FY 2025

Annual Report

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HSA
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Message from the Board of Directors Chairman

I extend my sincere appreciation to NEDHSA's leadership, staff, and partners for their continued dedication to advancing behavioral health, primary care, and developmental disability services across northeastern Louisiana. Through vision, innovation, and compassion, NEDHSA continues to deliver programs that not only meet immediate needs but also create lasting change in the lives of those it serves.

I am especially pleased with the innovative initiatives NEDHSA is leading—such as the R.I.S.E. Treatment Center and the Phoenix Clinic—which exemplify the agency's forward-thinking approach to integrated and holistic care.

NEDHSA's accomplishments reflect a deepened commitment to integrated care, community engagement, and data-driven outcomes. From expanding access to behavioral and primary healthcare to addressing the social determinants that influence health, NEDHSA has demonstrated what is possible when collaboration and purpose come together in service to others.

The Board remains proud to support this transformative work and to stand beside the executive director, staff, and community partners who embody NEDHSA's mission every day.

Yvonne Lewis
Board of Directors Chairman

Message from the Executive Director

Vulnerable people and fragile communities deserve solutions grounded in compassion, innovation, and evidence. At the Northeast Delta Human Services Authority (NEDHSA), we are proud of the progress we continue to make in transforming systems of care and creating opportunities for individuals to reach their full human potential.

In Fiscal year 24-25, we remained steadfast in our mission to serve as a catalyst for change—working collaboratively across our twelve-parish region and throughout Louisiana to strengthen behavioral and primary healthcare systems. We recognize the complex challenges facing our region, and we continue to meet them with creativity, purpose, and partnership.

This year, our behavioral health clinics served more than 1,500 individuals, providing over 23,000 services. Through our Network of Care partnerships, we supported 206 individuals in inpatient facilities. Our programs addressing homelessness and peer support reached 277 people, helping them find stability and renewed hope. Additionally, our tobacco cessation initiative assisted 503 individuals in taking meaningful steps toward healthier living.

Beyond these numbers are stories of transformation. Through innovative efforts like *Arts as a Medicine* and *Arts as a Therapy*, we have used creativity as a bridge to healing—engaging thousands through festivals, performances, and exhibitions. These initiatives demonstrate that healing can take many forms, and that art can be as powerful a medicine as any prescription.

Our commitment to integrated care continues to shape the future of health services in our region. Our published research, *Assessment of Mental and Physical Health Outcomes Over Time in an Integrated Care Setting*, confirms that integrating behavioral and physical health care leads to improved access and better outcomes for those we serve. This work exemplifies how data-driven strategies and compassionate practice can transform lives.

We also strengthened partnerships that expand our impact. Our collaboration with Ochsner LSU Health Monroe focuses on improving healthcare for pregnant women with substance use disorders and their dependent children. Together, we are addressing the needs of families in ways that are both comprehensive and compassionate.

Looking ahead, we are preparing to open the R.I.S.E. Treatment Center—a milestone in our ongoing efforts to empower pregnant women with dependent children. The center will provide residential treatment, detoxification, and educational support to help women achieve independence and stability for themselves and their families.

As we reflect on this year's accomplishments, we are reminded that meaningful change requires collaboration, courage, and commitment. At NEDHSA, we will continue to break down silos, strengthen partnerships, and reimagine how behavioral and primary healthcare can work together to build stronger, healthier communities. Together—with our staff, partners, and stakeholders—we continue to rise above challenges, inspire hope, and create pathways for every individual to live with dignity, purpose, and possibility.

~ Dr. Monteic A. Sizer, NEDHSA Executive Director

NEDHSA Mission, Vision, and Tenets

Our Mission

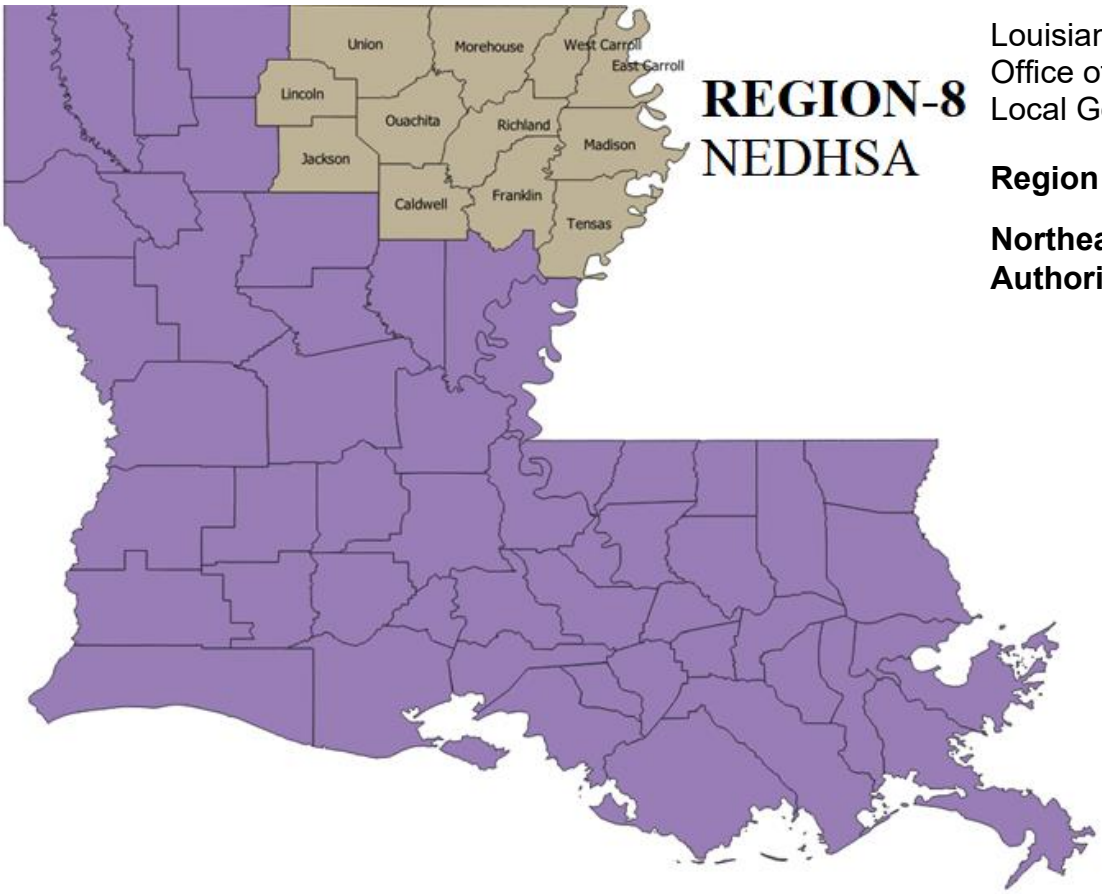
NEDHSA serves as a catalyst for individuals with mental health, developmental disabilities, and addictive disorders to help realize their full human potential by offering quality, excellent care, with greater accessibility.

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) continues to advance its mission of providing comprehensive prevention, treatment, and recovery services for individuals experiencing mental health challenges, substance use disorders, and developmental disabilities. Serving twelve parishes across northeastern Louisiana, NEDHSA works to remove barriers such as poverty, geographic isolation, and stigma that affect access to care.

During FY2025 (July 2024–June 2025), NEDHSA's behavioral health clinics served 1,582 unique clients and delivered 23,325 billable and non-billable services. Client satisfaction remained outstanding, with more than 97% reporting they would continue using NEDHSA services and recommend them to others. Over 80% of adult clients reported improved functioning, positive treatment outcomes, and stronger social connections, while 75% reported reduced substance use. Through its funded Network of Care, NEDHSA also supported 206 individuals in inpatient facilities, strengthening its coordinated care approach.

Baseline mental health assessments provided valuable insights into the populations served. Among 538 clients screened for suicide risk, 33.6% were identified at low, moderate, or severe risk. Anxiety assessments (GAD-7) among 534 individuals showed 19% mild, 21% moderate, and 31% severe symptoms, while depression screenings (PHQ-9) among 533 clients revealed 19.5% mild, 18.2% moderate, 18% moderately severe, and 15.4% severe levels. These findings continue to guide the agency's clinical priorities and targeted interventions.

The agency's specialized initiatives made measurable impacts across the region. The tobacco cessation program served 503 clients, while the Transitional Housing Program, Peer Support Center, and PATH Homeless Outreach collectively assisted 227 individuals experiencing homelessness, addiction, or mental illness. These programs continue to promote recovery, stability, and independence.

In developmental disabilities, NEDHSA reviewed 461 eligibility applications and provided oversight for 447 participants. Prevention and wellness efforts expanded as well, with 800 SYNAR compliance checks completed, 3,521 NARCAN kits distributed, and 6,794 youth enrolled in evidence-based prevention programs.

FY2025 also marked important progress in research and innovation. NEDHSA's published study, Assessment of Mental and Physical Health Outcomes Over Time in an Integrated Care Setting, demonstrated that integrating behavioral and physical health care leads to improved access and outcomes. This research underscores the agency's leadership in data-driven, evidence-based service delivery.

As the fiscal year concludes, NEDHSA remains focused on evaluating community needs, strengthening partnerships, and improving health outcomes across northeastern Louisiana. Looking ahead, the agency is preparing to open the R.I.S.E. Treatment Center—an important milestone in supporting pregnant women with dependent children through residential treatment, detoxification, and educational services that foster recovery and self-sufficiency.

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 Northeast Delta Human Services Authority (NEDHSA) continues to strengthen its Integrated Behavioral and Primary Healthcare Program, advancing a model of care that treats the whole person—mind, body, and environment. Rooted in NEDHSA's mission to provide accessible, compassionate, and evidence-based services, the program bridges behavioral health, primary care, and the social determinants of health that shape patient outcomes.

For many residents of northeast Louisiana, barriers such as poverty, unemployment, limited transportation, and housing insecurity continue to affect access to consistent healthcare. NEDHSA's integrated approach directly addresses these challenges by ensuring that individuals receive coordinated behavioral and primary care in one setting. This model improves access to treatment, enhances engagement, and leads to better long-term health outcomes.

In FY2025, NEDHSA's integrated clinics continued to demonstrate measurable success. Many clients who previously lacked access to primary care now receive routine health screenings, chronic disease management, and preventive services alongside behavioral health treatment. This approach not only reduces unmet medical needs but also strengthens treatment adherence, medication compliance, and overall quality of life.

The agency's data further support the effectiveness of integrated care. Clients entering the program frequently present with moderate to severe anxiety and depression, as well as elevated suicide risk. Through ongoing monitoring and treatment, NEDHSA has observed meaningful improvements in mental health outcomes and stabilization of key physical health indicators such as blood pressure and blood glucose. These results affirm that whole-person, integrated care leads to improved functioning and greater health stability.

NEDHSA's work also extends beyond the clinic walls. Through collaboration with local partners and targeted community outreach, the agency addresses social barriers that contribute to poor health outcomes. Whether connecting clients to housing support, food resources, or employment opportunities, NEDHSA continues to advance a system of care that empowers individuals to live healthier, more independent lives.

The Integrated Behavioral and Primary Healthcare Program exemplifies NEDHSA's innovation and leadership in public health. By uniting behavioral health, primary health, and social supports, the agency not only fulfills its mission but also sets a new standard for integrated, person-centered care in Louisiana.

Look for our Social Determinants icon

NEDHSA understands that overall health and well-being are shaped not only by physical and mental conditions but also by broader social and environmental factors. These social determinants of health include economic stability, community conditions, education, policies, and societal norms that influence how people live, work, and age. Recognizing these influences, NEDHSA has adopted a nontraditional, integrated approach to behavioral and primary healthcare delivery. This model intentionally considers the full range of factors that affect health risks and outcomes, reflecting the complexity of the populations served. Throughout this report, NEDHSA's Social Determinants icon highlights the agency's continued commitment to addressing the social and structural factors that shape health and wellness.

Outpatient Clinics and Services

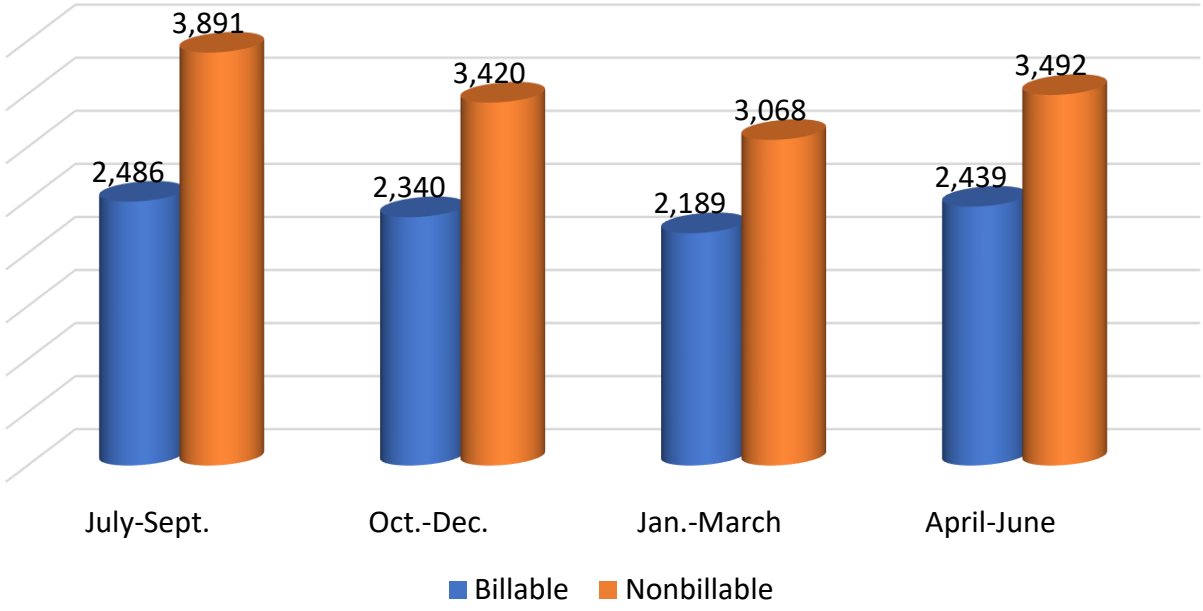
Billable and Non-billable services

Our mission is to provide quality and excellent care with greater accessibility. We provided **23,325** services to our clients in FY25. These were client-needed services performed by our clinic staff. Over 13,800 non-billable services were not charged to the client and were not billed to private or public insurance.

Outpatient Clinic Activities FY25	
Total number of non-billable services	13,871
Total number of billable services	9,454
Total unduplicated clients	1,582
Total services	**23,325**

