Coordinated System of Care

Regional Meetings

Welcome

and

Presentation Overview

Coordinated System of Care Model

An initiative of Governor Jindal being led by the Executives of these state agencies:

- Department of Health and Hospitals
- Department of Children and Family Services
- Office of Juvenile Justice
- 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.

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

CSoC is a different approach to service delivery

- Adoption of a Family-Driven Practice Model
- Implementation of Wraparound planning, based on National Wraparound Initiative (NWI)
- 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.)*

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

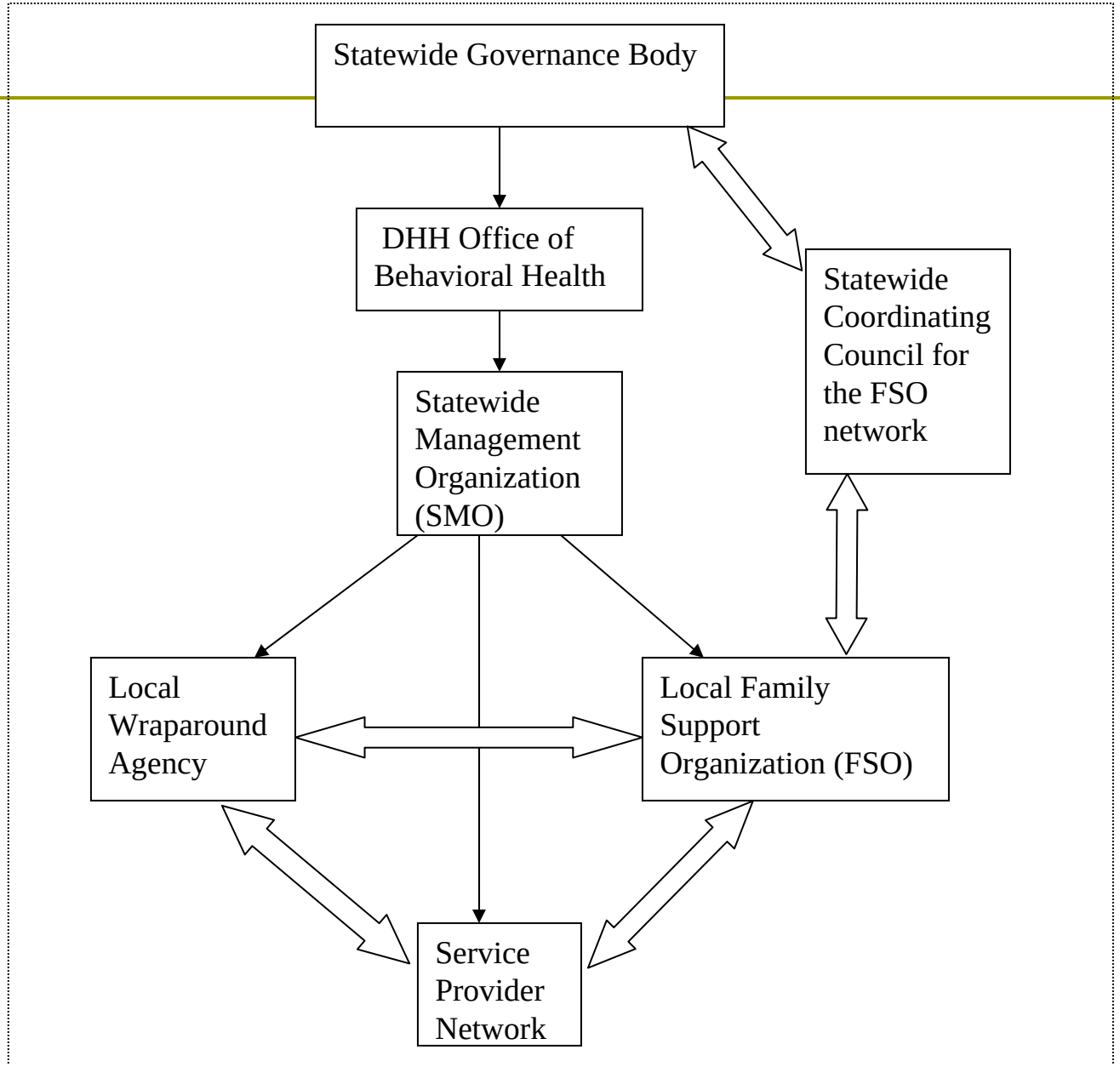
Key Elements of the planning infrastructure:

