

Coordinated System of Care (CSoC)

Transforming the System July 25, 2013



Member Referrals



| Region | 3/31/13 | 6/30/13 | Change |
|-----------------------------|---------|---------|--------|
| Region 1 – Jefferson parish | 313 | 377 | 64 |
| Region 2 - Baton Rouge area | 519 | 636 | 117 |
| Region 7 - Alexandria area | 314 | 417 | 103 |
| Region 8 – Shreveport area | 539 | 739 | 200 |
| Region 9 - Monroe area | 437 | 505 | 68 |
| Total | 2122 | 2674 | 552 |



Referrals by Agency/Entity



| Referring Agency | 3/31/13 | 6/30/13 | Change |
|---|---------|---------|--------|
| DCFS | 296 | 345 | 49 |
| OJJ | 234 | 245 | 11 |
| OBH | 102 | 109 | 7 |
| DOE/School | 68 | 158 | 90 |
| Other Referrals: (Caregiver, Hospitals, Licensed Mental Health Professionals and other Juvenile Entities) | 1422 | 1817 | 395 |
| Total | 2122 | 2674 | 552 |



CSoC Current Enrollment



| Region | 3/31/13 | 6/30/13 | Change |
|-----------------------------|---------|---------|--------|
| Region 1 - Jefferson parish | 102 | 105 | 3 |
| Region 2 -Baton Rouge area | 144 | 179 | 35 |
| Region 7 - Alexandria area | 109 | 109 | 0 |
| Region 8 –Shreveport area | 181 | 212 | 31 |
| Region 9 - Monroe area | 189 | 241 | 52 |
| Total | 725 | 846 | 121 |

Medicaid/Non-Medicaid Enrollment: *



| Population | Number | Percentage |
|--------------|--------|------------|
| Medicaid | 827 | 97.8% |
| Non-Medicaid | 5 | 0.6% |
| Pending | 14 | 1.6% |
| Total | 846 | 100.0% |

^{*}based on current eligibility and authorization

Race



| Race | Number | Percentage |
|------------------|--------|------------|
| African-American | 490 | 58.0% |
| Caucasian | 246 | 29.1% |
| American Indian | 2 | 0.2% |
| Pacific Islander | 5 | 0.1% |
| Other Ethnicity | 13 | 1.6% |
| Unspecified | 90 | 11.0% |
| Total | 846 | 100.0% |



Gender



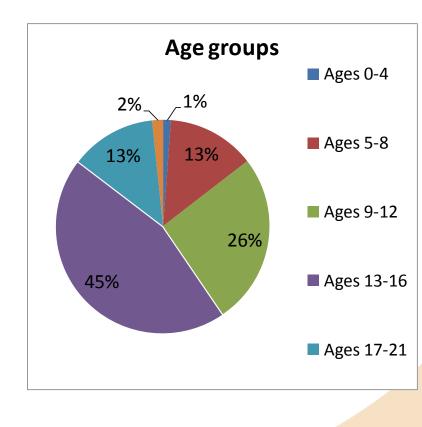
| Gender | Number | Percentage |
|-------------|--------|------------|
| Male | 547 | 64.5% |
| Female | 286 | 34.0% |
| Unspecified | 13 | 1.5% |
| Total | 846 | 100.0% |



Age Groups



| Age Groups | Number |
|-------------|--------|
| up to 4 | 10 |
| 5 - 8 | 113 |
| 9 - 12 | 220 |
| 13 - 16 | 380 |
| 17 - 21 | 109 |
| Unspecified | 14 |
| Total | 846 |





Residence at Time of Referral



| Residence | Number | Percentage |
|---------------------------|--------|------------|
| Private Residence | 698 | 82.5% |
| Unspecified | 79 | 9.3% |
| Foster Home | 50 | 5.9% |
| Group Home /Halfway House | 8 | 1.0% |
| Homeless/shelter | 8 | 1.0% |
| Secure placements | 2 | 0.2% |
| Other Caregiver | 1 | 0.1% |
| Total | 846 | 100.0 % |