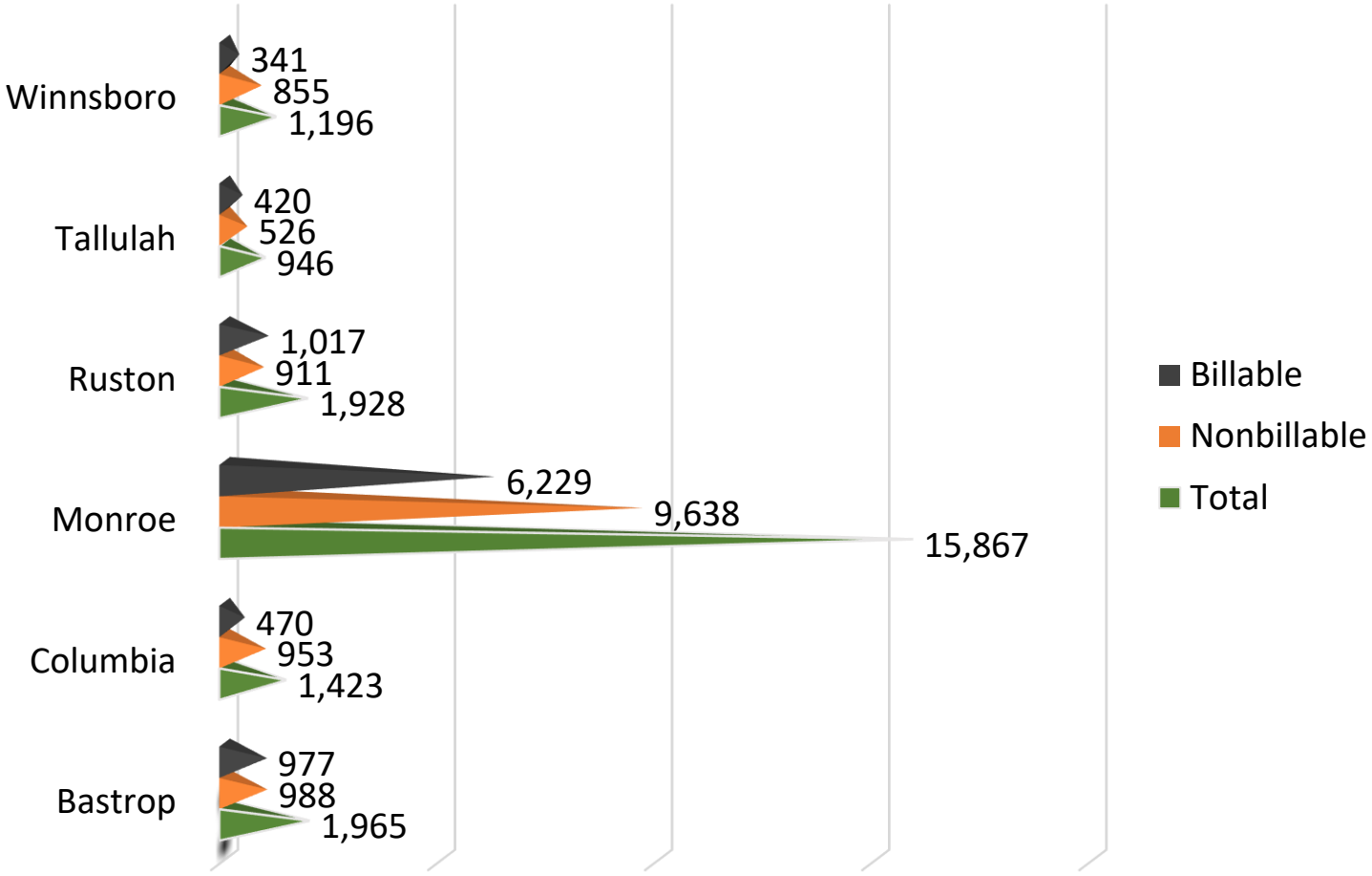
Outpatient Services by Quarters FY25

n=23,325



Number of Services Provided by NEDHSA Clinics FY25

n=23,325



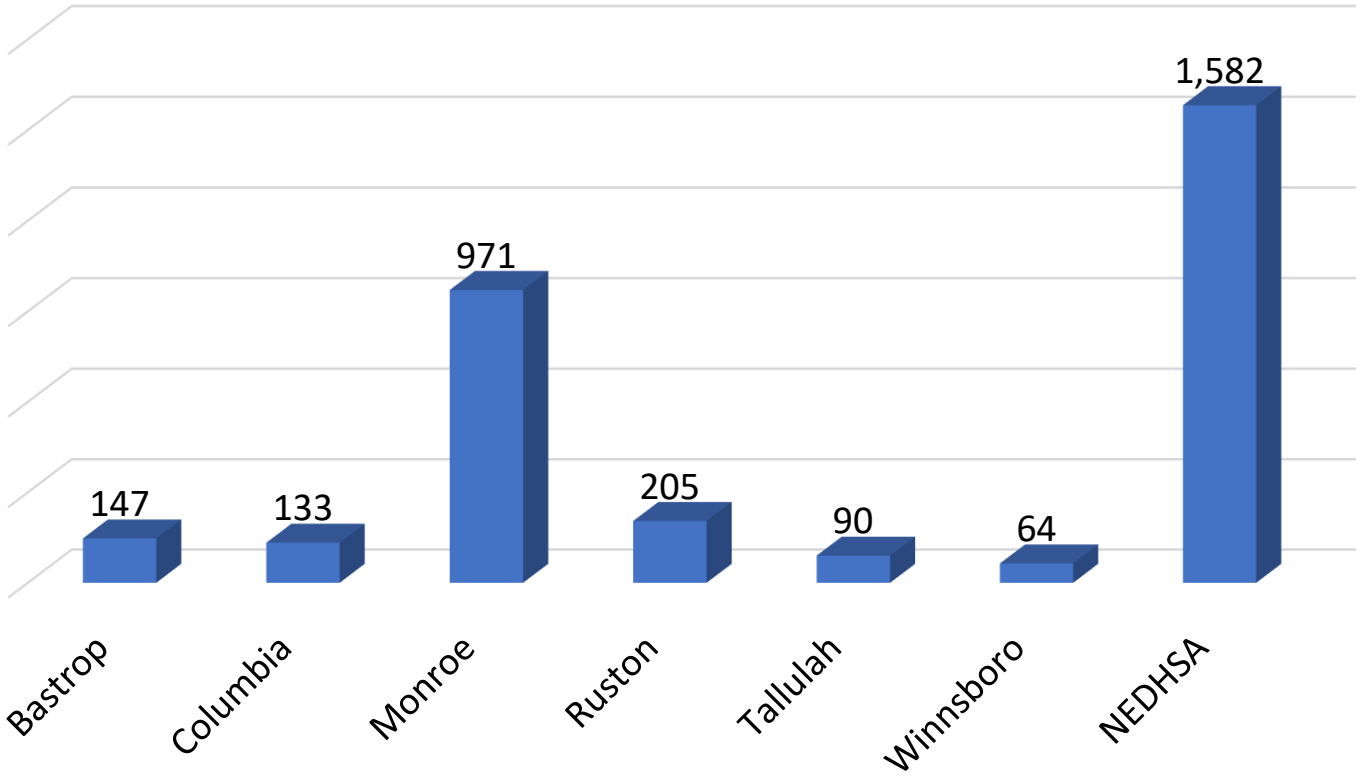
Monroe is the 9th largest populated city in Louisiana. The population of Monroe (46,622 in 2024[1]) is higher than other NEDHSA's service areas.

Around 68% of the total services were provided at Monroe Behavioral Health Clinic.

[1]https://www.census.gov/programs-surveys/acs/data/data-via-ftp.html

Number of Unique Clients by Behavioral Health Outpatient Clinic FY25

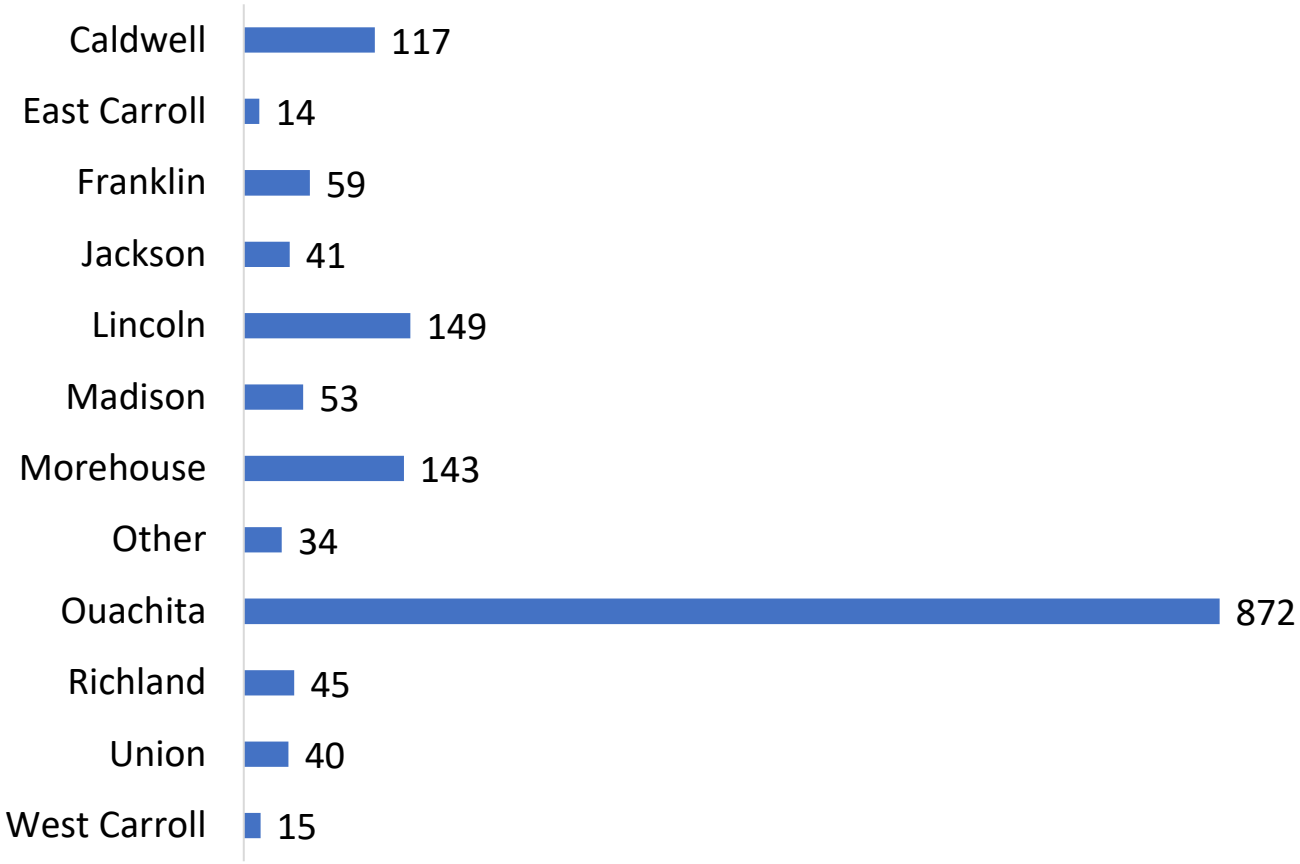
n=1,582



- Around 61% of total NEDHSA clients were served at Monroe Behavioral Health Clinic.

NEDHSA Client Distribution by Parishes FY25

(n=1,582)



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 FY25, around 4.9% of the NEDHSA clients did not have any health insurance coverage.

The mean and median income of the NEDHSA patients were $945 and $853 per month, respectively, including 39.8% with monthly income less than $500. Therefore, NEDHSA provides services to clients who cannot pay to ensure the care they need.

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

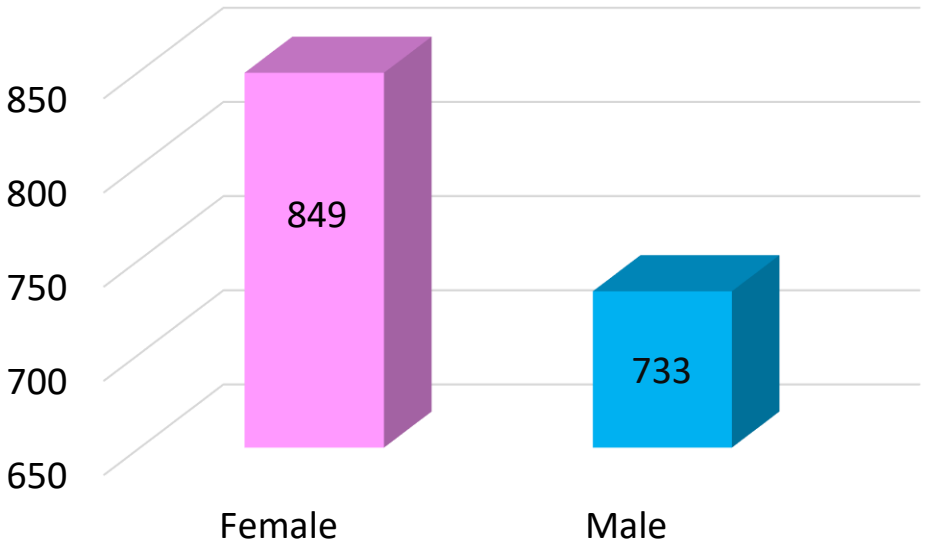
FY25 Outpatient Clinic Guarantors *(n=1,582)*		
Guarantors	Primary **N=**	Secondary **N=**
Blue Cross Blue Shield	73	Less than 11
Champus	Less than 11	Less than 11
Health Maintainance Org	79	Less than 11
Medicaid	1,003	240
Medicare	266	11
None	78	1,318
Other	Less than 11	Less than 11
Private	72	Less than 11
VA	Less than 11	0
Total	**1,582**	**1,582**

In FY25, 63.4% of NEDHSA clients had Medicaid as a primary guarantor.

Outpatient Clinic Client Demographics

Outpatient Client Reported Sex FY25

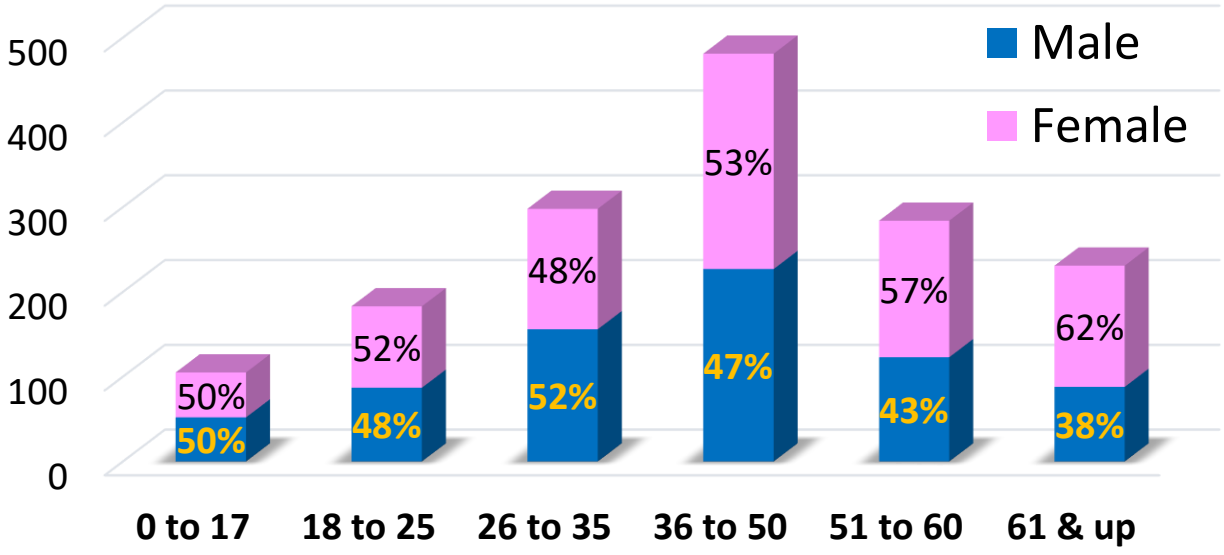
(n=1,582)



- In FY25, around **46%** of the total NEDHSA clients were male, and **54%** were female.
- In FY25, 24.3% of female clients (n=206) had dependent children at admission, re-assessment, or discharge.

Outpatient Client Reported Sex (%) by Age Group FY25

(n=1,582)

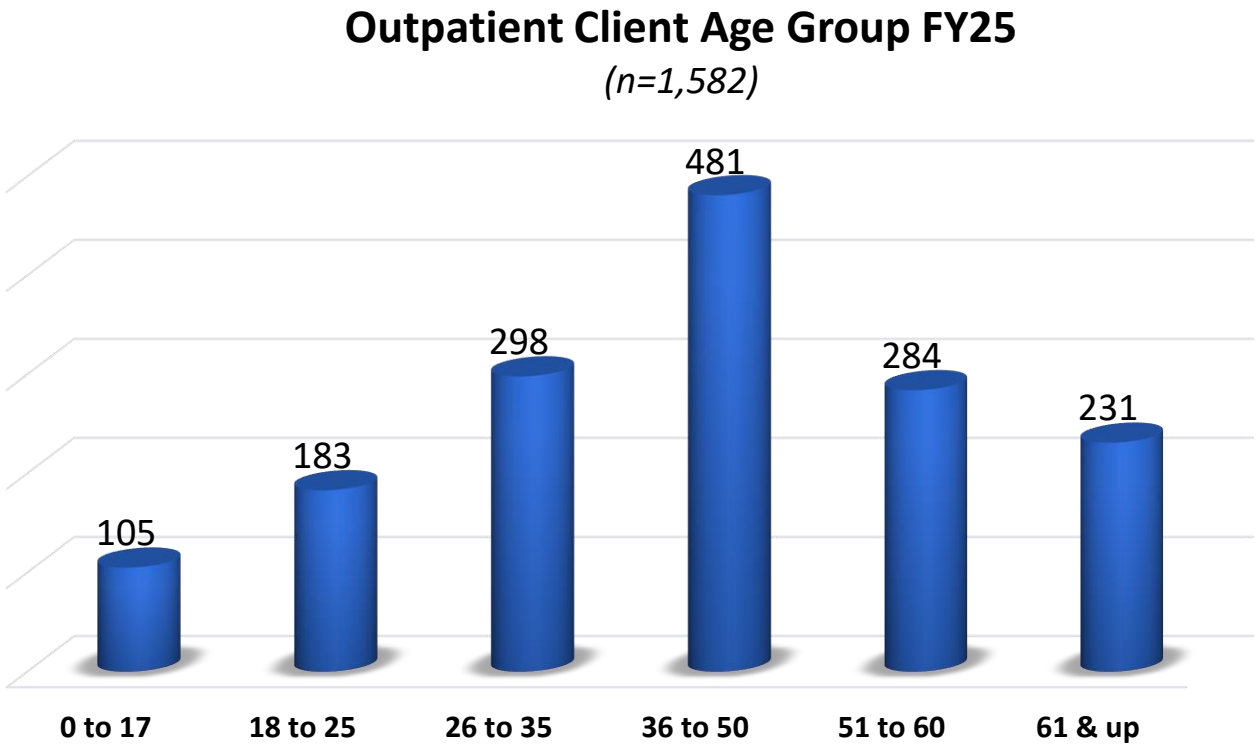


NEDHSA

Social Determinants

14.6% 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 FY25, most of the clients seen in the NEDHSA outpatient clinics were in between 26 and 60 years of age (N=1063; 67%). Around 19% were aged between 26 to 35 years, 30% were aged between 36 to 50 years, and 18% were aged between 51 to 60 years.

