Crisis Respite Services – Residential and Home Based

Operational Guidelines: Service Delivery 2014
# TABLE OF CONTENTS

1. PHILOSOPHY AND FOUNDATIONAL PRINCIPLES ........................................... 3
2. INTRODUCTION AND BACKGROUND .......................................................... 3
3. PURPOSE ...................................................................................................... 4
4. THE PARTNERSHIP ..................................................................................... 4
5. TARGET GROUP .......................................................................................... 5
6. KEY OBJECTIVES ....................................................................................... 5
7. PROGRAM GOVERNANCE ......................................................................... 6
   7.1 CLINICAL GOVERNANCE ........................................................................ 6
8. CRISIS RESPITE SERVICES – FACILITY ...................................................... 7
9. KEY SERVICE FEATURES .......................................................................... 7
10. CLINICAL PATHWAY ............................................................................... 8
   10.1 ENTRY CRITERIA .................................................................................... 9
   10.2 ISSUES WHICH NEED TO BE CONSIDERED PRIOR TO REFERRAL ....... 9
   10.3 ACCESS .................................................................................................. 9
   10.4 REFERRAL PROCESS ............................................................................11
   10.5 ADMISSION ..........................................................................................12
   10.6 CRISIS RESPITE INTERVENTIONS .......................................................13
   10.7 CRISIS RESPITE PATHWAYS ...............................................................14
   10.8 EXIT PROCESS ....................................................................................15
   10.9 EXIT /TRANSFER CONSIDERATIONS ...............................................16
11. STAFFING ................................................................................................16
12. KEY INTRA SERVICE LINKS ......................................................................17
13. DISPUTE RESOLUTION ............................................................................17
1. Philosophy and Foundational Principles

Crisis Respite Services are an important component of the South Australian mental health stepped system of care. The ‘stepped system of care’ is designed to enable consumers to access the care and treatment they require, at a time when they need it, within a seamless continuum of service delivery informed by comprehensive assessment and the mental health care plan and supported by carer involvement wherever possible.

The foundational principles upon which Crisis Respite Services will operate are as follows:

- Consumers with a lived experience of Mental Health Services should be able to access individually appropriate and evidence based treatment and psychosocial support services which aim to prevent relapse, promote wellness and facilitate recovery.
- Care coordination should facilitate continuity of care across the distinct but interconnected service components, according to individual need.
- Crisis Respite Services are designed for consumers in times of crisis, to enable them to regain a sense of wellbeing and to re-connect with their natural relationships and social networks.
- Care coordination is foundational and a standardised comprehensive assessment should enable, inform and support the natural consumer recovery journey between agency and geographical boundaries, as well as across teams within the mental health service stepped system of care.
- Cultural sensitivity and competence is essential to the recovery journey of Aboriginal and Torres Strait Islander (ATSI) people, individuals from culturally and linguistically diverse (CALD) communities, and/or those people with disabilities. Crisis Respite Services will provide services that demonstrate cultural competence and are tailored to the needs of the individual.
- Crisis Respite Services provide a pivotal ‘window of opportunity’ for clinicians and non government psychosocial support workers, to support people experiencing mental illness and their carers in times of crisis. A jointly developed Crisis Respite Plan will be developed, which is aimed at complimenting the Mental Health Care Plan. The Mental Health Care Plan is designed to evolve over time as it travels with the consumer along the continuum of care as a defining engagement tool.
- The successful delivery of Crisis Respite Services requires a risk tolerant approach. This approach recognises that risk identification and risk management are core components of service delivery, however, it recognises that risk is an essential part of life and that consumers will and do make their own decisions some of which involve risk taking behaviour.

2. Introduction and Background

In 2007 the Stepping Up Report: A Social Inclusion Action Plan for Mental Health Reform 2007 – 2012, was released by the State Government. The centre piece of the Social Inclusion Board report is the stepped care model, which seeks to bridge the gap between community care and hospital care.
The Mental Health system has been designed to have five graduating levels of care.
- supported accommodation
- community rehabilitation centres
- intermediate/sub-acute care
- acute care
- secure care.

