

Coordinated System of Care

Project Overview and Implementation Process Update



Louisiana Department of
EDUCATION



Coordinated System of Care Model

An initiative of Governor Jindal being led by the Executives of these state agencies:

- ❑ Office of Juvenile Justice
- ❑ Department of Children and Family Services
- ❑ Department of Health and Hospitals
- ❑ Department of Education

Coordinated System of Care Model

The coordinated systems of care (CSOC) is an evidence-based model that is part of a national movement to develop family driven and youth guided care, keep children at home, in school, and out of the child welfare and juvenile justice system.

Coordinated System of Care Model

- ❑ An important CSoC goal is the reduction of highly restrictive out of home placements through the creation and maintenance of coordinated and effective community based services.
- ❑ CSoCs also create partnerships with public and private providers of services that target children, youth and their families in a multi-agency, multi-disciplinary system of services.

Coordinated System of Care Model

A system of care

- ❑ incorporates a broad, flexible array of effective services and supports for a defined population
- ❑ is organized into a coordinated network
- ❑ integrates care planning and management across multiple levels
- ❑ is culturally and linguistically competent
- ❑ builds meaningful partnerships with families and youth at service delivery, management, and policy levels
- ❑ has supportive policy and management infrastructure.

Characteristics of Systems of Care as Systems Reform Initiatives

FROM

TO

Fragmented service delivery	→	Coordinated service delivery
Categorical programs/funding	→	Blended resources
Limited services	→	Comprehensive service array
Focus on “deep end,” restrictive	→	Least restrictive settings
Children/youth out-of-home	→	Children/youth within families
Centralized authority	→	Community-based ownership
Foster “dependency”	→	Build on strengths and resiliency

Louisiana's current system

- ❑ The needs of these children and families are served through a fragmented service delivery model that is not well coordinated and is often times difficult to navigate.
- ❑ Left untreated, mental health disorders in children and adolescents lead to higher rates of suicide, violence, school dropout, family dysfunction, juvenile incarcerations, alcohol and other drug use and unintentional injuries.
- ❑ State Departments are not currently pooling resources and leveraging the 'smartest' financing to provide a coordinated system of behavioral health services.

Louisiana's current system

Louisiana's children with the highest level of need are often detained in secure or residential settings, which are proven the highest cost services with the poorest outcomes.

Proposed System of Care

The Louisiana Department of Children and Family Services, Department of Health and Hospitals, Office of Juvenile Justice and Department of Education are working in collaboration to develop a Coordinated System of Care that will offer an integrated approach to providing services for at-risk children and youth served within the child welfare and juvenile justice populations.

Proposed System of Care

Values and Principles:

- ❑ 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

Proposed System of Care

Population of Focus:

Louisiana's CSoC 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 defined as

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

Proposed System of Care

Goals of the System of Care include:

- Reduction in the number of targeted children and youth in detention and residential settings
- Reduction of the state's cost of providing services by leveraging Medicaid and other funding sources
- Improving the overall outcomes of these children and their caretakers.

Development of Louisiana's Coordinated System of Care

The planning process was designed to ensure transparency and communication between state departments and key stakeholders which include providers, legislators, community based organizations, advocacy organizations and judicial partners.

Development of Louisiana's Coordinated System of Care

Key Elements of the planning infrastructure:

- ❑ Executive leadership from Governor's office, DCFS, DHH, OJJ and DOE with family members
- ❑ Planning Group of each agency and key stakeholders with work groups having expertise and knowledge in particular areas key to CSoC design
- ❑ Parent and stakeholder participation at all levels- over 30 stakeholder organizations participating
- ❑ National experts and consultants on program and financing
- ❑ Transparency
- ❑ Aggressive timeline

Development of Louisiana's Coordinated System of Care

- ❑ Planning Group and workgroups drafted recommendations on system design, service array and infrastructure needs
- ❑ Mercer conducted cross systems analysis of current programming, funding streams and opportunities to leverage federal dollars
- ❑ Leadership Team made decisions based on this information to move forward CSoC implementation

