

Louisiana's Coordinated System of Care

*Family Support Organizations in
Local Systems of Care*

*Technical Assistance Webinar
March 30, 2011*

Louisiana's Coordinated System of Care

Purpose of today's webinar is to

- ❑ Communicate the national trend and evidence supporting partnerships with families in systems of care
- ❑ Communicate the Louisiana structure to support family partnerships in CSoC implementation
- ❑ Emphasize the responsibility of local regions to meaningfully engage families in developing their responses to the RFA
- ❑ Answer questions about FSOs and other issues posed by attendees to support local responses to the RFA

Louisiana's Coordinated System of Care

Agenda

RFA process and Timeline Overview

Presentations by

Joshua Hardy, Medicaid Health Care Policy Analyst &
FSO Workgroup Lead , DHH

Andy Keller PhD and Peter Selby PhD, Mercer Consulting
Sharon Dufrene, Parent and Leadership Team member

Questions and Answers

CSoC Request for Applications

Projected Timeline

- March 28, 2011- list of regional points of contact posted to www.dcfsl.a.gov/csoc
- March 29, 2011- first list of questions and answers posted on www.dcfsl.a.gov/csoc
- May 13, 2011- 3:30pm- Application deadline
- June 3, 2011- Potential presentation by responders
- June 16, 2011- Announcement of awards
- January 1, 2012- CSoC launch date

CSoC Request for Applications

- The response should reflect collaboration and partnership across the region, rather than the efforts of a single “lead agency” or similar entity.
- This RFA is seeking to understand the level of community support and capacity to work towards CSoC development in the region, rather than looking for an individual agency or entity to manage implementation.

CSoC Request for Applications

- ❑ The purpose of this Request for Applications (RFA) is to serve as the first step towards statewide implementation of the CSoC by identifying
 - (1) the regions in Louisiana that are ready to participate in the first phase of CSoC implementation and
 - (2) the communities within those regions that are most prepared to be part of that initial phase

- ❑ The CSoC will implement one Family Support Organization (FSO) and one Wraparound Agency (WAA) per region, and each applying region can only support one FSO and WAA as part of their proposed CSoC under this RFA.

Technical Assistance for Applicants

- Webinar Technical Assistance Meetings
 - every Wednesday, 1:00 to 3:00 pm, from 3/23 - 5/4
 - dialing and webinar log in information will be will be posted on the CSoC website

- Email Questions and posting of answers on website
 - Questions maybe submitted via email to CSoC.HelpDesk@la.gov through 5/04/2011.
 - Answers to questions will be posted regularly throughout the response period at the CSoC website (www.dcfsl.a.gov/csoc).

Webinar Schedule

- ❑ 03/23/11 - Stakeholder & Family Leadership in Local CSoCs
- ❑ 03/30/11 – Family Support Organizations
- ❑ 04/06/11 - The Role of the WAA & its Relationship with the Statewide Management Organization in the CSoC
- ❑ 04/13/11 - National Wraparound Initiative (NWI)
- ❑ 04/20/11 - Provider Issues and Related Medicaid Requirements
- ❑ 04/27/11 - FSO and WAA Relationships with the Community
- ❑ 05/04/11 - CSoC Training by the Maryland Innovations Institute

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Family Involvement in Louisiana's CSoC

- ❑ Family involvement at all levels of governance and participation in the CSoC is crucial to its success
- ❑ Louisiana will harness the passionate voice of family members along with their lived experiences to stimulate behavioral change across the system and support development of family-friendly policies and procedures within the provider agencies and among community partners
- ❑ Louisiana cannot succeed without active, engaged family members and advocates taking part in every level of systems governance
- ❑ Our CSoC governance structure is unlike any other in the country in that it fully empowers family members and advocates to be voting board members at the highest level of governance

Governance Board

- ❑ Sets policy for the governance of the CSoC
- ❑ Responsible for all decision-making during implementation (including the selection of initial regions)
- ❑ Monitors adherence
- ❑ Sets standards
- ❑ Defines/re-defines target populations
- ❑ Provides multi-departmental oversight
- ❑ Directs the use of multiple funding sources
- ❑ Directs the implementing agency (DHH)
- ❑ Monitors quality, cost, and adherence to standards