- Executive leadership from Governor's office, DCFS, 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

Administrative Structure for the CSoC

- Implement an administrative structure that includes a Multi-Departmental Governance
- a State Purchaser
- a Statewide Management Organization
- Local Wraparound Agencies
- Family Support Organizations

CSoC structure



Governance Entity

- Overall responsibility for ongoing CSoC planning and implementation
- Responsible for financing decisions and direction of multiple funding sources to support CSoC implementation
- Direct and oversee OBH contracting with a Statewide Management Organization (SMO) and other CSoC operations
- Establishes policy and monitors adherence
- Monitors project outcomes including quality and cost

Role of DHH in CSoC

- Management Guidance (OBH)
  - Office of Behavioral Health (OBH) will function as the purchaser and contract manager of Statewide Management Organization (SMO) to ensure quality is maintained
    - SMO will: Enroll members in need of services; Enroll providers who will all need to become Medicaid providers to deliver services; Manage all services for providers
  - OBH will manage RFA process as directed by the leadership team for for implementing communities
  - OBH will provide and oversee training of stakeholders/providers
- Services Funding (Medicaid)
  - DHH-Medicaid will organize finances for CSoC
  - Existing State General Funds from departments participating in CSoC will be used to leverage Medicaid funds to expand services
- Accountable to Governance Body

Current Medicaid Rules Revised to Expand Financing & Service Array

- Medicaid will work with CMS to amend state plan and establish waivers
- State Plan Amendments & Waivers – Identify specific population and specific services
  - State Plan Amendments – home and community based services; school based behavioral health services; substance abuse treatment services for children and adults; focus on evidence based and promising practices
  - 1915c Waiver – Establish CSoC for children's services, wraparound planning, peer supports
  - 1915b Waiver – establish management by statewide management organization (SMO)

Functions of SMO

The contracted Statewide Management Organization (SMO) will serve as the single experienced behavioral health entity, whose role is to provide the following key management functions for the CSoC:

- Member services (24/7 toll free access)
- Referral to wraparound agency (WAA) or providers
- Utilization management
  - Manage and approve services for participants; prior authorize (when needed)
- Training
- Quality management functions and reporting
- Pay claims
- Provider network management
  - credential, contracts, train, monitor, and ensure compliance from the provider network

Training to Support Increased Provider Capacity and Expansion of Services

- **All Providers will need to become Medicaid providers**
- **Three components are necessary to successfully train providers and build capacity in local communities. Training on these components will be provided as selected communities implement CSoC**
  - Wraparound process
  - Building EPB and promising practice capacity
  - Workforce skill development
- **Additionally, the SMO will provide training for WAAs, providers and State staff on**
  - operating protocols related to Utilization Management and quality management
  - filing and resolution of grievances and appeals

Specialized Services for CSoC Target Population:

- Wraparound services, including
  - Assessment
  - facilitation of the child and family team
  - individual service plan development
  - intensive case management
- Youth peer support
- Psychoeducation - Parent Support and Training
- Independent living/skills building
- Short term Respite services
- Crisis Stabilization

CSoC will include expansion of state plan to support needed service array

- Assessment and diagnosis
- Treatment planning
- Mental health consultation
- School-based services
- Home-based services
- Outpatient psychotherapy
- Medical management
- Day treatment/partial hospitalization
- Crisis services
- Behavioral aide services
- Therapeutic foster care
- Therapeutic group homes
- Residential treatment centers
- Inpatient hospital services
- Transportation
- Mental health consultation

Family Support

- The role of the Family Support Organization (FSO) is at the heart of the planned system of care.
- By featuring family members as full partners working within the system of care, the Louisiana CSoC hopes to stimulate behavioral change across the system and support development of family-friendly policies and procedures within the provider agencies and among community partners.
- Emphasizing FSOs as system partners will support full family involvement in systems of care becoming the rule, rather than the exception.

