

## Louisiana Behavioral Health Partnership

### *What is the Louisiana Behavioral Health Partnership?*

The Louisiana Behavioral Health Partnership (LBHP) is a new approach to delivering and financing behavioral health services for Louisiana's children and adults through a fully integrated, single point-of-entry system that draws on the strengths of the private, public and non-profit sectors. The Coordinated System of Care (CSoC) – a program targeted at drastically improving services for 2,500 of the state's children with significant behavioral health challenges is an element of the LBHP.

### *Why do we need it?*

Louisiana consistently ranks poorly in national behavioral health comparisons. In addition to placing 49<sup>th</sup> for overall health in America's Health Rankings, the National Alliance on Mental Illness gave Louisiana a D in its most recent National Report Card. Making matters worse, despite the fact that fewer than 5 percent of children in Louisiana are uninsured, only 7 to 14 percent with mental health disorders are receiving the services they need. Much of this can be attributed to deficits in the current system:

- ▶ *Fragmented system:* The system lacks a clear single vision for how the state serves children and adults with significant behavioral health challenges.
- ▶ *Failing financial investment:* The state does not leverage and maximize state tax dollars effectively.
- ▶ *Inconsistent Services:* The state makes limited use of best practices and does so in geographic and bureaucratic silos only – failing to take those efforts statewide.

The Coordinated System of Care (CSoC) is a component in the LBHP that is focused on effectively responding to the needs of Louisiana's highest need young people and their families. The CSoC is a collaborative effort between families, youth, the Department of Children and Families Services, Department of Education, Department of Health & Hospitals and the Office of Juvenile Justice. The primary goals of the CSoC are to:

- ▶ Improve the overall outcomes for children with significant behavioral health challenges or co-occurring disorders
- ▶ Reduce the number of children and youth in detention and residential settings

- ▶ *Poor outcomes:* Louisianians with behavioral health conditions have inadequate access to quality treatment and services, resulting in poor outcomes.

### *How does it work?*

The state, through a competitive procurement process, will hire a private company, known as a Statewide Management Organization (SMO), to coordinate all populations' services for Medicaid, as well as those services provided through state funds and federal block grant monies. For all populations, the SMO will be held accountable for improving access to and quality of care and for managing costs by ensuring strong coordination of all services. For adults, the SMO will be paid a pre-paid capitated per member per month rate and will be responsible for paying providers from that money. For all eligible children, the SMO will be responsible for coordinating services, but providers will continue to be paid through a fee-for-service system.

### *What populations will be served and how will we reach them?*

- ▶ Coordinated System of Care
  - Louisiana's CSoC will serve approximately 2,500 children and youth that have significant behavioral health challenges or co-occurring disorders that are in or at imminent risk of out-of-home placement.
  - Services are provided through new waivers and amended state plan services.

**OVER**

- ▶ Reduce the state's cost of providing services by leveraging Medicaid and other funding sources

A State Governance Board comprised of family, advocate and youth representatives, as well as leaders from the four involved departments leads the CSoC by setting policy and direction, overseeing implementation, and ensuring outcomes are achieved. To ensure the right services are offered at the right time and frequency, Wraparound Agencies and Family Support Organizations across the state will make sure individualized care plans include formal services in addition to informal and natural supports.

- Increases financial eligibility for children who are not currently Medicaid eligible.
  - Services paid on a “fee-for-services” basis by SMO.
- ▶ Specialized Behavioral Health Medicaid Services for Eligible Children and Youth
- Provides for all medically necessary specialized behavioral health services for all children and youth.
  - Services are provided through amended state plan services.
  - Eligibility does not change – provides an increased array of services and expands professionals who can bill for services.
  - Services paid on a “fee-for-services” basis by SMO.
  - Begins statewide once CMS has approved amendments and SMO is in place.
- ▶ All Medicaid Eligible Adults
- Provides for behavioral health services for all adults who have severe mental illness and/or addictive disorders.
  - Services are provided through amended state plan services.
  - Eligibility does not change – provides an increased array of services and expands professionals who can bill for services.
  - SMO receives a “per member per month” rate.
  - Services are paid to providers on negotiated rate.
  - Begins statewide once CMS has approved amendments and SMO is in place.
- ▶ Uninsured Adults and Children
- Provides for behavioral health services for uninsured children and adults with severe mental illness and/or addictive disorders.
  - Services are provided through state-funded behavioral health clinics or residential services.
  - Eligibility does not change.
  - Services determined and billed through SMO with state clinics initially a preferred provider.

- Administrative SMO fees for uninsured initially paid by savings generated in DHH’s Office of Behavioral Health for FY12.
- Begins statewide once SMO is in place.

***How will the LBHP coordinate services better?***

By focusing on enhancing customers’ experiences, the LBHP will improve the quality of care provided and health outcomes. Clients will have increased access to a more complete and effective array of behavioral health services and supports, leading to a reduction in the number of repeat hospitalizations, institutionalizations, out-of-home placements and ER visits.

***How will we know it is working?***

The Office of Behavioral Health within DHH is responsible for monitoring the SMO through a series of detailed quality measurements. Additionally, there is an external quality review that will ensure all Medicaid requirements are met. Some examples of performance measures that will serve as quality indicators include:

- ▶ Number of people placed in more restrictive settings;
- ▶ Number of people served through evidence-based and promising practices;
- ▶ Rates of emergency room admissions;
- ▶ Clinical ratings of client functioning;
- ▶ Cost per person served per month;
- ▶ Number of institution readmissions and average length of stay;
- ▶ Number of people accessing crisis services; and
- ▶ Use of natural supports.

***How will the state pay for this?***

The LBHP has actually been in the works for more than a year as all four agencies took time to analyze how they provide services to identify duplications and inefficiencies the initiative will seek to eliminate.

From these agencies there is currently \$23 million in unmatched SGF that will generate an additional \$53 million in federal funds for a full year of implementation. Use of the SMO and other efficiencies gained are anticipated to generate a tremendous savings, both true savings and for reinvestment in the system.

***For more information, visit [www.obh.dhh.la.gov](http://www.obh.dhh.la.gov).***