

Governance and State Purchaser Functions

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

The State of Louisiana is undertaking the development of a 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	CSOC values and principles
<ul style="list-style-type: none"> ▪ 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. 	<ul style="list-style-type: none"> ▪ 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
<ul style="list-style-type: none"> ▪ 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. 	
<ul style="list-style-type: none"> ▪ Improving the overall outcomes of these children and their caretakers being served by the coordinated system of care. 	
Population of focus	
<ul style="list-style-type: none"> ▪ 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. 	
<ul style="list-style-type: none"> ▪ 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. 	

Governance and state purchaser functions

Function	Governance	State purchaser
Decision-making	X	
Establishing policy and monitoring adherence	X	
Setting standards (i.e., service utilization, quality indicators, reporting mechanisms, etc.)	X	
Defining target population(s)	X	
Multi-department oversight, – i.e., state purchaser, statewide management organization (SMO) & regional care management entities (CMEs) with local and regional representation, including juvenile justice system	X	
Directing the use of multiple funding sources and state purchaser contracting with SMO, CMEs and FSOs, including such things as: <ul style="list-style-type: none"> ▪ Eligibility criteria and procedures for enrollment in CME ▪ Parameters of service utilization and criteria for applying those parameters, including out-of-home placement quality indicators, reporting mechanisms and quality feedback mechanisms ▪ Requirements for CME's and providers and mechanisms for approving and monitoring providers ▪ Quality and timeliness requirements for payment system 	X	
Directing the State Purchaser (OBH). The Implementing Agency shall: <ul style="list-style-type: none"> ▪ Be knowledgeable of Medicaid, mental health, substance abuse, education and social service systems ▪ Operate the CSoC ▪ Conduct reviews of the CSoC ▪ Monitor and prepare reports ▪ Provide recommendations to the governance body 	X	
Monitoring quality, cost and adherence to standards, including project outcomes	X	
Strong family leadership	X	
Establish a MOU with defined reporting requirements to the Governance Body and facilitation and support of cross agency relationships.		X
Establish a MOU between OBH and the four (4) Departments (DCFS, DHH, DOE, & OJJ) which defines relationships, funding and transfers of federal funds, and reporting requirements. This would include a MOU with DHH including Medicaid oversight, requirements and funding.		X

Function	Governance	State purchaser
Establish communication and outreach to the general public.		X
Develop cross-area expertise with Medicaid and all funding stream programs in the four (4) Departments (DCFS, DHH, DOE, & OJJ) participating in the CSoC.		X
Conduct risk assessment/analysis for the CSoC to ensure that issues are anticipated and addressed.		X
Contracting with SMO, CMEs and FSOs, including aligning of incentives across SMO, CME and FSOs to drive quality assurance, performance monitoring and cost controls		X
Claims processing-option TBD by leadership team		X
Payment of providers-option TBD by leadership team		X
Training and capacity building across CSoC, including development of CMEs, FSOs and local providers		X
Reports to governance with clear mandate		X
Quality oversight		X

Authority for the governance committee

The Governance Workgroup recommendations are:

1. The Louisiana CSoC governance body will reside in the Department of Children and Family Services for administrative purposes.
2. A Governor's Executive Order will be issued to authorize a permanent Governance Body for the Louisiana CSoC.
3. The Executive Order will identify funding for personnel and administrative support of the CSoC.
4. Legislation will be prepared for the 2011 legislative session to create an office in the DCFS to direct and oversee the operation of the Louisiana CSoC for children at risk for placement outside the home.
5. The legislation will provide appropriated state general funds to support the Louisiana CSoC and its creation through the State Purchaser (OBH) within DHH. The start-up of OBH as the State Purchaser will be closely coordinated between OBH and Medicaid in a well thought out manner through a transition plan.
6. The legislation will authorize a Table of Organization (TO) for a CSoC director and support personnel.

7. The State Purchaser agency DHH will create capacity within the newly created Office of Behavioral Health to administer the CSoC. The other departments will need to contribute to the training and expertise of the newly created capacity in OBH to be an effective State Purchaser..
8. The legislative act will authorize expansion of the target population from youth at risk to placement out of the home to youth who are seriously and persistently mentally ill/ seriously emotionally disturbed (SPMI/SED).
9. That expansion of the target population is contingent upon availability of funding and system capacity.

Governance membership

The Governance Membership will be outlined in the legislation as will the selection criteria and leadership for the Governance Membership. Desired membership would reflect:

1. Department of Children and Family Services, Department of Health & Hospitals, Department of Education and Office of Juvenile Justice Secretary or designee(s). Designee(s) must have authority to act for the Secretary. The designee function must be identified as a primary duty.
2. A representative from the governor's office.
3. Two (2) family/youth representatives.
4. An advocate representative.

In order to develop a family-driven CSoC, the Governance Body may:

- Request and utilize such counsel, research, assistance, personnel, facilities and advice as may be obtained from any and all public sources and from any and all private agencies, including but not restricted to private research agencies, consulting groups, individuals and organizations.
- Make any study, review or analysis it may find useful to the purpose of development and oversight of the CSoC.
- Create and appoint such advisory committees or task forces to act in an advisory capacity to the Governance Body to assist in its studies, composed of such representatives of the public and private sectors, as it shall deem appropriate but not limited to representatives of the following groups:

1. Family Support Parent Group
2. Children's Cabinet
3. Sheriff's Association
4. Louisiana District Attorney's Association
5. LSU/Tulane Departments of Psychiatry
6. Louisiana Supreme Court/Juvenile Judges
7. Private Provider Association
8. Human Service Interagency Council

Recommendation #1 from administrative infrastructure group

The Louisiana CSoC care administrative structure should consist of the following components functioning as the lead entity in areas indicated:

Governance

- Multi-departmental oversight with local and regional representation, including juvenile justice system
- Strong family leadership
- Direct use of multiple funding sources and state purchaser contracting with SMO, CMEs and FSOs, including such things as:
 - Eligibility criteria and procedures for enrollment in CME
 - Parameters of service utilization and criteria for applying those parameters, including out-of-home placement
 - Quality indicators, reporting mechanisms and quality feedback mechanisms
 - Requirements for CME's and providers; mechanisms for approving and monitoring providers
 - Quality and timeliness requirements for payment system
- Monitors project outcomes, including quality and cost
- Establishes policy and monitors adherence

State purchaser

- Reports to governance with clear mandate
- Contracts with SMO, CMEs and FSOs, including aligning of incentives across SMO, CME and FSOs to drive quality assurance, performance monitoring and cost controls
- Claims processing-option TBD by leadership team
- Payment of providers-option TBD by leadership team
- Trains and capacity builds across CSoC, including development of CMEs, FSOs and local providers
- Quality oversight