Family Support

- Nationally, support for and by family members within the system of care has emerged as a core strategy for improving the children's mental health system of care.
- In other states, the system of care approach has fundamentally changed the relationships that families of children and youth involved in child-serving systems have with the agencies within those systems.
- Increasingly, collaboration and partnership between families and service providers have been recognized as the threads that link successful programs, policies, and practices.

Family Support

- In Louisiana's Coordinated System of Care, family involvement, support and development, at all levels of the system, will be structured to support family involvement and engage the diversity of families affected by the system of care, including families of children involved in the child welfare or juvenile justice systems.

- The CSoC will include a broad-based governance structure, providing families and youth representing the CSoC target population with a variety of opportunities to participate in the governance functions of the CSoC and to ensure families and youth are effectively involved in decision-making at all levels of authority, thus reflecting their role as full partners with fellow decision-makers, managers and staff.

Family Support

- Local FSOs will provide an array of supports centering on Parent Support and Training to support and to ensure engagement and active participation of the family in the care planning process and with the ongoing implementation and reinforcement of skills learned throughout the treatment process.

- “Family" is defined as the persons who live with or provide care to a child or youth meeting the CSoC target population criteria, and may include a parent, spouse, children, relatives, grandparents, guardians, or foster parents.

Family Support

- FSO staff attend child and family team meetings with the family and assist in helping the family to effectively contribute to planning and accessing services, including assistance with removing barriers.
- FSO staff assist in describing the program model and providing information as needed to assist the family.
- Support and training is provided to family members to increase their ability to provide a safe and supportive environment in the home and community for the child/youth (for example, parenting children with various behavior challenges).
- FSO staff may also conduct follow-up with the families regarding services provided and continuing needs.

Family Support

Support and training provided by FSO includes:

- assisting the family in the acquisition of knowledge and skills necessary to understand and address the specific needs of the child in relation to their mental illness and treatment
- development and enhancement of the family's specific problem-solving skills, coping mechanisms, and strategies for the child/youth's symptom/behavior management
- assisting the family in understanding various requirements of the CSoC process, such as the crisis plan and plan of care process
- training on understanding the child's diagnoses
- understanding service options offered by service providers
- assisting with understanding policies, procedures and regulations that impact the child with mental illness/addictive disorder concerns while living in the community (for example, training on system navigation and Medicaid interaction with other child serving systems)

Family Support

Family Support Organization Network

- Each local Family Support Organization (FSO) will be a family-run, nonprofit corporation governed by a board of directors known as its Local Coordination Council (LCC).
- The statewide FSO network will coordinate its local and state activities through the creation of a State Coordinating Council.
- The initial local FSOs will partner with the CSoC leadership's FSO Implementation Workgroup to support and participate in the development of the State Coordinating Council (SCC) to ensure state-level participation of family and youth of the CSoC.

Family Support

FSO Network Governance

- This governance structure will be culturally and linguistically competent and ensure diverse family and youth participation representative of the communities and the target population served, thus providing families and youth an authentic voice in CSoC governance. There are three main bodies of governance in which family members will participate:
- State Governance Body (SGB) of the CSoC,
- State Coordinating Council (SCC) of the FSO Network, and
- Local Coordinating Councils (LCCs) within the FSO Network.

Family Support

FSO Network Governance

- Family members serving on each governing body will be selected by family members and will be representative of the target population served by the CSoC, including family members and where appropriate, youth members.

- Selection will be conducted through an approved process, beginning with the FSO Implementation Workgroup, which will in turn provide recommendations for appointment to and by the SGB regarding selection and appointment of membership to the initial SCC.

