026 application/2024 annual report.</p>

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
	<p>Term, Singleton, Vertex (NTSV) cesarean section deliveries among low-risk first births will decrease to 27.1% from the 2020 baseline rate of 28.5%.</p> <p>In 2025, the percent of women who attend a postpartum checkup within 12 weeks after delivery will increase to 91.1% from the 2020 baseline rate of 89.1%.</p> <p>In 2025, the percent of women who attend a postpartum checkup within 12 weeks after delivery who report that they received the recommended care components will increase to 69.1% from the 2021 baseline rate of 66.1%.</p>	<p>and reproductive health care</p> <p>Increase awareness statewide amongst perinatal health care professionals of the mental health consultation, training, and resource and referral services and supports available to them through the Provider-to-Provider Consultation Line</p> <p>Use the Extension for Community Health (ECHO) Model to increase provider knowledge on effectively recognizing and responding to the behavioral health needs of pregnant and postpartum persons</p>			
<p>Ensure Title V strategies are outcomes-focused and rooted in essential public health services</p>	<p>In 2025, the rate of maternal mortality will decrease to 37.8 per 100,000 live births from the 2020 baseline of 40.3 per 100,000 live births.</p> <p>In 2025, the rate of severe maternal morbidity will be not higher than 76.8 per 10,000 delivery hospitalizations, which is the same as the 2020 baseline rate.</p> <p>In 2025, the rate of Nulliparous, Term, Singleton, Vertex (NTSV) cesarean section deliveries among low-risk first births will decrease to 27.1% from the 2020 baseline rate of 28.5%.</p>	<p>Ensure robust, high-functioning Pregnancy Associated Mortality Review (PAMR)</p> <p>Maintain a statewide Domestic Abuse Fatality Review (DAFR) panel that uses standardized processes for data collection, review, and prevention recommendations to review maternal deaths due to violence</p> <p>Ensure a robust, high-functioning Louisiana Pregnancy Risk Assessment and Monitoring System (PRAMS)</p>	<p>ESM LRC.1 - Percent of birthing hospitals actively participating in Louisiana Perinatal Quality Collaborative Initiatives</p> <p>ESM LRC.2 - Percent of birthing hospitals achieving Louisiana Birth Ready Designation</p>	<p>NPM - Percent of cesarean deliveries among low-risk first births (Low-Risk Cesarean Delivery, Formerly NPM 2) - LRC</p>	<p>NOM - Rate of severe maternal morbidity per 10,000 delivery hospitalizations (Severe Maternal Morbidity, Formerly NOM 2) - SMM</p> <p>NOM - Maternal mortality rate per 100,000 live births (Maternal Mortality, Formerly NOM 3) - MM</p>

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
Perinatal/Infant Health					
<p>Improve birth outcomes for individuals who give birth and infants</p>	<p>In 2025, the infant mortality rate will not be more than 7.1 per 1,000 live births, which is the same as the 2020 baseline rate.</p> <p>In 2025, the post-neonatal mortality rate per 1,000 live births will decrease to 3.4 per 1,000 live births from the 2020 baseline rate of 3.5 per 1,000 live births.</p> <p>In 2025, the rate of Sudden Unexpected Infant Death mortality related to unsafe sleep environments will not be higher than the 2020 baseline rate of 165.5 per 100,000 live births.</p> <p>In 2025, the percent of infants who are ever breastfed will increase to 73.7% from the 2020 baseline rate of 66.2%.</p> <p>In 2025, the percentage of Black infants who are ever breastfed will increase to 67.0% from the 2020 baseline rate of 56.1%.</p> <p>In 2025, the percent of infants who are breastfed exclusively through 6 months will not be less than 21.8%, which is the same as the 2020 baseline rate.</p>	<p>Align hospital-based quality improvement initiatives to foster culture of improvement among Louisiana’s birthing facilities</p>	<p>ESM BF.1 - Percent of births that were delivered at Gift-designated facilities</p> <p><i>Inactive - ESM BF.2 - Percent of births that were delivered at Baby-Friendly Designated facilities</i></p>	<p>NPM - A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF</p>	<p>NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM</p> <p>NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal</p> <p>NOM - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (SUID Mortality, Formerly NOM 9.5) - IM-SUID</p>
<p>Ensure equitable access to</p>	<p>In 2025, the infant mortality rate will not be more than 7.1 per 1,000 live births, which is the same as the</p>	<p>Promote and support implementation of evidence-based maternity care and breastfeeding practices in birthing hospitals, and their affiliated special care/neonatal intensive care units (NICUs), and freestanding birthing</p>	<p>ESM BF.1 - Percent of births that were delivered at Gift-</p>	<p>NPM - A) Percent of infants who are ever breastfed (Breastfeeding,</p>	<p>NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM</p>