Family member Selection Criteria

- ❑ Must be a family member who is/has been the primary caregiver of a child/youth with significant behavior health challenges or co-occurring disorders who is/has been served by multiple child-serving public systems
- ❑ Demonstrates agreement with the principles of a community-based system of family peer support and consumer-driven behavioral health through a willingness to be a public advocate for child/youth consumers of behavioral health and their families
- ❑ Demonstrates excellent verbal and written communication skills
- ❑ Ability to understand and discuss highly complex reports related to family support organizations and peer support
- ❑ Ability to articulate the field practice of parent support and training and peer support
- ❑ Has no familial, financial or supervisory relationship with elected or appointed state government officials or staff overseeing activities which are part of the system of care
- ❑ Has earned a high school diploma or equivalent

Family Support

Family Support Organization Network

- ❑ Each local Family Support Organization (FSO) will be a family-run, nonprofit corporation governed by a board of directors known as its Local Coordination Council (LCC).
- ❑ The statewide FSO network will coordinate its local and state activities through the creation of a State Coordinating Council.
- ❑ The initial local FSOs will partner with the CSoC leadership's FSO Implementation Workgroup to support and participate in the development of the State Coordinating Council (SCC) to ensure state-level participation of family and youth of the CSoC.

Governance

- ❑ CSoC Governance Board
 - ❑ 2 family members
 - ❑ 2 family member apprentices (non-voting)
 - ❑ 1 advocate representative
 - ❑ 1 youth representative (selection is deferred)

- ❑ State Coordinating Council
 - ❑ At least 60% membership of family members/consumers

- ❑ Local Coordinating Councils
 - ❑ At least 60% membership of family members/consumers

