


DEPARTMENT OF HUMAN RESOURCES
SOCIAL SERVICES ADMINISTRATION
311 WEST SARATOGA STREET
BALTIMORE, MARYLAND 21201

DATE June 15, 2009

POLICY DIRECTIVE# SSA # 09-28

TO: Directors, Local Departments of Social Services
Assistant Directors, Local Departments of Social Services
Child Welfare Administrators, Supervisors and Case Workers
Local Department of Social Services

FROM: Carnitra D. White, Executive Director 
Social Services Administration

RE: Psychiatric Respite Admissions/Discharge/Monitoring Criteria

PROGRAMS AFFECTED: Public Out-of-Home Placement Services (Foster Care Services)

ORIGINATING OFFICE: Resource Development Placement and Support Services

ACTION REQUIRED OF: Out-of-Home Placement Services (Foster Care Services)

REQUIRED ACTION: Provide guidelines for the admission, discharge and monitoring of children entering Psychiatric Respite Programs (Sheppard Pratt and Stone Bridge)

ACTION DUE DATE: Immediately

CONTACT PERSON: Kevin Keegan, Director
Resource Development, Placement and Support Services
410 767-7910

I. PURPOSE

This policy directive provides instruction for the utilization of psychiatric respite beds, which may be utilized by Local Department of Social Services case managers. This policy is intended to assist in the gate keeping of children in the high intensity psychiatric respite at Sheppard Pratt Hospital and the Brook Lane's Stone Bridge low intensity Respite program. The purpose of the policy is to shorten the length of stays for children in psychiatric respite beds. This policy also outlines those procedures, which case managers are to follow regarding admissions and discharge of children to and from psychiatric respite.

II. BACKGROUND

COMAR (14.31.03) Interagency Discharge Planning for Hospitalized Children and Adolescents, COMAR (14.31.05) License and Monitoring of Residential Child Care Programs and the Lisa L. vs. Wasserman Settlement Agreement:

The psychiatric respite programs were developed during the Settlement Agreement's early years to provide a temporary step-down setting for children leaving psychiatric hospitalizations or diverting from them. They were to be short-term stays with transitional services provided by an outside vendor. Admissions were "gate kept" by SSA staff. Admission was granted, only if a placement was identified and pending an opening.

Taylor Manor, Brook Lane and Sheppard Pratt hospitals operated psychiatric respite programs. They provided either high intensity or low intensity services depending on the child's needs. The costs varied, as did the intensity of services provided.

Sheppard Pratt purchased Taylor Manor beds and moved them to their Towson Campus as high intensity beds. Stone Bridge at Brook Lane remained unchanged.

Authority:

- 1) Humans Services Article, Md. Ann. Code, §§ 4-204 and 4-205;
- 2) COMAR 14.31.03;
- 3) COMAR 14.31.05; and
- 4) The Lisa L. settlement agreement

III DEFINITIONS:

In this policy, the following terms have the meanings indicated.

1. "Gate Keeping" means the single point of entry in writing required by the local department prior to an admission into a psychiatric respite.

2. “High Intensity Respite” means intensive psychiatric respite services provided in the Sheppard Pratt Respite facility with addition staffing and support services for children with a residential treatment center recommendation.
3. “Low Intensity Respite” means psychiatric respite services provided at the Stone Bridge Respite facility for children with a residential treatment center or less restrictive placement recommendations.
4. “Multi-Agency Review Team” (MART) means a committee of senior officials from the Departments and the Office for Children charge with the review of children in psychiatric hospitals.
5. “Psychiatric Respite” means residential programs on hospital grounds in which children discharged from inpatient psychiatric hospitalizations receive transition services in anticipation of placement in a residential treatment or community-based setting.
6. “Psychiatric Respite Program Admissions Coordinator” is an employee of the psychiatric respite program who reviews referrals for admissions to and discharges from the psychiatric respite program.
7. “RTC” means Residential Treatment Center.
8. “Department” means the Department of Human Resources.
9. “Local Department” means the:
 - a. Department of Social Services in a county or Baltimore City; and
 - b. Montgomery County Department of Health and Human Services.
10. “SSA” means the Social Services Administration of the Department of Human Resources.