Outpatient Client Race FY25

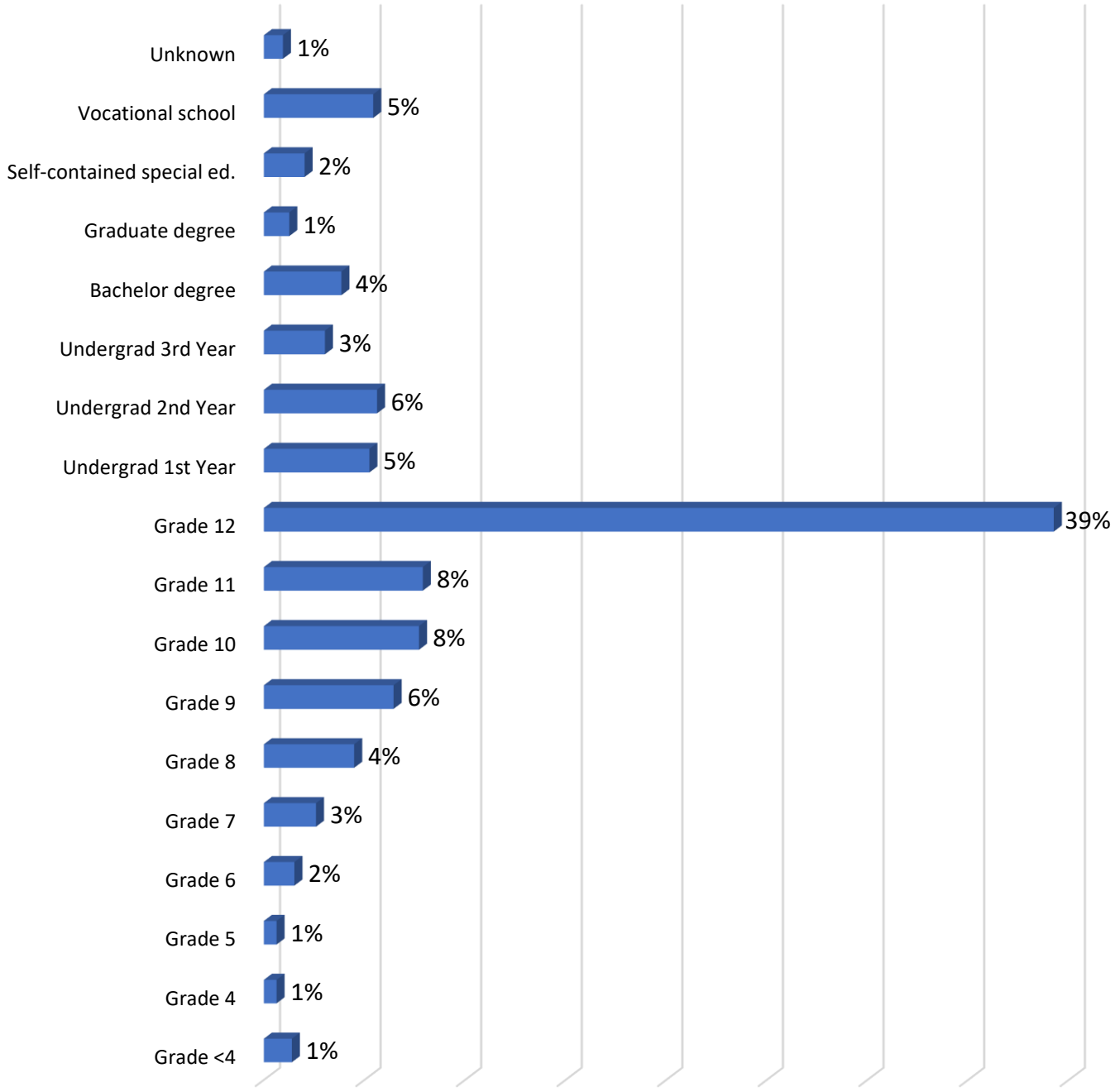
(n=1,582)

Other = American Indian, Asian, Other Single Race, and Unknown.

- In FY25, around 56% of the NEDHSA outpatient clients were Black and 43% were White.
- Male to Female proportion in Black was around one (1.002) (Male=442; Female=441). However, the proportion was 0.71 in the case of White (Male=281; Female=395).

Outpatient Client Education FY25

(n=1,582)

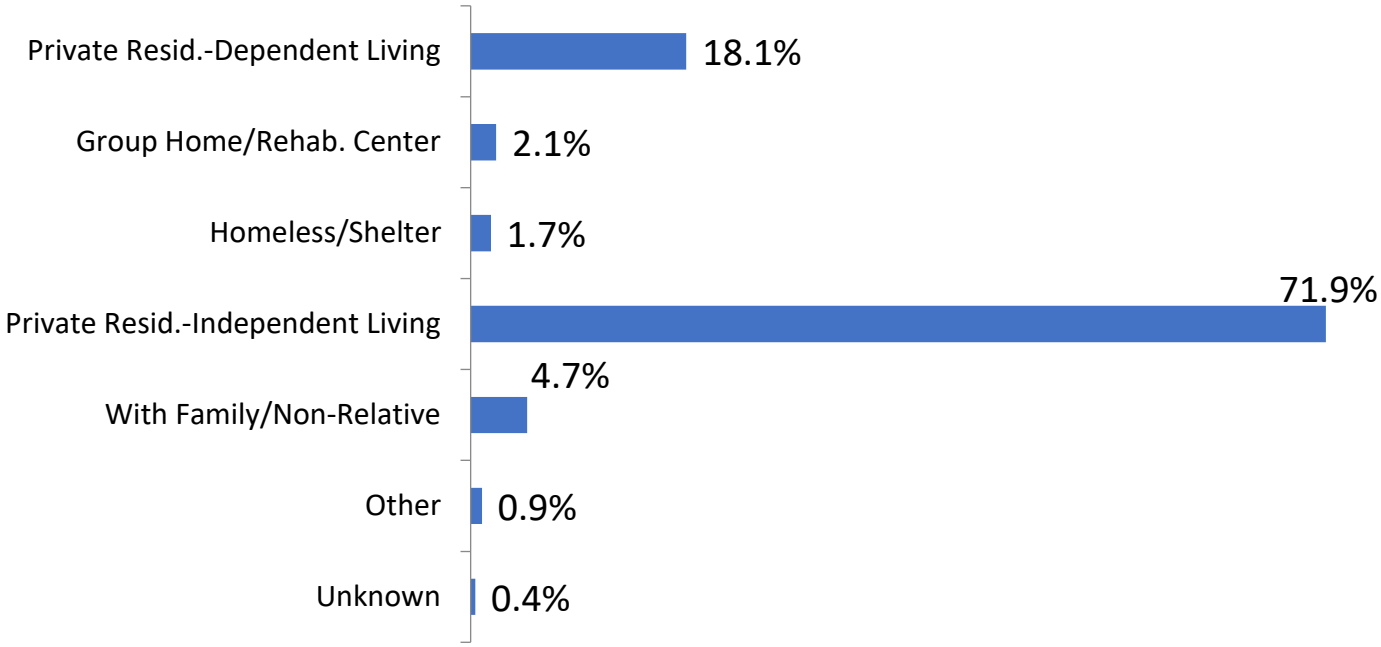


NEDHSA Social Determinants

58% of NEDHSA outpatient clients had educational degrees of high school or more.

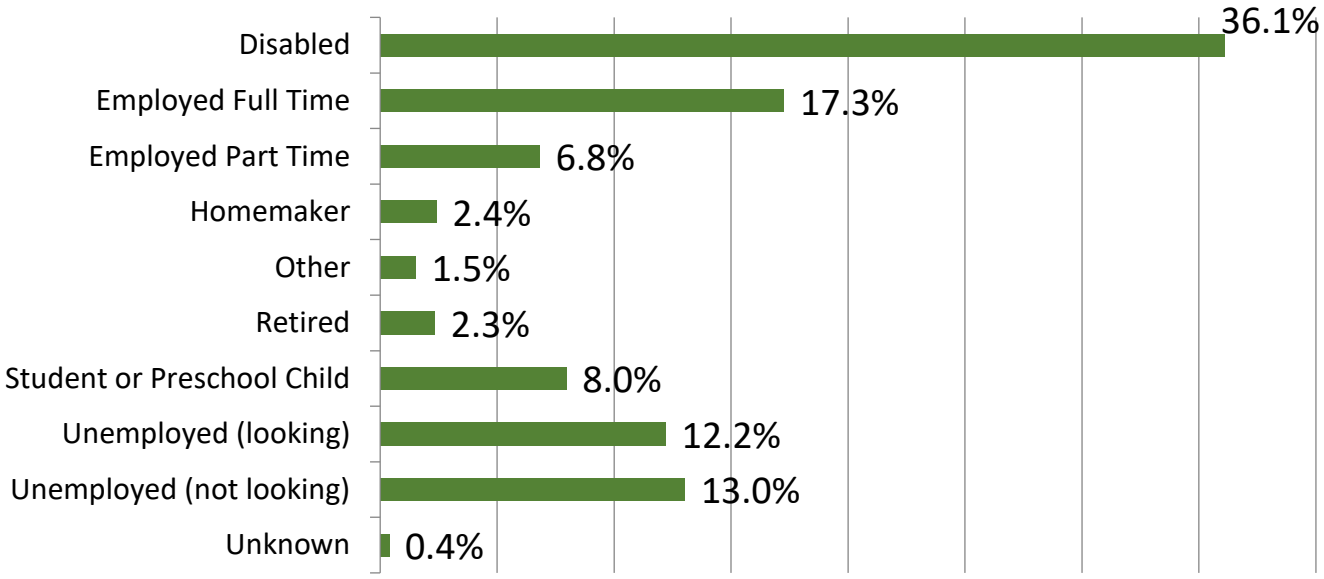
Outpatient Client Residental Type FY25

(n=1,582)



Outpatient Client Employment Status FY25

(n=1,582)



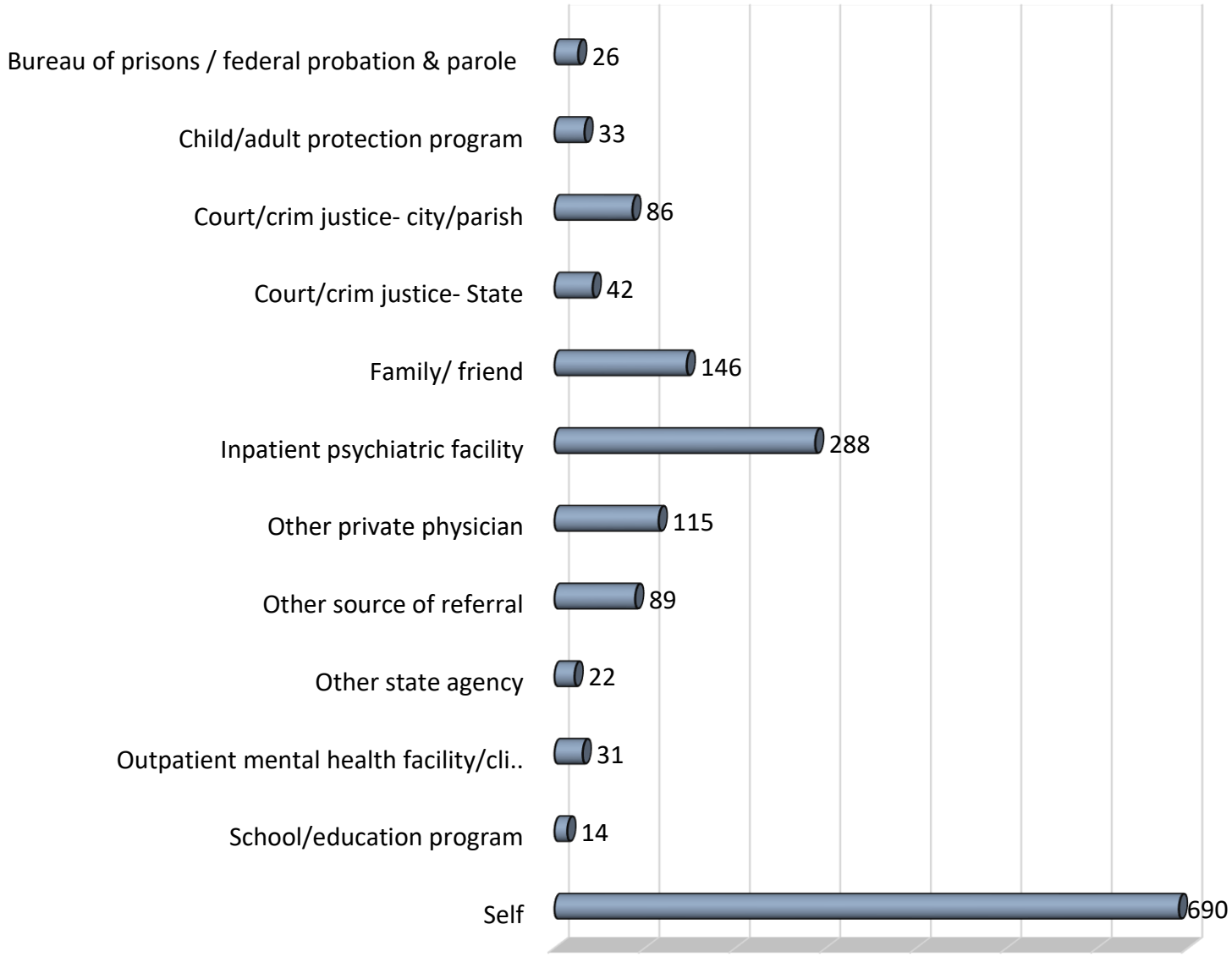
NEDHSA

Social Determinants

- About 72% of NEDHSA outpatient clients were living in private independent living arrangements.
- 17.3% of NEDHSA outpatient clients were full time employed.

Outpatient Client by Source of Referral FY25

(n=1,582)



NEDHSA

Social Determinants

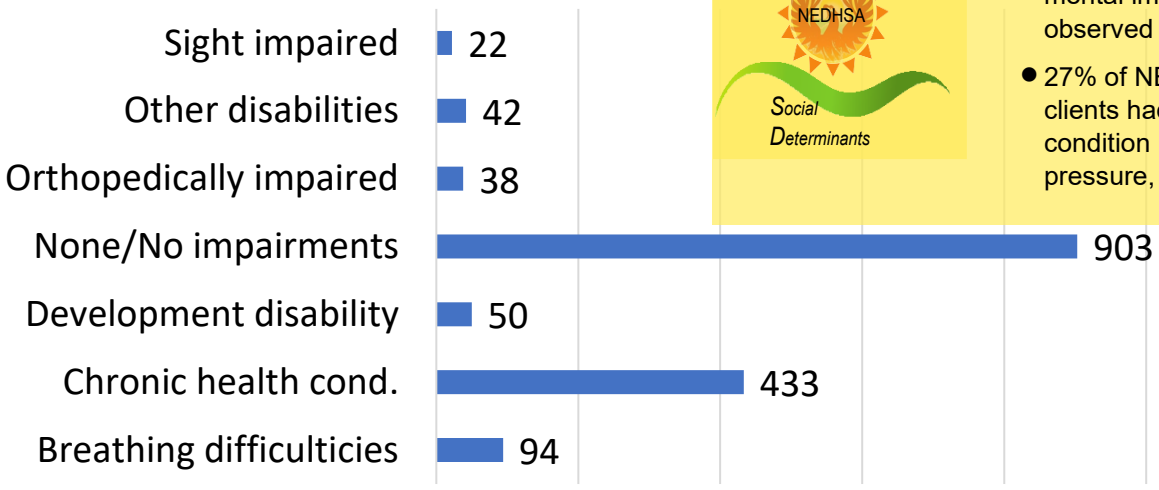
- 43.62% of NEDHSA outpatient clients were self-referred to NEDHSA outpatient clinics.

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	

Outpatient Client Disability (Primary) FY25

(n=1,582)

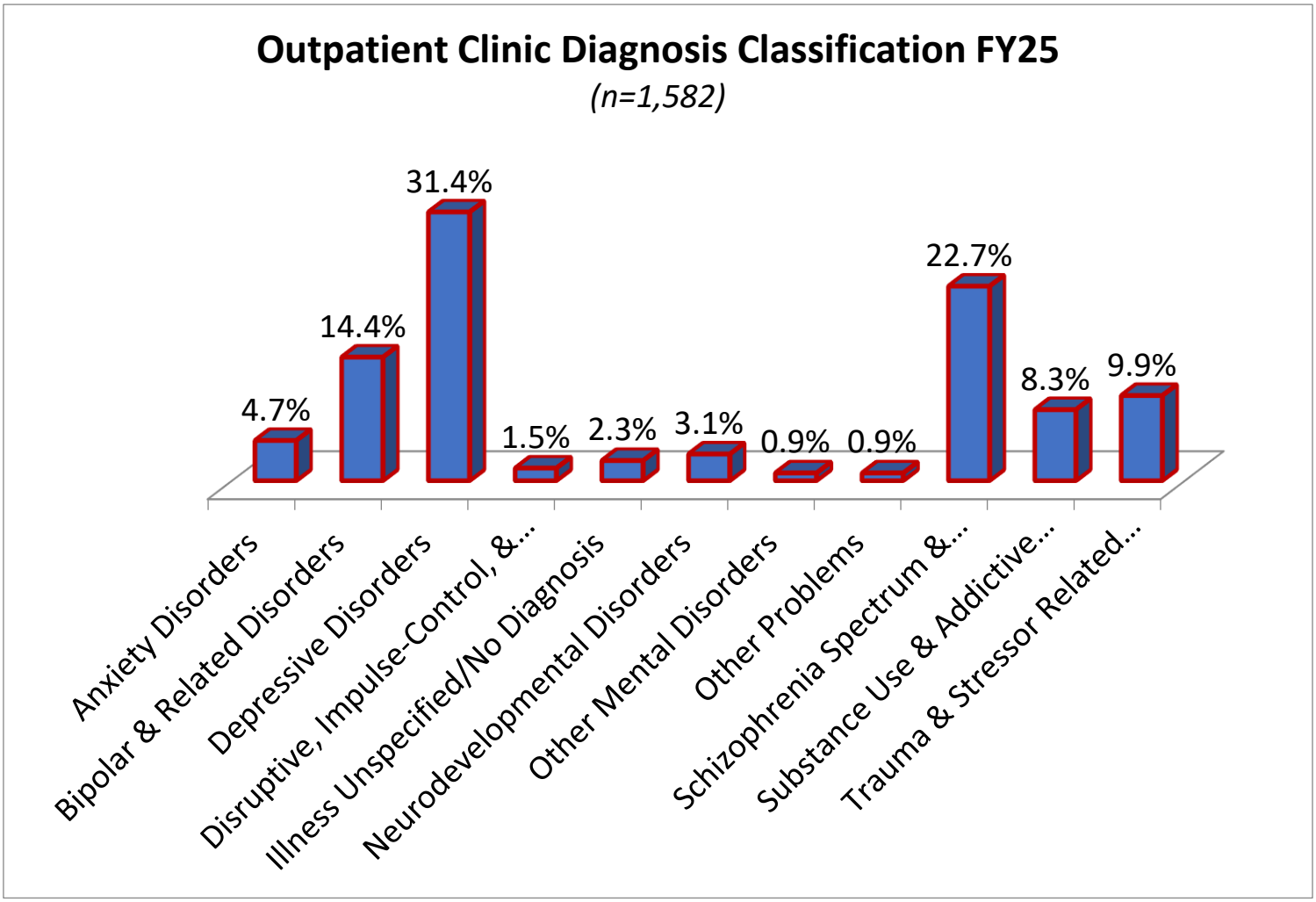


NEDHSA Social Determinants

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

- 27% of NEDHSA outpatient clients had chronic health condition including high blood pressure, diabetes, or cancer.

