

# Louisiana's Coordinated System of Care

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*The FSO, WAA and  
Their Relationships to the Community*

*Technical Assistance Webinar*

*April 27, 2011*

# Louisiana's Coordinated System of Care

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Purpose of today's webinar is to

- ❑ Review the role of the FSO and answer additional questions
- ❑ Review the role of the WAA and answer additional questions
- ❑ Review how the FSO and WAA will relate with providers and other community partners
- ❑ Answer any additional questions to support communities in finalizing their responses to the RFA

# Louisiana's Coordinated System of Care

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## Agenda

RFA process and Timeline Overview

Presentations by

Andy Keller, Mercer

Josh Hardy, Bureau of Health Services Financing, DHH

Questions and Answers

# CSoC Request for Applications

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## Projected Timeline

- March 28, 2011- list of regional points of contact posted to [www.dcfsl.a.gov/csoc](http://www.dcfsl.a.gov/csoc)
- April 25, 2011- updated list of questions and answers posted on [www.dcfsl.a.gov/csoc](http://www.dcfsl.a.gov/csoc)
- May 13, 2011- 3:30pm- Application deadline
- June 3, 2011- Potential presentation by responders
- June 16, 2011- Announcement of awards
- January 1, 2012- CSoC launch date

# CSoC Request for Applications

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- The purpose of this Request for Applications (RFA) is to serve as the first step towards statewide implementation of the CSoC by identifying
  - (1) the regions in Louisiana that are ready to participate in the first phase of CSoC implementation and
  - (2) the communities within those regions that are most prepared to be part of that initial phase
  
- The CSoC will implement one Family Support Organization (FSO) and one Wraparound Agency (WAA) per region, and each applying region can only support one FSO and WAA as part of their proposed CSoC under this RFA.

# Technical Assistance for Applicants

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- Webinar Technical Assistance Meetings
  - every Wednesday, 1:00 to 3:00 pm, from 3/23 - 5/4
  - dialing and webinar log in information will be will be posted on the CSoC website
  
- Email Questions and posting of answers on website
  - Questions maybe submitted via email to CSoC.HelpDesk@la.gov through 5/04/2011.
  - Answers to questions will be posted regularly throughout the response period at the CSoC website ([www.dcfs.la.gov/csoc](http://www.dcfs.la.gov/csoc)).

# Webinar Schedule

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- ❑ 03/23/11 - Stakeholder & Family Leadership in Local CSoCs
- ❑ 03/30/11 – Family Support Organizations
- ❑ 04/06/11 - The Role of the WAA & its Relationship with the Statewide Management Organization in the CSoC
- ❑ 04/13/11 - National Wraparound Initiative (NWI)
- ❑ 04/20/11 - Provider Issues and Related Medicaid Requirements
- ❑ 04/27/11 - FSO and WAA Relationships with the Community
- ❑ 05/04/11 - CSoC Training by the Maryland Innovations Institute

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Presentations by

Andy Keller, Mercer

Josh Hardy, Bureau of Health Services Financing, DHH

# Wraparound Facilitation within the CSOC

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- ❑ Wraparound is an intensive, individualized care planning and management process.
- ❑ It is not a treatment per se. **Instead, wraparound facilitation is an intensive care coordination approach.**
- ❑ Intensive care coordination allows care coordinators to work with youth and families **at small ratios.**
- ❑ Through the team-based planning and implementation process, wraparound also aims to **develop the problem-solving skills, coping skills and self-efficacy** of the young people and family members and integrate the youth into the community by **building the family's social support network and natural supports.**

