



COORDINATED  
SYSTEM OF CARE

CSOC Director's Report to the Governance Board  
Presented on May 24, 2017

**Highlights for period (December 2016-March 2017)**

- Total CSoc enrollment is 2205.
- 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:**

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

During the reporting period (11/25/16 – 3/31/17) there were a total of 953 referrals. The range of referrals by region was 72 to 136. Referrals to CSoc come from a variety of sources. The number of referrals from state agencies since implementation of CSoc continues to rise (DCFS – 1112, OJJ – 1003, and schools – 1211). 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	11/25/16	3/31/17	CHANGE
DCFS	1036	1112	76
OJJ	930	1003	73
OBH	115	118	3
DOE/School	1095	1211	116
Caregiver	2368	2614	246
Hospitals	1236	1279	43
Licensed Mental Health Professional	2078	2225	147
Other Juvenile Entities	590	629	39
Self or Legal Guardian	856	938	82
Primary Care Physician (PCP)	45	53	8
Other	1518	1638	120
<b>Total</b>	<b>11867</b>	<b>12820</b>	<b>953</b>

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	5/27/2016	8/26/2016	11/25/2016	3/31/2017
1 (Jefferson Parish/Greater New Orleans area)	59	64	62	124
2 (Capital area)	52	70	62	109
3 (Covington area)	63	86	93	136
4 (Thibodaux area)	39	55	71	72
5 (Acadiana area)	52	53	71	79
6 (Lake Charles area)	43	52	63	92
7 (Alexandria area)	52	50	73	96
8 (Shreveport area)	51	69	121	125
9 (Monroe area)	65	99	194	120
<b>TOTAL</b>	<b>476</b>	<b>598</b>	<b>810</b>	<b>953</b>

The majority of children/youth enrolled in CSoC are male (1,341 or 63%). African-American is the predominant race of these young people representing 1,246 (58%). The age group with the highest enrollment is 13-16 years old (766 or 36%).

**Wraparound Agency (WAA) update:**

Over the last 9 months, the WAA supervisors/coaches have been engaged in Wraparound Coaching training with two national trainers. The goal of this training 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. Training with a national trainer will continue into the fall for the wraparound facilitators, to support on-going skill development. Our Magellan partners are also participating in these trainings in an effort to continue to develop their own skills and knowledge of high fidelity wraparound.

The CSoC Family Lead, with the CSoC Director will work with the national trainer to create a ‘train the trainer’ for each of these trainings to develop sustainability. 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 involved 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 good work being done on the individual Wraparound Agency level.