The Australian Government along with the State and Territory Governments has recognised the need for growth in the mental health sub-acute sector, providing an increase in out of hospital service options for people with mental health issues. Under the National Partnership Agreement on Improving Public Hospital Services, South Australia received funding for both bed based and home based sub-acute services for people with mental health issues.

Commonwealth funded sub-acute Crisis Respite Services are intended to complement the stepped model of care and will provide an additional service delivery option for people with mental illness.

Each Local Health Network (LHN) will have a Crisis Respite Service which will consist of 8 residential beds and a home based (outreach) service.

The residential service will be available for consumers who are assessed as meeting eligibility criteria for Crisis Respite Services and who would benefit from a period of residential respite. The home based service will be available for:
- those people who require short term crisis respite support post discharge from the crisis respite facility.
- those people who are assessed as better suited to receiving home based crisis respite support, as an alternative to admission to a crisis respite facility.

3. Purpose

This document is intended to provide a set of operating guidelines which will assist to guide and inform the delivery of Crisis Respite Services across the three metropolitan Local Health Networks. Crisis Respite Services will be offered consistently across the three Local Health Networks, although there may be some minor regional variation.

The Operational Guidelines are intended to assist in the development and maintenance of a strong and effective partnership between Mental Health Services and the non government sector in the delivery of Crisis Respite Services. The Operational Guidelines provide Mental Health Services and any contracted non government organisation with clear information designed to improve state-wide consistency in the delivery of Crisis Respite Services.

4. The Partnership

The partnership consists of the consumer, carer, Mental Health Services and the Non Government provider.

Crisis Respite Services is a partnership program. It is based on a commitment by all agencies involved to work in partnership to improve consumer outcomes through coordinated service delivery. The program is underpinned by the following principles:
- A collaborative planning process resulting in a recovery oriented crisis respite support plan.
- A joint assessment of need and a collaborative planning process.
- Involvement of carers as appropriate.
• An acknowledgement of risk within a dignity of risk framework.
• The collection of data to inform evaluation, research and service development.
• The effective and efficient use of evidence based practice in the provision of recovery focused, consumer centred services.
• A commitment to ensuring a self reporting tool for consumers
• Sharing information in the context of duty of care.
• Sharing knowledge as appropriate with the consent of the individual.
• The use of appropriate tools such as self reporting documents, standardised outcome measures, qualitative tools and assessment of need measures to effectively identify good practice and help with consumer outcomes at both individual and broader levels.

5. **Target Group**
Mental Health Services will work to identify people who are best suited to receive Crisis Respite Services using the following as a guide:
• Consumers referred will generally be aged between 18 – 65 years. People who are younger or older may be accepted if developmentally appropriate and assessed as suitable for the environment and service.
• Individuals who are experiencing disruption to usual mental health and who would benefit from short term residential crisis respite services or a home based crisis respite response.
• Consumers who are living with carers who are under significant stress and where that stress is impacting on the consumers mental health.
• Existence of a high prevalence disorder where acute admission is not indicated, and assessed level of risk can be managed in a community setting.
• Individuals who have one or a combination of the following, and where the issue is impacting on the consumers mental health:
  - Family and/or relationship issues (usual supports under stress).
  - Accommodation stress.
  - Substance misuse which is impacting on mental health and ability to function but where an acute clinical response is not required
  - Financial issues which impact on usual living situation (e.g. unpaid electricity bill, rent money).
  - Loss and grief issues.
  - Physical health issues which impact on usual mental health and/or have prompted a crisis presentation and which can be managed by a crisis respite service – facility or home based.

It is important to note that:
• Homelessness is not an exclusion criteria for this service.
• Scheduled or planned respite is not a function of the service model.

6. **Key Objectives**
The aim of Crisis Respite Services is to provide a period of respite care for consumers experiencing deterioration in their mental health. Consumers will receive clinical and psychosocial support to assist in addressing the issues leading to the presentation in crisis and to assist in supporting the consumer to reside in the community.

Crisis Respite Services will be expected to reduce the number of emergency department presentations and or hospital admissions and reduce the burden of care experienced by carers.
7. Program Governance

SA Health, Mental Health and Substance Abuse, is the Program Management Unit responsible for the establishment and oversight of Crisis Respite Services. The Mental Health and Substance Abuse Division is an administrative division of the Department for Health and Ageing with responsibility for the implementation of a health response (namely Crisis Respite Services) which involves the provision of funding to the Local Health Networks (for the clinical component) and to the non-government sector (for the residential management and non-clinical component).