Member Authorizations



| Service Type | Auths |
|--|-------|
| Parent Support/Training | 1403 |
| Youth Support/Training | 1399 |
| CPST/Homebuilders | 766 |
| Psychosocial Rehabilitation | 702 |
| Inpatient Psychiatric Facility | 538 |
| Short Term Respite | 346 |
| Outpatient + Intensive Outpatient Psychiatric Services | 106 |
| Independent Living/Skills Building | 88 |
| Crisis Stabilization | 34 |
| SA Residential | 27 |
| Psychiatric Residential Therapeutic Facility | 9 |
| Therapeutic Group Home | 3 |
| Total | 5421 |

Demographic Summary



Children and Youth served in CSoC:

- 552 referrals since last report
- 97.8% Medicaid funded
- 12.7 is the average age
- 65% are males and 34% are females
- 57.9% are African American
- 121 new enrollees
- The top 3 services requested and authorized for CSoC members are:
 - 1 Parent Support and Training
 - 2 Youth Support and Training
 - 3 CPST / Homebuilders



Increasing Access to Care





Providers by Region 5 specialized CSoC services



| CSoC Service | Jefferson Parish | Region 2 | Region 7 | Region 8 | Region 9 | Total |
|------------------------------------|---------------------|----------|----------|----------|----------|-------|
| Independent Living/Skills Building | 6 | 3 | 4 | 9 | 7 | 29 |
| Parent Support & Training | 1 | 1 | 1 | 1 | 1 | 5 |
| Short Term Respite Care | 2 | 2 | 1 | 4 | 5 | 14 |
| Crisis Stabilization | 0 | 1 | 0 | 1 | 1 | 3 |
| Youth Support & Training | 1 | 1 | 1 | 1 | 1 | 5 |
| Totals | 10 | 8 | 7 | 16 | 15 | 56 |

^{* 24 %} increase in these provider types since last report

Network Expansion Plan



Crisis Stabilization (CS) and Short Term Respite (STR):

- Contracted two additional CS providers since last quarter
- Creating Request For Proposal (RFPs) for CS and STR to recruit for current and implementing Phase 2 regions
- Created informational materials with an overview of each service, and listing resources/next steps for interested providers
- Continuing to work with current providers who are interested in expanding services to include CS and STR



Network Expansion Plan



Therapeutic Group Home (TGH) and Therapeutic Foster Care (TFC):

- Identifying current Non-Medical Group Homes (NMGH) that can transition into TGH
- Working with RFP responders for TGH, and also have an additional provider interested
- One new TFC contracted and two more have applied for licensure



Network Expansion Plan –



<u>Psychiatric Residential Treatment Facility (PRTF)</u> <u>recruitment:</u>

- 104 PRTF beds currently in place and expansion is in process
- Working with four additional providers for this level of care to add a total of 145 more beds
- Planning session scheduled on 7/23/13 with new PRTF provider

Network Expansion Plan



Expand Evidence Based Practice (EBP) capacity through learning and technical assistance

- Partner with Medical Director to expand into EBP for 0-6 population
- Multi-Systemic Therapy 35 providers across the state (increase of 5 providers since last quarter)
- Functional Family Therapy 8 providers across the state (increase of 1 provider since last quarter)
- Homebuilders 12 providers across the state (increase of 2 providers since last quarter)