Decision: Implement an administrative structure for the CSoC

- Implement an administrative structure that includes
 - a Multi-Departmental Governance with local and regional representation
 - a State Purchaser
 - a Statewide Management organization
 - Local Wraparound Agencies
 - Family Support Organizations.
- Memorandums of Understanding will be established between state purchaser and other agencies, and state purchaser with governing body
- Executive Order and Legislation establishing the Governance Entity, state purchaser roles and FSO roles will be drafted

Decision: Expand Service Array through obtaining necessary Medicaid authorities to leverage financing

- ❑ Adopt Family-Driven Practice Model
- ❑ Implement Wraparound planning, based on National Wraparound Initiative (NWI)
- ❑ Stress and emphasize importance of providing family-*driven* services in natural settings—homes, schools, and in the community—instead of out or home placements (e.g., residential treatment, psych hospitals, long-term day treatment, etc.)
- ❑ Obtain Medicaid authorities
 - to allow Medicaid financing for a wider array of practitioners and in-home and community-based services
 - to better leverage State general funds and bring in substantial new revenues for financing the CSoC

National Wraparound Initiative

- ❑ **Family voice and choice** – Families must be full and active partners in every level of the Wraparound process, exercising both voice and choice.
- ❑ **Team-based** – The Wraparound approach must be a team-based process involving the family, child, natural supports, agencies & community services working together to develop, implement & evaluate individualized service plan.
- ❑ **Natural supports** – Wraparound plans must include a balance of formal services and informal community and family resources.
- ❑ **Collaboration** – The plan should be developed and implemented based on an interagency, community-based collaborative process.
- ❑ **Community-based** – Wraparound must be based in the community.
- ❑ **Cultural competence** – The process must be culturally competent, building on the unique values, preferences & strengths of children, families & communities.
- ❑ **Individualized** – Services and supports must be individualized and meet the needs of children and families across life domains to promote success, safety and permanence in home, school and community.
- ❑ **Strengths-based** – Services, supports must identify, build on child/family strengths
- ❑ **Persistence** – Unconditional commitment to serve children & families is essential.
- ❑ **Outcome-based** – Outcomes must be determined and measured for the system, for the program and for the individual child and family.

System of Care Services

A wide range of services and supports that are organized into a coordinated network

- Assessment and diagnosis
- Outpatient psychotherapy
- Medical management
- Home-based services
- Day treatment/partial hospitalization
- Crisis services
- Behavioral aide services
- Therapeutic foster care
- Therapeutic group homes
- Residential treatment centers
- Crisis residential services
- Inpatient hospital services
- Case management services
- School-based services
- Respite services
- Wraparound services
- Family support/education
- Transportation
- Mental health consultation
- Other, specify

From Pires, S.A. Building Systems of Care: A Primer, 2001, p. 40

Decision: Expand Service Array through obtaining necessary Medicaid authorities to leverage financing

- Financing opportunities through State Plan amendments and waivers:
 - Wraparound planning
 - Evidenced based and promising practice home and community-based services outside clinics walls
 - Certified youth and family peer support
 - Addictions treatment
 - School based BH services
 - Rehabilitation services provided in group homes
 - Accredited non-secure residential facilities for small number of youth appropriately requiring this service

Decision: Expand Service Array through obtaining necessary Medicaid authorities to leverage financing

- ❑ The State will pursue a selective services 1915 (b) Medicaid waiver to allow a single SMO and automatic enrollment into the SMO
- ❑ The State will pursue either a 1915(c) authority to provide Wraparound planning and other CSoC specialty services
- ❑ The State will pursue state plan amendments to support school based and other services not supported by waivers
- ❑ institutional/residential services be prior authorized and paid through the SMO

Decision: Contract with a BH Statewide Management Organization

Contract with a single experienced BH SMO to provide key management functions for the CSoC

- Member services (24/7 toll free access)
- Referral to WAA or providers
- Utilization management
- Training
- Quality management functions and reporting
- Pay claims
- Provider network management
 - credential, contracts, train, monitor, and ensure compliance from the provider network

Decision: Convert to a FFS/non-risk payment system

- ❑ Convert lump-sum contracting to a FFS/non-risk delivery system that pays for the units of services actually delivered to individual children and youth
- ❑ SMO accounting system will track eligible beneficiaries and services and “charge” different funding sources back to each funding agency.
- ❑ Enhanced funding for specific EBPs and promising practices that have been shown to be effective at preventing out of home placements and/or enabling children and youth to leave out-of-home placements and to succeed at home, in school, and in the community.