Outpatient Clinic Client Diagnoses



- Depressive Disorders, as a Primary Diagnosis, accounted for 31.4% (N=496) of the types of health disorders treated at NEDHSA clinics.
- The percentage of NEDHSA clients treated primarily for Substance use and Additive Disorder in the FY25 was 8.3%; n=131.

FY25 Outpatient Clients by Primary Diagnosis and Gender (n=1,582)			
	Gender		
Primary Diagnosis	Female	Male	Total
Anxiety Disorders	46	28	74
Bipolar & Related Disorders	153	75	228
Depressive Disorders	309	187	496
Illness Unspecified/No Diagnosis	21	16	37
Neurodevelopmental Disorders	13	36	49
Other Problems	24	27	51
Schizophrenia Spectrum & Other Psychotic Disorders	151	208	359
Substance Use & Addictive Disorders	39	92	131
Trauma & Stressor Related Disorders	93	64	157
Total	**849**	**733**	**1582**

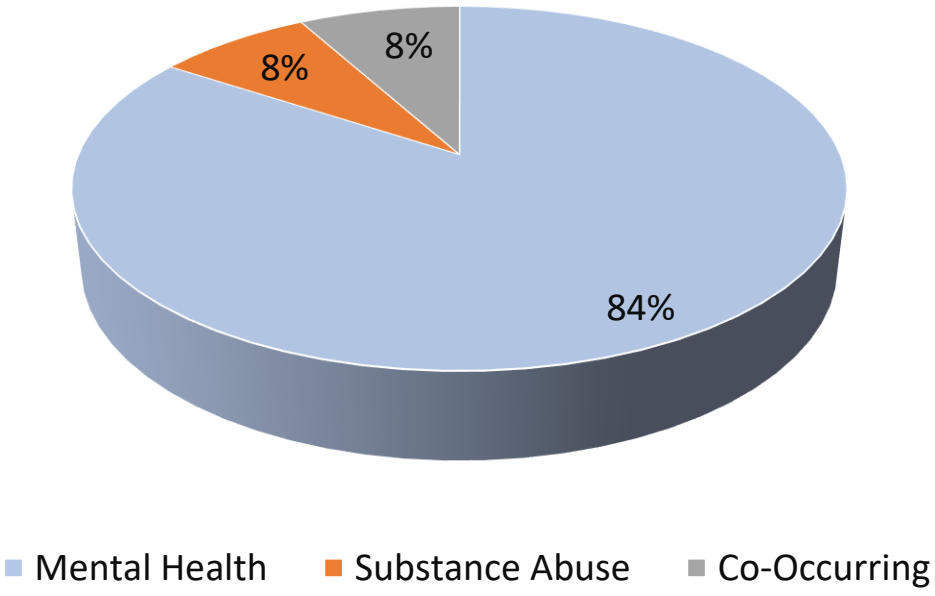
NEDHSA

Social Determinants

- A higher number of male clients were diagnosed with schizophrenia spectrum & other psychotic disorders.
- Of 359 schizophrenia spectrum & other psychotic disorders cases, 77.7% (n=279) were African Americans.
- Among 849 total female clients, depressive disorders were most common i.e. 36.4% (n=309).
- Of 496 depressive disorder cases, 62.3% (n=309) were females.
- Bipolar and related disorders, depressive disorder, schizophrenia spectrum & other psychotic disorders, trauma and stress related disorder, substance use and addictive disorders, and trauma and stress related disorder were higher in the 36-50 years age group.

FY25 Outpatient Client Primary Target Group

(n=1,582)



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

- Black clients represented the largest group seeking mental health treatment, accounting for 55.51% (n=740), compared to White and other racial groups.
- For the substance abuse, the number of Black clients were higher than the White 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.

FY25 Outpatient Clients by Primary Target Group & Gender *(n=1,582)*			
	Female	**Male**	**Total**
Mental Health	753	580	1,333
	56.49%	43.51%	100%
Substance Abuse	31	91	122
	25.41%	74.59%	100%
Co-Occurring	65	62	127
	51.18%	48.82%	100%
Total	849	733	1,582
	53.67%	46.33%	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.

FY25 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?	97.5%	2.5%	640
Would you recommend the clinic to a friend or family member?	97.66%	2.34%	640

FY25 TeleSage Outcomes Measurement System (TOMS)
Quality of Care Clinic Adult Report
Performance Indicators

	Overall GPA	Client Count
Access to services	3.39	642
Appropriateness of services	3.43	642
Medication	3.38	635
Outcome of services	3.19	642
Participation in treatment	3.44	641

FY25 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)?	48.6%	34.74%	15.42%	0.62%	0.31%	0.31%	3.31	642
How would you grade getting your phone calls returned promptly?	47.43%	39.63%	11.39%	0.62%	0.47%	0.47%	3.34	641
How would you grade getting services at times that were good for you?	54.06%	35%	10.16%	0.47%	0%	0.31%	3.43	640
How would you grade seeing a psychiatrist when you need to?	50%	35.36%	11.21%	0.78%	0.16%	2.49%	3.38	642
How would you grade the willingness of the staff to see you as often as necessary?	54.45%	34.63%	9.98%	0.47%	0.16%	0.31%	3.43	641
How would you grade your ability to get all the services you thought you needed?	53.58%	35.98%	9.5%	0.62%	0%	0.31%	3.43	642
Access Summary	51.35%	35.89%	11.28%	0.6%	0.18%	0.7%	3.39	642
Appropriateness								
How would you grade doctor/counselor giving you information about your rights?	56.47%	31.83%	9.98%	0.94%	0.16%	0.62%	3.44	641
How would you grade doctor/counselor giving you a choice about what is best for you?	56.16%	34.17%	7.96%	1.25%	0.16%	0.31%	3.45	641
How would you grade doctor/counselor helping you obtain the information you need to manage your illness?	56.63%	33.85%	8.58%	0.47%	0%	0.47%	3.47	641
How would you grade staff's belief that you could grow, change, and recover?	52.97%	36.88%	10%	0%	0.16%	0%	3.42	640
How would you grade staff's respect for your wishes about who is and who is not to be given information about your treatment?	57.25%	32.14%	9.98%	0.47%	0%	0.16%	3.46	641
How would you grade staff's encouragement of you to take responsibility for how you live your life?	56.07%	34.58%	8.88%	0%	0.16%	0.31%	3.47	642
How would you grade how well the staff told you what side effects to watch out for?	45.38%	34.9%	10.95%	0.78%	0.63%	7.36%	3.33	639
How would you grade staff's sensitivity to your cultural background (race, religion, language, etc)?	54.69%	32.34%	10.16%	0.62%	0.16%	2.03%	3.44	640
How would you grade doctor/counselor being open to your complaints?	57.32%	30.22%	9.03%	0.93%	0.31%	2.18%	3.46	642
Appropriateness Summary	54.12%	33.87%	9.6%	0.67%	0.2%	1.53%	3.43	642

	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?	56.79%	31.83%	10.14%	0.78%	0.16%	0.31%	3.45	641
How would you grade doctor/counselor being open to questions about your treatment and medications?	56.32%	31.98%	9.98%	0.94%	0.31%	0.47%	3.44	641
Participation Summary	56.55%	31.9%	10.06%	0.86%	0.23%	0.39%	3.44	641
Outcome								
How would you grade how well the services have helped you deal more effectively with your daily problems?	41.9%	41.9%	15.42%	0.47%	0%	0.31%	3.26	642
How would you grade how well the services have helped you feel better about yourself?	44.24%	39.72%	14.8%	0.93%	0%	0.31%	3.28	642
How would you grade how well the services have helped you cope with a crisis?	38.38%	42.59%	15.13%	2.03%	0%	1.87%	3.2	641
How would you grade how well the services have helped you get along better with your family?	39%	39.63%	15.91%	2.18%	1.09%	2.18%	3.16	641
How would you grade how well the services have helped you do better in being able to work?	32.69%	32.69%	16.26%	4.03%	1.93%	12.4%	3.03	621
How would you grade how well the services have helped you do better with your leisure time?	37.29%	42.28%	15.91%	2.34%	0.31%	1.87%	3.16	641
How would you grade how well the services have helped you improve your housing situation?	33.18%	36.02%	16.11%	2.05%	0.95%	11.7%	3.11	633
How would you grade how well the services have helped you become more independent?	40.31%	37.03%	17.81%	1.56%	0.31%	2.97%	3.19	640
How would you grade how well the services have helped you deal with situations that used to be a problem for you?	39.31%	43.37%	15.29%	0.78%	0.31%	0.94%	3.22	641
How would you grade how well the services have helped you do better at being able to control your life?	42.21%	40.65%	14.8%	0.62%	0.47%	1.25%	3.25	642
Outcome Summary	38.85%	39.59%	15.75%	1.7%	0.54%	3.58%	3.19	642
Medication								
How would you grade how well the doctor responded to any medication side effects?	48.66%	30.87%	9.61%	0.31%	0.63%	9.92%	3.41	635
How would you grade how well the medications have helped control symptoms that used to bother you?	49.76%	30.24%	11.65%	0.79%	0.63%	6.93%	3.37	635

	Excellent	V. Good	OK	Poor	Failing	N/A	GPA	Client Count
Medication Summary	49.21%	30.55%	10.63%	0.55%	0.63%	8.43%	3.38	635
Functioning								
My symptoms are not bothering me as much.	28.35%	53.12%	13.08%	3.12%	0.78%	1.56%	1.93	642
I do things that are more meaningful to me.	29.28%	55.3%	12.62%	1.4%	0.62%	0.78%	1.88	642
I am better able to take care of my needs.	32.55%	50%	14.17%	2.18%	0.31%	0.78%	1.87	642
I am better able to handle things when they go wrong.	30.06%	51.71%	14.17%	2.65%	0.93%	0.47%	1.92	642
I am better able to do things that I want to do.	32.55%	49.07%	14.49%	2.34%	0.93%	0.62%	1.89	642
Functioning Summary	30.56%	51.84%	13.71%	2.34%	0.72%	0.84%	1.9	642
Connectedness								
I am happy with the friendships I have.	34.01%	48.52%	10.61%	3.43%	1.09%	2.34%	1.86	641
I have people with whom I can do enjoyable things.	37.91%	46.49%	9.98%	3.28%	0.94%	1.4%	1.81	641
I feel I belong in community.	29.6%	46.26%	14.49%	5.14%	2.96%	1.56%	2.04	642
In a crisis, I would have the support I need from family or friends.	41.28%	42.83%	10.59%	3.27%	1.4%	0.62%	1.8	642
Connectedness Summary	35.7%	46.03%	11.42%	3.78%	1.6%	1.48%	1.88	642

More than 80% of surveyed adults seen in NEDHSA outpatient clinics during FY25 reported improved functioning.

More than 80% of surveyed adults seen in NEDHSA outpatient clinics during FY25 reported positive social connectedness.

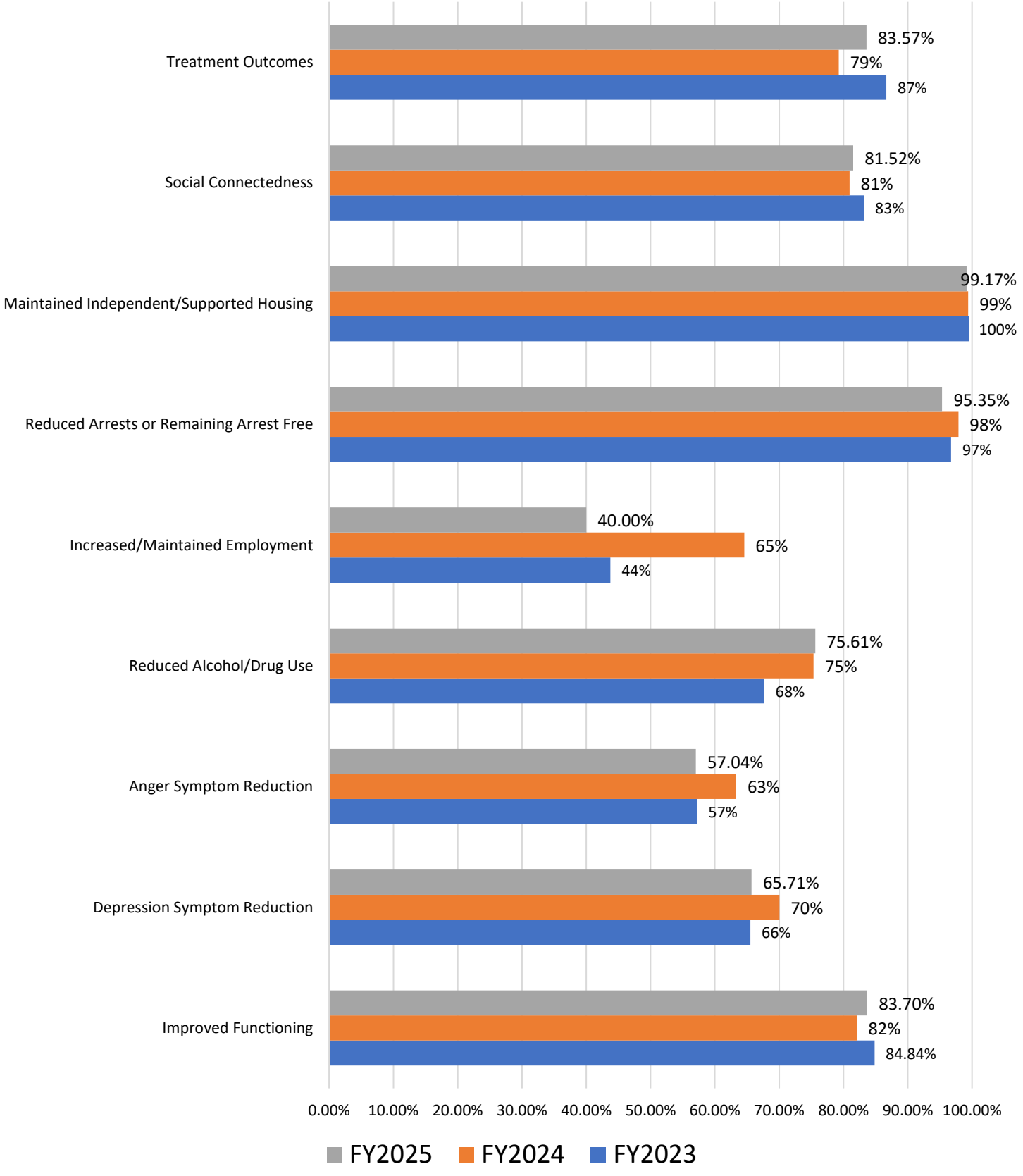
FY25 TeleSage Outcomes Measurement System (TOMS)

Accountability and Implementation Plan (AIP) Outcomes Report FY25

	Domain	Type	n	Percent
Reduced Morbidity	Improved Functioning:	QoC Adult	638	83.7
		QoC Parent	N/A	N/A
	Depression Symptom Reduction:	TOMS Adult	140	65.71
		TOMS Youth	<11	50
	Anger Symptom Reduction:	TOMS Adult	135	57.04
		TOMS Youth	<11	25
	Reduced Alcohol/Drug Use:	TOMS Adult	41	75.61
		TOMS Youth	0	0
Employment	Increased/Maintained Employment:	TOMS Adult	17	40
		TOMS Youth	0	0
	Decreased School Absences or Expulsions:	TOMS Adult	N/A	N/A
		TOMS Youth	<11	100
Crime & Criminal Justice	Reduced Arrests or Remaining Arrest Free:	TOMS Adult	129	95.35
		TOMS Youth	<11	100
Stability in Housing	Reduced Homelessness:	TOMS Adult	<11	100
		TOMS Youth	0	0
	Maintained Independent/Supported Housing:	TOMS Adult	121	99.17
		TOMS Youth	<11	100
Social Connectedness	Social Connectedness:	QoC Adult	633	81.52
		QoC Parent	37	100
Perception of Care	Treatment Outcomes:	QoC Adult	639	83.57
		QoC Parent	39	76.92

