INNOVATIONS AND COLLABORATIONS

The Louisiana Coordinated System of Care

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OBJECTIVES

- History of the Louisiana Coordinated System of Care
- Wraparound/Child and Family Team Process
- Role of the Family Support Organization
- Role of the CSoC Contractor
- Outcomes and Lessons Learned

HISTORY

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NEED IDENTIFIED

In 2009 Louisiana's Child Serving Agencies created a collaborative Leadership Team to address:

- over reliance on residential care for children with significant behavioral challenges
- the overuse of inpatient levels of care
- need for family and community-based behavioral health services to better meet needs of the children/youth with significant behavioral health challenges

KEY PARTNERS

- Department of Children & Family Services
- Department of Health (OBH, OCDD & Medicaid)
- Governor's Office
- Department of Education
- Office of Juvenile Justice
- Advocates
- Families
- Young people

- In 2010, members of the leadership team met on a regular basis to explore solutions, engage national experts, and evaluate potential options to meet the identified needs.
- Determination to adopt System of Care.

WHAT IS THE COORDINATED SYSTEM OF CARE?

- The Coordinated System of Care (CSoC) is an initiative to serve Louisiana's youth with significant behavioral health challenges who are in highest need and at greatest risk.
- CSoC is a *philosophy* and *approach* to service delivery that results in improved integration and coordination, enhanced service offerings and improved outcomes.

LOUISIANA'S CSOC VALUES

- Family Voice & Choice
- Home and Community-based
- Strength-based
- Individualized
- Culturally & Linguistically Competent
- Integrated across Systems
- Connected to Natural Helping Networks
- Data Driven and Outcomes Oriented

WHAT ARE THE GOALS OF LOUISIANA'S COORDINATED SYSTEM OF CARE?

- To improve the overall outcomes for children with significant behavioral health challenges or co-occurring disorders
- To reduce the number of children and youth in detention and residential settings
- To reduce the state's cost of providing services by leveraging Medicaid and other funding sources

WHY CARE COORDINATION?

"A new report from a panel of experts convened by the Institute of Medicine estimated that roughly 30 percent of health care spending in 2009 – around $750 billion – was wasted on unnecessary or poorly delivered services and other needless costs. Lack of coordination at every point in the health care system is a big culprit."

The New York Times

The Opinion Pages

WORLD U.S. N.Y. / REGION BUSINESS TECHNOLOGY SCIENCE HEALTH

EDITORIAL

Waste in the Health Care System

Published: September 10, 2012

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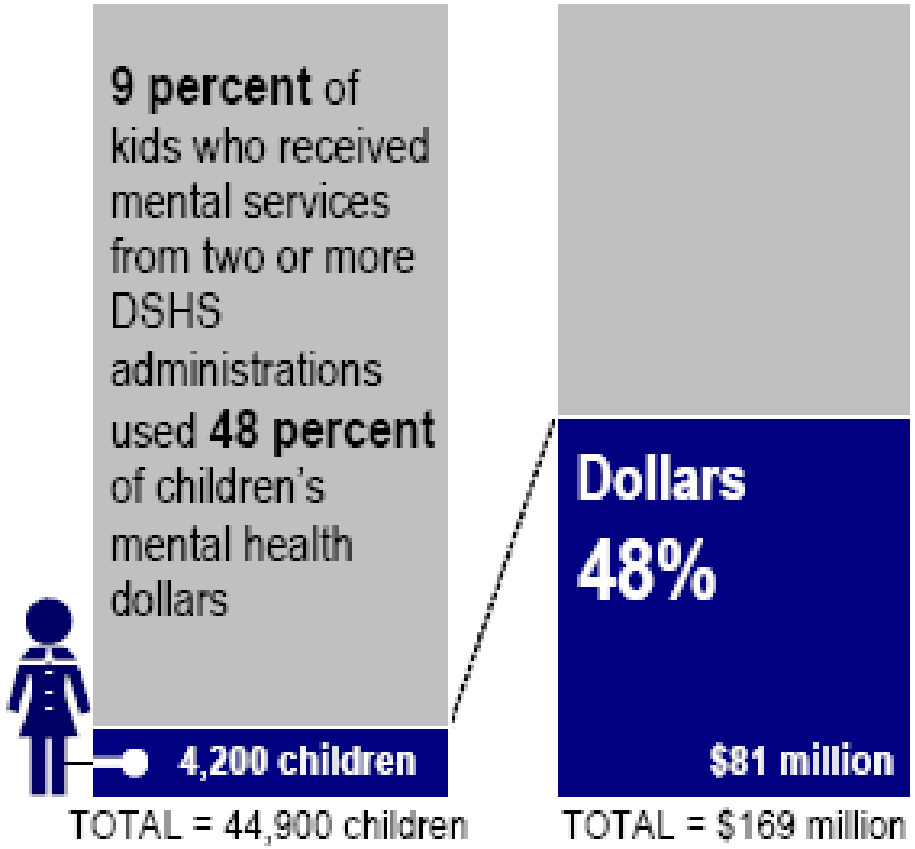
WHY CARE COORDINATION?

9% of youth involved with multiple systems consume 48% of all resources



Source: Washington State DSHS, 2015

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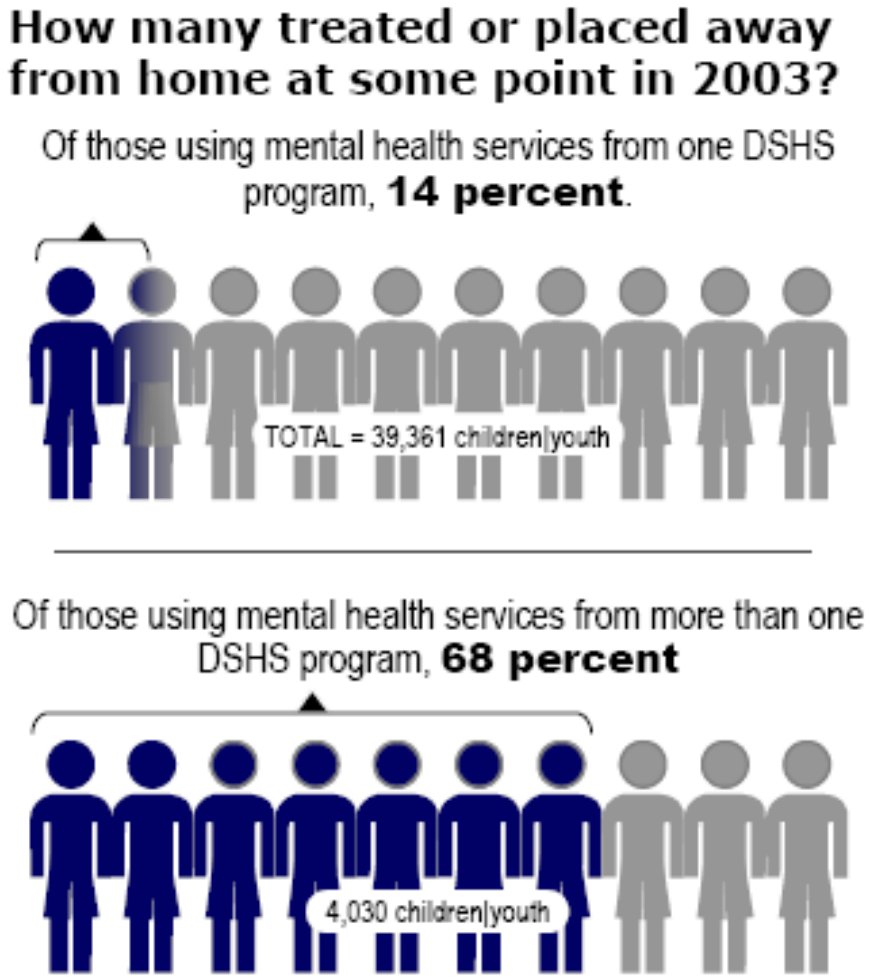
WHY CARE COORDINATION?

