



White Paper
“State-Led Collaboration to Establish a Coordinated System of Care for Louisiana Youth”

Project Description/Statement of Need:

Children within the child welfare and juvenile justice systems often have complex mental, physical and behavioral health needs. Currently, Louisiana provides for the needs of these children through a fragmented service delivery model that is not well coordinated. Through collaboration between the Department of Social Services (DSS), the Department of Health and Hospitals (DHH), the Office of Juvenile (OJJ), stakeholders and providers, the goal of this initiative is to develop a coordinated system of care to serve children and youth in Louisiana. The development of this integrated approach to providing services and the allocation of all available resources within the state is a necessary component for addressing the needs of children served within the child welfare and juvenile justice populations.

One of the most challenging issues in human services today is to provide comprehensive, coordinated human services to meet the needs of youth. According to the National Center for Chronic Disease (CDC), “one of five children and adolescent aged nine to seventeen years experience symptoms of mental health problems that cause some level of impairment in a given year.” This number increases greatly when it comes to the number of children involved with law enforcement. In Louisiana, 40% of the youth in secure care have been determined to have some form of mental illness. Left untreated, mental health disorders in children and adolescents lead to higher rates of suicide, violence, school dropout, family dysfunction, juvenile incarcerations, alcohol, other drug use and unintentional injuries. Children who do not receive adequate services to meet their mental, emotional and/or clinical needs have a higher rate of juvenile delinquency, arrest and juvenile court petitions. Mental health services offered are limited, difficult to access, duplicated, and costly.

Today, approximately 50,000 children and families interface with the child welfare or juvenile justice system in Louisiana. The children of these families are either at risk or are victims of abuse or neglect, are in need of services, or have committed a criminal offense. Over 8,400 of these children are in foster care and over 5,200 of these are within the juvenile justice system. Unfortunately, these children are 25 percent more likely to be homeless or enter into the criminal justice system as adults and have children that go on to repeat the cycle in future generations. Follow-up of Louisiana children adjudicated delinquent in 2004 indicates that 41 percent or 1,750 were recidivist as of January 2009. 1,093 of the 1,750 recidivist re-offended as adults. Children within the child welfare and juvenile justice systems often have complex behavioral health needs. National data indicates that 90 percent of children entering child welfare have physical health problems and nearly half have clinically significant emotional or behavioral problems. Being abused or neglected as a child increases the likelihood of arrest as a juvenile by almost 60% and by as an adult by almost 30%.

Based on a recent sample review of LA cases, it is estimated that 70% of all Medicaid eligible youth in custody of OCS or OJJ placed in a residential facility have a mental health diagnosis requiring treatment. For children placed in foster homes, the range of those needing mental health treatment is 40% (OCS) to 70% (OJJ) and for children and parents served in their home, the range is 20% (OCS) to 50% (OJJ) of all clients served. Currently, Louisiana provides for the needs of these children and families through a fragmented service delivery model that is not well coordinated and is often times difficult for families, law enforcement, judges and case workers to navigate.

The estimated cost of providing services to children and families in Louisiana's child welfare system is \$251 million (30 % state / 70 % federal) and \$149 million in the juvenile justice system (89% percent state / 11 % federal).

Approximately 280 providers are contracted to provide resources through both OJJ and OCS. Contracted and state provided services include:

- day treatment
- individual/family counseling
- family preservation services
- psychiatric care
- one-on-one staffing
- prevention/diversion services
- residential treatment

While OCS, OJJ and DHH are the major purchasers of these services, we are not currently pooling our resources and leveraging the 'smartest' financing to provide a true 'coordinated' system of behavioral health services. Instead, 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.

The problem this project will address is coordinating a now fragmented child welfare service delivery system. DSS, OJJ and DHH propose a systems analysis of the behavioral health needs of high risk children within the child welfare and juvenile justice systems. This analysis must include an assessment of the behavioral health needs of our children and families; an inventory of services purchased to meet these needs; and opportunities/model for creating an organized delivery system that leverages Medicaid and other resources to:

- More comprehensively provide for the behavioral health needs of children in our care and their caretakers by reinvesting current funds in the system into a more organized system of care;
- Reduce the number of children in detention and residential settings with a goal of placement in the least restrictive settings;
- Reduce the cost of providing services to children within the OJJ and OCS (both in-home and out-of-home) systems by leveraging Medicaid and other funding sources; and
- Improving the overall outcomes of children and their caretakers.

The goal of this project is to develop a coordinated system of care for these youth. An integrated approach to providing services and the allocation of all available resources within the state is a necessary component for addressing the needs of the children served within this population, ages 0-18. DSS will hire multi-consultants to plan, design, develop and implement a coordinated system of care for youth in Louisiana.

These consultants will provide technical assistance to the DSS, DHH and OJJ Executive staff and its Project Governance Steering Committee in the design and development of a coordinated system of care for children served by the state's child welfare and juvenile justice systems; to identify funding options for project implementation, including leading the application process to obtain a Medicaid waiver to provide community supports for children, ages 0-18.

It is expected that the coordinated system of care will most likely provide:

- assessment and diagnosis
- medical management
- day treatment
- inpatient services.

The system will also address the most cost effective and outcomes-driven approach for purchasing therapeutic foster care, residential services, therapeutic group care, residential treatment, transportation, support and education and other wrap around services. DSS and OJJ achieve greater efficiencies for these services by combining the purchasing power of both agencies and develop a systems based approach that is outcomes driven.

A coordinated system of care involves a partnership of service providers, families, teachers, and others who care for a child, within and outside of a state government system. Together, these partners develop an individualized service plan that builds on the strength and needs of each child and family care giver.