# Wraparound Facilitation within the CSOC

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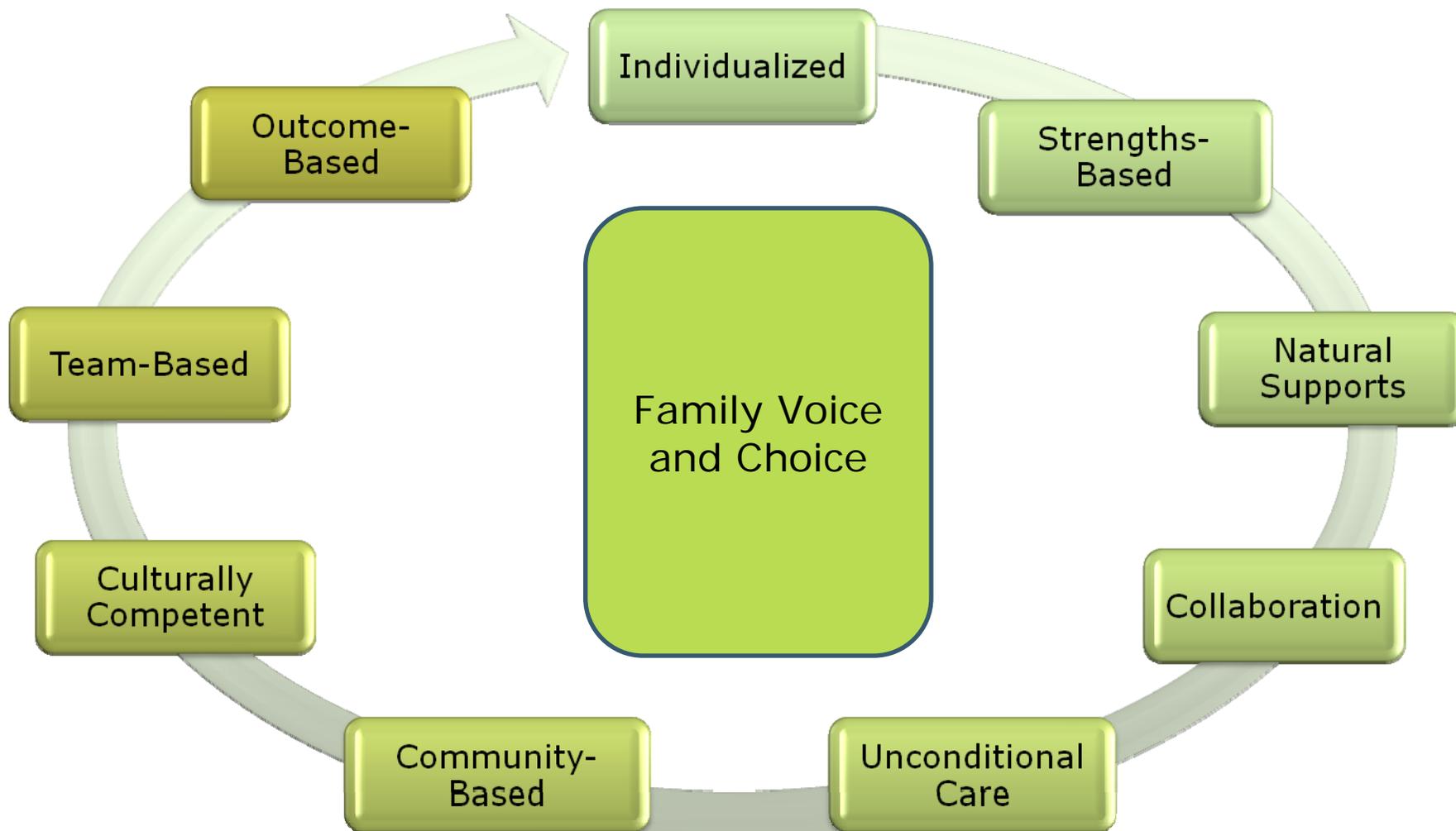
- ❑ The wraparound process centers on intensive care coordination by a **child and family team (CFT)** coordinated by a wraparound facilitator.
- ❑ The **family, the youth, and the family support network comprise the core of the CFT**, joined by parent and youth support staff from the **FSO**, **providers** involved in the care of the family, representatives of **agencies** involved with the family, and natural supports chosen by the family.
- ❑ The CFT is the **primary point of responsibility** for coordinating the many services and supports involved, with the family and youth ultimately driving the process.

