

Adult Respite Services f/k/a Crisis-Diversion Respite Services

Description:

Adult Respite Services is a short-term residential alternative to inpatient psychiatric hospitalization or other acute levels of care for individuals experiencing a psychiatric episode and need temporary relief from their current living situation. The average length of stay is three to five days unless there are barriers that require a longer length of stay. These cases should be staffed monthly with the Care Coordinators at LSFHS. Adult Respite Services offer a safe, supportive, time-limited environment for individuals experiencing acute episodes. Adult Respite Services 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 Adult Respite 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 respite for adults throughout the region. 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 Adult Respite, the Network Service Provider shall ensure that the consumer meets the following eligibility criteria:

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

Program Requirements:

Adult Respite 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 Adult Respite. 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 individual, 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 Adult Respite;
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 Adult Respite 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.
14. The Network Service Provider may bill respite services using covered service Residential Level II or Room and Board with Supervision Level I for the services mentioned above, in accordance with 65E-14, F.A.C.

Required Reports:

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 8th of each month. The Template for this report is incorporated herein.

Exhibit R – Respite Extension Request Form: This report must be submitted to the Clinical Department and Network Management when requesting an extension for respite. The Template for this report is incorporated herein.