



**COORDINATED
SYSTEM OF CARE**

**Report to the Governance Board
October 29, 2015**

(Presented at rescheduled meeting on December 8, 2015)

Highlights for period (July-September 2015)

- Total CSoC enrollment with both existing and new regions is 1786.
- Outcomes data, including new CANS data, continues to reflect trending towards positive outcomes for youth involved in CSoC.
- There continues to be an increase in utilization of Home and Community Based Services for CSoC youth.
- The CSoC Quality Assurance Committee has been working to refine the CSoC Quality Assurance Strategy, utilizing existing quarterly reports and investigating the addition of new indicators to assess progress and outcomes of youth enrolled in CSoC.
- This quarter, the state CSoC team has continued to work with Office of Behavioral Health Executive Management Team, the Bayou Health Plans and Magellan to prepare for transition to the Bayou Health Plans in December 2015.

CSoC Enrollment:

Act 1225 Region	1/17/ 2013	4/12/ 2013	7/12/ 2013	9/30/ 2013	12/31/ /2013	3/31/ 2014	6/30/ 2014	9/30/ 2014	12/31/ /2014	3/31/ 2015	6/30/ 2015	9/24/ 2015
1 (Jefferson Parish/Greater New Orleans area)	122	181	204	217	240	243	260	252	294	306	310	378
2 (Capital area)	136	154	171	191	216	230	229	225	251	269	268	270
3 (Covington area)									17	86	136	155
4 (Thibodaux area)									26	72	118	170
5 (Acadiana area)									16	49	85	92
6 (Lake Charles area)									12	40	69	90
7 (Alexandria area)	96	112	109	135	162	149	170	160	179	179	180	155
8 (Shreveport area)	159	184	218	212	208	211	217	209	211	221	221	218
9 (Monroe area)	190	200	239	227	238	243	252	247	258	255	254	258
TOTAL	703	831	941	982	1064	1076	1128	1093	1283	1477	1641	1786

During the last quarter (6/15 – 9/15) there were a total of 861 referrals in the regions. The range of referrals by region was 60 to 226. Referrals to CSoC come from a variety of sources. The number of referrals from state agencies since implementation of CSoC continues to rise (DCFS – 776, OJJ – 578, and schools – 788). However, the majority of referrals have come from other sources including caregivers, hospitals, Licensed Mental Health Professionals and other Juvenile Entities.

Per request from Board members, the table below reflects referrals by region over the last four quarters. This table will continue to be included in the CSOC Director’s Report.

CSoC Referrals by Quarter

Act 1225 Region	9/30/2014	12/31/2014	3/31/2015	6/30/2015	9/24/2015
1 (Jefferson Parish/Greater New Orleans area)	118	144	120	107	226
2 (Capital area)	121	148	136	136	95
3 (Covington area)		63	113	116	104
4 (Thibodaux area)		38	75	72	82
5 (Acadiana area)		38	94	89	100
6 (Lake Charles area)		32	49	63	60
7 (Alexandria area)	48	80	70	89	59
8 (Shreveport area)	94	132	90	97	72
9 (Monroe area)	65	56	44	69	63
TOTAL	446	731	791	838	861

Between June 1 and September 30, 2015, 453 members were screened using the Brief Child and Adolescent Needs and Strength (CANS) screening tool conducted by Magellan Care Managers on the clinical team. Of the 453, there were 435 members (or 96.0%) identified as at-risk and initially eligible for CSOC and referred on to the WAA, FSO and Certified Provider, with parent/caregiver consent. The table below compares data for two quarters.

Date Range	Number of Members Screened Using the Brief CANS by Magellan Care Managers	Number/Percentage of Members Identified as Presumptively Eligible and Referred to CSOC
3/1/15 – 5/31/15	511	485/94.9%
6/1/15 – 9/30/15	453	435/96%

Additional detail is provided in Appendix A.

The majority of children/youth enrolled in CSOC are male (1125 or 62.99%). African-American is the predominant race of these young people representing 1048 (58.68%). The age group with the highest enrollment is 13-16 years old (722 or 40%). Additional demographic detail is provided in Appendix B.