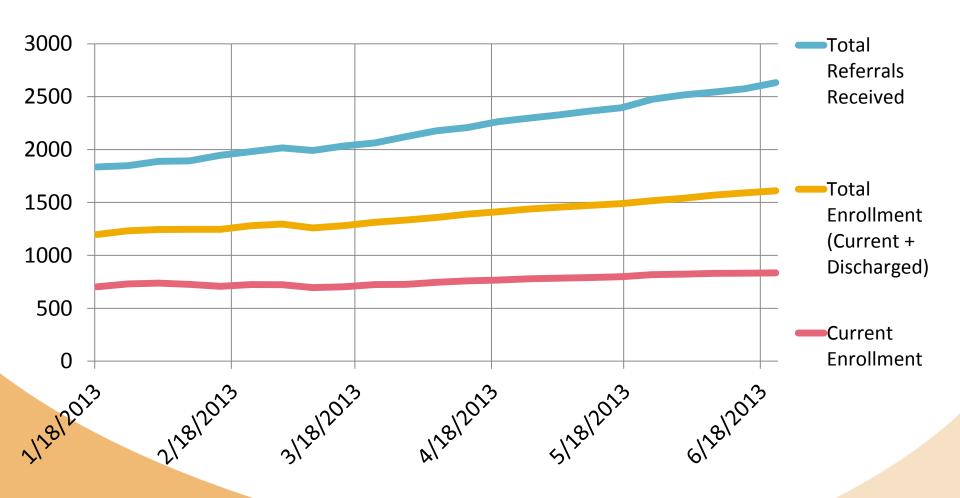




Enrollment: By the Numbers

Referrals and Enrollment- All Regions (1/13 to 6/13)

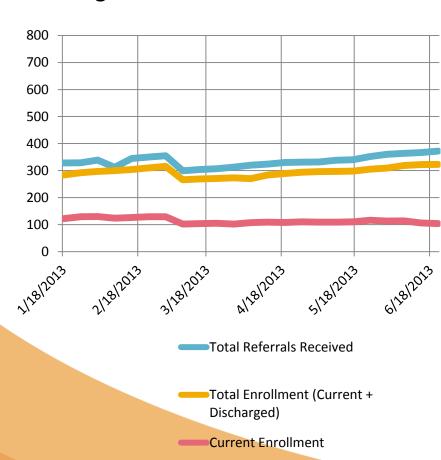




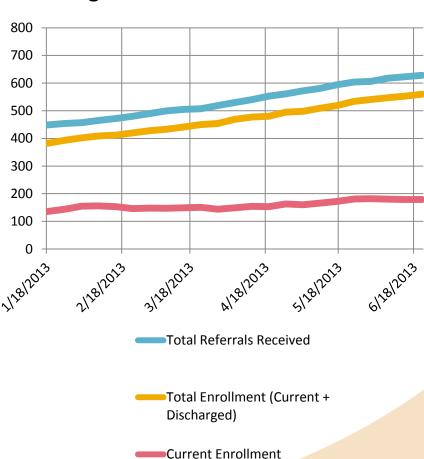
Referrals/Enrollments by Region (1 and 2)



Region 1 Enrollment and Referrals

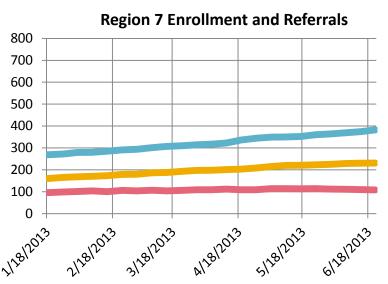


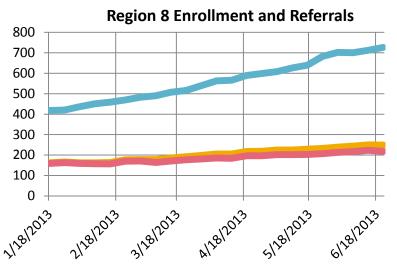
Region 2 Enrollment and Referrals

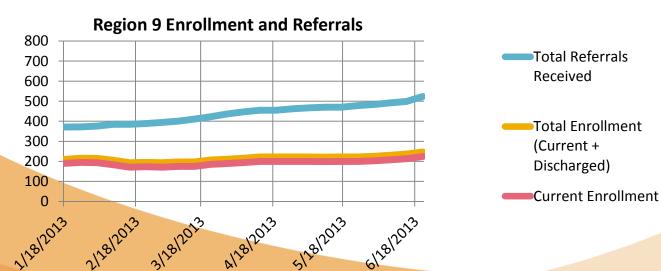


Referrals/Enrollments by Region (7, 8, 9)









