PURPOSE

It is the Bay of Plenty District Health Board (BOPDHB) Mental Health & Addiction Service's (MH&AS) policy intent that crisis respite care is available to service users as a short-term care / treatment option, during episodes of crisis.

OBJECTIVE

- To provide clear criteria and an approval process for crisis respite care.
- To provide short-term care and treatment to consumers in the least restrictive environment during crisis, in order to maintain independence of service users in the community and to prevent admission to hospital.
- To provide short periods of emergency relief, for service users and caregivers, from the usual living situations during acute crisis

STANDARDS TO BE MET

1. **Situations in which crisis respite care may be utilised (but not limited to these situations only)**
   - 1.1 MH&AS users experiencing an acute crisis who may benefit from accommodation and / or assessment and care outside an inpatient setting.
   - 1.2 Service users and / or family or whanau requiring brief emergency relief from usual living situations.
   - 1.3 To provide early intervention and intensive care and treatment for service users exhibiting signs of relapse of acute mental illness who do not require admission to an inpatient facility.
2. **Situations in which crisis respite care should not be utilised (but not limited to these situations only)**
   - 2.1 When the service users presents a high level of risk to self, others or to property, as identified following a risk assessment. If a high level of risk is evident then inpatient care should be considered the most appropriate option, unless other safety measures can be provided.
   - 2.2 The absence of mental illness, co-existing problem or addiction diagnosis
   - 2.3 Planned carer respite is arranged via the social worker and Support Net.
3. **Risk Assessment**
   - 3.1 All service users being considered for crisis respite care must have a current risk assessment completed.
   - 3.2 The case manager, or the responsible health professional will complete the risk assessment prior to placement in crisis respite care and the probability of risk will be communicated to the provider.
   - 3.3 Service users who have a significant risk of harming themselves or others should be admitted to an inpatient facility, not respite care.
   - 3.4 A crisis treatment plan for the period of crisis respite care, which aligns with the main treatment plan where appropriate, should be communicated to the caregivers / crisis respite care provider and a written plan provided.

4. Approval and Management of Crisis Respite Care

4.1 The Team Leader of the relevant MH&AS is responsible to ensure that clinicians make appropriate choices for placement of crisis respite care

4.2 The MH&AS will have a Memorandum of Understanding with preferred providers in place. The BOPDHB will negotiate a pricing agreement with crisis respite providers prior to placement of a consumer in crisis respite care.

4.3 In situations where it has been decided crisis respite care is the best option to meet the current needs of a service user, then approval to access a crisis respite option will be sought from the Team Leader of the relevant MH&AS, who will provide a purchase number against which accounts may be invoiced.

4.4 A request for crisis respite care form must include information on:

a) The reason for respite care.
b) Details of the possible placement.
c) The period of respite required.
d) Current risk assessment
e) A follow-up plan on termination of respite.

4.5 If the decision to initiate a crisis respite care option occurs outside of normal working hours or the Team Leader of the relevant MH&AS is unavailable, then crisis respite may be initiated by the Case Manager or any other health professional. In such circumstances the crisis respite request form as appropriate and purchase order will be completed and the appropriate Team Leader of the relevant MH&AS notified at the earliest opportunity (i.e. the following day).

4.6 Crisis respite care may be arranged following approval, for a maximum period of five (5) days. This may be extended with approval of the Team Leader of the relevant MH&AS, in which case the purchase order and purchase number will have to be changed and signed.

4.7 Early termination or extension of crisis respite care beyond five (5) days will be reviewed by the health professional who initiated the crisis respite care, or who does the follow-up, together with the and the relevant Team Leader as well as the Clinical Coordinator of the Adult Community MH&AS

4.8 If crisis respite is sought for consumers from inpatient services, Mental Health Services for Older People or Child & Adolescent Services, the clinical co-ordinators of those services will notify the Clinical Co-ordinator of Community Mental Health Services and the appropriate procedures will be followed.

4.9 The Needs Assessment & Service Co-ordination (NASC) service administration support will keep a list of all episodes of crisis respite care.

5. Crisis Respite Care Plan

5.1 The case manager undertakes to become familiar with the respite service provider's management and facility, in order to make the most appropriate placement decisions, based on the needs of the service user.

5.2 A Respite Care Plan for Carer will be developed in consultation with the service user and their family or whanau where appropriate and the crisis respite care provider.

5.3 The co-ordination and establishment of the crisis respite care plan is the responsibility of the case manager or other key clinician involved.

