HSA
Northeast Delta
Human Services Authority

ANNUAL SERVICE REPORT

FY 2024

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Recommended citation format for this publication:

Monteic A. Sizer. and Dependra Bhatta. 2024. Annual Report for Fiscal Year 2024. Northeast Delta Human Services Authority (NEDHSA). Monroe, Louisiana.

Message from the Board of Directors Chairman

The Northeast Delta Human Services Authority Board of Directors expresses its support and gratitude for the continuous innovation, creation of partnerships, and development of evidence-based practices in fulfilling the agency's mission.

NEDHSA took on a ground-breaking initiative last year through its Rise Above Stigma work, and this report will show that lives have been changed. The agency carefully and compassionately engaged the region's vulnerable populations in non-traditional ways through psychodramas, hip-hop music, and its mobile app.

We are proud to serve in the capacity we do in supporting the work of the executive director, the staff, contractors, and many others who work to make NEDHSA what it is.

Yvonne Lewis
Board of Directors Chairman

Board of Directors

Yvonne Lewis - Board Chair

Madison Parish

Andy Bryan – Vice Chair

Union Parish

Tasha Washington - Board Member

Franklin Parish

Dr. Tony Ray Young - Board Member

Dr. Tiffany Bates - Board Member

Lincon Parish

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Rev. Shawn Hornsby - Board Member
Cynthia Mathes - Board Member

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Randy L. Williams - Board Member

Morehouse Parish

Latonya Whiteside - Secretary

West Carroll Parish

Message from the Executive Director

Our world feels more divided than ever, yet there are issues so essential that they transcend our differences. At the heart of those is the health and well-being of our people. At Northeast Delta Human Services Authority (NEDHSA), we are driven by the belief that building healthier communities isn't just an aspiration—it's a necessity. It's about creating a future where every individual, regardless of their circumstances, has the opportunity to thrive.

The cost of staying fragmented is simply too high. Lives are being lost, medical expenses are spiraling, families are struggling, and an overwhelming sense of despair continues to grow. These aren't isolated problems—they're deeply connected, and at their core are the social determinants of health: economic stability, education, access to healthcare, and the environments in which people live and work. When these areas fail, they create barriers that keep too many from ever getting ahead.

But it doesn't have to be this way. Imagine a community where your health isn't determined by your zip code, where preventive care and mental health services are accessible to everyone, and where children and adults alike can live full, healthy lives. Picture a society where hope replaces hopelessness because we've chosen to invest in solutions that make a real difference. That's the future we're working toward every day.

In FY2024, we made meaningful strides toward this vision. Across our twelve-parish region, our behavioral health clinics served over 1,500 clients, providing more than 25,000 services. Through our Network of Care partnerships, we supported 183 individuals in inpatient facilities. Programs addressing homelessness and workforce challenges collectively reached 388 people, offering them stability and a chance to rebuild. Our tobacco cessation initiative supported 501 individuals on their path to healthier lives. But beyond the numbers are the lives touched by our innovative programs, such as "Arts As A Medicine" and "Arts As A Therapy." These initiatives brought healing through creativity, connecting thousands of people through art festivals, exhibitions, and performances. These are moments that statistics can't fully capture—moments where individuals found hope, connection, and strength to move forward.

Still, the challenges ahead remind us that our work is far from over. Healthier communities don't just happen; they require bold action and unwavering commitment. Prioritizing health isn't just the right thing to do—it's an investment in our collective future. Healthy individuals mean stronger families, reduced emergency care, lower crime rates, and a workforce capable of driving innovation and growth.

At NEDHSA, we're committed to doing our part. But we can't do it alone. It takes partnerships, collaboration, and a shared vision to create lasting change. The health of our neighbors isn't a political issue—it's a human one. Together, we can address these challenges and build a better, more unified future.

Let's act with courage and compassion. Our communities are counting on us, and we can't afford to wait.

~ Dr. Monteic A. Sizer, NEDHSA Executive Director

NEDHSA Mission, Vision, and Tenets

Our Mission

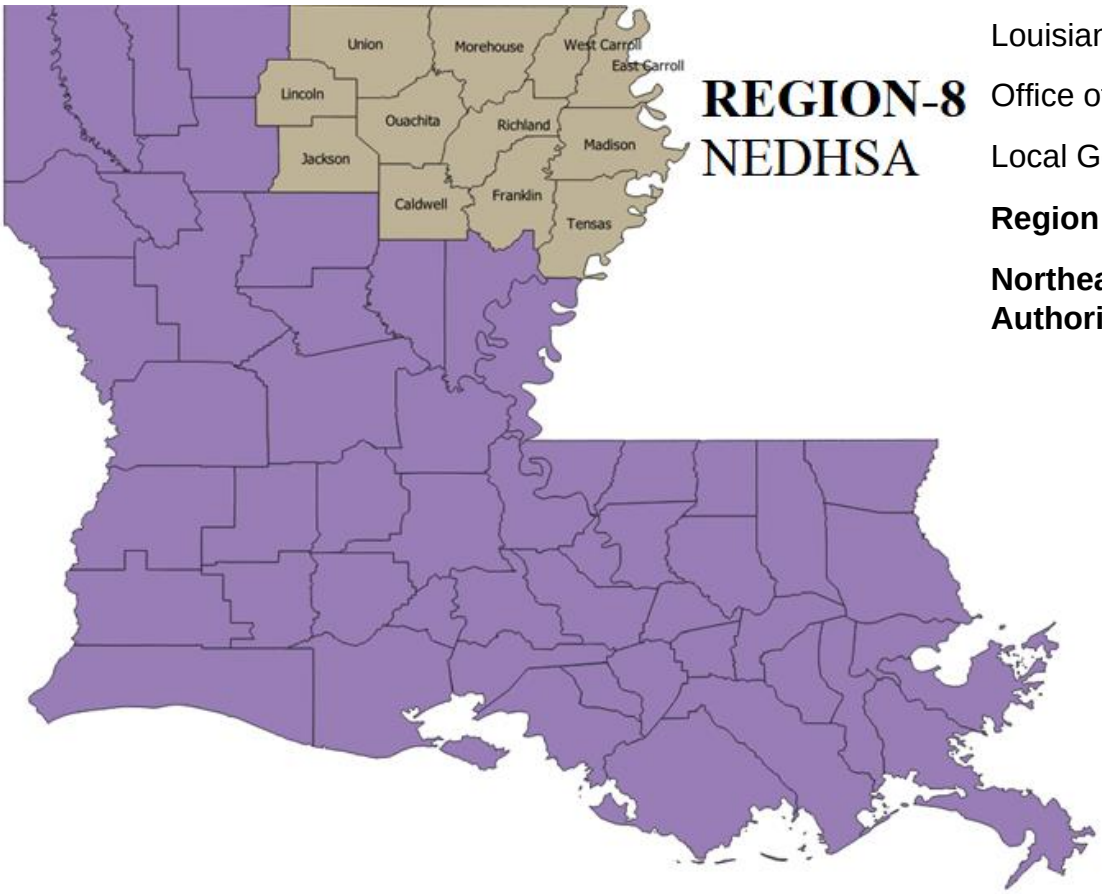
NEDHSA serves as a catalyst for individuals with mental health, developmental disabilities, and addictive disorders to help realize their full human potential by offering quality, excellent care, with greater accessibility.

Our Vision

NEDHSA's vision is to build a unified Northeast Louisiana where individuals are thriving and reaching their full human potential.

Three Tenets Guiding Our Actions

1) Greater access to services
2) Excellent customer service
3) Quality competent care



Louisiana Department of Health

Office of Behavioral Health

Local Government Entity

Region 8

Northeast Delta Human Services Authority

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NEDHSA Outpatient Clinics

NEDHSA Monroe Clinic
Mental Health and Addiction
4800 South Grand Street
Monroe, LA 71202
318-362-3339

NEDHSA Children & Family Services Clinic
Mental Health and Addiction
2525 Ferrand St., Monroe, LA 71201
318-362-3617

NEDHSA Ruston Clinic
Mental Health and Addiction
602 East Georgia Avenue
Ruston, LA 71270
318-251-4125

NEDHSA Tallulah Clinic
Mental Health
1012 Johnson Street
Tallulah, LA 71282
318-574-1713

NEDHSA Bastrop Clinic
Mental Health
451 E. Madison Avenue
Bastrop, LA 71220
318-283-0868

NEDHSA Winnsboro Clinic
Mental Health
1301 Landis Street
Winnsboro, LA 71295
318-649-2333 or 318-435-2146

NEDHSA Columbia Clinic
Mental Health and Addiction
5159 Highway 4 East
Columbia, LA 71418
318-649-2333

Executive Summary

The Northeast Delta Human Services Authority (NEDHSA) provides comprehensive prevention and treatment services to individuals facing challenges related to mental health, addiction and substance use disorders, and developmental disabilities. Serving twelve parishes in northeastern Louisiana—Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, and West Carroll—NEDHSA addresses systemic barriers, including race, class, poverty, geographic isolation, and social stigma.

During FY2024 (July 2023–June 2024), NEDHSA outpatient behavioral health clinics served 1,580 unique clients across the region, delivering 25,670 billable and non-billable services. Client feedback demonstrated exceptionally high satisfaction, with over 97% reporting they would continue using NEDHSA services and recommend them to others. Among adult clients surveyed, more than 80% reported improved functioning, positive treatment outcomes, and enhanced social connectedness, while 75% reported reduced alcohol or drug use. Additionally, through partnerships with its funded Network of Care, NEDHSA served 183 clients in inpatient facilities.

NEDHSA's targeted programs expanded their reach and impact in FY2024. The tobacco cessation program served 501 clients, while the agency's Second Opportunity Workforce Solutions (SOWS), Transitional Housing, Peer Support Center, and PATH Homeless Outreach Program collectively assisted 388 individuals. These initiatives addressed the multifaceted issues of homelessness, mental health, and addiction, fostering stability and pathways to recovery and self-sufficiency.

For developmental disabilities, NEDHSA reviewed 506 eligibility applications and provided oversight to 480 participants through Statements of Approval. The agency also advanced its prevention and wellness efforts by completing 760 SYNAR compliance checks, distributing 2,367 NARCAN kits, and enrolling 7,323 children and adolescents in evidence-based programs.

Baseline mental health measures revealed critical insights into the populations served:

- **Suicide Risk (Columbia Suicide Screening)**: Among 620 clients assessed, 32.6% were at low, moderate, or severe risk.
- **Anxiety (GAD-7)**: Of 585 individuals, 16% were mild, 23% moderate, and 32% severe.
- **Depression (PHQ-9)**: Among 584 individuals, 18.2% reported mild, 19.7% moderate, 19.9% moderately severe, and 13.7% severe depression.

FY2024 also marked significant milestones in research and innovation. NEDHSA was recognized as a top-three finalist for the State Transformation in Action Recognition (STAR) award for its program, *"Bridging Barriers: NEDHSA's Innovative Approach to Behavioral Health Stigma Reduction in Rural Communities."* This recognition highlights the agency's commitment to reducing stigma and enhancing healthcare access in underserved regions.

As FY2024 concludes, NEDHSA remains steadfast in its mission to evaluate client needs, foster strategic partnerships, and deliver effective, client-centered care. Guided by its vision, mission, and core tenets, the agency continues to build a resilient framework for improved health outcomes across the communities it serves.

Our Integrated Healthcare Model

The NEDHSA Integrated Behavioral and Primary Healthcare Program was created with its client population in mind to provide greater access, offer personalized treatment plans, and ensure greater success. NEDHSA strives to provide services that go well beyond mental health clinic walls. For the residents of northeast Louisiana, the challenges of healthcare access begin at home. Poverty, unemployment, lack of transportation, homelessness, and other basic needs often dictate behavioral and primary healthcare accessibility and success. These factors are among many of the social determinants of health affecting its client population. By developing an integrated program that addresses the social determinants of health that play a crucial role in patient treatment and outcomes, NEDHSA has extended a lifeline to those who would otherwise go unrecognized and untreated. It is NEDHSA's mission to make behavioral and primary healthcare accessible to everyone within its reach, and its innovative integrated healthcare program makes this mission possible by going above and beyond state mandates in the delivery of behavioral healthcare and offsetting the unique challenges of the people it serves. The NEDHSA Integrated Behavioral and Primary Healthcare Program is built upon a triad of behavioral health, primary health, and social determinants of health.

By increasing access to healthcare, NEDHSA is also able to provide much-needed primary healthcare services to its behavioral health clients. Many of its mental health and substance use clients have never visited a dentist or a primary care physician. The lack of primary health access may not only encumber needed behavioral health treatment but may also lead to the development of preventable illnesses easily detected with basic health screenings. Further, lack of access to regular, ongoing primary care can have a negative impact on patient medication and treatment plan compliance, satisfaction and contentment with health services providers, quality of life, and other variables essential to the maintenance of health and wellness. Utilizing evidence-based practices, NEDHSA developed an innovative approach to bridging the gap in its clients' needs by offering a holistic approach to treatment, which addresses behavioral health, social determinants, and primary health.

Look for our Social Determinants icon

NEDHSA

***S**ocial*
*D**eterminants***

NEDHSA recognizes that an individual's overall health and well-being are affected by more than physical and mental illness. They are also influenced by a range of societal factors, often referred to as social determinants of health.

Social determinants of health include environmental and economic factors, community and social conditions, policies, societal norms, and other influences that shape daily life. These factors encompass where a person is born, lives, works, attends school, grows, and ages- all of which have a significant impact on health risks and outcomes.

By identifying and acknowledging the specific social determinants of health that affect the patients, NEDHSA developed a nontraditional approach to behavioral and primary healthcare delivery. We have intentionally incorporated a comprehensive perspective that considers all factors influencing health risks and outcomes, recognizing the complexity of the population we serve.

Look for NEDHSA's Social Determinants icon throughout this report for its commitment to addressing the broader social factors that impact the patient's health and well-being.

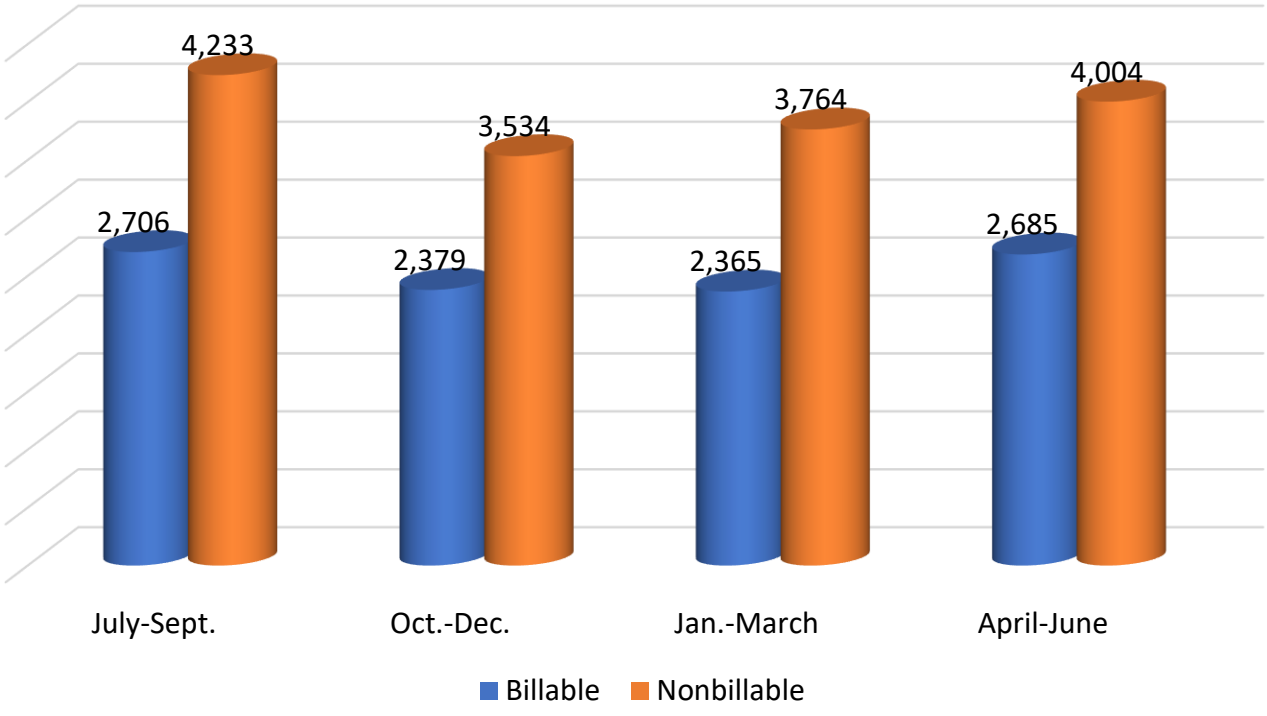
Billable and Non-billable services

Our mission is to provide quality and excellent care with greater accessibility. We provided **25,670** services to our clients in FY24. These were client-needed services performed by our clinic staff. Over 15,500 non-billable services were not charged to the client and were not billed to private or public insurance.

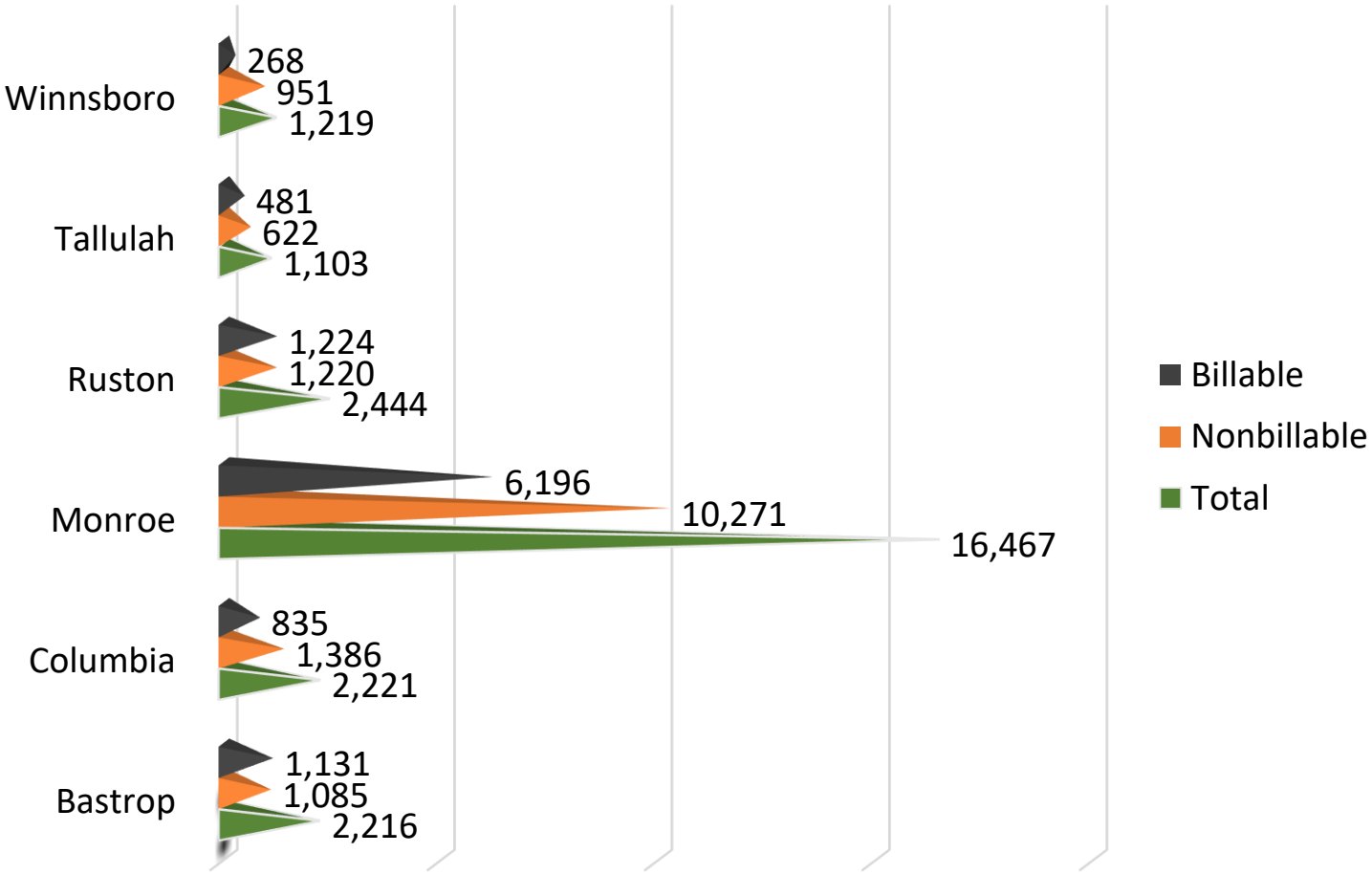
Outpatient Clinic Activities FY24	
Total number of non-billable services	15,535
Total number of billable services	10,135
Total unduplicated clients	1,580
Total services	**25,670**