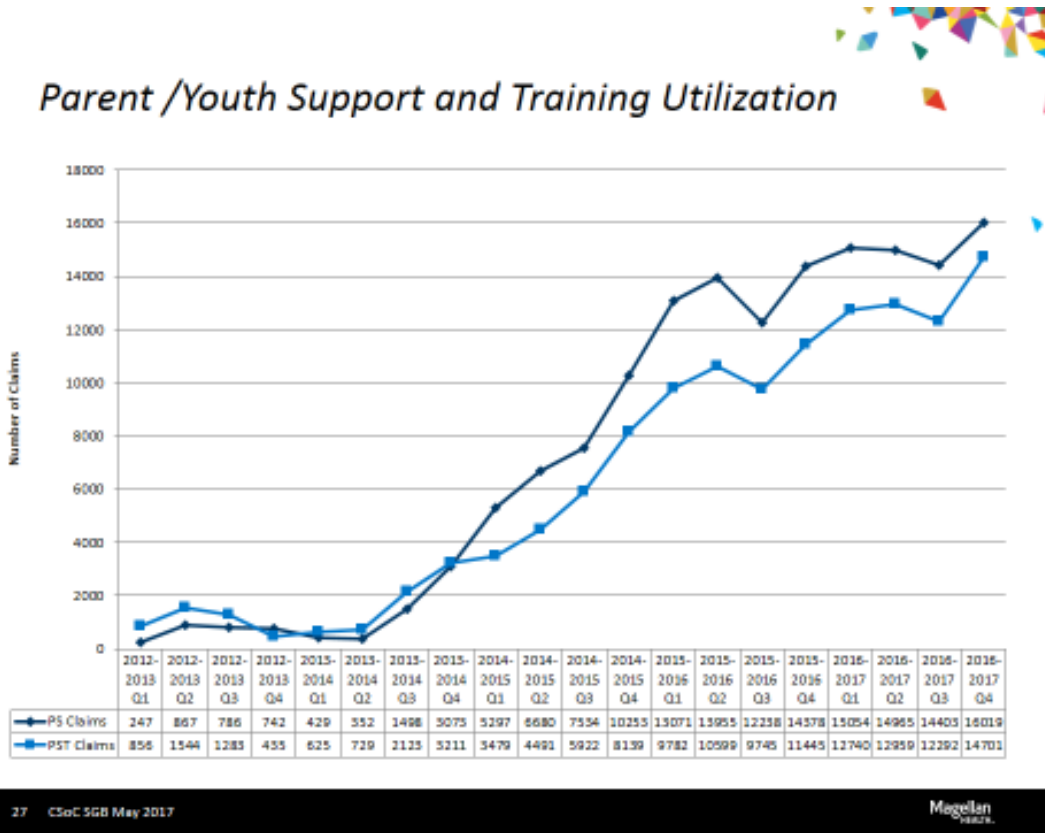
**Statewide Coordinating Council**

Active participation and attendance at SCC meetings continues to be a challenge. The Family Lead is working with FSO leadership to organize a “focus group” of parents and youth who are current or former CSoC participants, to get information about what would make membership in the SCC worthwhile for them. These interactions will be live and via telephone, and will be conducted over the summer. The goal is to design a relaunch plan that works for participants, and equips them to bring valuable information back for reporting to the SGB. One potential barrier worth noting is the lack of available support for stipends and gathering in regions. The Family Lead will engage with the FSO and WAAs for ideas to help address this.

**Family Support Organization update**

The FSO continues to outreach other organizations for partnerships that support youth and families. The newest partnerships include: Youth Alive International, Natchitoches Parish Schools, the Urban Congress, the Tunica-Biloxi Native American Tribe, O’Brien House, and United Way of Northwest Louisiana. The MY LIFE monthly events continue, allowing youth and families an opportunity to connect, share their stories, and learn from each other, and practice valuable social skills.

The FSO also continues to recruit and hire staff with lived experience to better serve youth and families. Also, Ekhaya staff continues to go through the Introduction to Wraparound for Support Specialists and Functional Behavioral Approach trainings, with participation documentation provided to OBH.



**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 20 STR providers this quarter.

**Independent Living Skills Building**

- There are 141 ILSB providers throughout the regions.

**Trends in Children/Youth Outcomes Data:**

**Inpatient Psychiatric and Emergency Room Utilization**

Source: Medicaid Claims: Calendar Year 2017, Quarter 1

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 **75.0% decrease** in the use of inpatient psychiatric hospitalization in the 90 days post discharge from CSoC.
- Data also reveals a **79.1% 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: 155 or 5.49%
- Average length of stay for CSoC members (under 22) in psychiatric hospitalization: 6.03 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	155	2,822	5.49%	6.03

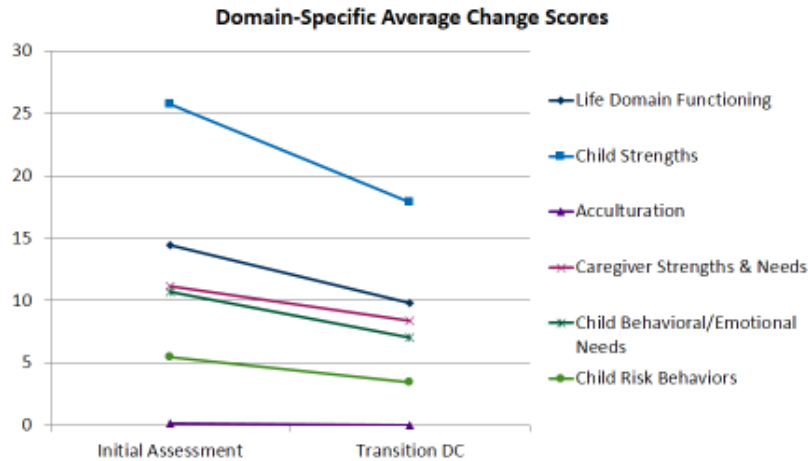
**CANS Outcomes Data**

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 570 youth discharged during the quarter showed:

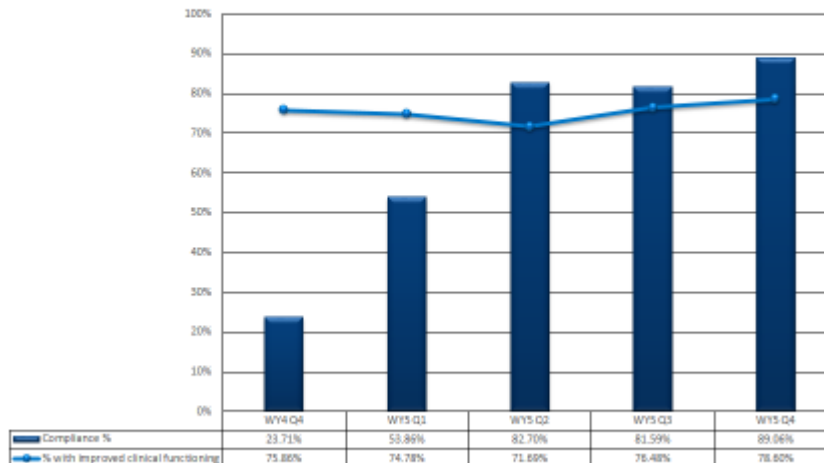
- A mean score decrease of 21.02 points
- 78.60% of youth showed improved clinical functioning