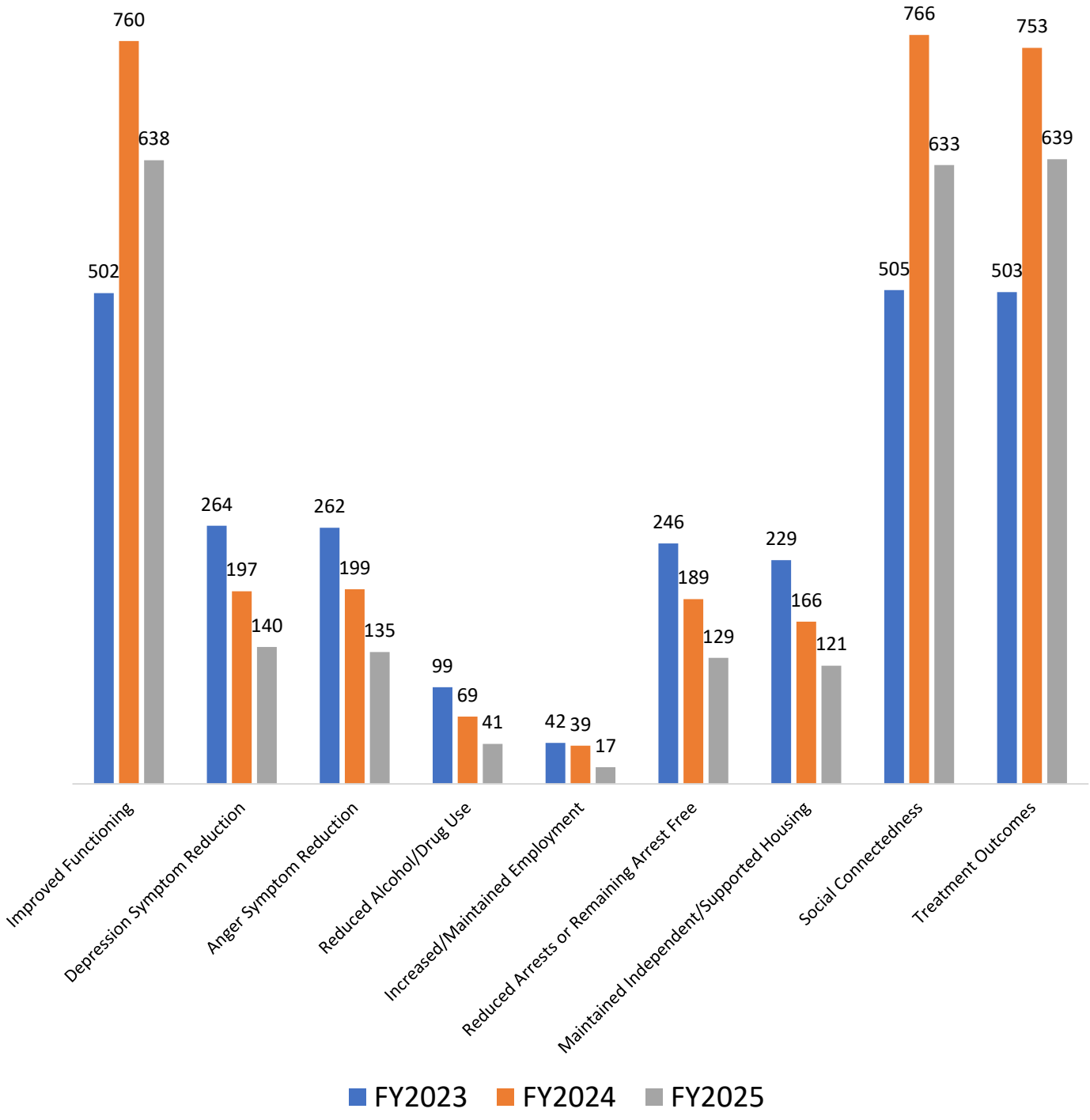
Accountability and Implementation Plan (AIP) Outcomes Comparison: FY23, FY24, & FY25

(Type =Adult %)



Accountability and Implementation Plan (AIP) Outcomes Comparison: FY23, FY24, & FY25

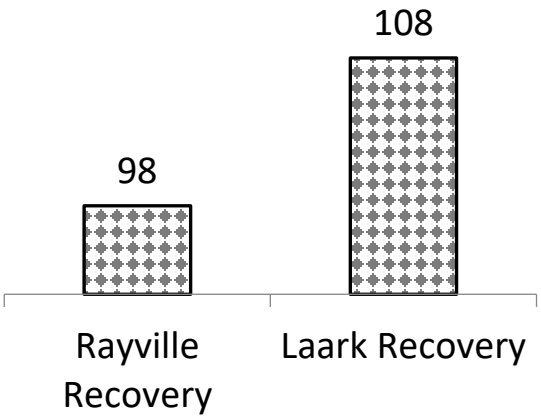
(Type =Adult number Participated)



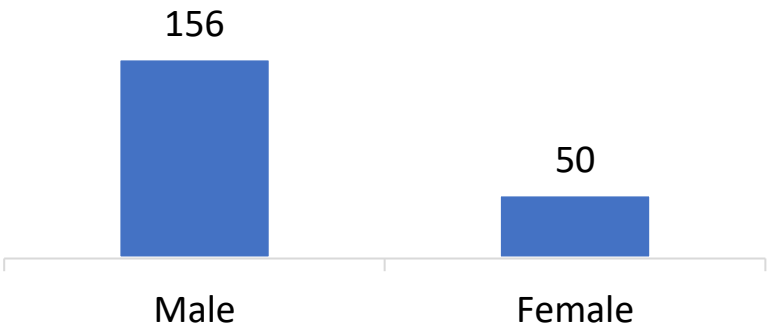
Addiction Services

A. Inpatient Addiction Disorder Treatment Services

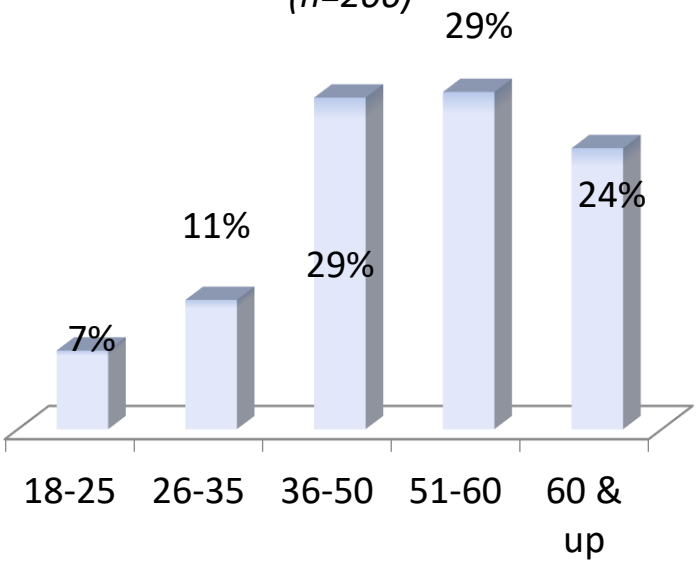
FY25 Impatient Admits
(n=206)



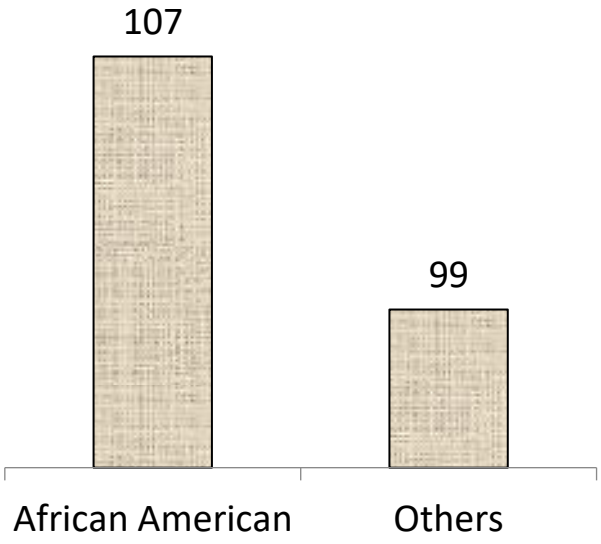
FY25 Impatient Admits by Gender
(n=206)



FY25 Inpatient Admits by Age Group
(n=206)



FY25 Inpatient Admits by Race
(n=206)

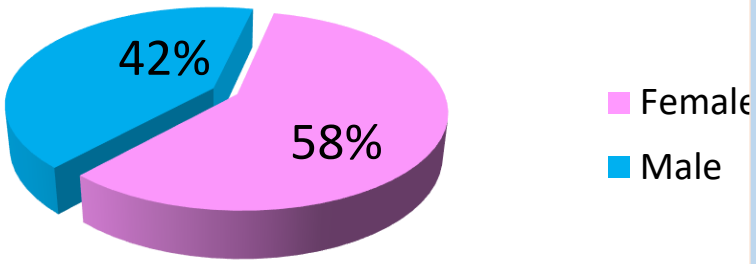


Race: Other = White and Asian.

B. Tobacco Cessation Program

Tobacco Cessation Services by Gender FY25

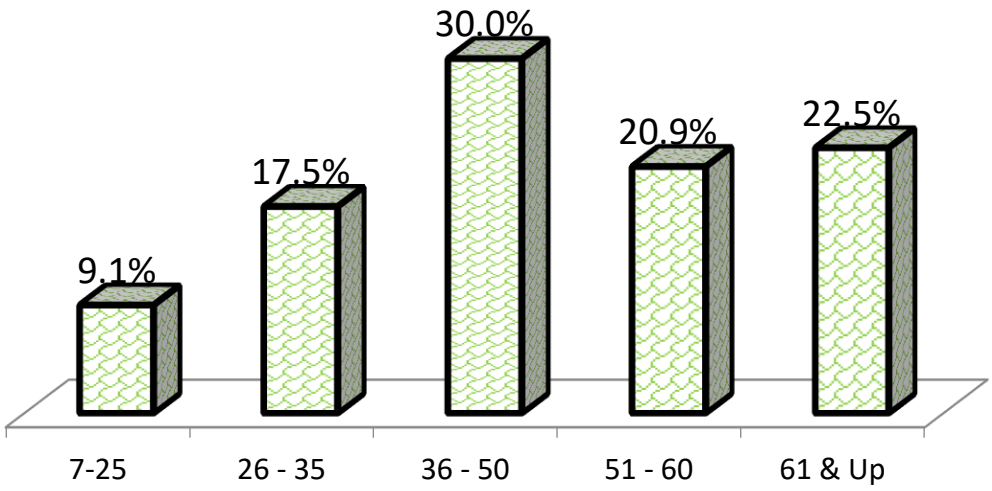
(n=503)



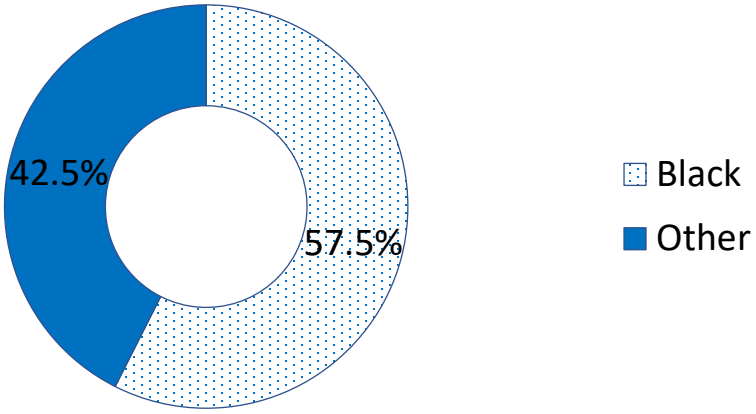
In FY25, NEDHSA outpatient clinics provided 1,212 services under tobacco cessation program to 503 unique clients.

Tobacco Cessation Services by Age FY25

(n=503)



Tobacco Cessation Services by Race
FY25
(n=503)



In FY25, of the patients who received tobacco cessation services, **32%** (n=162) had depressive disorder and **31%** (n=156) had Schizophrenia Spectrum and Other Psychotic Disorder as primary diagnosis.

Other = White, American Indian, Asian, Other Single Race, and Unknown.

FY25 Tobacco Cessation Services by Race and Gender
(n=503)

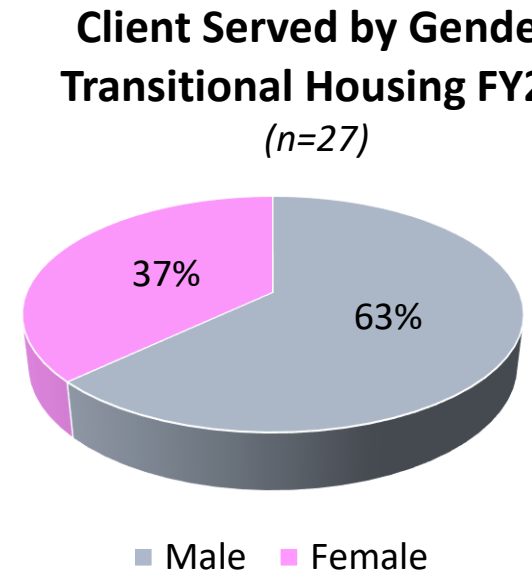
	Female	Male	Total
Black	164 55.97%	125 59.52%	289 57.46%
Other	129 44.03%	85 40.48%	214 42.54%
Total	**293** **100%**	**210** **100%**	**503** **100%**

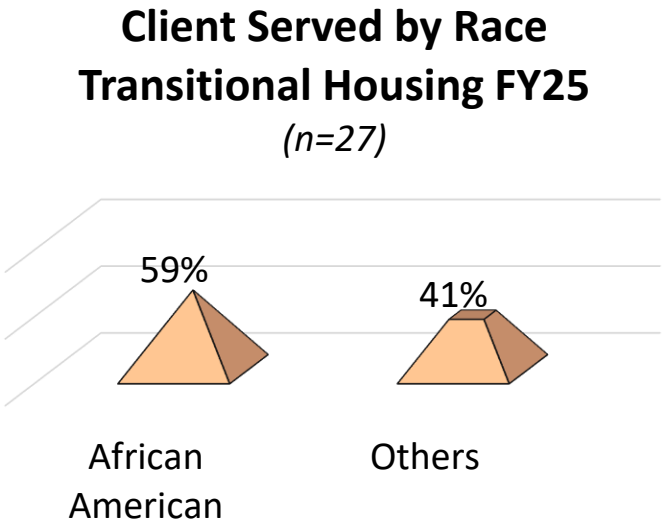
In Tobacco Cessation Program, by gender:

- In both races, proportion of female was higher compared to male.

A. Transitional Housing

Through contractors, NEDHSA provided transitional housing for individuals, and their families, who had mental health and/or substance use disorders. In FY25, NEDHSA supported 27 individuals (10 females and 17 males).

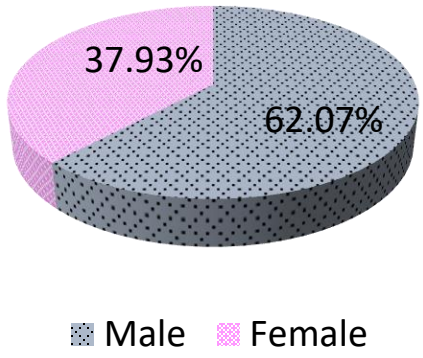




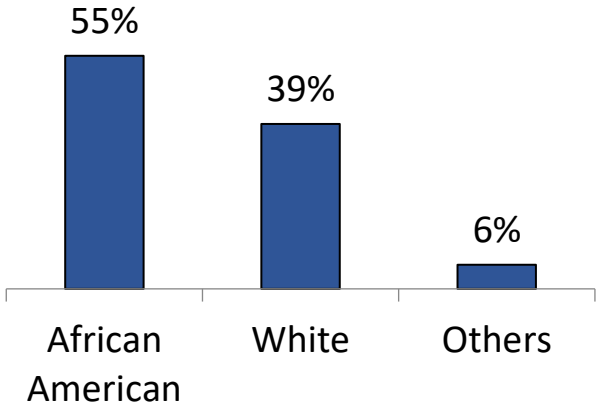
Other = White and Other Single Race.