# National Wraparound Initiative (NWI)

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In 2004, stakeholders—including families, youth, providers, researchers, trainers, administrators and others—came together in a collaborative effort to better specify the wraparound practice model, compile specific strategies and tools, and disseminate information about how to implement wraparound in a way that can achieve positive outcomes for youth and families.

# Principles of Wraparound



National Wraparound Initiative

# Evidence Base for Wraparound

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- In 2007, 91% of U.S. states had some type of wraparound initiative
  - 62% of the states were implementing some type of statewide initiative.
  - Over 100,000 youth nationally were estimated to be engaged in a well-defined wraparound process
- The research base has grown substantially:
  - Only three controlled studies in 2003;
  - There are nine such studies as of 2010, plus the first meta-analysis (Suter and Bruns, 2009)

Bruns, E.J. and Suter, J.C. (2010). Summary of the wraparound evidence base. In E.J. Bruns and J.S. Walker (Eds.), *The resource guide to wraparound*. Portland, OR: National Wraparound Initiative

# Evidence Base for Wraparound

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- Major outcomes include:
  - Fewer restrictive placements,
  - Improved school and broader functioning (CAFAS),
  - Reduced justice system recidivism and detention use, and
  - Reduced mental health symptomatology (CBCL)
- For more on the evidence-base, visit:
  - [http://nwi.pdx.edu/NWI-book/Chapters/Bruns-3.5-\(evidence-base\).pdf](http://nwi.pdx.edu/NWI-book/Chapters/Bruns-3.5-(evidence-base).pdf)
  - <http://depts.washington.edu/wrapeval/presentation.html>



*"The NWI works to promote understanding about the components and benefits of wraparound, and to provide the field with resources to facilitate high quality and consistent wraparound implementation."*

## the national wraparound initiative

In 2004, stakeholders—including families, youth, providers, researchers, trainers, administrators and others—came together in a collaborative effort to better specify the wraparound practice model, compile specific strategies and tools, and disseminate information about how to implement wraparound in a way that can achieve positive outcomes for youth and families. The NWI now supports youth, families, and communities through work that emphasizes four primary **functions**:



- **Supporting community-level planning and implementation**
- **Promoting professional development of wraparound staff**
- **Ensuring accountability**
- **Sustaining a vibrant and interactive national community of practice**

The NWI is membership supported. You can [join the NWI](#) to help continue this important work!!

### wraparound resources

The always-useful **Resource Guide to Wraparound**

**NEW! NWI webinar slides and recordings**

**NEW! Summary of evidence for wraparound**

### upcoming trainings & events

NWI presents at California Wraparound Institute - **June 7, 2010**

Webinar: Accountability and Quality Assurance in Wraparound - **June 15, 2010**

### top news & new research

KBCS radio featured a **story** on Washington State and the National Wraparound Initiative as the second feature of a two part series "Cruel Choices."

Wraparound Milwaukee in 2009 Visionaries **video**

### members & affiliates section

NWI members and affiliates can log in [here](#) to access job postings, bulletin boards, the NWI blog, members and providers directories, "beta" versions of new resources, archived materials, and more...

# Key Partner: The SMO

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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 and prior authorize (when needed)
- Quality management functions and reporting
- Pay claims
- Provider network management – Credential, contracts, train, monitor, and ensure compliance from the provider network
- Training for WAAs, providers and State staff on:
  - Operating protocols related to Utilization Management and quality management
  - Filing and resolution of grievances and appeals

