

The Right Door for Hope, Recovery and Wellness

Chapter Title	Chapter #		Subject #
Clinical	C		340.4
Subject Title	Adopted	Last Revised	Reviewed
24-Hour Respite Care for Children	04/08/05	9/9/22	9/5/06; 7/12/05; 4/14/10; 2/25/14; 5/26/15; 4/6/17; 8/23/19; 6/30/2020; 9/16/21; 9/9/22; 9/12/23; 9/16/24

PROCEDURE

Application

This procedure shall apply to the clinical services of The Right Door for Hope, Recovery and Wellness.

1. 24-Hour Respite Care for Children with Severe Emotional Disturbances (SED) and Developmental Disabilities (DD)

- 1.1. In the event of a mental health crisis for an identified child/family, the primary worker shall be notified to attempt to resolve the situation.
- 1.2. If the primary worker is not available, the designated crisis staff shall be contacted to attempt to resolve the situation with the family.
- 1.3. The primary worker or crisis staff shall make contact with the family to identify the issues and problem-solve solutions based upon the family's crisis plan.
- 1.4. If the crisis plan does not address the specific issue, or a crisis plan has not been developed, various options shall be explored with the family.
- 1.5. If it is determined that respite care is necessary, the primary worker or crisis staff shall work with the family to identify a safe, acceptable place for the child to stay for a brief period of time. The least restrictive measures shall be attempted whenever possible. Options may include:
 - 1.5.1. Determining what family members, friends, or neighbors may be available. Determining if a local runaway shelter such as the Bridge is appropriate.

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1.5.2. Providing a few hours of respite with The Right Door for Hope, Recovery and Wellness respite providers.

1.5.3. Using a The Right Door for Hope, Recovery and Wellness Licensed Foster Home for overnight care.

1.5.4. Using a contracted crisis residential provider for short-term care.

1.6. When The Right Door for Hope, Recovery and Wellness Foster Care respite has been identified as the best option, the following must occur:

1.6.1. Crisis Worker calls the on-call administrator to discuss if a respite home is available and an appropriate match for the child.

1.6.2. (i)-The Worker must be prepared to answer the questions on the crisis respite form when speaking with the on-call administrator, but it is not necessary to complete the form with the family until the respite has been authorized.

1.6.3. The on-call administrator will contact the foster parent to check out availability and give approval for them to take the child.

1.6.4. The foster parent will contact Crisis worker back to coordinate pick up and details.

1.6.5. Crisis worker provides copy of the completed crisis respite form to foster parents when they take the child.

1.6.6. Foster parent may call on the Crisis worker with any other issues that arise until the next business day. Foster parents will access the Crisis worker through Gryphon Place. They will not problem solve with Gryphon Place but ask for the Crisis worker immediately.

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1.7. If the crisis was handled by a crisis staff person, he or she shall, on the first business day following the crisis, apprise the primary clinician/case manager of the situation for follow up contacts and share any completed documentation.

Kerry Possehn, CEO	Date		