68% of youth involved with multiple systems placed out of home in a given year



Source: Washington State DSHS, 2015

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WHY ARE COSTS SO HIGH & OUTCOMES SO POOR?

- Children and family needs are complex
- Families are often not fully engaged in services
- Systems are in “silos”

Source: Dr. Eric Bruns, National Wraparound Initiative

THE RATIONALE

According to the National Evaluation of Systems of Care (SOC), youth involved in SOCs:

- Spend more time in school
- Have improved grades
- Have fewer arrests
- Show reductions in disciplinary problems
- Have improved emotional health
- Have fewer suicide attempts
- The list goes on and on…

Source: Helping Youth Thrive in the Community. Short Report for Children's Mental Health Awareness Day. (2008)

2011

- Steering committee formed, and conducted statewide community education
- Executive Order to establish CSoC Governance Board was issued
- Formation of State CSoC Governance Board
- Medicaid C and B3 Waivers were developed
- Creation of the interagency CSoC Team within LDH, OBH

STATE GOVERNANCE BOARD

Cross-departmental project authorized by Executive Order in 2011 and again in 2016

- Board members include:
  - Executives of the four child serving state agencies
  - Governor's Office
  - Families and youth
  - Mental health advocate representatives.

Purpose: To oversee implementation and administration of CSoC

COMMUNITY TEAMS

Include:

- Families/youth
- Local/regional staff from child service state agencies, including local school systems
- Other organizations, including providers and other stakeholders
- Representation from all parishes

Completed Community Application for Phase One of CSoC implementation

COMMUNITY TEAMS

- State Governance Board selected five initial regions for Phase One implementation
- State CSoC Team supported Community Team to promote and guide CSoC in the region
- Community Teams selected regional wraparound agencies

EARLY PREPARATION

- Wraparound training conducted with all WAA and FSO staff
- Priority enrollees identified
- WAA and FSO outreaching to families and beginning engagement/enrollment
- Training for regional DCFS, OJJ and LEA staff to explain CSoC
- Policy, procedure and protocol development

IMPLEMENTATION

Phase One – 2012

- Implementation in five regions
- Capacity to serve 1,200 youth and families at a given time

Phase Two – 2014

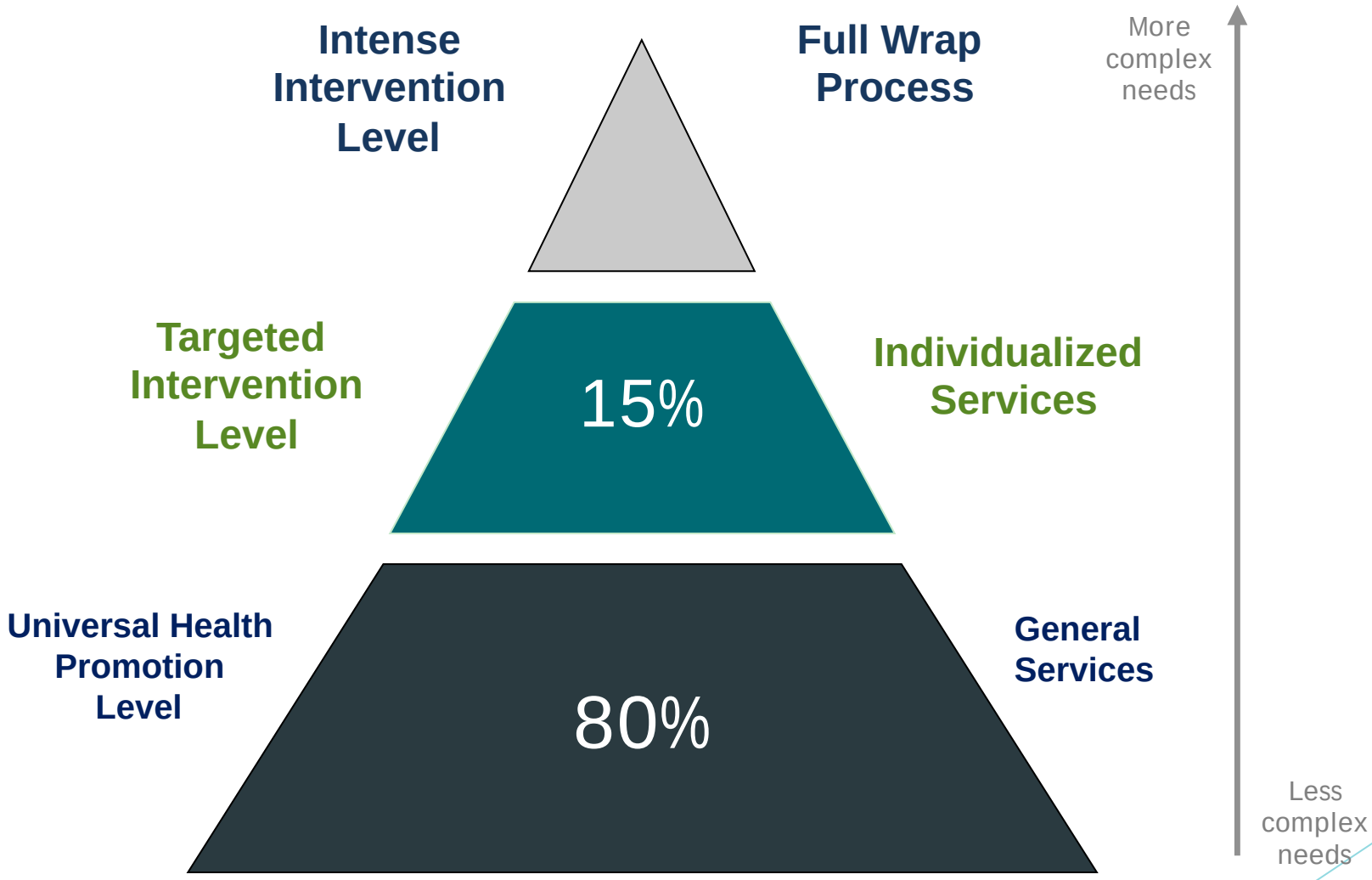
- Implementation in remaining four regions
- Capacity to serve 2,400 youth and families at a given time.

WRAPAROUND/CHILD AND FAMILY TEAM PROCESS

WHO IS A CSoC CANDIDATE?