FY24 Outpatient Services by Quarters

(n=25,670)



FY24 Number of Services Provided by NEDHSA Clinics



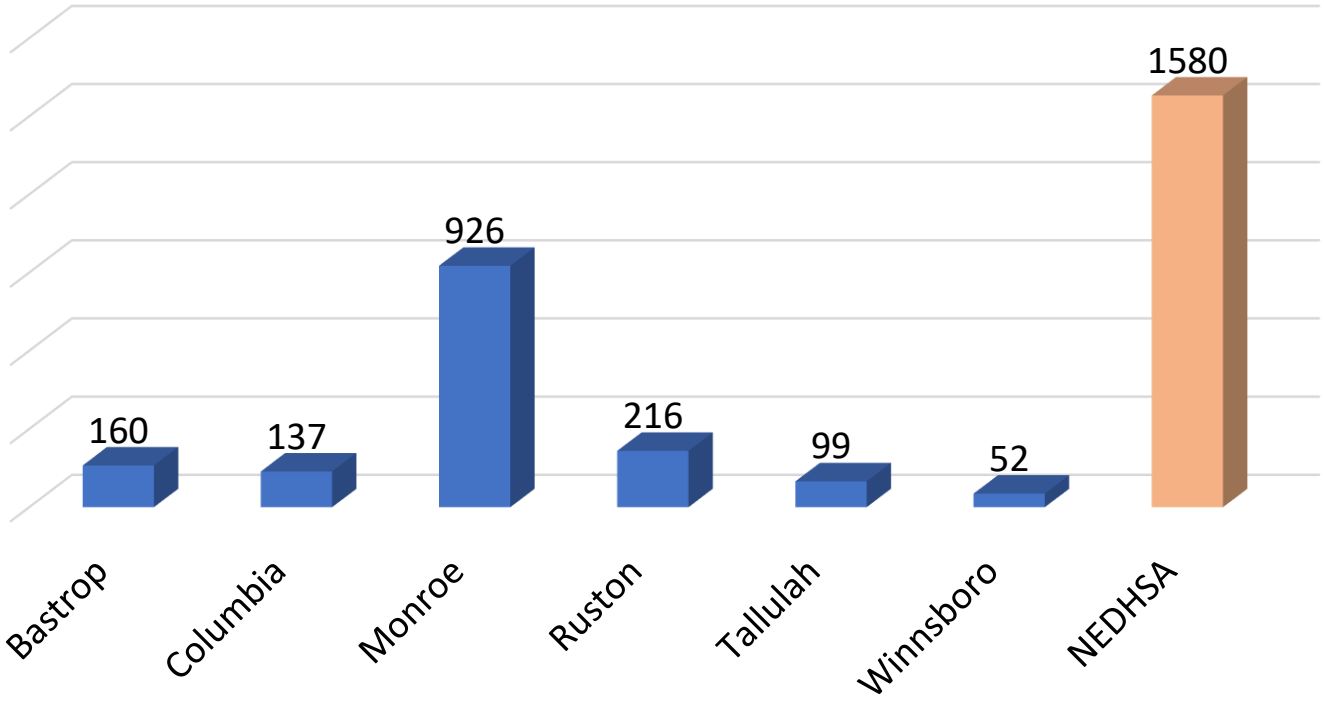
Monroe is the 9th largest city in Louisiana. The population of Monroe (46,820 in 2022[1]) is higher than other NEDHSA's service areas.

Around 61% of the total billable services were provided at Monroe Behavioral Health Clinic.

[1]https://www.census.gov/quickfacts/fact/table/monroecitylouisiana,US/PST045222

FY24 Number of Unique Clients by Behavioral Health Outpatient Clinic

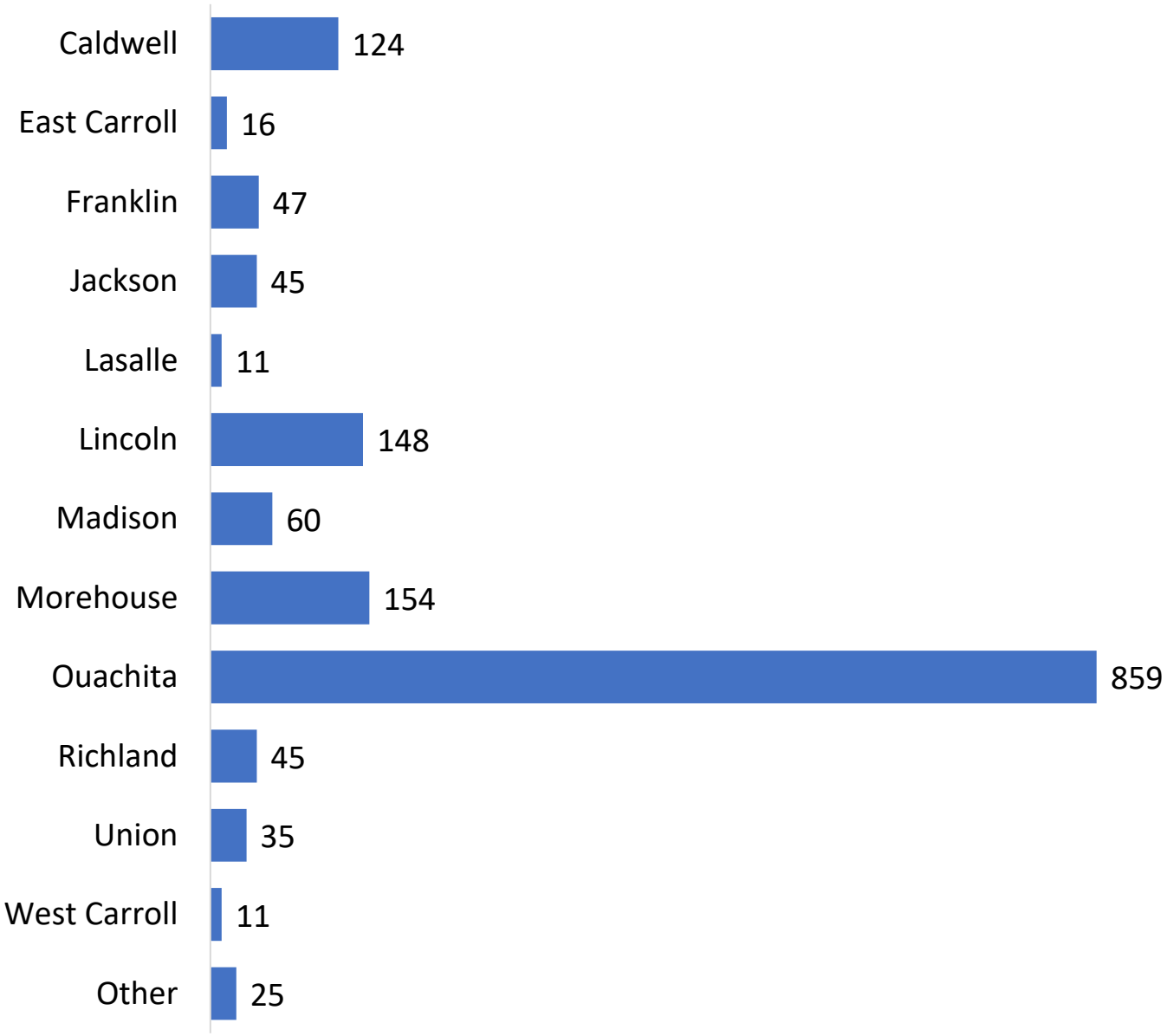
(n=1,580)



- Around 59% of total NEDHSA clients were served at Monroe Behavioral Health Clinic.

FY24 NEDHSA Client Distribution by Parishes

(n=1,580)



While NEDHSA's service area is 12-parishes located in Louisiana's Delta, there were services provided to persons who lived outside of the Delta Region.

Nearly 12% of the adults under age 65 and 3% of children were uninsured in the NEDHSA region[2]. In FY24, around 4.5% of the NEDHSA clients did not have any health insurance coverage.

The mean and median income of the NEDHSA patients were $923 and $816 per month, respectively, including 40% with monthly income less than $500. Therefore, NEDHSA provides services to clients who cannot pay to ensure the care they need.

FY24 Outpatient Clinic Guarantors *(n=1,580)*		
Guarantors	Primary **N=**	Secondary **N=**
Blue Cross Blue Shield	71	Less than 10
Champus	Less than 10	Less than 10
Health Maintainance Org	104	Less than 10
Medicaid	1,021	235
Medicare	260	15
None	71	1,316
Private	42	Less than 10
VA	Less than 10	Less than 10
Other	Less than 10	Less than 10
Total	**1,580**	**1,580**

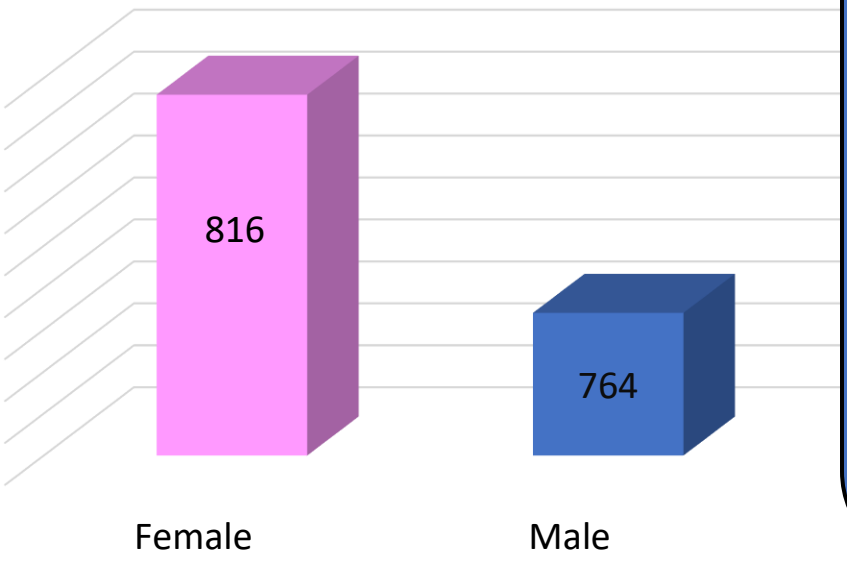
[2]https://www.countyhealthrankings.org/

In FY24, 64.62% of NEDHSA clients had Medicaid as a primary guarantor.

Outpatient Clinic Client Demographics

FY24 Outpatient Client by Sex

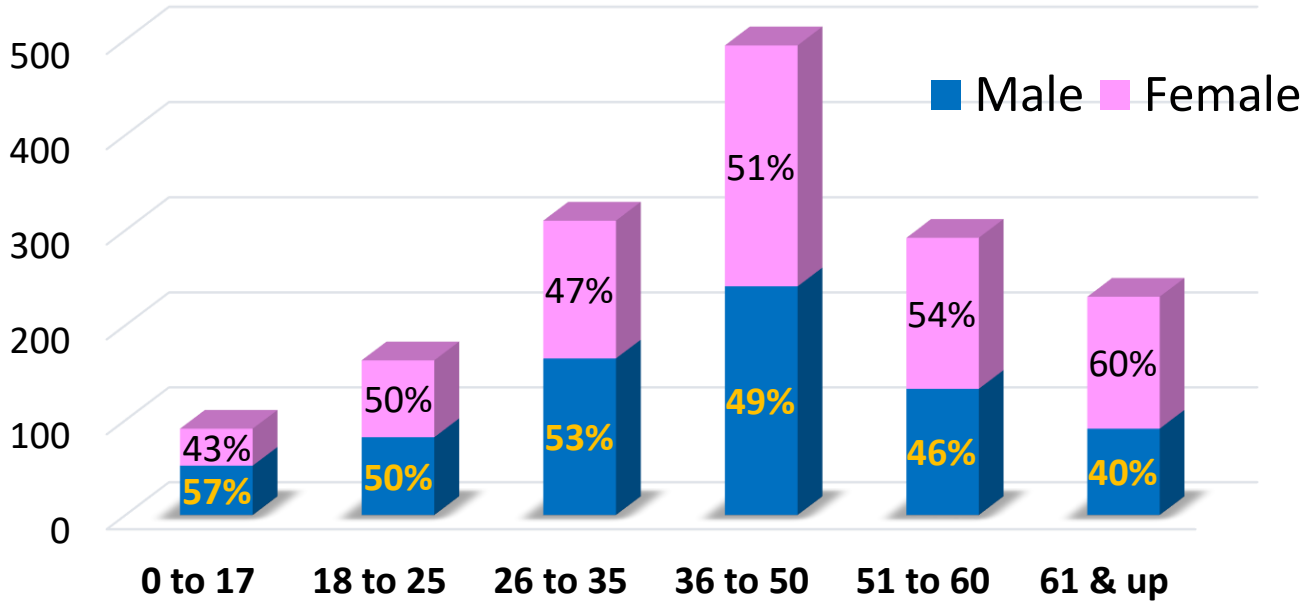
(n=1,580)



- In FY24, around **48%** of the total NEDHSA clients were male, and **52%** were female.
- The female proportion in **FY24** was higher in the **36 and up age group**.
- In FY24, 25.3% of female clients (n=206) had dependent children at admission, re-assessment, or discharge.

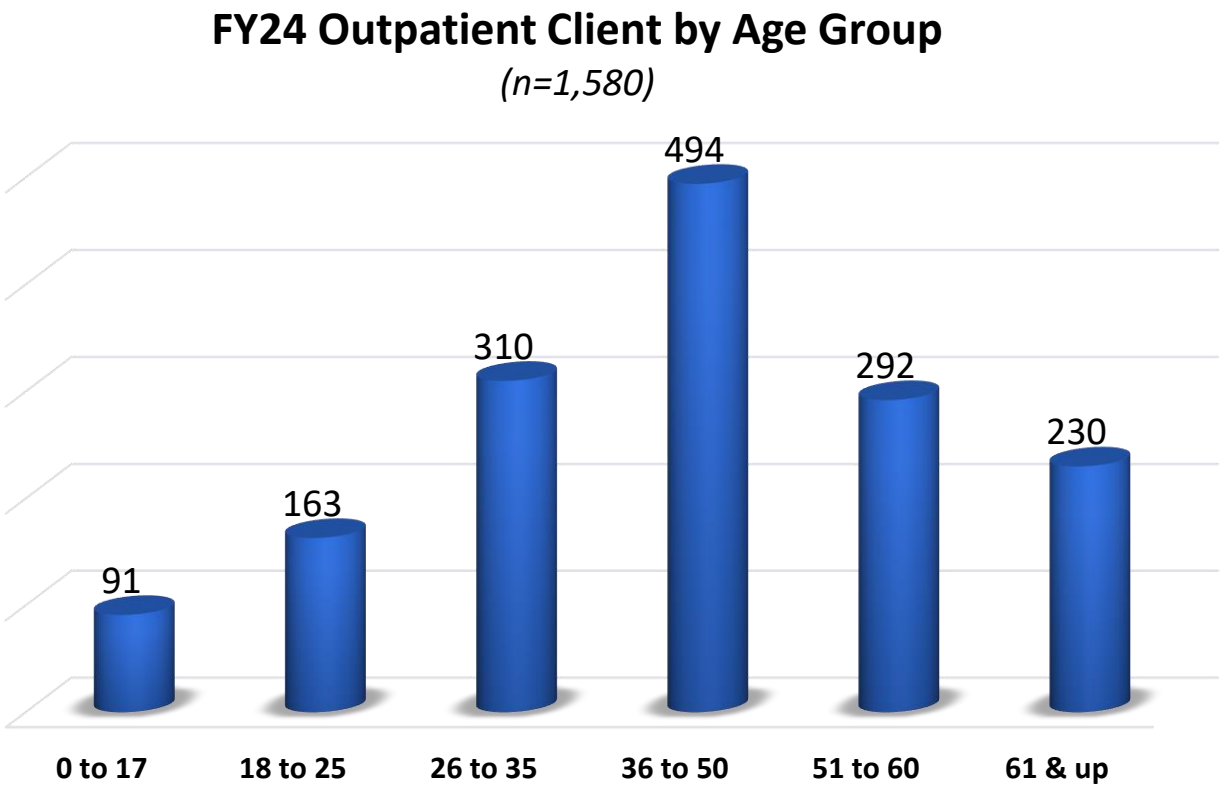
FY24 Outpatient Client Reported Sex (%) by Age Group

(n=1,580)



15% of NEDHSA outpatient clients are over the age of 60.

To address the specific issue surrounding our older clients, we have developed **Operation Golden Years**, a program aimed at mitigating the social health concerns of our seniors.



In FY24, most of the clients seen in the NEDHSA outpatient clinics were in between 26 and 60 years of age (N=1096; 69%). Around 20% were aged between 26 to 35 years, 31% were aged between 36 to 50 years, and 18% were aged between 51 to 60 years.

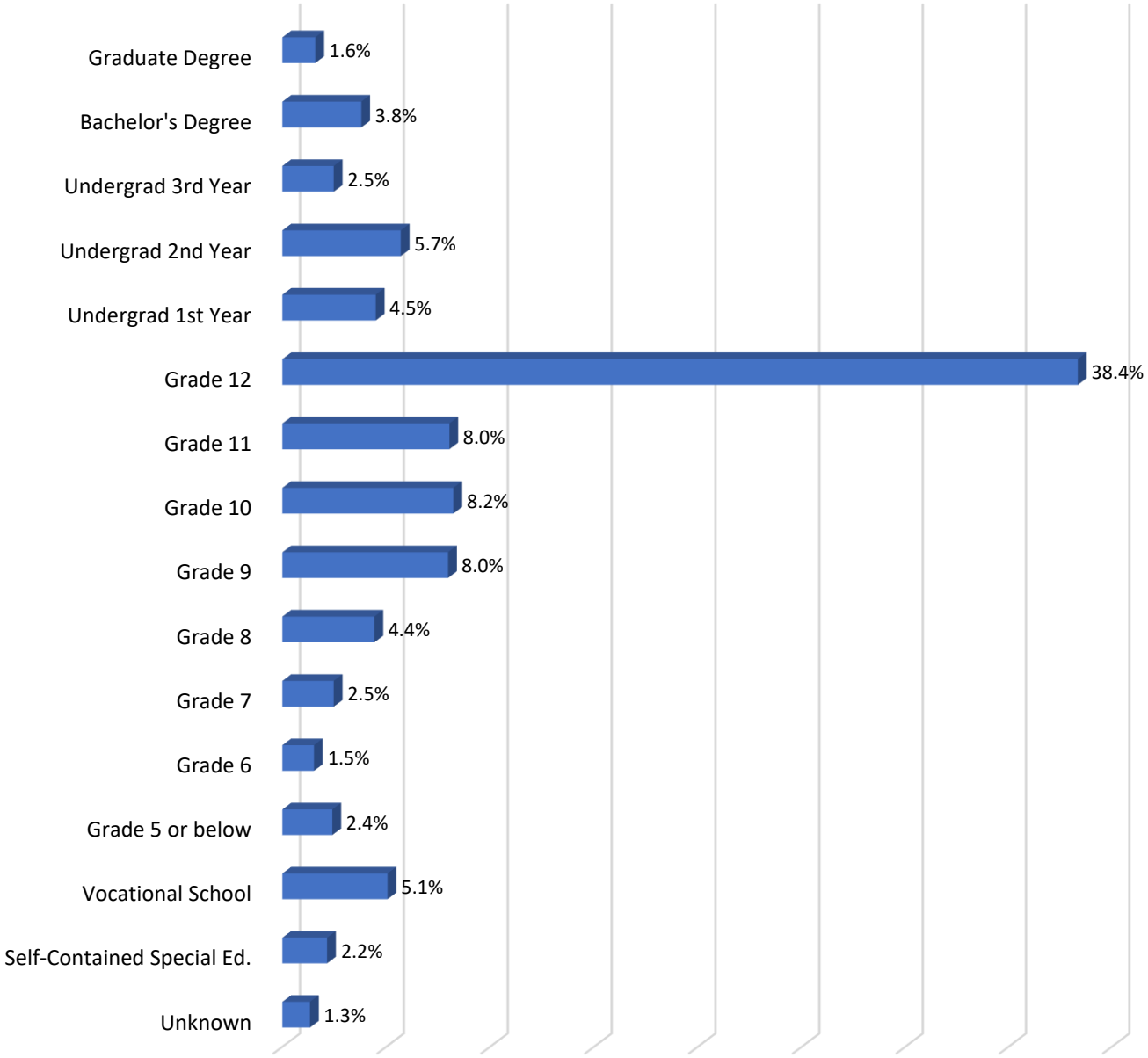
FY24 Outpatient Client by Race

(n=1,580)

- In FY24, around 53% of the NEDHSA outpatient clients were Black and 45% were White.
- Male to Female proportion in Black was slightly more than one (1.08) (Male=435; Female=404). However, the proportion was 0.79 in the case of White (Male=315; Female=399).

