

**Western Highlands Network  
Communication Bulletin #71  
Combines : Communication Bulletin #53  
Consumer Follow-Up Policy & Procedures  
January 18, 2007 with  
Communication Bulletin # 26 March 7, 2006  
Provider Responsibilities as the First Responder to Consumer Crisis**

**Consumer Follow-up and 1<sup>st</sup> Responder Crisis Response Policy & Procedures  
December 14, 2007**

**Purpose:** To insure that consumers referred to providers in the Western Highlands Network are **provided** services needed to attain treatment outcomes, maintain safety for the consumer and the community, and to promote the delivery of Evidence Based Practices. Providers must accept and maintain responsibility for consumers until they are appropriately discharged from services or appropriately transferred to another provider. Second, when in crisis, the appropriate response by First Responders is essential to helping consumers stay safe and in their communities.

**Policy:** Western Highlands Network (WHN) is mandated to assure that consumers receive:

1. Clinically appropriate services and follow-up efforts to insure safety for the consumer and the community.
2. Services that promote positive treatment outcomes.
3. Services based on Evidence Based Practices.
4. Providers willing to accept responsibility for consumers, including 1<sup>st</sup> Responder duties in crisis response.

As such, reasonable efforts are to be made to ensure that consumers who do not keep their initial evaluation/diagnostic assessment appointments receive appropriate and timely follow-up. WHN will monitor the delivery of services with random event checks of consumer contact and retrospective reviews of consumer's records to assure provider compliance and quality of care.

**Procedure:** Consumers who are referred from Access receive one of the four following designations:

1. Hospital Discharge
2. Emergent
3. Urgent
4. Routine

**Definition:** Responsibility – Provider responsibility for a consumer begins with the consumer's verbal and/or written Consent for Treatment. Responsibility includes ALL 1<sup>st</sup> Responder duties begin at the consumer's verbal/written Consent for Treatment.

**Minimum Follow-up requirements if a consumer misses an appointment for Evaluation/  
Diagnostic Assessment:**

**Hospital Discharges:** All Consumers discharged from inpatient care must be seen face to face within 5 working days of discharge. This applies to consumers placed on Out Patient Commitment (OPC) as well.

Reasonable effort for follow-up is defined as documentation of at least one of the following within 1 week of the initial missed appointment:

- (1) a visit with the consumer in his/her home or
- (2) a rescheduled office appointment that the individual keeps or
- (3) a phone conversation with the individual about the services being offered; the individual agrees to a specific date/time for his/her next appointment within 1 week of phone call.
- (4) if the consumer declines an appointment and is not OPC, the clinician performs a current risk assessment and takes action, if indicated, based on this determination.
- (5) Notification within 24 hours (which does not supercede #s 1-4 above) to WHN of outcome (e.g., refuses treatment, cannot be located, re-scheduled appointment) by faxing copy of Service Note that documents outcome. FAX # 828-225-2779 and note “

**Emergent:** Reasonable effort for this group is defined as one of the following to occur immediately:

- (1) a petition for involuntary commitment or
- (2) a referral for Mobile Crisis Services or
- (3) a visit with the consumer in his/her home or
- (4) a phone conversation with the individual in which a comprehensive safety assessment is completed, and appropriate action taken based on this determination.
- (5) Notification (which does not supercede #s 1-4 above) to WHN of outcome of Emergent response by faxing copy of Service Note that documents outcome. FAX # 828-225-2779

**Urgent:** Reasonable effort for follow-up for this group is defined as one of the following

within 24 hours of the initial missed appointment:

- (1) a visit with the consumer in his/her home or
- (2) a rescheduled office appointment that the individual keeps or
- (3) a phone conversation with the individual in which a comprehensive safety assessment is completed, and appropriate action taken based on this determination.
- (4) Notification within 24 hours (which does not supercede #s 1-4 above) to WHN of outcome (e.g., refuses treatment, cannot be located, re-scheduled appointment) by faxing copy of Service Note that documents outcome. FAX # 828-225-2779

**Routine:** Reasonable effort for follow-up for this group is defined as one of the following within 1 week of the initial missed appointment:

- (1) a rescheduled office appointment that the individual keeps or

- (2) a phone conversation with the individual which confirms the individual's current safety status and discusses the services being offered or
- (3) at least one attempt to contact the individual at his or her last known address.
- (4) Notification within 24 hours (which does not supercede #s 1-4 above) to WHN of outcome (e.g., refuses treatment, cannot be located, re-scheduled appointment) by faxing copy of Service Note that documents outcome.

**For consumers on OPC, the WHN OPC follow-up procedure should be followed. See Communication Bulletin # 45/#63.**

### **Provider Responsibilities as the 1st Responder to Consumer Crisis**

A well developed Crisis Plan within the Person Centered Plan that is developed *with* the consumer, family/caregivers and stakeholders is critical to guide the 1<sup>st</sup> Responder's behaviors and can help a consumer to return to a stable state and avoid legal commitment processes and unnecessary hospitalizations. It is critical that a consumer know who will be responding in a crisis and how to contact that staff person or their designee.

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 1st Responders to their consumers in a crisis situation. 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 to prevent the crisis from escalating to interventions (e.g., face-to-face) and avoid interventions that may 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 and others as outlined in the PCP.

First responders will be required to respond to their consumers who need face-to-face contact within 2 hours after initial phone de-escalation attempts fail. Telling a consumer to "go to the hospital" in a non-emergent situation is inappropriate and will be reviewed by WHN Monitoring Unit. When consumers come to hospital emergency rooms, if possible, they should have a copy of their PCP, but must have the contact number of their provider. When the staff member at a hospital emergency room calls the 1<sup>st</sup> Responder, they must respond if the hospital request the consumer be seen face-to-face. Hospital Emergency Rooms are informed to contact WHN 24/7/365 when a provider fails to respond and the provider call tree will be called up to the CEO if necessary until a response is made.

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.

- WHN must have up-to-date information on providers' 1<sup>st</sup> Responder contact names/numbers and this should be faxed to 828-225-2779, **Attention: Crisis Continuum Manager**.
- As stated above, the expectation is that a 1<sup>st</sup> Responder must see the consumer face-to-face within 2 hours if a face-to-face intervention is needed. The clock for the two hours time period begins when the consumer first contacts the provider or the WHN attempts contact using the phone numbers given to the WHN by the provider (on the form below). If the WHN 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 to handle the face-to-face emergency contact. Failure of the provider to be available for 1<sup>st</sup> Responder duties will result in a referral to Provider & Consumer Relations Department and/or Monitoring Unit for investigation.

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