



COORDINATED
SYSTEM OF CARE

Report to the Governance Board
April 28, 2016

Highlights for period (January-March)

- Total CSoC enrollment with both existing and new regions is 2161
- Outcomes data, including 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 met this month and reviewed the new quality indicators, that are a part of the refined the CSoC Quality Assurance Strategy.
- The state CSoC team has continued to meet regularly with the Medicaid, the five Bayou Health Plan Managed Care Organizations (MCOs), Magellan and the Wraparound Agencies Executive Directors to provide education and technical assistance to the Bayou Health Plans regarding transition of CSoC.

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	12/31/2015	3/31/2016
1 (Jefferson Parish/Greater New Orleans area)	122	181	204	217	240	243	260	252	294	306	310	378	414	429
2 (Capital area)	136	154	171	191	216	230	229	225	251	269	268	270	278	312
3 (Covington area)									17	86	136	155	244	263
4 (Thibodaux area)									26	72	118	170	237	226
5 (Acadiana area)									16	49	85	92	91	115
6 (Lake Charles area)									12	40	69	90	112	128
7 (Alexandria area)	96	112	109	135	162	149	170	160	179	179	180	155	169	185
8 (Shreveport area)	159	184	218	212	208	211	217	209	211	221	221	218	196	220
9 (Monroe area)	190	200	239	227	238	243	252	247	258	255	254	258	284	283
TOTAL	703	831	941	982	1064	1076	1128	1093	1283	1477	1641	1786	2025	2161

During the last quarter (1/16 – 3/16) there were a total of 707 referrals in the regions. The range of referrals by region was 39 to 114. Referrals to CSoC come from a variety of sources. The number of referrals from state agencies since implementation of CSoC continues to rise (DCFS – 890, OJJ –

744, and schools – 949). 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 seven 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	12/31/2015	3/31/2016
1 (Jefferson Parish/Greater New Orleans area)	118	144	120	107	226	140	82
2 (Capital area)	121	148	136	136	95	155	113
3 (Covington area)		63	113	116	104	181	94
4 (Thibodaux area)		38	75	72	82	107	39
5 (Acadiana area)		38	94	89	100	69	64
6 (Lake Charles area)		32	49	63	60	70	52
7 (Alexandria area)	48	80	70	89	59	85	81
8 (Shreveport area)	94	132	90	97	72	90	114
9 (Monroe area)	65	56	44	69	63	89	68
TOTAL	446	731	791	838	861	983	707

The majority of children/youth enrolled in CSoC are male (1,322 or 64%). African-American is the predominant race of these young people representing 1,231 (60%). The age group with the highest enrollment is 13-16 years old (818 or 40%). Additional demographic detail is provided in Appendix B.

Wraparound Agency (WAA) update:

The state CSoC liaisons continue to provide technical assistance to their assigned wraparound 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 ongoing discussion of integration of CSoC into the Bayou Health plans. In addition to their role of liaison, the state CSoC team has been actively involved in creating and monitoring the CSoC quality improvement strategy as well as monitoring for compliance to waiver assurances, and contract deliverables.

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 state CSoC team has worked with Medicaid and the OBH Executive Management Team and Magellan to implement the new CSoC contract with Magellan. To the fullest extent possible, the CSoC team continues to keep the wraparound agencies informed of transition decisions and activities. The state and Magellan CSoC teams continue to use the standing WAA affinity calls as a forum for troubleshooting, exchange of information and updates.

The state CSoC Team continues to meet regularly with Medicaid, OBH Executive leadership, the five Bayou Health Plan Managed Care Organizations (MCO), and Magellan to support the MCOs as they assumed their role as first-line screeners for wraparound eligibility. The Wraparound Executive leadership has also participated in these meetings as appropriate. OBH has facilitated thoughtful walkthroughs of workflow processes to ensure referrals will be completed efficiently. These meetings have resulted in the refinement of the CSoC referral workflow and eligibility process. This group has worked 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>.

Statewide Coordinating Council

The SCC participation has seen 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.

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.