# Key Partners: Providers

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- ❑ **CSoC success** depends on effective/competent providers
- ❑ All Providers need to become **Medicaid providers**
- ❑ **Training to be effective partners:** Wraparound process, EPB and promising practice capacity, develop workforce
- ❑ Focus is not on continuing the status quo, but **partnering to help your region / community develop** a new approach to help children and families
- ❑ Ability and willingness to partner with the local WAA to:
  - Learn about and participate in child and family teams using Wraparound Facilitation
  - To understand and adopt the values of Wraparound, using the National Wraparound Initiative model
  - To provide behavioral health services that help families and youth achieve their goals and transition over time to natural supports

# Key Partners: Other Agencies

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- Ability to partner with other child and family-serving agencies:
  - Courts exercising juvenile jurisdiction,
  - Schools,
  - DCFS,
  - Human service districts/authorities,
  - Community and faith-based organizations,
  - District attorneys,
  - Law enforcement,
  - Truancy Assistance Service Centers,
  - Families in Need of Services offices,
  - Act 555 Children & Youth Services Planning Boards, &
  - Other agencies identified locally for participation

# Key Partner: The State

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- ❑ The State recognizes that Medicaid funding has not previously been available to support the full array of services described above.
- ❑ The State is pursuing State Plan Amendments and Medicaid waivers to enable the CSoC to be funded.
- ❑ Developing the full service array will necessarily be challenging for many communities and will require a multi-year commitment on the part of both the State and the participating communities.
- ❑ Focus is not on looking to the State to help you continue your current mission, but rather to partner with the State and your community to transform local and state systems

## Key Partner: Maryland Innovations Institute

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OBH has engaged the Maryland Innovations Institute to ensure that WAAs develop, implement and sustain a wraparound process, that aligns with the established NWI fidelity components, and protects the integrity of the practice model.

# Role of WAA

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- ❑ WAA's are providers of administrative services as contracted with the SMO.
- ❑ WAA Services are funded through refinancing of contract services through Medicaid and the savings generated from the effective management of State Plan Services, including inpatient services, residential treatment, and other community-based services.
- ❑ WAA Performs CSoC Treatment Planning.

# Family Support

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## 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.

