Notes from Coordinated System of Care Stakeholder Meeting
March 25, 2010

Attendees:

Rick Wheat	Mark Wilson	Lyn Hassenboehler
Jim Hussey	Joe Bruno	Rochelle Dunham
Michelle Smith	Mark Thomas	Greg Kleinpeter
Revonda Kirby	Lynette Adams	Vee Boyd
Michael Dailey	Kathy Kliebert	Alexa Guzman
Angela Henry	Stephanie Inks	Tracy Cormier
Karen Stubbs	Lisa Schilling	Edna Metcalf
Matthew Thorton	Patricia deMichele	Daryl Blacker
John Krentel	Tony Keck	Patti De Michele
James Wagley	Richard Dalton	Gilda Butler
Jan Kasotsky	Nell Hahn	
Brenda Durham	Pamela Brown	

Welcome and Introductions
Shannon Robshaw, CSoC Project Manager welcomed the stakeholder group. She gave an overview of the agenda and encouraged work group participation.

Update on Planning process and Workgroups
Robshaw introduced Michael Dailey and Nell Hahn, Chair and Co-Chair of the Planning Group. Dailey briefly described systems mapping for stakeholders. He explained it as a system of visual maps and narratives of how people are moving through the system. He continued by updating the progress of data collection and analysis by Mercer, which is on track.

Family Engagement -
Karen Stubbs announced that over 200 surveys had been received. She announced that parent focus groups would be held from April 6-10 in 5 different cities. Input from these focus groups and the surveys will be used by the Planning Group in its CSoC design and planning work.

Communications –
Patti De Michele reported that the Communications Workgroup is working with the Family Engagement workgroup to provide talking points for the focus groups. She also stated that an overall communications plan should be developed soon.

Ideal Service Array & Administrative Design -
Jim Hussey briefly explained that the Ideal Service Array workgroup is developing a clinical services and supports grid reflecting the range of best practices for consideration in CSoC implementation. Mercer is working with the workgroup to help provide a structure for organizing the range of services to best facilitate workgroup discussion. Jim

Hussey also briefly gave an update on the administrative work group's efforts. The administrative work group is currently working to identify the range of administrative functions required for implementing a CSoC, from the local to the state level. The workgroup is looking at models from other states and utilizing Mercer to help assess different options for operationalizing these functions.

CSoC Website

Shannon Robshaw introduced the Coordinated System of Care website to the stakeholder group. She explained that this site would be a source for updated information pertaining to the CSoC. A brief overview pertaining to the functionality of the website was given. The website will eventually display meeting dates, times, and locations. The CSoC link is expected to be displayed on the websites of all agencies involved. The link was provided to the stakeholders as www.dss.louisiana.gov/CSoC

OJJ Budget Presentation

Michelle Smith, Deputy Assistant Secretary, reported that in the current year OJJ implemented several internal measures in order to maintain services for the current budget year. These measures will carry forward into the next year. These internal measures did not impact direct care staff. OJJ continues to work with the other agencies to develop the coordinated system of care as this system will enable OJJ to leverage Medicaid dollars for services currently supported by state general fund. The agency is focusing on contracting evidenced based and promising practice programs. In the upcoming year, OJJ will continue to move forward with strategic plan priorities, including regionalization and the depopulation of Swanson Center for Youth. OJJ is partnering with DHH to transform a closing OCDD facility into a moderate secure facility for OJJ youth. Additionally, plans continue to move forward with the development of the Acadiana facility. OJJ's recommended budget for FY2010-2011 is a "standstill" budget and is not recommended for a reduction at this time. The total recommended budget is as follows:

Administration	$ 13,842,645.00
Swanson Center for Youth	$ 24,516,228.00
Jetson Center for Youth	$ 13,765,907.00
Bridge City Center for Youth	$ 13,002,197.00
Field Services	$ 26,669,661.00
Contract Services	$ 60,227,387.00
Auxiliary	$ 235,682.00
Total	$152,259,707.00

DSS Budget Presentation

Secretary Nichols reported that in order to continue providing the core services that advance DSS' mission of protecting children, increasing self-sufficiency, and providing safe refuge during disasters, DSS has developed a new model for service delivery. The new One DSS model recognizes the common work processed among DSS service delivery streams and common clients and dissolves the four separate agency silos. The functions of Louisiana Rehabilitative Services (LRS) will be transferred to the Louisiana

Workforce Commission and the Department of Health and Hospitals, and the other three offices will be collapsed into one agency, with a new name- The Department of Children and Family Services. By operating together as one agency, the Department will be able to streamline operations, maximize funding streams and fully utilize improved technological tools to produce cost saving.

