Coordinated System of Care

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Department of Children & Family Services

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 was 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

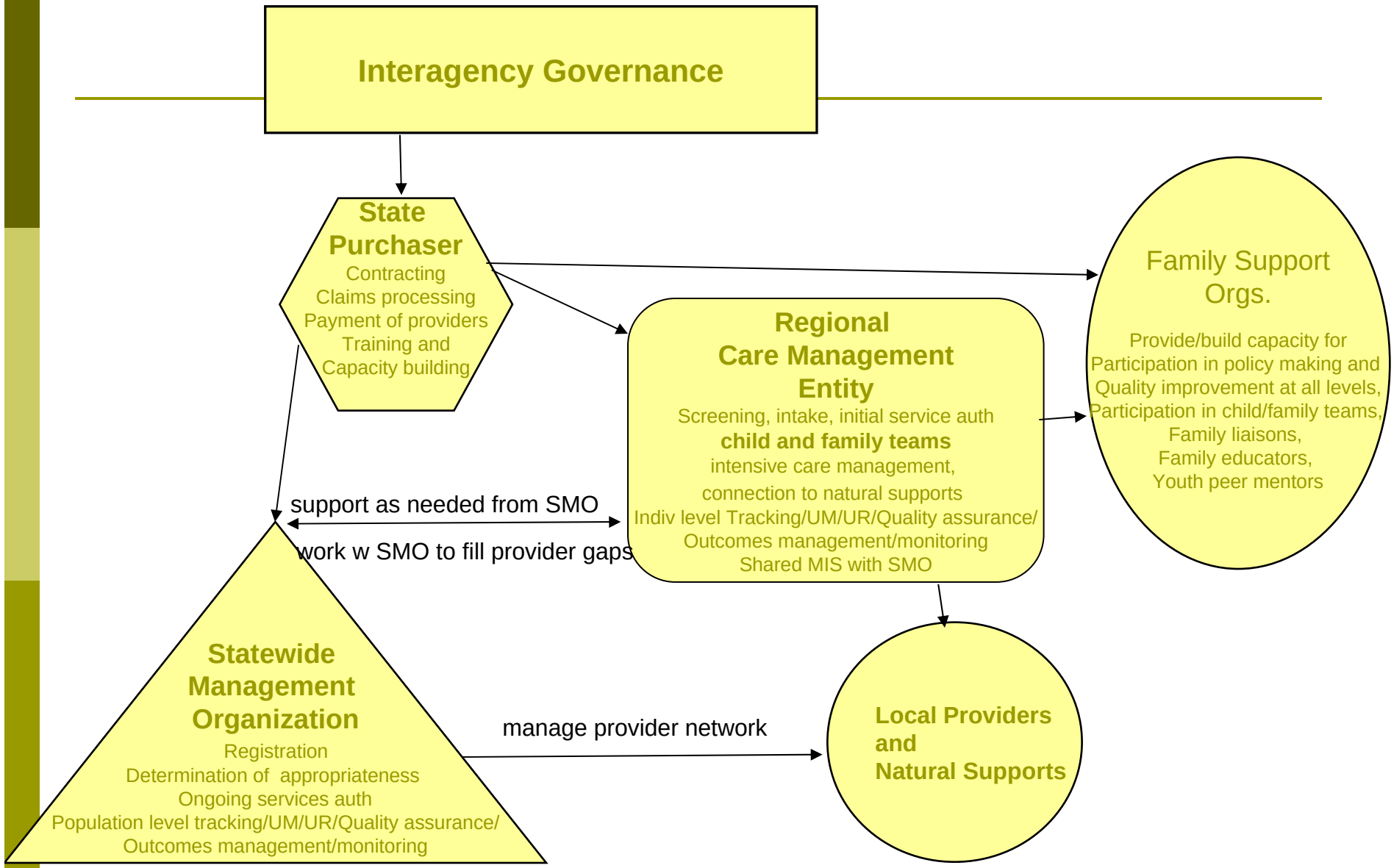
Development of Louisiana's Coordinated System of Care

- Planning Group and workgroups drafted recommendations on system design, service array and infrastructure needs
- Mercer conducted cross systems analysis of current programming, funding streams and opportunities to leverage federal dollars
- Leadership Team made decisions based on this information to move forward CSoC implementation

Decision 1: Implement an administrative structure for the CSoC

- Implement an administrative structure that includes
  - a Multi-Departmental Governance with local and regional representation
  - a State Purchaser
  - a Statewide Management organization
  - Local Care Management Entities
  - Family Support Organizations.
- Memorandums of Understanding will be established between state purchaser and other agencies, and state purchaser with governing body
- Executive Order and Legislation establishing the Governance Entity, state purchaser roles and FSO roles will be drafted

Louisiana CSoC Model



Decision 2: Expand Service Array through obtaining necessary Medicaid authorities to leverage financing

- 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.)
- Obtain Medicaid authorities
  - to allow Medicaid financing for a wider array of practitioners and in-home and community-based services
  - to better leverage State general funds and bring in substantial new revenues for financing the CSoC

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

Decision 2: Expand Service Array through obtaining necessary Medicaid authorities to leverage financing