# State Coordinating Council

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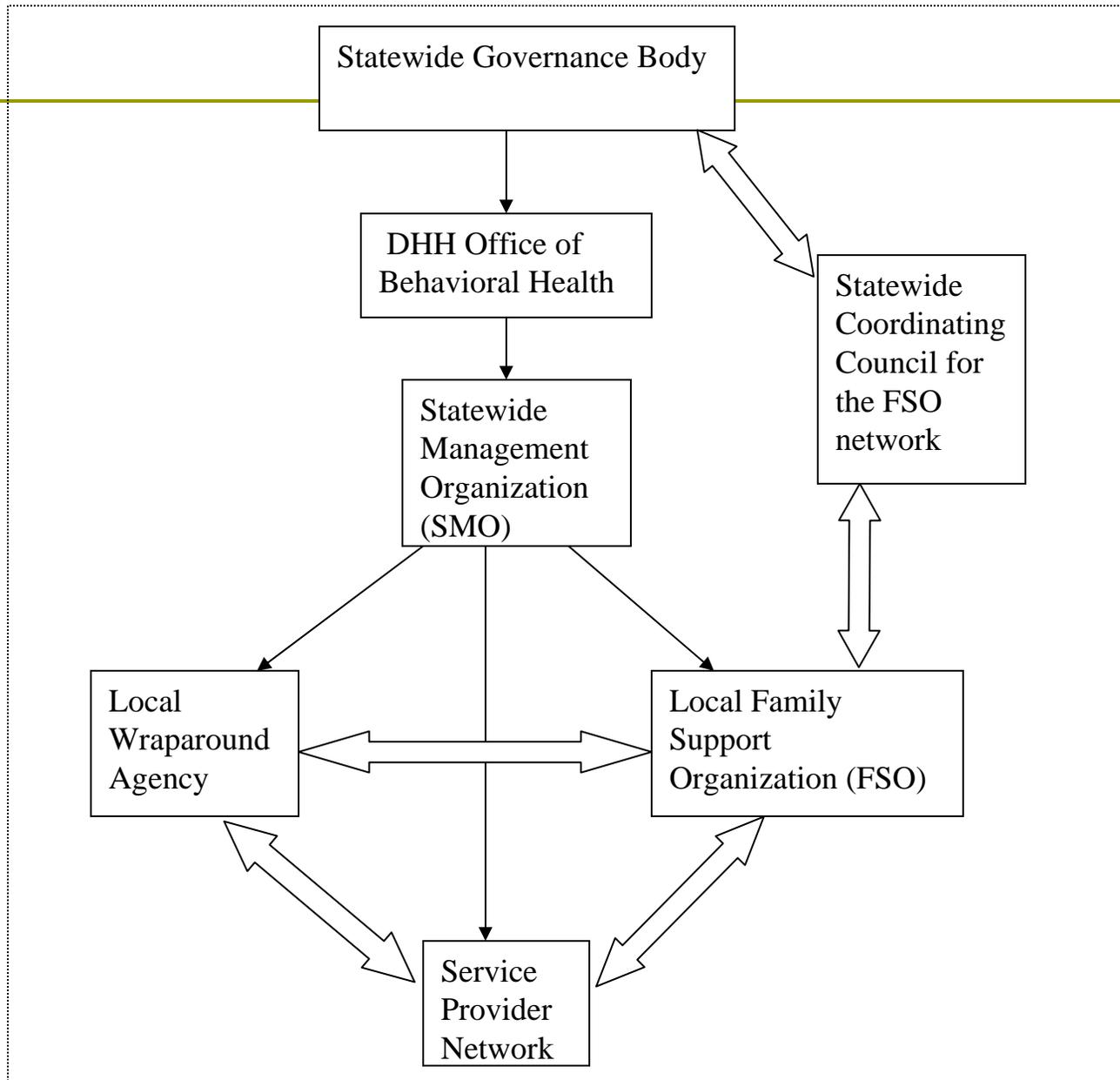
- ❑ 60% family representation
- ❑ 2 family members from each of the regions
- ❑ 12 representatives from collaborating local and state agencies as well as community leaders, clergy, business and civic leaders, providers, etc.
- ❑ Ensures the capacity of family members to provide representation on the Governance Board
- ❑ Supervises the State FSO Network Director
- ❑ Provides technical assistance to regions
- ❑ Provides direct assistance and ongoing support of local Family Support Organizations
- ❑ Provides training and coordination for Local Coordinating Councils
- ❑ Acts as a liaison between local FSOs and Governance Board
- ❑ Assists Governance Board in carrying out duties as assigned including identifying gaps in services

# Local Coordinating Councils

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- ❑ 60% family representation
- ❑ “FSO Board of Directors”
- ❑ Promotes culturally and linguistically competent representation and ensures diverse family and youth representation from the communities served
- ❑ Responsible for the fiscal and technical oversight of the FSO
- ❑ Provides representation, if requested, on the SCC

# Louisiana's CSoC structure



# Family Support Organizations and the Community

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- ❑ The Family Support Organization is intended to be fully integrated into the community. For this, the proposed governance structure of the Family Support Network is comprised of a diverse group of stakeholders.
- ❑ Their leadership board, called a Local Coordinating Council, is to include a majority of family members but is to also be inclusive of community leaders, religious organizations, business leaders, local legislators, local government, district attorneys, judicial officials, etc.
- ❑ The more diverse and inclusive the Family Support Organization's LCC is, the more likely it will be for them to easily identify the unique needs of the affected children in their own communities.
- ❑ This is a **community** effort; local leadership is critical to success

# The Family Support Organization as a Service Provider

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- ❑ The FSO is a service provider, just as any other provider in the CSoC
- ❑ Medicaid Providers delivering services under the 1915(c) CSoC SED waiver and in coordination with the broader provider network's delivery of service
- ❑ Serve as the single FSO within each region with only one family-run nonprofit as the only provider of specific services
- ❑ Provide and build capacity for:
  - Certified Family and Cultural Support Specialists
  - Certified Parent Trainer/Group Facilitators
  - Certified Youth Support and Training Specialists
- ❑ Participate in:
  - Child Teams
  - Quality assurance and outcomes management/monitoring at local and state levels
  - Planning, policy making and system oversight at local and state level

# Family Support Services

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- ❑ 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 CSoC model and providing information as needed to assist the family.
- ❑ FSO staff support and train 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.