Decision: Provide training for increasing provider capacity to offer a comprehensive array of services and supports

- Three components are necessary to successfully train providers and build capacity in local communities. These components should be implemented simultaneously and in coordination with each other.
 - Wraparound process
 - Building EPB and promising practice capacity
 - Workforce skill development

- Additionally, the SMO will provide training for WAAs, providers and State staff on
 - operating protocols related to UM and quality management
 - filing and resolution of grievances and appeals

Decision: Data collection on access, utilization, system performance, service outcome and costs

- ❑ The CSoC will adopt a continuous quality improvement approach at all levels
- ❑ Performance metrics will be established during the implementation phase that address access to services, utilization, system performance, service outcomes and costs.

CSoC Implementation

- Implementation organized by ACT 1225 Regions:
 - Region 1 – Orleans, Plaquemines, St. Bernard
 - **Jefferson Parish will respond separately**
 - Region 2 – East / West Baton Rouge, East / West Feliciana, Iberville, Pointe Coupee
 - Region 3 – Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington
 - Region 4 – Ascension, Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, and Terrebonne
 - Region 5 – Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary, and Vermilion
 - Region 6 – Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis
 - Region 7 – Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon, and Winn
 - Region 8 – Bienville, Bossier, Caddo, Claiborne, Desoto, Jackson, Natchitoches, Red River, Sabine, and Webster
 - Region 9 – Caldwell, East / West Carroll, Franklin, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, and Union

CSoC Implementation

- ❑ Interested regions will respond to a request for applications (RFA) to be initial implementation sites (target date for issue – late December / early January)
- ❑ The purpose of the RFA is to identify which regions are ready and able to implement a system of care
 - Implementation staged by region, based on the RFA results
 - Implementation staged within regions, as proposed thru the RFA
- ❑ Technical assistance will be made available to regions as they develop their application (target dates – January and early February).
 - Initial kick off meeting in person
 - Weekly webinars during the RFA process
 - Questions and answers via email and posted on the website
- ❑ The state will work in partnership with selected regions to build WAA capacity to staff and manage child and family teams, provide UM functions and also to build local provider capacity for key EBPs and other services and supports.

Criteria for Selecting Initial Implementing Regions will include:

- Demonstrated commitment by all relevant regional stakeholders, including:
 - Family members and youth (including family or youth support / advocacy organizations)
 - Local leadership from courts exercising juvenile jurisdiction, schools, human service districts/authorities, community and faith-based organizations, service providers, district attorneys, law enforcement, Truancy Assistance Service Centers, Families in Need of Services offices, other juvenile justice agencies, and others.

Criteria for Selecting Initial Implementing Regions will include:

- The demonstrated commitment should include:
 - Evidence of committed organizational leadership willing to change resource commitments and local policies to support the CSoC
 - A special emphasis on outreach to schools and courts in order to reduce instances of expulsion and adjudication and help children and youth stay in their homes and communities
 - A willingness to make use of the state's technical assistance

Criteria for Selecting Initial Implementing Regions will include:

- Demonstration of knowledge of the Coordinated System of Care (CSoC) model
- Commitment to CSoC principles and to develop a capacity for CSoC practice grounded in an understanding of both:
 - How the current system is ready to develop a CSoC and
 - Awareness of and ability to overcome current gaps.
- Knowledge about the **array of services** that typically supports a CSoC, including non-traditional services and supports, and active strategizing about how to fill gaps in the array.
- Understanding of the role that **informal and community supports** play in CSoC, and actively strategizing about how to increase community capacity to build and use such supports.