Wraparound Agency (WAA) update:

Wraparound enrollment continues to grow. At the end of this past quarter enrollment was at 1786, with the Region One WAA opening and staffing an additional office in order to meet the need for services in their region. Magellan continues to manage the statewide wraparound census by ensuring availability of services based on need. Regions Two and Five are preparing to hold Community Team meetings in the next month, to educate providers, stakeholders and families, as well as to enhance community collaboration.

The state CSOC liaisons continue to provide technical assistance to their assigned regions as needed. In addition, the State and Magellan CSOC teams conduct twice monthly calls with each of the WAAs for information sharing and troubleshooting. In this quarter the OBH CSOC liaisons have focused on collecting information from the WAAs to inform the transition to the new management environment beginning December 2015. The Magellan CSOC team continues to work with the WAAs to ensure all documentation is submitted within the required timelines to support the eligibility of each child/youth enrolled in CSOC.

Transition to Bayou Health:

In this past quarter, the OBH CSOC team has worked with Medicaid and OBH Executive Management Team to finalize the CSOC contract with Magellan, as they end the current contract and begin a new contract to administer CSOC as of 12-1-2015. To the fullest extent possible, the CSOC team continues to keep the wraparound agencies informed of transition decisions and activities and, when appropriate, seeks input from wraparound executive management to inform the transition. The OBH and Magellan CSOC teams continue to use the standing WAA affinity calls as a forum for these exchanges, and have conducted several special meetings to exchange information.

The OBH CSOC Team continues to meet regularly with Medicaid, OBH Executive leadership and the five Bayou Health Plan Managed Care Organizations (MCO) to ready them to assume their role as first-line screeners for wraparound eligibility. OBH has facilitated thoughtful walkthroughs of workflow processes to ensure referrals will be completed efficiently. These meetings have resulted in several work products including an edited workflow, and a CSOC referral and eligibility process workbook. The CSOC team is working to ensure information, tools, and processes are maintained and transferred appropriately to ensure that youth and their families, as well as providers participating in CSOC, experience the shift of management in a seamless manner with no lapses in services or support.

In the upcoming quarter, OBH will conduct trainings with MCO member services and care management staff, as requested, to help them to acquire a broad understanding of the benefit wraparound affords to families as well as the unique nature of wraparound; the value of wraparound to the Bayou Health Plans and to child-serving state agencies; and how to complete their role in the wraparound referral process. A full list of documents that have been created for and shared in the meetings with the MCOs can be found at:

<http://csoc.la.gov/index.cfm/page/2222>.

Family Support Organization update

The OBH Family Lead regularly meets with FSO leadership to address growing enrollment, service provision and staff training needs. The FSO continues to focus its energy on staffing and service provision, in addition to growing local and national partnerships that ultimately improve service provision in Louisiana.

Based upon a review of data for the previous quarter:

