

Recommendations for a Single State Level Staffing (SLS)

10/12/2021

The HRCC Forum created a workgroup to review the 3 state level processes that were available to help identify resources/placements for kids with complex or higher acuity conditions/needs (Creative Solutions, Transfer Center, Centralized Staffing - Details below). The task of this workgroup was to review these models and identify/recommend a single model/components to create one process. The following recommendations are presented as a framework for a single state level staffing (SLS) model.

It is recognized that there are other venues/forums for care coordination and collaboration between multiple systems and parties engaged with a family that do not necessitate a SLS. A county (i.e. staffings, family team meetings, etc.) or regional staffing facilitated by the RAE can occur for community-based or outpatient services as determined by local/regional needs.

Since these recommendations were drafted by participants of HRCC (HCPF, RAEs, CDHS, Counties) it was recognized that some stakeholders who may use Creative solutions (i.e. advocates, providers) or Transfer Center (i.e. hospitals) were not a part of this discussion. We would advise a rollout with just child welfare kids as a starting point.

1. It is recommended that Health Care Policy and Financing (HCPF) lead and facilitate a SLS jointly with the Colorado Department of Human Service (CDHS). *(HCPF and CDHS will decide internally what office/department and staff would manage this and how to align with current processes)*
2. State Level Staffings (SLS) can be held for:
 - a. Youth with Medicaid regardless of child welfare involvement if residential placement is recommended through an Independent Assessment (IA) but no placement is found within 5 business days. *(an interim process might need to occur for RAE kids until July/summer 2022.)*
 - b. Youth in residential treatment out of state transitioning back to Colorado.
 - c. Youth whose placement or treatment needs are not being met and one or more local agencies request State support. The request must be specific and detail why a
 - i. community-based (County level/Regional level) staffing would need a SLS.
 - d. HCPF/CDHS has the discretion to respond to requests for SLS by recommending other actions/options prior to a staffing.
3. It is recommended that SLS will be a standing meeting; potentially on Tuesdays and Thursdays.
4. It is recommended that there be a universal referral for the SLS that identifies all relevant participants at the staffing.
5. In order to ensure live decision-making in the SLS, it is recommended (if/when possible) that this meeting includes any provider who is a "maybe if" where additional discussion could identify conditions/resources that would allow the provider to accept the youth for services.
6. Future goal/recommendation: The State create/approve a universal referral/placement packet utilized and accepted by all residential providers.

Staffing Processes to Address Placement Continuum Challenges

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Creative Solutions/ **Facilitator:** RAEs

- Any Medicaid member
- **Triggers:** when requested due to member having a barrier accessing a Medicaid Benefit
- **Referral:** any entity connected to member
- **Participants:** RAE, host provider, lawyers, advocates, CCB, DHS, Member, counties (no “open” providers)
- **Expected resolution time frame:** Multiple meetings

Centralized Staffing/ **Facilitator:** CDHS

- Any child or youth in detention or CW custody with intermediate acuity and in need of placement (has Medicaid). Goal is to make better-matched placements and plan for layered supports, potentially from multiple providers, to expand options for less restrictive settings and/or make placements more likely to be successful.
- **Triggers:** County recognizes child/youth presents with complex needs that systemically correlate with placement difficulty – e.g., IDD, sex trafficking history, self-harming behavior, run history
- **Referral:** County/ TBD
- **Participants:** host providers, “open” providers, counties, (no member/ family, or RAE)
- **Expected resolution time frame:** One-two meetings

Transfer Center/ **Facilitator:** CHA

- Any child/youth in County Custody (has Medicaid)
- **Triggers:** Inpatient 30+ days or ED 72+ hours in a Colorado Hospital
- **Referral:** Counties or Hospital
- **Participants:** CAFCA, Hospitals, counties, host provider, “open” providers (no member/family, or RAE)
- **Expected resolution time frame:** One meeting