FY24 Outpatient Client by Education Level

(n=1,580)



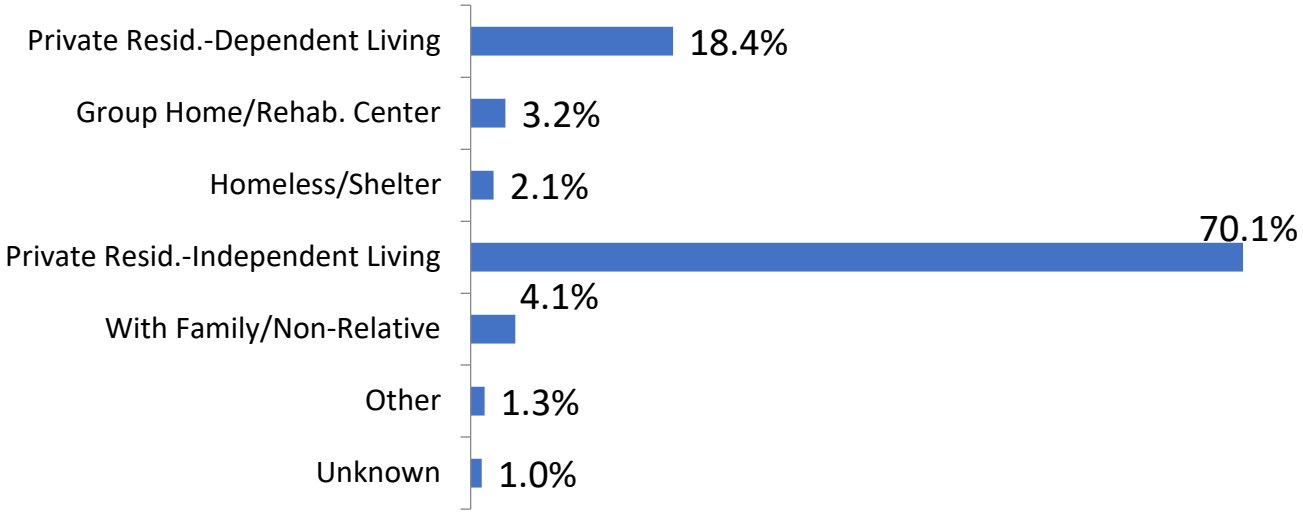
NEDHSA

Social Determinants

56.4% of NEDHSA outpatient clients had educational degrees of high school or more.

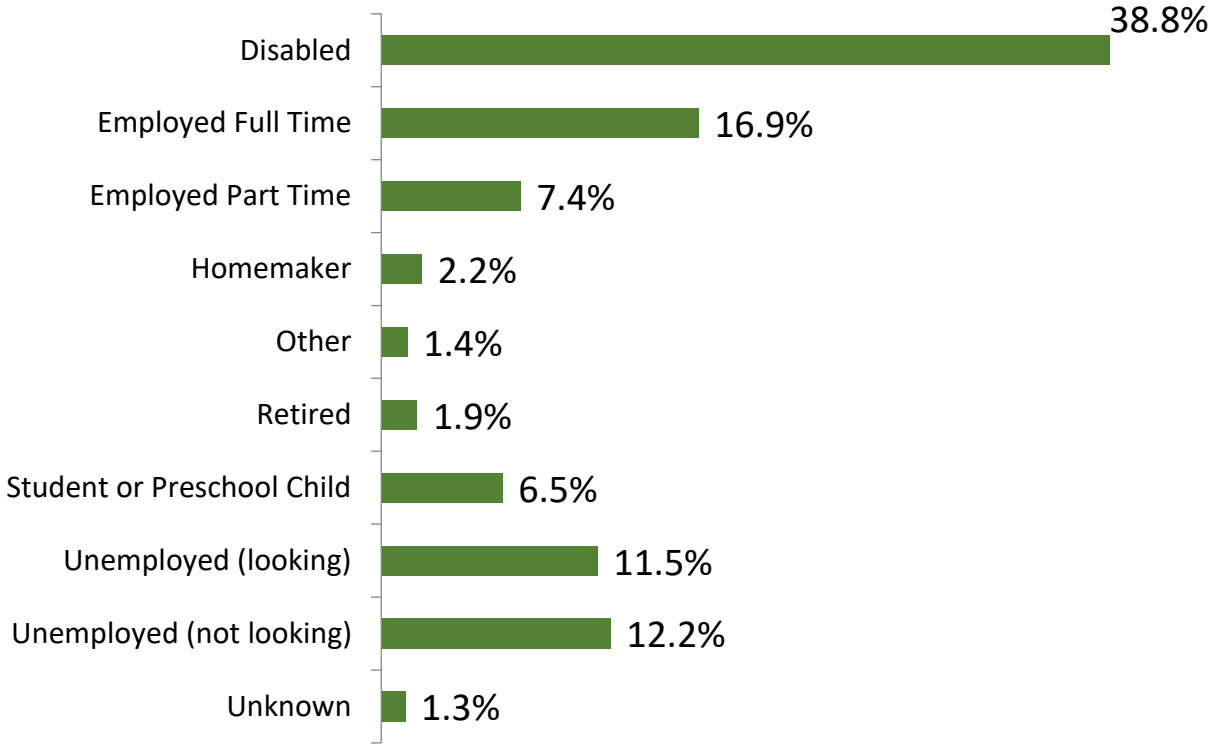
FY24 Outpatient Client by Residental Type

(n=1,580)



FY24 Outpatient Client by Employment Status

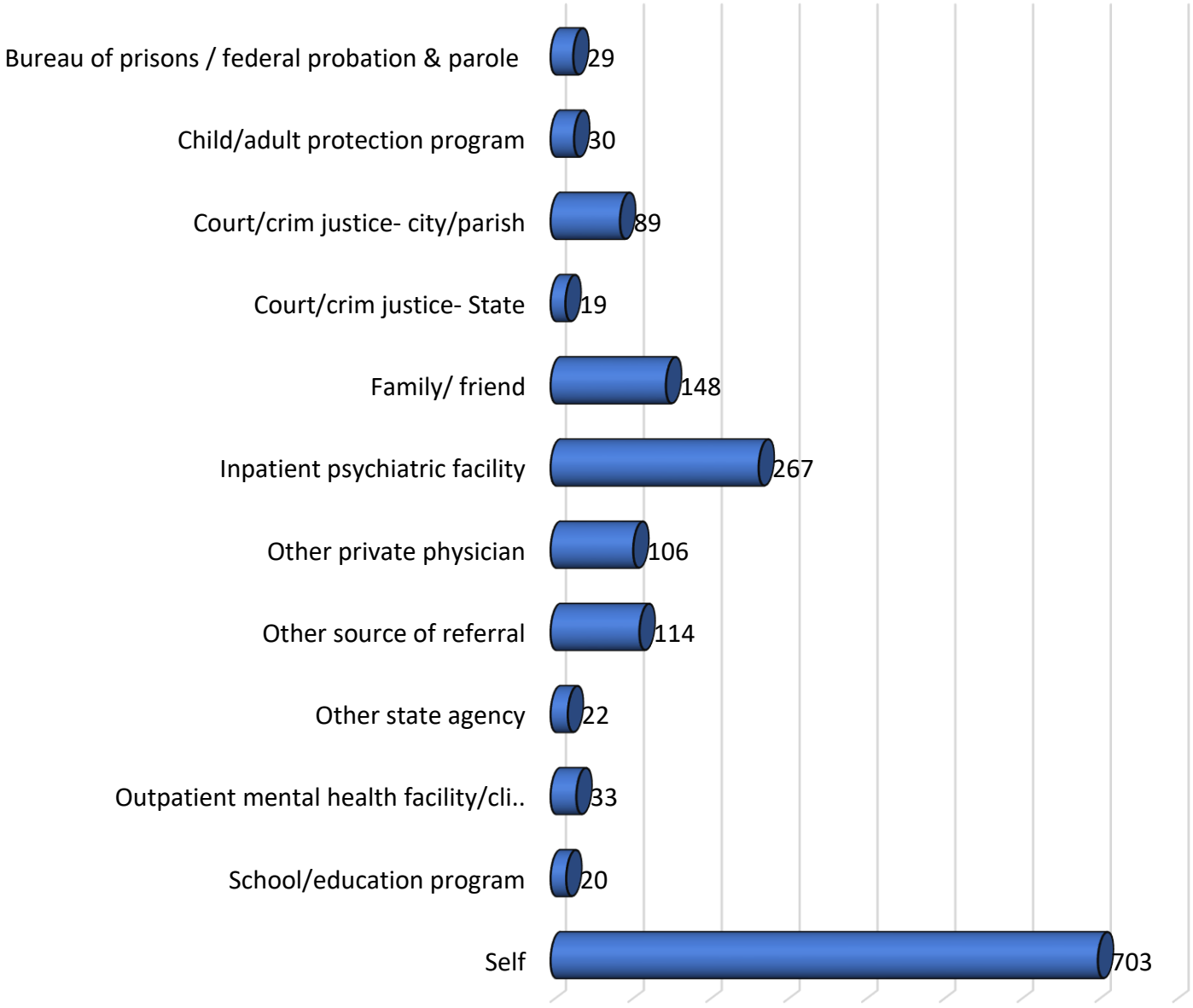
(n=1,580)



- 70% of NEDHSA outpatient clients were living in private independent living arrangements.
- 16.9% of NEDHSA outpatient clients were full time employed.

FY24 Outpatient Client by Source of Referral

(n=1,580)



NEDHSA

Social Determinants

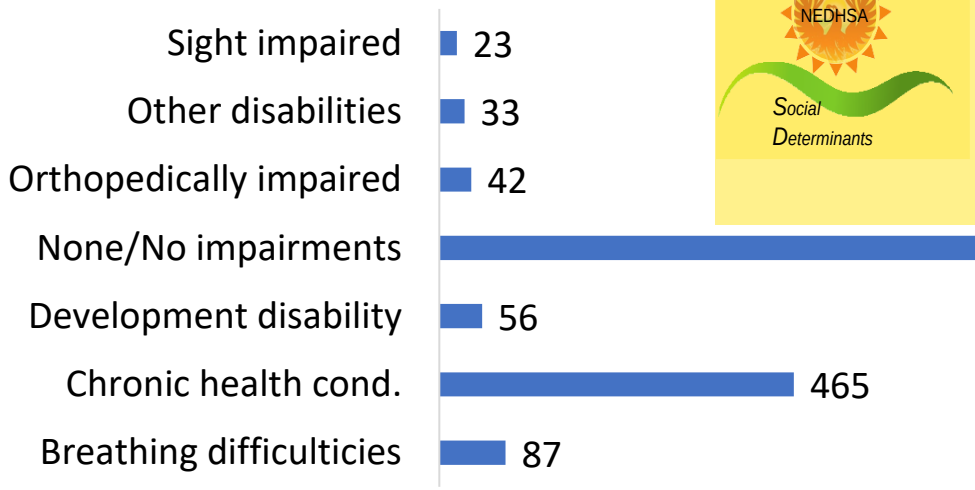
- 44.5% of NEDHSA outpatient clients were self-referred to NEDHSA outpatient clinics.

Parameter	Description
Bureau of prisons / federal probation & parole	Any referrals from the Federal Bureau of Prisons, including Federal Probation and Parole.
Child/adult protection program	Child/Adult Protection Program referrals from Office of Community Services, Battered Women's programs, or other similar, protection/help service.
Court/crim justice-city/parish	Juvenile or Adult - Individuals referred from City/Parish Courts, designated family, or their agents (may include probation officers, attorneys, or judges).
Diversionary program	Direct referral from a Diversionary Program.
Family/ friend	The client decided to come to this clinic based on the advice or recommendation of family and/or friends or any other individual that is not listed in any other category.
General hospital	The client was referred to this clinic by a general hospital.
Inpatient psychiatric facility	The client was referred to this clinic by an inpatient psychiatric facility.
Inpatient SA facility	The client was referred to this clinic by an inpatient substance abuse program/facility.
Other private physician	The client was referred by a physician in private practice.
Other state agency	The client was referred to this clinic by a state agency or facility. NOTE: complete E41- to specify which agency or facility.
School/education program	The client was referred to this clinic by a school or education agency or program (*e.g.*, school system psychologist, principal, counselor, teacher, etc.).
Self	The client decided of his/her own volition to come to this clinic.
Outpatient mental health facility/clinic	The client was referred from Community Mental Health or private MH outpatient facilities.
Outpatient SA	The client was referred to this clinic by an outpatient substance abuse program/facility.
Other source of referral	A source of referral not covered by another category.
Clergy	The client decided to come to this clinic based upon the advice and/or recommendation of a member of the clergy.
Court/crim justice-state	Juvenile or Adult - Individuals referred from Louisiana training institutes, Division of Youth Services, Juvenile Reception and Diagnostic Center, District Courts when sitting as juvenile courts, District Courts or their agents, the Department of Public Safety and Corrections, and the Parole Board. This includes Probation and Parole Officers, Attorneys, and other officers of these courts and District Attorneys. Use category' DUI/DWI' if referred by the courts

Parameter	Description
	subsequent to being charged with Driving While Intoxicated (DWI) or Driving Under the Influence (DUI).
Drug court	Direct referral from a Drug Court Program
DUI / DWI	The client was referred to this clinic by the courts subsequent to being charged with Driving While Intoxicated (DWI) or Driving Under the Influence (DUI).
Employer/EAP	Referrals from or through a formal or informal employee assistance program. Any referrals from employers and supervisors.
OCS/non-TANF	The individual was referred by The Office of Community Services but does not meet TANF eligibility.
OCS/TANF	The client was referred by Office of Community Services and qualifies for TANF eligibility.
Private MH practitioner	The client was referred to this clinic by a mental health practitioner, such as a psychologist or social worker, who is in private practice.
Shelter for homeless/abused	The client was referred to this facility by a shelter for the homeless and/or abused.
Outpatient SA	The client was referred to this clinic by an outpatient substance abuse program/facility.
Unknown	

FY24 Outpatient Client Disability (Primary)

(n=1,580)



NEDHSA Social Determinants

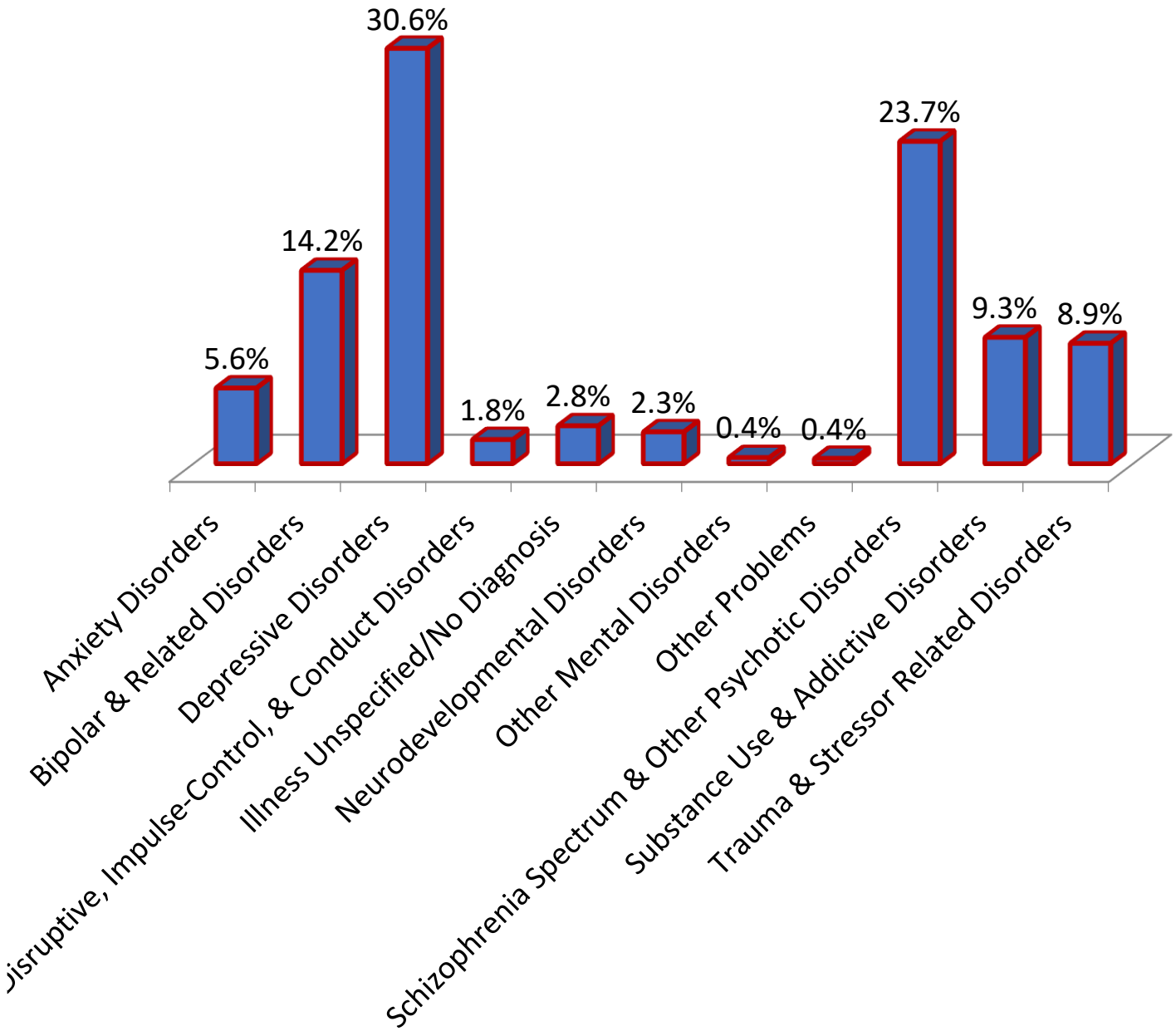
Disability indicates a physical or mental impairment or disability observed in the client.

- 29% of NEDHSA outpatient clients had chronic health condition including high blood pressure, diabetes, or cancer.

Outpatient Clinic Client Diagnoses

FY24 Outpatient Clinic Primary Diagnosis Classification

(n=1,580)



- Depressive Disorders, as a Primary Diagnosis, accounted for 30.6% (N=483) of the types of health disorders treated at NEDHSA clinics.