Referral/Enrollment Differentiation



- Child/youth and family has Freedom of Choice to enroll or not
- Availability of alternative programs and sources of support varied across regions
- Different levels of provider collaboration across regions
- New Program
 - Learning curve
 - How to engage young people and families
 - Changes in the enrollment process and adjusted timeframes
 - How to identify appropriate individuals to refer
 - Skill level for conducting Independent Behavioral Health Assessment (IBHA) form and Child and Adolescent Needs and Strengths (CANS) assessment tool

Intervention Strategies



- More trainings were held across all regions and provider types, and with state agency direct workers re: Eligibility and Referral Process
- Additional internal trainings at Magellan re: eligibility screening tool
- Remediated specific Certified Providers (CP) when warranted, and provided 1:1 technical assistance/instruction until improved assessment skills were demonstrated
- Targeted trainings on CANS and IBHA were held for CP Network and the Wraparound agency's Licensed Mental Health Practitioner on a consistent and bi-monthly basis.
- Training "Help" documents posted online
- Result: an increase in quality CANS assessments and IBHA forms submitted
- Creating strategies to improve engagement with youth and family members



Showing Results:

Tracking trends and transforming care



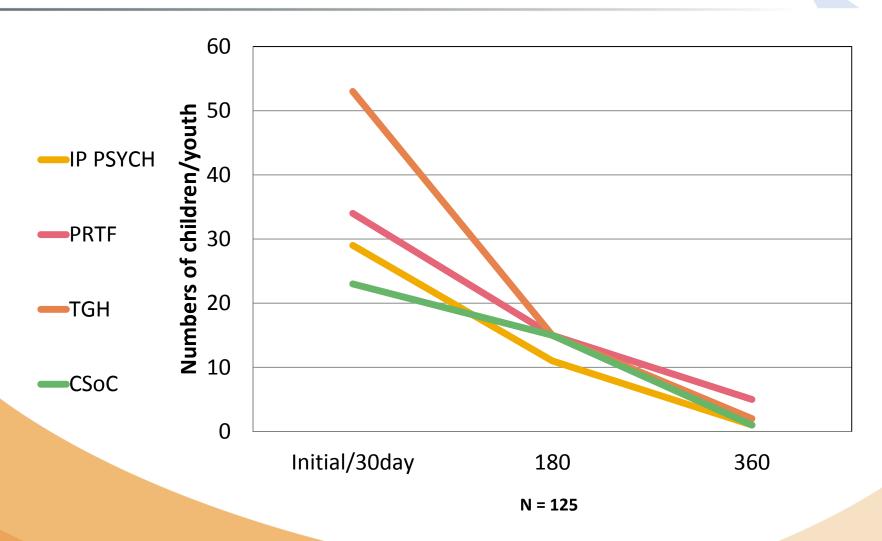
Trends in Children/Youth Outcomes Data



- Improved Functioning demonstrated:
 - through Child and Adolescent Needs and Strengths (CANS)
 assessment scores tracked overtime
 - decline in the # of suspensions and/or expulsions
 - decline in the # of out of home placements
 - downward trend in the # of inpatient psychiatric hospital admissions and # of total days
- What we know anecdotally:
 - children and youth are achieving the goals identified on their plans of care
 - increased utilization of natural and informal supports documented on Plans of Care

