**Memorandum of Understanding**

***Emergency Protective Services and Protective Placement pursuant to***

***Wisconsin State Statute Chapter 55***

Whereas, many County government, non-profit, and private agencies are involved in the care of elder adults-at-risk and adults at-risk;

Whereas, the interest of these agencies is properly served when elder adults-at-risk and adults at-risk are promptly assessed for emergency services and placed at the appropriate and/or designated emergency protective services facility or placement;

Whereas, the involved agencies will utilize statutory powers provided in Wisconsin State Statute Chapter 55 for elder adults-at-risk and adults at-risk in need of protective services and/or protective placement.

County agencies, including County Department of Social Services (DSS), County Community Services (CS), County Sheriff’s Department (SD), and County Rehabilitation and Living Center (CRLC) are subject to this MOU. Community agencies and/or any additional attendant medical facilities will also be subject to this MOU.

The agencies agree to manage and protect elder adults-at-risk and adults at-risk with the following procedures and understanding.

 **County Department of Social Services (DSS)**  County DSS is the designated county agency that responds to elder adults-at-risk and adults at-risk.

1. During normal business hours, 8:00am-4:30pm, an Adult Protective Services (APS) Social Worker is available to exercise emergency protective services and placement authorized under Wisconsin State Statute Chapter 55.
2. If any member agency receives a request for such emergency services, they will contact DSS and make an elder adult or adult at risk referral to the access unit.
3. DSS will conduct an investigation if screening criteria are met. If the individual needs emergency protective services or placement, the APS Social Worker will take custody of the individual and facilitate emergency protective services or placement with law enforcement involved as needed.
4. After normal business hours (after 4:30 pm Monday through Friday, including holidays and weekends) calls related to Chapter 55 will be routed to the County Sheriff’s Department.
5. DSS on-call social workers will provide after-hours telephonic assistance with emergency protective placement procedure as requested by law enforcement.

 **County Community Services (CS) (Phone number: 715-743-5208)**

1. CS is the designated county agency that responds to mental health crisis pursuant to Chapter 51 and individuals with developmental disabilities and mental health issues pursuant to Chapter 55.
2. During normal business hours (Monday through Friday, 8:00am-4:30pm), a trained mental professional will coordinate Chapter 51 matters with law enforcement and approve inpatient admissions if appropriate.
3. After normal business hours, as well as holidays and weekends, calls related to Chapter 51 issues are routed to Northwest Connections (1-800-863-3560).
4. During normal business hours, if CS receives a request for emergency services pursuant to Chapter 55 concerning elders at-risk or adults at-risk, a referral will immediately be made to DSS by contacting the Access Unit.

**Northwest Connections (NWC): (Phone number: 1-800-863-3560)**

1. When NWC determines that the emergency matter is subject to Wisconsin State Statutes Chapter 55, the following procedure will apply:

a. Appropriate notification will be made to law enforcement including the determination that the emergency situation is not subject to Chapter 51 but may be evaluated for Chapter 55 response.

b. Northwest Connections will provide a crisis report regarding the emergency matter to CS by 8am the following business day. If the crisis report is related to a Chapter 55 elder at-risk, CS forward the report to the Access Unit of DSS as soon as possible that business day.

