NYC Short-term Crisis Respite Center
Provider Referral Form

Overview
NYC Short-term Crisis Respite Centers support people aged 18 and over who are anticipating or experiencing a mental health crisis by providing a voluntary stay in a home-like setting which is supportive, comfortable and safe. Guests stay at the respite by personal choice and not as "forced treatment" and can come and go at their leisure without a curfew. Respite offers 24/7 support by trained Peer Specialists (individuals with lived experience of mental health conditions) as well as mental health professionals such as licensedsocial workers. Respite provides an innovative and unique alternative and/or complementary service to more traditional emergency room and inpatient care. Guests are provided with services including but not limited to: Individual and group peer support; crisis prevention / intervention planning; referrals and linkages; health and wellness coaching; assistance with strengthening living skills; health navigation; and help with developing coping skills. Individuals referred to Respite may be enrolled the same day, pending bed availability and proper documentation. Guests may stay for up to 7 calendar days and may continue their daily activities (work, school, social engagements) as well as meet with their treatment provider(s) and other supporters at the Respite if they wish. With the guest's consent, collaboration between Respite staff and the individual's treatment provider(s) and other supporters is welcome. Inability to pay for services does not affect eligibility.

*NOTE: Completion of this provider referral form does not guarantee enrollment to a Respite Center

There are 8 Short-term Crisis Respite Centers in NYC in different boroughs which can be contacted directly at the following numbers:

Brooklyn – SUS: (347) 505-0870 / Fax: (877) 603-5170 or SUS: (646) 757-4561 / Fax: (877) 585-8337; or Ohel: (718) 666-3262 / Fax: (718) 696-4262
Bronx – Mosaic Mental Health: (718) 884-2992 / Fax: (718) 884-2901
Queens – TSI: (718) 464-0375 / Fax: (718) 217-2366
Manhattan – Community Access: (646) 257-5665 / Fax: (212) 614-1413 or ACMH: (212) 253-6377 / Fax: (212) 253-8679
Staten Island - (718) 876-2610 / Fax#: (718) 876-4414

Date of Referral: ___________________ Name of Person Being Referred: ___________________ Contact # for Person Referred: ___________________

DOB: ___________________ Insurance Information:
Medicaid #: ___________________ Managed Care Organization: ___________________

The questions below should be answered by the potential Crisis Respite Center guest:
1. Please indicate your reasons for seeking a stay at the Crisis Respite Center, i.e. describe the crisis you are experiencing:
Click here to enter text.

2. Please indicate what you expect/hope to obtain from your stay at the Crisis Respite Center?
Click here to enter text.

Print Name of Potential Guest: ____________________ Date: ___________________

Signature of Potential Guest: ____________________
The following eligibility and enrollment consideration questions must be answered by the referring licensed clinical provider:

The person being referred:

1. Is experiencing emotional/mental health distress or crisis
   □ Yes  □ No

2. Is a resident of New York City
   □ Yes  □ No

3. Is 18 years or older
   □ Yes  □ No

4. Is a voluntary enrollee (Individual must choose to participate in Crisis Respite services.)
   □ Yes  □ No

5. Has an agreed upon place to return to after the conclusion of the stay (NOTE: People who are street homeless or in a shelter may be accepted)
   □ Yes  □ No

Discharge location: __________________________

6. Is in stable physical health which includes not needing inpatient detoxification services
   □ Yes  □ No

Medical/chronic health issue (if any) __________________________

7. Has the ability to manage his/her own medication independently, if he/she chooses to take medications (Medications are not dispensed at Crisis Respite Centers)
   □ Yes  □ No  □ N/A

8. The person being referred can navigate a flight of stairs
   □ Yes  □ No

9. Person being referred has a history of violence within the last 90 days (Individuals with a history of violence within the last 90 days will still be considered on a case-by-case basis.)
   □ Yes  □ No

10. Person being referred has a psychiatric diagnosis of serious mental illness or presents signs and symptoms that are consistent with a possible serious mental illness
    □ Yes  □ No

    If the person has been formally diagnosed please indicate diagnosis: __________________________

11. How many times did the individual use Crisis Respite services this year? Dates: __________________________

The Crisis Respite Centers cannot enroll individuals with the concerns indicated below. Please confirm the person does not meet the below criteria:

1. The person being referred is at imminent risk of serious harm to self or others
   □ Yes  □ No

2. Has a diagnosis of dementia, organic brain disorder or traumatic brain injury (TBI)
   □ Yes  □ No

Referring Provider Agency Name: __________________________

Referring Provider Agency Program Name: __________________________

Print Referring Provider Staff Name: __________________________

Signature: __________________________  Licence# __________________________

Phone: __________________________  Fax: __________________________  Email: __________________________

NOTE: While not required for enrollment, any additional documents (such as psychosocial or psychiatric evaluations) may be sent with this form and are appreciated. Thank you for your referral.
Community Access Respite Center

Provider Referral Form Medical Clearance

Related to COVID-19 Status

Please complete this form and send it back to us with the referral packet. *This form must be completed by a licensed medical professional.*

A. Referrals from Article 28 clinic or Article 31 inpatient hospital setting

1. Attach a negative COVID-19 diagnostic PCR test from within 72 hours of referral.

2. If your client previously tested positive for the Covid-19 virus, please provide the following:
   
   a. A copy of test(s) results with date(s) of the last positive Covid-19 virus test and any subsequent negative tests.

   b. Documentation that shows that 14 days have passed since the first CLI symptom (or positive test result if the individual was asymptomatic), that the individual has been fever-free for at least 72 hours without the aid of fever-reducing medications, and that the individual’s respiratory symptoms have significantly improved.

