

Coordinated System of Care Vision Retreat
January 28-29, 2010
Notes

The Coordinated System of Care vision retreat was held January 28 and 29, 2010 at the Lod Cook Conference Center in Baton Rouge. The participants in the retreat are listed in attachment #1.

This document summarizes the decisions made by retreat participants and identifies the process and immediate next actions steps agreed upon as needed to move toward system of care design and implementation.

Target Population:

The Coordinated System of Care will initially serve children and youth that have significant behavioral health challenges or co-occurring disorders that are in or at imminent risk of out of home placement. Out of home placements are defined as the following:

- Detention
- Secure Care facilities
- Psychiatric hospitals
- Residential treatment facilities
- Development disabilities facilities
- Addiction facilities
- Alternative schools
- Homeless as identified by DOE
- Foster care

Values and Principles:

The following values and principles were adopted to guide System of Care development and implementation:

- Family-driven and youth-guided
- Home and community based
- Strength-based and individualized
- Culturally and linguistically competent
- Integrated across systems
- Connected to natural helping networks
- Data-driven, outcomes oriented

Desired Outcome:

The goal of System of Care implementation is the reduction in the current number and future admissions of children and youth with significant behavioral health challenges or co-occurring disorders in defined out of home placements.

Mapping of Current System:

An initial informal, high level mapping of the current departments' populations served, programs and costs for the target population was conducted. Information presented by the Departments is contained in attachment # 2 and will be verified and completed by the Departments following the retreat. In discussing Medicaid as a major (though not sole) anticipated funder of the Coordinated System of Care, the following services were identified as potentially key system of care services that are not currently covered:

- Targeted case management
- Mobile response and stabilization services
- Therapeutic youth peer support
- Family peer support
- In home programs
- School based services
- Family education and support
- Addiction services
- Independent practitioners (social workers, etc)
- Respite
- Behavioral management skills training and consultation
- Mental health consultation services (e.g., consultation to primary care practices, child care programs, schools, etc.)
- Therapeutic foster care
- Supported independent living

Potential New System Designs:

A new system design for Louisiana based on the strengths of the established systems in Milwaukee, New Jersey and Maryland was discussed. Key components with possible functions that were identified include:

Local Care Management Entities (CME)

- Organize and manage provider network (broad array of services and supports)
- Staff and manage child and family team process
- Intensive care management with small staff:child ratios (e.g. 1:8-10)
- Utilization management/utilization review
- Quality assurance
- Outcomes management /monitoring
- Management Information System (tracks children, services, dollars)
- Link families and youth to peer support and to Mobile Response and Stabilization Services

Family Support Organizations

- Family Liaisons
- Care Coordinators
- Family Educators
- Specific Program Managers (respite, etc)
- Youth Peer Mentors

Contracted Systems Administrator/Administrative Services Organization (ASO)

- Registration
- Screening for self-referrals
- Tracking
- Assessment of appropriateness for Care Management Entity enrollment
- Authorization of services

Organization of the System of Care oversight and planning process:

The planning process will be directed and overseen by the Leadership Team. The Leadership Team will receive and act on recommendations developed and submitted by the Planning Group. The Leadership Team will be staffed by the Project Manager and will assure Departmental staff is actively engaged in work supporting the system of care initiative. The Leadership Team will make consensus based decisions and will be composed of the following individuals:

- Secretary Kristy Nichols, DSS
- Deputy Secretary Tony Keck, DHH
- Secretary Mary Livers, OJJ
- Assistant Superintendent Donna Nola Ganey, DOE
- Medicaid Director, DHH
- Assistant Chief of Staff Tammy Woods and Policy Advisor Camille Conaway, Governor's Office
- Representative of Local Governance Entities
- Representative of Supreme Court
- Representatives of family organizations
- Youth leader/s from DSS

The planning for the system design and development work of the initiative will be conducted by the Planning Group. The Planning Group will work at the direction of the Leadership Team and be facilitated by the Project Manager. The Planning Group will form workgroups as needed to perform activities necessary to meet the goals and timeline of the project workplan; workgroups may be time-limited to accomplish specified planning tasks and objectives and include broader representation than formal Planning Group members. The Planning Group is responsible for developing recommendations for submission to the Leadership Group. The Planning Group will be composed of vision retreat participants willing to serve with the addition of advocacy organization representatives. Members of the Leadership Team will serve as ex-officio members of the Planning Group. The Planning Group will meet at least every two weeks and enable conference call attendance. The Planning Group will use consensus based decision-making, and each member is responsible for monitoring meeting agendas for action items and adhering to group decisions.

Immediate Next Steps:

- The next meeting of the Planning Group will be February 11 at 2:00, location TBD.
- By the next meeting date, each Department will verify and complete the data provisions initially presented at the Retreat and contained in attachment #2. The Departments will also begin the more thorough process of mapping of current system strengths, opportunities and weaknesses relevant to populations of focus, as indicated in the approved workplan (attachment #3) to meet the March 15 deadline for this deliverable. Departments may request guidance and assistance from the consultants with this activity by contacting Shannon Robshaw.

Department leads for this activity are as follows:

- Medicaid- Pam Brown
- OCDD- Kathy Kliebert
- OMH- Jennifer Kopke
- OAD- Rochelle Dunham
- DSS- Michael Dailey
- OJJ -Michelle Smith
- DOE- Donna Nola Ganey

Additionally, Karen Stubbs will chair a workgroup to solicit stakeholder input and gather materials already developed that may inform the mapping process. Those agreeing to serve on this committee include:

- Pam Brown
- Jennifer Kopke
- Nell Hahn

Stakeholders will also be invited to serve. Kristy Nichols agreed to assemble and forward relevant written materials.

- By the next meeting, draft system designs with pros and cons will be developed for review by the Planning Group. All Planning Group members are encouraged to draft a potential design. Tony Keck will host a meeting for group discussion and design development. Those agreeing to participate in this meeting are as follows:
 - Jim Hussey
 - Kaaren Hebert
 - Angela Tyrone
 - Karen Stubbs
 - Nell Hahn
 - Dennis Dillon
 - John Gianforte
 - Michael Dailey
- A communications workgroup will be formed to develop a communications strategy for the initiative inclusive of internal communication, and external communication with stakeholders, agency staff, legislators and other. By the next

meeting, membership for this workgroup will be solicited from the Planning Group and external stakeholders

- Current members of the Leadership Team will work with the Project Manager to fill remaining slots determined by the vision retreat participants.