

**Western Highlands Network  
Communication Bulletin # 26  
March 7, 2006**

**Provider Responsibilities as the First Responder to Consumer Crisis**

A well developed Crisis Plan will address the three following components:

**Level I Crisis Prevention**

When a consumer is stable, identify what would prevent them from having a crisis occur (as may just have occurred in their life) such as:

- Identifying early warning signs of relapse/becoming psychiatrically unstable (medications, going to PSR, self-help meetings, feeling sad and hopeless about the future, bored, lonely, stop being involved in life, early warning signs that others around one identifies as occurring in the past previous to a crisis, etc.) These areas must be consumer-specific. What “triggers” can the consumer avoid?
- List the activities that will prevent Level II responses.

**Level II Crisis Intervention (Telephonic & Face-to-Face)**

- Consumer-specific information is listed regarding what helps to return a consumer back to Level I and avoid Level III.
- For example:
  - Call (specific name/number) friend, co-worker, clubhouse pal, AA sponsor, etc. for support and discuss areas that feel out of control.
  - Call Community Support worker at 828-xxx-xxxx, 24/7/365.
    - NOTE: Calls must be answered by a live person [no voice-mail] and must be returned in 15 minutes if “patching” the call through to the Community Support provider is not possible. If a face-to-face is determined necessary or requested by consumer, a meeting should be arranged and occur within 2 hours, preferably at the consumer’s location.
  - Examples of other areas:
    - If consumer appears to be in danger of relapsing, his case manager will hold a meeting that will include his team to discuss ways to help consumer recover quickly from his relapse before he becomes severely depressed and psychotic.
    - A “same day” emergency appt. with his psychiatrist will be sought for consumer, if he has exhibited psychiatric symptoms, apart from his relapse on alcohol and/or drugs.
    - An assessment of his mental status (including suicide/homicidal potential) will be made.

**Level III Crisis Stabilization**

These are interventions that involve crisis stabilization in the consumer’s home/placement, removal to a friend/families’ location, crisis respite bed, 23-hour stabilization bed at a facility, Facility Based Crisis unit, detox (medical or social setting) or inpatient hospitalization. These cause the greatest disruption in a consumer’s life and usually demonstrate that Level I and Level II planning have not occurred as thoroughly as could be or Level I and Level II interventions have not been implemented. Work with consumer to identify best responses for them.

As outlined in the state service definitions (1/31/06), providers who are providing Community Support, SA-IOP, Community Support Team, ACTT, Intensive In-Home and Multi-Systemic Therapy must be the first responders to their consumers who may experience a crisis. Particular models, such as ACTT, Intensive-In-Home, MST, etc., require the particular therapist/worker to respond (see Service Definitions). This will require the consumer have a clear and documented way of contacting their provider/therapist when in crisis. A Crisis Plan should be developed with the consumer/family that clearly outlines what a consumer should do when beginning to experience a crisis (Level I) to prevent the crisis from escalating to Level II interventions (e.g., face-to-face) and avoid Level III interventions that often result in loss of placement from one's dwelling and/or placement in a hospital/residential facility. The Crisis Plan should *clearly* state the 24/7/365 contact numbers for the first responder, as well as details outlined at the following e-address (for families/consumers): <http://www.westernhighlands.org/crisisplanning.htm> or at the following e-address: [http://www.westernhighlands.org/pr\\_crisisplan.htm](http://www.westernhighlands.org/pr_crisisplan.htm) (for providers). First responders will be required to respond to their consumers who need face-to-face contact (Level II intervention) within 2 hours after initial phone contact efforts fail.

Following are the expectations held by Western Highlands Network regarding responsibilities of first responder:

- All providers of Community Support, CST, ACTT, Intensive In-Home, SA-IOP and MST should provide the consumer and guardian with written emergency contact instructions to use in a crisis. A good method is to print business cards with the numbers for consumer to call 24/7/365; some providers put these cards on magnets, so consumers can attach name/number to their refrigerator.
  - See attached form to FAX that describes your first responder information (provider's crisis response *system*) and contact numbers – what # will after-hour WHN staff call to locate you as a provider after-hours? Please include a “Call Tree” if no one answers your organization's pager, cell and/or 1-800#s. This information must be received by the WHN-LME Access/ES units by the end of the work day on **3-16-06**. The fax number for Access is 828-225-2782.
  - This assumes that crisis response will be dispersed among staff. If staff respond to each of their consumers and there is not a shared crisis response among many staff, WHN needs the number that should be called to locate those particular staff. Once again, the need for a number that is the ultimate “back-up” in case a Community Support worker cannot be located is necessary.
- As stated above, the expectation is that a first responder must see the consumer face-to-face within 2 hours if a face-to-face is needed (Level II intervention). The clock for the two hours time period begins when the consumer first contacts the provider or the LME attempts contact using the phone numbers given to the LME by the provider (on the form below). If the WHN-LME Access/ES worker attempts a contact on behalf of a consumer and the Access/ES worker cannot contact the provider within 45 minutes, the Access/ES worker will dispatch an agent of WHN-LME to handle the face-to-face emergency contact. Failure of the provider to be available for first responder duties will result in a referral to Provider & Community Network Development for investigation.

Thank you for being your consumers' first responder – a *critical* therapeutic intervention.

**Provider's First Responder On-Call/After-Hours System**

**Name & Location of Provider:**

**Description of On-Call/After-Hours Crisis Response System:**

**During business hours: 1-800 or 888, Cell or Pager # that will be used to reach the provider's crisis system during business hours (if different from your business office #):**

**After business hours: 1-800 or 888, Cell or Pager # that will be used to reach the provider's crisis system after business hours (evenings, nights, holidays and weekends):**

**Please include #s that serve as back-up if the numbers you provide above cannot or do not respond:**

**Please FAX this form to WHN Access Unit at 828-225-2782.**