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
<p>high-quality and coordinated clinical and support services</p>	<p>2020 baseline rate.</p> <p>In 2025, the post-neonatal mortality rate per 1,000 live births will decrease to 3.4 per 1,000 live births from the 2020 baseline rate of 3.5 per 1,000 live births.</p> <p>In 2025, the rate of Sudden Unexpected Infant Death mortality related to unsafe sleep environments will not be higher than the 2020 baseline rate of 165.5 per 100,000 live births.</p> <p>In 2025, the percent of infants who are ever breastfed will increase to 73.7% from the 2020 baseline rate of 66.2%.</p> <p>In 2025, the percentage of Black infants who are ever breastfed will increase to 67% from the 2020 baseline rate of 56.1%.</p> <p>In 2025, the percent of infants who are breastfed exclusively through 6 months will be not less than 21.8%, which is the same as the 2020 baseline rate.</p>	<p>centers through the LaPQC’s breastfeeding/infant feeding quality improvement and hospital designation program, The Gift</p> <p>Assist hospitals with identifying strategies to reduce racial disparities, including collecting and reporting on outcome measures stratified by race and providing hospital/clinical staff and provider education that addresses racial and socio-economic disparities in breastfeeding</p> <p>Support alignment of activities and continuity of care between hospitals and community breastfeeding support resources</p> <p>Provide funding and staff support for community-based, culturally appropriate, peer-based breastfeeding support for women of color</p> <p>Support implementation, monitoring, and evaluation of the Medicaid breast pump policy and promote awareness of Medicaid human donor milk coverage</p> <p>Scale evidence-based practices related to the care and treatment of individuals who give births and newborns affected by opioids through the LaPQC Improving Care for the Substance Exposed Dyad (ICSED) initiative</p>	<p>designated facilities</p> <p><i>Inactive - ESM BF.2 - Percent of births that were delivered at Baby-Friendly Designated facilities</i></p>	<p>Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF</p>	<p>NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal</p> <p>NOM - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (SUID Mortality, Formerly NOM 9.5) - IM-SUID</p>
<p>Reduce child injury and violence</p>	<p>In 2025, the infant mortality rate will not be more than 7.1 per 1,000 live births, which is the same as the 2020 baseline rate.</p> <p>In 2025, the percent of parents who report placing infants to sleep on their backs will increase to 70.4%</p>	<p>Train professionals on evidence-based safe sleep practices</p> <p>Strengthen safe sleep workgroups to implement evidence-based, community-driven SUID prevention strategies</p>	<p>ESM SS.1 - Number of professionals trained to recognize, identify, and model safe sleep environments</p>	<p>NPM - A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly</p>	<p>NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM</p> <p>NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal</p>

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
	<p>from the 2020 baseline rate of 69.3%.</p> <p>In 2025, the rate of parents reporting placing their infants to sleep on a separate approved sleep surface will increase to 28.3% from the 2020 baseline rate of 26.2%.</p> <p>In 2025, the percent of parents who report placing infants to sleep without soft objects or loose bedding will increase to 44.7% from the 2020 baseline rate of 39.8%.</p>			<p>NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS</p>	<p>NOM - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (SUID Mortality, Formerly NOM 9.5) - IM-SUID</p>

