

Planning for Crisis Response within the DHHS System Workgroup

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Task

- Planning for crises that will occur within the DHHS system when Level 3&4 agencies close
- Identifying barriers to other agencies stepping in to provide services

Recommendations

- DHHS quickly identifies and contracts with a “safety net” of strong, stable, clinically and fiscally sound providers who have or can quickly develop bed capacity to serve this group of kids. This network will be limited to providers who are already nationally accredited and who meet the LMEs’ criteria for clinical and fiscal soundness. This network will offer a continuum of different levels of service which will meet this group of kids’ medical needs. There is the expectation that this network of providers be quick and flexible and function cooperatively and collaboratively to do what’s best for this group of kids and keep disruptions to absolute minimum.
- DHHS continues to consult with providers throughout this transition process. Despite our efforts to foresee all the possible crises that may occur, this provider consultation group will remain available to support our state partners when the unexpected crises pop up.

Implementation

- DHHS to create a list of residential and therapeutic foster care agencies who are already accredited and map their geographic coverage and their service type coverage
- DHHS to identify gaps, both geographic gaps and service gaps, across the state
- DHHS to create a small workgroup of LMEs to identify a standard tool to be used in assessing an agency’s appropriateness for this network.
- DMA to determine funding for the services these network agencies will provide
- DHHS to retain CS-Child case management services for this group of kids during the transition process.
- For network agencies who need to bring up new services quickly, DHHS creates flexible processes to expedite endorsement, transfer of authorizations, obtain licensure, etc.
- DHHS to research their experience when large providers or LMEs have failed in the past (LME spin-offs, large CS providers, Tri County, Albemarle)
- DHHS allows wraparound services for this group of kids. For those that Intensive In-Home and MST are not appropriate, allow CS-Child to be used for wrap.
- DHHS to consider expanding the CS Team service definition to include kids
- Fast track the Day Treatment and Faculty Based Crisis for kids and Therapeutic Foster Care service definitions

Submitted by Leslie Kellenberger