



Date: October 15, 2015

DMHSAS Numbered Memo 2015-14
DLTC Numbered Memo 2015-06

To: Area Administrators / Human Service Area Coordinators
Bureau Directors / Section Chiefs
County Departments of Community Programs Directors
County Departments of Developmental Disabilities Services Directors
County Departments of Human Services Directors
County Departments of Social Services Directors
County Mental Health Coordinators
Tribal Chairpersons / Human Services Facilitators

From: Patrick Cork, Administrator
Division of Mental Health and Substance Abuse Services

Handwritten signature of Patrick Cork in black ink.

Brian Shoup, Administrator
Division of Long Term Care

Handwritten signature of Brian Shoup in black ink.

Grants to Assure Compliance with Mental Health Professional Providing a Crisis Assessment on All Emergency Detentions and Innovation Grants for Building Collaborative Dementia Capable Crisis Response

Document Summary

This memo alerts counties to two funding opportunities. The first relates to the 2015 Wisconsin Act 55 mandate that before an emergency detention can be approved, a crisis assessment on the individual by a mental health professional must occur. With this law taking effect July 1, 2016, this communique also provides an opportunity to request resources to enable compliance with this law. A total of \$1.5 million statewide funding is available from July 2015 through June 30, 2016 to enhance emergency detention processes within counties. The number of counties, regions, or multi-county collaboratives funded will depend on the number of counties that submit requests for funding. Funding must be expended no later than June 30, 2016 with no opportunity for carryover. This memo describes the requirements of 2015 Wisconsin Act 55,¹ as well as the application process for funding and the expectations for their use. **Applications for funding must be received no later than 4:00 p.m. (Central Time) Friday, November 13, 2015.**

The second funding opportunity is for counties or county consortia interested in improving the dementia-capability of their current crisis response systems. Many counties already have coalitions focused on Adult Protective Services, crisis response, and building dementia capable communities. These innovation grants provide an opportunity to integrate and expand those

¹ [2015 Wisconsin Act 55, Section 1881](https://docs.legis.wisconsin.gov/2015/related/acts/55/1881): <https://docs.legis.wisconsin.gov/2015/related/acts/55/1881>

coalitions to focus specifically on dementia capability in crisis response. Awardees will be expected to work collaboratively with a broad base of local stakeholders to better understand the current procedures and resources for supporting people with dementia in crisis, identify gaps and needs, and create local solutions to improve the system. A total of \$250,000 of statewide funding is available. Grants will be awarded through a competitive process. The number of counties, regions or multi-county collaboratives that will be funded will depend on the number of applicants and funding amounts requested. **Applications for funding must be received no later than 4:00 p.m. (Central Time) Friday, November 13, 2015.**

This document will describe the Emergency Detention Enhancement Grant opportunity first and the Dementia Capable Crisis Response Grants second (beginning on page 18). Counties that wish to apply for both grants must follow the protocols described in each section of the memo.

EMERGENCY DETENTION ENHANCEMENT GRANTS

Background

Most counties have an “Emergency Mental Health Services Program,” commonly known as *Crisis Intervention*, under administrative rule DHS 34, Subchapter III.² These programs are typically the agency charged with approving hospitalizations for individuals under an emergency detention by authority of Wisconsin Chapter §51.15.³ As a result of 2015 Wisconsin Act 55, Section 1881,⁴ Wisconsin Chapter §51.15 (2)⁵ of the statutes is amended in relation to emergency detentions of persons for reasons of mental illness, drug dependency, or developmental disability as follows:

The county department may approve the detention only if a physician who has completed a residency in psychiatry, a psychologist licensed under Ch. 455, or a mental health professional, as determined by the department, has performed a crisis assessment on the individual and agrees with the need for detention and the county department reasonably believes the individual will not voluntarily consent to evaluation, diagnosis, and treatment necessary to stabilize the individual and remove the substantial probability of physical harm, impairment, or injury to himself, herself, or others. For purposes of this subsection, a crisis assessment may be conducted in person, by telephone, or by telemedicine or video conferencing technology.

² Emergency Mental Health Services Program: https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/34.pdf

³ State Alcohol, Drug Abuse, Developmental Disabilities and Mental Health Act:
<http://docs.legis.wisconsin.gov/statutes/statutes/51.pdf>

⁴ Additionally, under Section 1883k, the provisions of Chapter 51.15 (4m) (e), for the Milwaukee pilot allowing a mental licensed mental health professional designated by the department to initiate an emergency detention, will terminate after July 1, 2017 (from its original sunset date of May 1, 2016).

⁵ Wisconsin Chapter 51.15 (2): <http://docs.legis.wisconsin.gov/statutes/statutes/51/15/2>

These provisions take effect July 1, 2016. The 2015-17 budget provides \$1,500,000 in one-time funding in fiscal year 2016⁶ for DHS to distribute grants to counties for mental health crisis services to assist counties in complying with the requirement that a mental health professional, psychiatrist, or psychologist perform a crisis assessment on the individual. All counties are required to comply with the requirement regardless of whether or not it provides DHS 34, Subchapter III services. Funding described in this memo does not specifically require DHS 34, Subchapter III certification but in some respects mirrors the Crisis Intervention rule.

The Department of Health Services (DHS) through the Division of Mental Health and Substance Abuse Services (DMHSAS) has been tasked with defining three key components relevant to this statutory amendment, specifically what staff is approved to complete a “crisis assessment” relative to authorizing an emergency detention and by what modality. Counties, regions, departments of community programs, are required to have written policies and procedures that encompass these three components. These three key components are described and defined below:

A. Approved Staff to Provide Crisis Assessments. As defined in the statutory change, a physician who has completed a residency in psychiatry, a psychologist licensed under Ch. 455 or a mental health professional, as determined by the department, must provide the *crisis assessment* for the county department to approve the detention. For the purposes of the directives embodied within 2015 Wisconsin Act 55, Section 1881, the Department of Health Services (DHS) defines a “mental health professional” as staff qualified to be listed under a DHS 34.21 (3) (b) 1 through 19⁷ roster, who are qualified, trained and supervised in accordance with the minimum supervision requirements in the following paragraph⁸ regardless of whether or not a county, region, or department of community programs is currently using the services of a DHS 34, Subchapter III⁹ certified program. Procedures must be in place to assure the qualifications of staff include clinical aptitude, background, and skill to assess populations that may require emergency detention due to a range of DSM 5¹⁰ conditions. Populations include: children, youth and families; persons with serious and persistent mental illness; individuals with developmental disability or dementia; individuals with personality disorders, or those with substance use disorders. Moreover, it is required that anyone qualified to perform in this capacity have constant access to medical consultation, and that a clinical supervisor be on site or be available by telephone to provide supervision or consultation. All response plans must be approved by a licensed physician, psychiatrist,

⁶ 2015 Wisconsin Act 55, SECTION 9118 (7) Nonstatutory provisions; Health Services. (7) MENTAL HEALTH CRISIS SERVICES GRANTS. From the appropriation account under section 20.435 (2) (gk) of the statutes, the department of health services shall award a total of \$1,500,000 in fiscal year 2015–16 as onetime grants to counties for mental health crisis services.

⁷ DHS 34.21 (3) (b): [https://docs.legis.wisconsin.gov/document/administrativecode/DHS%2034.21\(3\)\(b\)](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%2034.21(3)(b))

⁸ For the purposes of approval of emergency detentions a slightly broader definition a mental health professional is used than the minimum qualification for a mental health professional under DHS 34.21(3) (b) 14: [https://docs.legis.wisconsin.gov/document/administrativecode/DHS%2034.21\(3\)\(b\)14](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%2034.21(3)(b)14).

⁹ DHS 34, Subchapter III:

<https://docs.legis.wisconsin.gov/document/administrativecode/subch.%20III%20of%20ch.%20DHS%2034>

¹⁰ American Psychiatric Association. (2013) *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC.

psychologist, or a mental health professional as described under DHS 34.21(3) (b) 1,2,3,4,5,6, and 7 and must be signed within 14 days of service provision. If the crisis assessment is being provided by a DHS 34, Subchapter III program, the assessment and plan approval must occur in accordance with the rule requirements for a response plan.

- **Minimum Supervision Requirements.** Minimum supervision requirements for staff include documented (and available for review) direct review, assessment and feedback regarding staff members' delivery of services involved in providing crisis assessments. While supervision requirements vary based on the qualifications and experience of staff under supervision, only staff meeting qualifications of DHS 34.21 (3) (b) 1 through 9¹¹ are permitted to provide clinical supervision. Provisions within this memo are not to be interpreted as reducing any requirement for a DHS 34, Subchapter III certified program. All certified programs must continue to meet administrative requirements in order to remain certified through the Division of Quality Assurance.¹² Approved mental health professional staff providing crisis assessments must be provided with supervision mirroring that which is required in DHS 34.21 (7)¹³ and according to the agency's written policy. The amount of supervision time and the type of supervision required are defined by the particular qualifications of the supervised staff, mirroring DHS 34.21 (3) (b):¹⁴
 - Staff eligible to be qualified under the first eight staff roles as described in DHS 34.21 (3) (b) 1 through 8 and with 3000 hours of supervised clinical experience are required to participate in a minimum of one hour of peer consultation per month.
 - Program staff providing emergency mental health services including crisis assessments who do not have 3000 hours of supervised clinical experience, or who are not qualified under sub. (3) (b) 1 to 8, shall receive a minimum of one hour of clinical supervision per week or for every 30 clock hours of face to face mental health services they provide.
- **Services for Children and Adolescents and Their Families.** Staff providing crisis assessments and response planning to young children or adolescents must have at least one year of experience providing services to this population or receive a minimum of 20 hours of training specific to children, youth and families. Professional staff shall have the training and experience needed to carry out the roles for which they have been retained, and receive the ongoing support, supervision and consultation they need in order to provide effective services for clients.

B. Performing a Crisis Assessment. The county department may approve detention only if a physician who has completed a residency in psychiatry, a psychologist licensed under ch.

¹¹ DHS 34.31 (3) (b) 1. To 8.: [https://docs.legis.wisconsin.gov/document/administrativecode/DHS%2034.21\(3\)](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%2034.21(3))

¹² Wisconsin DHS Division of Quality Assurance: <https://www.dhs.wisconsin.gov/dqa/sections.htm>

¹³ DHS 34.21(7): [https://docs.legis.wisconsin.gov/document/administrativecode/DHS%2034.21\(7\)](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%2034.21(7))

¹⁴ DHS 34.21 (3) (b): [https://docs.legis.wisconsin.gov/document/administrativecode/DHS%2034.21\(3\)\(b\)](https://docs.legis.wisconsin.gov/document/administrativecode/DHS%2034.21(3)(b))

455, or a mental health professional (defined elsewhere in this memo) has performed a crisis assessment on the individual and agrees with the need for detention and the county department reasonably believes the individual will not voluntarily consent to evaluation, diagnosis, and treatment necessary to stabilize the individual and remove the substantial probability of physical harm, impairment, or injury to himself, herself, or others. A crisis assessment will reflect due diligence in collecting sufficient and accurate assessment information through direct interview with the individual, gathering behavioral observations, and obtaining and reviewing collateral and historical information. There are many resources available regarding best practices in the provision of crisis assessments including a monograph describing *Core Elements in Responding to a Mental Health Crisis*¹⁵ produced by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) as well as others, a few of which are listed below.¹⁶

At a minimum the crisis assessment will meet the requirements set in Wisconsin Chapter §51¹⁷ and DHS 34.¹⁸ As outlined in Ch 51.15(1), to take an individual who is believed to be mentally ill, drug dependent, or developmentally disabled into custody it must be determined that taking the person into custody is the least restrictive alternative appropriate to the person's needs. In addition, the individual must be assessed for the following: substantial probability of physical harm to himself or herself, substantial probability of physical harm to other persons, substantial probability of physical impairment or injury to himself or herself or other individuals due to impaired judgment, and behavior manifested by a recent act or omission that, due to mental illness, he or she is unable to satisfy basic needs for nourishment, medical care, shelter, or safety without prompt and adequate treatment so that a