Child Health

<p>Promote healthy development and family resilience through policies and practices rooted in core principles of development</p>	<p>In 2025, the percent of parents reporting that their children, ages 0 through 17, are in excellent or very good health will increase to 87.1% from the 2020 baseline rate of 86.3%.</p> <p>In 2025, the percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year will increase to 33.7% from the 2020 baseline rate of 29.0%.</p>	<p>Promote provider utilization of the Developmental Screening Toolkit to implement the Louisiana Developmental Screening Guidelines and integrate developmental screening services into their day-to-day practice</p> <p>Support successful implementation of Project SOAR (Screen Often and Accurately and Refer) to build Louisiana’s capacity to ensure that all individuals who give birth and children birth to three have equitable access to timely and accurate developmental screening and follow-up via a coordinated system of maternal health and early childhood providers</p>	<p>ESM DS.1 - Number of early care/education and health providers receiving developmental, social/emotional, and environmental screening trainings</p> <p>ESM DS.2 - Percent of developmental screening providers who participated in training and/or technical assistance and demonstrate improved knowledge of recommended screening tools and</p>	<p>NPM - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS</p>	<p>NOM - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL) (School Readiness, Formerly NOM 13) - SR</p> <p>NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children’s Health Status, Formerly NOM 19) - CHS</p>
--	--	--	--	--	---

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
			screening guidelines.		
Reduce child injury and violence	<p>In 2025, the child mortality rate, ages 1 through 9, per 100,000 will not be higher than 25.3 per 100,000, which is the same as the 2020 baseline rate.</p> <p>In 2025, the rate of motor vehicle-related fatalities among children under the age of 15 will not be higher than 2.6 per 100,000, which is the same rate as the 2020 baseline rate.</p> <p>In 2025, the rate of firearm related fatalities among children under the age of 15 will not be higher than 1.4 per 100,000, which is the same rate as the 2020 baseline rate.</p> <p>In 2025, the number or rate of drowning fatalities among children ages 1 – 4 will not be higher than 5.4 per 100,000, which is the same rate as the 2020 baseline rate.</p> <p>In 2025, the rate of hospitalization for non-fatal injury, ages 0 through 9, will not be higher than 136.9 per 100,000 children, which is the same rate as the 2020 baseline rate.</p>	<p>Provide injury prevention education through evidence-based home visiting</p> <p>Investigate and analyze trends in child injury and violence</p> <p>Work with members on the local and State Child Death Review (CDR) panels and partners to support new and ongoing policy efforts to reduce child injury and mortality</p> <p>Provide infrastructure support to Emergency Medical Services for Children (EMSC) and identify areas of collaboration to reduce the impact of child injury</p>	<p>ESM IH-Child.1 - Number of households participating in evidence-based home visiting programs</p> <p>ESM IH-Child.2 - Percent of households participating in evidence-based home visiting programs who report high or very high satisfaction</p>	NPM - Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9 (Injury Hospitalization - Child, Formerly NPM 7.1) - IH-Child	<p>NOM - Child Mortality rate, ages 1 through 9, per 100,000 (Child Mortality, Formerly NOM 15) - CM</p> <p>NOM - Adolescent mortality rate ages 10 through 19, per 100,000 (Adolescent Mortality, Formerly NOM 16.1) - AM</p> <p>NOM - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 (Adolescent Motor Vehicle Death, Formerly NOM 16.2) - AM-Motor Vehicle</p> <p>NOM - Adolescent suicide rate, ages 15 through 19, per 100,000 (Adolescent Suicide, Formerly NOM 16.3) - AM-Suicide</p>
Ensure equitable access to high-quality and coordinated	In 2025, the percent of parents reporting that their children, ages 0 through 17, are in excellent or very good health will increase to 87.1% from the 2020 baseline rate of 86.3%.	Increase Title V organizational capacity to utilize National Survey of Children's Health (NSCH) data	ESM MH.1 - Number of health care providers trained on Medical Home, Care Coordination and Youth Health	NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11)	NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
clinical and support services	In 2025, the percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year will increase to 33.7% from the 2020 baseline rate of 29.0%.		Transition ESM MH.2 - Percent of providers participating in Medical Home, Care Coordination, and Youth Health Transition trainings who demonstrate improved knowledge of training contents	- MH	NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS NOM - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year (Forgone Health Care, Formerly NOM 25) - FHC