The Mental Health and Substance Abuse Division will convene a Crisis Respite Project Control Group. This group will be convened by the Executive Lead and will be responsible for program governance. The Project Control Group will have representation from senior staff within the Local Health Networks, Country Health SA Local Health Networks, any Non Government Organisation contracted to provide the service and a consumer and carer representative.

### Crisis Respite Services: Program Governance Structure

- **Crisis Respite Services Project Control Group**
  - **Southern Adelaide LHN Crisis Respite Services Partnership Committee**
  - **Central Adelaide LHN Crisis Respite Services Partnership Committee**
  - **Northern Adelaide LHN Crisis Respite Services Partnership Committee**

*Please note: Country Health SA will be represented on the Project Control Group*

7.1 Clinical Governance

- Each of the metropolitan Local Health Networks (LHN) will have clinical governance for a Crisis Respite Service.
- The Clinical Director, within each LHN, will have overall clinical responsibility for the treatment and care provided to consumers of Crisis Respite Services.
- The Country Health SA LHN clinician will be clinically accountable to the Clinical Director, Rural and Remote Mental Health Service.
- Each LHN will establish a Crisis Respite Services Partnership Committee, which will meet on a regular and agreed basis. The Partnership Committee will include representation from the LHN and from the Non Government Organisation(s) contracted by the Department for Health and Ageing to provide Crisis Respite Services within the LHN. Country Health SA LHN may be co-opted at any time as required.
- The Crisis Respite Services Partnership Committee, from each of the LHN’s, will report to the Project Control Group (PCGp)
- Country Health SA LHN will be represented at the Project Control Group.
7.2 Governance of Non Government Organisation

The SA Health, Mental Health and Substance Abuse Division will enter into a contract with Non Government Organisation(s) to provide residential and home based crisis respite services.

Any Non Government Organisation contracted to provide services will:
- Ensure that senior staff are represented at the Crisis Respite Partnership Committee within each LHN;
- Ensure senior level representation at the PCGp, convened by the Project Lead.

8. Crisis Respite Services – facility

The basic concept design of a Crisis Respite Service facility is to maintain a domestic like design/layout and as far as possible to promote a sense of continuity with everyday life in the community. Residential Crisis Respite services may be provided in community housing which will be sourced and managed by the Non Government sector.

The housing needs to be safe and appropriate for a wide range of consumer needs while also providing an environment which enables staff to maintain an adequate level of supervision, observation and safety. Consideration needs to be given to privacy and confidentiality in all areas of the facility especially in consulting, interview or quiet areas. Privacy must be considered at all times and consumers must have a sense of safety and personal space.

9. Key Service Features

The service will be operational 24 hours per day, 7 days per week and will be managed by a Non Government Organisation, working in formal partnership with Mental Health Service staff and offering both residential (bed based) and home based crisis respite.

The service will operate from a recovery philosophy and will aim to provide a short interval of rest and relief and to identify and address the issues integral to the development of the crisis.

- Length of service will be up to 7 days. If a longer service is required, it will be negotiated with the individual, carer/families and other relevant service providers based on an ongoing need for a crisis service.
- Within metropolitan Adelaide the home based component of the crisis respite service could be provided in an alternative environment to a consumer’s home. Examples of this may be in the home of a relative or friend or a domestic violence shelter. Any home or alternative to home environment should be considered carefully for its capacity to provide an appropriate environment for a crisis respite service.
- Consumers will work with non government crisis support workers during their time with the service and close working partnerships will be developed and enhanced with community mental health teams and other relevant individuals and agencies relating to the consumer's needs.
- Consumers in receipt of Crisis Respite Services will receive services tailored to their particular needs. A number of individuals and organisations may be involved in service provision e.g. community mental health teams, staff from other non government organisations, general practitioners, disability services.
• Consumers will be encouraged to participate in the daily life of the crisis respite service and will be provided with opportunities to participate in cooking, cleaning and shopping as appropriate.
• Existing relationships with general practitioners (GP) will be maintained and enhanced where possible, however those consumers without a nominated GP will be encouraged to identify a practice and to visit a GP.

