LOUISIANA COORDINATED SYSTEM OF CARE: IMPACTS OF IMPLEMENTATION

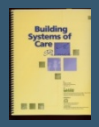
Technical Assistance

Initial Kick-Off Meeting

March 15, 2011

Fundamental Challenge to Building a System of Care

No one system controls everything.
Every system controls something.



Pires, S. (2004). Human Service Collaborative. Washington, D.C.

National System of Care Activity

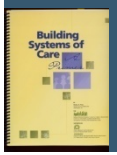
- **CASSP** – Systems of Care for children with SED
- **RWJ MHSPY** – Systems of Care for children with SED
- **CASEY MHI** – Systems of Care for inner city children
- **CMHS GRANTS** – Systems of Care for children with serious emotional/behavioral disorders
- **CSAT GRANTS** – Systems of Care for adolescents with substance abuse problems
- **ACF GRANTS** – Systems of Care for children involved in the child welfare system
- **CMS GRANTS** – Home and Community Based Systems of Care for youth in residential treatment
- **PRESIDENT'S NEW FREEDOM MENTAL HEALTH COMMISSION** – Home and Community Based Systems of Care

System of care is, first and foremost, a set of values and principles that provides an organizing framework for systems reform on behalf of children, youth and families.

Stroul, B. 2005. Georgetown University. Washington, D.C.

Cross-Cutting Characteristics

- *Cultural and linguistic competence,*
- *Meaningful partnership with families,*
- *Meaningful partnership with youth,*
- *A cross-agency perspective*, that is,
- *State, local and Tribal partnership* and shared commitment.



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Systems Change Focuses On…

POLICY LEVEL
(e.g., governance, financing; regulations; rates)

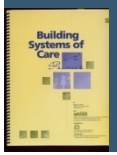
MANAGEMENT LEVEL
(e.g., data; quality improvement;
system organization)

FRONTLINE PRACTICE LEVEL
(e.g., assessment; care planning; care management;
services/supports provision)

COMMUNITY LEVEL
(e.g., partnership with families, youth,
natural helpers; community buy-in)

Characteristics of Systems of Care as Systems Reform Initiatives

FROM	TO
Fragmented service delivery	Coordinated service delivery
Categorical programs/funding	Blended resources
Limited services	Comprehensive service array
Reactive, crisis-oriented	Focus on prevention/early intervention
Focus on "deep end," restrictive	Least restrictive settings
Children/youth out-of-home	Children/youth within families
Centralized authority	Community-based ownership
Creation of "dependency"	Creation of "self-help"



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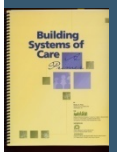
System of Care: Operational Characteristics (1)

- Collaboration across agencies
- Partnership with families and youth
- Cultural & linguistic competence
- Blended, braided, or coordinated financing
- Shared governance across systems with families and youth
- Shared outcomes across systems



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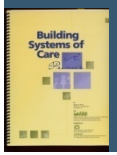
System of Care: Operational Characteristics (2)

- Organized pathway to services and supports
- Child and family teams
- Staff, providers, families, youth trained and mentored in a common practice model
- Single plan of care
- One accountable care manager
- Cross-agency care coordination
- Individualized service/supports “wrapped around” child/youth/family



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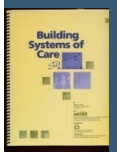
System of Care: Operational Characteristics (3)

- Home- & community-based alternatives
- Broad, flexible array of services and supports
- Integration of clinical treatment services and natural supports; linkage to community resources
- Integration of evidence-based and promising treatment approaches
- Data-driven focus on continuous quality improvement