Adolescent Health

Reduce child injury and violence	<p>In 2025, the rate of adolescent mortality, ages 10 to 19 will not be higher than 44.1 per 100,000 adolescents, which is the same as the 2020 baseline rate.</p> <p>In 2025, the rate of adolescent motor vehicle mortality, ages 15 to 19 years, will not be higher than 18.3 per 100,000 adolescents, which is the same as the 2020 baseline rate.</p> <p>In 2025, the rate of suicide among adolescents ages 10 to 19, will be higher than 6.7 per 100,000 adolescents, which is the same as the 2020 baseline rate.</p>	<p>Investigate and effectively communicate trends and factors related to injury hospitalizations and deaths</p> <p>Support implementation of Be SMART Louisiana campaign to promote responsible gun ownership to reduce child gun deaths and injuries</p>	<p><i>Inactive - ESM IH-Adolescent.1 - Number of professionals trained in Adverse Childhood Experiences (ACEs)</i></p> <p>ESM IH-Adolescent.2 - Number of “gatekeepers” trained in adolescent suicide prevention</p> <p>ESM IH-Adolescent.3 - Percent of participants in gatekeeper trainings who report increased</p>	<p>NPM - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 (Injury Hospitalization - Adolescent, Formerly NPM 7.2) - IH-Adolescent</p>	<p>NOM - Child Mortality rate, ages 1 through 9, per 100,000 (Child Mortality, Formerly NOM 15) - CM</p> <p>NOM - Adolescent mortality rate ages 10 through 19, per 100,000 (Adolescent Mortality, Formerly NOM 16.1) - AM</p> <p>NOM - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 (Adolescent Motor Vehicle Death, Formerly NOM 16.2) - AM-Motor Vehicle</p> <p>NOM - Adolescent suicide rate, ages 15 through 19, per 100,000 (Adolescent Suicide, Formerly</p>
----------------------------------	---	---	--	---	---

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
	In 2025, the rate of hospitalizations for non-fatal injury for adolescents, ages 10 to 19, will not be higher than 201.4 hospitalizations per 100,000 adolescents, which is the same as the 2020 baseline rate.		confidence to help someone at risk of suicide.		NOM 16.3) - AM-Suicide
Improve adolescent mental health and well-being	<p>In 2025, the rate of adolescent mortality, ages 10 to 19 will not be higher than 44.1 per 100,000 adolescents, which is the same as the 2020 baseline rate.</p> <p>In 2025, the rate of adolescent motor vehicle mortality, ages 15 to 19 years, will not be higher than 18.3 per 100,000 adolescents, which is the same as the 2020 baseline rate.</p> <p>In 2025, the rate of suicide among adolescents ages 10 to 19, will be higher than 6.7 per 100,000 adolescents, which is the same as the 2020 baseline rate.</p> <p>In 2025, the rate of hospitalizations for non-fatal injury for adolescents, ages 10 to 19, will not be higher than 201.4 hospitalizations per 100,000 adolescents, which is the same as the 2020 baseline rate.</p>	<p>Support implementation of the CDC-funded Comprehensive Suicide Prevention (CSP) program and expand evidence-based suicide prevention gatekeeper trainings</p> <p>Support implementation of the State Injury Prevention Strategic Action Plan strategies addressing shared or related priorities</p> <p>Build community awareness around adverse childhood experiences (ACEs), trauma, and resilience science</p> <p>Engage in a community-driven process to implement the Whole Health Louisiana statewide trauma-informed plan to set priorities for the state and inform action around addressing the drivers of ACEs and childhood trauma</p> <p>Oversee the delivery of rape prevention education activities</p> <p>Support quality improvement in School Based Health Centers (SBHC) and develop and implement strategies to better meet adolescent mental and behavioral service needs</p>	<p><i>Inactive - ESM IH-Adolescent.1 - Number of professionals trained in Adverse Childhood Experiences (ACEs)</i></p> <p>ESM IH-Adolescent.2 - Number of “gatekeepers” trained in adolescent suicide prevention</p> <p>ESM IH-Adolescent.3 - Percent of participants in gatekeeper trainings who report increased confidence to help someone at risk of suicide.</p>	<p>NPM - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 (Injury Hospitalization - Adolescent, Formerly NPM 7.2) - IH-Adolescent</p>	<p>NOM - Child Mortality rate, ages 1 through 9, per 100,000 (Child Mortality, Formerly NOM 15) - CM</p> <p>NOM - Adolescent mortality rate ages 10 through 19, per 100,000 (Adolescent Mortality, Formerly NOM 16.1) - AM</p> <p>NOM - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 (Adolescent Motor Vehicle Death, Formerly NOM 16.2) - AM-Motor Vehicle</p> <p>NOM - Adolescent suicide rate, ages 15 through 19, per 100,000 (Adolescent Suicide, Formerly NOM 16.3) - AM-Suicide</p>