Service elements which may be delivered by clinical and non clinical crisis respite staff or by referral to other agencies/workers as part of crisis respite are listed below. The short term nature of the crisis respite service needs to be taken into account when considering what interventions are provided and at what level of intensity and where interventions will be best delivered and by whom. The following provides a guide to interventions which may be undertaken by the Non Government Crisis Support Service and by the Mental Health Integrated Team whilst the consumer is in receipt of crisis support services.

<table>
<thead>
<tr>
<th>Mental Health Integrated team</th>
<th>Facility/Home Based Crisis Respite Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; Support and encouragement to receive crisis respite services</td>
<td>&gt; Support to access and settle into residential crisis respite services or to access home based services</td>
</tr>
<tr>
<td>&gt; Identification and re-establishment of key social and community relationships and supports</td>
<td>&gt; Support to maintain the bedroom and to contribute to meal preparation and domestic tasks</td>
</tr>
<tr>
<td>&gt; Reviewing and strengthening relationships with GP/private psychiatrist</td>
<td>&gt; Support to eat well, sleep well and to undertake gentle physical exercise</td>
</tr>
<tr>
<td>&gt; Identification of stressors and stress management techniques</td>
<td>&gt; Support to maintain family connections where appropriate</td>
</tr>
<tr>
<td>&gt; Identification of substance abuse issues with treatment as appropriate and referral on for specialist support as appropriate</td>
<td>&gt; Assistance to attend health appointments</td>
</tr>
<tr>
<td>&gt; Screening and identification of issues with physical health (including dental care) with treatment where appropriate and referral on for specialist support where appropriate</td>
<td>&gt; Support to manage identified stressors and to learn/adopt stress management techniques</td>
</tr>
<tr>
<td>&gt; Carer engagement</td>
<td>&gt; Support to manage substance abuse issues and assistance to access appointments</td>
</tr>
<tr>
<td>&gt; Education regarding mental health, mental illness and the role and purpose of clinical interventions and maintenance strategies</td>
<td>&gt; Support to manage physical health issues, including medication, and assistance to attend appointments</td>
</tr>
<tr>
<td>&gt; Risk assessment and management</td>
<td>&gt; Support and encouragement to maintain relationships with carers</td>
</tr>
<tr>
<td>&gt; Assessment of current accommodation and identification of strengths and issues</td>
<td>&gt; Support to understand mental illness, relapse prevention and the impact of stress</td>
</tr>
<tr>
<td>&gt; Support to address financial issues and household management</td>
<td>&gt; Encouragement to work with mental health clinical staff</td>
</tr>
</tbody>
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Loss and grief counselling | > Risk assessment and management |

10. Clinical Pathway
The Operational Guidelines for Crisis Respite Services need to ensure consistent service interventions are delivered across the three facilities. The flow diagrams listed later in this document outline the minimum standards for clinical and non-clinical interventions based on the consumer journey. The consumer journey will form the foundation of the risk management framework and service partnership between public mental health services and the non government provider. The consumer journey outlines the minimum standards to be delivered across the three Crisis Respite Services for referral, admission, service interventions, care pathways and exit.

10.1 Entry Criteria
Mental Health Integrated Teams will manage the entry process.

Entry into Crisis Respite Services will consider the following:

- Admission to Crisis Respite Services is likely to prevent the need for an acute hospital admission or longer term stay within an Intermediate Care Centre.
- Demonstration from the referrer’s assessment that Crisis Respite Services is the most appropriate form of intervention and will provide an interval of rest and relief and be expected to meaningfully contribute to a reduction in the reasons for the crisis presentation.
- The consumer needs to consent to the referral and agree to the admission plan, goals, discharge date and residential housekeeping policies.
- Consumers with co-morbid drug and alcohol issues need to be assessed as able to be managed safely and effectively within Crisis Respite Services.

10.2 Issues which need to be considered prior to referral
Crisis Respite Services have been developed to provide short term psychosocial support to assist in addressing the issues leading to the consumer presenting in crisis. Given the stated aims of the service there are a number of factors which would contra-indicate an admission.