B. Peer Support Center

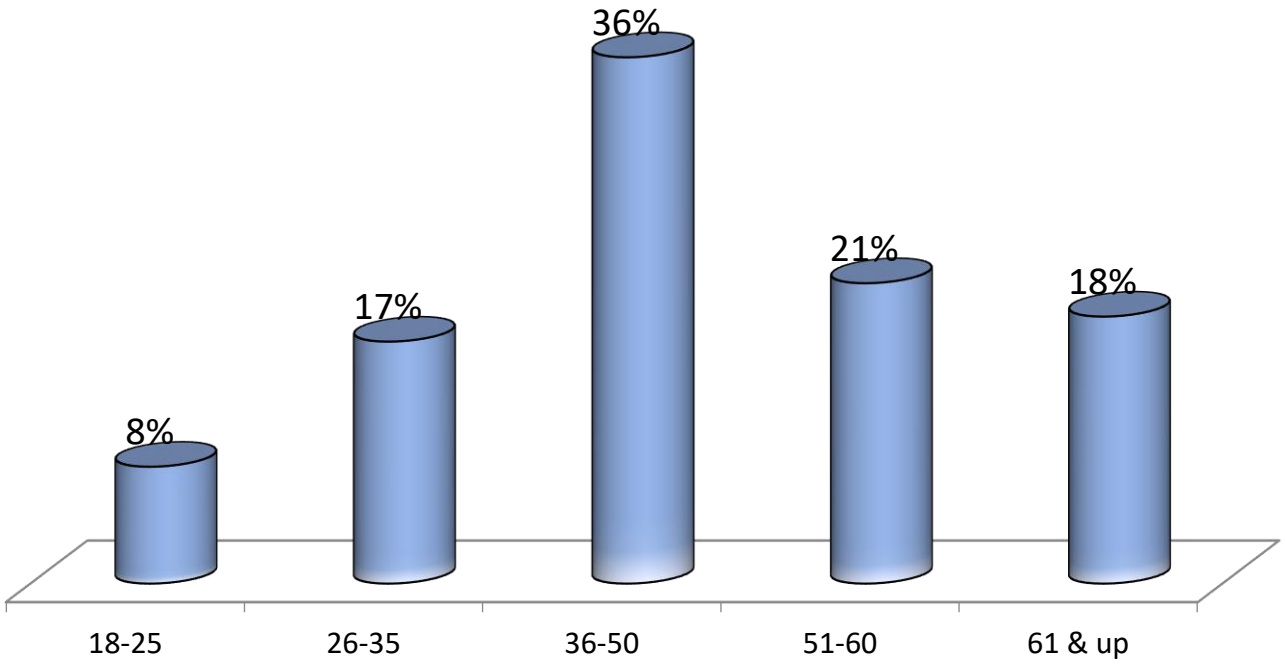
FY25 Clients by Gender
Peer Support Program
(n=174)



FY25 Clients by Race
Peer Support Program
(n=174)



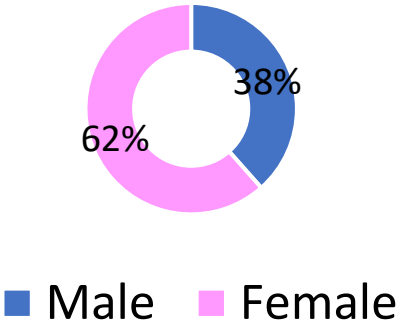
FY25 Clients by Age Group
Peer Support Program
(n=174)



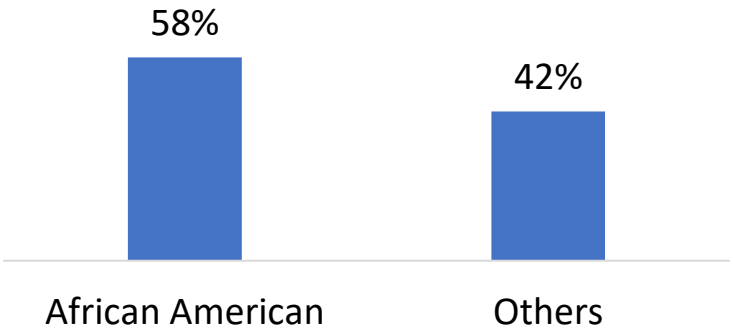
C. PATH

Through PATH Homeless Outreach Program, NEDHSA identified homeless individuals and developed plans to address basic needs and engage in available services.

FY25 Clients by Gender
PATH
(n=26)



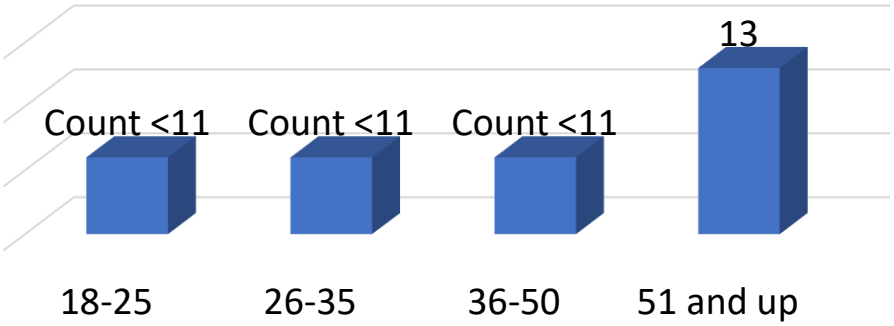
FY25 Clients by Race
PATH
(n=26)



Other = White and Other Single Race.

In FY25, **1.7%** (N=27) of NEDHSA clients reported homeless.

FY25 Clients by Age Group
PATH
(n=26)



Developmental Disabilities Services

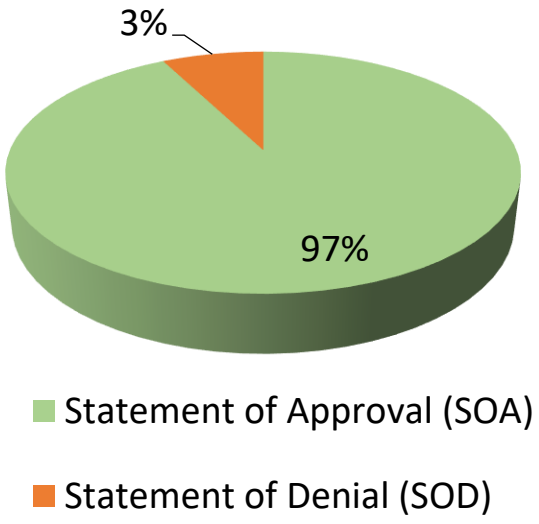
Number of eligibility determination requests FY25 Developmental Disability (DD) Services	
New applications into the DD service system	461
Applications completed with eligibility decision	461
Statement of Approval (SOA)	447
Statement of Denial (SOD)	14

Eligibility decisions 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)

FY25 Statement of Eligibility or Denial into the DD System

(n=461)



NEDHSA Social Determinants

In FY25, 3.16% (N=50) 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 FY25, of 447 approved status 74% 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.

FY25 State General Funds- Individual & Family Support Program Developmental Disabilities Services	
Total number of unduplicated clients served	688
Requests for Family Support Program Funding	353
Number of those requests funded	339
Fully Funded	325
Partially Funded	14
Deferred (referred to appropriate sources) or Closed	14
Total $$ amount Spent in Family Support Program	$921,042.6

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.

FY25 State General Funds- Flexible Family Fund Developmental Disabilities Services	
Number of Children Served	156
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.

FY25 Act 378[1] Program by Gender Developmental Disabilities Services (n[2]=478)			
Gender	Individual/Family Support	Flexible Family Fund	Total
Female	135	52	**187**
Male	183	90	**273**
Total	**318**	**142**	**460**

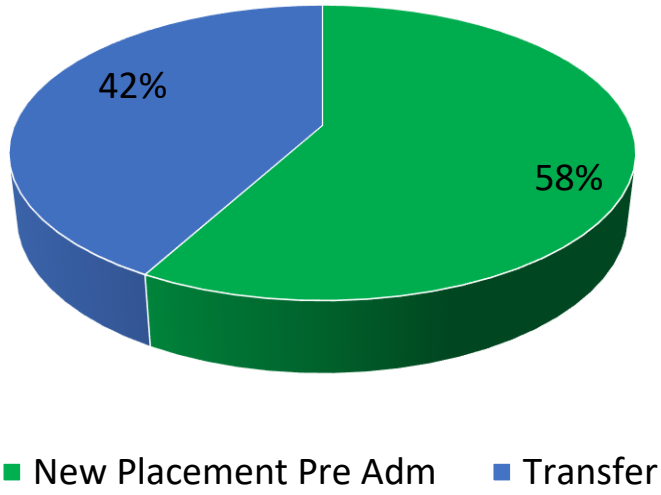
18 individuals were served through both I/FS and FFF

FY25 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	59	142	18	**219**
19-25	70	0	0	**70**
26-35	71	0	0	**71**
36-50	62	0	0	**62**
51-60	31	0	0	**31**
61 & up	25	0	0	**25**
Total	**318**	**142**	**18**	**478**

[1] ACT 378 = Individual and Family Support Program + Flexible Family Fund
[2] n = 460 + 18 = 478

FY25 Act 378 Program by Parish Developmental Disabilities Services *(n=548)*	
Parish	Total
Caldwell	24
East Carroll	13
Franklin	29
Jackson	15
Lincoln	50
Morehouse	< 11
Madison & Union	30
Ouachita	234
Richland	32
Tensas	<11
West Carroll	20
Others (Transfers from other parishes)	< 11
Total	**478**

FY25 ICF\IDD Processing and Certification
Developmental Disabilities Services
(n=50)



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)

FY25 Pre-admission Screening and Resident Review (PASRR) Developmental Disabilities Services	
Number of people referred for PASRR decisions	38
Decisions rendered	40

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.)	**283**

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.

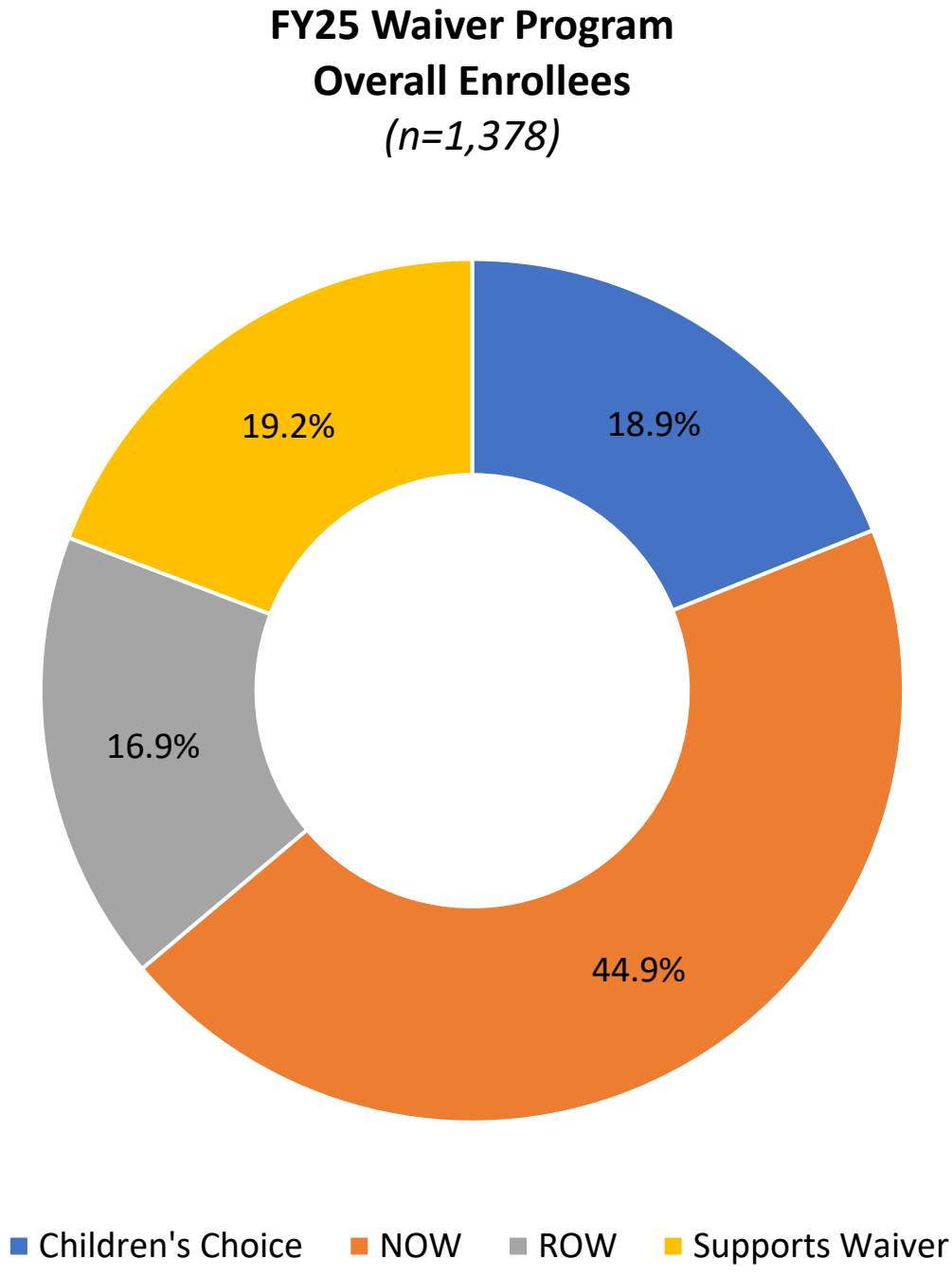
NEDHSA is responsible for ensuring adherence to all Medicaid Waiver policies, policy clarifications, procedures, directives, regulations, rules, manuals, and operational instructions providing guidance and technical assistance to Waiver community provider agencies and support coordination agencies. There 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.



FY25 Waiver Program by Age Group Overall Enrollees Developmental Disabilities Services *(n=1,378)*			
Waiver Type	Children (21 and under)	Adults	Total
Children's Choice	261	0	**261**
NOW	< 11	> 600	**619**
ROW	< 11	> 200	**233**
Supports Waiver	39	226	**265**
Total	**315**	**1063**	**1,378**

FY25 Waiver Program by Gender Overall Enrollees Developmental Disabilities Services *(n=1,378)*			
Waiver Type	Male	Female	Total
Children's Choice	173	80	**253**
NOW	381	238	**619**
ROW	126	107	**233**
Supports Waiver	142	111	**253**
Total	**822**	**536**	**1,358**

*20 individuals were in Unknown category of Gender.

FY25 Waiver Program by Age Group Overall Enrollees Developmental Disabilities Services *(n=1,378)*					
Waiver Type	0-21	22-40	41-55	56 and up	Total
Children's Choice	261	0	0	0	**261**
NOW and ROW	15	395	237	205	**852**
Supports Waiver	39	142	52	32	**265**
Total	**315**	**537**	**289**	**237**	**1,378**

FY25 Waiver Program by Parish
Overall Enrollees
Developmental Disabilities Services

(n=1,378)

Parish	Total
Caldwell	50
East Carroll	40
Franklin	76
Jackson	55
Lincoln	153
Madison	28
Morehouse	107
Ouachita	675
Richland	95
Tensas	12
Union	48
West Carroll	33
Other	6
Total	**1,378**

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)	194	168	26	0

168 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.

(determined within the first 6 months of implementation)

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 **800** SYNAR checks in FY2025 with a **7.8%** non-compliance rate.

NEDHSA hosted **203** NARCAN Training and Kit Distribution events during FY25. The events were held across all twelve parishes in the service area, and **3,521** kits and **2,509** fentanyl test strips were distributed during these events. During FY25, NEDHSA continued efforts to train and bring kits to the region. In continued efforts to combat the opioid epidemic and provide opioid prevention, **an opioid prevention vending machine** was placed at the Monroe Behavioral Health Clinic.

There were also **six (6)** free standing Narcan distribution boxes placed throughout the region in East Carroll, Caldwell, Franklin, Lincoln, Madison and Morehouse parishes.

NEDHSA Social Determinants

The Top 3 reported primary substances of use, abuse, and/or addiction type by NEDHSA outpatient clients in FY25 included: marijuana/hashish: **11.13%** (n=176); alcohol: **8.34%** (n=132); and methamphetamine: **3.41%** (n=54).

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.

SYNAR Checks FY25		
ATTEMPT TYPE	NEDHSA	State
Over the counter, by clerk	780	3,958
Over the counter, self-serve	n/a	2
Vending Machine	n/a	42
NA	20	510
TOTAL	**800**	**4,512**

SYNAR Checks FY25		
TOBACCO TYPE	NEDHSA	State
Cigar	50	310
Cigar Pack	40	140
Cigarettes	650	3,187
Smokeless Tobacco	47	385
N/A	13	490
TOTALS	**800**	**4,512**

SYNAR Checks FY25	
MERCHANT EDUCATION PROVIDED	NEDHSA
Yes	8
No	792
TOTALS	**800**

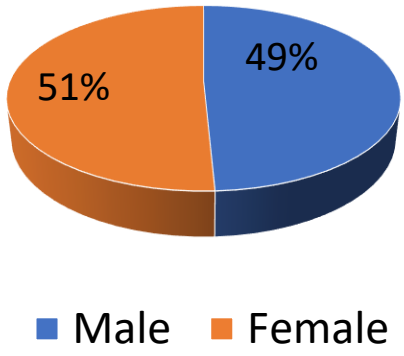
SYNAR Checks FY25

COMPLETED DISPOSITIONS	NEDHSA	State
Willing to Sell	3	156
Not Willing to Sell	785	3,804
Closed at time of visit	4	190
Closed Out of business	4	168
Other	4	194
TOTALS	**800**	**4,512**

SYNAR Checks FY25	
RETAILER TYPE	**NEDHSA**
Bar/Tavern	0
Bowling Alley/Recreation Facility	0
Chain Drug Store/Pharmacy	6
Chain Supermarket	138
Convenience Store with Gas	333
Convenience Store without Gas	17
Fast Food Store	0
Franchise Discount Store	147
Gas Station Only	19
Hotel/Motel	0
Liquor Store	22
Other	46
Restaurant	0
Restaurant with Bar	4
Small Drug Store/Pharmacy	1
Small Grocery Store	41
Tobacco Discount Store	26
TOTALS	**800**

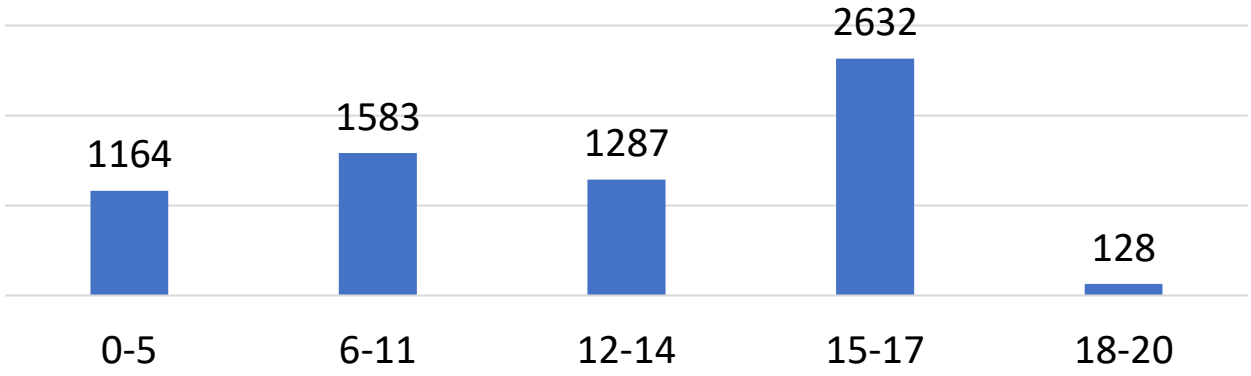
FY25 NEDHSA Evidence Based Program Enrollment by Gender

