

Workgroup:

Ideal Service Array

COORDINATED SYSTEM OF CARE
WORK GROUP ACTION PLAN

CSoC Project Manager:

Shannon Robshaw

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Project Summary:

The Louisiana Department of Social Services, the Department of Health and Hospitals, the Office of Juvenile Justice and the Department of Education are working in collaboration to develop a Coordinated System of Care that will achieve 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.

Key Milestones as identified in workplan

Title	Original planned completion date	Current forecast completion date	Actual completion date
Establish common vision and goal for system of care	1/29/10	1/29/10	1/29/10
Establish Planning Infrastructure	1/29/10	2/11/10	2/11/10
Produce concept report for legislature	2/26/10	2/26/10	3/5/10
Mapping of current system strengths, opportunities and weaknesses relevant to population of focus	3/15/10	3/15/10	3/15/10 w ongoing updates
Determine recommended system design	5/31/10	5/31/10	
Identify needed infrastructure for system	7/1/10	7/1/10	
Conduct cross-system analysis of service utilization, expenditures and financing related to target population	8/1/10	8/1/10	
Analyze, determine final system design and financing strategies	8/31/10	8/31/10	
Conduct legislative and public input process	10/31/10	10/31/10	
Submit needed state plan amendments, waivers, other applications, BA-7s	11/15/10	11/15/10	
Development implementation plan	12/30/10	12/30/10	

KEY MILESTONE: Ideal Service Array Listing

Work Group: Ideal Service Array

Work Group Charge :

To identify the "ideal service array" for the specialized service needs of the defined target population, taking into account the Values, Principles and Desired Outcomes defined by the CSOC Planning Group, identified services should 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.
 Due: March 15th.

Action Steps	Responsible Party	Target Completion Date	Resources Needed	Performance Indicator
<p>I. Convene first <i>Ideal Service Array Work Group</i> : -Define/Refine Work Group Charge (review T.P., Values, Principles, Outcomes, Timelines, etc.); -Set Preliminary Work Plan Action Steps; -Identify additional member/representatives (Including parent/family input); -Nominate Work Group leader(s) and back up(s); -Call for additional resources (articles, experts, supports, Live Meeting, etc.) -Review of Work Group Issues, Risks and Potential Road Blocks; -Set meeting frequency, methods, dates, times, etc.;</p>	<ul style="list-style-type: none"> J. Hussey 	<ul style="list-style-type: none"> 2-24-2010 	<ul style="list-style-type: none"> Member contact info.; Conf Call-in #; MS Live Meeting Room; WkPlan, Prep Articles; Personal Calendars/schedules. 	<ul style="list-style-type: none"> <u>X</u> Review Work Group Charge; <u>X</u> Membership Identified; <u>X</u> Leader Identified; <u>X</u> Resource Listing reviewed; ___ Issue/road block table completed (below) <u>X</u> Meeting freq., date, times, method
<p>II. Gather, distribute and review Best Practice, “state of the art” and/or “industry standard” literature regarding ideal service and support array.</p>	<ul style="list-style-type: none"> All Work Group Members 	<ul style="list-style-type: none"> 3-25-2010 – ongoing <i>Multiple documents and articles received and distributed.</i> 	<ul style="list-style-type: none"> NRI '06 Child Matrix; JEBD “Who Administers Wrap Around “-2006 EBP/Blase Implementation Monograph 2005; 2004 EBP Issue paper-Kanary; APSAC Advisory Article 2007; EBP Youth Reference List; List current LA EBP’s; Hawaii Blue Menu Services R. Dalton: OMH/LA EBP table by sx, behav., 	<ul style="list-style-type: none"> <u>X</u> Receipt & Review of OMH EBP Table; <u>X</u> Receipt/review of N. Hahn state plan document; <u>X</u> Receipt/review of J. Ryals EBP Matrix/Protocol; <u>X</u> Receipt/Review of NRI/NASMHPD 2006 Matrix <u>X</u> receipt/review of Blasé EBP Implementation briefing; Multiple documents and