- The percentage of NEDHSA clients treated primarily for Substance use and Additive

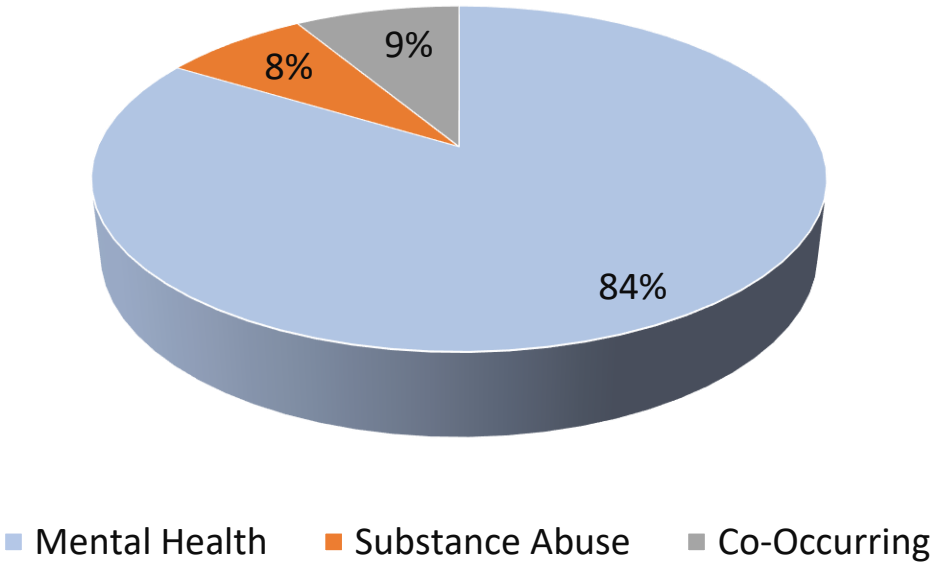
FY24 Outpatient Clients by Primary Diagnosis and Gender
(n=1,580)

	Gender		
Primary Diagnosis	Female	Male	Total
Anxiety Disorders	54	34	88
Bipolar & Related Disorders	141	84	225
Depressive Disorders	294	189	483
Illness Unspecified/No Diagnosis	22	22	44
Others	25	53	78
Schizophrenia Spectrum & Other Psychotic Disorders	154	221	375
Substance Use & Addictive Disorders	48	99	147
Trauma & Stressor Related Disorders	78	62	140
Total	**816**	**764**	**1,580**

- A higher number of male clients were diagnosed with schizophrenia spectrum & other psychotic disorders.
- Of 375 schizophrenia spectrum & other psychotic disorders cases, 77% (n=289) were African Americans.
- Among 816 total female clients, depressive disorders were most common i.e.36% (n=294).
- Of 483 depressive disorder cases, 39% (n=189) were males.
- Bipolar and related disorders, depressive disorder, schizophrenia spectrum & other psychotic disorders, trauma and stress related disorder, and substance use and addictive disorders were higher in the 36-50 years age group.

FY24 Outpatient Client Primary Target Group

(n=1,580)



Primary Target Group indicates the treatment type for the client at the time of admission.

- The number of clients seeking for mental health treatment was higher among the Black (54.16%) compared to other races and White.
- For the substance abuse, the number of White clients were higher than the Black clients.
- By gender, the percentage of female enrollment was higher for Mental Health treatment.
- The number of male clients were higher than female in substance abuse treatment.

FY24 Outpatient Clients by Primary Target Group & Gender *(n=1,580)*			
	Female	**Male**	**Total**
Mental Health	712	610	1,322
	53.86%	46.14%	100%
Substance Abuse	29	92	121
	23.97%	76.03%	100%
Co-Occurring	75	62	137
	54.74%	45.26%	100%
Total	816	764	1,580
	51.65%	48.35%	100%

Client Satisfaction and Outcomes

Over 97% of NEDHSA outpatient clinic clients, including those receiving addiction and/or mental health services, would continue our services and recommend our clinics and services to their family, friends, and others.

FY24 TeleSage Outcomes Measurement System (TOMS)
Quality of Care Clinic Adult Report
General Satisfaction

	Yes	No	Client Count
If you could go anywhere you wanted for services, would you continue to come here?	97.24%	2.76%	762
Would you recommend the clinic to a friend or family member?	98.29%	1.71%	759

FY24 TeleSage Outcomes Measurement System (TOMS)
Quality of Care Clinic Adult Report
Performance Indicators

	Overall GPA	Client Count
Access to services	3.36	772
Appropriateness of services	3.43	770
Medication	3.32	749
Outcome of services	3.13	762
Participation in treatment	3.45	762

FY24 TeleSage Outcomes Measurement System (TOMS)

Quality of Care Clinic Adult Report

	Excellent	V. Good	OK	Poor	Failing	N/A	GPA	Client Count
Access								
How would you grade the location of the services (for example, parking, public transportation, distance)?	48.89%	30.69%	14.95%	1.82%	2.99%	0.65%	3.21	769
How would you grade getting your phone calls returned promptly?	56.6%	28.89%	9.28%	1.83%	2.48%	0.92%	3.37	765
How would you grade getting services at times that were good for you?	59.4%	27.89%	8.95%	1.17%	2.59%	0%	3.4	771
How would you grade seeing a psychiatrist when you need to?	58.28%	26.6%	7.95%	3%	2.35%	1.83%	3.38	767
How would you grade the willingness of the staff to see you as often as necessary?	60.75%	27.85%	7.25%	1.42%	2.59%	0.13%	3.43	772
How would you grade your ability to get all the services you thought you needed?	57.14%	30.52%	7.66%	2.08%	2.47%	0.13%	3.38	770
Access Summary	56.85%	28.74%	9.34%	1.89%	2.58%	0.61%	3.36	772
Appropriateness								
How would you grade doctor/counselor giving you information about your rights?	63.49%	25.42%	6.78%	1.69%	2.09%	0.52%	3.47	767
How would you grade doctor/counselor giving you a choice about what is best for you?	62.19%	26.73%	6.52%	1.96%	2.48%	0.13%	3.44	767
How would you grade doctor/counselor helping you obtain the information you need to manage your illness?	61.98%	26.82%	6.51%	1.69%	2.73%	0.26%	3.44	768
How would you grade staff's belief that you could grow, change, and recover?	60.13%	28.44%	7.01%	1.82%	2.34%	0.26%	3.43	770
How would you grade staff's respect for your wishes about who is and who is not to be given information about your treatment?	63.9%	26.75%	5.32%	1.82%	2.08%	0.13%	3.49	770
How would you grade staff's encouragement of you to take responsibility for how you live your life?	61.02%	29.73%	5.22%	1.56%	2.35%	0.13%	3.46	767
How would you grade how well the staff told you what side effects to watch out for?	53.14%	28.7%	8.68%	2.54%	2.8%	4.14%	3.32	749
How would you grade staff's sensitivity to your cultural background (race, religion, language, etc)?	58.44%	29.48%	6.62%	1.69%	2.47%	1.3%	3.42	770
How would you grade doctor/counselor being open to your complaints?	62.19%	25.55%	7.56%	1.69%	2.74%	0.26%	3.43	767
Appropriateness Summary	60.45%	27.45%	6.85%	1.87%	2.51%	0.87%	3.43	770

	Excellent	V. Good	OK	Poor	Failing	N/A	GPA	Client Count
Participation								
How would you grade doctor/counselor involving you in deciding your treatment goals?	63.52%	26.64%	4.86%	1.84%	3.15%	0%	3.46	762
How would you grade doctor/counselor being open to questions about your treatment and medications?	61.81%	27.3%	6.3%	1.84%	2.62%	0.13%	3.44	762
Participation Summary	62.66%	26.97%	5.58%	1.84%	2.89%	0.07%	3.45	762
Outcome								
How would you grade how well the services have helped you deal more effectively with your daily problems?	45.71%	35.01%	13.74%	2.25%	2.64%	0.66%	3.2	757
How would you grade how well the services have helped you feel better about yourself?	47.24%	32.28%	14.96%	3.02%	2.1%	0.39%	3.2	762
How would you grade how well the services have helped you cope with a crisis?	44.53%	32.81%	15.68%	3.56%	2.9%	0.53%	3.13	759
How would you grade how well the services have helped you get along better with your family?	43.35%	30.72%	15.96%	4.26%	2.66%	3.06%	3.11	752
How would you grade how well the services have helped you do better in being able to work?	35.57%	22.97%	15.13%	6.16%	3.5%	16.7%	2.97	714
How would you grade how well the services have helped you do better with your leisure time?	40.97%	31.88%	17.79%	4.61%	2.64%	2.11%	3.06	759
How would you grade how well the services have helped you improve your housing situation?	38.37%	21.61%	18.14%	3.32%	3.6%	14.9%	3.03	722
How would you grade how well the services have helped you become more independent?	46.41%	27.66%	16.89%	3.19%	3.06%	2.79%	3.14	752
How would you grade how well the services have helped you deal with situations that used to be a problem for you?	45.51%	32.85%	15.57%	2.51%	2.77%	0.79%	3.17	758
How would you grade how well the services have helped you do better at being able to control your life?	47.96%	29.12%	15.94%	3.69%	2.37%	0.92%	3.18	759
Outcome Summary	43.56%	29.69%	15.98%	3.66%	2.82%	4.29%	3.13	762
Medication								
How would you grade how well the doctor responded to any medication side effects?	55.94%	25.23%	9.21%	1.87%	3.07%	4.67%	3.35	749
How would you grade how well the medications have helped control symptoms that used to bother you?	53.27%	28.17%	9.35%	3.07%	2.8%	3.34%	3.3	749

	Excellent	V. Good	OK	Poor	Failing	N/A	GPA	Client Count
Medication Summary	54.61%	26.7%	9.28%	2.47%	2.94%	4.01%	3.32	749
Functioning								
My symptoms are not bothering me as much.	35.4%	45.57%	13.61%	2.38%	2.25%	0.79%	1.9	757
I do things that are more meaningful to me.	35.52%	45.22%	14.29%	2.75%	1.31%	0.92%	1.88	763
I am better able to take care of my needs.	36.83%	46%	12.98%	2.36%	1.05%	0.79%	1.84	763
I am better able to handle things when they go wrong.	34.21%	45.74%	14.42%	3.67%	1.18%	0.79%	1.91	763
I am better able to do things that I want to do.	34.82%	45.03%	15.18%	3.4%	0.79%	0.79%	1.89	764
Functioning Summary	35.35%	45.51%	14.09%	2.91%	1.31%	0.81%	1.89	764
Connectedness								
I am happy with the friendships I have.	39.08%	41.71%	13.68%	2.89%	1.97%	0.66%	1.86	760
I have people with whom I can do enjoyable things.	39.69%	43.47%	12.79%	2.61%	1.04%	0.39%	1.81	766
I feel I belong in community.	34.85%	41.35%	18.21%	3.25%	1.95%	0.39%	1.96	769
In a crisis, I would have the support I need from family or friends.	44.43%	41.15%	9.7%	3.01%	1.31%	0.39%	1.75	763
Connectedness Summary	39.51%	41.92%	13.6%	2.94%	1.57%	0.46%	1.85	769

More than 80% of surveyed adults seen in NEDHSA outpatient clinics during FY24 reported improved functioning.

More than 80% of surveyed adults seen in NEDHSA outpatient clinics during FY24 reported positive social connectedness.

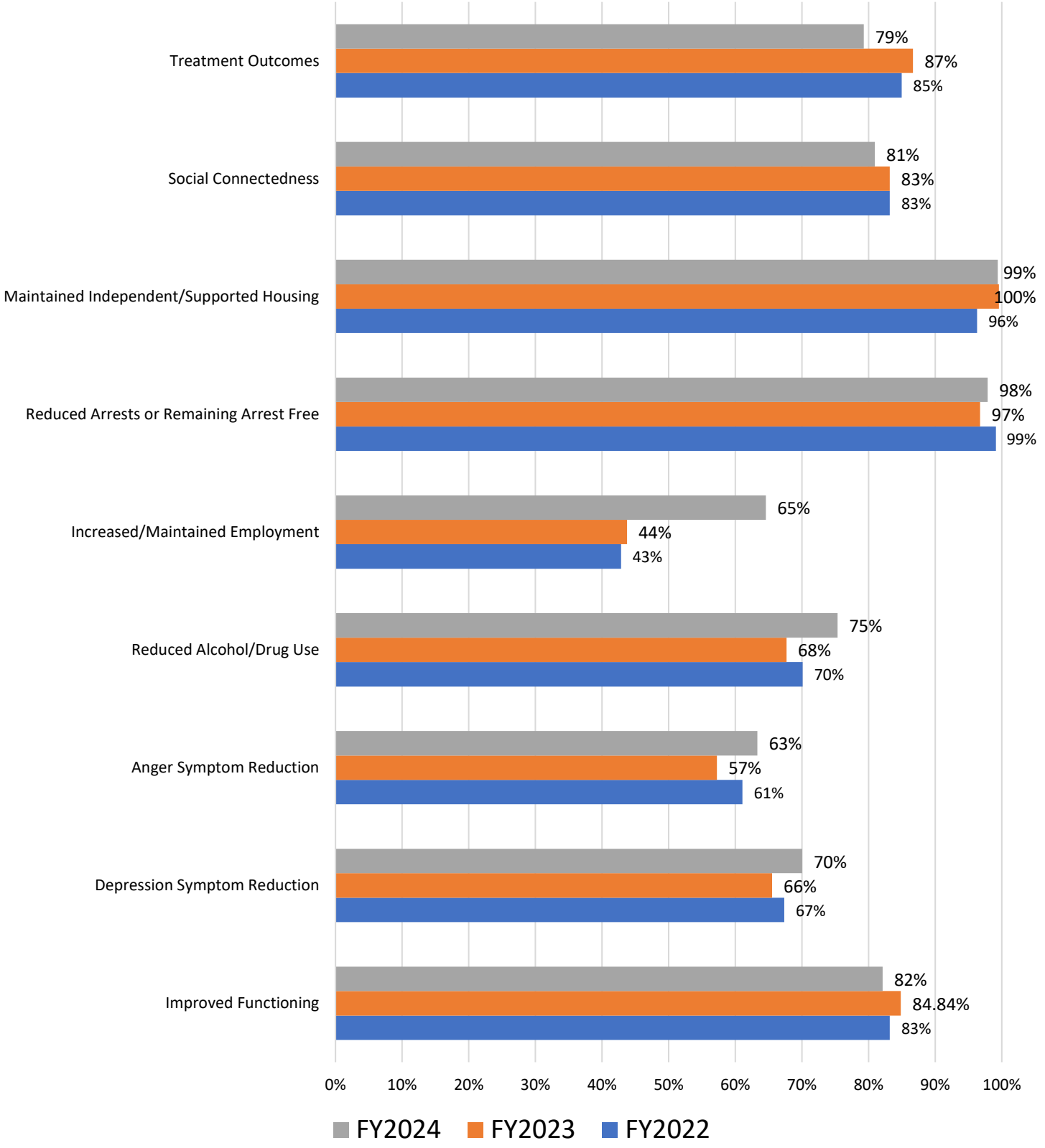
FY24 TeleSage Outcomes Measurement System (TOMS)

Accountability and Implementation Plan (AIP) Outcomes Report FY24

	Domain	Type	n	Percent
Reduced Morbidity	Improved Functioning:	QoC Adult	760	82.11
		QoC Parent	N/A	N/A
	Depression Symptom Reduction:	TOMS Adult	197	70.05
		TOMS Youth	<11	60
	Anger Symptom Reduction:	TOMS Adult	199	63.32
		TOMS Youth	<11	50
	Reduced Alcohol/Drug Use:	TOMS Adult	69	75.36
		TOMS Youth	0	0
Employment	Increased/Maintained Employment:	TOMS Adult	39	64.58
		TOMS Youth	0	0
	Decreased School Absences or Expulsions:	TOMS Adult	N/A	N/A
		TOMS Youth	<11	66.67
Crime & Criminal Justice	Reduced Arrests or Remaining Arrest Free:	TOMS Adult	189	97.88
		TOMS Youth	<11	100
Stability in Housing	Reduced Homelessness:	TOMS Adult	12	83.33
		TOMS Youth	0	0
	Maintained Independent/Supported Housing:	TOMS Adult	166	99.4
		TOMS Youth	<11	100
Social Connectedness	Social Connectedness:	QoC Adult	766	80.94
		QoC Parent	23	95.65
Perception of Care	Treatment Outcomes:	QoC Adult	753	79.28
		QoC Parent	21	76.19

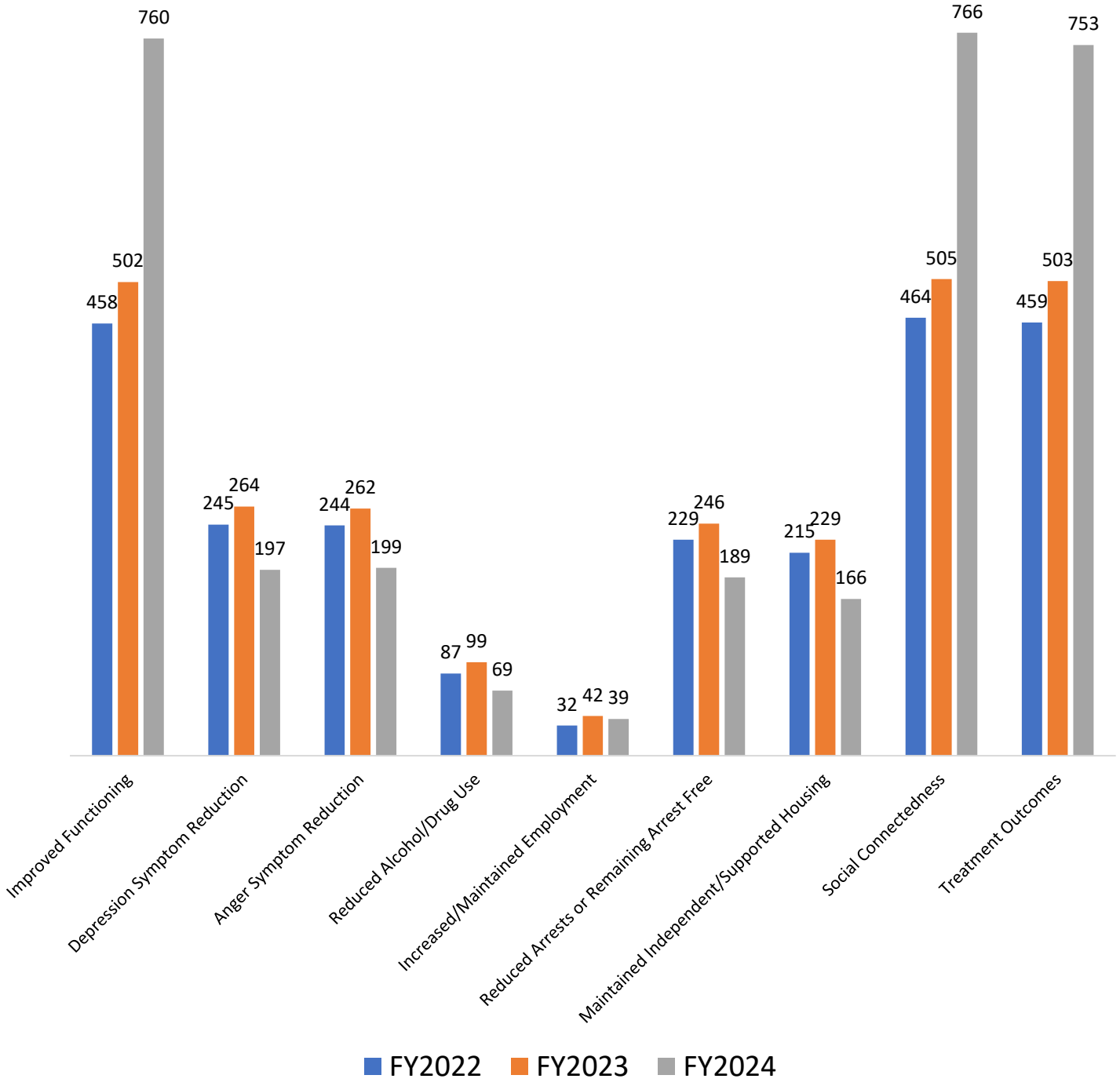
Accountability and Implementation Plan (AIP) Outcomes Comparison: FY22, FY23, & FY24

(Type =Adult %)



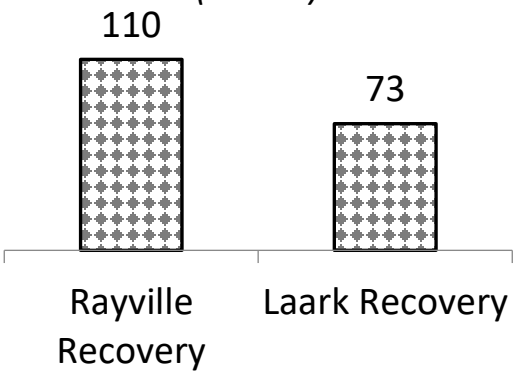
Accountability and Implementation Plan (AIP) Outcomes Comparison: FY22, FY23, & FY24