FSO Milestones/Highlights

- FSO staff across the state have participated in Mental Health First Aid training provided by Magellan
- The FSO hosted the grand opening of its Baton Rouge Life Skills Center on April 2, 2016. Mayor President Kip Holden attended, declaring it “Ekhaya Youth Project Day” in Baton Rouge

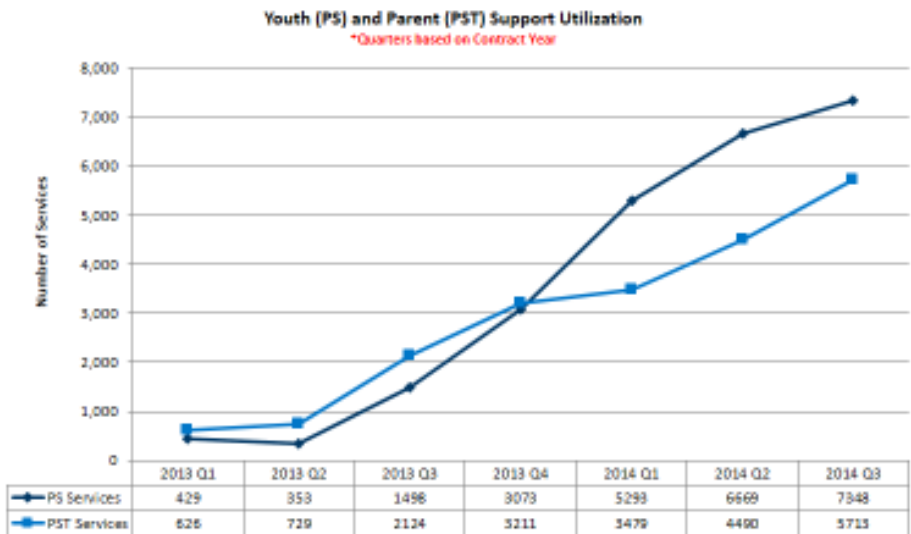
- Introduction to Wraparound: 1-day overview introducing the process and values as practices from The FSO now has internal capacity to train its staff, on-demand, with materials designed by, and with oversight the parent and youth peer perspective. (Train-the-trainer completed in late 2015.)
- Functional Behavioral Approach: a 2-day interactive, intervention-focused training on the building relationship; the connection between stress and big behaviors; managing/decreasing stress and maximizing learning; and reframing. (Train-the-trainer completed in April 2016.)
- Join the FSO on Thursday, May 5, as busloads of CSoC youth and parents from across the state converge on Baton Rouge for “Youth Day at the Capitol 2016!” This annual event gives youth and families an opportunity to share their voices as consumers and advocates of behavioral health services.

Based upon a review of data for the previous quarter:

- Unduplicated youth served each month with one or both FSO services: January: 1,470 (72%); February: 1,660 (80%); March: 1,819 (86%)
- Support Staff members at end of the quarter: 372
- Billed units continue to increase

The following graph demonstrates FSO service provision since the implementation of CSoC. (The statewide FSO began providing services during April 2013.)

Parent /Youth Support and Training Utilization



Technical Assistance and Training:

As reported last year, with the conclusion of the contract with University of Maryland for wraparound training, the CSoC Director and Family Lead worked 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.

In addition to the Introduction to Wraparound training, the CSoC Director and CSoC Family Lead have worked with the wraparound agencies to design targeted Intermediate Training Modules that support high fidelity wraparound practice. These modules are for experienced facilitators, to assist in continued skill development. These trainings will begin being used by all WAA agencies in April 2016. They are:

- Engagement
- Strengths-Based Planning
- Crisis/Safety Planning
- Conducting Subsequent Child and Family Team Meetings
- Using the Phases Checklist to Promote High Fidelity Wraparound
- Quality Assurance/Outcomes-Based Data Tracking

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 38 in this quarter, with a total of 170 enrolled providers. There are 7 Short Term Respite service providers. There are no Crisis Stabilization providers in any region at this time. 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, creating 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.