¹⁵ *Core Elements in Responding to a Mental Health Crisis*: <http://store.samhsa.gov/shin/content/SMA09-4427/SMA09-4427.pdf>

¹⁶ Example resources:

Resources in Behavioral Health Crisis Services

(<http://www.sprc.org/sites/sprc.org/files/library/SPRC%20Crisis%20Services%20Resource%20Sheet.pdf>);

Establishing Standards for the Assessment of Suicide Risk Among Callers to the National Suicide Prevention Lifeline

(<https://www.suicidepreventionlifeline.org/media/5370/joiner-et-al-2007.pdf>);

The Mental Status Examination (<http://www.ncbi.nlm.nih.gov/books/NBK320/>);

Risk Assessment Framework (p.28) in *Clinic Restructuring Implementation Plan* by New York State Office of Mental Health (https://www.omh.ny.gov/omhweb/clinic_restructuring/report.pdf#page=26);

Psychiatric-Mental Health Nurse Essential Competencies for Assessment and Management of Individuals At Risk for Suicide ([http://www.apna.org/files/public/Resources/Suicide%20Competencies%20for%20Psychiatric-Mental%20Health%20Nurses\(1\).pdf](http://www.apna.org/files/public/Resources/Suicide%20Competencies%20for%20Psychiatric-Mental%20Health%20Nurses(1).pdf));

The American Psychiatric Association Practice Guidelines for the Psychiatric Evaluation of Adults

(<http://psychiatryonline.org/doi/pdf/10.1176/appi.books.9780890426760>);

Organization Accreditation Standards Manual, 12th Edition, through American Association of Suicidology

(<http://www.suicidology.org/Portals/14/docs/Training/CrisisCenters&Workers/12thEd2014revisionsNov22014.pdf>);

Columbia Suicide Severity Rating Scale (C-SSRS) (<http://www.cssrs.columbia.edu/>);

Crisis Stabilization Claims Analysis: Technical Report—Assessing the Impact of Crisis Stabilization on Utilization of Healthcare Services (<https://www.wilder.org/Wilder-Research/Publications/Studies/Mental%20Health%20Crisis%20Alliance/Crisis%20Stabilization%20Claims%20Analysis%20-%20Technical%20Report.pdf>).

¹⁷ Wisconsin Statutes Chapter 51 (<http://docs.legis.wisconsin.gov/statutes/statutes/51/15>)

¹⁸ Chapter DHS 34 (https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/34/III/23)

substantial probability exists that death, serious physical injury, serious physical debilitation, or serious physical disease will imminently ensue unless the individual receives prompt and adequate treatment for this mental illness.

Assessment and response as outlined in DHS 34.23 includes determination of eligibility for services, written policies, information gathered during initial contact, determination of need, development of a response plan, linkage and follow up, crisis planning, and service notes. During an initial contact with an individual who may be experiencing a mental health crisis, DHS 34.23(3) indicates that “staff of the program shall gather sufficient information, as appropriate and possible given the nature of the contact, to assess the individual's need for emergency mental health services and to prepare and implement a response plan, including but not limited to any available information regarding:”

- a) the individual's location, if the contact is by telephone;
- b) the circumstances resulting in the contact with the program, any events that may have led up to the contact, the apparent severity of the immediate problem and the potential for harm to self or others;
- c) the primary concerns of the individual or a person making the initial contact on behalf of the individual;
- d) the individual's current mental status and physical condition, any over-the-counter, prescription or illicit drugs the individual may have taken, prior incidents of drug reaction or suicidal behavior and any history of the individual's abuse of alcohol or other drugs;
- e) if the individual is threatening to harm self or others, the specificity and apparent lethality of the threat and the availability of the means to carry out the threat, including the individual's access to any weapon or other object which may be used for doing harm;
- f) if the individual appears to have been using alcohol or over-the-counter, prescription or illicit drugs, the nature and amount of the substance ingested;
- g) and the names of any people who are or who might be available to support the individual, such as friends, family members or current or past mental health service providers.

Based on the assessment information (taking into account needs, strengths, and available resources) a determination of need and an individualized response shall be developed and implemented. In the event that an emergency detention is not pursued an appropriate dispositional/safety plan will be developed and documented.¹⁹ Each program must develop policies and procedures regarding assessments in accordance to DHS 34.23(2). Documentation regarding the assessment shall be maintained in accordance with Ch 51.15(5) and DHS 34.23(8).

C. Modality: In-Person, Telephone, Telemedicine, or Video Conferencing Technology. To the extent possible, the crisis assessment will be provided by the mental health professional directly with the individual. In-person assessment is the preferred mode but it is recognized

¹⁹ Example safety plan for persons at risk for suicide: <http://www.suicidesafetyplan.com/>

that there are times when a face-to-face assessment is not possible, necessitating reliance on a telehealth or telephone assessment. Information is available on the use of telehealth resources in certified mental health and substance abuse treatment programs.²⁰ Assessments where the decision making is based exclusively on a third-party report of others is not acceptable unless there are extenuating circumstances prohibiting behavioral observations and interview of the person. Crisis programs must have written policies identifying criteria for deciding when the situation requires a face-to-face response, the use of mobile crisis services, or telephone assessments based on third party reporting alone.

Eligible Applicants

Counties, departments of community programs, regions, and multi-county collaboratives are eligible to apply for funding. In the event that the application is for more than a single county, the proposal must include how it will be assured that each county in the collaborative or region will be in compliance with the requirements described within this memo. Multi-county applications for funding must include the signature of the human services director (or her or his designee) of each involved county agreeing with the provisions of the funding application. DHS 34, Subchapter III certification is not required to apply for funding; however, counties may not use this funding to circumvent DHS 34, Subchapter III certification nor plan to relinquish their DHS 34, Subchapter III certification at a later date. The value of existing Crisis Intervention or Emergency Mental Health Services Programs has been repeatedly demonstrated in the quality and effectiveness of services to the citizens of Wisconsin.

