

Crisis-Diversion Respite Services

Description:

Crisis-Diversion Respite Services (CDRS) is a short-term residential alternative to inpatient psychiatric hospitalization for individuals experiencing an acute psychiatric episode. Average length of stay is three to five days. CDRS offer a safe, supportive environment for consumers experiencing acute episodes. CDRS is an innovative alternative to traditional inpatient psychiatric hospitalization units for voluntary patients not needing intensive supervision and observation. Recovery is promoted by the homelike environment of the crisis respite home, the ready availability of staff for talking through current and past difficulties, therapeutic interventions and peer support.

The therapeutic focus of CDRS is enhancement of skills that enable clients to avoid future psychiatric crises. Interventions are evidence-based and offer practical support in the development of life skills that focus on community integration and the active involvement of consumers in managing their illness and well-being.

Lutheran Services of Florida Health Systems (LSFHS) has contracted with Network Service Providers to enact the CDRS. To ensure the implementation and administration of these programs, the Network Service Providers shall adhere to the service delivery and reporting requirements described in this Incorporated Document.

Eligibility:

In order to be eligible for CDRS, the Network Service Provider shall ensure that the consumer meets the following eligibility criteria:

1. Consumer is age 18 and over;
Currently experiencing a mental or emotional crisis;
2. Assessed as being able to function with some independence and who do not present a threat to their own or others' safety; and
3. Agrees to actively participate in voluntary services.

Program Requirements:

CDRS providers shall:

1. Provide a comfortable, residential, non-institutional setting that serves as a respite while preparing consumers to return to their community;
2. Provide recovery-focused support and care to consumers experiencing a mental or emotional crisis;
3. 24 hour structured supervision and observation;
4. Supervised medication intake;
5. An intake evaluation and assessment is completed prior to or within 48 hours of admission. The assessment shall include the following with the consumer's input:
 - a. Medical history;
 - b. Presenting problem;

- c. Current and potential strengths;
 - d. Relationship with family members, significant others and social supports;
 - e. Service agencies with whom the consumer is involved;
6. An orientation prior to or upon admission into CDRS. The orientation shall include the following:
 - a. A description of services to be provided while in CDRS;
 - b. Applicable fees;
 - c. Information on client rights;
 - d. Limits of confidentiality;
 - e. Information about the Network Service Provider's infection control policies and procedures;
 - f. Program rules;
 - g. Consumer grievance procedures;
 - h. Consent for release of information as applicable;
7. An individualized service plan is developed within 24 hours of admission. The individualized service plan shall contain the following with the consumer's input:
 - a. Current needs and strengths;
 - b. Achievable, observable, measurable goals and objectives;
 - c. Actions needed to attain the goals;
8. Provide a minimum of 3 hours daily of structured therapeutic activity opportunities (i.e. psychosocial rehabilitation, life skills training, individual therapy, support groups etc.) addressing symptom awareness, symptom management techniques, stress reducing techniques, medication compliance, effective communication, personal care and basic living skills.
9. Document individual's attendance and progress in therapeutic activities. Progress notes shall contain the following:
 - a. Contact dates with consumer, family, friends, or services agencies;
 - b. Progress, or lack thereof, relative to the service plan;
 - c. Progress notes shall indicate justification of nonparticipation in therapeutic activities when a consumer does not participate in a minimum of 3 hours per day (i.e. consumer working, consumer refused to attend due to medical illness, consumer had a conflicting appointment etc.);
10. Transportation shall be provided or coordinated for consumers in need of services that are provided at other facilities while participating in CDRS;
11. Facilitate socialization opportunities that promote the learning of life skills, foster community and create new support systems;
12. Assist consumers with reintegration into the community by providing direct linkages to community-based services including the following:
 - a. Clinical services;
 - b. Case management services;
 - c. Public assistance;
 - d. Social security and disability benefits;
 - e. Health homes;

- f. Probation and post-sentencing assistance;
 - g. Transportation services;
 - h. Substance abuse meetings and support groups;
 - i. Chemical dependency rehabilitation services;
13. Discharge planning to community resources and supports are provided. The discharge summary shall include the following:
- a. Evaluation of the impact of CDRS services on client's goals and objectives;
 - b. Date and signature of individual preparing report; and
 - c. If there is a referral, a reason for the referral must be noted.

Required Reports:

The following report is required from Network Service Providers who have **Adult Respite only**:

Adult Respite Report

This report displays the monthly census and aggregate client data received for the month and is due to the Network Manager and the assigned Care Coordinator for your area monthly by the 10th of each month. The Template for this report is incorporated herein.