 **County Sheriff’s Department Phone number (SO) (phone number or 911)**

1. Law enforcement officers (LEO) respond to emergency services requests for a variety of different reasons.
2. When needing county approval for an inpatient psychiatric admission under Chapter 51, (LEO) will contact CS during business hours or NWC during non-business hours.
3. If informed by CS or NWC determines that the emergency situation does not meet Chapter 51 criteria, and an immediate threat the individual’s safety still exists, warranting the initiation of Chapter 55 proceedings, the following procedures will be utilized:
	1. LEO will complete a Chapter 55 Statement of Emergency Protective Placement (form #GN 4000) and transport the individual to a medical facility for medical clearance.
	2. LEO will forward the completed Statement of Emergency Protective Placement form to DSS at fax number 715-743-5242, and the office of Corporation Counsel at fax number 715-743-5287. This form should be submitted as soon as possible, but no later than the next business day.
	3. LEO will call and notify an on-duty RN Supervisor at the County Rehabilitation and Living Center ( CRLC) of the potential for emergency protective placement following medical clearance.
	4. LEO will request medical clearance and a physician’s orders from the ER physician. The orders need to be from a physician; not a physician’s assistant or a nurse practitioner. (See attachment C) These items are needed for emergency protective placement admission at CRLC.
	5. If the individual has acute care needs and is admitted to the hospital, LEO will advise the individual, guardian, and/or attorney-in-fact under a power of attorney of the right to consent to admission and treatment. If admitted, the emergency protective placement may no longer be needed if there is no elopement risk and/or the individual will be stabilized with medical treatment.
	6. If the individual does not have acute care needs, is medically cleared, and is given prescription for nursing home care, the LEO should call the CRLC on-duty RN Supervisor to inform of the impending admission on a Chapter 55 Emergency Protective Placement.
	7. LEO will then transport the individual to the CRLC for admission under an emergency protective placement and complete the Statement of Emergency Protective Placement.
4. Once admitted, the individual’s Notice of Rights on Emergency Protective Placement is served CRLC staff.
5. The LEO will provide a copy of the Statement of Emergency Protective Placement to CRLC upon admission. (*See attached GN-4010)*
6. The County Department of Social Services APS worker will coordinate required paperwork and court filings in collaboration with Corporation Counsel.

 **County Rehabilitation and Living Center (CRLC) (Phone number:)**

1. SO will contact the on-duty RN Supervisor when there is a potential need for protective placement under Chapter 55.
2. RN Supervisor will review whether or not the individual is appropriate for admission based on the criteria listed below. If a question arises about the appropriateness of the admission, the RN Supervisor will consult with the Director of Social Services, Director of Nursing, Admissions Coordinator, and/or Administrator.

1. CRLC **cannot** accept an individual for emergency protective placement if the individual exhibits the following behaviors, unless CRLC approves the admission otherwise:
	* + 1. Displays self-harm behaviors;
			2. Combative, aggressive behaviors;
			3. Under the influence of alcohol or drugs, unless medically stabilized and cleared by the emergency room;
			4. The individual is currently placed in a long term care facility (nursing home, assisted living facility, etc.)
2. CRLC **may** accept elderly persons living in the community for an emergency

protective placement that display behaviors such as wandering, inability to care for self, or confused, disoriented behavior.

1. Before an individual is admitted for an emergency protective placement, the individual must be medically cleared and the CRLC presented with an order for admission provided by the ER.
	1. Orders for admission must be completed by a physician(not physician’s assistant or

nurse practitioner) and must include medications, diet, and specific treatments that would need to be provided to the individual. The physician visit note should include medical diagnosis, a statement that the individual is free from communicable disease, and/or orders to treat (see Attachment A- Requirements for Emergency Protective Placement to CRLC).

1. On admission, the Chapter 55 *Notice of Rights on Emergency Protective Placement* (GN-4010) will be served to the individual by the on-duty RN Supervisor (or, if during business hours, social work staff).
2. Within 12 hours of admission, the individual must be evaluated by a medical doctor as arranged by CRLC, to determine whether the individual meets the requirements for Chapter 55 protective placement. The individual must also be evaluated for the requirements of Chapter 54 unless the individual is under guardianship already or the individual is a minor alleged to be developmentally disabled. The doctor must complete and provide a report (i.e. GN-3130) with these findings to the individual and to DSS within 24 hours of admission. The evaluating doctor must be available to testify at hearing.
3. The next business day, CRLC staff will contact appropriate legal decision makers and community care workers, and will:
	1. Complete necessary admission paperwork.
	2. Assure appropriate contact has been made with DSS regarding admission and Court proceedings necessary.
	3. Contact appropriate agency regarding authorization for funding.

