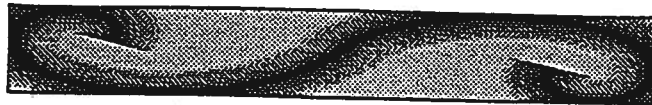


Crisis Hostel



*User Policy and
Procedure Manual*

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*Crisis/Opportunity Graphic courtesy of
Ghostwriters, Inc.*

Mission Statement

The broad term-goal of the crisis hostel project is to provide individuals with a consumer-controlled option for managing or working through a crisis while they live in community with others. Two key objectives related to that goal are reducing the number of hospital admissions or amount of time an individual spends in the hospital and increasing his or her level of empowerment. People in crisis and at risk of hospitalization need options, freedom from coercion, and support systems.

The program component of the service is twofold: 1) training of staff, volunteers, and hostel users in strategies for dealing with crises that will include self/peer advocacy skills and self-directed crisis management skills; 2) operating a residence where people who define themselves in crisis *and* at risk of psychiatric hospitalization can be supported in a voluntary manner through a crisis for up to 14 days.

Guiding Principles of the Program

- 1) People ought to be able to experience a crisis situation with the least possible disruption to their daily routine and existing support system.
- 2) People, even in crisis, are capable of making decisions and choices for themselves.
- 3) There are decision making, negotiating, and living skills which can be taught, modeled, and/or supported while people are living through a crisis.
- 4) Help is best received when there is reciprocity between help givers and receivers.

Therefore, the crisis hostel is designed to function in ways which
 maximize individual power,
 reinforce the responsibility each person has for him/ herself, and
 provide a supportive environment within the residence that relies on a peer model of helping.

Service Objectives of the Program

- 1) To provide short-term (1-14 days) room and board to 4 to 5 individuals at a time who are in emotional crisis;
- 2) To broaden support options so individuals are able to exercise their own choices while in crisis;
- 3) To assist users in accessing a wide range of traditional and non-traditional community services; and
- 4) To provide training and role modeling so individuals will learn new skills or strengthen existing ones.

Programmatic Features of the Hostel

- 1) **A commitment to non-coercive intervention.**
 Staff of the hostel will be expected to intervene in non-violent, non-coercive ways in all situations which call for intervention. Staff will not participate in any commitment proceeding except as required by a court of law. Restraints will not be present at the hostel site nor available to the staff. Users and staff will be trained and encouraged to use conflict resolution techniques.
- 2) **Self-definition, voluntary use.**
 The Crisis Hostel Project is philosophically, definitionally, and structurally independent of the involuntary treatment system. In order to be truly independent of this system and contribute to a persons effective use of the hostel, self-definition of crisis and risk of hospitalization is crucial.

3) Non-medical model.

The medical model of mental health service delivery has certain inherent assumptions which we are attempting to avoid; specifically that: 1) people in a mental health crisis are not able to exercise choice because of mental illness; 2) someone else, usually a psychiatrist, has a better understanding of a client's body/mind than the client does; and, 3) the primary or only way to regain control from a crisis is by medication; thus medication is seen as the treatment of first choice. In creating an environment that moves away from these ideas, care has been given to building in every opportunity possible for hostel users to exercise discretion and responsibility. One way we envision creating this environment is offering access to an array of services, medication being one but not the primary option. Individuals might access these services to assist them in living through a crisis without being hospitalized.

Recognizing that medication is often an issue, staff will not refuse or curtail service to users based on medication status. Support for an individual's choice of service and decisions around medications is of the utmost importance. Consequently, every effort will be made to encourage hostel users to work with their clinicians and/or physicians to provide on-going medication supervision. Users will be responsible at the hostel to self-administer their medications. Locked cabinets will be provided in every room to keep medications secure. For users of the hostel who are not on meds and do not want to be medicated during a crisis, staff will encourage them to develop a "living will" or similar type of document.

Always the emphasis in our approach with people will be to provide them with as much information as necessary or desired in regard to alternatives and consequences of service options for managing a crisis. However, our approach focuses on the individuals being the primary manager of their care with others in a consulting role rather than an individual only being a passive recipient of service choices made by others.