- Significant risk issues – at risk of immediate self harm, extreme behaviours and risk to others.
- Consumers not wishing to receive treatment but who following a comprehensive clinical assessment are felt to require treatment for their own protection from harm or for the protection of others from harm, would not normally be suitable for admission to a Crisis Respite Service. The domestic nature of the environment, location and staffing of a Crisis Respite Service means that they are not equipped to provide immediate environmental safety to protect acutely unwell individuals from harm to themselves or others.
- Consumers who are being treated under the Mental Health Act can access Crisis Respite Services; however, the facilities are not treatment centres under the Act, so conditions of the Mental Health Act must be fulfilled.

10.3 Access

- Individuals will be referred to Crisis Respite Services via Mental Health Services and assessment regarding suitability will be undertaken by designated clinicians located within an integrated team. The assessment for suitability will be undertaken in collaboration with the consumer, carer and other service providers involved in the consumer’s care.
- Crisis Respite Services will aim to accept referrals across 24 hours. Mental Health Services will provide a face to face handover with a member of the
Non Government Organisation. Telephone handover will be accepted if a face to face handover is not possible.

- Mental Health Services will facilitate the consumer’s access to the facility and will be responsible for providing transport when required.
- Entry will be determined by Mental Health Services. External service providers (e.g. GP or Non Government Organisation) who identify a person as suitable will work with the appropriate adult integrated team to discuss and facilitate a referral.
- Referrals from Country Health SA LHN will be forwarded to the responsible integrated team for processing and final decision. It is expected that a clinical assessment will be undertaken by the referring service.
- Bed flow for each Crisis Respite Service will be managed by the responsible integrated team.
- Out of region placements will occur only with the endorsement of the relevant Clinical Directors.
10.4 Referral Process

- Consumer
  - Presents to service setting in crisis
  - Service setting can be from ED’s, GP’s, country, R&B triage, MHT etc.
  - Consents to referral
  - Clinical staff send most current risk assessment to the Crisis Respite staff.
  - Crisis Respite staff review referral and initiate facility or based response
  - Clinical and psychosocial solution focussed assessment including Risk assessment, MSE, NDCC, medical. Provide consumer with pamphlet/DVD to view service. Clinical team to provide a crisis respite plan
  - Crisis Respite team assess referral where the consumer is located. NGO to facilitate assessment of needs
  - Crisis respite clinical staff to facilitate transfer of care/pull referral
- Clinical
  - Clinical staff assess best pathway – if Crisis Respite, follow referral pathway
- Communication
  - Communication staff base decision on target criteria for service availability
  - All referrals to Crisis Respite team include a phone call to handover
- NGO
- Consumer accepted or not accepted – If not alternative options explored
  - Crisis respite staff to facilitate transfer of care/pull referral and inform Flow.
- Home based or facility based for crisis respite
- Assessment information filed in consumers relevant case notes
10.5 Admission

Consumer to transfer to Crisis Respite facility —> Same process applies to home based —> Consumer brings medication to facility

Crisis Respite staff available to greet and orientate consumer —> Minimum referral standards — Emergency Assessment, Risk Assessment and any other relevant information (legal documentation). Phone call to discuss referral with crisis respite clinical staff.

All relevant documentation to be made available to Crisis Respite staff —> All relevant information to be entered on EPAS/CBIS —> Crisis Respite clinical staff enter information on EPAS/CBIS

Medication assessment on entry —> Medication sheets to be forwarded to Crisis Respite clinical staff —> Family/carer, GP/Private practitioner notified

Family/carer, GP/Private practitioner notified —> Communication with private practitioners and key agencies

Crisis Respite non clinical staff enter information on consumer record —> Transfer of care to Crisis Respite clinical staff across 24 hours —> Crisis Respite non clinical staff enter information on consumer record

Family/carer, GP/Private practitioner notified —> Family/carer, GP/Private practitioner notified
10.6 Crisis Respite Interventions
10.7 Crisis Respite Pathways

Consumer co-develops links back to local community post crisis respite admission

Facilitate referral pathways to support transition back to local community

Communication tool to send as part of referral and transfer of care

Facilitate referral pathways to support transition back to local community

Consumer

Accommodation

General Practitioner

Financial counselling

Education and employment

Caring support

Primary care

Family violence

Alcohol and other drugs
10.8 Exit Process
10.9 Exit /transfer Considerations

Mental Health Integrated Teams will manage the exit/transfer process.

