

Guidelines for Counties

Respite Services for Families with Children in the Behavioral Health System

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Many County MH/MR Programs in Pennsylvania provide some degree of respite service for families whose children receive behavioral health services. OMHSAS wants to support counties in their effort to address respite needs of families through Base Allocation funds, reinvestment, or new funds. The OMHSAS Children's Bureau has worked with an Advisory Committee to develop the following guidelines for counties. The Advisory Committee reviewed the literature, gathered input from families, and examined the results from a survey of counties which was done to identify current practice and gather recommendations from counties.

DEFINITION

Respite care is short term care that helps a family take a break from the daily routine and stress associated with caring for a child with a serious emotional or behavioral disorder. Respite can be provided in the client's home or in a variety of out of home settings.

Respite care is an essential part of the overall support that families may need to sustain and care for their child. Respite care must be incorporated into individual family situations by identifying the type of respite needed and matching the need to the services currently available, or developing services where none exist.

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1. Structure

A. Provider Issues

Interviews with family representatives and family advocates provided diverse input on proposed funding structures. Families want assurance about the quality of providers of respite service and they want help locating providers. But they also want flexibility to use a non-professional, like a relative or neighbor, if they determine that the person is qualified to care for the child/youth. However in many cases, they believe that a professionally trained resource will be needed to provide respite to children with challenging emotional and behavioral disorders.

Currently, most counties utilize provider agencies for screening and paying respite caregivers. In some cases, family vouchers and the Person Family Directed Service Waiver allows for the inclusion of neighbors, family members, or other "informal" respite service.

Use of provider agencies also allows for addressing liability issues. Counties that allow informal respite arrangements view families as ultimately responsible when the family “hires” the respite provider.

Counties identified the following ways to minimize liability: background checks, driver’s licensing/record, homeowner insurance policies, “liability language” in contracting, meeting minimal training requirements, adherence to regulations. Please see the attached safety checklist for additional recommendations.

Counties recommend minimal requirements for respite provider staff, such as High School diploma or GED, and Act 33/34/137 compliance.

Most commonly cited training requirements are First Aid/CPR, Crisis Intervention/Behavior Management, Medication Administration, child abuse reporting, boundary issues, and confidentiality.

Counties cite the need for policies and procedures, including:

- written crisis safety plan
- access to direct on call or crisis intervention services and emergency contact information
- screening for medical history, and
- parental consents forms.

(see attached examples)

B. Fiscal Management

The MH/MR fiscal regulations (4305.11) list respite care as exempt from liability requirements. Counties may consider restricting use of respite funds for those children, and their families, who have serious emotional and behavioral challenges, are part of the county MH/MR system, and do not have access to other respite services.

C. Family Control and Monitoring

Families should have control and wide discretion on how and when to use respite and how to pay for it. Agencies, with the assistance from a family advisory board, should develop clear guidelines for a family’s use of funds. These guidelines shall identify factors, such significant multiple stressors, which would contribute to a family’s inability to use funds effectively including putting the child at risk, and general misuse of funds. Where a family is determined to need support to use funds, plans should be developed to increase the family’s ability to lead decisions concerning their child/children. .

D. Staff Support

There is good reason to have every individual plan address how the family and the parents are going to take care of themselves so they can take care of all of their children. This plan would primarily involve family resources, but may include some public dollars. The focus is on those components of living a healthy

life being in a service plan and respite needs to be there. It is essential that professional staff support the concept of respite developed through a treatment team approach with the family making the decisions with support/agreements from professionals.

2. Types of Respite

There must be choice of type of respite and each family has to define what respite for them is...it cannot be a standard design that applies to all families. For respite to be effective, staff can not be judgmental and has to trust that families can best identify the respite that is needed.

Out-of-home respite for the identified child needs to be on the continuum of types of respite available, however, many children with challenges don't want/need the stigma of being sent somewhere.

There is also the need to include siblings as well as the child with challenges. Respite funds may be used for siblings, but it may be necessary for families to pay for the added cost of siblings.

Working with provider agencies (including PRTF) which have a ready pool of staff who have clearances, training, etc. seems very natural. There is also a system benefit as, with the right training and supervision, these staff can become more sensitized to working with families.

3. Reporting

OMHSAS submitted a request for a Respite Allocation in the FY 2007-8 State budget. The Budget Request requires OMHSAS to monitor the use of the respite allocation, and to insure the provision of respite to 2,000 families. County MH Programs will be required to submit quarterly qualitative as well as quantitative reports. The qualitative reports will describe the structure, the role of families in the implementation, and issues that might arise. Quantitative reports will identify the number of families, and the hours of respite provided. See attached reporting requirements.