

Temporary lodging prevention for coordinated care organizations (CCOs)

What is temporary lodging?

Temporary lodging (TL) is when no placement can be found for a youth, and they stay overnight in a hotel with Oregon Department of Human Services (ODHS) Child Welfare workers, while the team works to resolve the placement crisis. Many of these children have multisystemic, complex issues and needs. Some crises are very brief, and others are prolonged. However, many youth have unaddressed needs which led to the crisis.

ODHS Child Welfare's role:

Child Welfare convenes TL prevention staffings for youth who are at risk of TL. The goal of TL prevention is to bring together all agencies involved to find creative solutions to either support and preserve the current placement or clear the way to securing the next placement.

In these staffings, participants thoroughly review the case, what led to the risk of TL, barriers to finding the next placement, and family member situations. After the staffing, Child Welfare sends out detailed notes of the discussion to all invited participants, including action items and the partners responsible for next steps.

The CCO's role:

Because CCOs are responsible for helping members access appropriate care and wellness resources, their participation in TL prevention staffing can help participants quickly assess the member's needs and next steps.

- The Oregon Health Authority (OHA) has partnered with Child Welfare to facilitate CCO participation in TL prevention staffing and escalate these youths' needs to CCO leadership.
- Some CCOs have delegated care coordination efforts to outside organizations. This document includes such organizations in the below action items, but OHA ultimately holds CCOs accountable for their members' care.

Note: CCO care coordination staff are encouraged to work directly with the assigned ODHS caseworker as needed outside of any TL prevention staffings. If you need help connecting with a member's caseworker, contact OHA's Complex Clinical Care Coordinator.

Action items for CCO participation in TL prevention staffing

This document is intended to help CCO representatives and care coordinators assess ways the CCO can support youth and family based on common themes that arise in TL prevention staffings.

Prior to the staffing: If possible, and if time allows, research the following:

- **Routine care:** Who is the member's PCP? Is care established with that provider? Are well child visits up to date? During the staffing ensure Child Welfare staff know this information, and offer to coordinate any appointments if needed.
- **Utilization history:** Emergency department visits, hospitalizations, higher levels of care, specialty care, previous CCO involvement if not currently engaged. Do any past recommendations or referrals need to be followed up on?

During the staffing: If not already known, inquire about:

- **Medications/continuity of care:** Ensure the youth has adequate supply of all medications, and that they have a current prescriber to renew prescriptions as appropriate (psychiatric and physical health). If they are new to the plan, are there continuity of care authorizations that need to be secured? OHA staff can help connect to current/previous providers if needed.
- **Mental health:** Is there a current, established provider, and an appropriate level of care (or referral) in place? If providers are on the call, ask them about current recommendations, make sure Mental Health Assessment is up to date, and discuss whether a higher level of care is needed.
- **Equity issues:** Does the youth need and/or want a culturally specific provider? What is their preferred language? If transgender, are there trans health needs? Does the youth's cultural and ethnic background create other considerations in providing/developing a plan of care? Does the youth's family of origin have specific values and/or faith practices that are important to consider when delivering care?
- **Respite:** Is the youth eligible for respite care? Coordinate access to this as appropriate and available, and consider alternative respite care options (e.g., relief nurseries, home care).
- **Crisis/safety plan:** Is there a current plan? Does it need to be updated? Verify what crisis response is in place, and that Child Welfare knows how to access it. Make sure any in-home providers know where the youth will be if their placement changes, and that the provider knows whom to contact to schedule therapy and do proactive check ins. If the youth is in TL, this requires extra communication as multiple staff are involved, and what hotel they are staying in can change from day to day.
- **Non-traditional supports:** Can peer supports, faith-based organizations, or other providers not funded by the CCO (e.g., grant-funded mentoring) support the youth and family?

After the staffing: Follow-up with the youth's ODHS worker about these possible needs:

- **Higher level of care (mental health):** If the staffing indicates this possibility, make sure the appropriate assessments and referrals to providers have taken place. If prior authorization is needed, ensure the request has been submitted, processed and completed. This might require frequent and active follow-ups. *If the requested and approved service is unavailable, the CCO must develop an alternative plan to meet the clinical needs of their member.*
- **Care coordination assessment:** If not already connected, are wraparound, intensive care coordination, CCO care manager or other care coordination services appropriate for the youth's needs?
- **Health-related services:** Can these supports stabilize placement? If family members are CCO members, do they need or want support in those areas? Consider *social determinants of health, social determinants of equity and health-related social needs.*
- **Flexible funds:** Assess if there are needs such funds can support (e.g., weighted blanket, alarms, activities/camps) and ensure providers know the process to access these funds.
- **Developmental screening/assessment needs:** Partner as appropriate with local CDDP(Community Developmental Disabilities Program) around IDD(Intellectual/Developmental Disabilities) referral and service coordination.
- **Crisis planning:** Assess if the current plan works as intended and problem solve any access issues. Do Child Welfare staff have the correct contact info for after-hours assistance? Ensure providers know where the youth is physically located!
- **Miscellaneous health services:** Check in regarding other needs such as glasses, dental care, occupational therapy.

Questions?

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