



**CSOC Director’s Report to the Governance Board  
Prepared for the February 27, 2019 Meeting**

**Highlights and News**

- Total CSoc enrollment is 2,268.
- Sheila Jordan, our CSoc Family Lead, has moved on to be the Executive Director of an alternative school for girls in Florida. Sareda McPhee has taken on the role of Family Lead for CSoc.
- CSoc outcomes continue to trend positively for CSoc children, youth and their families.

**CSoc Enrollment:**

<b>Act 1225 Region</b>	<b>12/31/2017</b>	<b>3/31/2018</b>	<b>6/30/2018</b>	<b>9/30/2018</b>	<b>12/31/2018</b>
1 (Jefferson Parish/Greater New Orleans area)	355	359	346	347	343
2 (Capital area)	221	210	224	224	212
3 (Covington area)	300	299	301	309	319
4 (Thibodaux area)	302	295	296	281	283
5 (Acadiana area)	120	148	141	151	153
6 (Lake Charles area)	174	177	172	180	172
7 (Alexandria area)	170	148	158	164	169
8 (Shreveport area)	196	216	201	205	220
9 (Monroe area)	393	406	392	388	397
<b>TOTAL</b>	<b>2,231</b>	<b>2,258</b>	<b>2,231</b>	<b>2,249</b>	<b>2,268</b>

During the reporting period (10/1/2018 – 12/31/2018), there was a total of 660 referrals. The range of referrals by region was 54 to 102. Referrals to CSoc come from a variety of sources. The number of referrals from state agencies since implementation of CSoc continues to rise (DCFS – 1,566, OJJ – 1,381, and schools – 1,756). 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	09/28/2018	12/28/2018	Change
Caregiver	3,670	3,798	128
Licensed Mental Health Professional	2,984	3,086	102
Other	2,224	2,345	121
DOE/School	1,648	1,756	108
Hospitals	1,465	1,493	28
DCFS	1,503	1,566	63
OJJ	1,342	1,381	39
Self or Legal Guardian	1,073	1,092	19
Other Juvenile Entities	847	883	36
OBH	140	142	2
Primary Care Physician (PCP)	107	121	14
<b>Total</b>	<b>17,003</b>	<b>17,663</b>	<b>660</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	3/31/2018	6/30/2018	9/30/2018	12/31/2018
1 (Jefferson Parish/Greater New Orleans area)	75	73	79	80
2 (Capital area)	83	94	107	73
3 (Covington area)	113	127	100	102
4 (Thibodaux area)	71	75	71	64
5 (Acadiana area)	69	81	61	71
6 (Lake Charles area)	71	61	58	54
7 (Alexandria area)	74	55	66	72
8 (Shreveport area)	99	96	100	59
9 (Monroe area)	87	91	89	85
<b>TOTAL</b>	<b>742</b>	<b>753</b>	<b>731</b>	<b>660</b>

The majority of children/youth enrolled in CSoC are male (1,279 or 59%). African-American is the predominant race of these young people, representing 1,250 (58%). The age groups with the highest enrollment are 10-15 years old (1,231 or 57%).

**Wraparound Agency (WAA) Community Outreach and Coordination of Service Providers:**

In this past quarter, the following Wraparound Agencies have participated in several community and resource events in order to build partnerships with the local and regional community agencies and stakeholders. These efforts serve to expand the understanding of system of care values, promote stronger working relationships and explore additional resources and supports for CSOC youth and families. Below are some examples of the functions that they have attended.

**Region 2 Baton Rouge Area: National Child and Family Services:**

- Region 2 will be co-hosting a Regional Advisory Committee meeting with Magellan in April.
- The Program Director is about to start serving as a core team member for Interagency Service Coordination meetings via Capital Area.

**Region 5 Lafayette Area: Eckerd Connects:**

- Eckerd Connects in Lafayette has been working on a Comfort Kit project to help strengthen their role in the community and relationships with local law enforcement. Their idea is to put together a “Comfort Kit” that officers on patrol can pass out to any youth they come in contact with. They have heard many stories from law enforcement officers about youth that have been exposed to trauma, anywhere from bad car accidents, drug contact, or domestic violence. The officers can give a bag to these youth as a form of “comfort” in their time of distress. The Eckerd Drawstring bags will include a Hero’s coloring book, a set of crayons, a bottle of water, a Kool-aid/lemonade packet, non-perishable snacks (goldfish, cookies, etc.), badge stickers donated by the local police department, and a flyer about Eckerd Connects that explains their program as well as contact information. They will be partnering with a local church in the community that has adopted this as a mission project. Covenant United Methodist Church in Lafayette will purchase the coloring books and have members donate the crayons, water, snacks, and drink packets. Eckerd will provide the drawstring bags. The project lead, Jamie Bethley Carter, reports that “Living with a law enforcement officer myself, I see first-hand the impact these officers can have on these youth and families during such a traumatic time. My hope is that these officers can give these youth something to know someone out there in the community cares about them and something good can come out of a bad situation.” They will be making 250 Comfort Kits on March 9th, 2019. They would like to involve the Lafayette Police Department on this day as well as local media coverage. They look forward to connecting with the community on this project and hope they are able to do even more Kits in the future.