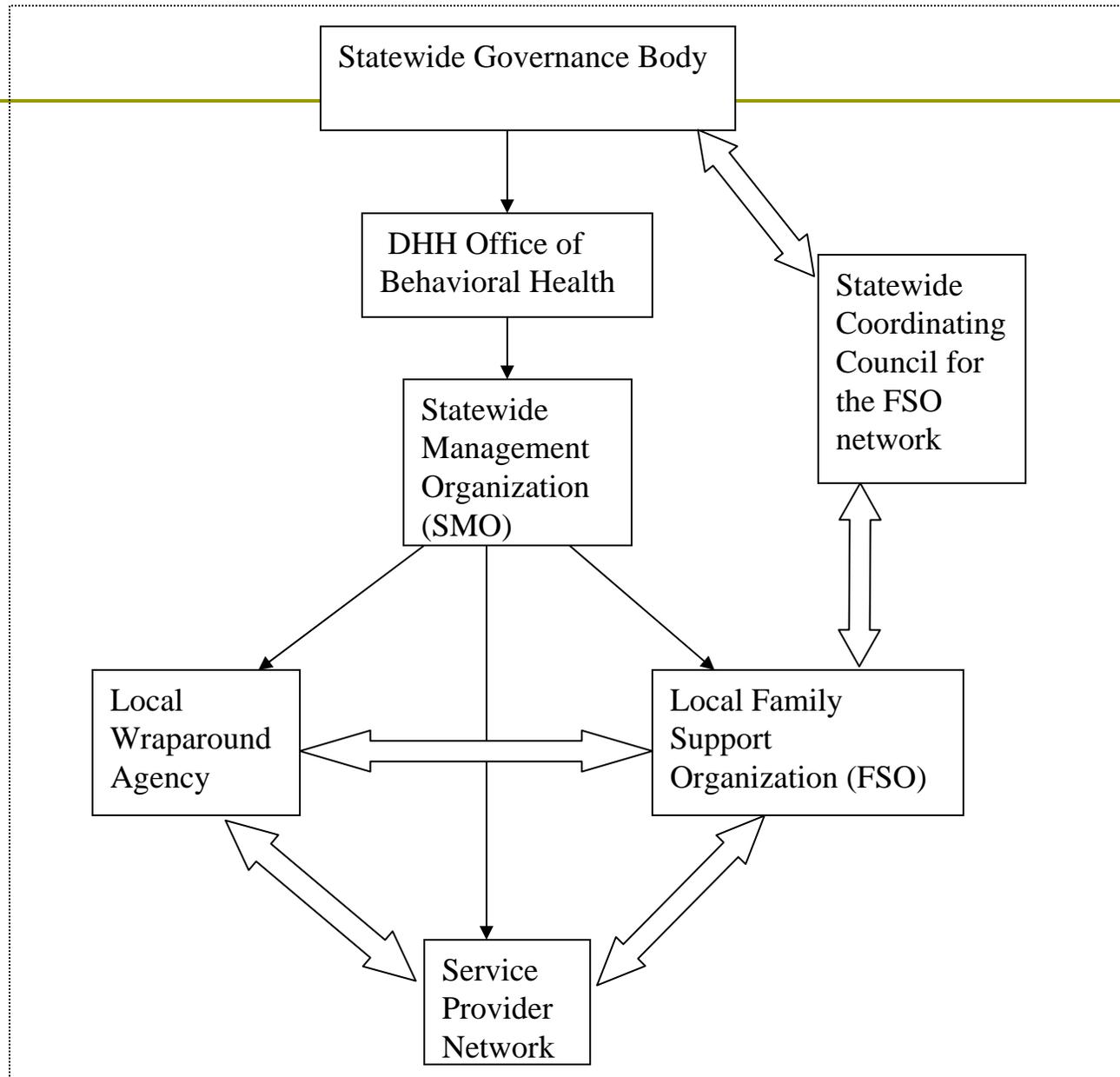
State Coordinating Council

- ❑ 60% family representation
- ❑ 2 family members from each of the regions
- ❑ 12 representatives from collaborating local and state agencies as well as community leaders, clergy, business and civic leaders, providers, etc.
- ❑ Ensures the capacity of family members to provide representation on the Governance Board
- ❑ Supervises the State FSO Network Director
- ❑ Provides technical assistance to regions
- ❑ Provides direct assistance and ongoing support of local Family Support Organizations
- ❑ Provides training and coordination for Local Coordinating Councils
- ❑ Acts as a liaison between local FSOs and Governance Board
- ❑ Assists Governance Board in carrying out duties as assigned including identifying gaps in services

Local Coordinating Councils

- ❑ 60% family representation
- ❑ “FSO Board of Directors”
- ❑ Promotes culturally and linguistically competent representation and ensures diverse family and youth representation from the communities served
- ❑ Responsible for the fiscal and technical oversight of the FSO
- ❑ Provides representation, if requested, on the SCC

Louisiana's CSoC structure



FSO Executive Director

Executive Director/Program Director: New agencies must hire an executive director that meets the following qualifications (existing organizations must hire a program director that meets the following qualifications):

- High School Diploma or equivalent is required. Associate's degree is preferred.
- Certification of Family Support Training according to a curriculum approved by OBH prior to providing the service
- Experience in public speaking, workshop presentations, and assisting others on the telephone or has a willingness to learn immediately
- Experience in a management or supervisory position
- Demonstrated success in resolving children's issues within the system
- Commitment to be active in on-going training, organizational development and capacity building of the CSoC
- Family member of a child/youth with significant behavioral health challenges or co-occurring disorders served by multiple public child-serving systems for at least one year
- Pass criminal history background check, DCFS child abuse check, adult abuse registry and motor vehicle screen

FSO Job Descriptions

- Business Manager/IT
- Bachelor's-level degree in business administration, accounting, finance, IT, or related field with two years professional experience
- Experience with medical billing and coding
- Community Resource Specialist
- Serves as an information officer for the organization; publishes the website, newsletter, and informational guide on community services available
- High school diploma or equivalent is required

Family Support Specialist

Provides the support necessary to ensure engagement and active participation of the family in the care planning process and with the ongoing implementation and reinforcement of skills learned. The specialist serves as a member of the Child and Family Team (CFT). The specialist assists in describing the program model and providing information as needed to assist the family.