- Between 5 - 20 years old
- DSM Axis I diagnosis, or exhibiting behaviors indicating a diagnosis may exist
- Meets clinical eligibility on the CANS Comprehensive assessment & Independent Behavioral Health Assessment
- Identified family or adult resource that is or will be responsible for the care of the child/youth who is willing to engage in wraparound.
- Currently in an out of home placement (OOH), or at imminent risk of OOH placement

WHO IS A CSoC CANDIDATE?



Source: University of Maryland: Institute for Innovation and Implementation

WHAT IS THE CHILD AND FAMILY TEAM PROCESS?

The Child and Family Team process is a collaborative, team based approach to service and support planning.

Sources: Burchard, et al. (2002), and Laura Burger Lucas (2006)

WHAT IS THE APPROACH FOR CSoC YOUTH AND FAMILIES?

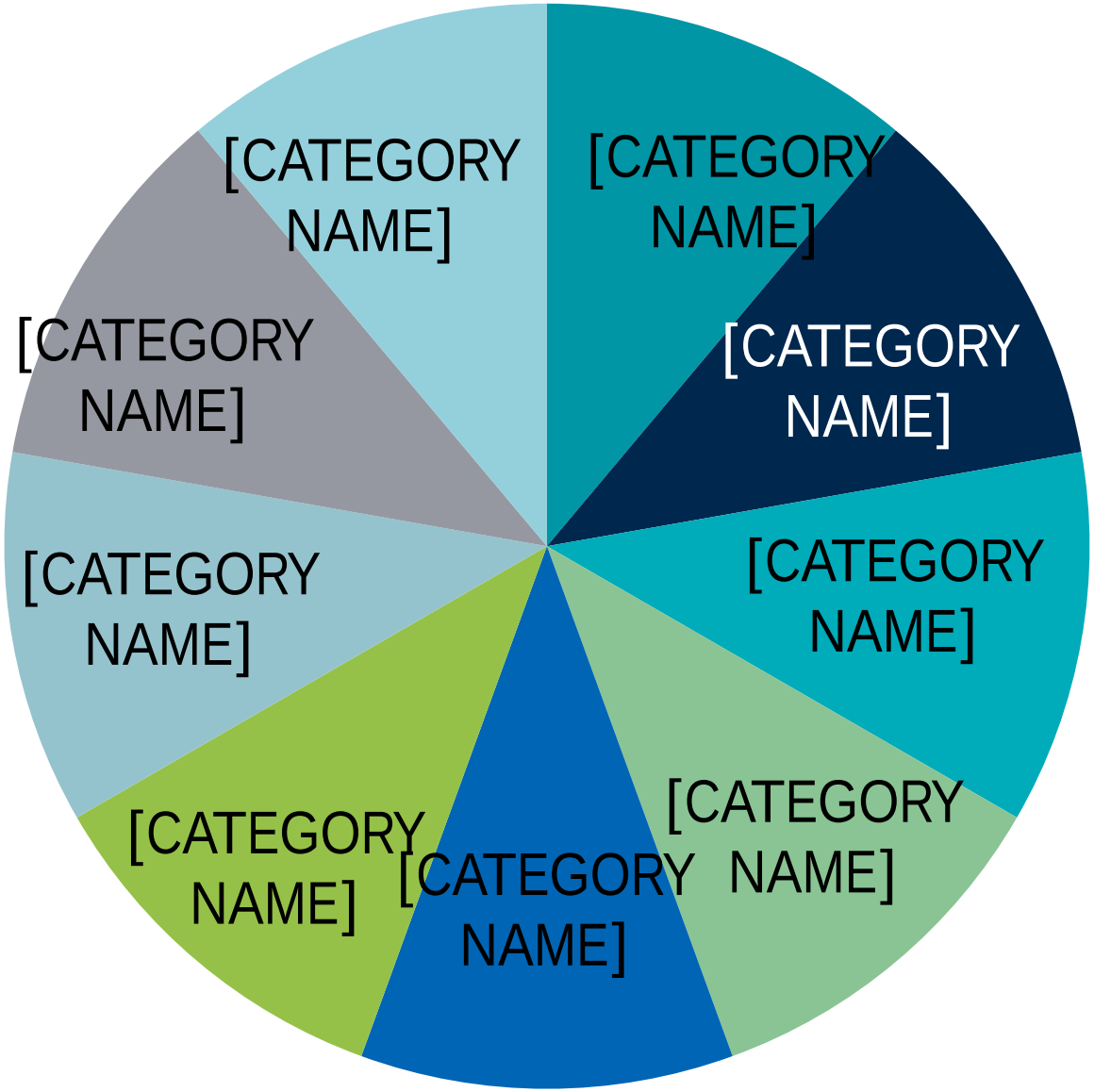
- Connection to Wraparound Agency (WAA)
- Connection to Family Support Organization (FSO)
- Independent comprehensive assessment to establish clinical eligibility and to guide planning
- Individualized care planning process - Child and Family Team (CFT)
- Linkage to services/supports
- Access to specialized services
  - Parent Support and Training
  - Youth Support and Training
  - Short Term Respite
  - Independent Living/Skills Building

THE GOAL OF THE CHILD AND FAMILY TEAM

To create an individualized plan for the child and family that is built off their strengths to meet underlying needs that are supported by all members of the child and family team.

- This plan should be proactive, future-oriented, and should produce outcomes consistent with the identified family goal and ultimately, the family vision.

WHAT IS RELEVANT EXPERTISE?



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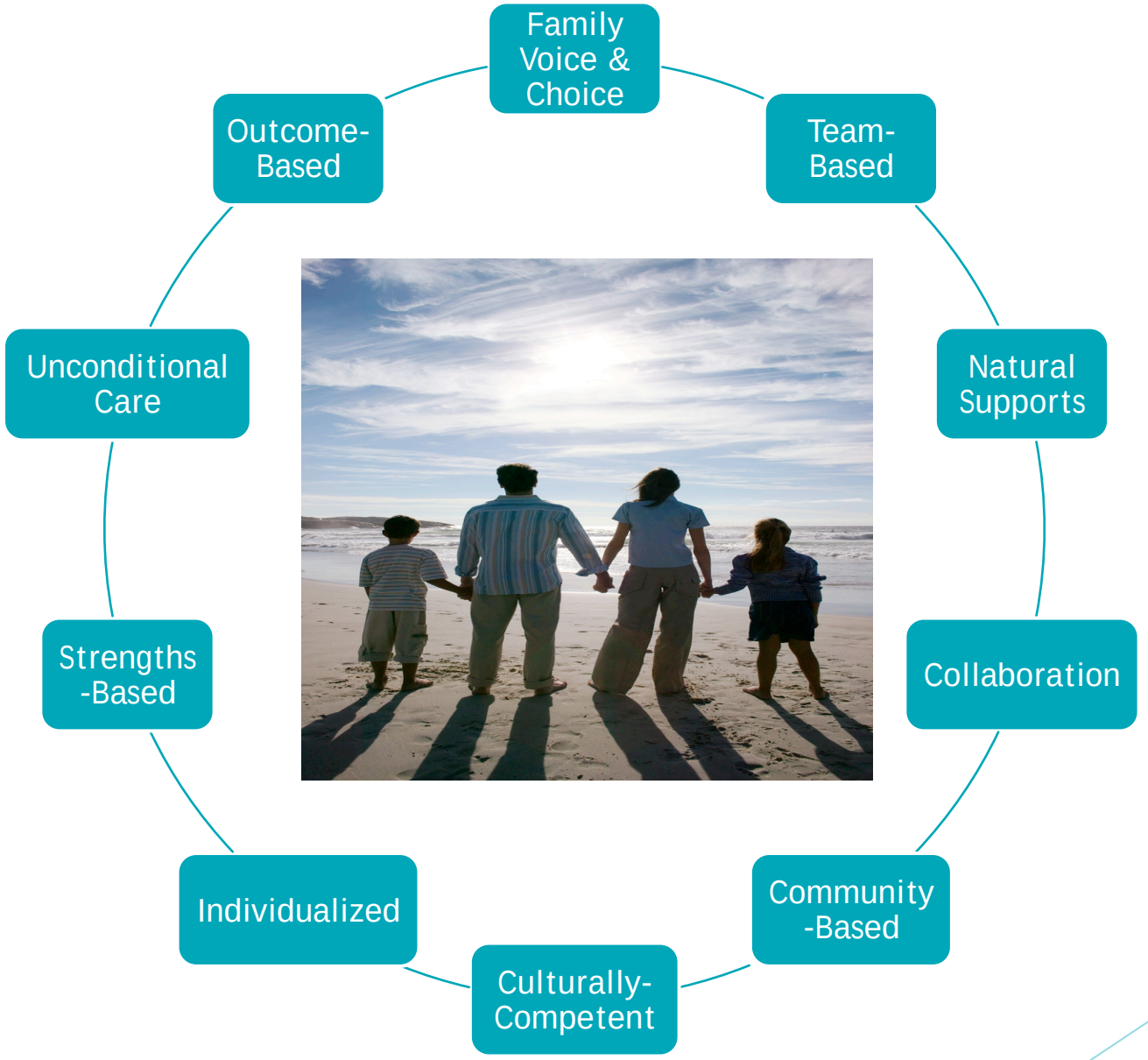
PRINCIPLES OF WRAPAROUND