(n=6,794)



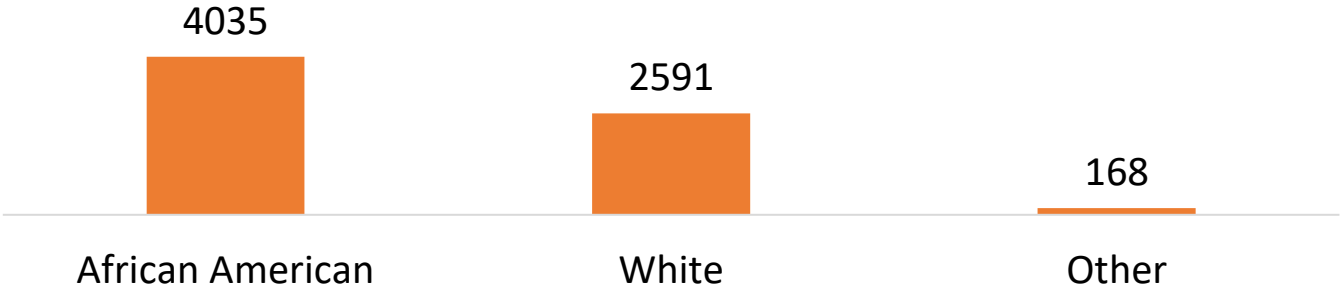
FY25 NEDHSA Evidence Based Program Enrollment by Age Group

(n=6,794)



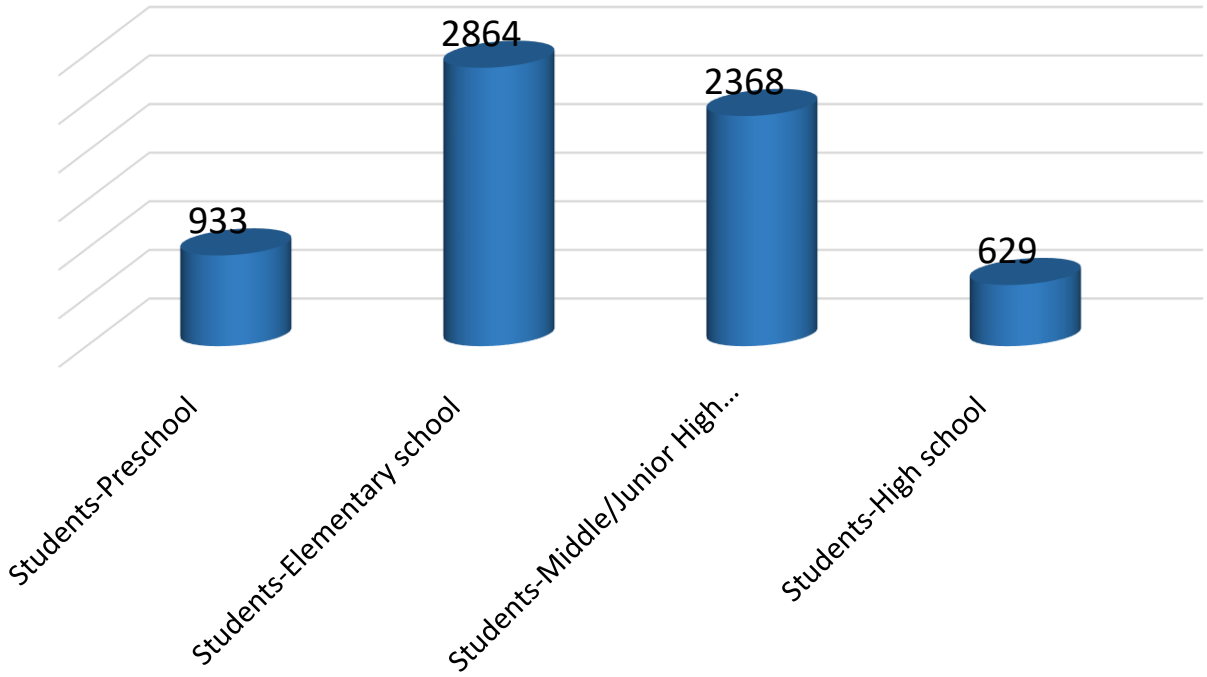
FY25 NEDHSA Evidence Based Program Enrollment by Race

(n=6,794)



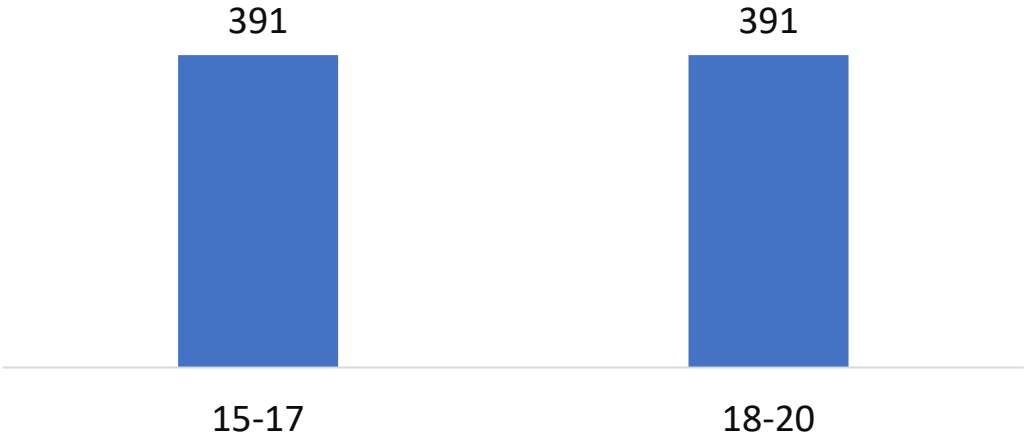
FY25 NEDHSA Evidence Based Program Enrollment by School Level

(n=6,794)

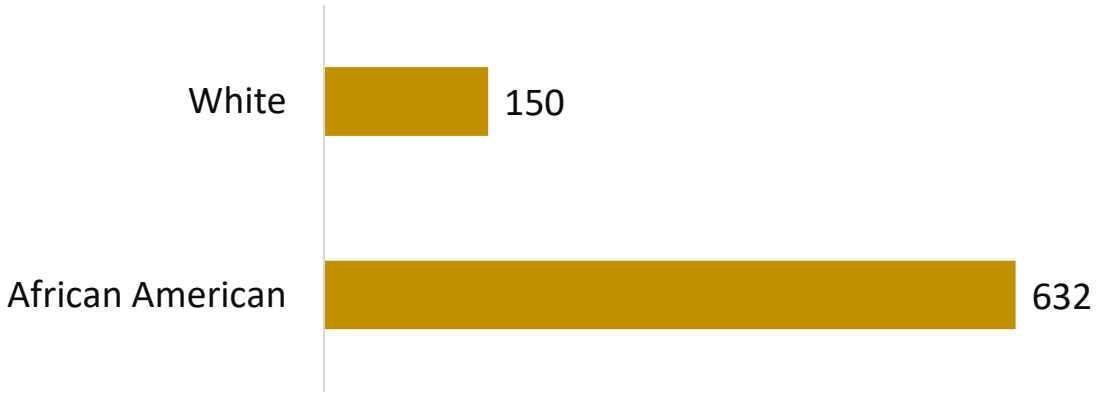


FY25 NEDHSA Opportunity Zone Youth Summit Individuals Reached by Age Group

(n=782)



FY25 NEDHSA Opportunity Zone
Youth Summit
Individuals Reached by Race
(n=782)



Summary of Success – "Kids Don't Gamble…Wanna Bet?" Program Evaluation

The evaluation of the "Kids Don't Gamble…Wanna Bet?" program demonstrated strong positive outcomes in increasing students' knowledge about gambling, chance, and the risks associated with betting. Using true/false knowledge items measured at pre- and posttest levels, results consistently showed significant improvements in understanding core concepts. A statistically significant increase in correct responses from pre- to posttest indicates that the program had a meaningful impact on student learning.

Key Findings

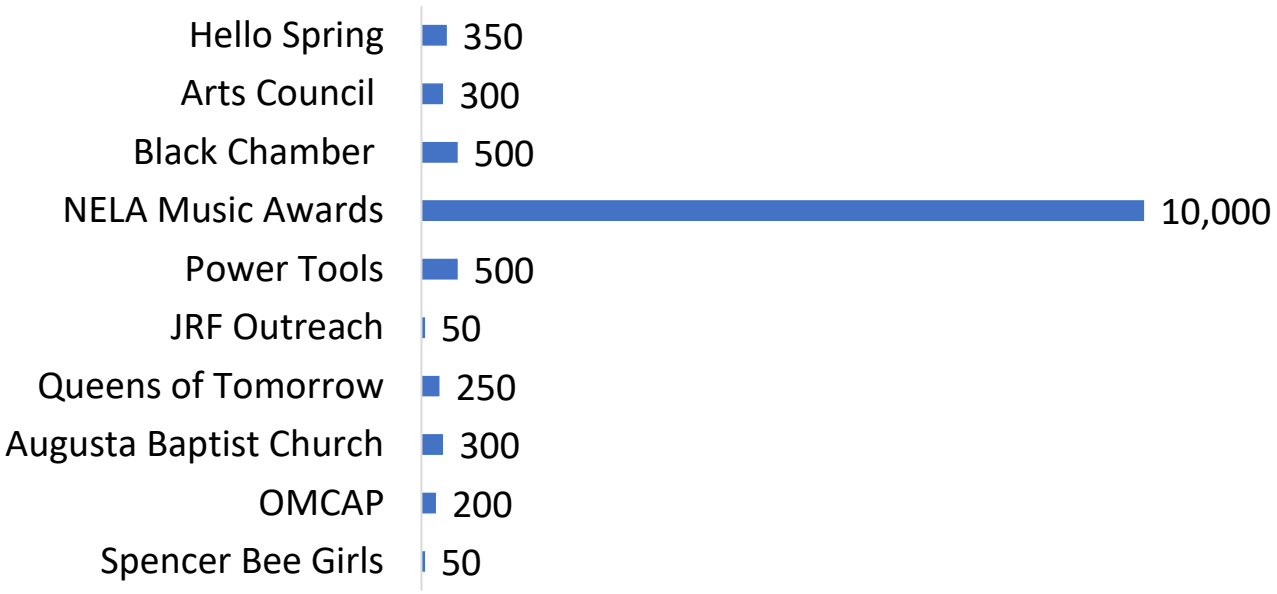
- Lottery Misconceptions: Students' understanding improved substantially on the item "I have a good chance of winning the lottery someday" (41.45% pretest vs. 67.01% posttest), reflecting a 25.56% increase in knowledge about unrealistic odds.
- Role of Luck: On the statement "A good luck charm can help me win a game of chance", correct responses rose from 70.96% to 92.44%, a 21.48% increase, showing improved understanding that outcomes are not influenced by charms.
- Risk of Addiction: Awareness of gambling addiction risks increased, with correct responses to "If I start gambling, there is a chance I could become addicted" rising from 71.66% to 91.07% (19.4% increase).
- Chance vs. Skill: Students also improved on "No amount of skill will improve your odds of winning a game of chance", increasing from 55.74% to 74.46% (18.72% increase).

Overall Impact

Across multiple grade levels and schools in West Carroll (436 students) and Franklin Parishes (380 students), the analysis shows that the program successfully corrected misconceptions and strengthened knowledge. The statistically significant improvements confirm the program's effectiveness in teaching youth that gambling outcomes are based on chance, not luck, skill, or control.

FY25 NEDHSA Sponsorships and Targated Individuals

(n=12,500)



FY25 Unduplicated Attendee for LaSOR by Month Prevention and Wellness Services		
	Grief	**Generation Rx**
2024-July	194	13
2024-Aug	147	21
2024-Sep	160	14
2024-Oct	207	49
2024-Nov	178	46
2024-Dec	176	13
2025-Jan	190	< 11
2025-Feb	249	206
2025-Mar	164	< 11
2025-April	195	27
2025-May	201	< 11
2025-June	190	133
Total	2,251	534

A. Columbia Suicide Screening

The Columbia Suicide Severity Rating Scale (C-SSRS) was used to assess suicide risk among 538 patients at baseline in the FY25. Baseline refers to each patient's initial visit, when the assessment was first conducted to establish their starting level of suicide risk. 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.

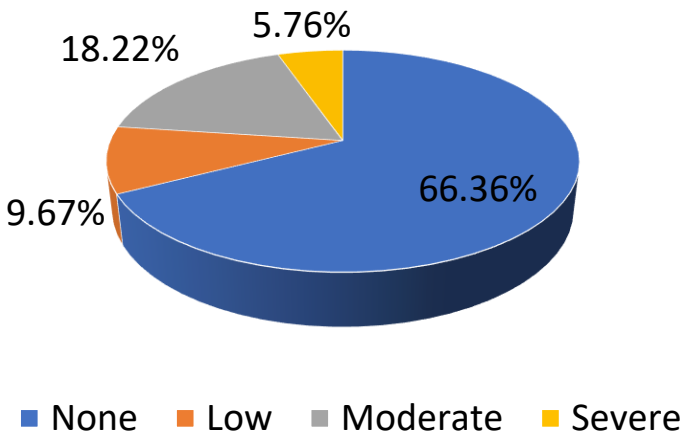
The distribution of suicide risk among the patients was as follows[3]:

- **None**: A majority of patients (66.36%) were classified as having no identifiable suicide risk.
- **Low**: 9.67% of patients fell into the low-risk category, indicating some level of concern but not immediate danger.
- **Moderate**: 18.22% of patients exhibited moderate risk, requiring closer monitoring and potential intervention.
- **Severe**: 5.76% 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

FY25 NEDHSA Mental Health Outcome Measure at Baseline
Columbia Suicide Severity Rating Scale- Screen Version
(n=538)



FY25 NEDHSA Mental Health Outcome Measure at Baseline Columbia Suicide Severity Rating Scale By Gender *(n=538)*					
	None	Low	Moderate	Severe	Total
Female	184	28	60	24	**296**
Male	173	24	38	7	**242**
Total	**357**	**52**	**98**	**31**	**538**

- Males had a higher percentage of individuals classified as **None** (71.5%) compared to females (62.2%).
- Females were more likely than males to fall into the **Moderate** and **Severe** (28.4% vs. 18.6%) risk categories.
- The proportion of patients in the **Low** category was relatively similar between genders (9.46% for females and 9.91% for males).

FY25 NEDHSA Mental Health Outcome Measure at Baseline Columbia Suicide Severity Rating Scale by Race *(n=538)*					
	None	Low	Moderate	Severe	Total
Other	174	25	56	14	**269**
Black/African American	183	27	42	17	**269**
Total	**357**	**52**	**98**	**31**	**538**

Other = American Indian, Asian, White, Other Single, Race, and Unknown

- Patients in the **Other** category had a higher proportion of individuals with no risk (68%) compared to Black patients (64.7%).
- The **Moderate** and **Severe** category showed a slightly higher proportion among the Black patients (26.02%) compared to Other patients (21.93%).

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]:

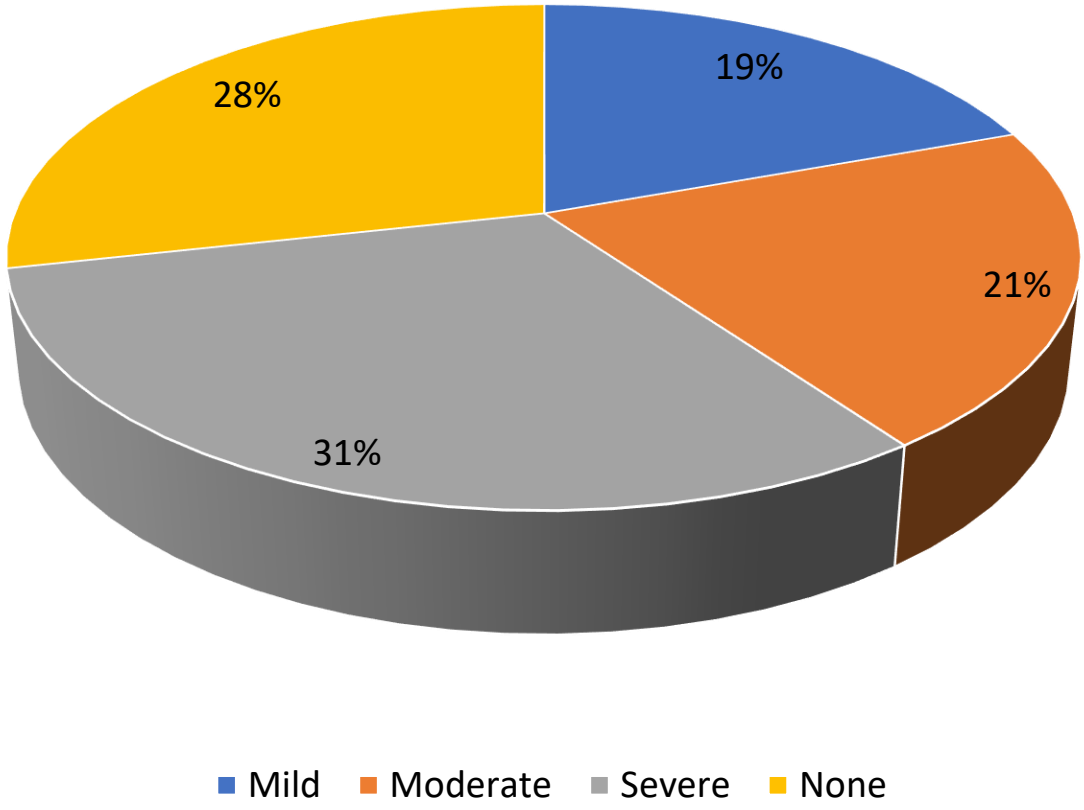
- **None**: Total Score ≤ 4
- **Mild**: Total Score > 4 and ≤ 9
- **Moderate**: Total Score > 9 and ≤ 14
- **Severe**: Total Score > 14 and ≤ 21

At baseline, in FY25, 534 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.