- High School diploma or equivalent
- Must be 21 years of age and have a minimum of 2 years experience living or working with a child with serious emotional disturbance or be equivalently qualified by education in the human services field or a combination of life/work experience and education with one year of education substituting for one year of experience (preference is given to parents or caregivers of children with significant emotional/behavioral health challenges)
- Certification of Family Support Training according to a curriculum approved by OBH prior to providing the service
- Pass criminal history background check, DCFS child abuse check, adult abuse registry and motor vehicle screen. A licensed mental health practitioner shall be available at all times to provide back up, support, and/or consultation

Youth Support and Training Specialist

- ❑ Provides youth support and training services that are child/youth centered services with a rehabilitation and recovery focus . Services are designed to promote skills for coping with and managing psychiatric symptoms while facilitating the utilization of natural resources and the enhancement of community living skills.
- ❑ Must be at least 18 years of age
- ❑ High school Diploma or equivalent or currently seeking diploma
- ❑ Must pass criminal, abuse/neglect registry and professional background checks
- ❑ Must complete a standardized basic training program approved by OBH
- ❑ Must self-identify as present or former child recipient of behavioral health services
- ❑ Supervised by Bachelor's level supervisor

March 30, 2011

Family/Youth Training and
Support: A National Perspective

Andy Keller PhD

Peter Selby PhD



National Trends - Overview

- ❑ History of Family and Youth Support /Training
- ❑ Evidence-Base for Family and Youth Support
- ❑ Developmental Challenges and Concerns

History of Family and Youth Support/Training

- ❑ The beginning of the family peer-to-peer support movement can be traced back to mid-1970s
- ❑ Jane Knitzer in 1982, titled *Unclaimed Children: The Failure of Public Responsibility to Children and Adolescents in Need of Mental Health Services*
- ❑ In the mid-1980s the movement began to take shape
 - 1984: Federal funding for the Child and Adolescent Service Systems Program (CASSP), families increasingly included in national meetings and asked to share their experiences
 - 1986: Families as Allies conference sponsored by Portland State University Research and Training Center on Family Support in 1986
 - In 1989 the Federation of Families for Children's Mental Health (the Federation) was incorporated, with a national office in 1992

History of Family and Youth Support/Training

- ❑ Over the past 15 years, the family movement has led the way for positive change in children's mental health services and increasing youth involvement
- ❑ Important milestones in the emergence of youth as full partners in mental health systems of care:
 - 2000 Surgeon General's Conference on Child Mental Health – youth walked out of day two to write a "manifesto"
 - 2001 System of Care Community Meeting in Puerto Rico – youth invited for the first time
 - 2007 – Children's Mental Health Initiative "youth guided" language to "family driven"
 - 2011 – some shift from "youth guided" to "youth driven"

Evolution of Family and Youth Involvement

- ❑ **Professional Centered:** Adversarial professional-parental relationship; professional is expert; parent is problem
- ❑ **Family Focused:** Families are helpers/allies; caregivers still one down; professional is expert
- ❑ **Family Allied:** Families are customer; family caregiver as equal

Family participation in policy making. Focal Point, 12. (1998, Fall). OR: Portland State University, Graduate School of Social Work, Research and Training Center.

Evolution of Family and Youth Involvement

- ▣ **Family-driven** means families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children in their community and State. This includes: choosing supports, services, and providers; setting goals; designing and implementing programs; monitoring outcomes; and determining the effectiveness of all efforts to promote the mental health of children and youth. *(SAMHSA 2010 CMHI RFA, Appx O)*

Evolution of Family and Youth Involvement

- ▣ **Youth-guided** means that youth are engaged as equal partners in creating systems change in policies and procedures at the individual, community, State and national levels. Applicants are required to develop plans for infusing a youth-guided approach throughout the system of care, including plans for training and supporting youth in positions of leadership and system transformation. *(SAMHSA 2010 CMHI RFA; Appx P)*

History of Family and Youth Support/Training: Evolution as a Service

- ❑ Service background: Family Psychoeducation
 - Involves professional more directly; mostly adult-focused
 - EBP since 2001; SAMHSA tool kit in 2003
 - Working in partnership with families to provide current information about behavioral health needs and to help families develop increasingly sophisticated coping skills for handling problems posed by needs of their family members
- ❑ Service background: Adult peer support (promising practice)
- ❑ Many states now allow funding of peer support by parents and youth through Medicaid and state sources to support family members and youth in provider and staff roles.
- ❑ In a 2006 survey, 21 states reported that they permit Medicaid reimbursement for families working in various practice related roles. For youth, 14 states permitted Medicaid reimbursement to youth in service related roles. Has grown much since then.