4) Short-term living situation.

The hostel will provide housing; housekeeping; someone to talk with; a general home-like atmosphere; nutritious meals; assistance in accessing and learning about traditional and non-traditional strategies and practitioners; and, structured spaces: to freak out (a "weird"/rage room), to relax/meditate/massage (a relaxation room); to explore printed materials (a library).

Since the crisis hostel will be within the community, existing supportive resources of family, friends, therapists, and support groups will continue to be readily available during a person's stay at the crisis hostel. In addition, new resources of helpers who have various areas of expertise will be available.

Policies and Procedures

The Crisis Hostel staff will have completed training that includes methods of crisis intervention and conflict resolution. They will acquaint users with basic house rules, which will include an understanding of essential "do's" and "don'ts."

Staff is there to listen and react, but not to make decisions for users. The hostel is expected to maximize the independence of users and their responsibility for their own actions.

By living in the hostel, users have to accept ground rules for cooperative living. It is, therefore, essential that they not endanger the lives of other residents. If they physically attack someone else, bring in weapons, or set fires, they will be asked to leave the hostel. Verbal abuse will not be tolerated.

All other kinds of talk is tolerated—e.g., angry feelings; having suicidal or threatening feelings. But actions to carry out such threats (e.g., taking a poisonous substance) obligates staff under state law to call for help from medical/police authorities.

To ensure the existence of the hostel, users must also agree not to bring alcohol or illegal drugs on the premises.

Besides these few hard-and-fast rules, the following are guidelines:

1. Age of users and their length of stay:

While the hostel has been designed for adults for adults eighteen years or older spending no more than two weeks, teenagers with emancipated minor status can be admitted. The standard two-week stay can be extended space permitting.

2. Presence of children:

Although parents would be encouraged to find child care during their stay at the hostel, special needs might move them to ask permission from staff and residents to have a child accompany them.

3. Curfews or nights away:

A residential meeting could set a reasonable time for users to return to the hostel, so that they wouldn't disturb the sleeping time of others. It is expected that people using the hostel will stay overnight. If a user is absent more than one night, there is no guarantee that their bed will be available. Users are asked to let a staff member know if they decide not to return to the hostel.

4. Visitors:

How many visitors are able to be accommodated at the hostel and whether there will be space for any of them to stay overnight are questions residents and staff can decide, based on space available and users' need of

privacy. Staff would, of course, respect the wishes of users regarding visitors they don't want to see.

5. Security:

While the hostel will have locks on street and bedroom doors, residents and staff can decide specific rules as to issuance of keys, buzzer access for visitors, etc. Locked cabinets will be provided in each room to store medications and small valuables.

6. Complaints Against Staff and Users:

A complaint should be registered with the staff member or user first. If a hostel guest wants to pursue a complaint further, it should then be reviewed by the supervisor of the staff person involved. If it is not resolved by this review, then it should be taken to the Executive Director. If the problem is legally oriented, it should go directly to the Executive Director.

Cases of complaints would include violation of MHA's stated policy, NYS Laws and/or regulations, violation of a consumer's initial agreement, or any action which could be seen as harassment or unlawful discrimination.

7. Sex on Premises:

The intent of the hostel is to create a healing environment that while providing a protected retreat or respite of sorts does not create too artificial living environment. Respecting the privacy of residents is of utmost importance in such an environment. Thus there are times, for example, when a user's need of privacy may result in a visitor being permitted to stay past the curfew. However, there are some policies which are not flexible, the prohibition of sex between staff and users is one of them. This is to prevent a breach of trust or an abuse of power from taking place. Touching, e.g., massage, will be permitted between staff and users. Prohibiting sex between staff and users enable comforting or healing touch to take place without there being the possibility that it could develop into sexual touching.

8. Notes on Access to Records:

There will be two kinds of records: 1) records pertaining to daily operations (e.g. emergency incidents); and 2) research records for an 18 month period (i.e. interview data every six months; hostel user self report on how time is spent with the hostel).

Hostel users may access and comment on (e.g. challenge/create) records pertaining to daily operations. This access will be available on a 24-hour basis. Any incident involving more than one user/staff that is recorded must be entered into the record of each user/staff involved.