Proposal Application

Please submit a proposal that describes how the county, region or department of community programs plans to meet the requirements described above. Evaluation criteria below describe the required elements of the proposal. Proposers must submit their proposal on single-sided, single-spaced 8½x11 inch paper with 1-inch margins and 12-point standard font (prefer Times New Roman). Please limit proposals to 10 pages, not including budget, appendices, and letters of support. Budgets are to be submitted on the required Excel budget spreadsheet²¹ accompanying this memo along with a narrative explanation. Please submit one original and four paper copies to the Contract Administrator (below). Additionally, the entire Proposal must be submitted in non-password protected Portable Document Format (.pdf), except for the proposed budget, which must be submitted using the required Microsoft Excel template on a reproducible CD(s) labeled as follows:

Emergency Detention Enhancement Initiative
Name and Address of Proposer
Disc X of Y

A variety of options to meet the requirements of 2015 Wisconsin Act 55, Section 1881 as detailed above are possible. All expenses, however, must be incurred before July 1, 2016 when

²⁰ *Mental Health and Substance Abuse Telehealth—Criteria for Certification* (DMHSAS Memo 2015-08): <https://www.dhs.wisconsin.gov/dqa/memos/15-011.pdf>

²¹ Excel Budget Spreadsheet F-01601 (08/2015): <https://www.dhs.wisconsin.gov/forms/f01601.xlsx>

counties are required to be in compliance with the new law. Among the broad array of examples to meet the requirements, some include:

- Development of an infrastructure to support and retain mental health professional staff
- Development of an infrastructure to make better use mental health professional time (e.g., streamlining, reassigning duties, etc.)
- Costs associated with licensing and credentialing
- Development of infrastructure to support the addition of mental health professionals into a county system
- Resources to enhance recruitment for mental health professionals
- For non-certified areas, resources to attain DHS 34, Subchapter III certification
- Development of infrastructure to support required levels of supervision of the mental health professional staff
- Development of an infrastructure to achieve economies of scale through partnerships locally or regionally
- Collaborations with other counties, hospital emergency departments, or law enforcement agencies
- Engaging and training law enforcement to ensure appropriate involvement of mental health professionals
- Development of contract(s) to provide services
- Development of telehealth resources (equipment, collaborations, policies, etc.)
- Expanded hours of mobile operation
- Technology – mobile devices, databases, texting, satellite phone equipment, cell signal boosters
- Training to assure staff competency with general or specific populations related to emergency detention. This may include general crisis assessment training; assessment for specific populations (e.g., children, youth and families, co-occurring mental health and substance use disorder, etc.), or other trainings which support the objectives of this funding

Required Elements

Goals and Objectives

Objectives of this funding are in support of the overarching goal to properly meet the requirements to have mental health professionals provide a crisis assessment for all emergency detentions. At minimum all counties will need to be in compliance with the new process no later than June 30, 2016 but all counties should establish a plan to be in compliance well before the mandated deadline.

- ❖ *Objective 1.* By June 30, 2016 a process will be in place to assure that only approved mental health professional staff (as described above) will provide crisis assessments for all individuals being considered for an emergency detention.
- ❖ *Objective 2.* By June 30, 2016 a process will be in place to assure that a crisis assessment (as described above) is completed for all individuals being considered for an emergency detention.

- ❖ *Objective 3.* By June 30, 2016 a process will be in place to assure that crisis assessments for any individual being considered for emergency detention are accomplished in-person, or by telephone, telehealth or videoconferencing.
- ❖ *Objective 4: Extra Points.* By June 30, 2016, ensure the use of a standardized universal suicide screening protocol for all potential emergency detention contacts that includes clinical documentation of the screening in the contact records for the individual. By June 30, 2016 standardize other suicide prevention and management measures (see Appendix).

Required Program Participation (PPS) System Reporting

As with all DHS behavioral health programs, to the extent that DHS behavioral health programs are involved in the implementation of this initiative (e.g., DHS 34) there must be a plan to assure accurate, complete, and prompt reporting into the state Program Participation System (PPS).²² Proposers must describe how this will occur within their proposal, including the Legal/Commitment status and Suicide Risk fields. DHS 34, Subchapter III programs are required to report in the Standard Program Category (SPC) fields for Crisis Intervention, including in the upcoming “Follow-up Crisis Contact” category.

Proposal Format

Proposals must be organized into clearly delineated sections, as shown below. Each heading and subheading should be separated by tabs or otherwise clearly marked. Scoring for each section is described below under evaluation criteria.

- Tab 1. Cover Sheet
 - a. Table of Contents
 - b. Vendor Information Form DOA-3477²³
- Tab 2. Environmental Scan and Needs Assessment
- Tab 3. Goals and Objectives
- Tab 4. Project Design With Work Plan, Performance Reporting²⁴ and Quality Improvement
- Tab 5. Sustainability
- Tab 6. Organizational Experience and Capacity

²² Wisconsin Department of Health Services, Program Participation System (PPS): <http://www.dhs.wisconsin.gov/pps/>

²³ Department of Administration Form 3477: <http://vendornet.state.wi.us/vendornet/doaforms/doa-3477%20Vendor%20Information.doc>

²⁴ DMHSAS Program Performance Report: <https://www.dhs.wisconsin.gov/forms1/f2/f20389.docx>

Tab 7. Budget²⁵

Tab 8. Appendix – Letters of Support, Letters of Commitment, Memoranda of Understanding (MOU), Contracts, etc.

²⁵ Must include Excel Budget Spreadsheet F-01601 (08/2015): <https://www.dhs.wisconsin.gov/forms/f01601.xlsx>

Evaluation Criteria

The following criteria and relative weighting for scoring will be applied to the proposals received.

- **Environmental Scan and Needs Assessment – 25 points**

Proposers should determine the scope of the proposal (county, region, multi-county partnership, department of community programs) and provide a *needs assessment* outlining strengths, deficits, and barriers for the identified service area relative to having a mental health professional being able to provide a documented crisis assessment in person, over the phone or via telehealth for all prospective emergency detentions. Proposers will need to thoroughly justify the need for funding to meet the goal of this grant to the extent possible with quantitative data. With respect to the needs assessment, it must be clearly stated what barriers exist that preclude a crisis assessment from being performed on the individual by a mental health professional who would in turn determine the need for detention and reasonably ascertain that the individual would not voluntarily consent to evaluation, diagnosis, and treatment necessary to stabilize the individual to mitigate the substantial probability of physical harm.