Understanding Family/Youth Support

Parent Partner Assessment Workgroup (PPAW)

- ❑ In 2007, the National Federation of Families for Children's Mental Health (FFCMH) identified and recruited family driven teams from four SAMHSA-funded system of care communities and one state funded adult consumer organization that were independently exploring ways to assess family peer-to-peer programs.
- ❑ In 2008, with additional support from SAMHSA, the group grew to include teams from seven SAMHSA funded system of care communities.
- ❑ The PPAW is partnering with researchers and policy makers to collect and disseminate information regarding successful development of family and youth support.

Understanding Family/Youth Support

In 2008, PPAW agreed upon the following definition for “family peer:”

- Currently raising or has raised a child or youth with emotional, behavioral or mental health challenges
- Current knowledge of the [children’s mental health] system
 - Refers to the unique perspective a person has based on their life experience, which, in this case, is that of raising a child with mental health challenges
- Experience with and consciousness of the struggle, recognizes the standpoint of the parent.

Understanding Family/Youth Support

PPAW agreed upon the following list as the common core tasks of a family member providing peer-to-peer support:

1. Provides information, support and advocacy
2. Helps the family navigate through the system(s)
3. Helps family member understand all possible options and make informed decisions
4. Promotes productive partnerships between parents and professionals

Parent Support Providers Certification

- ❑ Certification is the process through which an individual voluntarily submits credentials for review based upon clearly identified competencies, criteria, or standards.
- ❑ The primary purpose of certification is to ensure that people employed in any state in this field meet consistent and high standards of performance.
- ❑ FFCMH has developed a national certification process that is scheduled to begin in October 2011.
- ❑ Currently, FFCMH is developing learning objectives for the training programs for applicants to have the core competencies necessary for certification.

Parent Support Providers – Core Competencies

The 10 FFCMH certification competencies build upon the lived experience of parenting a child with emotional, mental or behavioral disturbance.

The foundation of this work is being able to articulate the lessons learned from parenting and cross walk them with the following 10 domains of competence:

1. Ethics;
2. Confidentiality;
3. Effecting change;
4. Currency on children's behavioral health treatment and prevention information;
5. Information about the Individuals with Disabilities Education Act (IDEA);
6. Communication;
7. Parenting for resiliency;
8. Advocacy in and across systems;
9. Empowerment;
- and 10. Wellness and natural supports

Evidence Base

- ❑ Family / youth support and training is a promising practice.
- ❑ Barbara Friesen provides a caution when considering the types of outcomes to expect from support of family/youth run organizations:
- ❑ "*...there is a very long causal chain between [family support] and outcomes for children and families*", and
- ❑ "*...family support organizations [can] not be held responsible for outcomes over which they have little or no direct control (i.e., child outcomes).*" (Friesen, 2004, p.2)

Evidence Base

- A recent review of family peer-to-peer support models identified four key areas:
 - **Social support** to help caregivers feel a sense of belonging and being valued, and also provides new resources
 - Peer-to-peer support providers as **links to broader social networks**: community resources, people, or institutions
 - **Social comparison** as caregivers are better able to maintain and build self esteem in the context of receiving support from a peer who has been through a similar experience
 - **Empowerment** support as caregivers see the peer-to-peer support provider as a model of success and as they learn strategies and access resources to help deal with their child's and family's situation

Evidence Base

2008 review of the available literature by the University of South Florida Research and Training Center

▣ Reviewed over 5000 articles pertaining to family peer-to-peer support, but only 31 were actual studies pertaining to peer support and only 9 had rigorous designs.