- Once established, the SCC will be responsible for the membership selection process to both the SGB and the SCC for any future vacancies.

- Membership on each of these governing bodies will be volunteer, with appropriate travel reimbursement in accordance with state regulations and stipends for attendance.

Family Support

Local FSOs Governed by Local Coordinating Council

- The LCC will promote culturally and linguistically competent representation and ensure diverse family and youth representation
- LCC will be 60% family members and also include individuals from local family and child serving organizations (including child welfare and juvenile justice agencies), district attorneys, judges, school system representatives, faith-based organizations, community leaders, and others
- The LCC will be responsible for the fiscal and technical oversight of the FSO
- The executive director/program director of the FSO will report directly to the LCC.
- If an existing family-run organization serves as the local FSO and already has an existing Board of Directors, it shall create a separate LCC to oversee the FSO-specific activities

Family Support

Local FSOs functions

- Provide & build capacity for Certified Family and Cultural Support Specialists
- Provide & build capacity for Certified Parent Trainer/Group Facilitators
- Provide & build capacity for Youth Certified Peer Support Specialists
- Participation in child and family team process
- Provide direct peer and family support, to families and youth in coordination with the broader provider network's delivery of service
- Participation in quality assurance and outcomes management/monitoring at local and state levels
- Participation in planning, policy making and system oversight at local and state level

Family Support

State Coordinating Council (SCC)

- It is expected that full statewide participation by family members from all regions will be achieved over time.
- SCC will have a majority of its representation (60%) as family members who meet the criteria of the CSOC target population.
- SCC may include individuals of statewide family and child serving organizations, district attorneys, judges, school system representatives, and others

Family Support

State Coordinating Council functions

- Provide initial and on-going training to ensure the capacity of family members to participate in quality monitoring activities and policy setting at the state level, as well as to provide representation on the State Governance Body (SGB)
- Provide family representatives to serve in quality monitoring and policy-making processes conducted by the SMO, OBH, SGB committees and others, as needed
- Provide and maintain membership on the SGB to include two family representatives, two family apprentices (non-voting), and one youth member
- Serve as an advisory council to the SGB, as needed

Family Support

State Coordinating Council functions

- In coordination with the SMO, assist in the development and oversight of the general policies and procedures of the Family Support Organization Network
- Manage SCC State Family Support Network Executive Director and provide direction on staff roles related to the coordination of statewide efforts (for example Statewide Advocacy, Statewide Training and Technical Assistance Coordination)
- Assist in the development and ongoing support of local FSOs
- The SCC and the SCC Staff are not charged with the direct supervision or direct management of the FSOs, Local Coordinating Councils (LCCs) or their members/employees, and will act only to assist and support local FSO and LCC entities

Family Support

- All FSO staff must participate in training provided by the state prior to the delivery of treatment planning or services under this contract.
- The state will provide certification for FSO staff, certifying completion of the required training.
- This certification will be part of the credentialing / subcontracting process administered by the SMO.

Family Support

- FSOs will be subject to DHH and the Centers for Medicare and Medicaid Services (CMS) regulatory requirements and will provide services that are Medicaid reimbursable. For FSOs, this will require a professional working knowledge of the Medicaid rules and regulations, and expertise in Medicaid billing and coding, as well as the ability to comply with contracting requirements from the Statewide Management Organization.
  - Medicaid provides sustainable funding
  - Training and TA will be provided to support FSOs in Medicaid requirements

CSoC and Wraparound are a different approach to service delivery

- Utilizes a Family-Driven Practice Model
- Wraparound Facilitation, an intensive, individualized care planning and management process, is not a treatment but an important component in a System of Care for children and families.
- Wraparound philosophy values the perspectives of the family – including the child or youth – in all phases and activities.
- Natural supports for the family are increased by building interpersonal relationships and resources available in the family's network of social and community relationships
- Activities focus on strengths to help the child and family recognize, utilize, and build talents, assets and positive capacities.

