Coordinated System of Care

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Department of Social Services
Building a Stronger Louisiana

Louisiana Department of EDUCATION

DEPARTMENT OF HEALTH AND HOSPITALS

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 Social 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

Pires, S. (2002). *Building systems of care: A primer*. Washington, D.C.: Human Service Collaborative

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 Social 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 is 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, DSS, 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

Projected 2010 Timeline

- January– Definition of target population, projected outcomes and planning structure
- February -- Concept paper publicly released
- May – Proposed system design finalized
- July – SoC infrastructure needs identified
- August – Current system analysis completed; financing strategy finalized
- October – Draft waiver, state plan amendments and other applications publicly released for review and comment

Development of Louisiana's Coordinated System of Care

Projected 2010 Timeline con't

- November -- Submission of Medicaid Waiver Documents to the Center for Medicaid Services
- December 2010 -- Development of detailed implementation plan including policies and procedures, reimbursement rates, enrollment of providers, promulgation of rules, training and capacity building and other implementation needs

Development of Louisiana's Coordinated System of Care

The Louisiana CSoC **Ideal Service Array** workgroup developed set of recommendations approved by the Planning Group and presented to the Leadership Team:

- for the specialized service needs of the defined target population
- taking into account the Values, Principles and Desired Outcomes
- identified services consist of Evidenced Based Practice and Best Practice service offerings which have the best chance of achieving desired outcomes for this specifically-identified and targeted population

Recommendation #1

- Adopt Family-Driven Practice Model
- Implement Wraparound planning, based on National Wraparound Initiative
- 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.)

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.

Recommendation #2

- Statewide adoption of service categories outlined in the Child Mental Health Initiative (SAMHSA RFA).
- Include provision for substance use treatment and prevention as required services.
- For children and youth with Autism Spectrum Disorders and other developmental disabilities that meet the target population of the CSoC, the Workgroup recommends provision of scientifically based treatment (e.g. Applied Behavioral Analysis) and promising practices as clinically necessary and specified in the individual service plan.
- Other services and supports should also include therapeutic recreation services and transportation.
- Additional work on defining specific service definitions based upon a review of current definitions in use (e.g., State Medicaid plan, other state definitions) and EBP and promising practices will be a necessary next step in the CSoC implementation process.

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

Recommendation #3

- Target specific EBPs and promising practices for expedited statewide implementation, such as the **HOMEBUILDERS®**, Functional Family Therapy (FFT) and Multi-systemic Therapy (MST)

- Specific practices should be selected based upon further analysis of the ages and needs of children and youth currently in out-of-home placements.

Recommendation #4

- Institute flexible financing that allows provision of EBPs and promising practices through careful analysis and leveraging of state and Medicaid funds.

- Offer 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.

Note

Providers of such services must demonstrate fidelity to the particular EBP or promising practice to be considered qualified or participating EBP providers.

Recommendation #5

- Preparation of a workforce development and training plan for CSoC implementation, which addresses the fundamental principles and requirements for the CSoC, as well as desired EBPs and promising practices.

- Establish training institutes, centers of excellence or other training and technical assistance centers to assist regions and providers.

Recommendation #6

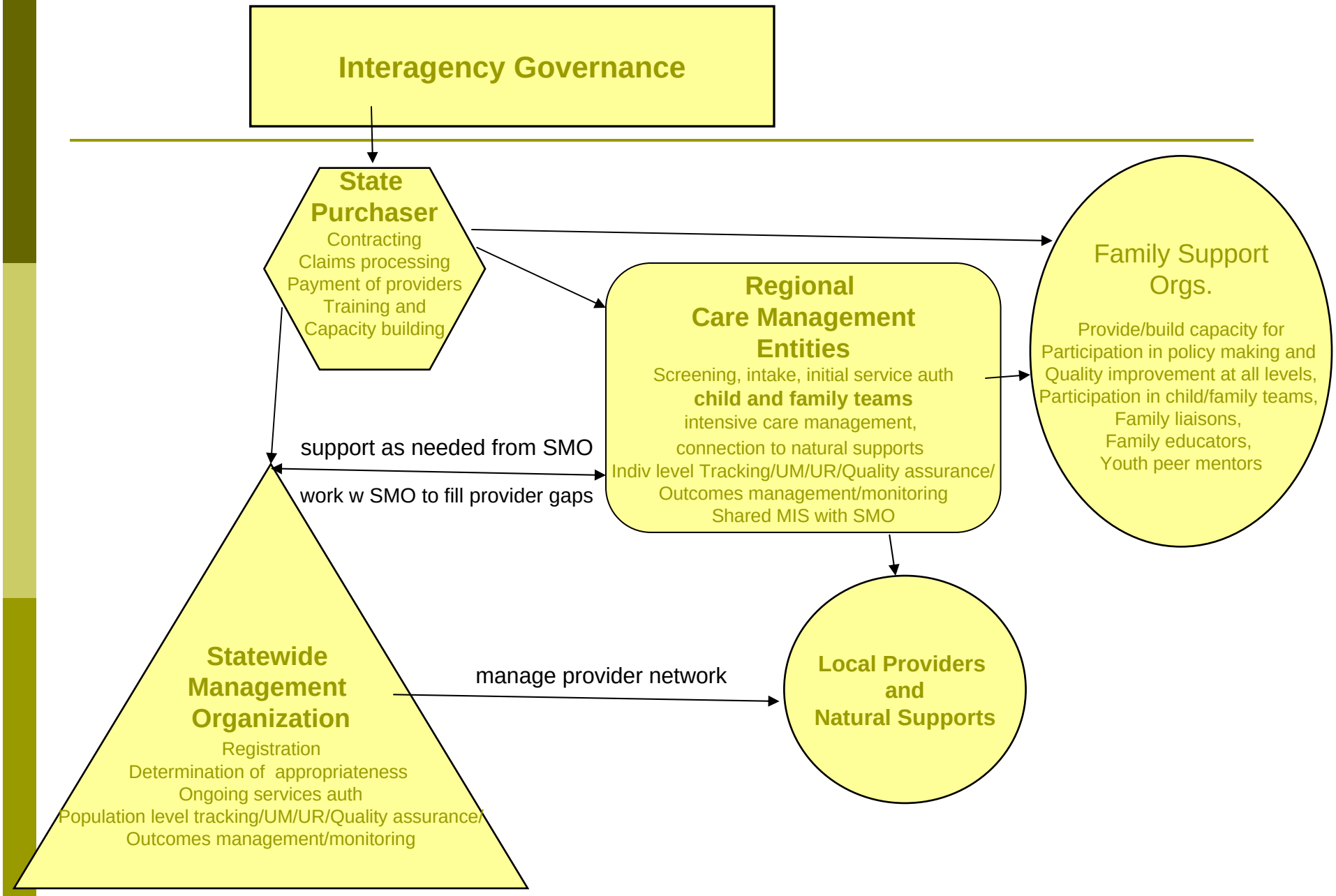
- **Implementing a Quality Management and service outcomes approach.**