- Targeted outcomes in the rigorous studies focused primarily on the effects of peer-to-peer support on the emotional functioning of parents (anxiety, depression, anger, coping skills). All found positive results.
- There were far more descriptive and qualitative studies available for review, and results for these studies were overwhelmingly positive, with caregivers of children with mental health disorders finding peer-to-peer support helpful and valuable.

Evidence Base – Family Involvement and Community EBPs

- ❑ National Wraparound Initiative in 2004 documented that studies had generally found disappointing outcomes for treatments and EBPs delivered in real world or usual care settings – key variable was families and their perceptions
- ❑ Research found disappointing outcomes for treatments (many “evidence-based practices”) delivered in “real world” settings
 - Families don’t think treatments are relevant
 - Lack of “fit” between family needs and services/supports received
 - Lack of engagement of families
- ❑ Key variable: Family perception of engagement and empowerment
- ❑ Family/youth support has developed since then into a key component of wraparound model to engage families and youth

Evidence Base – Family Support Outcomes in System of Care (SOC) Communities

| SOC Community | Individual Outcomes | System Outcomes |
|----------------------------------|--|--|
| OHIO: Tapestry System of Care | <ul style="list-style-type: none"> •Caregiver strain reduced •Progress on family member goals •Satisfaction •Academic attendance and performance •Employment Engagement •Amount of services accessed | <p>Access, Capacity, Location (community based services); timeliness of services; length of stay; collaboration; fidelity to the wraparound process; attendance and systems representation on family teams</p> |
| NEBRASKA: Family Support Network | <ul style="list-style-type: none"> •Families have enhanced capacity to provide for children's BW9; •Child and family involvement in case planning and treatment enhanced •Families are helped to keep their children safely maintained at home •Families are assisted in accessing appropriate services/support to meet child's educational needs •Families feel more confident/better equipped to stand up for themselves in the professional service realm, understand their rights better, feel more hopeful | <p>Family Partners collect/record data; Improve Access, Capacity, Location (community based services); timeliness of services; length of stay; collaboration; fidelity to the wraparound process; attendance and systems representation on family teams</p> |

Slide 39

BW9

For consistency and clarity, I added bullets here, too.

Bill Wilson, 3/29/2011

Evidence Base – Family Support Outcomes in SOC Communities

| SOC Community | Individual Outcomes | System Outcomes |
|--|--|---|
| MICHIGAN: ASK & Kalamazoo Wraps | <ul style="list-style-type: none"> •Initial: Families increased their knowledge of mood, behavior and emotional disorders, relevant to their children’s needs •Intermediate: Families advocate for their children, with the help of a Family Support Partner •Longer-term: Families advocate for their children’s needs without a Family Support Partner | Organizations in the System of Care for children’s mental health become more family-driven and youth-guided in their systems and practices; ASK promotes agency and governmental policies that support families that work with ASK |
| NEW YORK: Families Together in Albany County | Reduced caregiver strain; Increased knowledge and understanding of MH, systems, services, meds; Access to services within home; Reduced child school absenteeism; Increased ability to follow through on treatment plan/achieve goals; Reduced work days missed due to child’s issues; Families stay together; Improved communication, quality of relationships; Improved satisfaction with services, support received | Keep children in home/home community; Improved family perception of systems-child welfare, social services; Improved use of available services; Reduced silo thinking; Reduced duplication of services; Increased cross-system communication and partnerships |

Development for Family / Youth Run Organizations

Consumer and Family Run Organizations emphasize self-help as their operational approach and are owned, administratively controlled, and operated by consumers or families. Key qualities:

- ▣ **Independent:** The organization is controlled and operated by family members (for family run organizations);
- ▣ **Autonomous:** Decisions about governance, fiscal, personnel, policy, purchasing, quality improvement, and all other operational matters are made by the organization and not an external entity;
- ▣ **Accountable:** Responsibility for decisions rests with the organization;
- ▣ **Family controlled:** At least 51% of the governance board are family members (for family run organizations); and
- ▣ **Peer workers:** Staff and management are related to a person who has received mental health services and they have life experiences that are relevant and similar to the people whom they serve.

Development for Family / Youth Run Organizations

- ❑ There are multiple levels of development needed to successfully implement any organization, including family run organizations.
- ❑ The RFA recognizes this and prioritizes enhanced support of the development of family run organizations by identifying the funding and resource options, as well as technical assistance needs, that fit with each stage of development.

