



Central Lakes Family Services

CENTRAL LAKES CRISIS SUPPORT SERVICE

Localised Model of Care

- 24 hours, 7 days a week service.
- Home-based crisis support and residential crisis respite service. (Respite care will be available from – TBC)
- Staff with appropriate skills and experience will monitor and support the person in crisis in their own home or elsewhere. The team includes a Mental Health Nurse, Community Workers (including lived experience for peer support), Social Workers and Counsellor
- The respite facility (when confirmed) will have staff present and awake overnight in addition to Crisis Support After Hours duty person
- Clinical responsibility for the client remains with the referrer unless negotiated with CLFS.

Entry point

- Te Whatu Ora Southern Specialist Mental Health Team (EPS, CMHT & SMHET)
- General Practices

Referral Process

1. Phone call to Central Lake Crisis Support Team (CSS) on 0508 500 655 to discuss a referral. It takes approximately 30 minutes to review each case and reach a decision for admission. Travel/pick up requirements for the client are on a case-by-case basis based on the discussion with the referrer CSS will do the meet/physical handover with CRS before going out to the client's home/outreach situation
2. All paperwork and risk management /assessment forms to be completed and emailed to Central Lakes Crisis Support Service mhsupport@clfs.co.nz or provided directly if doing a physical handover for a client after hours. The paperwork includes a consent form signed by the client
3. Referrer loads details to Health Connect South as per usual. (CLFS have their own database and client system which is used after client is referred)
4. The client is given information on CLFS complaints process, Rights and Responsibilities and the Consumer Rights (Health and Disability Act) during the first contact with CSS

Access Criteria

- Adults 18-years-old and older, including people in the older age group (70+ years). Younger people aged 15-18 are eligible to access this service if clinically and socially appropriate, based on recommendations from the community mental health team/ crisis response team, general practitioner.
- Clients under the age of 18 need the appropriate signed consents from their guardian/caregiver
- People who may be presenting with some risk, however it is being managed appropriately in order for additional necessary support to be provided. These cases have been assessed by the Community Mental Health Team/crisis response team using their UK triage guide. Potentially triaged as B and C– some can be jointly managed by CLCMHT and CLFS. Referral is discussed together

Triage D and E - some could be supported by CLFS on a case-by-case basis. Referrals can be made by EPS and SMHET. Written referrals to be emailed through to mhsupport@clfs.co.nz

- Case by case assessment will determine the needs for each service user and/or whānau. Provision is for short term service only

Exclusion Criteria

- High levels of risk to self
- At risk of harming others
- Require hospital admission
- Triage A – likely to be require inpatient admission
- Insufficient information or documentation provided by referrer
- Intoxicated and Impaired by alcohol/drugs – they need to be sober and functioning sufficiently for referral
- Cognitive functioning majorly impacted (i.e., by dementia or other)

Exit point

- Case by case and planning begins at the start
- A care plan will be developed with the client, in collaboration with the referrer for:
 - Follow up visits/calls
 - Transition planning
 - Outreach care
 - Outcomes based
 - Potential for referrals to other services and supports
- Return to referrer service (CMHT or GP), or return home/discharged from Mental Health services
- Referrer remains involved at a general level and is advised when the client is nearing exit point
- Collaborative, flexible, solution focused approach with follow up with reviews and meetings
- Client evaluation to be completed

Assessment

- Initial Mental Health and Risk assessments are completed by the referrer and provided to Central Lake Family Service with referral documentation
- Clients will be assessed by Central Lakes Family Service when entering their care. A suitable location for assessment will be arranged
- Daily reviews of welfare, goal setting and mental wellbeing conducted by Central Lakes Family Service
- Clinical assessments completed by referrer as required and agreed between all parties (frequency of assessment discussed at time of referral and reviewed as required)

Crisis Respite (date to be confirmed, but to be up and running by the end of June 2023)

- Short-term care in a specifically dedicated respite facility. Length of stay typically 2-4 days, no longer than 2 weeks. Provision for two beds providing overnight care
- The facility offers a suitable option to overnight hospital admission for client
- The facility and surroundings are welcoming and comfortable, with hot drinks and refreshments available.
- There is space for whānau to be there if client wants them to be
- The service works in partnership with other Specialist Clinical Teams and General Practitioners providing assessment, treatment, therapy, and support, as required, during the period of respite care with the aim of quickly resolving the need for the crisis services
- The facility includes a space for patients and whānau to meet
- Located in close proximity to Lakes Hospital

- Provision of staff with skills appropriate to the circumstances, who will monitor and support the person in crisis
- Information provided for respite client and agreement to be signed upon entry

Support for Whānau

- The service recognises the importance of whānau in the recovery journey and works with whānau to support their family member with their mental health crisis and get them on the path to recovery
- Encourage whānau involvement in planning and goal setting – helping to develop a whānau support plan which recognizes the individual's needs and goals
- Connect whānau with other appropriate services/agencies
- The service provides information, advice, and technology, if required, to carers so that they can support the client at home
- Monitoring and evaluation done alongside whānau

Medication Admission Policy (Respite)

1. Client's medication is already blister packed – staff can administer as per administration competency
2. Medication is packaged by the Dr (EPS/CMHT) – staff can administer as per administration competency
3. Medication is not blister packaged and/or in bottles – Staff to hold medication in the office and ask client to self-administer. This will be recorded on the client administration sheet