*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*



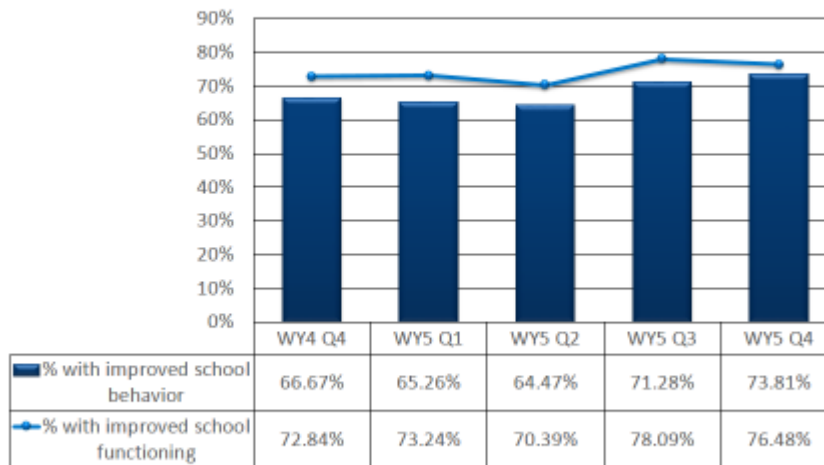
**School Outcomes**

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:

- 76.48% showed improved school functioning
- 67.68% showed improved school attendance
- 73.81% showed improved school behavior

*CANS: School Functioning*



**Youth with an IEP**

Source: Magellan

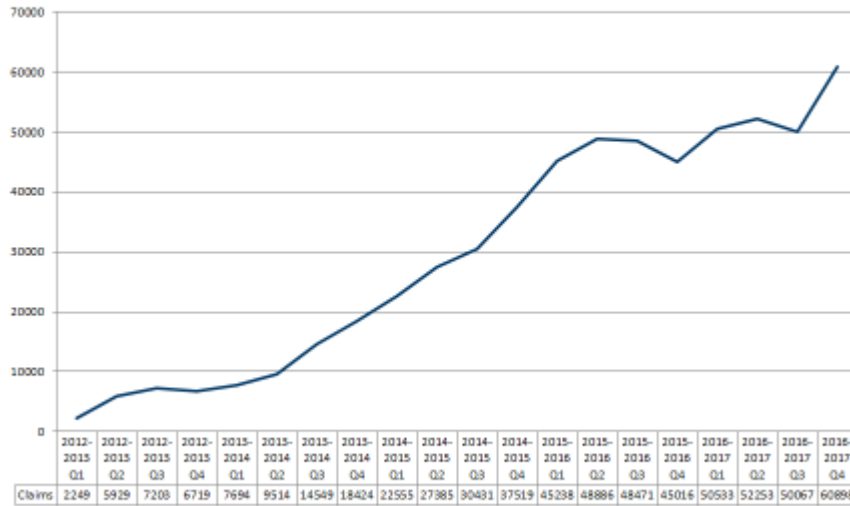
- A review of the enrollment for this time period indicates that approximately 35.51% of the children/youth enrolled in CSoC had a current IEP meaning that they are receiving special education services in the school system.

**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

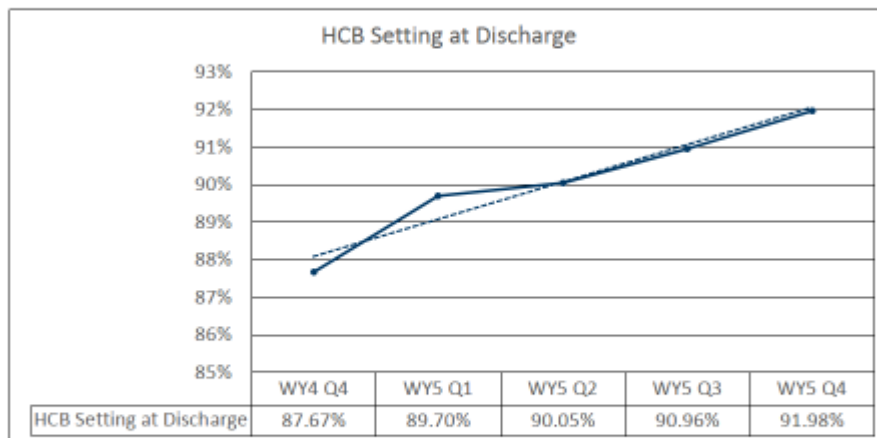


### Living Situation at Discharge from CSoC

Source: Magellan

- Percent of youth whose living situation at discharge from CSoC is a home and community based setting: 91.98%

### 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.