- **Goals, Objectives– 15 points**

Proposers must describe goals, objectives and performance expectations for each month of the grant, and fulfill the requirements of this request for proposal (RFP), to meet the requirements that a crisis assessment performed on the individual by a mental health professional who would in turn determine the need for detention and reasonably ascertain that the individual would not voluntarily consent to evaluation, diagnosis, and treatment necessary to stabilize the individual to mitigate the substantial probability of physical harm. Proposals will be evaluated based on scope, feasibility, and reasonableness of the deliverable outcomes designed to support meeting the goal of having a mental health professional provide a documented crisis assessment prior to the determination and disposition of an emergency detention. Consideration will be given to approaches toward meeting goals that assure culturally capable,²⁶ culturally and linguistically appropriate services,²⁷ and trauma-informed²⁸ approaches, mindful of person-centered planning principles.²⁹ Objectives must be framed as “SMART” deliverables: Specific, Measurable, Attainable, Relevant, and Time-bound, tracked on the *DMHSAS Program Performance Report: DMHSAS Form F-20389 (4/2014)*³⁰ must be submitted to the Contract Administrator at 60-day intervals (specifically, April 30, 2016; February 30, 2016; December 30, 2016) from the award for the duration of the grant with a final report on the grant being due on June 30, 2016. Proposers are encouraged to scribe these reporting dates into their calendars to ensure timely submission of reports.

²⁶ A Treatment Improvement Protocol (TIP): Improving Cultural Competence: <http://store.samhsa.gov/shin/content/SMA14-4849/SMA14-4849.pdf>

²⁷ National CLAS Standards: *Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* <https://www.thinkculturalhealth.hhs.gov/content/clas.asp>

²⁸ Trauma-Informed Care: <https://www.dhs.wisconsin.gov/tic/index.htm>

²⁹ Person-Centered Planning Webinars: <https://www.dhs.wisconsin.gov/crs/webinars.htm>

³⁰ DMHSAS Program Performance Report: <https://www.dhs.wisconsin.gov/forms1/f2/f20389.docx>

- **Project Design With Work Plan, Performance Reporting and Quality Improvement – 15 points**

Proposers must describe and define a viable model for the project that addresses the specifications noted in this memo. It should include the specific work plan with time-frames for completion of the project objectives as soon as is practicable, but in no case later than the June 30, 2016 in order to meet the July 1, 2016 implementation deadline. Proposers must also describe what specific written policies and procedures (some of which are referred to above) will be implemented, including how crisis assessment and related records (e.g., clinical supervision) will be stored in order to assure confidentiality of protected health information and provide for future access for future review.

- **Sustainability – 20 points**

A sustainability plan is critical and will be carefully reviewed in all proposals, with consideration of the reasonableness for ensuring enduring ability to meet the legal requirement of providing a documented crisis assessment by a mental health professional before determining the need for emergency detention.

- **Organizational Experience and Capacity – 5 Points**

Proposers are required to describe their organizational experience and capacity to accomplish the stated goals and objectives. Proposers should be able to develop, facilitate, or collaborate with other agencies or health care institutions toward meeting the goal of providing a crisis assessment by a mental health professional before proceeding with an emergency detention. Understanding provisions within Wisconsin Chapter §51³¹ and related code (e.g., DHS 34,³² DHS 92³³ and DHS 94³⁴) are key.

- **Budget – 20 points**

Submit a detailed line item budget on the attached Excel Budget Spreadsheet³⁵ along with a narrative justification for all project costs. Provide a described plan for sustaining the program developments and enhancements once the grant funding ends (with the date certain of June 30, 2016). All budget costs must comply with the DHS Allowable Cost Policy Manual.³⁶

Application must be received by mail or delivery no later than 4:00 p.m. (Central Time) Friday, November 13, 2015 at the following address. Faxes are not acceptable for

³¹ Wisconsin Chapter §51: <http://docs.legis.wisconsin.gov/statutes/statutes/51.pdf>

³² Wisconsin DHS 34, Emergency Mental Health Service Programs:
https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/34.pdf

³³ Wisconsin DHS 92, Confidentiality of Treatment Records:
http://docs.legis.wisconsin.gov/code/admin_code/dhs/030/92.pdf

³⁴ Wisconsin DHS 94, Patient Rights and Resolution of Patient Grievances:
http://docs.legis.wisconsin.gov/code/admin_code/dhs/030/94.pdf

³⁵ Excel Budget Spreadsheet F-01601 (08/2015): <https://www.dhs.wisconsin.gov/forms/f01601.xlsx>

³⁶ Wisconsin Allowable Cost Policy Manual: <https://www.dhs.wisconsin.gov/business/allow-cost-manual.htm>

submission of the applications. Additional information and questions regarding this memo should also be directed to:

Central Office Contact and Contract Administrator:

Brad Munger
Department of Health Services
Division of Mental Health and Substance Abuse Services
1 W Wilson St., Room 851.11
Madison, WI 53707-7851
Telephone: (608) 266-2754
Email: Brad.Munger@Wisconsin.gov

Memo Websites:

DMHSAS Memo Series web page: <https://www.dhs.wisconsin.gov/dmhsas/memos/index.htm>

The Division information and numbered memos are distributed electronically via a Listserv. The Listserv is free, but does require an active e-mail address. The memos are posted in both PDF and html formats. DLTC and DMHSAS Memo Series E-mail Subscription Services web page: <https://www.dhs.wisconsin.gov/dltc/memos/signup.htm>