				<ul style="list-style-type: none"> & dx cluster, including CALOCUS); J. Ryals: EBP SAVRY Services Matrix and Protocol CASSP SoC Monograph-1986 	articles received and distributed.
III. Review State Plans and Service/Support manuals from other states	<ul style="list-style-type: none"> Work group 	<ul style="list-style-type: none"> 3/31/10 Ongoing 	<ul style="list-style-type: none"> Massachusetts State Plan Arizona Behavioral Services Manual Kansas Behavioral Health Services Manual and State Plan; New Jersey? Wisconsin? Maryland? 	<ul style="list-style-type: none"> <i>Kansas, Arizona and Massachusetts received and distributed</i> 	
IV. Review Mapping and Parent Survey Work Products To be used as initial and ongoing reference by work group to better understand the current/historic services and delivery models, and to assist in prioritizing services and supports for future implementation.	<ul style="list-style-type: none"> Work Group 	<ul style="list-style-type: none"> 3/31 for mapping 4/22/10 for parent surveys Ongoing 	<ul style="list-style-type: none"> CSoC System Summary Map Document 	<ul style="list-style-type: none"> <i>Received and reviewed 2/25/10</i> 	
V. Obtain agency service needs/recommendations from OJJ, DSS, DOE, DHH	<ul style="list-style-type: none"> Work Group 	<ul style="list-style-type: none"> 4/15/10 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	
VI. Review information with Consultants (Mercer, S. Pires, Michelle Z., Bruce K., etc.)	<ul style="list-style-type: none"> J.Hussey 	<ul style="list-style-type: none"> 3/25/10 ongoing 	<ul style="list-style-type: none"> Contract hours/access with Mercer/HSC 	<ul style="list-style-type: none"> <i>Access to Mercer granted. Consultations and review ongoing.</i> 	
VII. Establish/Define common practice model (e.g., Family-Centered Practice)	<ul style="list-style-type: none"> Work Group 	<ul style="list-style-type: none"> 4/15/10 	<ul style="list-style-type: none"> Articles/literature on Family Centered Practice and other common proactive models. Consultation with HSC (Pires, Zabel, Kamradt) 	<ul style="list-style-type: none"> <i>Some articles obtained. Search continuing.</i> 	
VIII. Draft potential list of services and supports for implementation within SoC and circulate to agencies for feedback and work with Family Engagement workgroup to gain family feedback	<ul style="list-style-type: none"> Work Group 	<ul style="list-style-type: none"> 5/06/2010 	<ul style="list-style-type: none"> Recommended format from S. Pires and/or Mercer 	<ul style="list-style-type: none"> <i>Two formats drafted, awaiting input from other</i> 	

- Work Group
- 5/31/2010

*consultants
(emails sent)*

IX. Finalize recommended list of services and supports for implementation within SoC.

Important: Consider Target Population fit, adherence to values, principles, desired outcomes, and presence of Core Implementation Components that can be used to successfully implement the evidence-based practice and/or program. (e.g., funding, Pre-service training, staff resource requirements, consultation & coaching, staff evaluation, program evaluation and fidelity monitoring, facilitative administrative supports, costs & funding, etc.)

X. Identify Barriers, Costs, & Any Additional Resources Needed (include training, certification, Medicaid/SGF costs, and capacity building needed)

- Work Group
- 5/31/10
- Expert Consultation with Mercer and HSC
- TBD

1 Issues, Risks and Potential Road Blocks

Issues

Priority Criteria

- 1 – High-priority/critical-path issue; requires immediate follow-up and resolution
- 2 – Medium-priority issue; requires follow-up before completion of next project milestone
- 3 – Low-priority issue; to be resolved prior to project completion
- 4 – Closed issue

#	Date	Priority	Owner	Description	Status & Resolution
1	3-16-10	3	TBD	Funding for Quality/EBP/BP Services and Supports. To implement and grow quality services and access, ideal funding sources will need to be identified. Some services may be grouped under state plan, some under waiver, and still others with alternative funding through SGF, grants, contracts, etc.	Optimal/ideal funding sources for services currently being provided have not been realized. LA state plan, program rules and regs, along with waiver applications will need to be considered/drafted to optimize service availability and flexibility. Some SGF funding may need to be made available to secure federal match for Medicaid-reimbursable services, and others pooled and managed for non-reimbursable supports, etc. Consideration of targeted implementation of SoC services may need to be considered under waiver, to assure that sufficient funds are available to implement program.
3	3-16-10	3	TBD	Once ideal service array and supports are identified and funding is determined, quality assurance and compliance mechanisms will need to be in place to assure adherence to evidence-based and/or best practice service/support design.	Current state plan and Medicaid program rule, SURS rules limit DHH's capacity to hold providers accountable to provide quality and evidence-based services. Consideration should be given to waivers and administrative infrastructure which might allow for selective contracting, limitation of any willing provider status, as well as selective (non-statewide) implementation of care delivery providers for targeted services.

Risks and Potential Road Blocks

#	Risk Area	Likelihood	Risk Owner	Project Impact-Mitigation Plan
1	Service and Support Funding	[High/Medium/Low]	TBD	Without pooling of funds currently used in various program offices for direct/contract reimbursement of behavioral health services to targeted youth, Medicaid will not have sufficient funding in budget to grow service array and access. With such pooling, federal match may well result in an overall reduction in total dollars spent by the state and enhanced service availability.
2	Service and Support Quality Assurance	[High/Medium/Low]	TBD	Without careful and tight state plan, waiver and selective contracting, any willing provider in any part of the state may set up and provide services with little meaningful or potent consequence for poor quality, non-evidence based care. Careful planning will allow for selective and limited contracting, allowing for easier disenrollment for providers who do not meet quality standards.

2 Workgroup Members

Name	Role / Title	Email	Phone Number
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