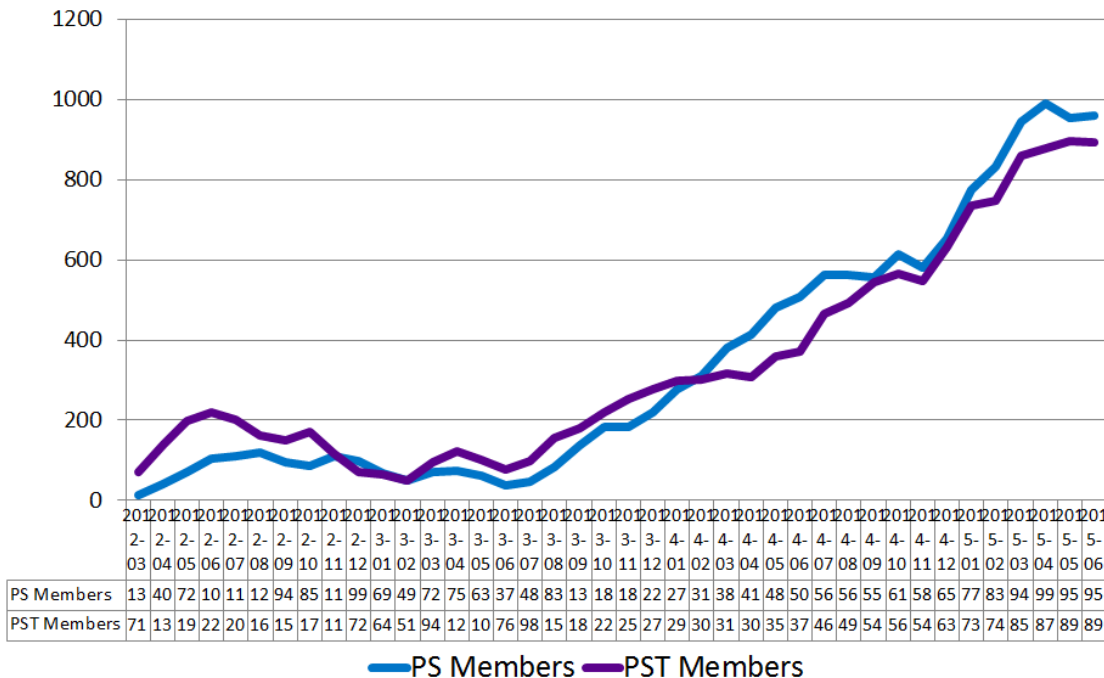
- Unduplicated youth served each month with one or both FSO services: July: 1,446; August: 1,542; September: 1,575
- Support Staff members at end of the quarter: 290
- Billed units continue to increase

FSO Training:

- The training of Introduction to Wraparound for Support Specialists started in September with Monroe and Shreveport staff; and continues with staff from the other 7 regions during October and early November. Additionally, FSO staff across the state have participated in Mental Health First Aid training provided by Magellan.

The following graph demonstrates FSO service provision since the implementation of CSoC. There was a significant decrease in services provided in the last quarter of 2012. The statewide FSO began providing services during April 2013.

Parent /Youth Support and Training Utilization



Technical Assistance and Training:

As reported last quarter, with the conclusion of the contract with University of Maryland for wraparound training; the CSoC Director and Family Lead have been working with the wraparound agencies' trainers and coaches to finalize a Louisiana version of the Introduction to Wraparound Training. This Louisiana version of the "Introduction to Wraparound" training is based off of the National Wraparound Initiatives standards and principles and has been influenced by the skills and knowledge the WAA trainers and coaches gained during their work with the University of Maryland National Trainer. This training is being used by agencies in all regions; and will be provided to each new staff member. This training will be reviewed and "updated" on a quarterly basis, and as needed. The next meeting of the trainers and coaches is scheduled for November, where use of the Introduction to Wraparound Training will be reviewed and revised as needed.

In addition to the Introduction to Wraparound training, the CSoC Director and CSoC Family Lead will be working with the wraparound agencies to design targeted training modules that support high fidelity wraparound practice. These modules will be designed in collaboration with wraparound agency trainers and coaches, and will be provided to wraparound facilitators on a timeline consistent with the needs of each region.

Statewide Coordinating Council

The SCC participation is seeing a decline recently, and individual outreach efforts are beginning to see what can be done to make participation more meaningful for SCC members. Additionally, the Family Lead is working with the FSO to identify current and previous CSoC parents and youth for participation in the SCC.

CSoC Finance and Audit Committee:

This committee only meets on an 'as needed' basis. There was no meeting this past quarter.

CSoC Quality Assurance (QA) Committee:

Committee Chair, Cindy Guitrau will report to the Board during today's meeting.

Provider Network:

The number of providers for Independent Living/Skills Building has increased by 11 in this quarter, with a total of 132 enrolled providers. The number of Short Term Respite service providers remains at 10 again this quarter. There is 1 Crisis Stabilization provider in one of the new implemented regions. In addition, Magellan continues to follow up with interested providers of the specialized CSoC services and guide them through the network process.

Crisis Stabilization (CS)

As discussed during a previous Board meeting, an amendment has been submitted, allowing for Crisis Stabilization to be moved to state plan services, allowing for a more sustainable business model for providers interested in providing this service, as well as greater access to all children and youth who can benefit from this most important service.