Appendix: Improving Assessment and Response to Suicide Risk

One key function related to emergency detention revolves around proper identification of, assessment of, and assistance to persons in managing a suicidal crisis; not only in the acute phase but in the situations leading up to such a crisis. DHS tracks suicides^{37,38} statewide. Moreover, mental health professionals involved in the emergency detention process have a central role in the longer-term effort to help individuals regain hope and self-efficacy in their lives around a suicidal crisis, toward mitigating future crisis and periods of acute suicidality. Since the original Crisis rule was published there has been considerable literature published on meaningful, evidence-based, and best-practice approaches to suicide prevention.^{39,40,41} Perfect Depression Care initiatives in Detroit have shown remarkable success.⁴² Here in Wisconsin, efforts in recent years with support from the Mental Health Block Grant and Garret Lee Smith grants, there is now a central clearinghouse for suicide prevention efforts at Prevent Suicide Wisconsin (PSW),⁴³ identifying suicide prevention resources and local suicide prevention coalitions. Means restriction efforts have shown to be effective.⁴⁴ New strategies have evolved to focus on the high-risk demographic of middle-aged males in Man Therapy,⁴⁵ which has been introduced in Wisconsin. Broad universal prevention strategies have shown to be effective, such as Question-Persuade-Refer (QPR).⁴⁶ The *Columbia Suicide Severity Rating Scale (C-SSRS)*,⁴⁷ purports to minimize false positives and overreaction upon initial screening, and has been used widely around the country (there are versions for youth and for adults). Indeed, it is being used universally in some states such as New York, Tennessee, Utah, and here in Wisconsin through the Department of Corrections and in several regions of the state. Certain counties have also adopted the C-SSRS universally (e.g., Lapeer County in Michigan). A new electronic version is now available for self-assessments as well: eC-SSRS. It fits well into the standard of practice of universal screening for suicide risk.

³⁷ DHS Wisconsin Interpretive Statistics on Health (WISH) Query:

http://www.dhs.wisconsin.gov/wish/measures/mortality/long_form_detail.html

³⁸ Burden of Suicide Report: <http://www.mcw.edu/injuryresearchcenter/Burden-Of-Suicide-In-Wisconsin-Report.htm>

³⁹ Suicide Assessment Website: <http://www.suicideassessment.com/>

⁴⁰ Suicide Prevention Resource Center: www.sprc.org

⁴¹ American Association of Suicidology: www.suicidology.org

⁴² Henry Ford Health Care—Perfect Depression:

<http://www.henryford.com/body.cfm?id=46335&action=detail&ref=1104> and

http://www.dhs.wisconsin.gov/mh_bcmh/confandtraining/PerfectDepressionCareTwoSlidesPerPage.pdf

⁴³ www.preventsuicidewi.org

⁴⁴ Harvard University of Public Health—Means Matter: <http://www.hsph.harvard.edu/means-matter/means-matter/>

⁴⁵ Man Therapy: <http://mantherapy.org/>

⁴⁶ Question, Persuade, Refer: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=299>

⁴⁷ C-SSRS: <http://www.cssrs.columbia.edu/>

Suicide prevention is often central in the arena of emergency detention. Unfortunately, it is a too common error for interventionists and clinicians to shortchange the assessment of intoxicated persons; considering the fact that alcohol use confers a six to 10 times risk of suicide, people who are intoxicated need just as thorough of an assessment as those without an alcohol use disorder. Intervention strategies can be developed to help make the person safer the next time they are intoxicated.

There are a multitude of ways to enhance effectiveness toward better identification and management of the person at risk for suicide, some of which are described below. Developing plans to achieve greater competence in suicide prevention and integrating those into training, policy, procedure is what will be required. Mental health professionals need to be able to comfortably engage individuals, properly complete a screening and assessment of suicide risk, and be well-prepared to discern level of risk, and be able to design strategies to help the person at risk of suicide manage their situation, including sound safety planning, when diversion from emergency detention can safely be accomplished.

Some examples of ways to more effectively identify or assist persons at risk for suicide include the following:

- Plan for developing policies and procedures assuring that *all* contacts are asked about suicidal ideation and means.
- Plan for developing active means restriction protocols for suicide prevention.⁴⁸
- Plan for incorporating guidance from the Wisconsin Suicide Prevention Strategy⁴⁹ and the National Strategy for Suicide Prevention^{50,51} into practices around emergency detention.
- Plan for adoption of best practice standards for suicide crisis lines.⁵²
- Plans to substantially enhance and develop staff skills in clinical interviewing, assessment,⁵³ management, and documentation of individuals at risk of suicide.

⁴⁸ Emergency Department Means Restriction Education (an evidence-based practice):

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=15>

⁴⁹ Wisconsin Suicide Prevention Strategy: <https://www.dhs.wisconsin.gov/publications/p00968.pdf>

⁵⁰ National Strategy Suicide Prevention: <http://actionallianceforsuicideprevention.org/NSSP>

⁵¹ 2012 National Strategy for Suicide Prevention: GOALS AND OBJECTIVES FOR ACTION:

http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full_report-rev.pdf

⁵² Standards for the Assessment of Suicide Risk Among Callers to the National Suicide Prevention Lifeline:

<http://www.sprc.org/bpr/section-II/standards-assessment-suicide-risk-among-callers-national-suicide-prevention-lifeline>

⁵³ Training Institute for Suicide Assessment and Clinical Interviewing:

<http://www.suicideassessment.com/web/top-level/case.html>

- Strategies for reducing unnecessary emergency department (ED) contacts and streamlining medical clearance processes.
- Strategies to incorporate best practices and evidence-based practices into emergency detention processes.⁵⁴
- Plans to develop procedures incorporating the accreditation standards of the American Association Suicidology.⁵⁵
- Plan to develop post-vention protocols in the event of a community suicide.⁵⁶
- Training plans for mental health professionals in state-of-the-art core competencies and curricula, for assessment and management of the suicidal individual.⁵⁷
- Certification of individual mental health professionals in suicide management through the American Association of Suicidology.⁵⁸
- Strategies for reciprocal connections to suicide prevention coalitions.⁵⁹
- Systematic communicative and compassionate follow-up following a suicidal event.^{60,61,62}
- Utilization of online suicide prevention training resources.⁶³
- Developing *Zero Suicide* systemic quality improvement approaches.⁶⁴

⁵⁴ Suicide Prevention Resource Center, Best Practices Registry: <http://www.sprc.org/bpr>

⁵⁵ American Association of Suicidology (AAS) Crisis Center Accreditation standards for example, regardless if accreditation is purchased: http://www.suicidology.org/c/document_library/get_file?folderId=250&name=DLFE-875.pdf

⁵⁶ After a Suicide: A Toolkit for Schools: <http://www.sprc.org/webform/after-suicide-toolkit-schools>

⁵⁷ Recognizing and Responding to Suicide Risk (RRSR): <http://www.suicidology.org/training-accreditation/recognizing-responding-suicide-risk>; Assessment and Management of Suicide Risk: <http://www.sprc.org/training-institute/amsr>; ASSIST: <http://www.nosp.ie/html/training.html>; SAFE-T: <http://www.sprc.org/bpr/section-III/suicide-assessment-five-step-evaluation-and-triage-safe-t>; and others: <http://www.sprc.org/training-institute>.