3. Your signature below attests that your client has not had any new symptoms consistent with COVID-19 infections. and is cleared to be admitted to the respite center.

*If your client previously tested positive for the Covid-19 virus, please provide the following:*

- A copy of tests results with date(s) of the last positive COVID-19 virus test and any subsequent negative tests with the application

- Documentation that shows that 14 days have passed since the first CLI symptom (or positive test result if the individual was asymptomatic), that the individual has been fever-free for at least 72 hours without the aid of fever-reducing medications, and that the individual’s respiratory symptoms have significantly improved.

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B. **Referrals from community-based programs:**

Please ask and answer the following questions on behalf of your client:

1. Does your client report a sore throat? Y _ N_
2. Does your client report having a new cough? Y _ N_
3. Does your client report having a new condition of shortness of breath? Y _ N_
4. Does your client report loss of the sense of taste or smell? Y _ N_
5. Record temperature here: ______

If you are able to obtain a COVID 19 test result that is 72 hours or less in age, please do so and attach the results here.

Your signature below attests that your client has not had any new symptoms consistent with COVID-19 infections and is cleared to be admitted to the respite center.

I attest that my client ___________________________ is medically cleared to enter respite at this time.

_________________________  ___________________________  _______
Print Name  Signature  Date

License #: ___________________________
Telephone #: ___________________________
Email: ___________________________

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Welcome to the Crisis Respite Center.

The Crisis Respite Center is a place for you to work towards a resolution of your current mental health crisis. It is an opportunity to develop skills that can assist you in coping with future crises.

We follow current NYC DOHMH and Community Access COVID-19 policies and procedures. We expect your cooperation. This may include and is not limited to the following:

- Daily temperature checks
- Frequent handwashing and hand sanitizer use and at re-entry into the building.
- A mask must be worn at all times in the respite when outside of your own room.
- Only essential providers may visit, such as ACT, PH and intensive mobile team staff, your Care Coordinator and Outreach staff.
- Practice social distance and maintain at least 6 ft. distance at all times
- Observe posted room capacity limits throughout the building
- In person communication will take place in designated spaces but may be ended if social distance cannot be maintained.
- Minimize the number of times you go in and out of the building in a day.
- Use our reservation system to schedule dinner in the dining area should you wish not to eat in your room.
- Sign up to reserve a time for the washer and dryer, available at no cost onsite.
- Use the wipes provided to clean and sanitize all bathroom surfaces after each use. Do NOT dispose of wipe into the toilet but use the trash receptacle.
- Ensure frequent hand cleaning practices (sanitizer and washing, according to standards), especially when entering and exiting common and shared spaces.

If at any time during your stay you develop COVID-like symptoms, we will require that you restrict your movement between your bedroom and a designated bathroom. Staff will bring food to your door. Staff will facilitate your access to testing and reevaluate your stay with your input and that of your provider’s.
In addition, we request that you abide by the following:

We encourage you to meet with us individually for peer support daily.

It is expected that you sleep in the Respite each night as that is part of the basis of your admission.

Sleeping in the common areas is not permitted.

Entering another guest’s room is not permitted.

The Respite is smoke, alcohol and drug free. Please do not bring or use drugs or alcohol onsite. Cigarette smoking is permissible in our backyard only. If you do so we ask that you use the ashtray provided.

We value everyone’s safety and therefore violence is not tolerated and will result in immediate discharge. We do not permit weapons. Threats of violence, physical or sexual, can lead to discharge. We expect respectful communication and ask that guests refrain from using language that is hateful and insulting.

Please manage your property at all times and do not leave your property unattended. Community Access is not responsible for any lost or stolen items. When it is time for you to leave at the end of your stay, you must take all of your property with you when you go.

Your use of your medication is up to your own discretion. We expect you to store and take your medication independently.

On your last day it is expected that you will leave the room as you found it. This includes washing your linens and remaking the bed, removing garbage and cleaning the room’s surfaces, etc. It is expected that you will clean after yourself in the common areas during your entire stay.

Check out time is noon. To accomplish this we ask everyone to be up by 10:00 a.m.

The respite is always staffed. Should you have any questions we ask you to call at 646-257-5665.

We want your stay to be successful and so we strongly encourage you to follow the expectations set forth above. If you do not, it may result in your discharge.

6/30/20
I have reviewed all of the above and agree to these terms.

All participants will be offered a hard copy of this policy for their records.

Date:__________________

Signature:_____________