Therapeutic Group Home (TGH) and Therapeutic Foster Care (TFC)

TGH beds - 38 beds

- New Orleans: 10 beds to open in November, another tentative 10 beds to open in December and an additional 40 beds to open early in 2016.
- Baton Rouge: 38 beds opening this October.
- Alexandria: 14 beds to open in November and another tentative 20 beds to open in early 2016.

TFC beds – 248, with on-going recruitment.

Psychiatric Residential Treatment Facility (PRTF):

- PRTF beds – 158

Network Strategy Update:

- Network CSOC PRL continues to outreach providers 1:1 for technical support and education.
- Additional follow up continues with all contracted providers who are interested in adding CSOC services and guiding them through the network process.
- Ad-hoc agreements continue for interested CANS providers to help expedite member access to services.

Trends in Children/Youth Outcomes Data:

Out of Home Placements

- Percent of CSOC children who had restrictive placement **prior** to enrollment in WAA is 32.37% indicating that we continue to serve the most at risk youth for out of home placement.
- Percent of CSOC children placed in restrictive placement **after** enrolling in a WAA is 18.37% indicating that participation in CSOC is producing desired result of decreasing out of home placement.

CANS Outcomes Data

Outcomes Findings: This is the second analysis of the global CANS scores for youth beginning at initial intake and then at discharge. The CANS LA for these youth ranged in date from 6/1/2015 to 8/31/2015. Although this was still a small sample size of 197 youth, the results are very promising. The Global Score, which is a SUM of all items scores, was used in this analysis. The mean scores changed by 12.91 points, from a mean of 56 at initial to a mean of 43.09 at discharge. This is a very significant change, indicating over all improvement in youth functioning over the course of their enrollment in CSOC. Moving forward, all CANS data will be submitted electronically, which will provide for easier reporting.

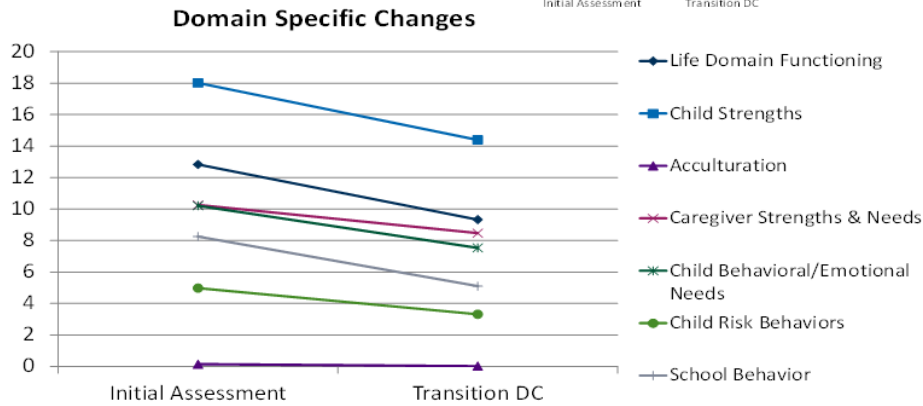
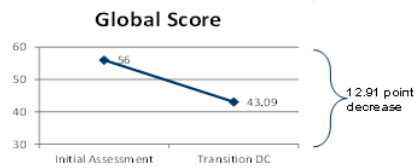
In addition to the below graph which depicts mean results of 'All Children' (Graph # 1) discharged with initial and discharge CANS scores, during this time period, we have an additional outcomes graph, which demonstrates results for children and youth identified as 'With Trauma' (Graph #2). The results of these subsets of children and youth were also quite promising.