Development for Family / Youth Run Organizations

Pre-Implementation Stages - Interviews with national key informants identified a range of activities critical to the establishment of consumer and family run organizations across the country.

Implementation Stages - The field review draft of the COSP EBP Kit defines three steps in implementation which seem to apply to both consumer and family run organizations after they have started-up.

| | | | | | |
|---|---|--|--|---|---|
| Discovery - Identify people and resources to lead, organize, and participate in the organization. | Leadership Development - Identify, train, and support consumer and family leaders to plan and start up organizations. | Organization Planning/Start-Up - Basic business and organizational planning to prepare and establish the organization. | Establishment - Putting in place basic operational and management practices and begin to provide initial supports. | Business Development - Expand organizational management skills and range of supports. | Enhancement - Expand both organizational and service delivery capacity. |
|---|---|--|--|---|---|

Family Involvement in the RFA

- ❑ Families are the Heart of the CSoC
- ❑ Family Participation is Critical
- ❑ An Authentic Family Voice, Culturally and Linguistically Competent, is Critical
- ❑ Is this for Real?

How Can Families Participate?

- Contact Local Points of Contact- list posted on CSoC Website
 - Planning Meetings- Stretch your level of comfort
 - Help to Organize Efforts for the FSO
 - Bring Other Families to the Table

- Monitor the CSoC Website for Webinars and other Stakeholder Participation

- Share your own experiences as much as you can to drive the building of the regional CSoC

Note: Families should serve on every committee where the CSoC is being discussed, not just the FSO Workgroup

How Can Family-Run Nonprofits Help to Engage Families during the RFA?

- ❑ Provide a staff member to actively seek family participation
- ❑ Look to current membership to identify potential participants
 - Families who attend educational seminars
 - Families who are in need of services
 - Use web-based bulletin boards and listserves
 - Flyers and Newsletters
- ❑ Offer a child care or gas stipend to eliminate barriers for attendance, carpool or bus route
- ❑ Follow up with families expressing interest to ensure no gauntlets prevent participation

How Can Agencies Engage Families during the RFA?

- ❑ Provide a staff member to actively seek family participation
- ❑ Look to current resources to identify potential participants
 - Your own clinicians
 - Providers in your network
 - OJJ and OCS
 - Flyers in waiting rooms and lobbies
 - Local Nonprofits serving families
- ❑ Offer a child care or gas stipend to eliminate barriers for attendance
- ❑ Provide for attendance via teleconference
- ❑ Make meetings available during after-work hours
- ❑ Ensure families their participation is short-term, unless they choose otherwise

Note: Find a committee for every family member who wants to participate, engaging family in all areas of discussion, planning, decision-making

The FSO as a Service Provider

- ❑ The FSO is a service provider, just as any other provider in the CSoC
- ❑ Medicaid Providers delivering services under the 1915(c) CSoC SED waiver and in coordination with the broader provider network's delivery of service
- ❑ Serve as the single FSO within each region with only one family-run nonprofit as the only provider of specific services
- ❑ Provide and build capacity for:
 - Certified Family and Cultural Support Specialists
 - Certified Parent Trainer/Group Facilitators
 - Certified Youth Support and Training Specialists
- ❑ Participate in:
 - Child Teams
 - Quality assurance and outcomes management/monitoring at local and state levels
 - Planning, policy making and system oversight at local and state level

The Regional FSO Workgroup: Design/Selection Clarification

- The intent is to ensure families drive the process--the process itself should be created by the workgroup, not a provider agency or other agency assuming local leadership
- Design in this capacity means ***Designing the Processes Used to:***
 - ***Select*** workgroup participants
 - ***Define*** how the workgroup will operate
 - ***Create*** the process to determine FSO Application (proposal, questionnaire, etc.)
 - ***Define or Mandate*** Competencies
 - ***Score or Weight*** Competencies to select the FSO

Note: *At this level of workgroup meetings, all who want to be at the table should be at the table, including applying family-run nonprofits*

The Regional FSO Workgroup: Design/Selection Clarification

- ▣ Once the processes are defined by the Regional FSO Workgroup and the competencies are created, process to select the FSO, etc., then a sub-committee (or other) of the group should form, where applying FSO's are not seated
- ▣ At this level of workgroup meetings, any participant who may have a Conflict of Interest, as defined in the RFA, should not participate in the actual selection of the Regional FSO

Remember...The ability to engage families is an integral part in determining a region's readiness!!

