



COORDINATED
SYSTEM OF CARE

Report to the Governance Board
July 28, 2016

Highlights for period (April-June)

- Total CSoC enrollment with both existing and new regions is 2221.
- 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.
- On June 28, 2016, Governor John Bel Edwards issued Executive Order JBE 2016-31 continuing the CSoC Governance board.

CSoC Enrollment:

Act 1225 Region	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	6/24/ 2016
1 (Jefferson Parish/Greater New Orleans area)	240	243	260	252	294	306	310	378	414	429	414
2 (Capital area)	216	230	229	225	251	269	268	270	278	312	328
3 (Covington area)					17	86	136	155	244	263	272
4 (Thibodaux area)					26	72	118	170	237	226	244
5 (Acadiana area)					16	49	85	92	91	115	121
6 (Lake Charles area)					12	40	69	90	112	128	141
7 (Alexandria area)	162	149	170	160	179	179	180	155	169	185	174
8 (Shreveport area)	208	211	217	209	211	221	221	218	196	220	221
9 (Monroe area)	238	243	252	247	258	255	254	258	284	283	306
TOTAL	1064	1076	1128	1093	1283	1477	1641	1786	2025	2161	2221

During the reporting period (4/16 – 5/16) there were a total of 476 referrals in the regions. The range of referrals by region was 39 to 65. Referrals to CSoC come from a variety of sources. The number of referrals from state agencies since implementation of CSoC continues to rise (DCFS – 920, OJJ – 799, and schools – 995). However, the majority of referrals have come from other sources including caregivers, hospitals, Licensed Mental Health Professionals and other Juvenile Entities.

Referrals by Agency/Entity



REFERRING SOURCE	3/04/16	5/27/16	CHANGE
DCFS	876	920	44
OJJ	722	799	77
OBH	106	109	3
DOE/School	924	995	71
Caregiver	1794	2019	225
Hospitals	1140	1164	24
Licensed Mental Health Professional	1647	1719	72
Other Juvenile Entities	523	558	35
Self or Legal Guardian	667	752	85
Primary Care Physician (PCP)	33	37	4
Other	1347	1387	40
Total	9779	10459	680

Per request from Board members, the table below reflects referrals by region over the last eight 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	5/27/2016
1 (Jefferson Parish/Greater New Orleans area)	118	144	120	107	226	140	82	59
2 (Capital area)	121	148	136	136	95	155	113	52
3 (Covington area)		63	113	116	104	181	94	63
4 (Thibodaux area)		38	75	72	82	107	39	39
5 (Acadiana area)		38	94	89	100	69	64	52
6 (Lake Charles area)		32	49	63	60	70	52	43
7 (Alexandria area)	48	80	70	89	59	85	81	52
8 (Shreveport area)	94	132	90	97	72	90	114	51
9 (Monroe area)	65	56	44	69	63	89	68	65
TOTAL	446	731	791	838	861	983	707	476

The majority of children/youth enrolled in CSoC are male (1,367 or 64%). African-American is the predominant race of these young people representing 1,285 (60%). The age group with the highest enrollment is 13-16 years old (858 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 conducted personnel record audits at WAAs as part of the certification process. 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.

Statewide Coordinating Council

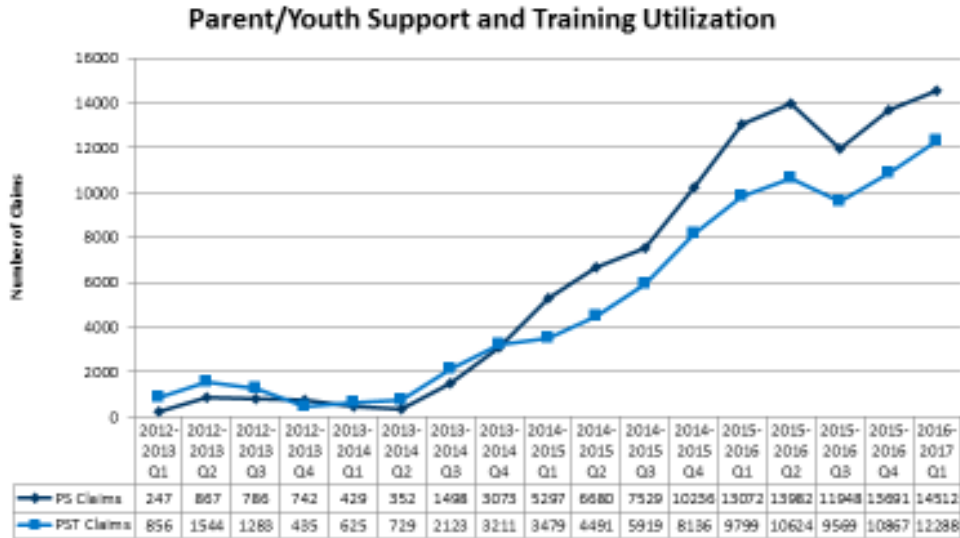
Outreach efforts to current and previous CSoC parents and youth to assess interest in SCC participation are underway.