# How Can Families Participate?

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- Contact Local Points of Contact- list posted on CSoC Website
  - Planning Meetings- Stretch your level of comfort
  - Help to Organize Efforts for the FSO
  - Bring Other Families to the Table
  
- Monitor the CSoC Website for Webinars and other Stakeholder Participation
  
- Share your own experiences as much as you can to drive the building of the regional CSoC

***Note: Families should serve on every committee where the CSoC is being discussed, not just the FSO Workgroup***

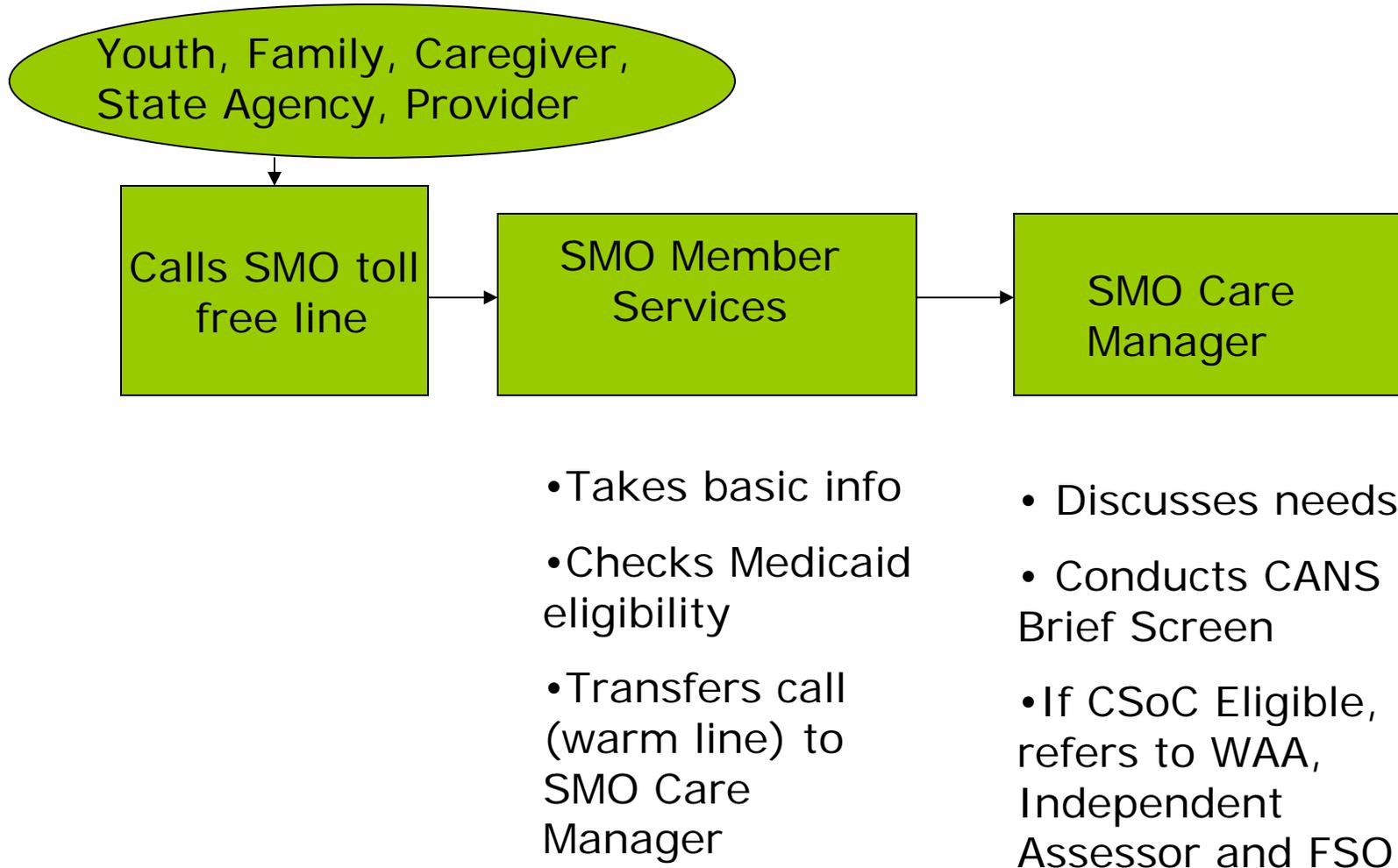