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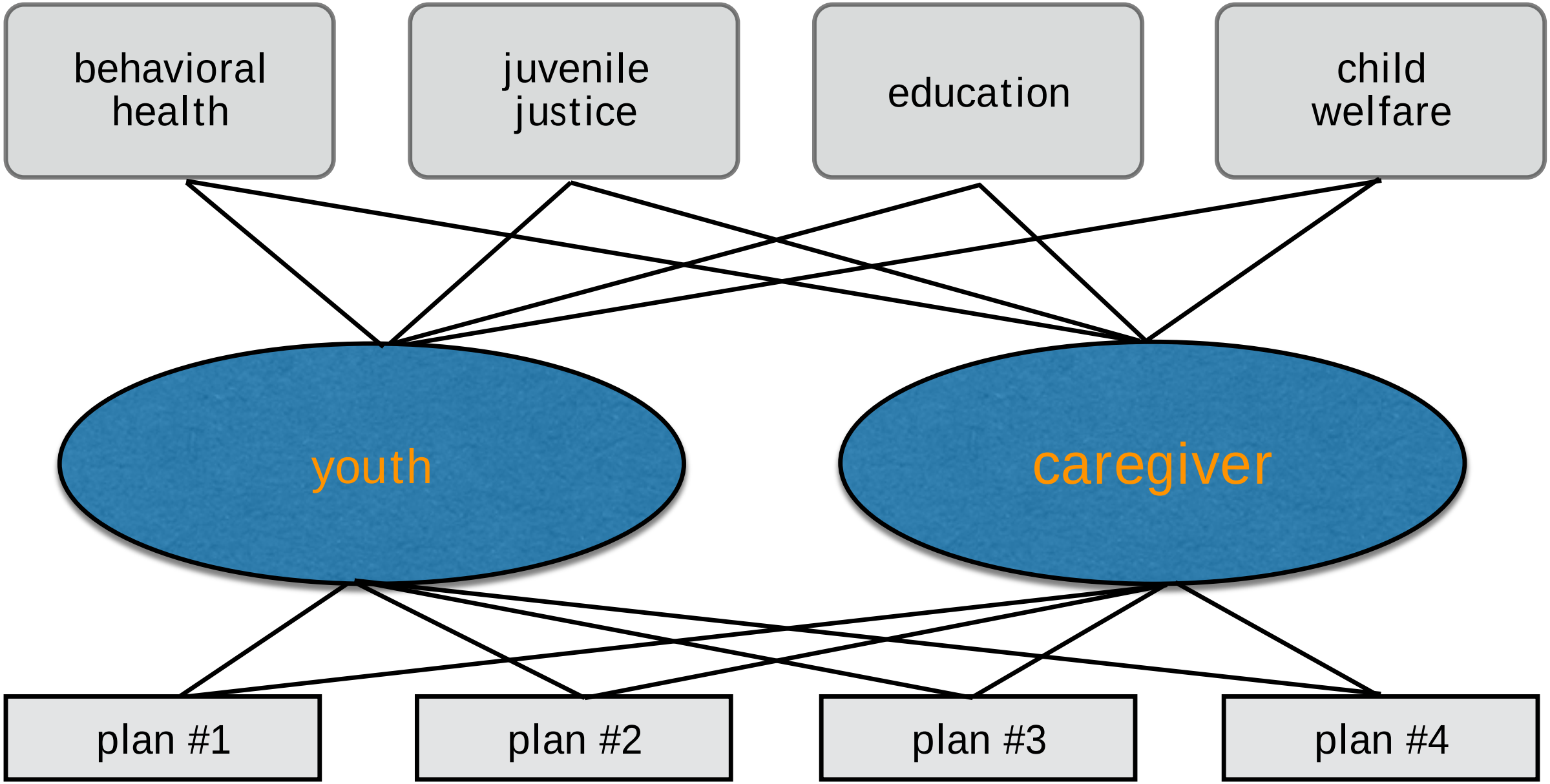
THIS PRACTICE CHANGE MOVES US…