CSoC 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:

CSoC Children Inpatient Psychiatric Utilization:

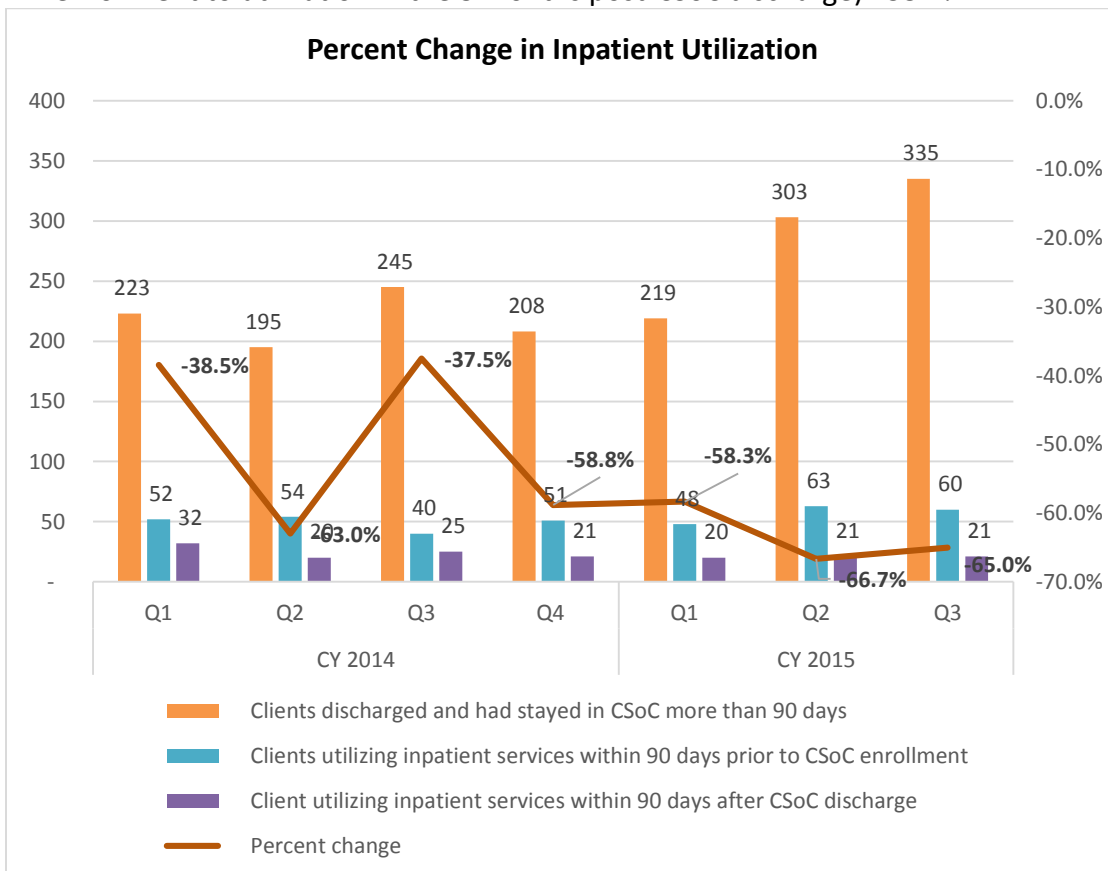
Source: Magellan

- Percent of CSoC members (under 22) who were served in a psychiatric hospital during the quarter: 3.14%
- Average length of stay for CSoC members (under 22) in psychiatric hospitalization: 7.45 days

CSoC Inpatient Utilization: 90 days pre and post enrollment (Calendar Year 2015, Quarter 3):