- Children/ Youth identified as 'With Trauma' (Graph #2)
 N = 87 (44% of the 197 children/youth reviewed)
 - Initial CANS Score: 60
 - Discharge CANS Score: 44.60
 - Results: a decrease of 15.4 points



Child and Adolescent Needs and Strengths (CANS)

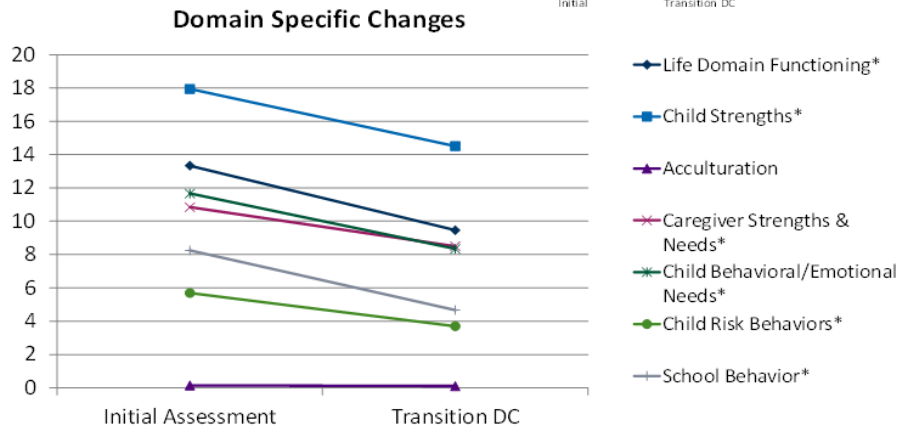
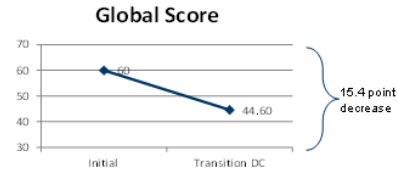
Outcomes:
 All Children/Youth



All improvements statistically significant (see specific results in Appendix E).

Child and Adolescent Needs and Strengths (CANS)

Outcomes: Children/Youth With Trauma



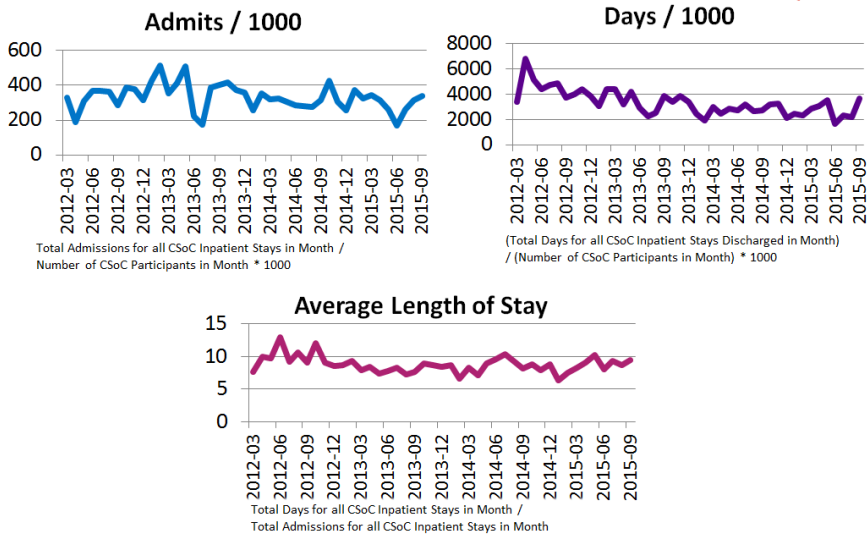
All domains noted in legend (*) are statistically significant (see specific results in Appendix B).

School Outcomes

There has been on-going concern regarding the reliability and accuracy of the reported school measures. After discussion with DOE leadership, it was agreed that the CANS school module which evaluates school functioning, should be regularly applied when children and youth initially enroll in CSoC, then every 180 days after enrollment and at discharge. This will offer a more consistent and objective picture of a youth’s school functioning over time. In the future data on the CANS school module will be reported.)” A review of the enrollment for this time period indicates that approximately 27.5% of the children/youth enrolled in CSoC had a current IEP meaning that they are receiving special education services in the school system.