In a system of care, child welfare, juvenile justice, mental health, education and other agencies work collectively to ensure that children with mental, emotional and behavioral problems and their families have access to needed services to succeed. This care system often affords children, adolescents, and their families' services within their home and community environments.

The population to be served by this initiative includes youth, ages from 0-18, statewide, which are currently served by the Louisiana Department of Social Services, the Office of Juvenile Justice and the Department of Health and Hospitals.

Governance - Decision Making and Project Oversight

Governance is critical for policy level decision making and oversight of project advisory functions, the allocation and dissemination of contract dollars to consultants and others,

and to ensure the advancement of the specified goals and objectives related to the development of a comprehensive system of care. DSS will serve as the lead agency, working in coordination with DHH, OJJ and stakeholders and consultants, to guide and facilitate the work of an Executive Steering Committee, Core Group and a Stakeholder Steering Committee in the development of the coordinated system of care for children and youth served by the Louisiana child welfare and juvenile justice systems.

The Governing body, roles and functions are specified as follows:

Executive Steering Committee

Executives representing the Louisiana DSS, the DHH, the OJJ, the Department of Education and the Governor's Office will decide strategies and actions governing the development and implementation of the coordinated system of care, monitor quality assurance and outcomes of the project and act as the administrative body with the responsibility for the identification and allocation of available funding and blended resources.

Stakeholder Steering Committee

This committee will be comprised of stakeholders who include state agency partners, advocates, judicial system representatives, child welfare, juvenile justice, community non-profits and behavioral health consultants, and legislators. The goal of this steering committee is to meet monthly to facilitate the planning process and ensure effective service delivery through the development of strategies and approaches which guide the implementation of the intended functions of this system with the outcome of designing an appropriate service delivery model for children with behavioral health disorders and their families.

Core Group

The Core workgroup will be representative of agency lead staffers that have knowledge of current service delivery systems, funding resources, service array, needs of the targeted population and current policies and procedures. This body will ensure the stated timelines of the project are on target, provide expertise for their respective areas and work closely with project consultants and collaborators.

Timeline for Implementation

It is anticipated that the development and implementation of the Coordinated System of Care will be finalized by January of 2011. An abbreviated timeline of major activities is as follows:

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| Convening of Executive Steering Committee to discuss identified needs | Sept 2009 |
| Execution of contracts for subject matter experts, staff consultant and actuary | Nov 2009 |
| Submission of a White paper to the Commission on Streamlining Government | Dec 2009 |
| Draft Waiver publicly released for discussion and input | Mar 2010 |

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| Submission of Medicaid Waiver Documents to the Center for Medicaid Services | Apr 2010 |
| Development of provider criteria and qualifications | Aug 2010 |
| Anticipated approval of Waiver | Sept 2010 |
| Amendments to State Plan as needed | Sept 2010 |
| Promulgation of Rules | Nov 2010 |

Several strategies for determining whether the project goals and objectives have been accomplished will include deliverables provided by consultants, stakeholders, subject matter experts, DSS staff and workgroup members, including but not limited to:

1. Identifying Consultants possessing the knowledge, skills and abilities to work with DSS staff, the Steering Committee and others to plan, design and implement a coordinated system of care to serve Louisiana Youth, particularly those who are served by the child welfare and juvenile justice systems.
2. Drawing upon knowledge of states with applicable programs and/or demographics similar to Louisiana's regarding topics including but not limited to the following: populations served, service array, strategies for meeting federal cost-effectiveness, and strategies to right-size provider capacity while assuring quality.
3. Conducting historical and qualitative research of Medicaid authorities under which Child Welfare services can be provided, including but not limited to 1915 (a), 1915 (b), 1915c, 1915 (i), organized health service delivery systems and managed care.
4. Engaging DSS Executive Team and stakeholder Steering Committee representatives in conducting an inventory and analysis of current state and provider youth facilities, including those serving foster care and the juvenile justice system youth; review results for service gaps, opportunities to coordinate services and restructure fragmented service segments.
5. Enlisting a subject matter expert to complement project design and research components.
6. Collaborating with contractors and state partners to ensure consistency in the development of an overall conceptual framework for child welfare and behavioral health issues.
7. Coordinating with a DSS-led Project Governance Committee, DSS, DHH and OJJ executive staff, along with technical advisory staff in the fulfillment of conducting research and analysis of current child welfare and juvenile justice trends

8. Identifying local non-profits and network providers who serve youth ages, 0-18, in the work of the Stakeholder Steering Committee
9. Submitting a white paper, by December 1, 2009, outlining the development of concepts of the implementation of a coordinated system of care to the Governor's Streamlining Commission.
10. Working with the Centers for Medicare and Medicaid (CMS) to apply for a Medicaid waiver to support the newly created system of care; procure services to implement the Medicaid waiver; seek other funding services to support system redesign; braid and link existing network funding.
11. Collaborating with DSS OS staff and its Legislative Liaison for successful passage of legislation to establish the Louisiana Youth Medicaid waiver.
12. Monitoring of consultant activities by DSS staff to ensure deliverables are being met while coordinating the involvement of the DSS executive team and the Stakeholder Steering Committee.

Anticipated outcomes resulting form this intervention include:

- Coordinated services to youth, ages from 0-18 who are currently served by DSS, OJJ and DHH.
- Improved leveraging of resources for services for children served in the child welfare and behavioral health systems.
- Creation of a state-administered Medicaid waiver to coordinate child welfare behavioral and mental health services resulting in improved health outcomes of the children and youth.
- A reduction in the cost of services across state agencies and an improved provider networks.
- Increased collaboration among stakeholders, providers, community support services and care givers.
- Families of youth serviced will directly and/or indirectly benefit from programs offered by stakeholders, i.e., Families in Need of Services (FINS) and other network providers.

For more information on this initiative, you may contact:

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