Source: DHH Claims Data Analysis

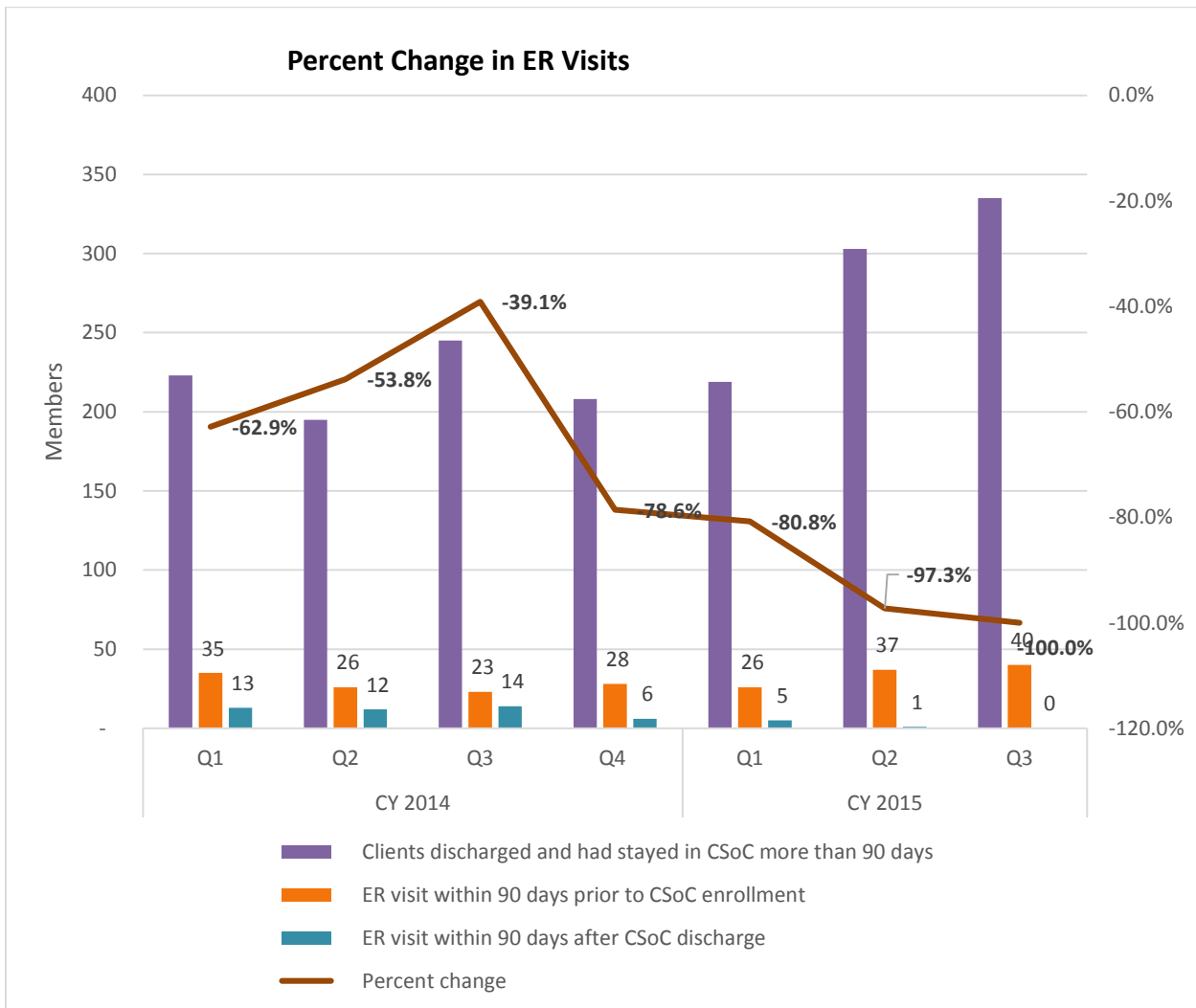
- Decrease in the number of CSoC members utilizing psychiatric hospitalization from pre-CSoC enrollment to post-CSoC enrollment (based on comparison of members served in inpatient hospital in the 3 months prior to CSoC enrollment to utilization in the 3 months post-CSoC discharge): 65%
- Decrease in the number of bed days used by CSoC members from pre-CSoC enrollment to post-CSoC enrollment (based on comparison of inpatient bed days in the 3 months prior to CSoC enrollment to utilization in the 3 months post-CSoC discharge): 53.4%



Percent Change in ER Visits (Calendar Year 2015, Quarter 3):

Source: DHH Claims Data Analysis

- Decrease in the number of CSoC members utilizing Psychiatric Emergency Room from pre-CSoC enrollment to post-CSoC enrollment (based on comparison of members presenting in a Psychiatric Emergency Room in the 3 months prior to CSoC enrollment to utilization in the 3 months post-CSoC discharge): 100%