Secretary Nichols stated that all of the proposed changes are in response to the current and future budget pressures and the need to do business better and more efficiently for their clients and the taxpayer. The reality is that DSS faced significant revenue problems; therefore an aggressive plan had to be developed to preserve core services according to agency priorities. Prioritized services are those that result in the greatest positive impact for Louisiana's children and families.

Approximately 200 positions will be lost due to cuts and the reorganization. DSS' budget accounts for the loss of approximately $205 million in federal funds, including the transfer of LRS, the loss of stimulus and recovery dollars and the reduction of excess federal authority. $33 million of the loss in stimulus and recovery funds are for recurring expenditures. In addition to loss of federal funds for recurring expenses, $13.2 million in mid-year cuts were annualized, and the Department's FY2011 continuation budget was reduced by $9.5 in State General Funds. The budget also contains a reduction of $61 million in Interagency Transfers that will be amended to $100 million.

Secretary Nichols stated that DSS' proposed budget and plan for the Department embodies true reform from a budget, policy and operations perspective. The focus is on proven early intervention and prevention strategies around child safety, family stability, school readiness, high school graduation and workforce development that are critical to improving self sufficiency, keeping children safe and preserving the agency's core services. DSS is continuing in its commitment to work in collaboration with OJJ, DHH and DOE to develop the Coordinated System of Care to effectively address the comprehensive needs of children with significant behavioral health needs.

DHH Budget Presentation
Deputy Secretary Keck reported that DHH is facing significant budget challenges. The total DHH funding for FY 2010-2011 is $7.73 billion. This includes proposed State General Fund of $1.684 billion of which $309.7 million is contingent upon the use of the FY 09 SGF surplus and collections from the Louisiana Tax Delinquency Amnesty Act of 2009.

The state is facing a combined loss of $663 million in federal funding in the next fiscal year. Deputy Secretary Keck stated that the expected reduction of Louisiana's base Federal Medical Assistance Percentage (FMAP) is due to the flawed federal formula, which fails to account for major disasters results in a loss of $416 million next fiscal year. The substantial decrease is due to a dramatic increase in the state's per capita personal income resulting from public and private recovery dollars infused into the state after two of the most devastating and costly hurricanes in the country's history. Louisiana has benefited from the enhanced rate through ARRA with a federal match rate currently at

81.48 percent; but we now face a drop of 17.9 percentage points January 1, 2011.

Additionally, Deputy Secretary Keck stated that the permanent loss of federal dollars from the DSH audit rule results in a substantial and permanent impact on funding streams for the state's system of public, LSU-operated hospitals, state mental health institutions and rural hospitals. The total loss of allowable DSH is $198.5 million. $42.9 million of this loss is in the DHH mental health institutions.

Regarding mental health services, Deputy Secretary Keck said that the will of the stakeholders, the financial pressure and best practices have all converged to implement a transformation of the current delivery system. The loss of $42.9 million of allowable cost to the state's public mental health institutions represents approximately 22 percent of the operating budget for these institutions. The FY 2010-2011 DHH budget proposes to replace $30.9 million of the lost dollars with state sources of funding in the Office of Mental Health and $5.3 million of the lost dollars with state sources of funding in the human services districts. However, these funds are not required to be spent on inpatient hospitalization, and this investment presents the state with the opportunity to begin a statewide transformation of mental health delivery toward a community-based model of care and increased use of less costly residential treatment rather than higher cost institutional care.

The FY 2010-2011 budget invests $15.3 million SGF in community-based ACT/FACT teams and Intensive Case Management across the state in each administrative region and human services district and $21 million of SGF to the institutions to help offset a portion of the lost federal funds. DHH will reduce the number of civil and acute care beds in the three-hospital system by 153 and add 118 therapeutic residential treatment beds for individuals who do not need inpatient hospital level of care, but rather, could reside closer to their own community while receiving the supports they need to be independent. In addition, 138 civil beds currently used for patients with forensic involvement will be converted to 135 privately operated Secure Forensic Facility beds, which provide the same level of security and segregation for these individuals at much less cost on the grounds of CLSH and ELMHS. Individuals placed in these beds do not need inpatient hospital levels of clinical care and are part of the patient population that will no longer be eligible for reimbursement under the new DSH audit rule.

Regarding the Office for Addictive Disorders, the FY 2010-2011 Executive Budget reflects a net reduction of $14.5 million, $6.3 million of which is a reduction of federal funds due to the expiration of federal funding for Access to Recovery and $4.6 million is a loss of federal block grant authority. Privatization of the remaining six OAD residential units will net the state a savings of $2.5 million of SGF without decreasing the number of residential beds operating. $2.37 million of the savings will be used to backfill the loss of federal ATRII funds, preserving services for almost 1400 individuals. Deputy Secretary Keck stated that DHH is looking at a long term strategy to make addictive disorder services Medicaid eligible and this will be a key strategy for implementation in FY12 and FY13.

The meeting was then adjourned.