Child and Adolescent Needs and Strengths (CANS) Assessment Scores

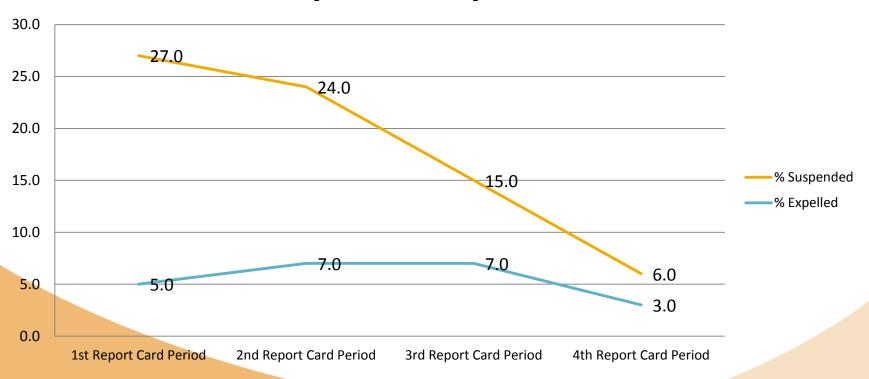




School Suspensions and Expulsions



% Suspended or Expelled 8/2012 - 2/2013



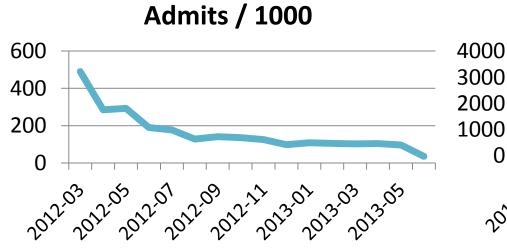
Out of Home Placements: (3/1/12- 5/3/13)



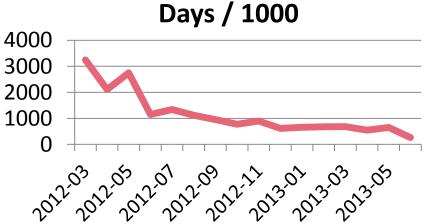
- Percent of CSoC children who had restrictive placements prior to enrollment in WAA = 444/1656 = 26.8%
- Percent of CSoC youth in restrictive placement after enrolling in WAA = 223/1656 = 13.5%
- A significant reduction demonstrated overtime

CSoC Children Inpatient Psychiatric Utilization

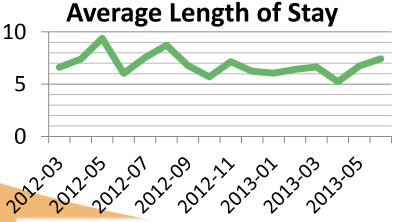




Total Admissions for all CSoC Inpatient Stays in Month / Number of CSoC Participants in Month * 1000



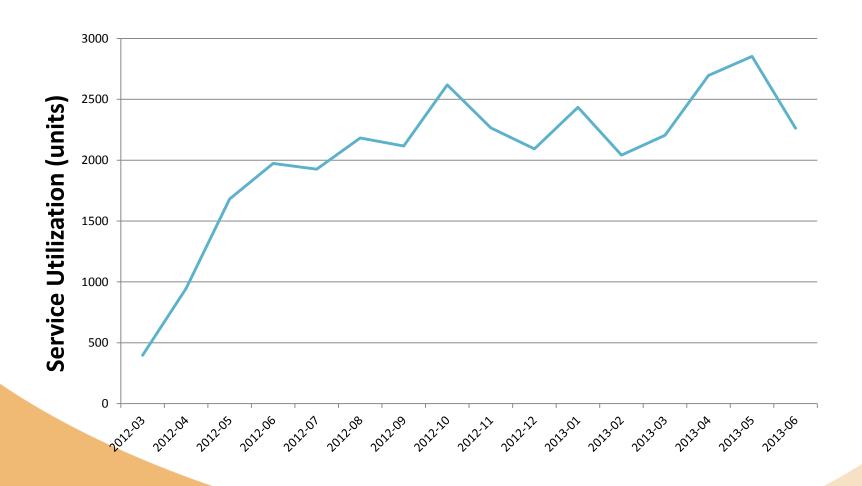
Total Days for all CSoC Inpatient Stays in Month / Number of CSoC Participants in Month * 1000