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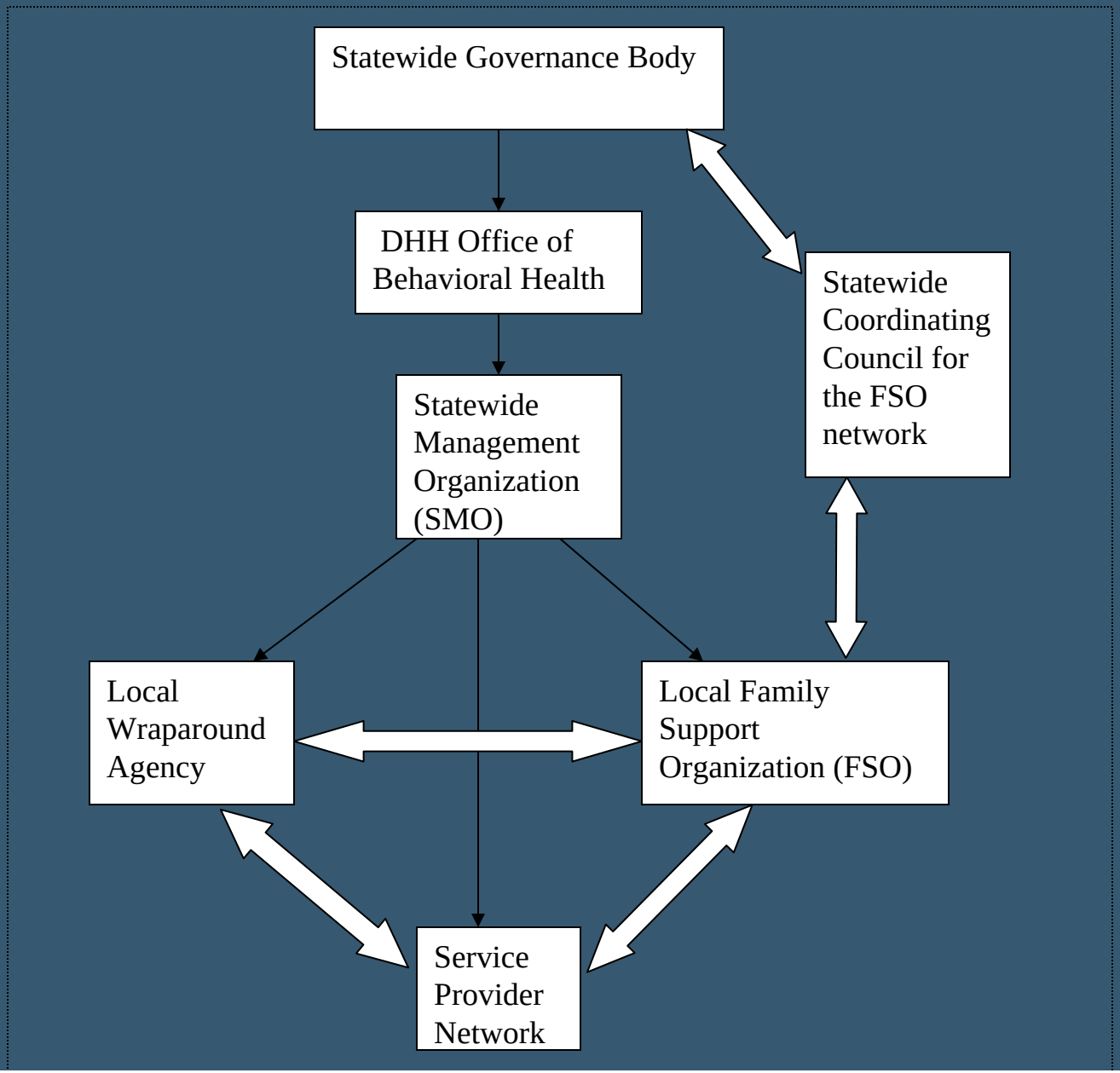
Louisiana CSoC Structure



National Recognition

- Wraparound Milwaukee—2009 Recipient of Harvard University's Innovations in State Government Award
- Encouragement by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services to explore the use of care management for children and youth, recognizing that "the goal of care management is to achieve an optimal level of wellness and improve coordination of care while providing cost effective, non-duplicative services." *
- Other state interest in adoption of similar models

* From CMS's Invitation to Apply for FY2010 Children's Health Insurance Program Reauthorization Act of 2009 Quality Demonstration Grants

The consistency of the principles of high-fidelity Wraparound, combined with the many functionalities of a LWA, offer consider potential and opportunity for Louisiana's child-family serving agencies to improve permanency and well-being for youth with complex needs and their families.

Local Wraparound Agency

- Serve as a “locus of accountability” for children with complex needs and their families.
- Support the organization, management, delivery, and financing of services and supports across multiple systems and providers.
- Are <u>not</u> traditional providers. Their business is not intake and referral to existing services.