Wraparound Facilitation

- Through an individualized team planning process, plans are more holistic, effective and more relevant to the child and family than traditional treatment plans. They:
  - address the needs of the youth within the context of the broader family unit in a range of life areas
  - Aim to develop problem-solving, coping skills and self-efficacy of youth and family members
- Intensive care coordination allows care coordinators to work with youth and families at small ratios.
- Emphasis on integrating the youth into the community and building the family's social support network.

Wraparound Facilitation

- Wraparound Agencies (WAAs) serve as the locus for access, accountability, service coordination and utilization management functions for populations of children who have or are at high risk for multi-system involvement.
- WAAs act as a bridge between the Statewide Management Organization (SMO) and families to independently plan and coordinate care.
- The WAA is responsible for facilitating the wraparound process, convening the child and family teams (CFT), developing individualized plans of care that cross agencies and assigning one accountable care coordinator

Wraparound Facilitation

- The SMO refers eligible children/youth to WAA with a 30 day authorization to arrange community services for the child and family while establishing the CFT, with input from the child and family.
- Inpatient/out-of-home placements must be pre-authorized by the SMO during the initial 30 day and subsequent authorization periods.
- An assessment by a licensed mental health professional using the CANS must be obtained. The findings are sent to the WAA wraparound facilitator to assist the CFT with the wraparound planning process.
- The WAA wraparound facilitator submits the care plan to the SMO for review before the end of the 30-day period.

Wraparound Facilitation

- WAAs work with youth, families, providers, regional agency staff, the courts, community organizations and FSOs to coordinate plans of care and access to comprehensive services and supports.

- The WAA ensures participation and integration with child welfare, juvenile justice, and local education and the Family Support Organization (FSO).

Additional WAA responsibilities:

- Track children, services provided and service costs
- Utilization management/review of each child
- Quality assurance at the local level
- Outcomes management/monitoring of individual children
- Input data into a management information system to track and monitor functions integrated with SMO MIS
- Monitor and support development of local provider capacity with SMO to fill gaps in service availability

Wraparound Facilitation

The Plan of Care

- identifies the assigned task and person responsible for implementing the identified support to attain a specific goal.
- Includes community partners identified by the CFT to provide natural supports for the family to meet the child/youth's needs.
- Has a crisis and safety plan section that identifies
  - potential crisis scenarios
  - what action steps or strategies need to be implemented
  - persons responsible to mitigate the risk

Wraparound Facilitation

- All WAA staff must participate in training provided by the state prior to the delivery of treatment planning or services under this contract.
- The state will provide certification for Wraparound Facilitators employed by the WAA, certifying completion of the required training.
- This certification will be part of the credentialing / subcontracting process administered by the SMO.

CSoC Request for Application (RFA)

CSoC implementation will be statewide

- Cannot “go live” across the state all at once due to intense training and Technical Assistance needs
- Not a question of “if” the Coordinated System of Care (CSoC) will be implemented in a region, but “when”

Local leadership is critical for CSoC implementation

- Goal is to start with communities most ready and most likely to demonstrate success
- RFA will allow communities equal opportunity to be chosen based on standardized criteria

CSoC Request for Application

- Implementation organized by Regions established in Act 1225 of the 2003 Regular Session:
  - Region 1 – Orleans, Plaquemines, St. Bernard
    - Jefferson Parish will respond separately
  - Region 2 – East / West Baton Rouge, East / West Feliciana, Iberville, Pointe Coupee
  - Region 3 – Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington
  - Region 4 – Ascension, Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, and Terrebonne
  - Region 5 – Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary, and Vermilion
  - Region 6 – Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis
  - Region 7 – Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon, and Winn
  - Region 8 – Bienville, Bossier, Caddo, Claiborne, Desoto, Jackson, Natchitoches, Red River, Sabine, and Webster
  - Region 9 – Caldwell, East / West Carroll, Franklin, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, and Union