⁵⁸ AAS Provider Certification: http://www.suicidology.org/c/document_library/get_file?folderId=251&name=DLFE-515.pdf.

⁵⁹ Prevent Suicide Wisconsin: www.preventsuicidewi.org.

⁶⁰ Continuity of care for suicide prevention and research: Suicide attempts and suicide deaths subsequent to discharge from the emergency department or psychiatry inpatient unit. http://www.suicidology.org/c/document_library/get_file?folderId=236&name=DLFE-331.pdf

⁶¹ Effectiveness of brief intervention and contact for suicide attempters: a randomized controlled trial in five countries: <http://www.who.int/bulletin/volumes/86/9/07-046995.pdf>

⁶² A Randomized Controlled Trial of Postcrisis Suicide Prevention: <http://journals.psychiatryonline.org/data/Journals/PSS/3569/828.pdf>

⁶³ Suicide Prevention Resource Center (SPRC) Suicide Prevention Online Training: <http://training.sprc.org/>

- Ensuring follow-up: connections before discharge to meet the person, reminder letters or phone calls, etc. to ensure appropriate linkage and follow-up.
- Forging relationships with texting resources such as Text Hopeline,⁶⁵ essential work for connecting with youth or persons who are deaf or hard of hearing.
- Becoming affiliated with the National Suicide Prevention Lifeline.⁶⁶

⁶⁴ Wisconsin Zero Suicide: <http://www.preventsuicidewi.org/zero-suicide-in-wisconsin>

⁶⁵ Text "Hopeline" to 741741: <http://centerforsuicideawareness.org/services/hopeline/about.html>

⁶⁶ National Suicide Prevention Lifeline: <http://www.suicidepreventionlifeline.org/>

DEMENTIA CAPABLE CRISIS RESPONSE GRANTS

Background and Purpose

In February 2014, the Department released a [Dementia Care System Redesign Plan](#) to address gaps in the current care delivery infrastructure, including community and crisis services for persons with dementia. The Plan, which was developed with input from many partners, advocates a model for dementia-capable mobile crisis response focused on treating people in place, when possible; clarifying roles and responsibilities for crisis response and stabilization; and addressing the need for appropriate placement options for persons with dementia in crisis.

Department staff have talked with counties and county consortia, visited facilities, and conducted two surveys to gain a better understanding of current practice. The results indicate that dementia-related crisis response varies considerably, with approaches differing in terms of agency configuration, relationships among partners, and the level of dementia expertise and capacity in the crisis response system. Effective solutions, when found, have been developed locally, and have typically involved cooperation among a variety of stakeholders including county APS and crisis response systems, care facilities, law enforcement, managed care organizations, and others. Also important are adequate training, an understanding that behavior is often a way to communicate needs, and planning with prevention in mind.

These innovation grants represent a next step toward achieving a more dementia capable crisis system. Toward this end, the Department is seeking proposals to improve local dementia-capable care and crisis systems that will lead to:

- A more coordinated, dementia-capable approach to supporting persons with dementia in crisis.
- An understanding of how to assess and plan for persons with dementia as a way to avoid or de-escalate crises.
- Shared strategies to anticipate and capably respond to crisis in the best interest of the individual.
- Local/regional care and crisis systems that emphasize stabilization-in-place and use emergency transfers as a last resort for persons with dementia experiencing crisis.
- Collaboration, communication, and trust among all parties who have a role to play in responding to and caring for persons with dementia who experience crisis.

Available Funding

The Department has allocated \$250,000 for innovation grants to help develop improved local dementia-capable care and crisis systems that anticipate the care needs of persons with dementia. Grants will be awarded through a competitive application process. This one-time funding will be divided among the top successful applicants based on their proposals and funding requested. Funds will be available for projects lasting up to 18 months.

Eligible Applicants

County human service departments, social service departments, and departments of community programs or other county entities are eligible to apply on behalf of county or regional crisis

coalitions in which they participate. The applicant county/coalition must currently have a crisis unit that is certified under Chapter DHS 34. Key members of the coalition must express willingness, in writing, to participate in the project before an application will be accepted.

Grant Requirements

At a minimum, grant recipients will be expected to:

- Address crisis response and stabilization of persons with dementia within the broader context of crisis services for all populations.
- Involve a broad range of potential partners (e.g., crisis services, APS, law enforcement, human services, mental health services, aging services, corporation counsel, care facilities, home care providers, ADRCs, MCOs, hospitals, other health care providers, etc.).
- Assess the capacity of the crisis system to respond to persons with dementia in crisis, including a review of crisis practice, policy, and protocol for providers and crisis responders.
- Develop a strategy to improve crisis planning, response, and stabilization for persons with dementia.
- Prioritize stabilization-in-place as the initial response to crisis for persons with dementia.
- Identify training needs and develop a plan for addressing those needs.
- Identify current and potential funding sources.
- Describe and report on measures of success.
- Report results and share their experience with the Department of Health Services and with other counties and coalitions.
- Plan for sustainability of coalition efforts.

Suggested Activities

It is expected that each applicant's proposal will be based on local circumstances, willing partners, and planned accomplishments. In developing their plans, applicants are encouraged to include strategies that have been successfully used in mental health crisis response. Examples include targeted training, meaningful crisis planning, coordination of resources, and provision of stabilization supports, referrals and follow-up.