- Crisis Respite goals have been achieved.
- Identified discharge date has been reached.
- Behavioural issues such as substance/alcohol, aggression, anti-social behaviours etc which impact on ability to engage in the Crisis Respite Service, or impact adversely on others.
- Persistent acute self harm behaviours which indicate a need for admission, or are impacting adversely on others.
- Acutely unstable mental illness.
- Persistent antisocial behaviours which mean that the consumer is no longer able to engage with his/her crisis respite plan.
- Inability to abide by resident agreement.
- Engagement in criminal behaviour.

The ethos of a Crisis Respite Service needs to be based upon the normalisation of expressed emotion as an opportunity for personal growth and recovery. Each consumer should have the opportunity to develop their Crisis Respite Plan collaboratively with the Crisis Respite Service. All consumers should be provided with a copy of the Crisis Respite Plan upon departure.

11. Staffing

Clinical (Metropolitan Adelaide)

- Each Local Health Network will employ staff to ensure coverage over 7 days i.e. Registered Nurse (RN2) Allied Health Professional (AHP2) to be located within the integrated teams.
- Each Local Health Network will ensure that the Crisis Respite team (clinical) work with the Non Government Organisation, to ensure that consumers are identified, referred, provided with care coordination and appropriate exit planning, whilst in receipt of crisis respite services.

Clinical (Country Health SA)

- Mental Health Services will employ staff to ensure coverage over 7 day’s i.e. RN2/AHP2 within Country Health SA, to assist in identifying appropriate consumers, facilitating access, entry and exit from Crisis Respite Services.
- This position will be located where sufficient liaison can occur with metropolitan emergency departments, Rural and Remote inpatient units and the Emergency Triage and Liaison Service (ETLS).

Non Clinical

- Each Crisis Respite Service will be staffed 24/7 by a Non Government Organisation. Each Crisis Respite Service will have a Team Manager.
- All non government support staff will have a Certificate 4 in Mental Health (or a related field) as a minimum qualification.
- The non government organisation is encouraged to employ staff with a lived experience of mental health issues.
- The Non Government Organisation Crisis Respite Team will provide residential support as well as home based crisis respite support.
12. Key intra service links
As with any new service component, Crisis Respite Services will need to be a clearly integrated component of the existing specialist mental health service network. The following linkages are particularly important and will require development and review:
- Emergency Departments.
- Acute inpatient units.
- Bed coordination system/flow coordinators.
- Community Mental Health teams.
- Non Government Services.
- General Practice.

13. Dispute Resolution
It is acknowledged that there may be occasions in which Mental Health Services staff and staff from the non government organisation providing crisis respite services will have differing views in relation to service provision for a particular consumer.

In order to facilitate a timely, transparent and effective process to resolve disputes it is necessary to provide some practice guidelines.
- The most immediate level in the partnership is between the Mental Health Services staff and the NGO psychosocial support worker. Concerns relating to the delivery of services as per the Crisis Respite Plan should be resolved as soon as possible through direct communication.
- If these negotiations fail to resolve the dispute, the issue will be referred by the Mental Health Services staff to the respective Team Manager and by the NGO worker to the respective Team Manager/Program Manager. The Mental Health Team Manager and NGO Team Manager/Program Manager will work to resolve the matter.
- If unresolved, the Mental Health Team Leader or NGO Team Manager/Program Manager can request a meeting to which the Mental Health Sector Manager and NGO Service Manager/Area Manager would be invited to attend.
- Where a dispute occurs overnight and the usual process cannot occur, the Mental Health Service staff will contact the on-call Executive for assistance.
- The manner in which the issue is to be resolved is to be determined by senior staff from the partnership and may include a face to face meeting, telephone contact or email.
- Systemic issues identified during this process will be referred to the Crisis Respite Partnership Committee and to the State-wide Program Management Committee where required.