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.

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.

In addition to the above, the state has contracted with two national wraparound trainers, who specialize in developing coaching skills and expertise. Laura Burger Lucas and Sharon Gentry will be working with the CSOC Director and CSOC Family Lead to deliver Introduction to Coaching training to the supervisor/coaches in the nine regional wraparound agencies. This project will include an Introduction to Coaching Training, regional sites visits, coaching calls and shared materials to

enhance coaching skills throughout the state. The project will last until spring 2017 and will conclude with a ‘train the trainer’ for Introduction to Coaching to enhance sustainability.

CSoC Finance and Audit Committee:

The CSoC MOU SFY 15-16 has been approved and signed by the State agency Secretaries. Signed copies will be distributed to each Secretary next week.

CSoC Quality Assurance (QA) Committee:

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

Provider Network:**Short-term Respite**

- The network currently has 15 STR providers
- New Waiver allowances announced in May will allow TFC provider type to provide Short-term Respite services
- The per-diem rate to be discussed with Medicaid
- A survey of TFC provider interest will be distributed July 2016

Crisis Stabilization

- The C Waiver amendment has been approved. Crisis Stabilization will be moved to state plan services, which will allow for all children with Medicaid, who meet medical necessity criteria to access Crisis Stabilization services
- DHH will complete an Health Advisory document to inform all MCO’s.

Independent Living Skills Building

- ILSB providers have decreased from 170 to 160 throughout the regions

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: 3.28%
- Average length of stay for CSoC members (under 22) in psychiatric hospitalization: 6.25 days



CSoC Children Inpatient Psychiatric Utilization

TYPE OF SETTING	MEMBER COUNT: all members who spent any days in restrictive settings (levels shown below)	NUMBER OF CHILDREN UNDER AGE 22 ENROLLED WITH MCO DURING REPORTING PERIOD	PERCENT	ALOS
Inpatient Psychiatric Hospital	86	2,620	3.28%	6.25

CANS Outcomes Data

Source: Magellan

Outcomes Findings: An analysis of the global CANS scores beginning at initial intake and then at discharge for 230 youth with valid data discharged during the quarter showed:

- A mean score decrease of 19.2 points
- 74.78% of youth showed improved clinical functioning

Although this remains a small sample size, the results continue to be promising. 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

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. For this quarter there was valid data on 234 youth discharged. The following results were documented:

- 73.24% showed improved school functioning
- 26.29% showed improved school attendance
- 65.26% showed improved school behavior

Youth with an IEP:

Source: Magellan

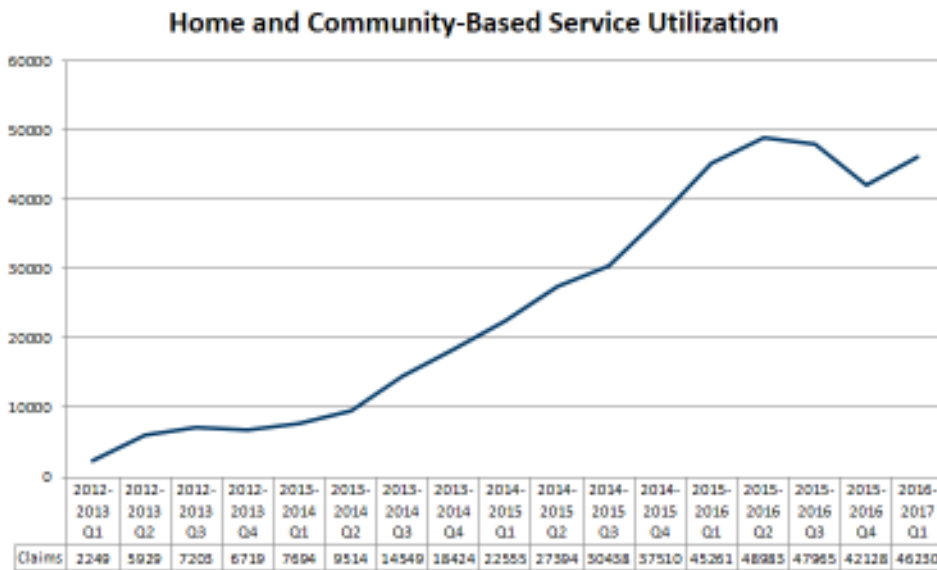
- A review of the enrollment for this time period indicates that approximately 32.99% of the children/youth enrolled in CSoC had a current IEP meaning that they are receiving special education services in the school system.

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.

Home and Community-Based Service Utilization



Living Situation at Discharge from CSoC:

Source: Magellan

- Percent of youth whose living situation at discharge from CSoC is a family home: 89.7%



Living Situation at Discharge

REGION	Percent of children whose living situation at discharge is a HCB setting
1	88.71%
2	89.80%
3	85.71%
4	78.95%
5	93.33%
6	92.59%
7	91.53%
8	89.80%
9	95.31%
Statewide Total	89.70%