



COORDINATED
SYSTEM OF CARE

CSOC Director's Report to the Governance Board
Prepared for the August 30, 2017 Meeting
Presented on October 2, 2017

Highlights for period (April 2017 - June 2017)

- Total CSoC enrollment is 2174.
- Since March 2012 CSoC has served over 10, 000 youth and families.
- Our Waiver has been approved by CMS for another 5 years.
- OBH is continuing to utilize National Trainers to support skill development of wraparound coaches and facilitators.
- CSoC outcomes continue to trend positively for CSoC children, youth and their families.
- The results of the 2016 Fidelity Study are very positive and will be shared during the New Business section of our meeting.

CSoC Enrollment:

Act 1225 Region	6/24/2016	9/30/2016	12/30/2016	3/31/2017	6/30/2017
1 (Jefferson Parish/Greater New Orleans area)	414	406	396	392	389
2 (Capital area)	328	276	240	238	220
3 (Covington area)	272	272	274	272	245
4 (Thibodaux area)	244	256	279	286	277
5 (Acadiana area)	121	122	119	113	126
6 (Lake Charles area)	141	138	147	159	177
7 (Alexandria area)	174	156	168	157	162
8 (Shreveport area)	221	204	213	217	191
9 (Monroe area)	306	344	384	371	387
TOTAL	2221	2174	2220	2205	2174

During the reporting period (4/1/17 – 6/30/17) there were a total of 641 referrals. The range of referrals by region was 42 to 98. Referrals to CSoC come from a variety of sources. The number of referrals from state agencies since implementation of CSoC continues to rise (DCFS – 1163, OJJ – 1050, and schools – 1255). However, the majority of referrals have come from other sources including caregivers, Licensed Mental Health Professionals, hospitals, self or legal guardians, and other Juvenile Entities.

Referrals by Agency/Entity



REFERRING SOURCE	3/31/17	6/30/17	CHANGE
DCFS	1112	1163	51
OJJ	1003	1050	47
OBH	118	122	4
DOE/School	1211	1255	44
Caregiver	2614	2810	196
Hospitals	1279	1319	40
Licensed Mental Health Professional	2225	2329	104
Other Juvenile Entities	629	667	38
Self or Legal Guardian	938	974	36
Primary Care Physician (PCP)	53	63	10
Other	1638	1709	71
Total	12,820	13,461	641

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	8/26/2016	11/25/2016	3/31/2017	6/30/2017
1 (Jefferson Parish/Greater New Orleans area)	64	62	124	86
2 (Capital area)	70	62	109	84
3 (Covington area)	86	93	136	90
4 (Thibodaux area)	55	71	72	56
5 (Acadiana area)	53	71	79	42
6 (Lake Charles area)	52	63	92	56
7 (Alexandria area)	50	73	96	44
8 (Shreveport area)	69	121	125	85
9 (Monroe area)	99	194	120	98
TOTAL	598	810	953	641

The majority of children/youth enrolled in CSoC are male (1,322 or 63%). African-American is the predominant race of these young people representing 1,202 (57%). The age group with the highest enrollment is 13-16 years old (775 or 37%).

Wraparound Agency (WAA) update:

In the past year we have been focused on training and skill development for both the WAA supervisors/coaches and the WAA facilitators. A national trainer has been throughout the state, conducting both Wraparound Coaching training, as well as WAA facilitator training. The goal of these trainings is to equip the WAA supervisors/coaches with the tools necessary to guide wraparound facilitators in providing high quality wraparound, guided by the system of care values and principles, and to support additional skill development for facilitators. Our trainer, Laura Burger Lucas, has been in the Wraparound field for 25 years and brings with her a wealth of experience, first as a parent of a child with emotional and behavioral health challenges, then as a facilitator, supervisor, and administrator of Wraparound implementation in Phoenix, Arizona. Laura has conducted training in several states, including Arizona, Washington State, Washington DC and New York. We will complete these trainings in the late fall and will be developing 'Train the Trainer' curriculum in order to support sustainability in our state. Our Magellan partners have been participating in these trainings in an effort to continue to develop their own skills and knowledge of high fidelity wraparound.

The OBH CSoC team will continue to provide technical assistance and oversight to the WAAs in support of best practice and high fidelity wraparound when the training is complete. In addition, the OBH CSoC team continues to be responsible for quality monitoring and compliance of CSoC.

The WAAs continue to work in their communities engaging partners and other stakeholders, to support the adoption of system of care values, as well as to increase awareness of and access to the CSoC program. The outcomes for youth and families enrolled in CSoC continue on a positive trend. In addition, the results of the 2016 Fidelity Evaluation are very positive. Both of these measures are a reflection of the excellent work being done on the individual Wraparound Agency level.

Statewide Coordinating Council

For the past year, active participation and attendance at SCC meetings has been a challenge. The CSoC Family Lead has attempted to make these meetings more accessible, by offering them both in person and by conference call in the early evenings, however, participation has dwindled. One potential barrier worth noting is the lack of available support for stipends and gathering in regions. The Family Lead will continue to engage WAAs for ideas to help address this.