(Type =Adult number Participated)

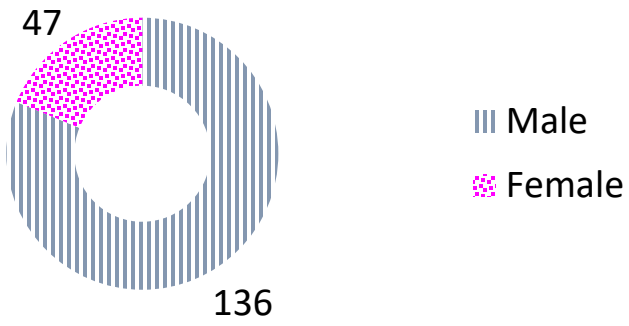


A. Inpatient Addiction Disorder Treatment Services

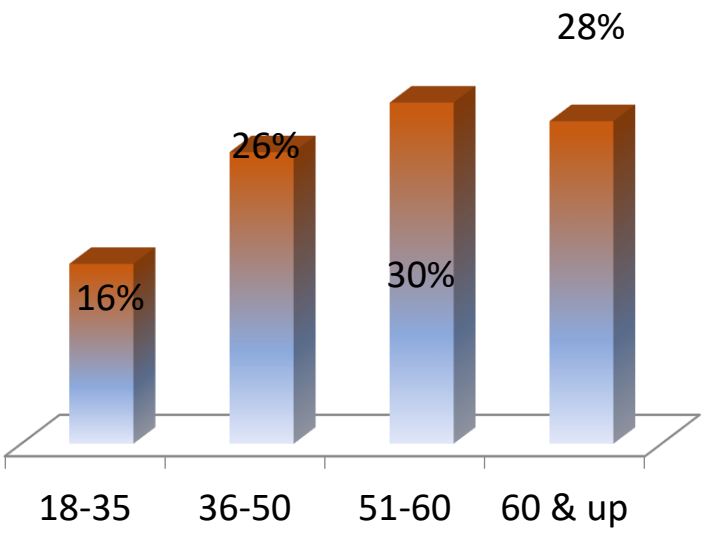
FY24
Impatient Admits
(n=183)



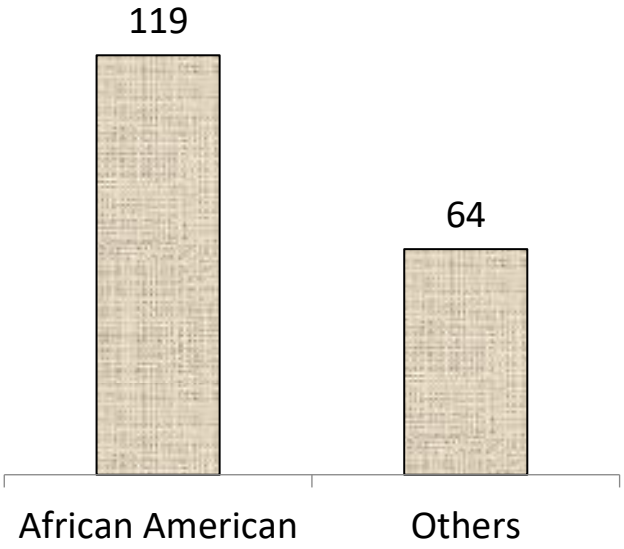
FY24
Impatient Admits by Gender
(n=183)



FY24
Inpatient Admits by Age Group
(n=183)



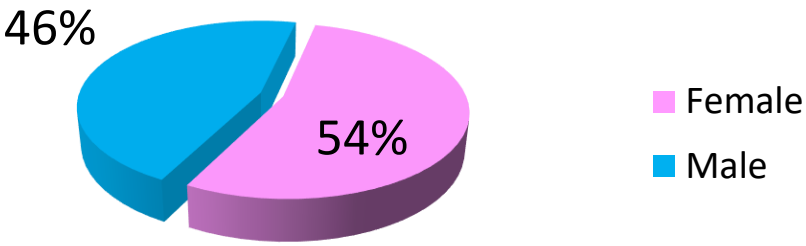
FY24
Inpatient Admits by Race
(n=183)



B. Tobacco Cessation Program

FY24 Tobacco Cessation Services by Gender

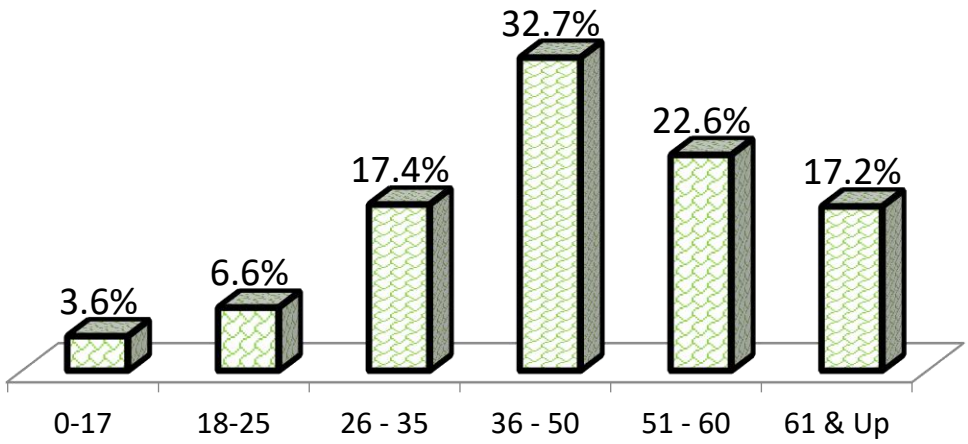
(n=501)



In FY24, NEDHSA outpatient clinics provided 1,379 services under tobacco cessation program to 501 unique clients.

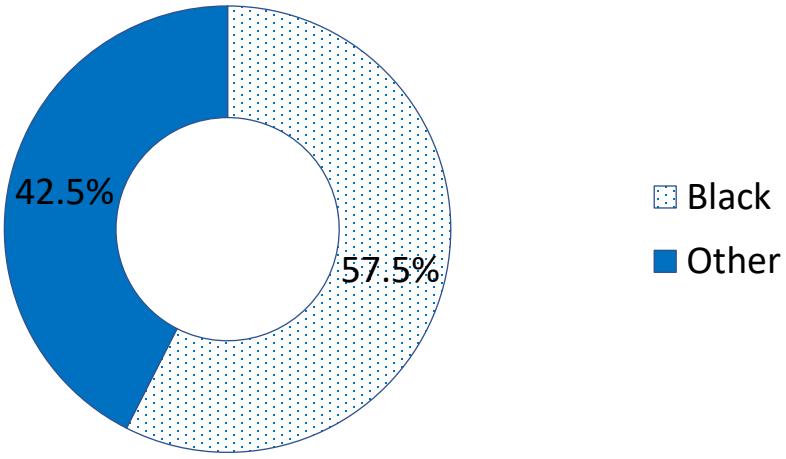
FY24 Tobacco Cessation Services by Age

(n=501)



FY24 Tobacco Cessation Services by Race

(n=501)



In FY24, **34%** of NEDHSA clients who received tobacco cessation services (n=170) had depressive disorder as primary diagnosis.

FY24 Tobacco Cessation Services by Race and Gender

(n=501)

	Female	Male	Total
Black	149 51.74%	139 48.26%	288 100%
Other	122 57.28%	91 42.72%	213 100%
Total	**271** **54.09%**	**230** **45.91%**	**501** **100%**

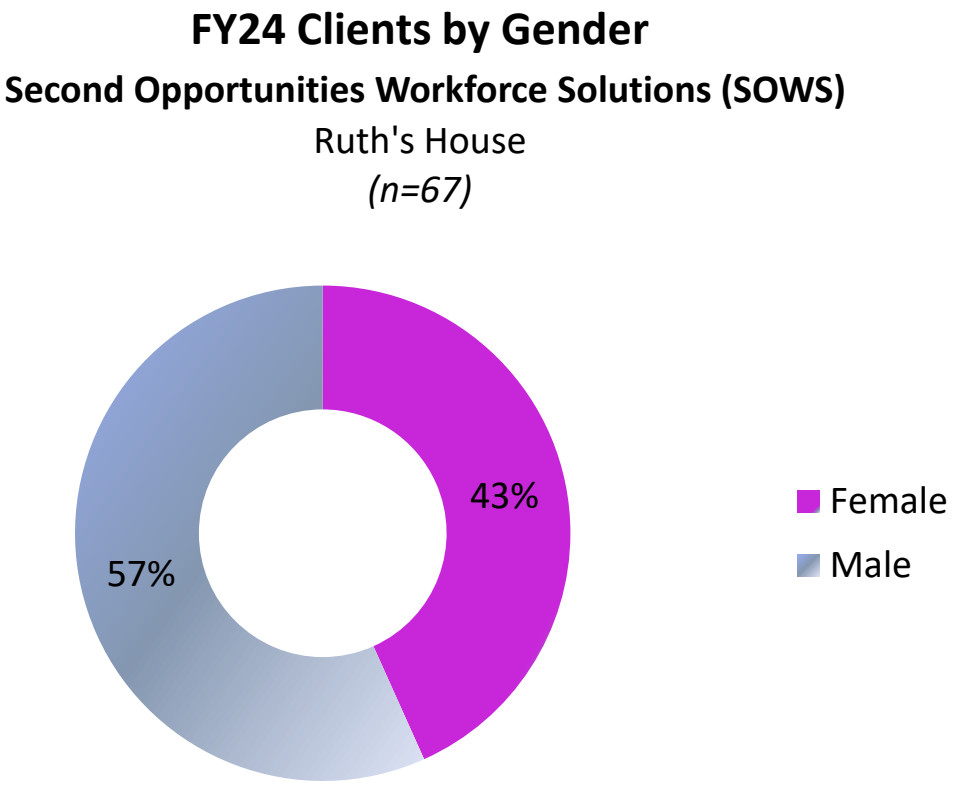
In Tobacco Cessation Program, by gender:

- In the male category, the number of clients identified as Black was higher compared to Other races.

A. Second Opportunity Workforce Solutions (SOWS)

The NEDHSA Second Opportunity Workforce Solutions (SOWS) program provides supportive employment services to citizens who are clients of NEDHSA and its integrated care network, including citizens who are non-violent criminal offenders being released from incarceration. This program addresses access to employment, which is a social determinant that significantly affects a person's health and ability to thrive in society. SOWS utilizes evidence-based practices to develop Individual Outcome Plans that reinforce a client's treatment progress. Job readiness skills are provided to assist participants in achieving and maintaining employment in their community of choice.

- In FY24, there were 67 clients in the SOWS program.

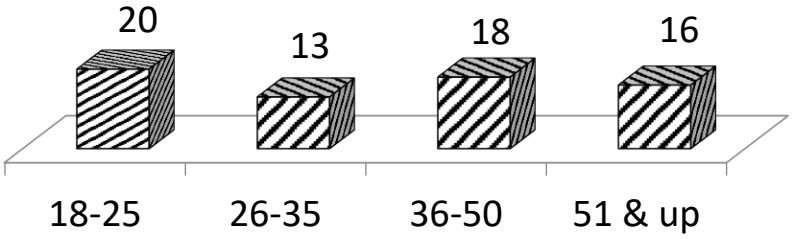


FY24 Clients by Age Group

Second Opportunities Workforce Solutions (SOWS)

Ruth's House

(n=67)

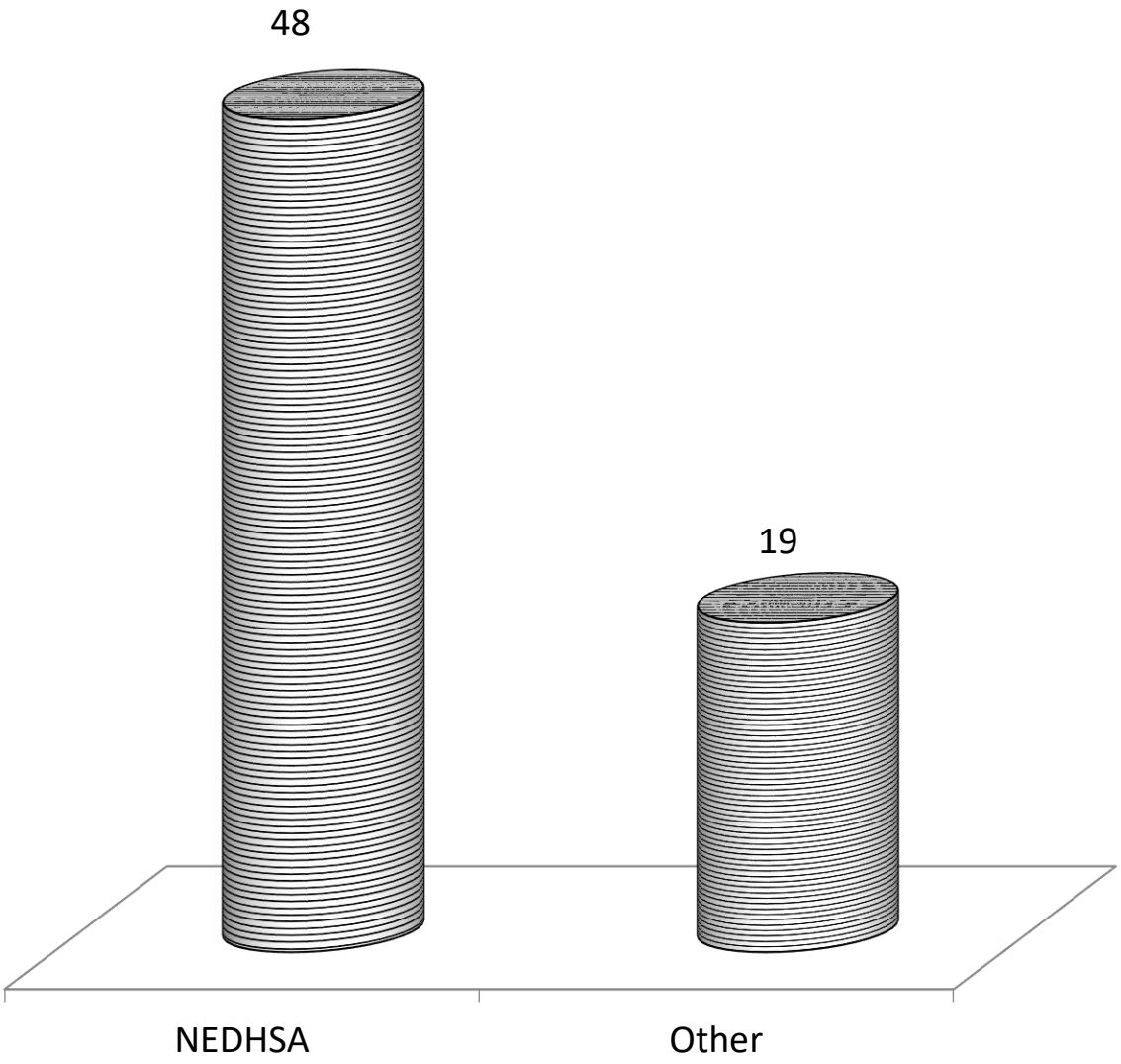


FY24 Source of Referrals

Second Opportunities Workforce Solutions (SOWS)

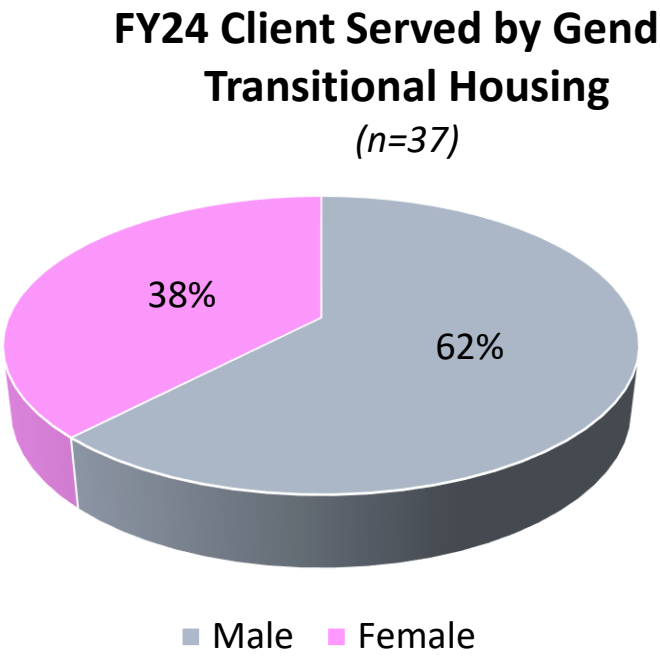
Ruth's House

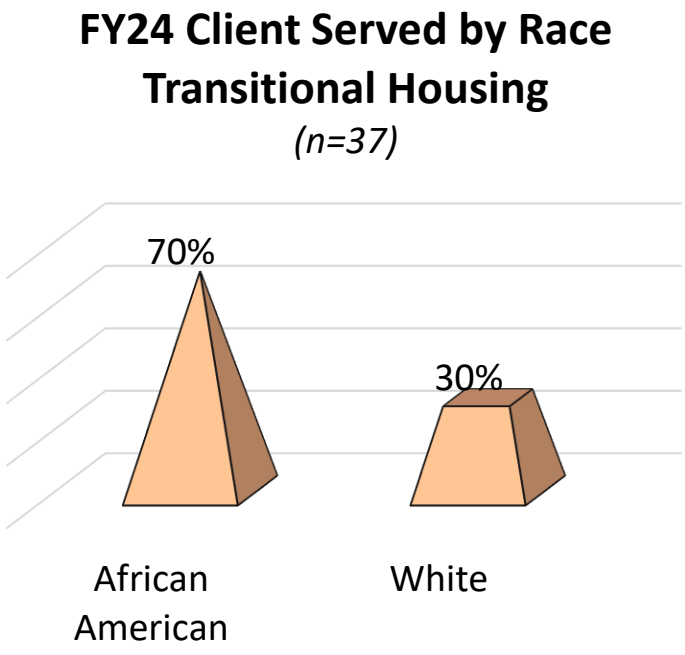
(n=67)



B. Transitional Housing

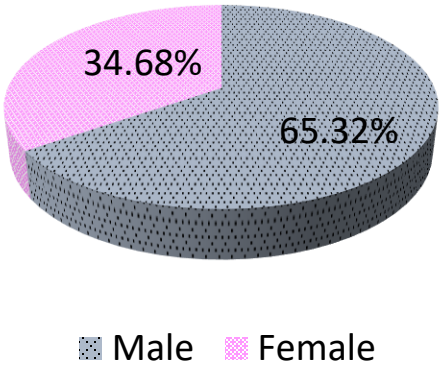
Through contractors, NEDHSA provided transitional housing for individuals, and their families, who had mental health and/or substance use disorders. In FY24, NEDHSA supported 37 individuals (14 females and 23 males).



