



Preparing Families for Higher Level of Care

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Disposition Planning

- Family Voice & Choice; you have the right to ask and have answered any questions/concerns. You are the expert on your Child.
- Cultural Competency, Make Facility aware of any cultural/religious needs that are important to your Family
- If you need an interpreter, MCI can facilitate this with the facility.
- “In Progress” disposition: Disposition planning does not have to occur at the end of the initial intervention
- Identifying risk when exploring level of care from family and other perspectives

Determining Level of Care

- **CBAT** (Community Based Acute Treatment)
 - Voluntary
 - Staff secured
 - Psychiatry within 24 hours of admission
 - More “group home setting” than hospital setting
 - Multi-disciplinary multi-modal treatment
 - Focus on developing/strengthening coping skills
- **ICBAT** (Intensive Community Based Acute Treatment)
 - Voluntary
 - More intensive than CBAT
 - More Frequent psychiatric evaluation and medication management
 - Higher staff to client ratio
 - Daily psychiatric appointments and medication review

Level of Care Continued

- **IPU** (In patient hospitalization)
 - Voluntary or involuntary
 - Clients can be “sectioned” for transportation
 - Locked unit
 - Treatment supervised by psychiatrist
 - Medically staffed
 - 24 hour skilled nursing care
- **Partial Hospital**
 - Child attends during the day and returns home at night
 - Transportation may be required if not reimbursable by insurance
 - Multidisciplinary team approach
 - Diagnostic evaluation
 - Medication evaluation and monitoring

Preparing

- Children 18 and over must sign releases for the facility to share information with parents/guardians/others
- Family meetings; be prepared to travel to the facility for family meetings; your child will be assigned a case manager, utilize them.
- Discharge planning: be prepared to discuss discharge planning at admission, you choose who's on your team (MCI, ICC, school, natural supports, etc.)
- If Parents are divorced, its important that BOTH Parents attend Family meetings if possible.

Preparing continued

- School work; Notify school to obtain assignments or school can fax to facility
- Journal; Keep a journal of questions and concerns
- Medication lists; current and past medications, reactions, etc.
- Transportation; make sure you have transportation to sign your child in at admission, if you do not have a car, let providers know so they can assist you

Preparing continued

- Make arrangements for child care for other children or care for other family members in the home
- Identify natural supports that can assist you at this time
- Contact your employer, make arrangements to use FMLA if necessary and available
- Make a back up plan for your back up plan

What to Bring

- Your journal and phone numbers for supports, providers, etc.
- Current medications in original containers and current medication list from pharmacy
- Clothing for a few days, because its hard to determine how long child will stay.
- Tooth brush
- Shampoo and conditioner (optional)

What **NOT** to Bring

- **No** bedding, pillows, stuffed animals, electronics (phones, MP3, IPAD, etc.)
- **No** razors, **no** perfume
- **NO** expensive jewelry/watches

What to Expect When You Arrive

- Be prepared to complete admission paperwork (**LOTS** of paperwork)
- Begin discharge planning
- Sign releases for everyone on your team (natural supports, providers, etc)
- Get information regarding visitation and telephone numbers/policies
- Develop a list of who your child can have contact with
- Some facilities will give you a tour and allow you to see your child's unit/room

What to Expect on Arrival

- **You should receive information/documentation regarding the following:**

Client/Family/Parental Rights & Responsibilities

Copy of Program Rules and Expectations

Restraint Policy

Search Policy

Client/Parent/Guardian Grievance Policy & Procedure

Discharge Planning

- Should begin on the day of admission
- Should include a review of treatment received while at the facility, including any medications and changes
- You should receive a prescription (usually 30 days) of medication
- Any appointments/referrals made and contact information for those providers
- Any recommendations for ongoing treatment/education

Frequently Asked Questions

- How long will my child stay?
- What does the facility look like?
- What ages will be in the facility with my child?
- Is this considered an “excused absence” for school?
- If I don’t have a phone, how can I contact the facility?
- What do I do if my child is involved with the court?
(Probation will need to be notified if your child is on an ankle bracelet)
- Who can I contact if I have concerns/questions?
- Will I have access to an interpreter?