**Region 8 Shreveport Area: Choices:**

- The WAA continues to be a part of the leadership team guiding a community Strategic Planning Group. This initiative is focused on increasing the community’s capacity to be more trauma responsive. Among the group’s successes include: (1) supporting the development and training of new TBRI practitioners through Karyn Purvis Institute at TCU; (2) creating opportunities for mental health providers to receive additional training in trauma focused treatment modalities; (3) working with the local school district to develop a plan to become a trauma sensitive school system; and (4) fostering opportunities to build resiliency among youth.

### **Family Support Organization Update:**

Behavioral Services of Louisiana (BSLA) continues to grow its staff in order to serve the full complement of CSoC youth and parents requesting parent and youth support services. Currently, the organization has 167 staff in these roles (up from 161 last quarter), located across the state. Currently, 1,590 CSoC participants are receiving services (up from 1,572 last quarter). Of those participants receiving services, 82% receive parent support and 48% receive youth support. BSLA has a new position referred to as the FSO Liaison that is going extremely well and they will begin having two liaisons in each region. The FSO Liaison is responsible for engaging all new referrals within 7-10 business days and is accessible to the family for the first 30 days while the Plan of Care is being developed. BSLA is also increasing supervisory capacity, by hiring additional supervisors in multiple regions (3, 1, 9, and 8 now all have two supervisors). Additionally, BSLA transitioned a supervisor to the Regional Trainer role to accommodate training needs. The Regional Trainer is responsible for training all new support specialists, completing the onboarding process and conducting monthly trainings with staff. Lastly, BSLA has been focusing heavily on professional development through training opportunities. The training topics include: mandated reporting, adverse incident reporting, and increased vocal presence of support specialist along with families during Child and Family Team meetings.

### **Statewide Coordinating Council**

The State CSoC team will continue to work with FSO Leadership to discuss design and implementation of the Family and Youth Advisory Boards. The FSO is beginning the process with some assessment and exploration of potential structure and content that will make the experience meaningful for families and youth across the regions. Follow-up discussions are being planned in order to solidify a timeline and plan for beginning to build these important groups across the State.

### **CSoC Finance and Audit Committee:**

This committee meets on an 'as needed' basis and did not meet 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 16 STR providers this quarter.

#### **Independent Living Skills Building**

- There are 172 ILSB providers throughout the regions.

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

#### **Inpatient Psychiatric and Emergency Room Utilization**

Source: Medicaid Claims: Calendar Year 2018, Quarter 4

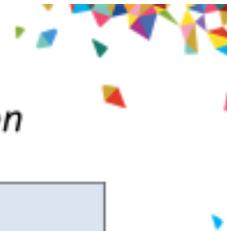
Utilization of inpatient psychiatric hospitalization for CSoC youth who were enrolled in CSoC for more than 90 days. Review includes use of inpatient psychiatric hospitalization 90 days **before enrollment** in CSoC and 90 days **post-discharge** from CSoC.

- Data reveals an **74% decrease** in the **use of inpatient psychiatric hospitalization in the 90 days post-discharge from CSoC.**
- Data also reveals a **85.4% 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: 135 or 5.00%
- Average length of stay for CSoC members (under 22) in psychiatric hospitalization: 6.55 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	135	2,699	5.00%	6.55