Away from…

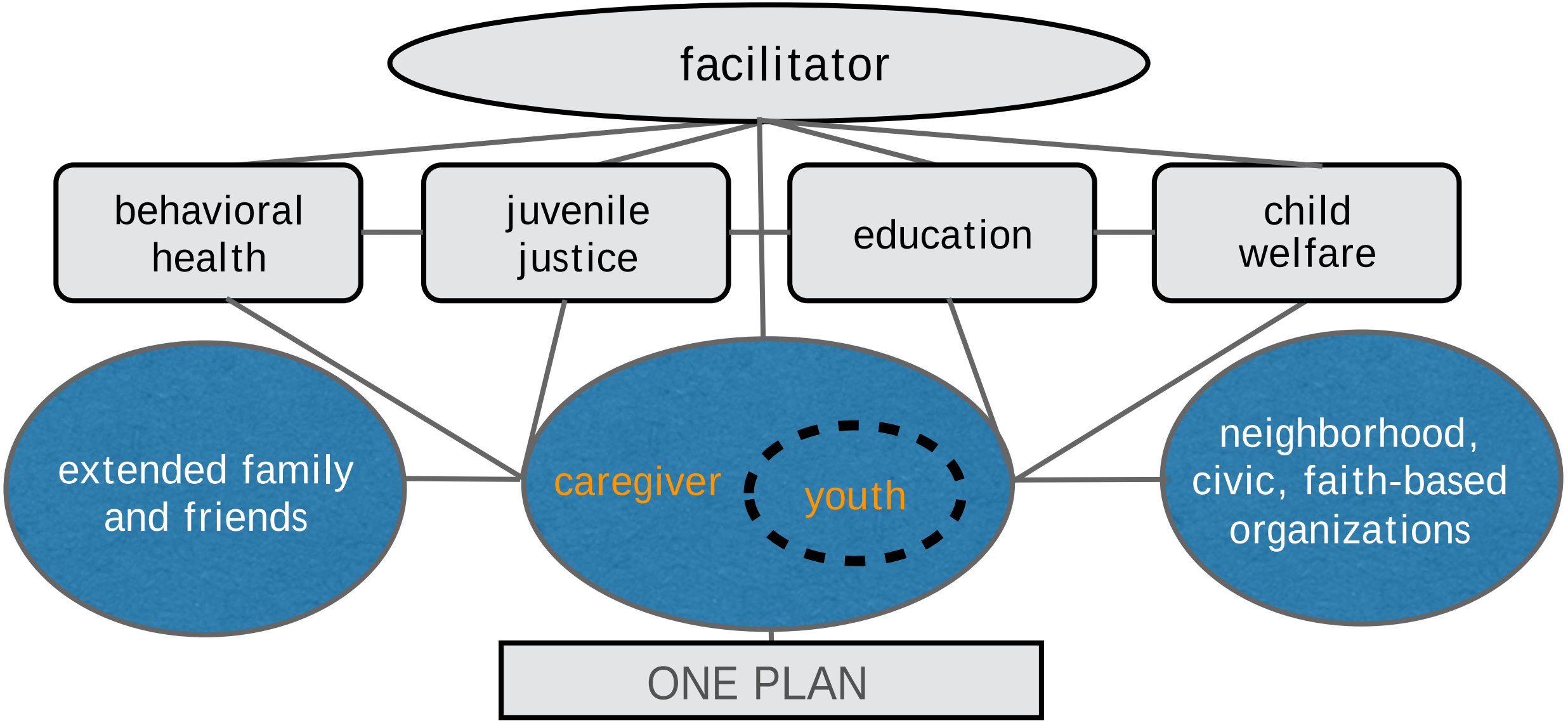
- Dependence & incapability
- Fragile & unreachable
- System dependence/ over-reliance
- Pathology & blame

Toward…

- Competence & expertise
- Resilient and seeking approval
- Awareness of intrinsic resources
- Mobilization & progress

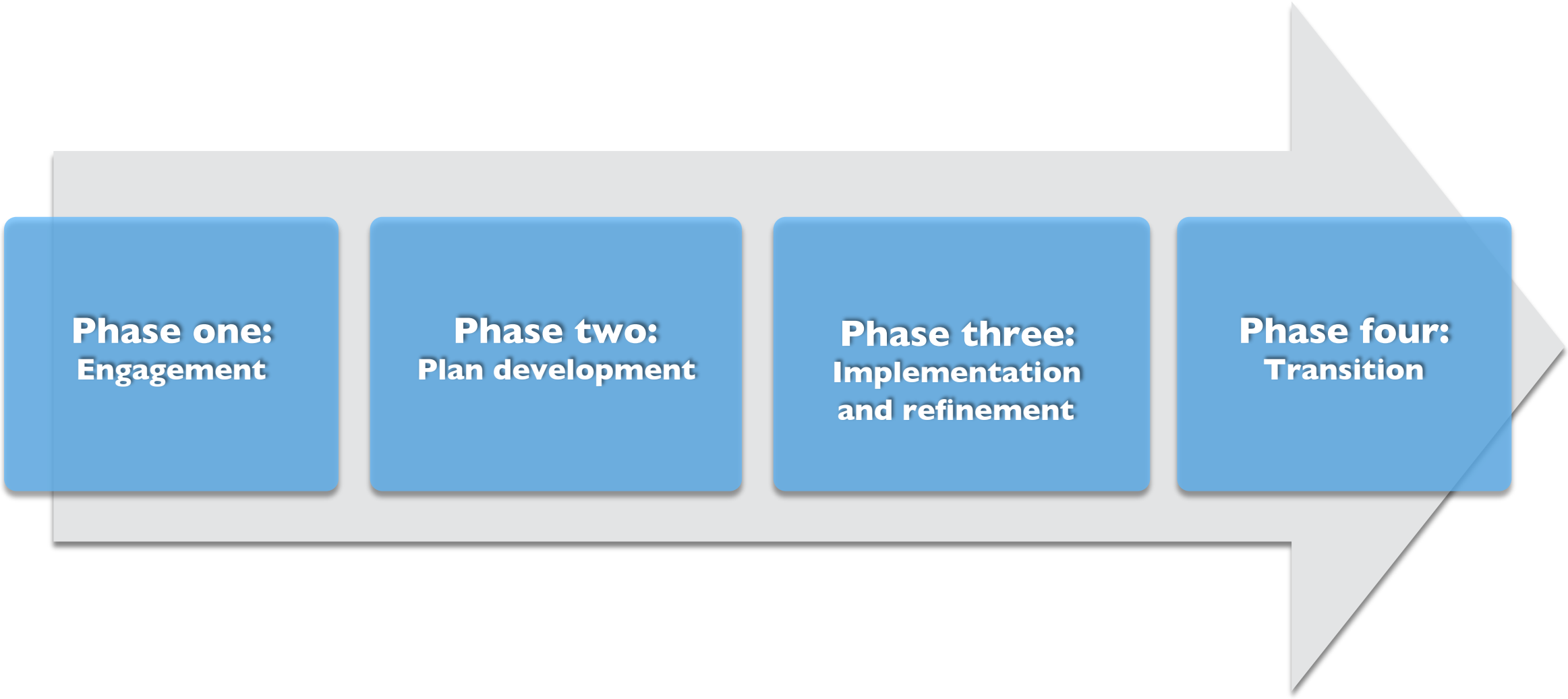


Source: Laura Burger Lucas



Source: Laura Burger Lucas

THE FOUR PHASES OF WRAPAROUND



Source: Laura Burger Lucas

FAMILY SUPPORT ORGANIZATION

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"The careful studies that have been undertaken to date identify unequivocal improvements in outcomes such as retention in services, knowledge about mental health issues, self-efficacy, and improved family interactions – all outcomes that are essential ingredients to quality care."

Source: Hoagwood, 2005

…on family-to-family peer support in children's behavioral health

FAMILY SUPPORT ORGANIZATION

- Uses a centralized intake process
- Participates in Child and Family Team
- Provides Parent Support and Training and Youth Support Training services in accordance with the family's Plan of Care
- Promotes the values of CSoC and the values of wraparound

FAMILY SUPPORT ORGANIZATION

Provides Support and Training

- To:
  - ensure engagement and active participation of the family/ youth in treatment planning
  - Ensure ongoing implementation and reinforcement of skills learned throughout the treatment process
- Key Points:
  - Must contribute to, and be documented on, Plan of Care (POC)
  - Intentioned to reduce reliance on PST and YST over time
  - May be provided individually or in groups

CSOC CONTRACTOR: MAGELLAN OF LOUISIANA

MAGELLAN

- CSoC is administered through the CSoC Contractor, Magellan – since inception
- Funding for CSoC is through a Medicaid 1915(c) and 1915(b) Waivers
- 2,400 youth at a given time
- CANS used for eligibility and outcomes
- Magellan manages eligibility, compliance to waiver performance measures, quality and outcomes

SCREENING QUESTIONS

Has the child ever

- talked about or actually tried to hurt him/herself or acted in a way that might be dangerous to him/her such as reckless behaviors like riding on top of cars, running away from home or promiscuity?
- been a danger to others, such as threatening to kill or seriously injure another person, fighting to the point of serious injury, been accused of being sexually aggressive, or engaging in fire setting?
- deliberately or purposefully behaved in a way that has gotten him/her in trouble with the authorities such as breaking rules at school or laws in your community?