Children with Special Health Care Needs

Ensure all CYSHCN receive care in a well-	In 2025, the percent of children and youth with special health care needs (CYSHCN), ages 0 through 17, who report receiving	Conduct targeted ongoing needs assessment activities and research projects to identify gaps and opportunities for improvement within the state systems of care for CYSHCN	ESM MH.1 - Number of health care providers trained on Medical Home, Care	NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a	NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning
---	---	---	--	---	---

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
functioning system	<p>care in a well-functioning system, will not be lower than 18%, which is the same as the 2020 baseline rate.</p> <p>In 2025, the percent of parents reporting that their children, ages 0 through 17, are in excellent or very good health will not be less than 87.6%, which is the same as the 2020 baseline rate.</p> <p>In 2025, the percent of children, ages 3 through 17, with a mental/behavioral condition who report that they were able to receive the treatment or counseling needed will increase to 78.7% from the 2020 baseline rate of 68.4%.</p> <p>In 2025, the percent of children with and without special with special health care needs, ages 0 through 17, who report having a medical home will not be less than 51.1%, which is the same as the 2020 baseline rate.</p> <p>In 2025, the percent of children with special health care needs, ages 0 through 17, who report having a medical home will not be less than 44.2%, which is the same as the 2020 baseline rate.</p>	<p>Equip clinicians around the state with the knowledge, tools, and resources to promote and provide care coordination and make appropriate community referrals in their personal practices</p> <p>Enhance the educational content of medical home competencies provided for pediatric primary care providers in training</p> <p>Direct Provision of Care Coordination Services in New Orleans and Lafayette</p> <p>Support the redevelopment and expansion of FRC services as a virtual, statewide, resource and referral hub</p> <p>Increase awareness statewide amongst pediatric health care professionals of the mental health consultation, training, and resource and referral services and supports available to them through the Provider-to-Provider Consultation Line</p> <p>Use the Extension for Community Health (ECHO) Model to increase provider knowledge on effectively recognizing and responding to the behavioral health needs of pregnant and postpartum persons</p> <p>Build the foundations for systems to monitor the health of individuals with sickle cell disease (SCD) and the ability of care systems to support people living with SCD</p>	<p>Coordination and Youth Health Transition</p> <p>ESM MH.2 - Percent of providers participating in Medical Home, Care Coordination, and Youth Health Transition trainings who demonstrate improved knowledge of training contents</p>	<p>medical home (Medical Home, Formerly NPM 11) - MH</p>	<p>system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC</p> <p>NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX</p> <p>NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS</p> <p>NOM - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year (Forgone Health Care, Formerly NOM 25) - FHC</p>
Partner with families, youth, and	<p>In 2025, the percent of children and youth with special health care needs (CSHCN), ages 0 through</p>	<p>Support Hands & Voices with implementation of the Guide by Your Side Program to support families of Deaf and Hard of Hearing (DHH) children</p>	<p>ESM MH.1 - Number of health care providers trained on</p>	<p>NPM - Percent of children with and without special health care needs, ages 0</p>	<p>NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who</p>

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
<p>communities at all levels of systems change</p>	<p>17, who report receiving care in a well-functioning system will not be lower than 18%, which is the same as the 2020 baseline rate.</p> <p>In 2025, the percent of parents reporting that their children, ages 0 through 17, are in excellent or very good health will not be less than 87.6%, which is the same as the 2020 baseline rate.</p> <p>In 2025, the percent of children, ages 3 through 17, with a mental/behavioral condition who report that they were able to receive the treatment or counseling needed will increase to 78.7% from the 2020 baseline rate of 68.4%.</p> <p>In 2025, the percent of children with and without special with special health care needs, ages 0 through 17, who report having a medical home will not be less than 51.1%, which is the same as the 2020 baseline rate.</p> <p>In 2025, the percent of children with special health care needs, ages 0 through 17, who report having a medical home will not be less than 44.2%, which is the same as the 2020 baseline rate.</p>	<p>Support regional Sickle Cell Foundations with implementation, capacity building, and continuous quality improvement related to building a coordinated resource and referral network</p> <p>Assist the regional Families Helping Families centers with implementation, capacity building, and continuous quality improvement related to building a coordinated resource and referral network</p>	<p>Medical Home, Care Coordination and Youth Health Transition</p> <p>ESM MH.2 - Percent of providers participating in Medical Home, Care Coordination, and Youth Health Transition trainings who demonstrate improved knowledge of training contents</p>	<p>through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH</p>	<p>receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC</p> <p>NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX</p> <p>NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS</p> <p>NOM - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year (Forgone Health Care, Formerly NOM 25) - FHC</p>
<p>Ensure Title V strategies are outcomes-</p>	<p>In 2025, the percent of children and youth with special health care needs (CSHCN), ages 0 through</p>	<p>Optimize efficiency and quality of services delivered through CYSHCN clinics provided in the OPH Parish Health Unit clinical network</p>	<p>ESM MH.1 - Number of health care providers trained on</p>	<p>NPM - Percent of children with and without special health care needs, ages 0</p>	<p>NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who</p>