# FAQs

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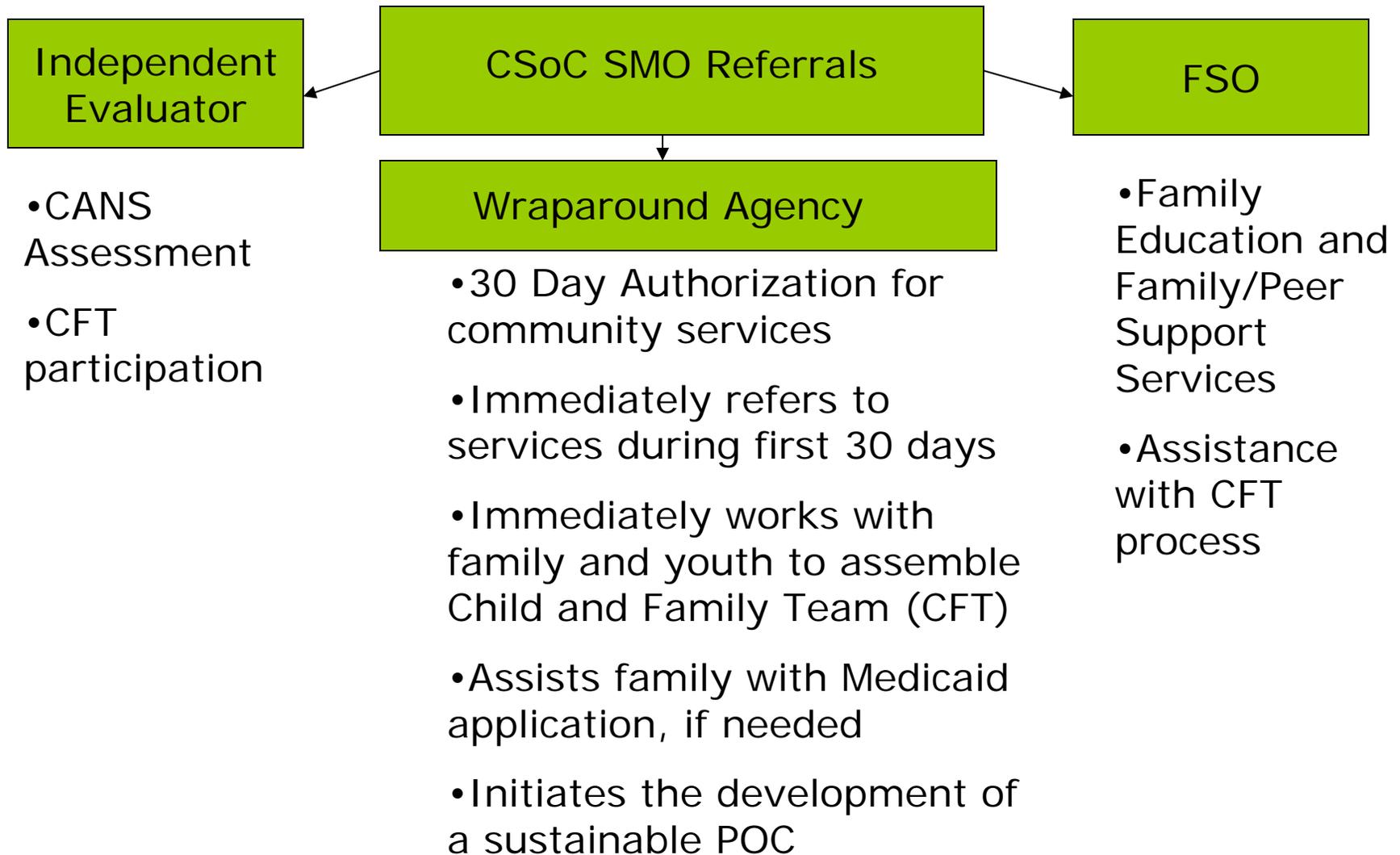
- ❑ Only Family Support Organizations identified through the RFA process and contracted with the SMO may deliver and be paid for 1915c services.
- ❑ Other services and natural supports (including family support groups and other supports provided by non-profit agencies) will be determined as needed by the family and youth through the CFT process.
- ❑ Further clarification on the financing structure will be covered at an upcoming webinar.