Criteria for Selecting Initial Implementing Regions will include:

- Understanding the importance of **peer support** for both families and youth and commitment to ensure access to peer support through the development of a local Family Support Organization
- Understanding the importance of **completely individualized supports** for youth, caregivers, and family members and actively strategizing about how to build community capacity in this area
- Identification of entity/s in the region able to serve as the Wraparound Agency (WAA).
- Proposed WAA's and local providers experience with:
 - QI/UM/outcomes monitoring/tracking functions
 - cross agency and family driven service planning
 - family participation in governance

Criteria for Selecting Initial Implementing Regions will include:

- Demonstration of knowledge of Wraparound principles and practice.
- Wraparound is defined as ***an intensive, individualized care planning and management process.***
- Wraparound is ***not a treatment.***
- The Wraparound process aims to achieve positive outcomes by providing a structured, creative and individualized team planning process that, compared to traditional treatment planning, results in plans that are more effective and more relevant to the child and family.

Criteria for Selecting Initial Implementing Regions will include:

- A realistic understanding about what it takes to train, coach and develop key roles within the WAA – facilitators, family / youth partners, supervisors.
- Understanding of and commitment to staffing patterns (eg, ratios of 1:8 to 1:10) for delivering Wraparound service coordination.
- Understanding of and commitment to participation in training and provision of high quality supervision to ensure fidelity to the National Wraparound Initiative (NWI) model.
- Degree to which service providers and community partners are “on board” with the Wraparound model.
- Plan on how to use TA provided by state to fully implement all requirements

Criteria for Selecting Initial Implementing Regions will include:

- Ability to develop Individualized Services Plans (ISPs)
 - The WAA is responsible for developing ISPs that achieve family- and youth-driven outcomes in a cost effective manner.
 - The WAA is the primary point of accountability for the quality, outcomes and cost-effectiveness of service delivery.
 - The SMO supports the WAA in this process by:
 - Determining eligibility and referring children, youth and families to the WAA.
 - Authorizing an initial 30 day period for community-based services to address immediate needs and for the WAA to establish the child and family team, begin the wraparound planning process, and complete the ISP.
 - Reviewing the ISP for compliance with Medicaid, system of care, and medical necessity requirements and authorizing up to 90 days (or more) of care delivery coordinated by the WAA.
 - Tracking performance including quality, outcomes, costs.

Criteria for Selecting Initial Implementing Regions will include:

- Demonstration of knowledge of the eligible children, youth and families from across systems in the region.
- Strategies to identify and engage youth from across systems.
- Emphasis on 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, including:
 - Detention
 - Secure Care facilities
 - Psychiatric hospitals
 - Residential treatment facilities
 - Development disabilities facilities
 - Addiction facilities
 - Alternative schools
 - Homeless as identified by DOE
 - Foster care

Criteria for Selecting Initial Implementing Regions will include:

- Assessment of provider capacity to meet ideal service array and plan to enhance and fill gaps.
- The ideal service array includes:
 - Screening using the Child and Adolescent Needs and Strengths (CANS) assessment
 - Diagnostic and evaluation services
 - Community-based services provided in a family's home, school, office, primary health or behavioral health clinic
 - Emergency services available 24/7, including mobile crisis and crisis intervention
 - Intensive home-based services available 24/7
 - Intensive day treatment services
 - Respite care
 - Therapeutic foster care
 - Out-of-home care, including residential and inpatient services
 - Family/peer support and education
 - Other individualized supports such as therapeutic recreational activities, training, prevention, advocacy, education, vocation and health

Criteria for Selecting Initial Implementing Regions will include:

- Need to have **some level of current capacity in each of the areas** of the ideal service array. Need to assess:
 - Currently available services
 - Gaps in the service array
 - Priorities and plans for addressing gaps
- **Emphasis on evidence-based and promising practices**, with openness to various approaches across regions based on current array and needs. Approaches must have some level of demonstrated effectiveness.
- Medicaid payment will be leveraged to the fullest extent possible, so providers must have **capacity to provide care in a Medicaid regulatory environment**.
- Understanding of the ideal service array in the context of **informal and community supports** (natural supports).

Proposed Timeline and Next Steps

- The draft RFA content will be finalized in November and submitted for Leadership Team approval and action in December
- RFA will be issued in January, with responses due in February.
- Leadership Team will evaluate responses and select initial implementing regions.
- RFPs will then be issued in selected regions select local WAAs.
- Technical assistance will be provided to support regions selected.
- Start up planned for July, 2011.

Questions and Discussion

Louisiana's Coordinated System of Care

www.dss.la.gov/csoc