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
<p>focused and rooted in essential public health services</p>	<p>17, who report receiving care in a well-functioning system, will not be lower than 18%, which is the same as the 2020 baseline rate.</p> <p>In 2025, the percent of parents reporting that their children, ages 0 through 17, are in excellent or very good health will not be less than 87.6%, which is the same as the 2020 baseline rate.</p> <p>In 2025, the percent of children, ages 3 through 17, with a mental/behavioral condition who report that they were able to receive the treatment or counseling needed will increase to 78.7% from the 2020 baseline rate of 68.4%.</p> <p>In 2025, the percent of children with and without special with special health care needs, ages 0 through 17, who report having a medical home will not be less than 51.1%, which is the same as the 2020 baseline rate.</p> <p>In 2025, the percent of children with special health care needs, ages 0 through 17, who report having a medical home will not be less than 44.2%, which is the same as the 2020 baseline rate.</p>	<p>Collaborate with Medicaid and the State Laboratory to develop policy, operational, and funding mechanisms to support universal newborn screening for all conditions recommended by U.S. Secretary of the Department of Health and Human Services’ Advisory Committee on Heritable Disorders on Newborns and Children</p> <p>Improve timely linkage to care in screening and surveillance systems</p>	<p>Medical Home, Care Coordination and Youth Health Transition</p> <p>ESM MH.2 - Percent of providers participating in Medical Home, Care Coordination, and Youth Health Transition trainings who demonstrate improved knowledge of training contents</p>	<p>through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH</p>	<p>receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC</p> <p>NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX</p> <p>NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS</p> <p>NOM - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year (Forgone Health Care, Formerly NOM 25) - FHC</p>

Cross-Cutting/Systems Building

Boldly work to | In FFY2025, initial steps will be | Institutionalize equity within BFH policies and practice | | SPM 1: Percent of

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
undo systemic drivers of disparities and institutionalize equitable policies and practices	taken to implement a multi-year strategy for improving MCH workforce health equity competencies will be developed.	Build workforce and partner capacity to promote health equity, anti-racism, and social justice		recommended actions resulting from externally assessed equity audit that have been successfully implemented	
Partner with families, youth, and communities at all levels of systems change	In FFY2025, an internal orientation session on community and family partnership will be launched to support MCH workforce development.	<p>Provide technical assistance to improve Medicaid (Title XIX) and LA CHIP (Title XXI) funded state systems of care for CYSHCN</p> <p>Improve active participation of persons with lived experience and/or family members in BFH supported Boards, Councils, and Commissions as well as other BFH supported action bodies</p> <p>Increase resources and opportunities for the BFH family representative to fulfill the role of effectively participating in BFH strategic planning processes</p> <p>Continue to support the Statewide Helpline as a resource for families</p> <p>Support Project SOAR with implementation of the Targeted Universalism framework and family engagement strategy to inform the development of a BFH-wide family partnership strategy</p>		SPM 2: Organizational Commitment to Family Engagement in Systems Change	
Ensure Title V strategies are outcomes-focused and rooted in essential public health services	In FFY2025, an internal guidance and accompanying orientation session will be launched to build capacity of staff supporting state-mandated Boards, Councils, and Commissions will be developed.	<p>Implement a bureau-wide strategic communications plan to assure consistent messaging across communication channels and products related to Title V priorities</p> <p>Provide high-level support to the legislatively-mandated commissions and action bodies under the purview of BFH to build their capacities as agents of systems-level change</p> <p>Develop and operationalize processes and templates to support BFH policy recommendations</p>			