

# Quality Measurement & Improvement Recommendations Proposed to the Planning Group for submission to the Leadership Team

Louisiana Comprehensive System of Care (CSoC) goals,  
values and principles and population of focus

The State of Louisiana is undertaking the development of a Coordinated System of Care (CSoC) for Louisiana's at risk children and youth with significant behavioral health challenges or co-occurring disorders. In the initial planning retreat, over forty agency and stakeholder leaders agreed to the following goals, values and population of focus for the CSoC.

## **Goals of System of Care implementation**

- Reduction in the current number and future admissions of children and youth with significant behavioral health challenges or co-occurring disorders in out-of-home placements
- Reduction of the State's cost of providing services by leveraging Medicaid and other funding sources, as well as increasing service effectiveness and efficiency and reducing duplication across agencies
- Improving the overall outcomes of these children and their caretakers being served by the coordinated system of care

## **CSOC 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

## **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.
- Out-of-home placements are defined as the following: detention, secure care facilities, psychiatric hospitals, residential treatment facilities, developmental disabilities facilities, addiction facilities, alternative schools, homeless as identified by DOE and foster care.

## **Workgroup Charge:**

Identify needed infrastructure

Design quality measurement and improvement processes

Identify best practices, existing models, innovative approaches;

Identify implementation issues;

Determine most efficient and effective mechanisms to support recommended system design

**Recommendation #1**

**A robust system of continuous quality measurement and improvement shall constitute a critical component of the coordinated system of care (CSoC) and shall be integrated into all administrative structures and functions. The continuous Quality Measurement and Improvement System shall be supported by an automated information system that provides readily accessible, real time eligibility, service, and cost data to all levels of the system from provider to interagency governance. The information system further shall incorporate an electronic case records system for optimizing case planning and service delivery at the individual child and family level as well as reducing time and paperwork involved in coordinating and managing care across multiple systems. A culture of continuous quality improvement shall be emphasized throughout the CSoC and supported by standards, staffing, training, data analysis, monitoring, and reporting, and shared accountability for improved child and family outcomes. Child and family outcomes to be improved by the system shall be specifically defined and routinely monitored. Each level of the system shall regularly report on its performance and implement improvement plans consistent with CSoC goals, values, and principles.**

**Recommended measurement domains to be included within the coordinated system of care include Clinical Outcomes, Client Satisfaction, Fidelity to Practice Model, Family Functioning, Fraud, Complaints/Appeals, System Outcomes (e.g. costs/restrictive settings/family outcomes/etc), Care Coordination, Utilization Review/Management, System Improvement, Data Integrity etc. The attached Matrix of Measures and Roles reflects measurement domains and sample measures to be applied by each level of the Administrative Design Structure. Multiple sources (e.g. youth, families, providers, staff, schools, community stakeholders, etc.) of information shall be used to measure quality of the system.**

**Recommendation #2**

**The Interagency Governance Committee shall create a Quality Review and Improvement Steering Committee to be composed of representatives of all levels of the system. Care Management Entities shall collaborate with Children and Youth Planning Boards to create parallel Quality Review and Improvement Committees at the local level to also include families/youth and key community stakeholder representatives. The state level Quality Review and Improvement Steering Committee shall be charged with regularly assessing quality of care and promoting continuous quality improvement of services and processes within the CSoC to meet the needs of youth and families.**

**The Quality Review and Improvement Steering Committee shall work closely with the Statewide Management Organization and State Purchaser to develop an annual Quality Assurance/Quality Improvement (QA/QI) Plan for ensuring quality care and promoting continuous quality improvement consistent with the goals, values, and principles of the CSoC. The annual QA/QI Plan shall define critical quality measurement and reporting expectations as well as provide for assessment and feedback structures that facilitate an expectation and culture of continuous improvement throughout the CSoC.**

**Recommendation #3**

**The CSoC shall adopt strategies to engage the active participation of key stakeholders in Quality Measurement and Improvement processes, including families, youth, staff, providers, and racially, ethnically, and linguistically diverse communities. Strategies include:**

- (1) Local stakeholders (families, providers, school systems, Juvenile court, OJJ, OMH, private non-profits, DCFS, etc.) shall identify demographics, risk and protective factors, natural and agency resources at the local (parish) level and inform the definition of the target population and needed continuum of care. Parish Children and Youth Services Planning Boards should be used to convene local stakeholders whenever possible consistent with their statutory mandate to develop a full continuum of care for children, youth and families in their respective jurisdictions.**
- (2) School districts shall actively contribute data on school attendance, health issues, grades, discipline referrals, suspensions, expulsions and out-of –school placements. School Districts also have family engagement and ESL programs that can assist in providing information relating to linguistically diverse communities.**
- (3) School districts that are using the Comprehensive Learning Supports model (UCLA School mental Health Project) will also have a best practices model in place to map resources and develop preventive, early intervention and System of Care programs and services at the school, district and community level. This model could be employed to assist local entities in organizing family-school-community linkages as well as developing Family Support Organizations.**
- (4) On-going measurement and evaluation of the level of family and community participation in child and family teams and wrap around plans.**
- (5) Collecting data that permits an examination of experiences of diverse families within the CSOC.**
- (6) Consideration of recommendations of Family Support Organizations relating to administration of client satisfaction interviews and other measurement and improvement processes.**

**Recommendation #4**

**The CSoc shall adopt valid and reliable assessment instruments for assessing current child/youth and family functioning and tracking changes over time. Relevance and ease of use across multiple systems and capacity to provide assessment data from multiple perspectives, including youth, families, providers, schoolteachers etc., shall influence final tool selection.**

**Recommendation #5**

**The Interagency Governance Committee and State Purchaser shall arrange for an independent evaluation of the CSoc’s commitment and adherence to its values and principles within 3-5 years of implementation. Those values and principles are re-summarized below:**

- 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**