  The ISA Workgroup recommends development of a quality management plan for the CSoC that includes tracking of service outcomes.

Development of Louisiana's Coordinated System of Care

The **Administrative Design** workgroup developed recommendations that were accepted by the Planning Group and presented to the Leadership Team for the overall system design for the organization of the service delivery system, including governance and infrastructure to support the delivery of necessary services and supports for the identified target population.

Proposed Louisiana Model



Recommendation #1

- The Louisiana CSoC care administrative structure should consist of the above components functioning as the lead entity in areas indicated.

Recommendation #2

- Given Louisiana's general lack of experience and insufficient existing capacity in the wrap-around process and important intensive evidence-base practices, it is recommended that significant training and technical assistance be provided to support CSoC implementation.

Recommendation #3

- It is recommended that the state phase-in CSoC implementation through process designed to support implementation in regions demonstrating greatest readiness.
- The state will work in partnership with selected regions to build CME capacity to staff and management child and family teams, provide UM functions and also to build local provider capacity for key EBPs and other services and supports.
- It is recommended that information be solicited from interested entities and organized by DHH administrative regions.
- It is recommended that expert consulting services be made available to regions.

Recommended Regional Criteria

- commitment by all relevant regional agencies and stakeholders
- identification of proposed CME/s and experience/current capacity for
  - QI/UM/outcomes monitoring/tracking administrative functions
  - cross agency and family driven service planning
  - family participation in governance
- plan on how to use TA provided by state to fully implement child and family teams, wrap around, intensive care management and QI/UM/outcomes monitoring/tracking administrative functions;
- assessment of provider capacity to meet ideal service array and plan to enhance and fill gaps;
- outreach plan including special emphasis on schools/courts in order to intervene and divert children and youth from expulsion and adjudication;

Recommendation #4

- In successful systems of care, CMEs serve as the locus of accountability and provide important service coordination and utilization management functions, acting as a bridge between SMOs and families to independently plan and coordinate care.
- Because of the inherent conflicts of interest which might arise if CMEs also directly provide the services they manage, it is recommended that CMEs should not also act as service providers.
- In cases where local capacity constraints are such that a service provider may be the best possible choice to also provide care coordination, the CSOC Governance committee should weigh if by limiting the CMEs utilization management functions and delegating more authority to the SMO, and creating firewalls which eliminate conflicts of interest to the satisfaction of CMS, a waiver of this rule would be in the best interest to the taxpayer and the families to be served.

Recommendation #5

It is recommended that a strategy be developed and implemented to support family participation at all levels of the CSoC through contracts for Family Support Organizations from the state purchaser, SMO and CMEs. The contracts should support FSOs ability to provide and build capacity for families to be meaningful partners in policy making, system oversight, quality monitoring and improvement processes, child and family teams, parent education and individual and system level advocacy.

Recommendations #6

CSoC will receive self-referrals and referrals from all existing agencies, providers, courts, schools and the statewide management organization. Specialized outreach should be developed with an emphasis on schools/courts to intervene and divert children from expulsion and adjudication.

Recommendation #7

It is recommended that families be given a choice of service providers and child and family teams managed through the CMEs. Beneficiary protections should be established for children and families in the CSoC, such as a grievance system, state fair hearing, and establishment of enrollee rights. NCQA accreditation is recommended for the SMO and should be written in as requirements into SMO contract.

Louisiana's Coordinated System of Care

www.dss.la.gov/csoc