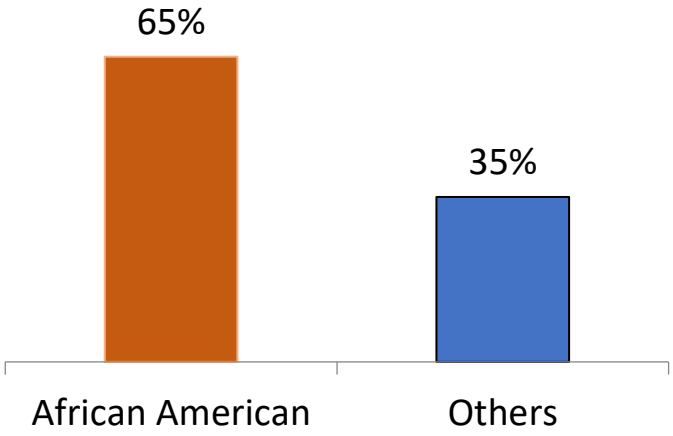


C. Peer Support Center

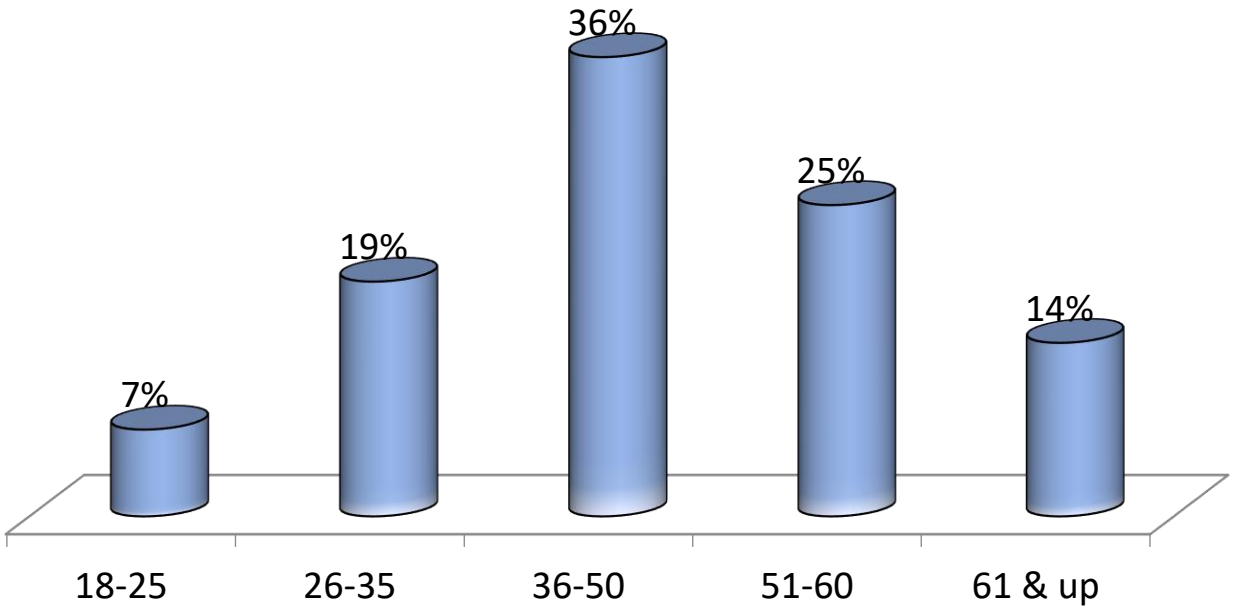
FY24 Clients by Gender
Peer Support Program
(n=248)



FY24 Clients by Race
Peer Support Program
(n=248)



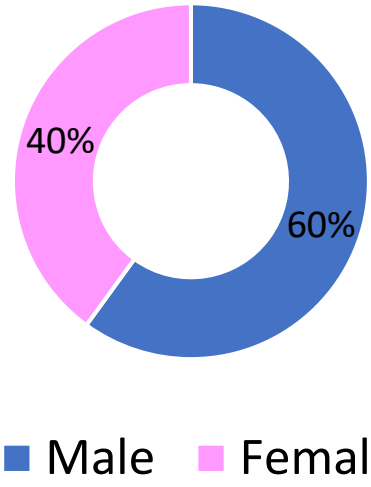
FY24 Client by Age Group
Peer Support Program
(n=248)



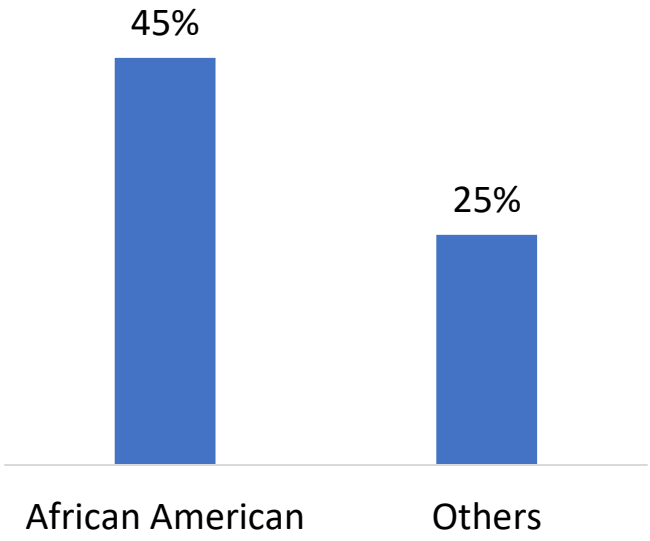
D. PATH

Through PATH Homeless Outreach Program, NEDHSA identified homeless individuals and developed plans to address basic needs and engage in available services. In FY24, there were 36 individuals (21 males and 14 females) who received services from PATH.

FY24 Client by Gender
PATH
(n=36)

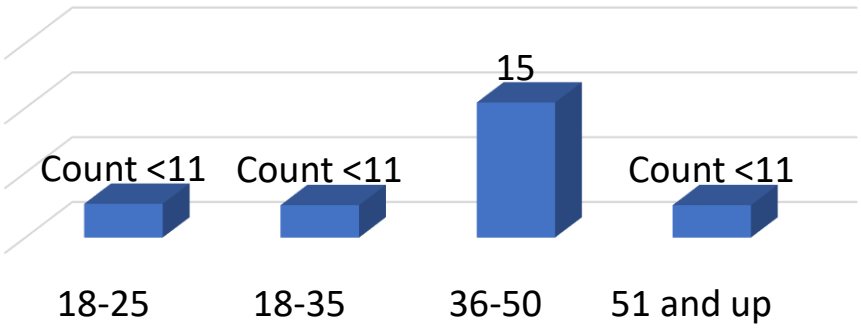


FY24 Client by Race
PATH
(n=36)



In FY24, **2.1%** (N=33) of NEDHSA clients reported homeless.

FY24 Client by Age Group
PATH
(n=36)



Developmental Disabilities Services

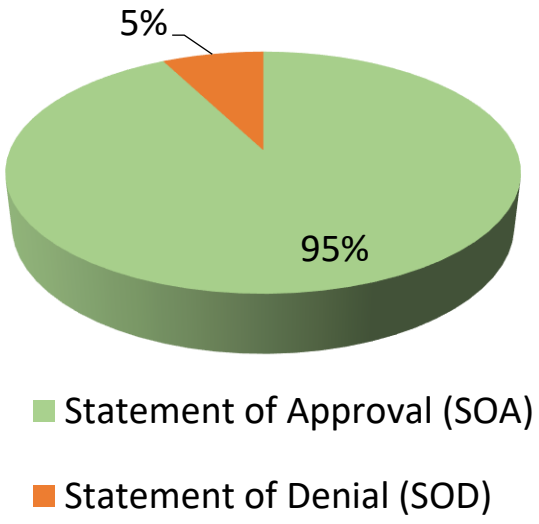
FY24 Number of eligibility determination requests Developmental Disability (DD) Services	
New applications into the DD service system	506
Applications completed with eligibility decision	506
Statement of Approval (SOA)	480
Statement of Denial (SOD)	26

Eligibility decisions were made for applicants in all 12 parishes in the NEDHSA region.

In order to receive any funding or services through NEDHSA in the DD service system, the person must have a current Statement of Approval (except for the Flexible Family Fund Program, which has its own criteria for participation)

FY24 Statement of Eligibility or Denial into the DD System

(n=506)



NEDHSA Social Determinants

In FY24, 3.5% (N=56) of the clients seen in NEDHSA behavioral health clinics reported sever, chronic disability that is attributable to a mental or physical impairment or combination thereof; is manifested before age 22; is likely to continue indefinitely; results in substantial limitation in three or more of the following areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic sufficiency; and, reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planed and coordinated.

In FY24, of 480 approved status 76% were children and adolescents of 0-18 age group.

People may begin the process and withdraw at any time (not respond, decline, move, pass away, etc.) before the eligibility process is completed.

Individual and Family Support Program: Individual and family support services provide assistance (not available from any other resource) to people with developmental disabilities to live in their own homes or with their families in their own community. These services include respite care, personal assistance services, specialized clothing, dental and medical services, equipment and supplies, communication services, crisis intervention, and specialized utility costs, specialized nutrition, and family education. Services are provided through contractual agreements by private provider agencies or through individualized agreements with individuals and families who obtain their own service providers.

FY24 State General Funds- Individual & Family Support Program **Developmental Disabilities Services**	
Total number of unduplicated clients served	645
Requests for Family Support Program Funding	431
Number of those requests funded	
Fully Funded	356
Partially Funded	19
Deferred (referred to appropriate sources) or Closed	40
Total $$ amount Spent in Family Support Program	$929,275.7

Flexible Family Funds program: OCDD provides monthly stipends to families of eligible children with severe or profound developmental disabilities from birth to age 18 to help their families meet extraordinary costs. These subsidies are offered on a first-come, first-served basis.

FY24 State General Funds- Flexible Family Fund Developmental Disabilities Services	
Number of Children Served	173
Total $$ amount Spent in Flexible Family Fund	$464,400

NEDHSA region has 150 slots maximum able to be filled in the Flexible Family Fund annually. The difference in those served and slots is due to children aging out within the year vacating their slot and replacing them with a child on the waiting list for this stipend.

FY24 Act 378[1] Program by Gender
Developmental Disabilities Services
(n[2]=548)

Gender	Individual/Family Support	Flexible Family Fund	Total
Female	172	56	**228**
Male	203	100	**303**
Total	**375**	**156**	**531**

17 individuals were served through both I/FS and FFF

FY24 Act 378 Program by Age Group
Developmental Disabilities Services
(n=548)

Age Group	Individual/Family Support	Flexible Family Fund	Both FFF and I/FS	Total
0-18	54	156	17	**232**
19-25	68	0	0	**68**
26-35	90	0	0	**90**
36-50	85	0	0	**85**
51-60	35	0	0	**35**
61 & up	38	0	0	**38**
Total	**375**	**156**	**17**	**548**

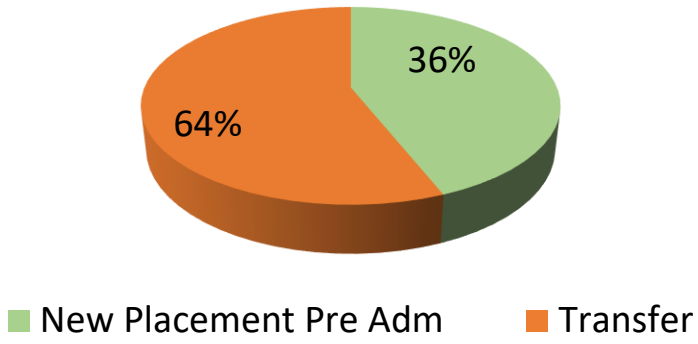
[1] ACT 378 = Individual and Family Support Program + Flexible Family Fund
[2] n = 531 + 17 = 548

FY24 Act 378 Program by Parish Developmental Disabilities Services *(n=548)*	
Parish	Total
Caldwell	21
East Carroll	11
Franklin	31
Jackson	19
Lincoln	53
Morehouse	53
Madison & Union	13
Ouachita	265
Richland	38
Tensas	12
West Carroll	16
Others (Transfers from other parishes)	0
Total	**548**

FY24 ICF\IDD Processing and Certification

Developmental Disabilities Services

(n=47)



ICF/IID provides active treatment services and supports in a 24-hour residential setting, including ongoing evaluation, planning, and coordination/integration of health and habituative services and supports. ICF/IID services are provided in a range of residential settings, including privately operated community homes (up to six people), group homes (nine to 15 people), small facilities (16 to 32 people), and private or publicly operated large institutions (33 or more people).

Pre-admission Screening and Resident Review (PASRR)

FY24 Pre-admission Screening and Resident Review (PASRR) Developmental Disabilities Services	
Number of people referred for PASRR decisions	76
Decisions rendered	76

Any person suspected of having an intellectual and/or developmental disability that is referred to or requesting to admit into a nursing home must be assessed by our office for:

1. Eligibility as a person with a developmental disability and if they are eligible,

2. Must have a complete review and assessment of their support needs gathered through any\all sources available to determine if the person's needs can be met in a less restrictive environment than a nursing facility.

Suppose there is a less restrictive alternative available that can meet their needs. In that case, the NEDHSA staff must provide support coordination to connect them to all resources\services that the person can utilize to keep them out of the nursing facility.

This may be a person remains in their own home with supports to help them manage their needs in place, it may mean providing services if they are able to move into another family member's home, or it could be helping the person locate an ICF\IDD (community home) that can meet their needs. This is a federal regulation to keep people with intellectual and developmental disabilities out of nursing homes when more appropriate services can be provided in other settings. If the person requires extensive medical support that cannot be located and\or needs for medical procedures to be completed and is not allowed outside of a facility with 24-hour nursing, we may approve their admission. The NEDHSA staff prepares a written report either for or against the admission and notifies the nursing home requesting admission and Medicaid of the decision. In these instances, we also serve as the approval or denying entity for Medicaid payment to be made to the nursing home on behalf of the person similar to the community home option mentioned above.

The number of recipients receiving public Support Coordination only (assistance with referrals for alternate living settings, advocacy, assistance with completing applications for housing and other resources, etc.)	**192**

Many times, our staff spend significant time with a person and\or family assisting them with applying for benefits such as SSI, Medicaid, etc. Our staff also may assist clients in locating a community home/ facility that will accept them for admission. They also may spend time referring them to other services that they need from local resources, state and national resources. They assist with searches for specialized equipment, giving information about special financing programs, equipment, or savings programs especially established for people with DD. These contacts aren't generally recorded as they aren't tied to any specific program; however, they take a great deal of time for the staff to be a resource for families through these issues. We track them because they are relevant to the workload they have. We refer to this as public support coordination only, meaning that they do not receive any funding from us; however, we have provided assistance to them in some capacity as mentioned.

Waiver Program

The Waiver Programs that we operate are funded by Medicaid in contrast to those funded by the agency through State General Funds. We have no control at the local level of these funds, but we do have the responsibility through our contract with the Louisiana Department of Health and the Office for Citizens with Developmental Disabilities (OCDD) to oversee the programmatic components of these Medicaid programs within the NEDSHA region (12 parishes). This entails annual reviews of all of the required components of the plans of care developed by private support coordinators within the region to ensure that they meet state and federal guidelines as required by Louisiana's contract with the Centers of Medicare and Medicaid who approved our state to use Medicaid money in this way. It also includes review and approval of any revisions, training for the 3 private support coordination agencies and the approximately 50 private providers that are licensed by Louisiana to provide these home and community based services.

Medicaid **home and community-based waiver programs** allow people greater flexibility to choose where they want to live and use services and supports that best suit their needs. Services provided must represent a least-restrictive treatment alternative. Each home and the community-based waiver has specific service packages and eligibility requirements. Waiver opportunities are dependent upon funding and are also offered based on the individual's need and priority level from their Screening for Urgency of Need (SUN) through the Request for Services Registry.

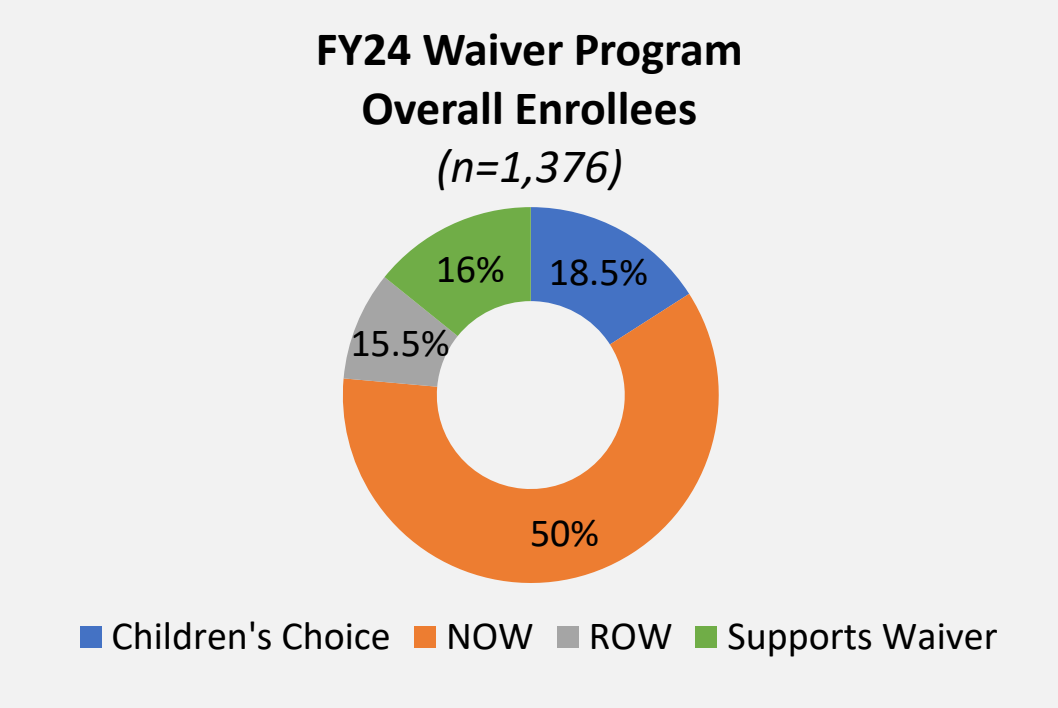
NEDHSA is responsible for ensuring adherence to all Medicaid Waiver policies, policy clarifications, procedures, directives, regulations, rules, manuals, and operational instructions providing guidance and technical assistance to Waiver community provider agencies and support coordination agencies. There are currently 4 Developmental Disability Waivers approved by Medicaid for Louisiana and managed by the Developmental Disabilities staff within NEDHSA.

1. Children's Choice Waiver: Provides service in the home and the community to individuals 0 through 20 years of age who currently live with their families or who will leave an institution to return home. This waiver provides an individualized support package with a maximum cost of $17,500 per year and is designed for maximum flexibility.

2. Supports Waiver: Provides service in the home and the community to individuals 18 years of age or older eligible to receive OCDD waiver supports emphasizing vocational supports and day activities.

3. Residential Options Waiver (ROW): Provides services in the home and the community to individuals of all ages who are eligible to receive OCDD waiver supports. It is a capped waiver where the person's individual annual budget is based upon the person's assessed support needs as determine by an Inventory for Client and Agency Planning (ICAP) assessment.

4. New Opportunities Waiver (NOW): Provides services in the home and the community to individuals 3 years of age or older eligible to receive OCDD waiver services. The NOW is intended to provide specific activity-focused services vs. continuous custodial care.



FY24 Waiver Program by Age Group Overall Enrollees Developmental Disabilities Services *(n=1,376)*			
Waiver Type	Children (21 and under)	Adults	Total
Children's Choice	252	0	**252**
NOW	11	641	**652**
ROW	18	214	**232**
Supports Waiver	23	217	**240**
Total	**304**	**1072**	**1,376**

FY24 Waiver Program by Gender
Overall Enrollees
Developmental Disabilities Services
(n=1,376)

Waiver Type	Male	Female	Total
Children's Choice	172	80	**252**
NOW	399	253	**652**
ROW	123	109	**232**
Supports Waiver	138	102	**240**
Total	**832**	**544**	**1,376**

FY24 Waiver Program by Age Group
Overall Enrollees
Developmental Disabilities Services
(n=1,376)

Waiver Type	0-21	22-40	41-55	56 and up	Total
Children's Choice	252				**252**
NOW	11	285	202	154	**652**
ROW	18	128	42	44	**232**
Supports Waiver	23	132	54	31	**240**
Total	**304**	**545**	**298**	**229**	**1,376**

FY24 Waiver Program by Parish Overall Enrollees Developmental Disabilities Services *(n=1,376)*	
Parish	Total
Caldwell	46
East Carroll	37
Franklin	73
Jackson	54
Lincoln	149
Madison	31
Morehouse	109
Ouachita	688
Richland	95
Tensas	11
Union	50
West Carroll	33
Total	**1,376**

ACT 421 TEFRA Katie Beckett Program

The Tax Equity & Fiscal Responsibility Act (TEFRA) began on January 1, 2022.
It allows Medicaid programs to provide Medicaid eligibility to children with disabilities regardless of parental income. The child must meet institutional level of care (LOC)

• TEFRA is one of several tools available to states to help prevent the institutionalization of children

• NEDHSA completes the institutional level of care assessment for applicants of this specific Medicaid Program

ACT 421 Katie Beckett Program		Approved LOC	Ineligible LOC	Pending LOC Decision
Applicants (total)	179	142	37	0

With the implementation of this program, 21 children in the region who would not typically be eligible for Medicaid are now eligible to receive various services that are vital to allowing them to remain in their homes with their families.