FAMILY SUPPORT ORGANIZATION

- Family peer-to-peer support is the most fundamental element of the family movement and has been for more than 20 years.
- Families have always intuitively known that sharing information, support, and advocacy with one another are keys to overcoming the challenges of raising and supporting a child with emotional, mental or behavioral disorders.

OUTCOMES

New Jersey

- 10 years later, NJ is serving the intended population and satisfied with outcomes
- Reduced use of acute inpatient services saving more than $30 million in last three years
- Residential Treatment budget reduced by 15% over last three years

OUTCOMES

Wraparound Milwaukee

- Reduction in placement disruption rate from 65% to 30%
- School attendance for child welfare involved children improved from 71% days attended to 86% days attended
- 60% reduction in recidivism rates for delinquent youth from one year prior to enrollment to one year post enrollment

OUTCOMES

Wraparound Milwaukee (cont.)

- Decrease in average daily RTC population from 375 to 50
- Reduction in psychiatric inpatient days from 5,000 days to less than 200 days per year
- Average monthly $4,200 – all inclusive (compared to $7,200 for RTC, $6,000 for juvenile detention, $18,000 for psychiatric hospitalization)

OUTCOMES

Nebraska Region III

- At enrollment, 35.8% of children were in group or residential care vs 5.4% at disenrollment
- At enrollment, 2.3% of children were living in psychiatric hospitals vs 0% at disenrollment
- At enrollment, 7% of youth were in juvenile detention or corrections vs 0% at disenrollment
- At enrollment, 41.4% of children were living in community vs. 87.1% at disenrollment
- Improvement in CAFAS scores and $900,000 in cost savings