One affirmative response, transfer to clinical care manager

BRIEF CANS

Children and Adolescents Needs and Strengths (CANS)

Brief CANS is a clinical conversation

- Four Domains
  - Risk (to Self or Others)
  - Functioning (Family and Community)
  - Clinical (Emotional/Behavioral Functioning)
  - Caregiver

If screened positive, presumptive eligibility is established for 30 days

INDEPENDENT BEHAVIORAL HEALTH ASSESSMENT (IBHA)

Face to face psychosocial assessment of youth's psychiatric and behavioral health history. That includes:

- Mental status exam
- Diagnosis
- Treatment recommendations

CANS completed by certified Licensed Mental Health Professional (LMHP)

COMPREHENSIVE CANS

- Confirms clinical eligibility
- Supports the development of the individualized plan of care
- Measures clinical outcomes

LOUISIANA COMPREHENSIVE CANS

Domains

- Child's Functioning
- Child Strengths
- Caregiver Strengths & Needs
- Child's Behavioral Health Needs
- Child's Risk Behavior
- Acculturation

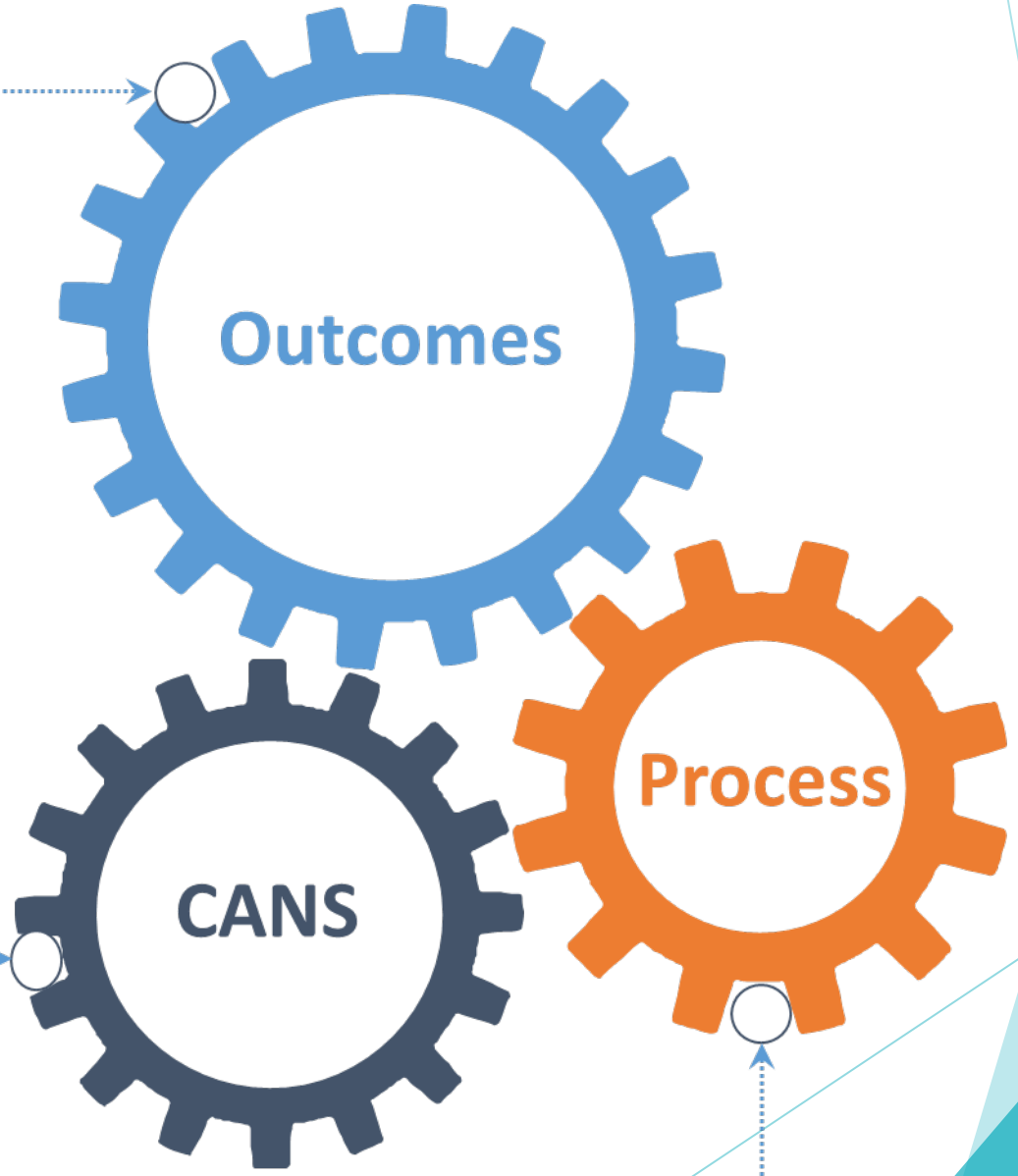
Modules

- School
- Developmental Disability
- Family/Caregiver
- Trauma
- Substance Use
- Violence
- Sexually Abusive Behavior
- Runaway
- Juvenile Justice
- Fire Setting
- Sexual Abuse

Source: Magellan of Louisiana (2018)

HOW CANS DRIVES THE CSOC ENGINE

- ☑ Eligibility Algorithms
- ☑ Waiver Requirements
- ☑ Performance Measures



Source: Magellan of Louisiana (2018)

REPORTS

- Weekly Enrollment
- Quarterly reports
  - Average length of stay, demographics, utilization & expenditures
  - Monthly services of CSoC participants
  - FSO report
  - WAA Scorecards
  - CSoC Governance Board report
- Annual reports
  - Performance Improvement Plan
  - Fidelity Monitoring

FIDELITY MONITORING

PURPOSE OF FIDELITY MONITORING

- Fidelity is a construct that defines implementation adherence to the defined Wraparound model as specified by the National Wraparound Initiative.
- As a fidelity measurement system, Wraparound Fidelity Assessment System (WFAS) instruments were designed to support program improvement and research.

Research shows programs that are implemented to high fidelity show high outcomes.

