**A logo for a health company

Description automatically generated**

**Tigard Adult Respite**

14127 SW 114th Avenue

Tigard, OR 97224

Phone: 503-747-4338

Fax: 503-747-4387

**Rockwood Respite**

18766 SE Stark St.

Portland, OR 97233

Phone: 503-243-2236

Fax: 503-243-2429

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| **F**  **A**  **X** | **To:** | | **From:** | |
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| ☐ Urgent | ☒ For Review | ☐ Please Comment | ☒ Please Reply |

**Crisis Respite Referral Process**

Our referrals operate on a first come first serve basis- please call us before completing and sending a referral to ensure a bed is available.

*Cascadia Health’s Respite Programs are designed to be short-term (7–10-day average length of stay) for individuals who do not require acute care (i.e. ER, Hospital, continuous nursing care etc.…) who live with a mental health diagnosis. We do not have medical staff (e.g. R.N., M.D. PA etc.…) and ask you to read through the process below thoroughly to assure the individual will get the most appropriate level of care.*

**Admission Criteria**:

* Lives with a primary mental health diagnosis.
* Motivated to engage in treatment.
* Voluntary admission.
* Able to navigate independently in the community.
* In need of support with a current mental health struggle or crisis **and/or** support navigating mental health medication management/titration/stabilization.

**Exclusion Criteria**:

* Medical needs beyond program’s capacity to serve (those that cannot be met independently by the resident or with on-call nursing support).
* Risk of experiencing acute withdrawal from substances.
* Aggressive/assaultive behaviors (recent aggressive behaviors **and/or** at risk of unsafe behaviors in our program, within the past 14 days).
* Behaviors that create significant disturbance to the program and inhibit the ability of others to benefit from services.

Screening Requirements

1. ***\*Referral Screening Form and Collateral Documentation:*** Please send complete *Attached Referral Screening Form*, along with the collateral documentation listed below. Completed referrals can be submitted to

respite.referrals@cascadiahealth.org

1. Referrals can also be submitted by fax to the numbers listed above. Rockwood accepts Multnomah and Clackamas counties. Tigard accepts Clackamas and Washington counties.
   1. **Collateral Documentation*:***
      * A recent **Behavioral Health Assessment & Plan** or **Psych Evaluation**. If not available, a summary of current mental health treatment involvement.
2. ***\*Respite Requests Authorization:*** Cascadia authorizes referrals for review based on enrollment with HealthShare Oregon. For clients without HealthShare Oregon, authorization for funding is requested from the county of responsibility, which is not guaranteed.
   1. **Current and signed/e-signed/dated Medication Orders by MD, PMHNP, or PA for:** 
      * **Psychiatric medications**
      * **Physical health medications**
      * **Over the counter medications (OTC)**
      * **Any durable medical equipment (i.e., CPAP, diabetic equipment etc.)**
   2. **Standing Orders:** We can provide some OTC medications (Tylenol, IBU, Pepto etc.), a current medication order is required. Please see the *Attached Standing Orders OTC* form which requests prescriber authorization for common OTC medications.
3. ***Respite Review:*** Program will review referral documents, and may request additional information about:
   1. Medical or psychiatric acuity that exceeds our level of care
   2. Missing or unclear information
4. ***Set Admission and Case Management Plan:***We will arrange an admission day/time for the individual with you and ask that community providers maintain routine contact with Respite regarding care coordination.
5. ***Release of Information:*** If possible, please have client sign an ROIfor communication with Respite.

**Please call or email us with any questions regarding this process or our requirements.**

**Thank you!**