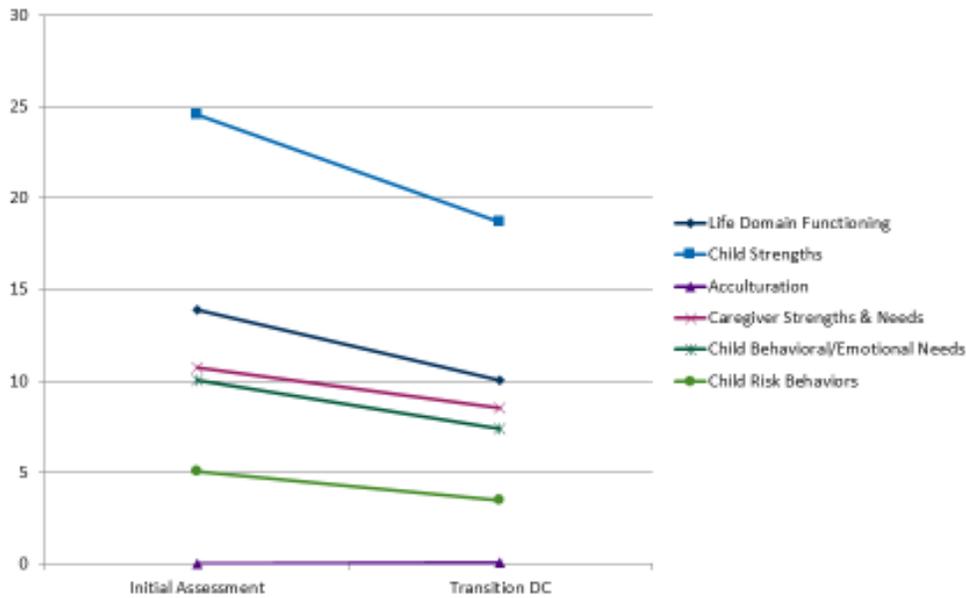
**CANS Outcomes Data**

Source: Magellan

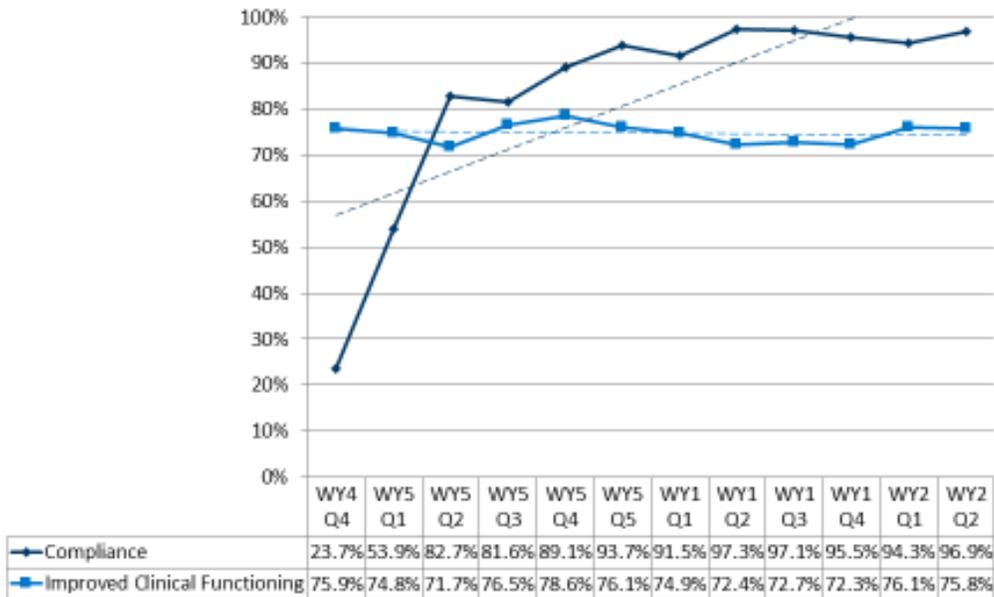
Outcomes Findings: An analysis of the global CANS scores beginning at initial intake and then at discharge for 466 youth with valid data of the 481 youth discharged during the quarter showed:

- A mean score decrease of 16.08 points
- 75.75% of youth showed improved clinical functioning