5.4 Crisis respite care termination will be planned, as far as is practicable in terms of timeframes, from the commencement of crisis respite care by the clinician who initiated it.

5.5 If the case manager or Responsible Clinician have not been involved in the decision to place the service user in crisis respite care, then they will be notified at the

earliest opportunity by the Mental Health Service team member who was primarily involved.

5.6 A copy of the respite care plan for carer will be kept in the service user's clinical record, one given to the service user and one to the crisis respite provider.

5.7 The form "Agreement for Respite Accommodation" will be discussed with the service user and signed. A copy will be kept by the service user and one placed in the service user's health record.

6. Options for Crisis Respite Care

6.1 With any provider that is on the preferred provider list and with whom the Mental Health & Addiction Service has a Memorandum of Understanding in respect to crisis respite care, or any other place of accommodation as appropriate to the needs of the service user. The health professional who does the placement takes the responsibility for placement with the best option available to meet the needs of the service user.

6.2 This may involve either the:

a) Placement of the service user in a supervised accommodation facility
b) Placement of support services in the service user's home environment, or in the home of family or whanāu as appropriate according to the judgement of the health professional
c) Placement in another facility suitable to the needs of the service user
d) Placement in a preferred provider's residency as agreed upon in advance.

7. Continuity of Care and Treatment Following an Episode of Crisis Respite Care

7.1 The case manager / crisis service member responsible for MH&AS service provision to the service user will maintain contact with the provider and service user and ensure that adequate assessment, treatment planning, treatment planning review and transfer planning occur to maintain continuous service provision to the service user.

7.2 Crisis respite care occurs as an event in the continuum of care provided within the multidisciplinary team. Termination of crisis respite care is not usually a discharge from MH&AS for the service user rather a transition of responsibility within the multidisciplinary team.

7.3 The termination of an episode of crisis respite care will be a planned event and an ongoing treatment plan will be in place prior to the termination of the respite care.

7.4 Service users have access to advocacy, assessment, discharge planning, hotel services, legal compliance, management of risk, peer support, service handover, support, treatment and rehabilitation.

ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board Mental Health & Addiction Service Protocol MHAS A1.44 Risk Assessment
- Crisis Respite Care Request Form

PROCEDURE

CRISIS RESPITE CARE

PROCESS	TASKS/STANDARDS	WHO
ASSESSMENT	• Comprehensive Mental Health assessment including risk assessment	**Responsible Clinician, Case Manager or Crisis Service Staff and On-Call Doctor**
IS CRISIS RESPITE CARE AN APPROPRIATE OPTION?	• Review situations for use of Crisis Respite Care and situations where it is not advisable	
No → **ESTABLISH AND INITIATE ALTERNATE CARE AND TREATMENT PLAN**		
Yes → **INITIATION/ APPROVAL OF CRISIS RESPITE CARE**	• Complete Request form to initiate Crisis Respite Care from Clinical Co-ordinator, Community Mental Health Team, or delegate • If outside normal working hours or Clinical Co-ordinator not available, initiate Crisis Respite Care and notify Clinical Co-ordinator or delegate at earliest opportunity. • Contact and arrange Crisis Respite Care provider • Coordinate with service user and significant others re: appropriateness of specific placement	**Case Manager or Crisis Service Staff**
ESTABLISH TREATMENT PLAN	• Complete Respite Plan for Carer form. copies to: Consumer Family or whanau if appropriate Crisis Respite Care giver • Explain and go through "agreement for respite accommodation" form with consumer and sign.	

CRISIS RESPITE CARE

PROCESS	TASKS/STANDARDS	WHO

CRISIS RESPITE CARE PROVIDER ISSUED WITH A PURCHASE ORDER NUMBER	• Crisis register/book provides "purchase order" number
	• This book is kept in front reception drawer, Community Mental Health
	• 3 copies:
	  • 1 to Crisis Respite Care provider
	  • 1 to Finance department
	  • 1 master copy remains in book
		Case Manager/ or Crisis Service staff

REVIEW ASSESSMENT AND TREATMENT PLAN	When Crisis Respite Care goals have been met (Maximum timeframe 10 days)	
TERMINATE CRISIS RESPITE CARE	• Notify Clinical Co-ordinator • Ongoing treatment plan established • Provider sends account to Clinical Coordinator for checks and forwards to finance department	
ONGOING CARE AND TREATMENT PROVIDED TO CONSUMER BY MULTI-DISCIPLINARY TEAM		**Case Manager**