CSoC Finance and Audit Committee:

This committee meets on an 'as needed' basis and has not met during this quarter.

CSoC Quality Assurance (QA) Committee:

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

Provider Network:**Short-term Respite**

- There are 24 STR providers this quarter.

Independent Living Skills Building

- There are 134 ILSB providers throughout the regions.

Trends in Children/Youth Outcomes Data:

Inpatient Psychiatric and Emergency Room Utilization

Source: Medicaid Claims: Calendar Year 2017, Quarter 2

Utilization of inpatient psychiatric hospitalization for CSoC youth who were enrolled in CSoC for more than 90 days. Review includes use of inpatient psychiatric hospitalization 90 days **before enrollment** in CSoC and 90 days **post discharge** from CSoC.

- Data reveals a **91.7% decrease** in the **use of inpatient psychiatric hospitalization in the 90 days post discharge from CSoC.**
- Data also reveals a **73.3% decrease** in the **use of the emergency room for behavioral health diagnosis for the same population.**

CSoC Children Inpatient Psychiatric Utilization

Source: Magellan

- Percent of CSoC members (under 22) who were served in a psychiatric hospital during the quarter: 123 or 4.61%
- Average length of stay for CSoC members (under 22) in psychiatric hospitalization: 6.82 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	123	2,670	4.61%	6.82

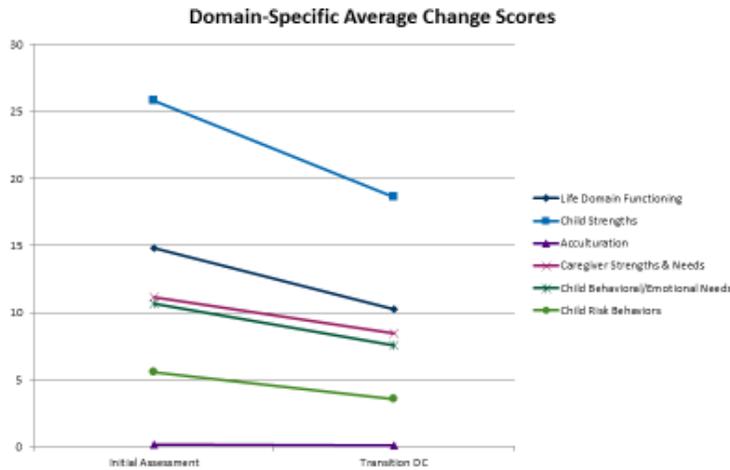
CANS Outcomes Data

Source: Magellan

Outcomes Findings: An analysis of the global CANS scores beginning at initial intake and then at discharge for youth with valid data of the 477 youth discharged during the quarter showed:

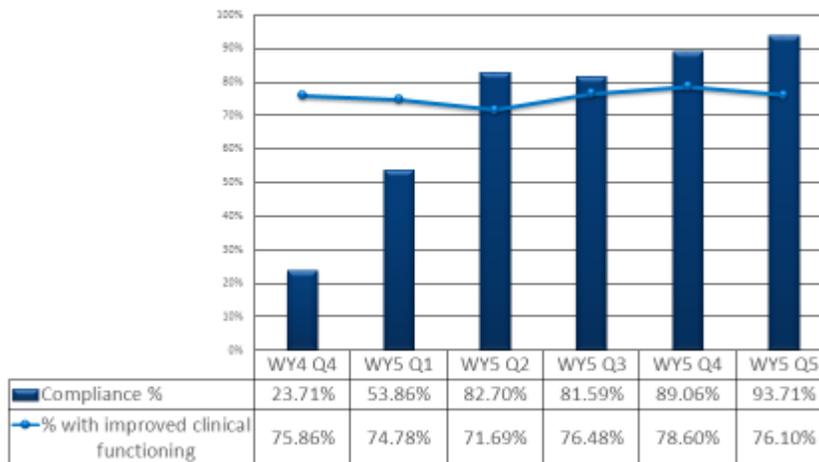
- A mean score decrease of 19.64 points
- 76.10% of youth showed improved clinical functioning

CANS Outcomes: Domain Scores



- The percentage of children/youth discharged who have intake and discharge CANS has increased significantly.
- The percentage of children/youth with improved clinical functioning has remained high.