Total Days for all CSoC Inpatient Stays in Month /
Total Admissions for all CSoC Inpatient Stays in Month

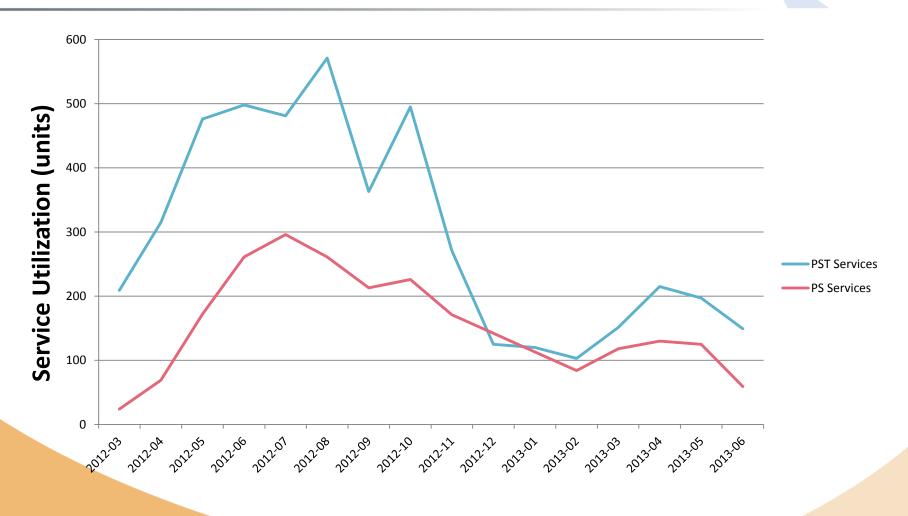
Home and Community Based Services





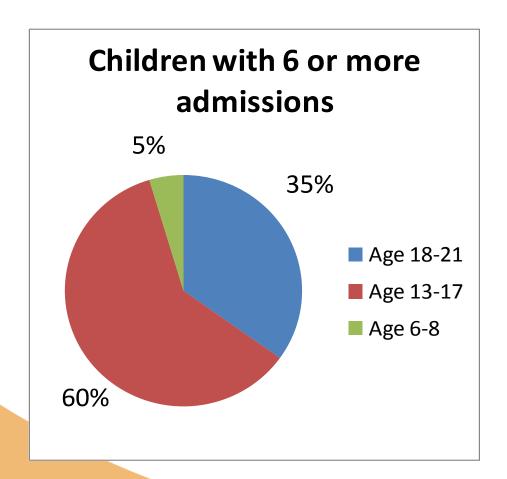
Parent /Youth Support and Training Service Utilization





Top Utilizers of Inpatient Psychiatric Hospitals Among All LBHP Children





- >43 children represented
- >27 have been referred to CSoC
- ➤ 16 received services in nonimplementing CSoC regions



Outreach and Transformation



Shaping Systems: Targeted Collaborative Efforts



Areas of Focus



- Schools Districts
- Office of Citizens with Developmental Disabilities
 - Partnership with OCDD/OBH/Magellan for onsite trainings
 - Site visits and smaller group discussions to follow
 - Focused trainings for WAA/FSO staff on unique needs of child/youth with developmental disabilities
- Outreaching Faith Based Communities
- FINS partnership
- Community Team development and support
- Tracking "High Utilizers"
- Tracking "Transition" age youth

Collaborative efforts continue...



- Weekly "Clinical Rounds" with Dr. Dalton/OBH/OJJ/DCFS
- Weekly team discussions on "High Utilizers"
- Education and training for discharge planners and staff at inpatient and residential facilities
- Active management of DCFS and OJJ children in residential settings
- Ongoing collaboration with Bayou Health plans proving tremendously beneficial in identifying and addressing individual medical and behavioral/mental health needs.