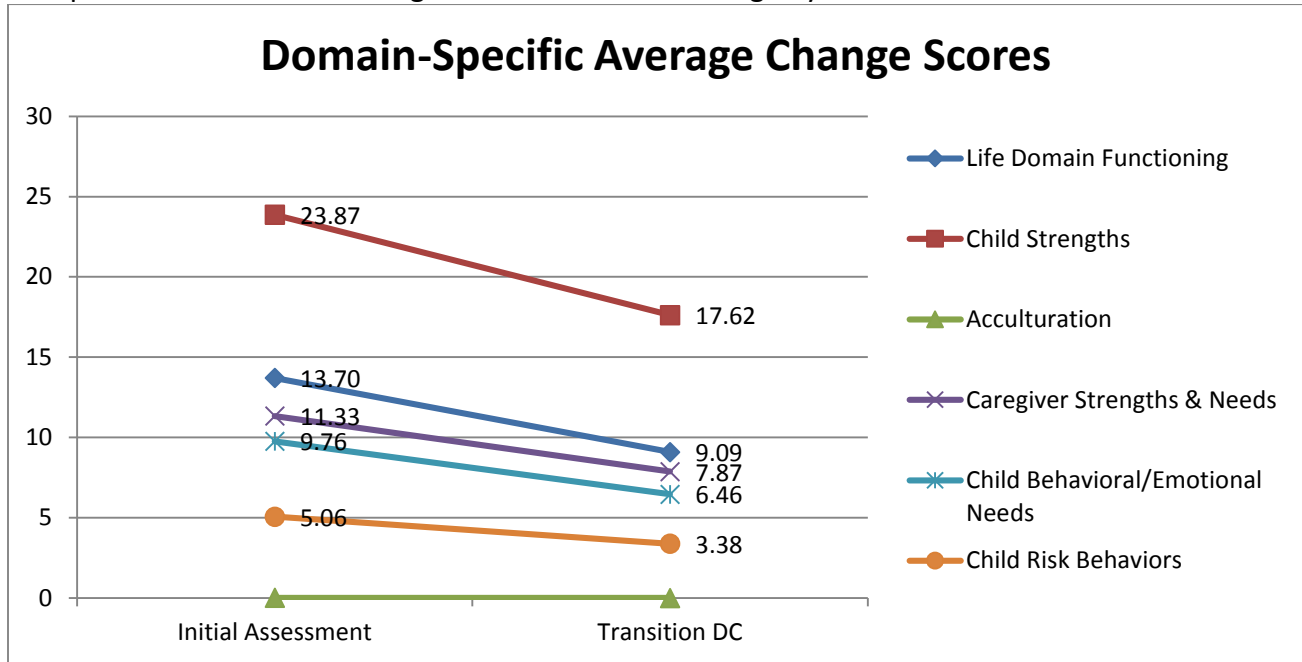


CANS Outcomes Data

Source: Magellan

Outcomes Findings: This an analysis of the global CANS scores for youth beginning at initial intake and then at discharge. Although this remains a small sample size of 87 youth, the results continue to be promising. The Global Score, which is a SUM of all items scores, was used in this analysis. The mean scores changed by 19.3 points, from a mean of 63.72 on the initial CANS to a mean of 44.42 on the discharge CANS. This is a very significant change, indicating over all improvement in youth

functioning over the course of their enrollment in CSoC. The WAAs have continued to submit initial and discharge CANS electronically on all youth. In the up coming quarters, we anticipate the ability to report CANS outcomes on a greater number of discharged youth.



School Outcomes

Source: Magellan

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. (This is a new report. We are anticipating data for our next reporting period.)

Youth with an IEP:

Source: Magellan

- A review of the enrollment for this time period indicates that approximately 32.26% of the children/youth enrolled in CSoC had a current IEP meaning that they are receiving special education services in the school system.