The following list provides examples of activities applicants could include in their proposals. The list is neither mandatory nor exhaustive, and we encourage creativity from applicants.

- Expand current crisis coalitions to include a wider range of stakeholders to participate in improving dementia capacity of the crisis system.
- Engage a project manager or facilitator to coordinate the project and build consensus among stakeholders.
- Conduct a comprehensive inventory and analysis of local dementia care resources, and identify gaps and needs.
- Develop protocols and agreements to clarify roles for crisis responders and care providers.
- Develop screening instruments, crisis plan formats, or other tools to assist in crisis response and stabilization for persons with dementia.

- Provide training, technical assistance, and support for crisis responders and care providers.
- Develop a process for incident review and any necessary process adjustments.
- Identify potential sources of ongoing funding to support crisis response and stabilization for persons with dementia.
- Articulate a plan with strategies to improve dementia care and crisis capacity.

Collaboration with the Department

The primary purpose of these grants is to help counties improve their crisis response systems in a collaborative way. In order to achieve broader impact, the awardees' experiences will be shared with others who also want to improve their systems. The Department expects those receiving grants to collaborate in the sharing of promising practices by:

- Devising and reporting on measurements of success to track achievements.
- Participating in discussions about their projects, strategies to overcome barriers, and results with Department staff and other awardees.
- Identifying training and technical support needed for project success.
- Formulating ways to continue collaborative efforts beyond the grant period.
- Providing information that the Department can use in the development of a toolkit to help others navigate similar local collaborative efforts toward dementia capable crisis response.

Application and Award Procedures

To apply, eligible applicants should complete the application narrative requirement and forms that accompany this memorandum and submit them electronically to Kathleen Steele in the Bureau of Aging and Disability Resources, Division of Long Term Care at Kathleen.Steele@dhs.wisconsin.gov.

Applications for funding must be received no later than 4:00 p.m. (Central Time) Friday, November 13, 2015.

Applications will be scored by an evaluation committee and ranked according to the numerical scores received. The Department reserves the right to reject any or all applications, negotiate award amounts, request clarification on budget detail, and negotiate specific goals with the selected applicants prior to entering into an agreement. Award recipients will be notified by December 31, 2015.

Contact

Questions should be addressed to Alice Page, Adult Protective Services and Systems Developer at Alice.Page@dhs.wisconsin.gov.

APPLICATION INSTRUCTIONS

Innovation Grants For Building Collaborative Dementia Capable Crisis Response

Applicants are to include the following elements in their application, in the order outlined below. The maximum number of points that can be awarded in scoring the proposals is indicated for each section of the application for a total of 100 points.

1. Cover Page (not scored)

Complete the Cover Sheet included in the application package.

2. Project Narrative (maximum 70 total points)

The information requested in this section should be provided in narrative form not to exceed 20 pages.

Current Status of the Crisis System (15 points)

Describe the current coalition that forms the basis of the core group that will be collaboratively involved in the grant, its focus, and history of success. Describe the purpose of the coalition, its membership, and how it operates.

Describe the current relationship between Adult Protective Services and the certified DHS 34 crisis response agency, including historical collaborations in providing crisis response for persons with dementia. Discuss how crisis response for this population is currently managed, i.e. hours of operation, who responds to crises, and what resources are at your disposal for stabilization or emergency placements.

Provide information about the type and frequency of crisis calls received for persons with dementia. Describe the typical response to those calls and any supports used to stabilize crisis situations, as well as any follow-up activities. Discuss obstacles to providing crisis response for this population.

Project Activities (45 points)

Describe the specific activities your project will include to meet the grant requirements outlined in the accompanying request for applications memorandum, together with any additional activities you plan to include in the project. Indicate as specifically as possible which individuals and agencies and organizations will be involved in the project and what their respective roles and responsibilities will be. Creative and locally responsive activities are encouraged.

Anticipated Achievements of the Grant Project (10 points)

Describe the goals and accomplishments that you hope to achieve as a result of the project activities. In particular, address the anticipated impact on the care for persons with dementia, coalition partners, and others in your county/consortia. Articulate measures of success that will be used to track identified achievements. Address the ways you will ensure meeting the collaborative expectations of the Department.

3. Project Work Plan (10 points)

Using the attached Project Work Plan template, indicate the expected completion date for each of the activities outlined in the narrative. Attach additional sheets if necessary.

4. Budget Worksheet (10 points)

Complete each section of the attached Budget Worksheet with a list of items or activities to be funded and the estimated dollar amount for each item or activity. Requested items should clearly relate to the proposed activities. Attach additional sheets if necessary.

5. Letters of Support and Commitment (10 points)

Include letters of support and commitment from your current coalition and other interested members willing to participate in your proposed project. Letters should include a description of the nature and scope of each member's anticipated roles and responsibilities.

STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
DIVISION OF LONG TERM CARE

Innovation Grants for Building Collaborative Dementia Capable Crisis Response

Applicant Agency/Organization Name:	
Address:	
Lead Contact Name:	
Lead Contact Title:	
Lead Contact Agency/Organization:	
Lead Contact Phone Number:	
Lead Contact Email:	
Total Budget Amount Requested	

**Innovation Grants for Building Collaborative Dementia Capable Crisis Response
Budget Worksheet**

Applicant Name: _____

1. Facilitator/Consultation Costs:		Total Amount Requested	\$
Purpose	# of hours	Other Expenses	Funds Requested
		\$	\$
		\$	\$
		\$	\$

2. Supplies:	Total Amount Requested	\$
Items		Funds Requested
		\$
		\$
		\$

3. Training	Total Amount Requested	\$
Identify training and training costs		Funds Requested
		\$
		\$
		\$

4. Travel	Total Amount Requested	\$
Estimated costs for food, lodging, meeting space, miles of travel, and costs per mile, etc.		Funds Requested
		\$
		\$
		\$

5. Miscellaneous	Total Amount Requested	\$
<i>List anticipated expenses not reported in other sections</i>		
Miscellaneous Items		Funds Requested
		\$
		\$

Grand Total Requested: \$