

## **Children Respite Services**

### **Description:**

Crisis-Diversion Respite Services (CDRS) is a short-term residential alternative to inpatient psychiatric hospitalization or other acute levels of care for individuals experiencing a psychiatric episode and needs temporary relief from their current living situation. The length of stay is an anticipated average of two weeks. CDRS offer a safe, supportive, time-limited environment for individuals 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 for children 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 CDRS, the Network Service Provider shall ensure that the consumer meets the following eligibility criteria:

1. Youth ages 11-17 for group care; or
2. Children ages 10 and under for family-based care.
3. Youth who are actively psychotic, homicidal or suicidal are ineligible for the program.
4. The program will serve clients at the discretion and approval of the Managing Entity in accordance with Department priorities and identified critical needs.
5. It is anticipated that **42** youth will be served under the program

### **Program Requirements:**

CDRS providers shall:

1. Referrals are accepted by the Network Service Provider admissions coordinator during business hours (Monday through Friday, 8:00a.m. to 5:00 p.m.);
2. All admissions are voluntary and require caregiver consent and participation;
3. All residents will continue services with their respective community providers to avoid duplication of services;
4. If the family does not have an existing mental health provider, the Network Service Provider admissions department will coordinate referrals and will facilitate the process to ensure access;
5. The structured schedule includes transportation to/from home schools and all meals.

6. Discharge planning begins at the time of admission.
  - a. The program director, therapist, parent and youth work together to determine the ideal projected Room and Board with Supervision Level I period as well as the goals to be accomplished during the stay.
  - b. Input is also solicited from the family's community mental health provider.
7. Length of stay is based on individual need, with an anticipated average of two weeks.
8. Room and Board with Supervision Level I provided in a healthy, safe, nurturing environment to help children reflect on their actions, identify the stressors that have led to negative outcomes and to develop the skills necessary to make positive decisions. To this end, residents participate in structured activities including:
  - a. Continued attendance at home schools to prevent interruption in academic and social routine.
  - b. Daily psycho-educational and life skills workshops.
  - c. Daily "study hall" to promote academic achievement and school engagement.
  - d. Weekly youth support groups to allow residents to help each other.
9. The purpose for Room and Board with Supervision Level I is to mutually benefit children and their caregivers. It is critical that caregivers are fully integrated into the service plan to help them support the children in their care. Structured activities help families to draw strength and knowledge from each other and to develop the skills necessary to grow healthy, resilient, motivated children. Support is provided to help caregivers to understand and to mitigate their child's symptoms in a respectful atmosphere that is interactive and nonjudgmental. These goals are met through:
  - a. Participation in weekly positive parenting education workshops. Facilitators share useful, practical tips and techniques related to parents' life circumstances, teach valuable skills and problem-solving strategies and encourage parents to form networks of support with each other.
  - b. Participation in a weekly parent support group with a qualified "parent partner" who has intimate knowledge of parenting a child with mental health issues. Parents can continue to participate following their child's discharge.
  - c. Participation in weekly "family meals" with their child to keep families connected.
  - d. Supported weekend home visits to help children reintegrate with their families.
10. The Network Service Provider may also bill Residential Level II for the services mentioned above, in accordance with 65E-14, F.A.C.

**Outcomes and Performance Measures:**

1. 95% of completed referrals for respite services will be reviewed for admission within 24 hours of receipt.

2. 95% of youth identified in need of clinical services during intake screening are referred for services.
3. Youth receiving services shall attend an average of 80% of school days.
4. Youth receiving services shall participate an average of 75% in the program's supportive services during their stay.
5. 80% of youth will not have a readmission to respite services within 30 days of a prior respite stay.

**Required Reports:**

1. **Respite Persons Serviced and Performance Report** - This report is due to the Network Manager and the assigned Care Coordinator for your area monthly by the 8<sup>th</sup> of each month. The Template for this report is incorporated herein.
2. Ad Hoc and additional reporting may be required as determined necessary by LSF Health Systems or the Florida Department of Children and Families.