Source: LA 2016 Fidelity Review

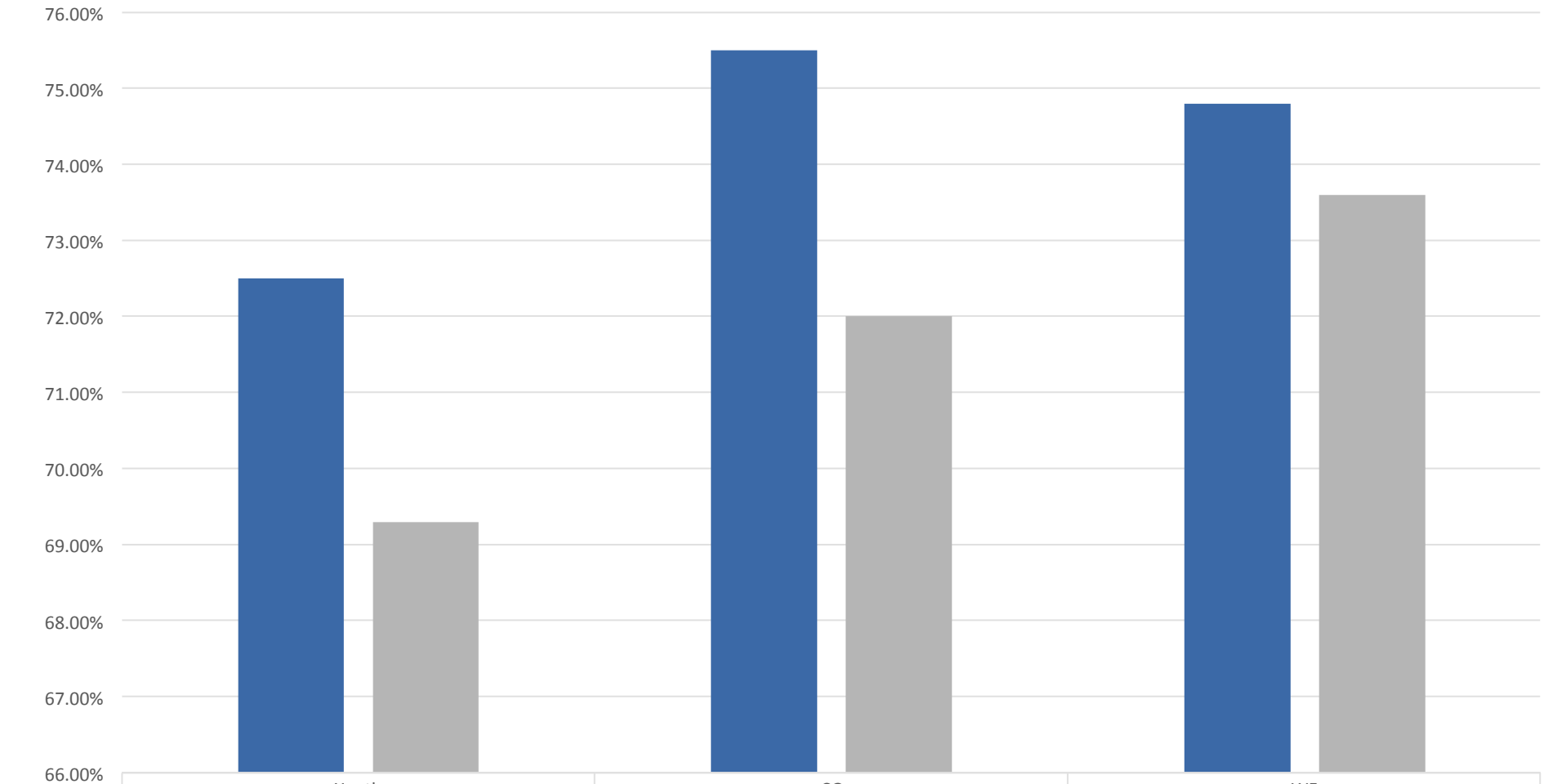
METHODOLOGY

Magellan utilizes the Wraparound Fidelity Index, Short Version (WFI-EZ) from the University of Washington's Wraparound Evaluation & Research Team (WERT).

- A brief, self-administered survey that measures adherence to the Wraparound principles.
- Three Respondents Types:
  - Caregivers,
  - Youth (11 years or older), and
  - Facilitators
- Includes questions in three categories: Experiences in Wraparound, Satisfaction, and Outcomes.
- Takes approximately 15 minutes to complete

Source: LA 2016 Fidelity Review

TOTAL FIDELITY SCORES



	Youth	CG	WF
All	72.50%	75.50%	74.80%
Nat. Mean	69.30%	72%	73.60%

Source: LA 2017 Fidelity Review

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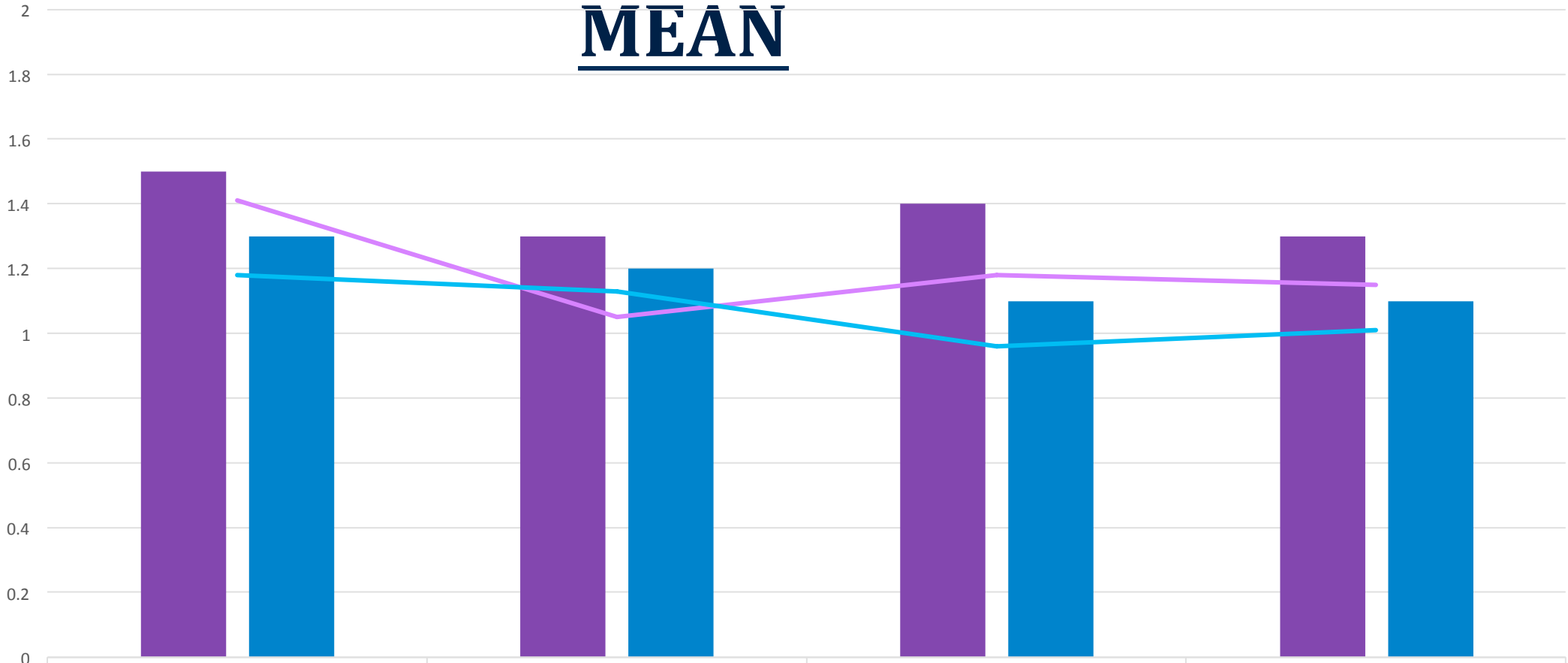
SATISFACTION: LOUISIANA vs. NATIONAL MEAN