The Regional FSO Workgroup: Conflict of Interest

WAA is not lead agency

- ❑ Currently, there is no agency in the state functioning as a WAA. Selection of the WAA for each region is the responsibility of the community stakeholders as part of the local assessment and planning process.
- ❑ Purpose is to ensure a broad-based representation, congruent with the family population in the region, where families are part of the process and not comprised of staff members from the provider agency(ies), regardless of whether or not the participants meet the criteria of workgroup members, as defined by the RFA

Family Members who Meet the Criteria to Serve on Workgroups

- ❑ Family members in accordance with the definition of our target population who may or may not have been identified
- ❑ Families who are currently accessing services or are in need of services
- ❑ Families whose children have aged out of the system- a vault of knowledge as they have not forgotten their time in the system

Note: Families may be part of the target population and not consider themselves to be “deep-end”

Family Members who Meet the Criteria to Serve on Workgroups

□ Families you should not overlook:

- May not have had court intervention, detention, FINS, etc.
- Repeated suspensions, expulsion, change in placement from home-based school or many times sent home with no “official” consequences
- Removed child from the system to “protect.” IE Homeschooled, private intervention, hopeless/“given up”
- Do not consider behavioral disorder as Mental Illness
- Are threatened by confidentiality issues
- Cannot buy in to a long-term process
- Have stabilized their homes
- Opted out of the system for private intervention- Are unaware a system exists

The Regional FSO Workgroup:

Suggestions for the Process

- ❑ Form a regional workgroup in accordance with the participants as suggested
- ❑ The Regional FSO Workgroup will then,
 - Determine the processes for workgroup functionality (chair, research, timelines, FSO application process)
 - Determines a process whereas the Competencies an FSO must either possess or meet through strategies, training, etc.
 - Determines the criteria for selection of the FSO and how that selection will take place, etc.

Note: Can build competencies from:

- The assurances listed in the RFA
- Documentation listed on the CSoC Website created by the State-level FSO Workgroup, such as the FSO State-level workgroup's recommendations to the Leadership Team

Note: *The applying organizations CANNOT complete the RFA for the community specific to the FSO. Response by the community as a whole is intended to determine the community's efforts at family engagement. The FSO is responsible for submitting needed attestations*

The Regional FSO Workgroup: Guidelines for the Process

- ❑ The process must include parameters to ascertain how an existing organization can meet the FSO competencies based on current efforts to serve children and/or strategies to be implemented

- ❑ If a new organization (ground floor development) or an existing organization, not currently serving children/our target population, applies
 - The application must include documentation to support the strategies used to become an FSO, such as
 - ❑ Identification of key individuals of the FSO
 - ❑ Strategies to build administrative capacity, just as strategies are requested for other staff competency-building

The Regional FSO Workgroup: Guidelines for the Process

- You may consider, creating a checklist to ensure:
 - Family Participation on the workgroup meets 60%
 - Adequate agency participation is present
 - Conflict of Interest is addressed with each member
 - Existing organizations are reviewed to ensure solvency, competency in serving families, appropriate use of current MH funding, etc
 - New organization or an organization not currently serving children and/or target population are reviewed to determine solvency, competency in populations served, appropriate use of MH funding or other child/family serving funding, etc.
 - Information/Data are provided to the Regional CSoc Workgroup as a whole to answer assurances

Over and Above the RFA?

- Apply for membership to the State Coordinating Council
 - Nominate a family member
 - Technical Assistance questions for families serving on the Regional FSO Workgroup can be submitted to:

CSoC.HelpDesk@la.gov



Louisiana's Coordinated System of Care

Questions?

CSoC.HelpDesk@la.gov

www.dcfsl.la.gov/csoc