Hostel users may also access their research records. These records are collected four times at 6 month intervals on all project participants. At each interval all participants will be asked to give their consent with adequate information to be interviewed. Consent may be withheld at any time in the study period without affecting access to other services. In addition all responses are examined in aggregate (i.e. compiled in groups) unless a participant wants to and gives permission to be a case study. For purposes of the integrity of the research, users may not change their responses. However, if they want to submit comments on a separate sheet of paper, they may.

9. Medical Emergencies:

Each user is asked to complete a medical emergency information sheet (included in this manual) to be used only in the event of medical emergency.

A medical emergency is a physical injury or sudden illness that in the opinion of the hostel user or staff requires immediate medical attention. When time is available, the emergency medical consultants will be contacted. If not available, the user's primary physician will be contacted. If not available, the user will be brought to the Tompkins County Hospital emergency room.

10. Smoking

Smoking is only permitted in designated areas.

11. Fees:

During the research period fees will not be requested of any hostel user. After the study period persons will be asked to make a payment for use of the hostel based on a sliding scale fee. At least \$5 per person per night will be requested to cover the estimated daily expense for food.

Persons who cannot afford to pay will receive services without payment. Persons who need to make payment over time will be encouraged to do so. Persons who cannot afford to pay or choose not to will also be given the opportunity to provide some needed service to the hostel (e.g., housekeeping, peer counseling, data entry, reception work, etc.) when they are no longer in crisis in lieu of payment. Contracts for service-in-lieu-of-payment will be available. This arrangement of providing service instead of payment is optional. Inability to pay or decision not to provide service will not jeopardize access to hostel services.

User Agreement

1. I will not abuse other people or property in the Hostel.
2. I will not possess or drink alcohol/use illegal drugs on the premises.
3. I will not attempt suicide while I am staying in the Hostel.
4. If I am feeling in danger of committing suicide, I will contact Hostel staff.
5. If I feel in immediate danger of committing suicide, I will ask someone for help.
6. If my situation worsens and I have stayed 14 days at the Hostel, I would like the following to happen

7. I understand that I may choose to leave the Hostel at any time I choose.
8. Information regarding my care and stay in the Hostel is confidential and shall be protected from further disclosure in accordance with applicable law.
9. I understand that there may be situations in which the police must be contacted. These have been explained and given to me in writing.

Name of user _____ Signature _____

Date _____

Hostel witness _____

Crisis Hostel Project

Crisis Hostel Project
Dewitt Building—Room 335
215 N. Cayuga St.
Ithaca, NY 14850
(607) 272-3724

Mental Health Association in Tompkins County
Henry St. John Building—Room G-8
301 S. Geneva St.
Ithaca, NY 14850
(607) 273-9250

Medical Emergency Information

THIS INFORMATION IS TO BE GIVEN TO EMERGENCY MEDICAL PERSONNEL IN THE EVENT OF A MEDICAL EMERGENCY.

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

SOCIAL SECURITY #: _____

MEDICAID #: _____

MEDICARE #: _____

OTHER INSURANCE #: _____

NOTIFY IN CASE OF EMERGENCY

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

PHONE # (HOME): _____

EMPLOYMENT: _____

PHONE # (WORK): _____

MEDICAL INFORMATION

PRIMARY PHYSICIAN: _____ PSYCHIATRIST: _____

CURRENT MEDICATION: _____

DIAGNOSIS: _____

MEDICAL PRECAUTIONS: _____

ALLERGIES: _____

*ANY RECENT HOSPITALIZATIONS: _____

LAST TETANUS BOOSTER: _____

*PRESENTING PROBLEM: _____

*TO BE COMPLETED ONLY IN THE EVENT OF AN ACTUAL EMERGENCY (TO ENSURE CURRENT AND ACCURATE INFORMATION).

● Youth Development Committee
DMH Central Office

Sept. 27th, 2010

Commuter Rail: Randolph → Boston and return

● $\$2.50 \times 2 = \underline{\$5.00}$

+ meetings \$30

\$35.00

- Jonathan D. Bowen-Leopold

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- Justin P. Swaney

Sept. 27th, 2010

thanks!