

MR/DD CRISIS RESPITE

DESK GUIDE

WHAT IS MR/DD CRISIS RESPITE?

- Temporary out-of-home crisis placement
- Maximum thirty (30) day stay
- Voluntary only

WHO IS ELIGIBLE?

- Children or Adults with Mental Retardation and/or other Developmental Disabilities.
- May have a co-existing condition of Mental Illness or Substance Abuse.
- Must be experiencing a crisis situation as a result of behavioral, psychiatric, or environmental complications.

WHAT CRISIS RESOURCES SHOULD THE TEAM EXPLORE FIRST?

- Has the team held an emergency-planning meeting to discuss service options?
- Has the team requested technical assistance from CED at WVU?
- Does the individual's positive behavior support plan need to be revised?
- Does the person need a medical evaluation?
- Does the person need a psychiatric evaluation?
- Are in-home supports available and if so, can they be increased?
- Can the individual benefit from counseling?
- Can the environment be modified to lessen the stress?
- Can the daily routine be modified to add more functional activities and/or structure?
- Is the individual receiving routine respite?

HOW DOES THE TEAM ACCESS A CRISIS RESPITE BED?

- Crisis Respite is a critical juncture in treatment and must be a treatment team decision.
- Crisis Respite is always a last resort intervention.
- Must have a plan to transition the individual back into the community before you call.
- Review the crisis respite directory to identify the site that best meets the person's needs.
- Call the contact person listed in directory or follow after-hours referral procedure.
- Be prepared to provide detailed information to staff the case over the phone and fax a referral packet.

WHAT IS THE CONTENT OF A REFERRAL PACKET?

- Sites use varied methods to obtain information about each individual that may not be described in the standard requirements below such as typical daily routine, personal likes and dislikes, how the individual completes daily living activities, etc.
- Psychological Evaluation
- Psychiatric Evaluation, if applicable
- Social History
- Medical History
- Treatment Plan/Behavior Support Plan
- Discharge Plan
- Timeliness is critical; thus, fax the referral information to the Crisis Site immediately.

WHAT IS INCLUDED IN THE DISCHARGE PLANNING PROCESS?

- Discharge planning must begin prior to admission.
- IDT/MDT meeting must be held within 72 hours of admission.
- Identify/develop specific plan that outlines activities/services to be accomplished during the crisis respite stay and following discharge. Make assignments accordingly.
- Always have a back-up discharge plan.

WHAT ARE THE KEY CONSIDERATIONS IN DETERMINING ADMISSION?

- Can the site meet the needs of the individual being referred?
- Can the site assure the safety of the individual and the other residents?
- Does the site have assurances that there is an appropriate discharge plan?
- Once assurances are met, the Crisis Site leader will contact the referring person to make arrangements for admission.


WHAT ARRANGEMENTS MUST BE MADE PRIOR TO ADMISSION?

- Guardian/IDT or MDT approval if applicable
- Ensure Client Services Policy 3181/8114, Change in Community Residence of Persons with Developmental Disabilities is followed (section on emergency placement).
- IPP addendum that identifies the services to be provided, updated DD-6 and Prior Authorization if applicable.
- Transportation to the crisis site

WHAT DOES THE INDIVIDUAL NEED TO BRING TO THE CRISIS SITE?

- Medications in original container with the written physician's orders
- Change of clothes appropriate for 30 day stay - access to washer and dryer available
- Spending money for outings, snacks, etc.
- Personal hygiene items such as deodorant, toothpaste, Depends, etc.
- Specialized medical equipment such as inhaler, Epi-Pen, sleep apnea machine, etc.
- Copy of medical card/insurance card
- Favorite game, personal item, or toy (for children) that may provide comfort in the new environment

HOW DOES THE CRISIS SITE RESPOND TO CHALLENGING BEHAVIORS?

- The individual must have a written behavior protocol developed by the team if no positive behavior support plan exists at the time of admission.
- The behavior protocol needs to describe 
 - Successful reinforcers/proactive interventions
 - Triggers (or anything that upsets the person)
 - Dos and Don'ts
 - Emergency procedures

WHAT IS THE ONGOING RESPONSIBILITY OF THE CASE MANAGER?

- Coordinate transportation to and from the crisis site.
- Work with the crisis site and IDT/MDT members to arrange team meetings.
- Monitor the discharge plan and communicate the progress with the Crisis Site Coordinator and the IDT/MDT members.
- Call or visit the crisis site weekly to monitor the individual.
- Complete the required home visit to crisis site if the individual stays thirty days.

Crisis Sites cannot effectively or safely serve individuals in crisis without adequate information and supplies. Failure to provide such may delay or prevent admission.