CSoC Implementation Process

- Interested regions will respond to a RFA to be an initial implementation site.
- The purpose of the RFA is to identify which regions are ready and able to implement a system of care.
- Technical assistance will be made available to regions as they develop their application.
- Once regions are selected, the State will work in partnership to train the WAA, FSO and local providers

Criteria for Selecting Initial Implementing Regions will include:

- Demonstrated commitment by all relevant regional stakeholders, including but not limited to:
  - Family members and youth (including family or youth support/ advocacy organizations), for example Families Helping Families Organization
  - Local leadership from courts exercising juvenile jurisdiction, schools, human service districts/authorities, community and faith-based organizations, service providers, district attorneys, law enforcement, Truancy Assistance Service Centers, Families in Need of Services offices, other juvenile justice agencies, and others.

Criteria for Selecting Initial Implementing Regions will include:

- The demonstrated commitment should include:
  - Evidence of the willingness to change resource commitments and local policies to support the CSoC
  - A special emphasis on outreach to schools and courts
  - A willingness to make use of the state's technical assistance

Criteria for Selecting Initial Implementing Regions will include:

- Demonstrated knowledge of the CSoC model.
- Commitment to CSoC principles.
- Capacity for CSoC practice grounded in an understanding of both:
  - How the current system is ready to develop a CSoC and
  - Awareness of and ability to overcome current gaps.
- Demonstrated knowledge of the **array of services** that typically supports a CSoC.
- Understanding of the role that **informal and community supports** play.

Criteria for Selecting Initial Implementing Regions will include:

- Identification of a **local Family Support Organization** (FSO).
- Understanding the importance of **peer support** for both families and youth.
- Both support of and understanding the role of the FSO.

Criteria for Selecting Initial Implementing Regions will include:

- Identification of entity or entities in the region able to serve as the Wraparound Agency (WAA).
- Demonstration of knowledge of Wraparound principles and practice.
- Degree to which service providers and community partners are "on board" with the Wraparound model.
- Understanding of and commitment to staffing patterns (e.g., ratios of 1:8 to 1:10) for delivering Wraparound service coordination.

Criteria for Selecting Initial Implementing Regions:

- Proposed WAA's and local providers experience with:
  - QI/UM/outcomes monitoring/tracking functions
  - Cross-agency and family-driven service planning
  - Family participation in governance
- Understanding of and commitment to participation in training and provision of high quality supervision to ensure fidelity to the National Wraparound Initiative (NWI) model.
- Plan to use technical assistance provided by State to fully implement all requirements of the RFA.

Criteria for Selecting Initial Implementing Regions will include:

- Demonstrated knowledge of the eligible children, youth and families from across systems in the region.
- Strategies to identify and engage youth from across systems.
- Target population is 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, including:
  - Detention
  - Secure Care facilities
  - Psychiatric hospitals
  - Residential treatment facilities
  - Development disabilities facilities
  - Addiction facilities
  - Alternative schools
  - Homeless as identified by DOE
  - Foster care

Criteria for Selecting Initial Implementing Regions will include:

- **Some level of current capacity in each of the areas** of the ideal service array is needed.
- **Emphasis on evidence-based and promising practices**, with openness to various approaches based on current array and needs.
- Medicaid payment will be leveraged to the fullest extent possible, so providers must have **capacity to provide care in a Medicaid regulatory environment**.
- Understanding of the ideal service array in the context of **informal and community supports** (natural supports).

Proposed Timeline and Next Steps

- The draft RFA is out for public comment until February 24th at www.dss.la.gov/csoc
- Final RFA is targeted for issue in mid-March, with responses due in May.
- Leadership Team will evaluate responses and select initial implementing regions in late June or early July.
- Once identified, CSoC Leadership will partner with initial implementing communities to provide training and technical assistance for WAA, FSO and provider services.
- Start up planned for January 1, 2012

Coordinated System of Care

Questions?

www.dcfs.la.gov/csoc