# CSoC Referral Process – Step 1

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# CSoC Referral Process – Step 2



# WAA: Developing a Sustainable POC, Step 3

## WAA Facilitator Responsibilities

- Assembles the CFT identified/ agreed upon by the family/caregiver, child/youth or custodial agency (e.g., natural supports, schools, Certified Family and Cultural Support Specialists, Certified Youth Support and Training Specialists, Judges, staff from DCFS, DOE, OJJ, OBH)
- Links the Independent Evaluator/CANS information and the FSO to the CFT process and POC
- Conducts the Wraparound planning process to identify the individual needs and strengths of the child and family/caregiver
- Develops a customized and sustainable wraparound approach and POC, consistent with wraparound planning goals and signed by a licensed behavioral health practitioner
- Submits the POC and CFT meeting documentation to SMO care manager for review prior to the end of 30 days from the initial referral

# SMO: Reviewing and Authorizing A Sustainable POC, Step 4

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## SMO Care Manager Authorization Process

- Care manager reviews the POC for consistency with the child/youth and family/caregiver's strengths and needs (as identified by CANS, broad assessment and the POC) and utilization guidelines published by the SMO (and approved by CSoC Governance)
- If POC meets these criteria, the SMO Care Manager provides authorization of services for a period of up to 90 days for most children/youth, or longer subject to medical and social necessity
- If the POC is inconsistent with assessed needs and strengths and the utilization guidelines for the desired services, or it exceeds the cost of care limitations (established by CMS Authorities), the SMO Care Manager will make a recommendation for further discussions with the CFT

# WAA: Referrals and Ongoing Case Management Step 5

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## Wraparound Facilitator Responsibilities

- Assists the CFT to develop a sustainable POC (if initial POC is not authorized by the SMO) through review of the child/youth and family/caregiver's strengths and needs. Resubmits the POC to the SMO Care Manager for review. The SMO Care Manager will assist the Wraparound Facilitator with clarification of utilization guidelines and cost of care limitations to help the CFT develop an approvable POC
- Refers the child/youth and family/caregiver to community resources and providers as soon as the POC is authorized
- Provides intensive case management, consistent with the needs of the child/youth and monitors the appropriateness and effectiveness of the POC
- Convenes the CFT as needed and to update the POC every 90 days

# Louisiana's Coordinated System of Care

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Questions?

[CSoC.HelpDesk@la.gov](mailto:CSoC.HelpDesk@la.gov)

[www.dcfsl.la.gov/csoc](http://www.dcfsl.la.gov/csoc)