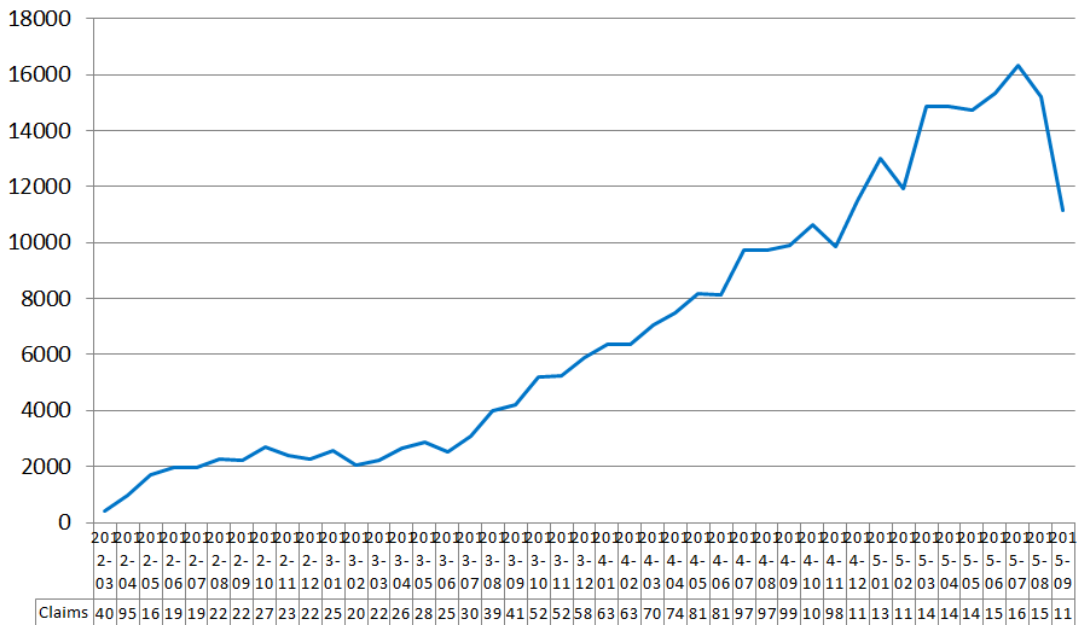
Inpatient Psychiatric Hospital Admissions - Continued decrease in inpatient psychiatric admissions

CSoC Children Inpatient Psychiatric Utilization



Home and Community Based Services - Increased use of Home and Community Based Services

Home and Community-Based Service Utilization



Appendix A: Referral Data

Member Referrals



Region	6/30/15	9/24/15	Change
Region 1 – Orleans/Jefferson area	1312	1538	226
Region 2 - Baton Rouge area	1634	1729	95
Region 3 – Covington area	292	396	104
Region 4 - Thibodaux area	185	267	82
Region 5 – Lafayette area	221	321	100

Member Referrals



Region	6/30/15	9/24/15	Change
Region 6 – Lake Charles area	144	204	60
Region 7 - Alexandria area	971	1030	59
Region 8 – Shreveport area	1615	1687	72
Region 9 - Monroe area	1055	1118	63
Total	7429	8290	861

Referrals by Agency/Entity



Referring Source	6/30/15	9/24/15	Change
DCFS	674	776	102
OJJ	501	578	77
OBH	98	101	3
DOE/School	718	788	70
Caregiver	1097	1342	245
Hospitals	1065	1107	42
Licensed Mental Health Professional	1299	1431	132
Other Juvenile Entities	412	447	35
Self or Legal Guardian	460	517	57
Primary Care Physician (PCP)	26	27	1
Other	1079	1176	97
Total	7426	8290	861

Appendix B: Demographic Data



Gender

Gender	Number	Percentage
Male	1125	62.99%
Female	657	36.79%
Unspecified	4	0.22%
Total	1786	100.00%

Race

Race	Number	Percentage
African-American	1048	58.68%
Caucasian	579	32.42%
Unspecified	109	6.10%
Other Ethnicity	33	1.85%
Pacific Islander	12	0.67%
American Indian	5	0.28%
Total	1786	100.00%

Age Groups

Age Groups	Number
up to 4	29
5 - 8	280
9 - 12	519
13 - 16	722
17 - 21	232
Unspecified	4
Total	1786