- Financing opportunities through State Plan amendments and waivers:
  - Wraparound planning
  - Evidenced based and promising practice home and community-based services outside clinics walls
  - Certified youth and family peer support
  - Addictions treatment
  - School based BH services
  - Rehabilitation services provided in group homes
  - Accredited non-secure residential facilities for small number of youth appropriately requiring this service

Decision 2: Expand Service Array through obtaining necessary Medicaid authorities to leverage financing

- The State will pursue a selective services 1915 (b) Medicaid waiver to allow a single SMO and automatic enrollment into the SMO
- The State will pursue either a 1915(c) or 1915(i) authority depending upon research gathered
- The State will pursue state plan amendments to support school based and other services not supported by waivers
- institutional/residential services be prior authorized and paid through the SMO

Decision 3: Contract with a BH Statewide Management Organization

Contract with a single experienced BH SMO to provide key management functions for the CSoC

- Member services (24/7 toll free access)
- Referral to CME or providers
- Utilization management
- Training
- Quality management functions and reporting
- Pay claims
- Provider network management
  - credential, contracts, train, monitor, and ensure compliance from the provider network

Decision 4: Convert to a FFS/non-risk payment system

- Convert lump-sum contracting to a FFS/non-risk delivery system that pays for the units of services actually delivered to individual children and youth

- SMO accounting system will track eligible beneficiaries and services and "charge" different funding sources back to each funding agency.

- 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.

Decision 5: Provide training for increasing provider capacity to offer a comprehensive array of services and supports

- Three components are necessary to successfully train providers and build capacity in local communities. These components should be implemented simultaneously and in coordination with each other.
  - Wraparound process
  - Building EPB and promising practice capacity
  - Workforce skill development

- Additionally, the SMO will provide training for CMEs, providers and State staff on:
  - the utilization guidelines and use of evidence-based and best practices;
  - operating protocols related to UM and quality management;
  - filing and resolution of grievances and appeals

Decision 6: Develop services tailored to meet the child/family needs of all racial, ethnic and linguistic backgrounds

- Ensure that the SMO, CMEs, FSOs and provider organizations hire bilingual/bicultural staff and all staff receive cultural competency training
- Focus on expanding the use of MST and FFT, which have been successful with African-American children and youth
- Identify appropriate tool/s to screen and identify the target population
- Develop outreach strategies

Decision 7: Aggressively pursue enrollment of eligible children in Medicaid

- Louisiana has excellent experience and results in enrolling eligible children in Medicaid. However, not all providers or agencies are able to verify Medicaid eligibility due to the use of multiple conflicting identification numbers in different systems

- children identified as needing CSoC services be coordinated across agencies by
  - SMO and State Purchaser ensuring that child records in different agencies are correctly aligned across systems.
  - the SMO having responsibility for matching CSoC children to existing Medicaid records.
  - the SMO and CMEs screening for Medicaid and assisting with applications as necessary.

Decision 8: Continue to finance substance abuse prevention and 12-step treatment through non-Medicaid funds

- Medicaid is a sustainable funding source for substance abuse treatment for Medicaid children, but it will not finance prevention and 12-step programs. It will also become an increasingly important source of funding for adults as health care reform is implemented.

- SAPT and TANF block grant funding can finance substance abuse prevention and 12-step treatment programs.

Decision 9: Ensure that ARRA and PPACA rules are addressed for use of local contributions as federal matching funds

- Localities are also able to utilize local revenues and grants and to provide additional funding when identified by the community.
- When used in conjunction with State programs, if a locality can obtain additional resources, a State program often can utilize those funds as a match for federal programs such as Medicaid.
- If the State does have localities with additional local funds for which they wish to receive federal matching funding, Louisiana should ensure that political subdivision contribution Medicaid rules are observed.

Decision 10: Provide early BH screening of foster children and access to intensive home-based interventions

- Louisiana should provide early access to home-based interventions for foster families to divert foster children/youth from residential treatment

- DCFS will work with the state purchaser and SMO to provide early BH screening and access to intensive home-based interventions for foster families to prevent residential placements

Decision 11: Ensure that all CSoC children are screened for Title IV-E funding eligibility

- Title IV-E pays for part of the cost of administering the foster care and special needs subsidized adoption program (e.g., case planning and permanency hearings). Title IV-E funds can be used for staff, foster care and adoptive parent training, some foster care room and board costs. Title IV-E eligibility for children should be determined for any child entering the CSoC.

- With new Medicaid regulations reducing the number of child welfare activities that can be reimbursed via Medicaid, Louisiana will want to ensure that Title IV-E funding is sought during any initial CSoC intake.

- DCFS will work with the State purchaser and SMO to screen all children for IV-E eligibility, to align child records across systems and to seek IV-E funding when appropriate

Decision 12: Data collection on access, utilization, system performance, service outcome and costs

- The CSoC will adopt a continuous quality improvement approach at all levels
- Performance metrics will be established during the implementation phase that address access to services, utilization, system performance, service outcomes and costs.

Recommendations regarding regional implementation

- 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 regions.
- It is recommended that expert consulting services be made available to regions.

Recommended Regional Criteria

- commitment by all relevant regional stakeholders
- identification of proposed CME/s and experience with:
  - 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

Louisiana's Coordinated System of Care

www.dss.la.gov/csoc