	C1. I am satisfied with the wraparound process in which my family and I have participated.	C2. I am satisfied with my child or youth's progress since starting the wraparound process.	C3. Since starting wraparound, our family has made progress toward meeting our needs.	C4. Since starting wraparound, I feel more confident about my ability to care for my child/ youth at home.
CG Item Level Means	1.5	1.3	1.4	1.3
Youth Item Level Means	1.3	1.2	1.1	1.1
CG National Means	1.41	1.05	1.18	1.15
Youth National Means	1.18	1.13	0.96	1.01

Source: LA 2017 Fidelity Review

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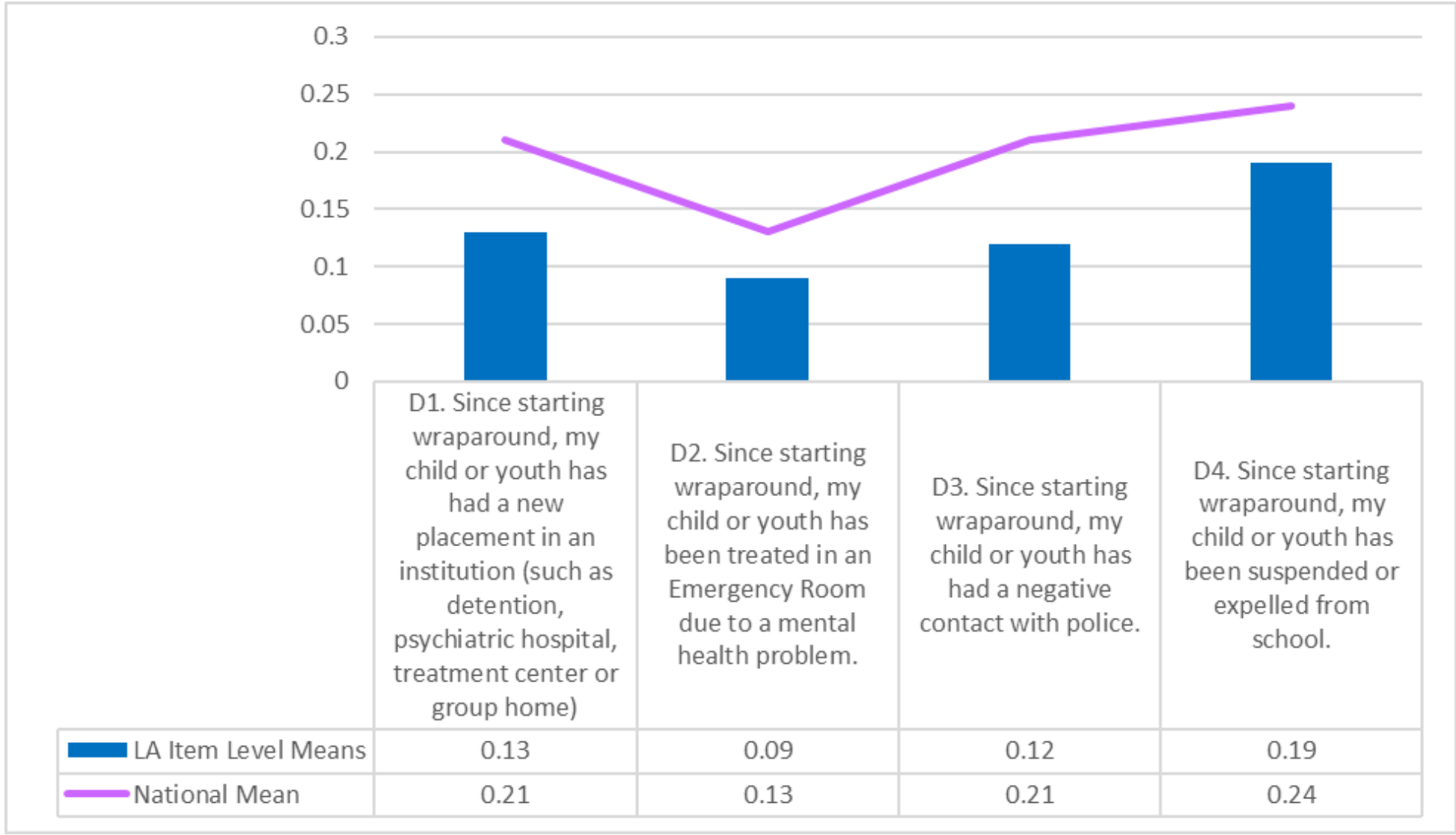
OUTCOMES: LOUISIANA vs. NATIONAL MEAN



Source: LA 2017 Fidelity Review

OUTCOMES & LESSONS LEARNED

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CANS OUTCOMES

- **72.3%** of youth demonstrated **improved clinical functioning**
- **59.6%** of youth demonstrated **improved school attendance**
- **63%** of youth demonstrated **improved school behavior**
- **66.3%** of youth demonstrated **improved school functioning**

Source: Magellan, August 2018

CANS OUTCOMES, continued

Actionable Needs

Youth and families had a median of 15 actionable needs at enrollment, resolving a median of 9 of these actionable items by discharge.

Resolving High-Risk Needs

5 of the top 10 most commonly resolved actionable needs at discharge are child risk needs, which include areas that would lead to future out of home placements, such as suicidality and self-harm

Source: Magellan, 2018

OUTCOMES

89% of youth and families

increased utilization of natural and informal supports

93% of youth were

discharged to a home and community based setting

Source: Magellan, August 2018

LESSONS LEARNED

- System of Care work requires culture change, which is a developmental process requiring patience and persistence
- Collaboration requires willingness to understand the orientation and mandates of partner agencies
- Building a continuum of care service array is essential to address youth and family needs

TODAY

The Louisiana CSoC represents a milestone in children's behavioral health in the United States

- CSoC is an **innovative** reflection of two powerful movements in American health care
  - Coordination of care for individuals with complex needs
  - Youth- and family-directed care
- CSoC is a demonstration of the possibility and power of **collaboration**
  - State and local government agencies
  - Community stakeholders
  - Youth and Families

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RESOURCES & CONTACT INFORMATION

- CSoC - www.csoc.la.gov
- Magellan of Louisiana: www.magellanoflouisiana.com/
- System of Care Primer by University of Maryland: http://www.ssw.umaryland.edu/media/ssw/institute/training-institutes/Day1-_Building-SOC-A-Primer-on-Designing-and-Implementing-Effectiveness-SOC.pdf
- The National Wraparound Initiative – nwi.pdx.edu
- Dr. Eric Bruns, University of Washington, Wraparound Evaluation Research Team (WERT)
- Laura Burger Lucas, Ohana Coaching
- Sheila A. Pires, Human Service Collaborative

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