Signatures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

 County Department of Social Services

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

 County Community Services

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

 County Sheriff’s Office

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

 County Rehabilitation and Living Center

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

 Northwest Connections

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

 Medical Facility

Attachment A

**REQUIREMENTS FOR EMERGENCY PROTECTIVE PLACEMENT ADMISSIONS TO COUNTY REHABILITATION AND LIVING CENTER**

Pursuant to Chapter 132, CRLC will NOT admit any individual without the following information:

1. A physician order (must include):

 a. Order for admission to a nursing home

 b. Medication orders

 c. Diet orders (type, texture, etc.)

 d. Any specific treatment orders (nebulizer, dressing changes, etc.)

 e. Any restrictions to mobility (no weight bearing, etc.)

 f. A statement that the resident is free from Communicable Disease (or

 necessary treatment) this can be put in the ER note.

2. A copy of the ER visit note that includes a list of medical diagnoses and the physical

 examination information.

3. A copy of the *Chapter 55 Statement of Emergency Protective Placement (form # GN 4000) from* the LEO*.*

1. If available, contact information for legal decision maker(s) and/or emergency contact(s). 5. If available, a copy of the most recent clinic or hospital H&P that was completed prior to the ER visit.

|  |  |
| --- | --- |
| **STATE OF WISCONSIN, CIRCUIT COURT, COUNTY** | *For Official Use* |
| IN THE MATTER OF | Amended**Statement of Emergency Protective Placement** |  |
| Date of Birth | Case No.  |  |

1. I am: a sheriff or police officer. a fire fighter.

a guardian.

an authorized representative of the county department or an agency with which it contracts under

§55.02(2).

1. It appears probable that the individual is so totally incapable of providing for the individual’s own care or custody as to create a substantial risk of serious physical harm to the individual or others as a result of a developmental disability, degenerative brain disorder, serious and persistent mental illness or other like incapacities if not immediately placed in an appropriate medical or protective placement facility.

The specific factual information that is the basis for the emergency protective placement, based on personal observation or a reliable report by a person identified to me, is as follows: **See attached**

1. A petition for protective placement is being filed with this statement. A petition for guardianship is also being filed unless:
	1. The individual is currently under guardianship **OR**
	2. The individual is a minor who is alleged to have a developmental disability.
2. The individual was detained at ,

Name of Facility

on , at am. pm.

Date Time

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Subject’s Street Address | City | County | State | Zip code |

|  |  |
| --- | --- |
| Signature of Person Making Placement | Name of Department and Address517 Court StreetNeillsville WI 54456 |
| Name Printed or Typed | Telephone Number(715) 743-5233 |

Distribution:

1. Original – Court
2. Individual
3. Facility
4. Guardian ad Litem
5. Department
6. Other:

GN-4000, 01/09 Statement of Emergency Protective Placement §55.135, Wisconsin Statutes

**This form shall not be modified. It may be supplemented with additional material**

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| --- | --- |
| **STATE OF WISCONSIN, CIRCUIT COURT, COUNTY** | *For Official Use* |
| IN THE MATTER OF | **Amended****Notice of Rights on Emergency Protective Placement** |  |
| Date of Birth | Case No.  |  |

I am the director director’s designee of the facility in which the individual is detained.

You have been detained for emergency protective placement.

You are notified that you have the following rights:

* To contact an attorney.
* To have an attorney provided at public expense, if you are a minor or if you are indigent.

**•**  To contact a member of your immediate family.

You will be notified of the time and place of the hearing to establish probable cause for protective placement.

This hearing must be held **within 72 hours** of your detention, excluding Saturdays, Sundays and legal holidays.

A copy of the Statement of Emergency Protective Placement by the person making the emergency protective placement is being provided to you with this Notice of Rights along with a copy of the petition for:

protective placement (individual currently under guardianship).

guardianship and petition for protective placement.

protective placement (minor alleged to be developmentally disabled).

I am providing you with this Notice of Rights both orally and in writing on (date) at

(time) a.m. p.m.

|  |  |
| --- | --- |
| Signature of Director of Facility or Designee | Name of Facility and Address |
| Name Printed or Typed | Telephone Number |

Distribution: Original: Court

Copies: Individual

Facility

GN-4010, 10/06 Notice of Rights on Emergency Protective Placement §55.135, Wisconsin Statutes

**This form shall not be modified. It may be supplemented with additional material.**