Prevention & Wellness Services

The SYNAR program, overseen by the Substance Abuse and Mental Health Service Administration (SAMHSA), requires states to establish and enforce laws to prohibit the distribution and sale of tobacco products to minors.

NEDHSA attempted **760** SYNAR checks in FY2024.

NEDHSA hosted NARCAN Training and Kit Distribution events during FY24. The events were held across all twelve parishes in the service area, and 2,367 kits were distributed during these events. During FY24, NEDHSA continued efforts to train and bring kits to the region. Throughout the fiscal year, NEDHSA began distributing fentanyl test strips, with 1088 test strips distributed.

NEDHSA Social Determinants

The Top 3 reported primary substances of use, abuse, and/or addiction type by NEDHSA outpatient clients in FY24 included: marijuana/hashish: **10.13%** (n=160); alcohol: **8.67%** (n=137); and methamphetamine: **3.92%** (n=62).

NEDHSA received funding from SAMHSA to coordinate and implement activities associated with the SAPT (Substance Abuse Prevention and Treatment) Block Grant, designed for the purpose of planning, implementing, and evaluating activities to prevent and treat substance abuse.

FY24 SYNAR Checks		
ATTEMPT TYPE	NEDHSA	State
Over the counter, by clerk	721	4060
Over the counter, self-serve	2	9
Vending Machine	0	45
NA	37	484
TOTAL	**760**	**4598**

FY24 SYNAR Checks		
TOBACCO TYPE	NEDHSA	State
Cigar	30	250
Cigar Pack	20	139
Cigarettes	614	3351
Smokeless Tobacco	62	387
N/A	34	471
TOTALS	**760**	**4598**

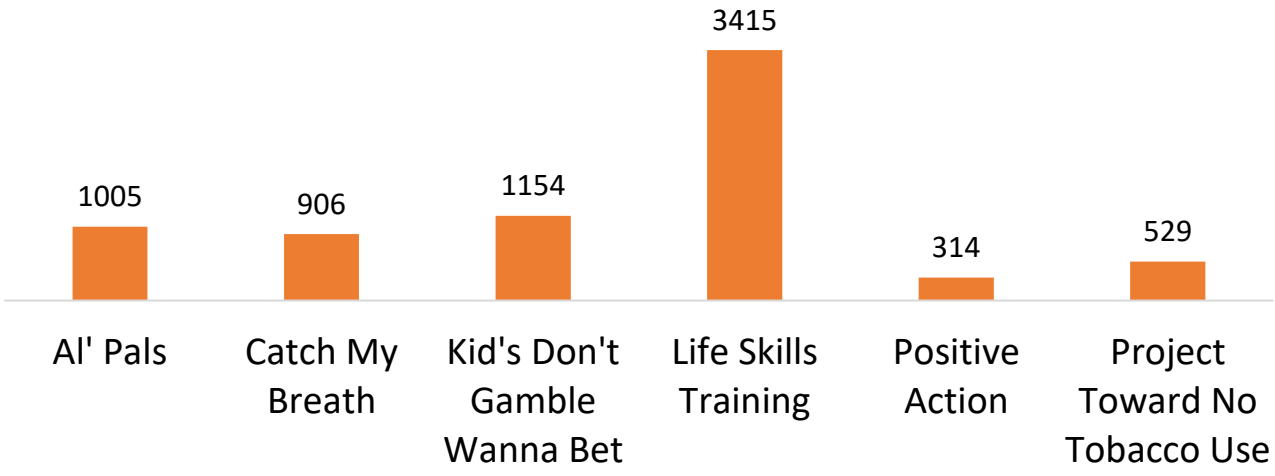
FY24 SYNAR Checks		
MERCHANT EDUCATION PROVIDED	NEDHSA	State
Yes	7	3348
No	753	1250
TOTALS	**760**	**4598**

FY24 SYNAR Checks		
COMPLETED DISPOSITIONS	NEDHSA	State
Willing to Sell	1	335
Not Willing to Sell	722	3750
Closed at time of visit	8	203
Closed Out of business	23	194
Other	6	116
TOTALS	**760**	**4598**

FY24 SYNAR Checks	
RETAILER TYPE	**NEDHSA**
Bar/Tavern	1
Bowling Alley/Recreation Facility	0
Chain Drug Store/Pharmacy	9
Chain Supermarket	57
Convenience Store with Gas	368
Convenience Store without Gas	17
Fast Food Store	0
Franchise Discount Store	143
Gas Station Only	23
Hotel/Motel	0
Liquor Store	29
Other	56
Restaurant	1
Restaurant with Bar	6
Small Drug Store/Pharmacy	0
Small Grocery Store	29
Tobacco Discount Store	21
TOTALS	**760**

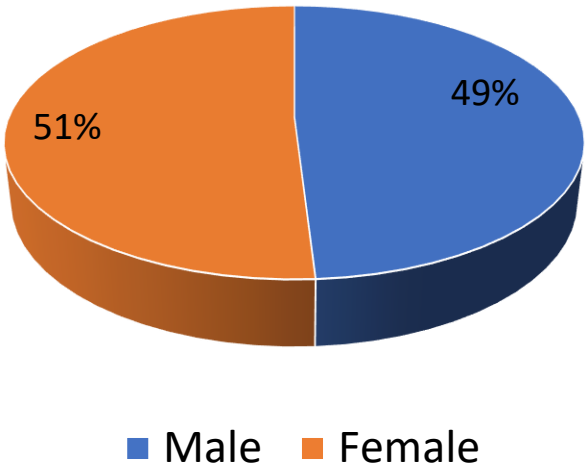
FY24 NEDHSA Evidence Based Program Enrollment by Program Type

(n=7,323)



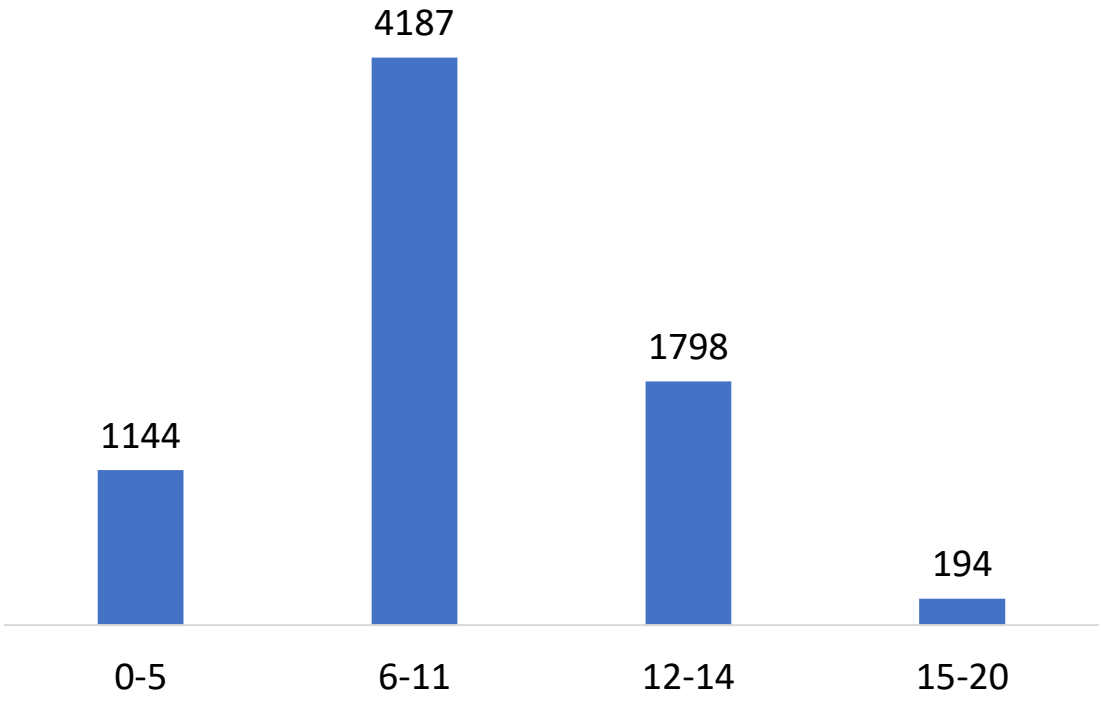
FY24 NEDHSA Evidence Based Program Enrollment by Gender

(n=7,323)

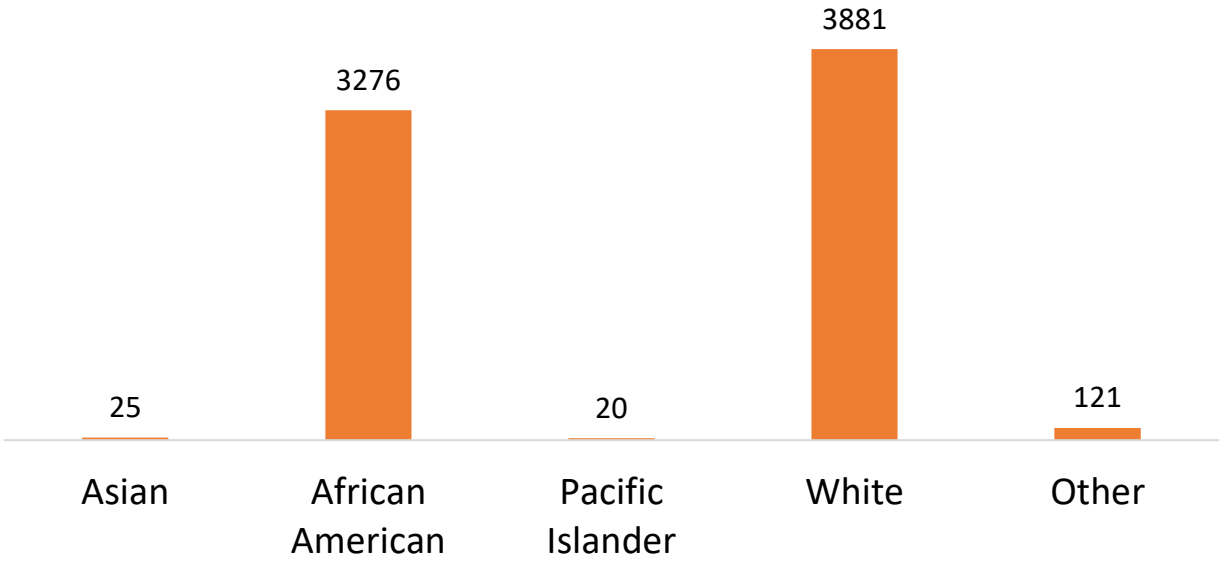


FY24 NEDHSA Evidence Based Program Enrollment by Age Group

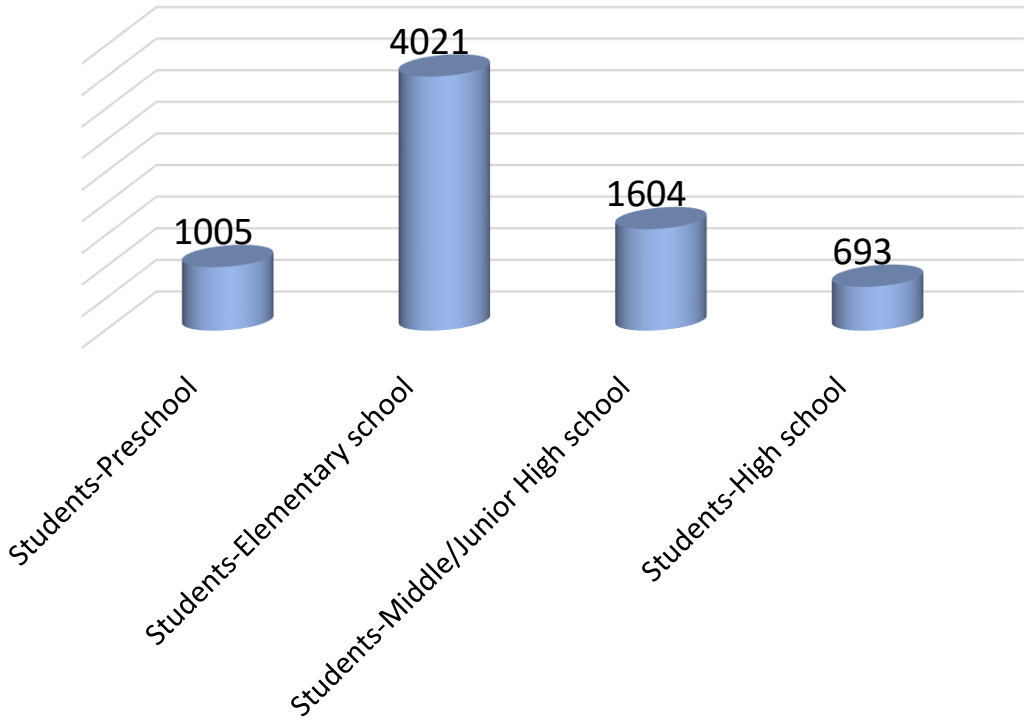
(n=7,323)



FY24
NEDHSA Evidence Based Program Enrollment by Race
(n=7,323)



FY24 NEDHSA Evidence Based Program Enrollment by School Level
(n=7,323)



Unduplicated Attendee for LaSOR Grief by Month FY24 Prevention and Wellness Services			
	Group	**Individual**	**Grief Presentations**
2023-July	172	5	1
2023-Aug	221	13	2
2023-Sep	223	15	1
2023-Oct	183	11	1
2023-Nov	186	14	1
2023-Dec	179	10	2
2024-Jan	146	8	2
2024-Feb	216	10	1
2024-Mar	154	14	1
2024-April	135	9	2
2024-May	205	13	1
2024-June	177	10	1
Total	2197	132	16

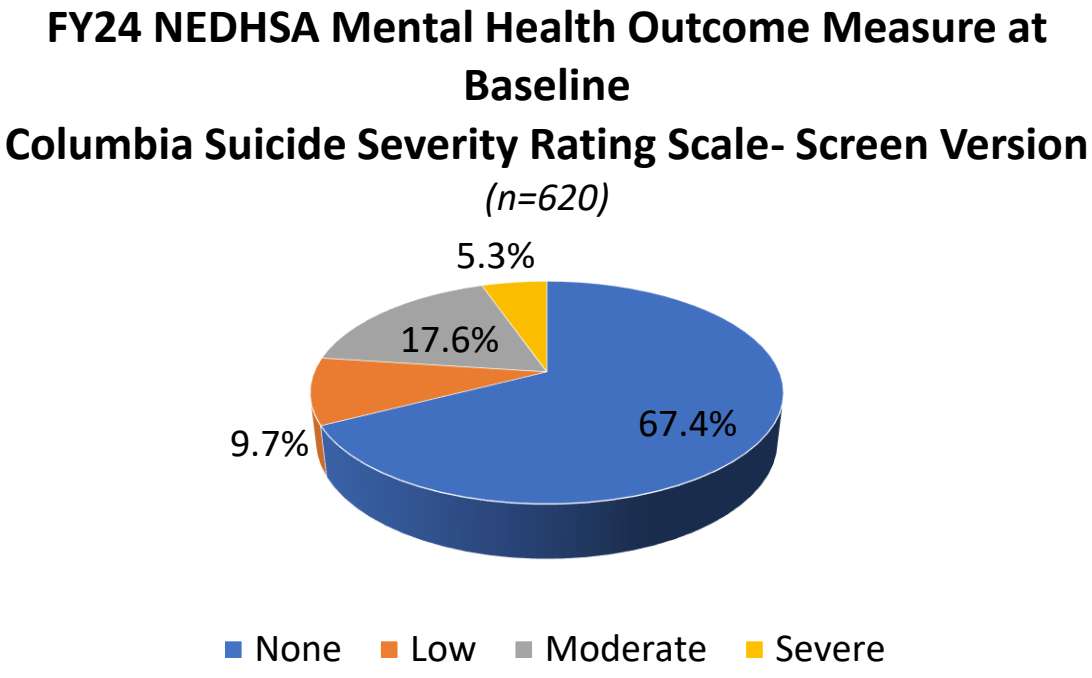
A. Columbia Suicide Screening

The Columbia Suicide Severity Rating Scale (C-SSRS) was used to assess suicide risk among 620 patients at baseline. This evidence-based screening tool categorizes individuals into four risk levels: **None**, **Low**, **Moderate**, and **Severe**, based on their self-reported symptoms and risk factors.

The distribution of suicide risk among the patients was as follows[3]:

- **None**: A majority of patients (67.4%) were classified as having no identifiable suicide risk.
- **Low**: 9.7% of patients fell into the low-risk category, indicating some level of concern but not immediate danger.
- **Moderate**: 17.6% of patients exhibited moderate risk, requiring closer monitoring and potential intervention.
- **Severe**: 5.3% of patients were categorized as having severe suicide risk, necessitating immediate and intensive intervention to ensure their safety.

These results underscored the importance of routine suicide screening in identifying individuals at varying levels of risk and tailoring interventions accordingly. The findings also highlighted the need for targeted support and resources to address the needs of patients in the higher-risk categories.



[3] https://www.cms.gov/files/document/cssrs-screen-version-instrument.pdf

FY24 NEDHSA Mental Health Outcome Measure at Baseline Columbia Suicide Severity Rating Scale By Gender *(n=620)*					
	None	Mild	Moderate	Severe	Total
Female	183	29	60	19	**291**
Male	235	31	49	14	**329**
Total	**418**	**60**	**109**	**33**	**620**

- Males had a higher percentage of individuals classified as **None** (71.4%) compared to females (62.9%).
- Females were more likely than males to fall into the **Moderate** (20.6% vs. 14.9%) and **Severe** (6.5% vs. 4.3%) risk categories.
- The proportion of patients in the **Low** category was relatively similar between genders (10.0% for females and 9.4% for males).

FY24 NEDHSA Mental Health Outcome Measure at Baseline Columbia Suicide Severity Rating Scale by Race *(n=620)*					
	None	Mild	Moderate	Severe	Total
Other	226	23	57	19	**325**
White	192	37	52	14	**295**
Total	**418**	**60**	**109**	**33**	**620**

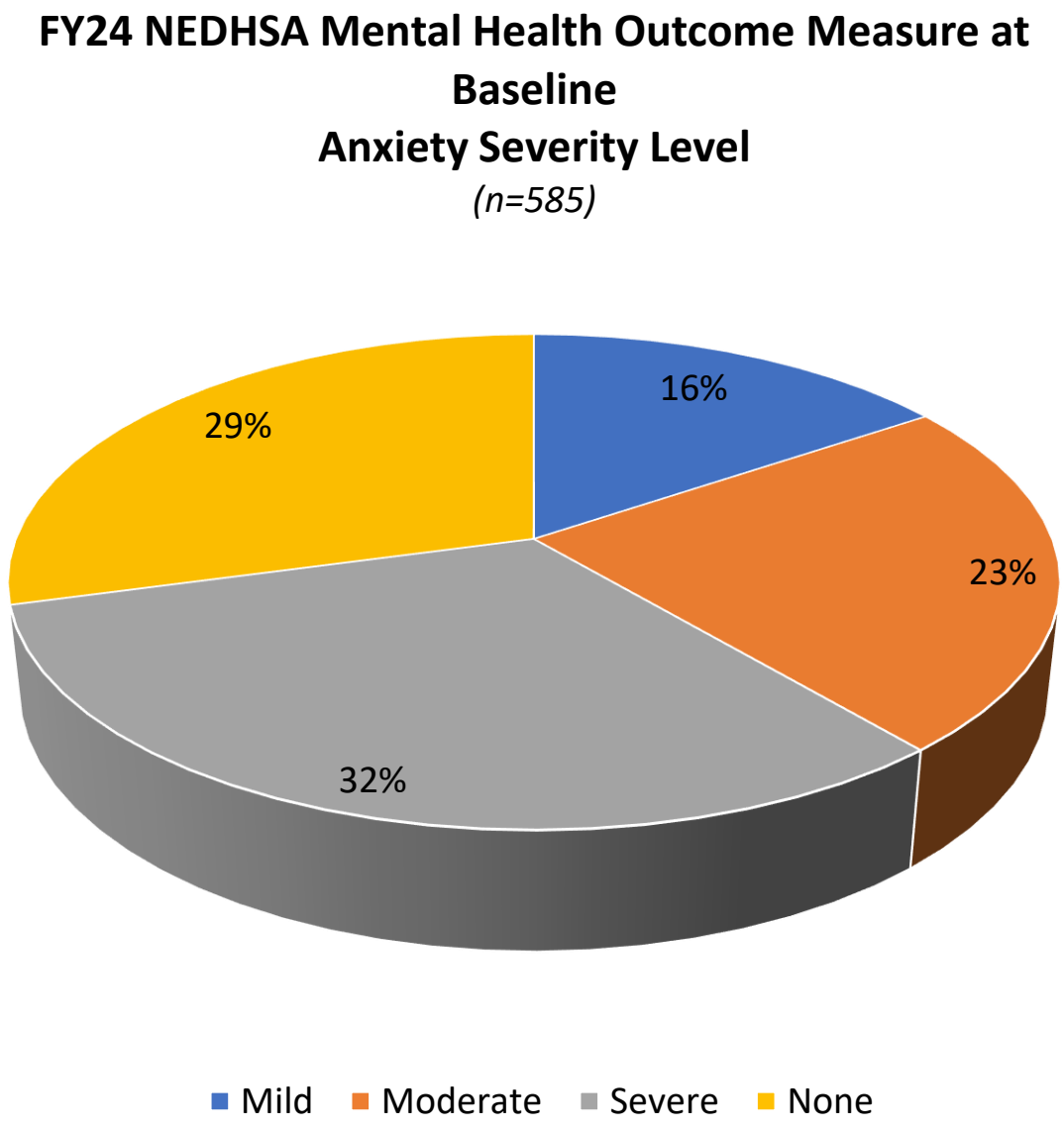
- Patients in the **Other** category had a higher proportion of individuals with no risk (69.5%) compared to White patients (65.1%).
- White patients had a higher percentage of individuals in the **Low** category (12.5%) compared to the Other group (7.1%).
- The proportions of patients in the **Moderate** category were similar across both groups (17.5% for Other, 17.6% for White).
- The **Severe** category showed a slightly higher proportion among the Other group (5.8%) compared to White patients (4.7%).