### CANS Outcomes: Domain Scores



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



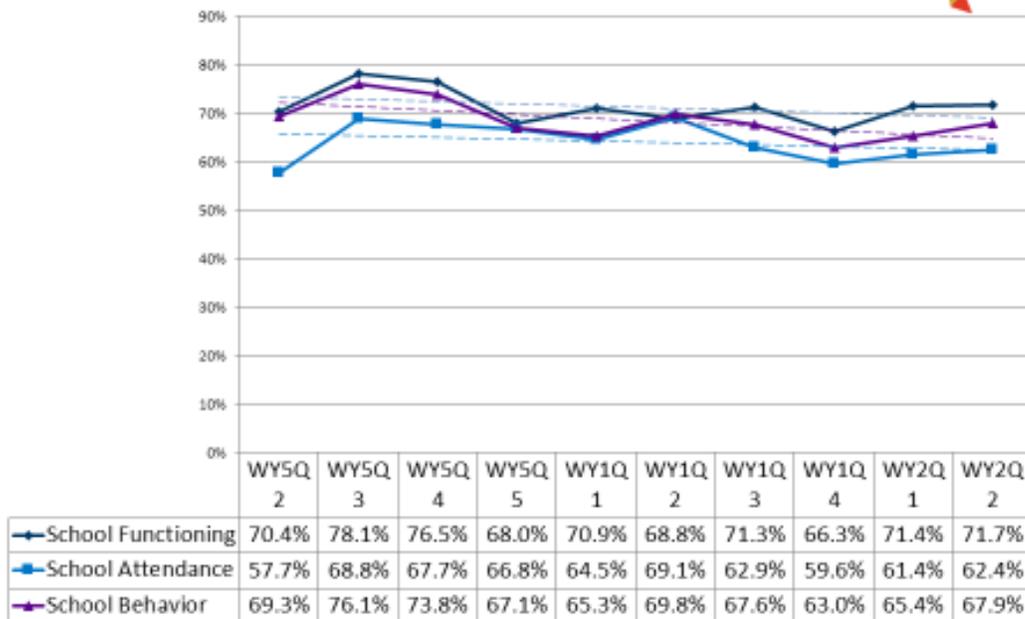
**School Outcomes**

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:

- 71.71% showed improved school functioning
- 67.93% showed improved school behavior

*CANS: School Functioning\**



\*Given an initial score > 0

**Youth with an IEP**

Source: Magellan

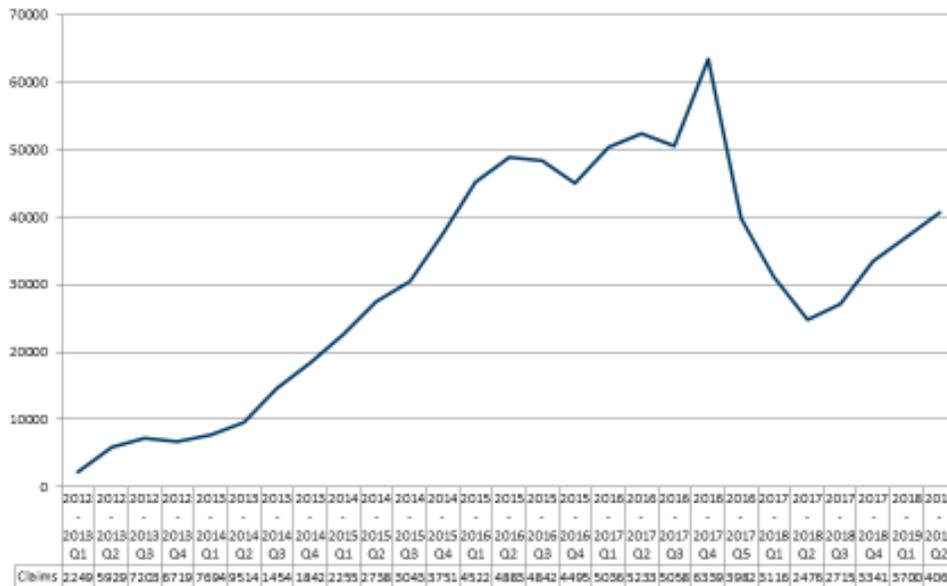
- A review of the enrollment for this time period indicates that approximately 33.48% of the children/youth enrolled in CSoc had a current IEP meaning that they are receiving special education services in the school system.

**Home and Community Based Services**

Source: Magellan

- The use of Home and Community-Based Services remained lower than past reporting periods due to termination of the previous Family Support Organization (FSO) from the Magellan provider network. Service utilization is higher than during the last reporting period as the new FSO continues to serve more CSoc members statewide. The utilization of services is expected to continue to trend upward going forward.

### 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: 94.59%

### Living Situation at Discharge

REGION	Percent of children whose living situation at discharge is a HCB setting
1	96.92%
2	98.39%
3	90.14%
4	97.87%
5	97.78%
6	89.47%
7	94.34%
8	85.00%
9	98.33%
<b>Statewide Total</b>	<b>94.59%</b>

**Utilization of Natural/Informal Supports**

Source: Magellan

- Percent of CSoC members who have at least one natural/informal support on their child and family team: 91.5%



*Natural and Informal Support Utilization*

REGION	NUMBER OF PARTICIPANTS WITH AT LEAST ONE NATURAL/INFORMAL SUPPORT ON CFT	PERFORMANCE RATE
1	350	93.1%
2	217	87.5%
3	281	79.4%
4	268	89.3%
5	177	91.2%
6	181	93.8%
7	198	99.5%
8	245	100.8%
9	394	94.3%
TOTAL	2311	91.5%

