

Crisis Respite Service Procedure Guidelines

A. Crisis Respite Service Procedures

1. The Provider must create and maintain agency procedures for Crisis Respite service that can be made available to DBH upon request.
2. All crisis respite staff will be trained on the procedures.
3. Crisis Respite Service can be provided to a maximum of 2 clients at any time.
4. The procedures will include the provisions listed below.

B. Screening

1. Prior to entry for crisis respite service, a mental health Clinician will screen for service necessity to determine that the client is seriously mentally ill, is at risk for a higher level of psychiatric care, is in need of 24/7 supervision and can be safely served in the crisis respite setting. Any urgent medical concern should be addressed immediately.
2. Clients with a blood alcohol level less than .08 can be considered for admission.
3. Crisis Respite is a voluntary service and it should be determined the client is making a free and informed choice to participate.
4. Prior to entry, there should be an assurance a client does not possess any article or substance which could endanger them or others.
5. Upon entry, the client's personal effects will be secured and documented.

C. Room Requirements

1. The room must be a safe physical setting that conforms to all applicable State and local building, health, fire and life safety codes.
2. The room will have appropriate safeguards for fire/life safety and sanitation, including an emergency evacuation plan and the provision of a 2A:10BC dry chemical fire extinguisher nearby, AC primary power or monitored battery powered smoke detection device and first aid kit in strategic locations.
3. The room will provide adequate lighting, ready access to a toilet which is available 24 hours a day, a washbasin, hot and cold water, drinking water, a telephone, and a heating/ ventilation system to ensure healthful and comfortable conditions. The room will be assessed for potential safety risks (e.g. suicide potential, head injury) for the individual and for the staff.
4. The facility will provide sleeping accommodations that are not locked, and which allow for adequate safety through "line of sight" monitoring.
5. If more than one client is being served, each should have their own room.

D. Staff and Services

1. The crisis respite facility will be staffed by employees of the agency (or another DBH provider agency) who are qualified at the behavioral health associate level or above. Direct service staff must be able to contact a qualified mental health Clinician 24/7.
2. Staff training should include first aid, CPR, health and alcohol screening, non-violent crisis management, de-escalation practices, trauma informed care, and crisis counseling.
3. One staff will be awake and on premises during the entire time the client is in the housing, and, as necessary, have a direct line of sight for monitoring.

4. Staff will be expected to be skilled in communication (written, electronic and verbal) in the English language.
5. Clients will have a full array of treatment options including having access to a behavioral health clinic for clinical, rehabilitation, and medication services.
6. Providers should limit the length of client stays to the greatest extent possible. **DBH will pay for no more than 7 days of necessary crisis respite service.** Providers may elect to keep clients in shelter beyond this time frame (i.e. because no housing placement is immediately available), but may ONLY bill DBH for 7 days of crisis respite service.

E. Supervision of Clients

1. Clients will not be securely confined.
2. Clients will be provided personal hygiene articles and clothing, as necessary.
3. Clients will be able to have visitors within timeframes determined by staff. Individual program policy and procedure should define guidelines for visitors that create both a safe and a positive experience for the client. Clients will have phone access to their immediate family or guardians.
4. Client to staff ratio can be 2:1 but the determination of need for a second staff should be made by the screening clinician on entry and ongoingly throughout the client's stay.
5. Staff will have face-to-face contact (or visual checks) with clients at the frequency determined by their clinical screening.
6. The crisis respite procedure will identify a mechanism for emergency staff back-up.

F. Medications

1. The provider's crisis respite procedure must describe safe management of the clients' prescribed medications. Direct service staff should not administer medications, but may observe and log clients self-administering prescribed medications.
2. Taking medications is optional for clients using crisis respite services although the agency can determine whether they can, in fact, safely serve the client without medications.

G. Food

1. Program staff are responsible for assuring that clients have adequate nutrition while in crisis respite. To the degree clients are able to participate in food preparation, they must be supervised to ensure appropriate meal planning, sanitation, and safety.

H. Discharge

1. Clients are free to leave crisis respite when they choose but a Clinician should be advised of any unplanned departures and optimally meet with the client before the client leaves. If the client is leaving against staff advice, and may meet Title 47 criteria, the agency must determine whether pursuing an involuntary commitment order is appropriate.
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