OUTCOMES

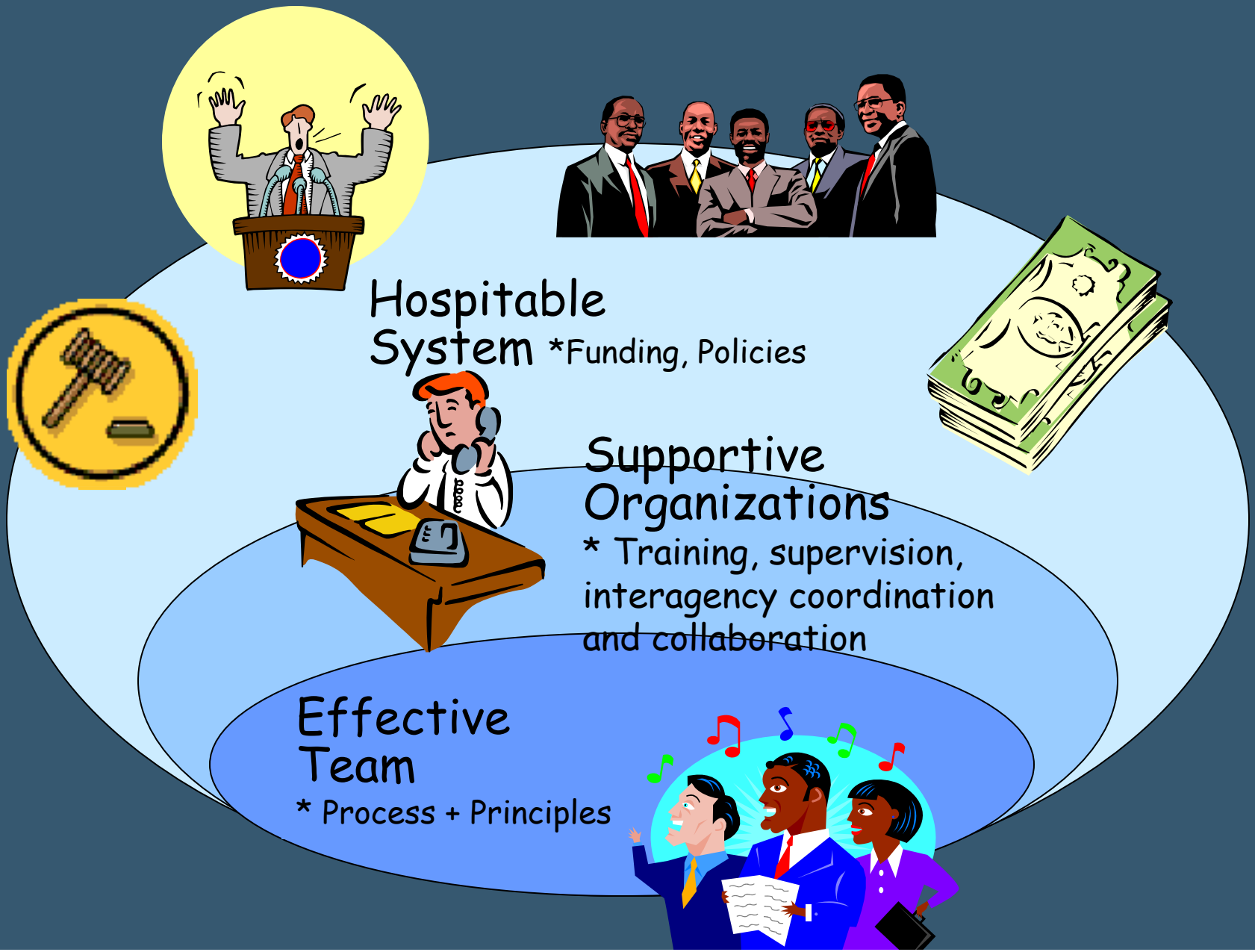
MARYLAND

- Projected Annual Cost Savings of $60,000/year per child
- Overwhelming majority of families and youth express satisfaction
- Fidelity to the model continues to be achieved
- Increase to public mental health system providers, including non-traditional

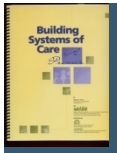
What is wraparound?

- "Wraparound" is a primary practice model implemented for System of Care for children with complex needs and their families
- Wraparound is…
  - A collaborative team planning process that is …
    - Family centered and youth guided
    - Provides care unconditionally
    - Culturally and linguistically competent
    - Strengths- and community based
    - Creative and individualized
      - Mobilize natural and community supports to meet unique needs

High-Quality Wraparound: What It Takes



- “The promise of effective community care can only be attained when we understand how new practices fit with the needs and strengths of local communities and their existing care systems, and we adapt clinical and administrative practices to provide care that changes in response to community context.”



Frontline Practice Shifts

Control by professionals (*I am in charge*) →	Partnerships with families/youth (acknowledging a power imbalance)
Only professional services →	Partnership between natural and professional supports and services
Multiple case managers →	One service coordinator
Multiple service plans (meeting needs of agency) →	Single, individualized family plan (meeting needs of family)
Family/youth blaming →	Family/youth partnerships
Deficits focused →	Strengths focused
Mono Cultural →	Cultural Competence

Orrego, M. E. & Lazear, K. J. (1998) EQUIPO: Working as Partners to Strengthen Our Community and Conlan, L. Federation of Families for Children's Mental Health

Process

How system builders conduct themselves

Structure

What gets built (i.e., how functions are organized)

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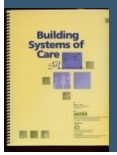
Core Elements of an Effective System-Building Process

The Importance of Leadership & Constituency Building

- A core leadership group
- Evolving leadership
- Effective collaboration
- Partnership with families and youth
- Cultural and linguistic competence
- Connection to neighborhood resources and natural helpers
- Bottom-up and top-down approach
- Effective communication
- Conflict resolution, mediation, and team-building mechanisms
- A positive attitude



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Building Local Systems of Care: Strategically Managing Complex Change

Vision	+	Skills	+	Incentives	+	Resources	+	Action Plan	=	**CHANGE**
	+	Skills	+	Incentives	+	Resources	+	Action Plan	=	**CONFUSION**
Vision	+		+	Incentives	+	Resources	+	Action Plan	=	**ANXIETY**
Vision	+	Skills	+		+	Resources	+	Action Plan	=	**RESISTANCE**
Vision	+	Skills	+	Incentives	+		+	Action Plan	=	**FRUSTRATION**
Vision	+	Skills	+	Incentives	+	Resources	+		=	**TREADMILL**

Coming together is a beginning. Keeping together is progress. Working together is success.

~Henry Ford