B. Anxiety Screening

The Generalized Anxiety Disorder-7 (GAD-7) scale is a widely used tool for assessing anxiety severity based on self-reported symptoms. For this analysis, anxiety levels were categorized according to the following GAD-7 total score thresholds[4]:

- **None**: Total Score ≤ 4
- **Mild**: Total Score > 4 and ≤ 9
- **Moderate**: Total Score > 9 and ≤ 14
- **Severe**: Total Score > 14 and ≤ 21

At baseline, 580 individuals completed the GAD-7 assessment, and their scores are summarized in this report. This categorization provides a clear framework for understanding the severity of anxiety symptoms in the population.



[4] Spitzer, R. L., Kroenke, K., Williams, J. B., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: the GAD-7. *Archives of internal medicine*, *166*(10), 1092-1097.

FY24 NEDHSA Mental Health Outcome Measure at Baseline Anxiety Severity Level by Gender *(n=585)*					
	None	Mild	Moderate	Severe	Total
Female	54	48	74	104	**280**
Male	117	43	62	83	**305**
Total	**171**	**91**	**136**	**187**	**585**

Anxiety Level Distribution:

- **Mild Anxiety**: 91 individuals (15.6%) reported mild anxiety, with a fairly even split between females (**48**) and males (**43**).
- **Moderate Anxiety**: 136 individuals (23.2%) experienced moderate anxiety. Among them, females (**74**) slightly outnumbered males (**62**).
- **Severe Anxiety**: 187 individuals (32%) reported severe anxiety. Notably, a higher number of females (**104**) experienced severe anxiety compared to males (**83**).
- **No Anxiety**: 171 individuals (29.2%) reported no symptoms of anxiety. Males (**117**) were significantly more likely to report no anxiety compared to females (**54**).

Gender and Anxiety Level Patterns:

- **Females**: Among the 280 females, **104 (37.1%)** reported severe anxiety, the highest proportion across the categories for this group. Only **54 (19.3%)** reported no anxiety. This suggests that a higher proportion of females experience severe anxiety.
- **Males**: Out of 305 males, **117 (38.4%)** reported no anxiety, making it the largest category for males. In contrast, **83 (27.2%)** reported severe anxiety, showing a relatively lower proportion of severe anxiety compared to females.

FY24 NEDHSA Mental Health Outcome Measure at Baseline Anxiety Severity Level by Race *(n=585)*					
	None	Mild	Moderate	Severe	Total
Other	99	55	56	84	**294**
White	72	36	80	103	**291**
Total	**171**	**91**	**136**	**187**	**585**

- Among the 171 individuals reporting no anxiety, **57.9% (99 individuals)** are from the **Other** group, and **42.1% (72 individuals)** are **White**.
- Of the 187 individuals reporting severe anxiety, **55.1% (103 individuals)** are **White**, while **44.9% (84 individuals)** are from the **Other** group.
- Severe anxiety is notably more prevalent in the White group, potentially indicating higher exposure to stressors, better awareness of mental health, or greater access to diagnostic tools that identify severe cases.

FY24 NEDHSA Mental Health Outcome Measure at Baseline Anxiety Severity Level by Age Group *(n=585)*					
	None	Mild	Moderate	Severe	Total
0-25	26	12	17	30	**85**
26-35	46	19	32	43	**140**
36-50	56	26	62	59	**203**
51 & Up	43	34	25	55	**157**
Total	**171**	**91**	**136**	**187**	**585**

0-25 Years (Young Adults):

The **highest proportion** in the younger group (0-25 years) is in the **severe anxiety category (35.3%)**, suggesting that younger individuals may be more prone to intense anxiety symptoms. This could be attributed to life transitions, educational or career pressures, or social challenges faced by this age group.

26-35 Years (Young Professionals):

- This group has a balanced distribution of anxiety levels, with slightly more individuals reporting **no anxiety (32.9%)**. However, a higher proportion **(53.6%)** report **moderate or severe anxiety**, likely reflecting stress related to early career development, financial stability, or family planning.

36-50 Years (Mid-Career Adults):

- The largest group in the sample, mid-career adults, display a notable concentration in the **moderate anxiety** category **(30.5%)**, possibly due to peak career responsibilities, financial obligations, or caregiving roles.

51 & Up (Older Adults):

- Similar to the youngest group, a high proportion of older adults report **severe anxiety (35%)**, potentially reflecting health concerns, loss of social connections, or life changes such as retirement.

Anxiety Severity:

- Both the 0-25 group **(35.3%)** and 51 & Up group **(35%)** show high rates of severe anxiety.

- This trend indicates that the youngest and oldest populations may be particularly vulnerable to extreme anxiety, albeit for different reasons (e.g., life transitions for young adults vs. health-related stress for older adults).

C. Depression Screening

The Patient Health Questionnaire-9 (PHQ-9) is a widely used tool for assessing depression severity based on self-reported symptoms. For this report, depression levels were categorized using PHQ-9 total scores as follows[5]:

None: Total Score ≤ 4

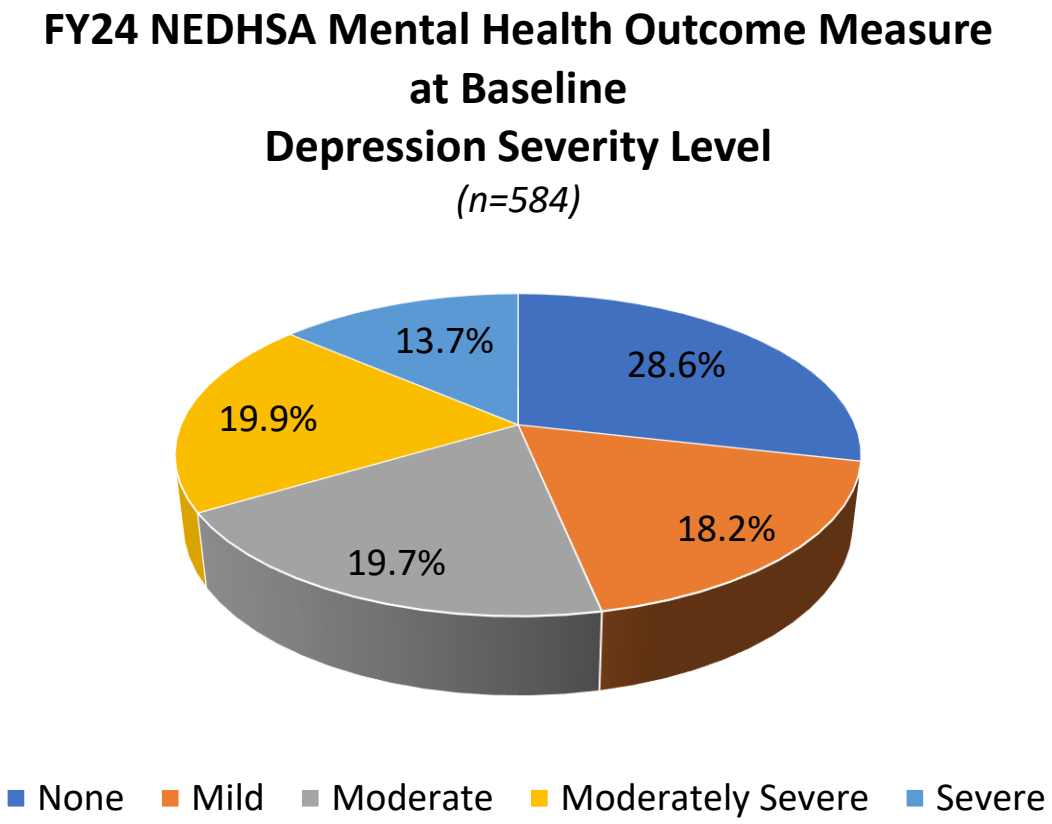
Mild: Total Score > 4 and ≤ 9

Moderate: Total Score > 9 and ≤ 14

Moderately Severe: Total Score > 14 and ≤ 19

Severe: Total Score > 19 and ≤ 27

At baseline, 584 patients completed the PHQ-9 assessment, and their scores form the basis of the analysis presented in this section. This categorization helps provide a clear understanding of depression severity levels across the patient cohort.



Of the 584 participants, 28.6% reported no depression, while 13.7% reported severe depression.

[5] Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: validity of a brief depression severity measure. *Journal of general internal medicine*, *16*(9), 606-613.

FY24 NEDHSA Mental Health Outcome Measure at Baseline Depression Severity Level by Gender *(n=584)*						
	None	Mild	Moderate	Moderately Severe	Severe	Total
Female	53	63	51	60	52	**279**
Male	114	43	64	56	28	**305**
Total	**167**	**106**	**115**	**116**	**80**	**584**

These results highlighted a notable gender-based disparities in baseline depression severity levels.

- A higher percentage of males reported no depression compared to females (37.4% vs. 19.0%).
- Severe depression was more prevalent in females (18.6%) than males (9.2%).

FY24 NEDHSA Mental Health Outcome Measure at Baseline Depression Severity Level by Race *(n=584)*						
	None	Mild	Moderate	Moderately Severe	Severe	Total
Other	99	58	47	52	37	**293**
White	68	48	68	64	43	**291**
Total	**167**	**106**	**115**	**116**	**80**	**584**

Racial Composition:

- Participants were nearly evenly split between individuals identifying as **Other (50.2%)** and **White (49.8%)**.

Severity Trends Among "Other" Race:

- The highest percentage (33.8%) fell into the **None** category (99 individuals).
- **37 individuals (12.6%)** reported Severe depression.

Severity Trends Among White Participants:

- The **Moderate** category was most common, with 68 individuals (23.4%).
- **43 individuals (14.8%)** reported Severe depression.

Key Differences:

- Individuals identifying as "Other" were more likely to report no depression (33.8%) compared to White participants (23.4%).
- Severe depression rates were comparable, with 12.6% among "Other" participants and 14.8% among White participants.

FY24 NEDHSA Mental Health Outcome Measure at Baseline
Depression Severity Level
by Age Group
(n=584)

	None	Mild	Moderate	Moderately Severe	Severe	Total
0-27	31	21	24	25	13	**114**
28-35	37	14	24	21	15	**111**
36-50	62	41	37	37	26	**203**
51 & Up	37	30	30	33	26	**156**
Total	**167**	**106**	**115**	**116**	**80**	**584**

Depression Severity by Age Group:

- **0–27 years**: The majority (27.2%) reported no depression, while Severe depression was reported by 11.4%.
- **28–35 years**: No depression was the most common (33.3%), and 13.5% reported Severe depression.
- **36–50 years**: No depression was the most common category (30.5%), with 12.8% reporting Severe depression.
- **51 years and up**: Moderate and Moderately Severe categories were evenly distributed (19.2% each), while 16.7% reported Severe depression.

Key Trends:

- The **36–50 years** group had the highest percentage of participants reporting no depression (30.5%).
- Severe depression was most prevalent among the **51 years and up** group (16.7%), followed closely by the **28–35 years** group (13.5%).

NEDHSA Research Highlight

NEDHSA conducts different types of research to improve further the lives of the citizens it serves.

Bridging Barriers: NEDHSA's Innovative Approach to Behavioral Health Stigma Reduction in Rural Communities

Dependra Bhatta, Ph. D.
Monteic A. Sizer, Ph. D.

Prepared for
2024 Southern Legislative Conference
July 24, 2024

https://csgsouth.org/wp-content/uploads/Star-Award_2024_NEDHSA.pdf

JAMA Network Open

Research Letter | Health Policy

Association Between Telehealth and Missed Appointments Among Patients Experiencing Behavioral Health Challenges

Dependra Bhatta, PhD; Monteic A. Sizer, PhD; Binod Acharya, MS

Introduction

Missed appointments, or no-shows, can affect patients' health due to delays in receiving timely care and result in inefficient use of health care resources. Telehealth has generally been considered effective and is widely implemented to treat behavioral health conditions. Although knowledge about no-shows is critical to inform health care institutions for effective management of resources and better health outcomes,[1] a limited body of literature has compared no-shows between telehealth and in-person care in behavioral health clinics in rural settings that cater to patients with relatively low income.

Methods

This cohort study is a retrospective analysis of electronic health records of patients with behavioral health conditions who scheduled appointments in outpatient clinics in rural Louisiana from May 1, 2022, to January 31, 2023. The description of clinics and community context is provided elsewhere[2]; additional details are in the eMethods in Supplement 1. This research followed the STROBE reporting guideline. Propensity scores were estimated by adjusting for gender, age, primary target group (mental health, substance use, or co-occurring), health insurance (Medicaid, Medicare, or other), residence type (private or other), marital status, employment status, and source of referral (self or other). Kernel matching was performed between the treated group (telehealth users) and the control group (in-person users) such that each treated observation was matched against a weighted composite of the control pool, in which control observations are weighted by their distance in propensity score from the treated observation.[3] Logistic regression analysis was performed to calculate the average treatment effect (ATE) of telehealth (vs in-person care) on no-shows in the matched sample. The Louisiana Department of Health institutional review board considered this study exempt from review and waived the consent requirement because the data were deidentified. Statistical tests were performed with Stata, version 17 (StataCorp LP). All *P* values were from 2-sided tests and results were deemed statistically significant at $P < .05$.

+ Supplemental content

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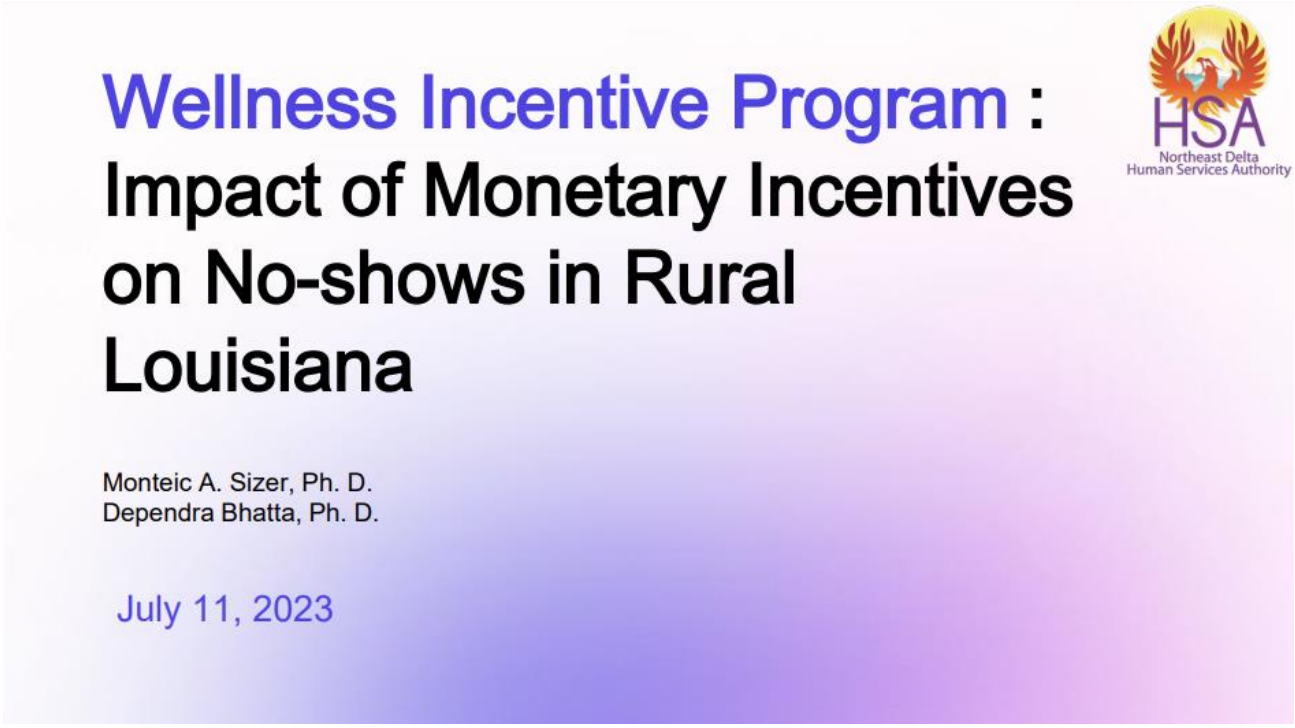

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NEDHSA launched a wellness incentive initiative that rewarded NEDHA patients with a $20 gift card for their consistent engagement in their treatment plans. This program has yielded substantial benefits, including a notable reduction in no-show rates, which in turn has improved the continuity of care, boosted treatment plan adherence, and optimized scheduling and resource allocation. These innovative steps taken to address the no-show challenge and prioritize patient wellness earned NEDHSA recognition from the Council of State Government South (CSG: South). This recognition elevated NEDHSA to a position among the top three finalists for the State Transformation in Action Recognition (STAR) award, further emphasizing the substantial impact of this research on healthcare and patient well-being.

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Determinants of Telehealth Service Use among Mental Health Patients: A Case of Rural Louisiana

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Academic Editor: Paul B. Tchounwou

Int. J. Environ. Res. Public Health **2022**, *19*(11), 6930; **https://doi.org/10.3390/ijerph19116930**

Received: 19 May 2022 / Revised: 3 June 2022 / Accepted: 4 June 2022 / Published: 6 June 2022

(This article belongs to the Section **Mental Health**)

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Abstract

The COVID-19 pandemic decreased the in-person outpatient visits and accelerated the use of telehealth services among mental health patients. Our study investigated the sociodemographic and clinical correlates of the intensity of telehealth use among mental health patients residing in rural Louisiana, United States. The study sample included 7069 telehealth visits by 1115 unique patients encountered from 1 April 2020 to 31 March 2021 at six mental health outpatient clinics managed by the Northeast Delta Human Services Authority (NEDHSA). We performed a negative binomial regression analysis with the intensity of service use as the outcome variable. Being younger, female, and more educated were associated with a higher number of telehealth visits. The prevalence of other chronic conditions increased telehealth visits by 10%. The telehealth service intensity varied across the nature of mental health diagnoses, with patients diagnosed with the schizophrenia spectrum and other psychotic disorders utilizing 15% fewer telehealth visits than patients diagnosed with depressive disorders. The promotion of telehealth services among mental health patients in the rural setting might require the elimination of the digital divide with a particular focus on the elderly, less educated, and those with serious mental health illnesses such as schizophrenia and psychotic disorders. View Full-Text

Keywords: **mental health; visit intensity; telehealth; rural; COVID-19**

https://www.mdpi.com/1660-4601/19/11/6930/htm

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Mental Health and Food Insecurity Concerns in Northeast Louisiana

Dr. Monteic A. Sizer
Dr. Dependra Bhatta

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