Home and Community Based Services

Source: Magellan

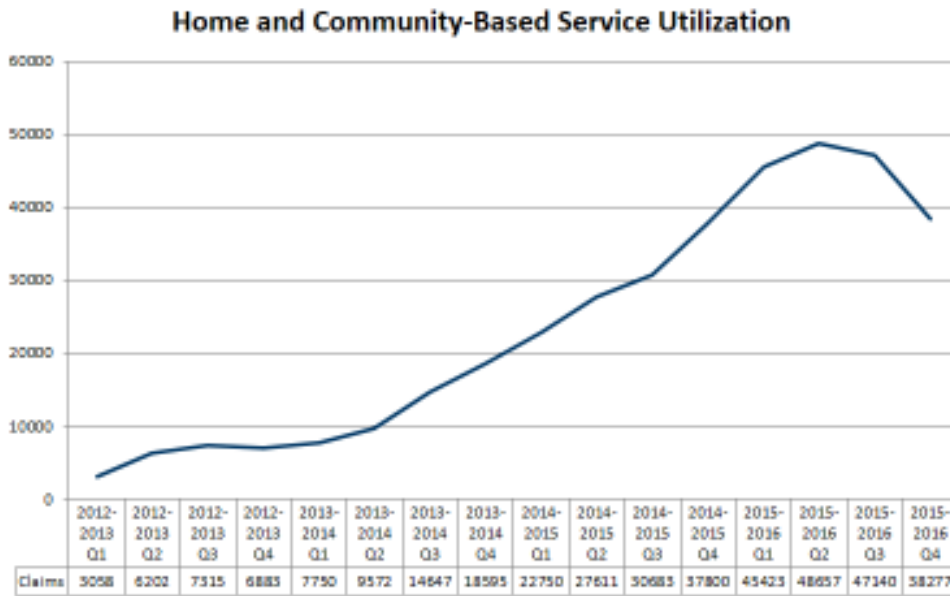
- There continues to be an increased use of Home and Community Based Services, one of the factors that contributes to children and youth being able to stay successfully in their homes and communities.

Living Situation at Discharge from CSoC:

Source: Magellan

- Percent of youth whose living situation at discharge from CSoC is a family home: 87.67%

Home and Community-Based Service Utilization



Appendix A: Referral Data

Member Referrals



REGION	12/31/15	3/31/16	CHANGE
Region 1 – Orleans/Jefferson area	1678	1760	82
Region 2 - Baton Rouge area	1884	1997	113
Region 3 – Covington area	577	671	94
Region 4 - Thibodaux area	374	413	39
Region 5 – Lafayette area	390	454	64

Member Referrals



REGION	12/31/15	3/31/16	CHANGE
Region 6 – Lake Charles area	274	326	52
Region 7 - Alexandria area	1115	1196	81
Region 8 – Shreveport area	1777	1891	114
Region 9 - Monroe area	1207	1275	68
Total	9276	9983	707

Referrals by Agency/Entity



REFERRING SOURCE	12/31/15	3/31/16	CHANGE
DCFS	833	890	57
OJJ	661	744	83
OBH	106	106	0
DOE/School	902	949	47
Caregiver	1603	1861	258
Hospitals	1130	1144	14
Licensed Mental Health Professional	1589	1663	74
Other Juvenile Entities	496	535	39
Self or Legal Guardian	620	701	81
Primary Care Physician (PCP)	29	34	5
Other	1307	1356	49
Total	9276	9983	707

Appendix B: Demographic Data



Gender

GENDER	NUMBER OF CHILDREN/YOUTH ENROLLED IN CSoC ON THE LAST DAY OF THE REPORTING PERIOD	PERCENT OF TOTAL ENROLLMENT BY GENDER
FEMALE	742	36
MALE	1,322	64
UNSPECIFIED	0	0
TOTAL	2,064	100

Race



RACE	NUMBER OF CHILDREN/YOUTH ENROLLED IN CSoc ON THE LAST DAY OF THE REPORTING PERIOD	PERCENT OF TOTAL ENROLLMENT BY RACE
BLACK/AFRICAN AMERICAN	1,231	60
WHITE	706	34
AMERICAN INDIAN/ALASKAN NATIVE	13	1
MULTI-RACIAL	11	1
OTHER/SINGLE-RACE	4	0
ASIAN	2	0
NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER	1	0
UNKNOWN	96	5
UNSPECIFIED	0	0
TOTAL	2,064	100

Age Groups