IMPLEMENTATION

Effective immediately, Local Department staff will be required to complete specific steps prior to being allowed to place children into either of Maryland’s Psychiatric Respite programs, including the Stone Bridge low intensity and Sheppard Pratt high intensity psychiatric programs. These are children in state custody who are leaving an acute psychiatric hospitalization to await an appropriate recommended placement or being diverted from a psychiatric hospitalization. The respites are designed to offer a temporary stay (30-days) pending the recommended placement. (DHR has been experiencing average lengths of stay approaching 6 months at these facilities.)

If a child in DHR's custody is recommended for an RTC, the Local Department is expected to make every reasonable effort to place the child into an RTC directly from the hospital to circumvent the need for an interim placement. A child with a less restrictive placement recommendation, such as Therapeutic Group Homes, Group Homes, Treatment Foster Care, etc., should be placed without delay and can be referred directly to an appropriate placement in the community.

ADMISSIONS CRITERIA

The criteria for admission into the respites are as follows:

1. The youth **must have** an RTC recommendation to be approved for Sheppard Pratt Hospital Respite.
2. RTC and less restrictive placements may be requested for Stone Bridge Respite.
3. For those with an RTC recommendation, a Certificate of Need (CON) must be in process prior to admission to Respite.
4. Appropriate referral(s) must have been made, preferably with an acceptance to the permanent recommended placement.
5. Referring Agency case managers are required to complete an "Admissions to Respite/Reporting Checklist" and fax to DHR within 24 hours of knowledge of the discharge approval. (See Attachment)

MONITORING OF CHILDREN IN PSYCHIATRIC RESPITE

1. The MART members will collect data from the Psychiatric Respite Programs Admissions Coordinator via a Bi-monthly Census Report to track the amount of time from RTC recommendation to placement for all children in the Psychiatric Respite Programs. This data will be used to obtain information on the overstay identification to monitor the length of stay in the Psychiatric Respite.
2. The MART members will be responsible for monitoring all children with RTC recommendation and will monitor all admissions to the High Intensity Respite at Sheppard Pratt. This monitoring will include regular collection of data, as well as follow-up with the respite provider to determine progress on individual cases.
3. The DHR/SSA MART Representative will request updated status reports from the Local Departments' Lisa L. Coordinator(s) and the Case Manager(s) regarding efforts to secure an appropriate permanent placement for the youth.
4. The DHR/SSA MART Representative will monitor all DSS committed children admitted into the Psychiatric Respite Programs and will present children with problematic issues to the MART members who assist in the removal of barriers to discharge, and to facilitate the timely placement of this population.

LENGTH OF STAY

1. The **maximum** length of stay in the high and low intensity Psychiatric Respite Programs is to be **30-calendar days**.
2. If a child requires a stay beyond 30 calendar days, the Case Manager must email or fax a written summary explaining the reasons for the delay in placement and containing in the information requested in the “reporting Out” section below, to the DHR/SSA MART Representative on the 30th calendar day.

REPORTING OUT

The “Written Summary” must include:

- Name of youth
- written discharge recommendation (if appropriate),
- documentation of communication between LDSS and hospital/respite staff,
- a list of referrals,
- date of referrals,
- reason for rejection,
- date of rejection,
- missing documentation and efforts to obtain,
- list of acceptance(s),
- estimated date of admission/ bed availability,
- MAPS approval or denial/appeal, and
- any additional barriers preventing a timely admission.

NOTE: If a child stays in a respite program beyond the 30 calendar days, the Case Manager must provide a Written Summary to the DHR/SSA MART Representative every 15 days thereafter.

Please share this information with your child welfare staff members. You may contact the Placement and Supportive Services Unit 410-767-7130 for any policy clarification.

CC: Brenda Donald, Secretary DHR
John Colmers, Secretary DHMH
Renata Henry, Deputy Secretary DHMH
GOC
DHMH, MART Case Services Coordinator
DJS, DHR, and DHMH MART Representatives