Child and Adolescent Needs and Strengths (CANS) Outcomes: Clinical Functioning



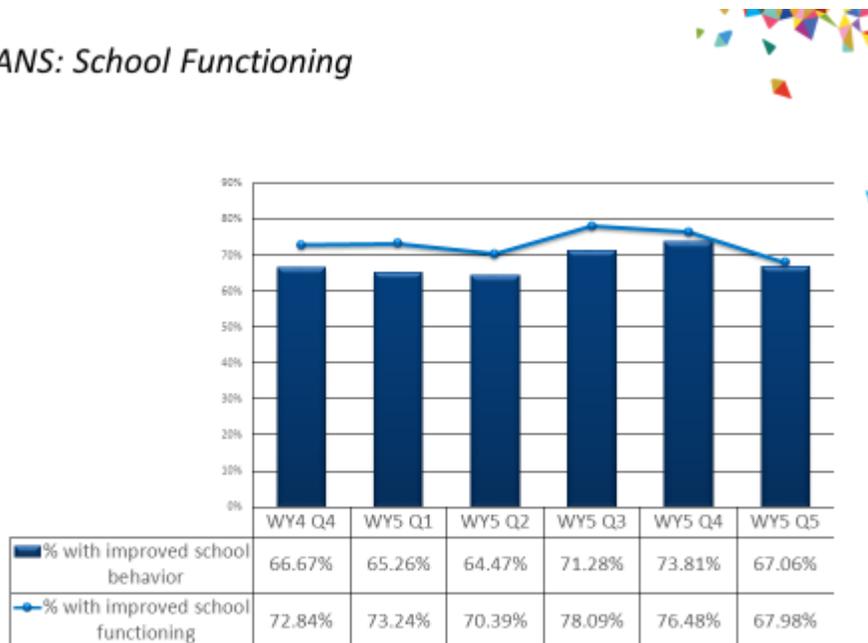
School Outcomes

Source: Magellan

The CANS school module which evaluates school functioning, is regularly applied when children and youth initially enroll in CSoC, then every 180 days after enrollment and at discharge. This offers a more consistent and objective picture of a youth’s school functioning over time. The following results were documented:

- 67.98% showed improved school functioning
- 66.81% showed improved school attendance
- 67.06% showed improved school behavior

CANS: School Functioning



Youth with an IEP

Source: Magellan

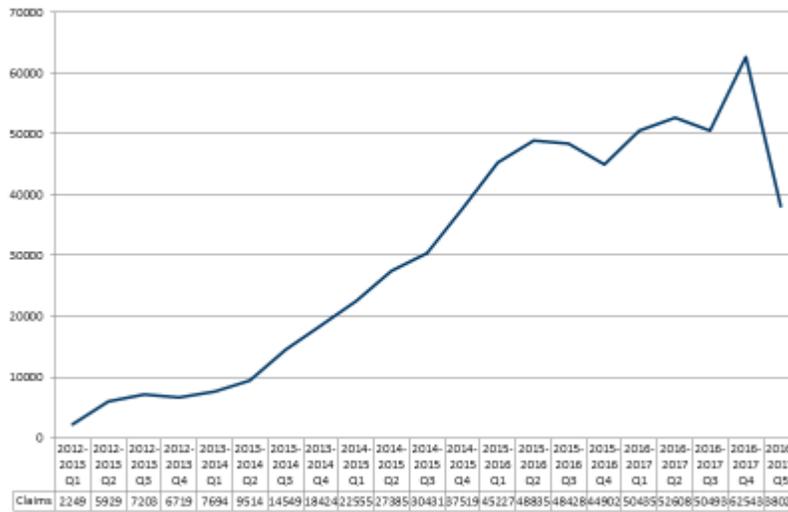
- A review of the enrollment for this time period indicates that approximately 35.46% of the children/youth enrolled in CSoC had a current IEP meaning that they are receiving special education services in the school system.

Home and Community Based Services

Source: Magellan

- There continues to be a high level of 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

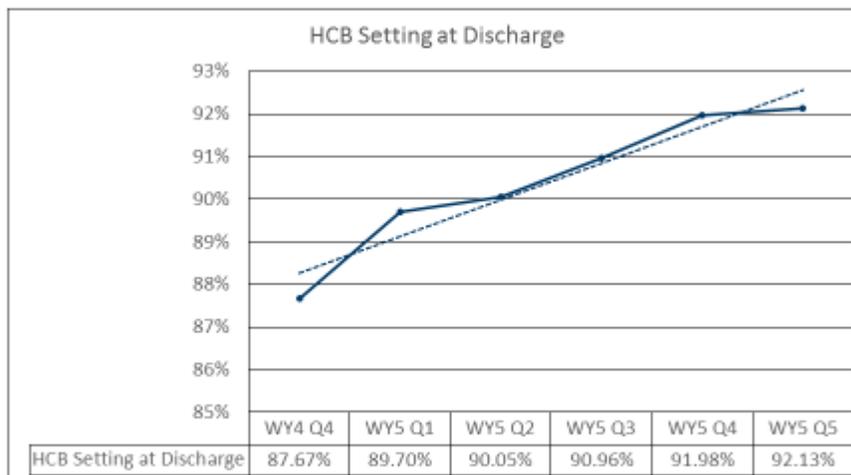


Living Situation at Discharge from CSoC

Source: Magellan

- Percent of youth whose living situation at discharge from CSoC is a home and community based setting: 92.13%

Living Situation at Discharge



Central Goal of CSoC is to ensure high risk children remain in the Home and Community: This quarter 90% of children were discharged into a HCBS.