Anxiety Severity Level FY25 Baseline

(n=534)



FY25 NEDHSA Mental Health Outcome Measure at Baseline Anxiety Severity Level by Gender *(n=534)*					
	None	Mild	Moderate	Severe	Total
Female	57	63	64	112	**296**
Male	95	41	46	56	**238**
Total	**152**	**104**	**110**	**168**	**534**

Anxiety Level Distribution:

- **Mild Anxiety**: 104 individuals (19.5%) reported mild anxiety, with a fairly uneven split between females (**63**) and males (**41**).
- **Moderate Anxiety**: 110 individuals (20.6%) experienced moderate anxiety.
- **Severe Anxiety**: 168 individuals (31.5%) reported severe anxiety. Notably, a higher number of females (112) experienced severe anxiety compared to males (**56**).
- **No Anxiety**: 152 individuals (28.5%) reported no symptoms of anxiety. Males (**95**) were significantly more likely to report no anxiety compared to females (**57**).

Gender and Anxiety Level Patterns:

- **Females**: Among the 296 females, **112 (37.8%)** reported severe anxiety, the highest proportion across the categories for this group. Only **57 (19.3%)** reported no anxiety. This suggests that a higher proportion of females experience severe anxiety.
- **Males**: Out of 238 males, **95 (39.9%)** reported no anxiety, making it the largest category for males. In contrast, **56 (23.5%)** reported severe anxiety, showing a relatively lower proportion of severe anxiety compared to females.

FY25 NEDHSA Mental Health Outcome Measure at Baseline
Anxiety Severity Level
by Race
(n=534)

	None	Mild	Moderate	Severe	Total
Black/African American	90	49	53	76	**268**
Other	62	55	57	92	**266**
Total	**152**	**104**	**110**	**168**	**534**

Other = American Indian, Asian, White, Other Single, Race, and Unknown

- Among the 152 individuals reporting no anxiety, **59.2% (90 individuals)** are **African American**, and **40.8% (62 individuals)** are from **Other race**.
- Of the 168 individuals reporting severe anxiety, **45.2% (76 individuals)** are **African American**, while **54.8% (92 individuals)** are from the **Other** group.
- Severe anxiety is notably more prevalent in the **Other** racial group, potentially indicating higher exposure to stressors, better awareness of mental health, or greater access to diagnostic tools that identify severe cases.

FY25 NEDHSA Mental Health Outcome Measure at Baseline Anxiety Severity Level by Age Group *(n=534)*					
	None	Mild	Moderate	Severe	Total
0-25	30	21	25	37	**113**
26-35	37	22	30	45	**134**
36-50	58	43	22	48	**171**
51 & Up	27	18	33	38	**116**
Total	**152**	**104**	**110**	**168**	**534**

0-25 Years (Young Adults):

The **highest proportion** in the younger group (0-25 years) is in the **severe anxiety category (32.7%)**, 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 higher proportion **(56%)** 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 and severe anxiety** category **(40.9%)**, 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 (32.8%)**, potentially reflecting health concerns, loss of social connections, or life changes such as retirement.

Anxiety Severity:

- Both the 26-35 group **(26.8%)** and 36-50 group **(28.6%)** show high rates of severe anxiety.
- This trend indicates that the young professionals and mid carrier adults may be particularly vulnerable to extreme anxiety, albeit for different reasons (e.g., career development vs. financial obligations).

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

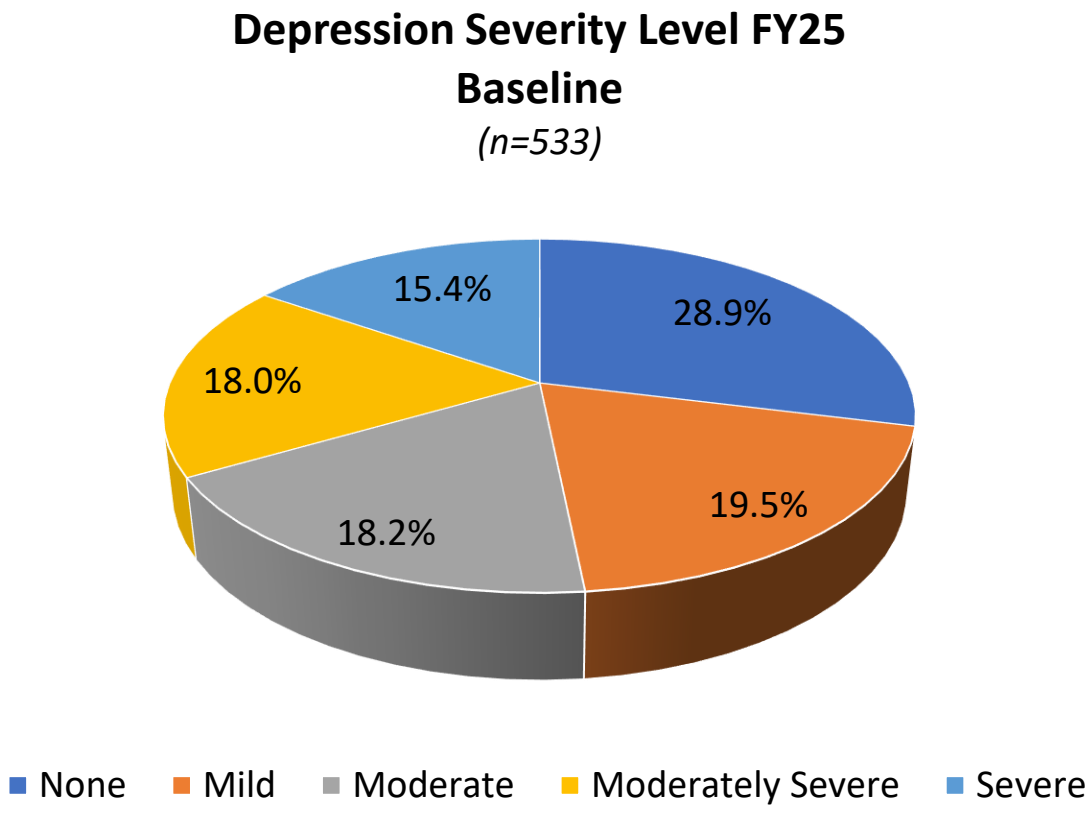
Mild: Total Score > 4 and ≤ 9

Moderate: Total Score > 9 and ≤ 14

Moderately Severe: Total Score > 14 and ≤ 19

Severe: Total Score > 19 and ≤ 27

At baseline, in FY25, 533 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 533 participants, 28.9% reported no depression, while 15.4% 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.

FY25 NEDHSA Mental Health Outcome Measure at Baseline Depression Severity Level by Gender (n=533)						
	None	Mild	Moderate	Moderately Severe	Severe	Total
Female	58	59	60	60	59	**296**
Male	96	45	37	36	23	**237**
Total	**154**	**104**	**97**	**96**	**82**	**533**

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

- A higher percentage of males reported no depression compared to females (40.5% vs. 19.6%).
- Severe depression was more prevalent in females (19.9%) than males (9.7%).

FY25 NEDHSA Mental Health Outcome Measure at Baseline Depression Severity Level by Race (n=533)						
	None	Mild	Moderate	Moderately Severe	Severe	Total
Black/African American	88	58	42	35	44	**267**
Other	66	46	55	61	38	**266**
Total	**154**	**104**	**97**	**96**	**82**	**533**

Other = American Indian, Asian, White, Other Single, Race, and Unknown

Racial Composition:

- Participants were nearly evenly split between individuals identifying as **Other (49.9%)** and **African American (50.1%)**.

Severity Trends Among "Other" Race:

- The highest percentage (24.8%) fell into the **None** category (66 individuals).
- **38 individuals (14.3%)** reported Severe depression.

Severity Trends Among Black/African American Participants:

- The **None** category was most common, with 88 individuals (33%).
- **44 individuals (16.5%)** reported Severe depression.

FY25 NEDHSA Mental Health Outcome Measure at Baseline Depression Severity Level by Age Group *(n=533)*						
	None	Mild	Moderate	Moderately Severe	Severe	Total
0-25	23	27	21	24	17	**112**
26-35	43	25	26	22	18	**134**
36-50	63	31	28	24	25	**171**
51 & Up	25	21	22	26	22	**116**
Total	**154**	**104**	**97**	**96**	**82**	**533**

Key Trends:

- The **36–50 years** group had the highest percentage of participants reporting no depression (36.8%).
- Severe depression was most prevalent among the **51 years and up** group (19%), followed by the **0–17 years** group (15.2%).

Innovative Initiatives

A. Phoenix Clinic

Mental Health, Addiction,
& Primary Care Services
for Developmental Disabilities

Northeast Delta Human Services Authority (NEDHSA) continues to break down barriers for individuals with intellectual and developmental disabilities. NEDHSA installed new signage at the Monroe Integrated Care Clinic in a dedicated waiting area for Phoenix Clinic clients.

The Phoenix Clinic, a trusted behavioral healthcare provider serving individuals with developmental disabilities for nearly a decade, is proud to announce a relaunch to celebrate a major milestone in the clinic's history. For the first time in its 9 years of service, The Phoenix Clinic will have its own dedicated signage, marking a new chapter of visibility, growth, and commitment to the community.

The Phoenix Clinic, a collaboration between Integrated Care and Developmental Disabilities, addresses the significant barriers to health services faced by the intellectual and developmental disabilities community in the region. This initiative enables recipients to receive access to consistent, high-quality care tailored to their integrated care needs, supported by professionals familiar with their developmental disability support needs.

Referrals to the clinic are made through the Developmental Disabilities office at **318-362-3396**. Once an individual has a statement of approval from Developmental Disabilities and a behavioral health diagnosis has been identified, they are referred to the Monroe Integrated Care Clinic. Not only can they access behavioral health services, but they also have access to any of the integrated care services.

The Phoenix Clinic is an essential step toward bridging the gap in behavioral health services for individuals with intellectual and developmental disabilities. By fostering collaboration and delivering integrated care, NEDHSA ensures that these individuals receive the comprehensive support they need to thrive.

B. R.I.S.E. Center

At Northeast Delta Human Services Authority (NEDHSA), we believe every woman deserves the chance to create a healthy, stable future for herself and her children. With that vision, we are proud to introduce the R.I.S.E. Treatment Center (Reaching Independence through Support & Education) — a place where hope, healing, and empowerment come together.

The R.I.S.E. Treatment Center is designed to help pregnant women with dependent children break free from substance use and build the foundation for stronger, independent lives. Through comprehensive substance abuse treatment, including Medication-Assisted Treatment (MAT) where appropriate, women will receive the care, guidance, and support they need to rise above challenges and embrace lasting recovery.

Currently under development, the R.I.S.E. Treatment Center represents a bold step forward in NEDHSA's mission to integrate behavioral and physical healthcare for the people of Northeast Louisiana. Updates on the center's progress will be shared in the coming months as we move closer to opening its doors.

This initiative is made even stronger through a new partnership between NEDHSA and Ochsner LSU Health Monroe, formalized through a Memorandum of Understanding (MOU). Together, we are working to strengthen health services for our region—particularly for pregnant women with substance use disorders and their dependent children.

Through this collaboration, NEDHSA will provide residential and detoxification treatment at the R.I.S.E. Center, while Ochsner LSU Health Monroe will offer essential pediatric and obstetric care, including preventive, primary, and emergency services. Dependent children will also receive services tailored to their developmental needs, ensuring the entire family is supported on the path to wellness.

This partnership reflects our shared commitment to integrated, compassionate care—care that reaches beyond treatment and touches lives. It expands access to essential health services in rural and underserved communities and addresses the deeper social factors that influence health and recovery.

NEDHSA Research Highlight

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

Bhatta *et al. BMC Primary Care* (2025) 26:181
https://doi.org/10.1186/s12875-025-02876-0

BMC Primary Care

RESEARCH Open Access

Assessment of mental and physical health outcomes over time in an integrated care setting

Dependra Bhatta[1*], Monteic A. Sizer[1], Binod Acharya[2] and Dipendra Banjara[3]

Abstract

Background Integrated care addresses the fragmentation of patient health services and potentially improves the experience of care, reduces healthcare costs, and improves health outcomes. This study assessed the improvements in mental health and physical health outcomes among patients living with mental health challenges and treated in an integrated care setting.

Methods The longitudinal retrospective cohort study evaluated anxiety (GAD-7), depression (PHQ-9), systolic blood pressure, and glycated hemoglobin levels from baseline to the next three assessments recorded from October 1, 2018, to December 31, 2023.

Results At baseline, 239 participants responded to mental health outcome measures, 344 to systolic blood pressure, and 164 to glycated hemoglobin level. The Generalized Estimating Equations analysis showed an improvement in GAD-7 (-1.28 [95% CI, -1.71 to -0.85]) and PHQ-9 (-1.37 [95% CI, -1.73 to -0.92]) scores in successive assessments. The physical health outcomes (Systolic blood pressure (-0.004 [95% CI, -1.34 to 1.35]) and glycated hemoglobin (0.04 [95% CI, -0.07 to 0.15])) remained stable.

Conclusion This study demonstrates that patients with mental health challenges treated in integrated care experience improvements in depression and anxiety symptoms, with stable physical health outcomes.

Keywords Integrated care, Depression, Anxiety, Diabetes, Hypertension, Comorbidity

https://link.springer.com/article/10.1186/s12875-025-02876-0

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

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Monteic A. Sizer, Ph. D.

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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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https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2807436

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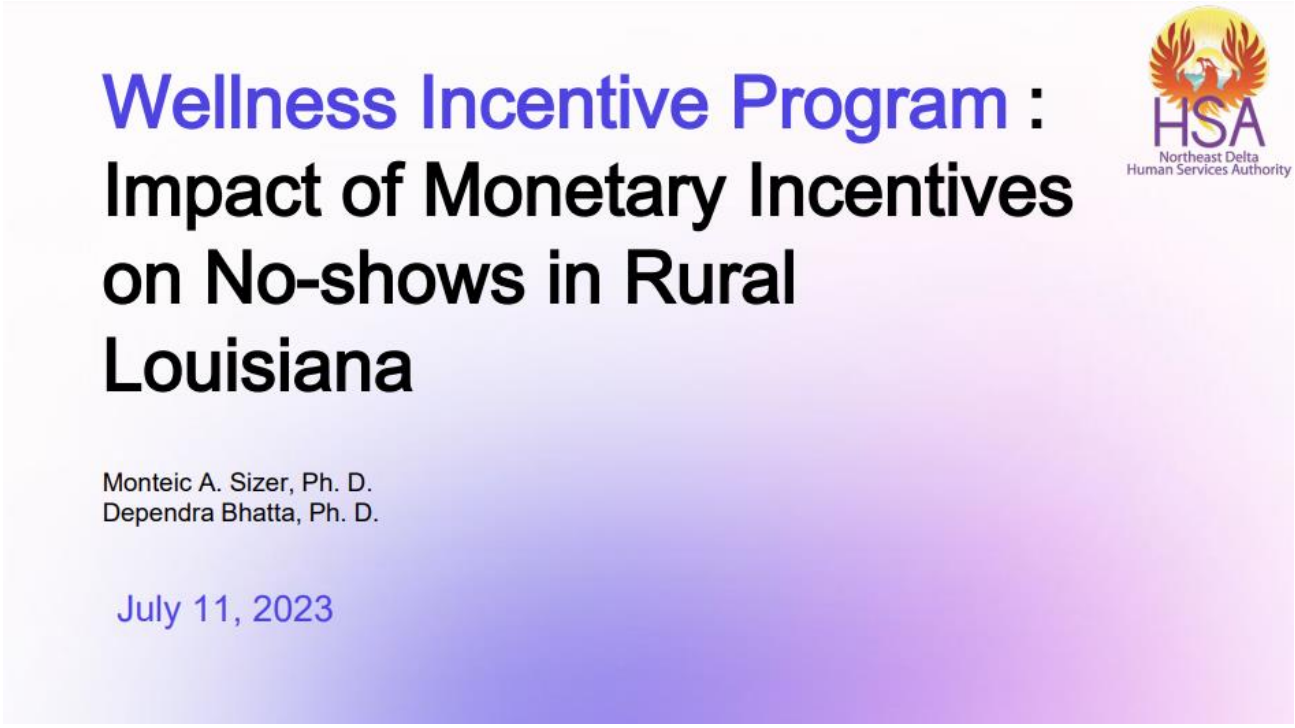

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NEDHSA launched a wellness incentive initiative that rewarded NEDHA patients with a $20 gift card for their consistent engagement in their treatment plans. This program has yielded substantial benefits, including a notable reduction in no-show rates, 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

by Monteic A. Sizer [1,†], Dependra Bhatta [1,*,†], Binod Acharya [2] and Krishna P. Paudel [3]

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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

NEDHSA Mental Health and Food Insecurity Assessment

Mental Health and Food Insecurity Concerns in Northeast Louisiana

Dr. Monteic A. Sizer
Dr. Dependra Bhatta

https://nedeltahsa.org/wp-content/uploads/2022/03/NEDHSA-Mental-Health-and-Food-Insecurity-Assessment-2.pdf

Health Insurance, Demographics, and Clinic Activities

Dr. Monteic A. Sizer
Dr. Dependra Bhatta

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