



Date: June 13, 2016

DMHSAS Numbered Memo 2016-07

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

From: Patrick Cork, Administrator

Grants to Develop Certified Mobile Crisis Team Serving Rural Areas

Document Summary

This memo describes another opportunity for counties to implement mobile crisis teams to serve rural areas. Total statewide funding of \$135,437 is available from July 2015 through June 30, 2017. Funding will be used exclusively to create certified mobile crisis intervention teams to serve rural areas of Wisconsin. The number of counties or multi-county collaboratives funded will depend on the amount of funding requested and upon the scoring rank of each application. Projects will be funded within the constraints of total funding available per biennium. This memo describes the application process for these funds and the expectations for their use. The department shall award a grant up to an amount equal to one-half the amount of money the county or region provides to establish certified crisis programs that create mobile crisis teams (i.e., a two-for-one match is required). These are non-federal GPR¹ funds made available through 2013 Wisconsin Act 132.² **Applications must be received by 4:00 p.m. on Monday, July 11, 2016.**

Background

The Wisconsin Department of Health Services (DHS), Division of Mental Health and Substance Abuse Services (DMHSAS), Bureau of Prevention Treatment and Recovery (BPTR), is committed to increasing the availability of certified mobile crisis programs serving rural areas of the state. "Emergency Mental Health Services Programs," commonly known as *Crisis Intervention* under Wis. Admin. Code ch. DHS 34, Subchapter III, requires that counties obtain certification through the Division

¹ These funds are to be made available each biennium under Wisconsin Statutes §46.536 and related appropriation §20.435(5)(cf).

² 2013 Wisconsin Act 132: <https://docs.legis.wisconsin.gov/2013/related/acts/132>

of Quality assurance (DQA) in order to obtain remuneration through the Wisconsin Medicaid Program³ and other insurers under Wis. Admin. Code § INS 3.37(3)g.⁴

Since the publication of the DHS 34⁵ in 1996, with Subchapter III allowing for Medicaid reimbursement for the provision of crisis services, there have been increasing numbers of counties that have become certified. Some counties are providing their own crisis intervention services and some are contracting for these services in whole or in part. Required under Subchapter III are 24-hour/7-day per week telephone services, 8-hour/5-day per week walk-in services; and 8-hour/7-day per week mobile services. Virtually all metropolitan and most less populous counties are currently certified under Subchapter III. Presently, all non-certified counties in Wisconsin have significant rural areas.

Most counties have what is commonly known as a *Crisis Intervention* program under Subchapter III.⁶ These programs are typically the agency charged with approving hospitalizations for individuals under an emergency detention by authority of Wis. Stat. § 51.15.⁷ As a result of 2015 Wisconsin Act 55, § 1881,⁸ § 51.15 (2)⁹ was 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 Wis. Stat. 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.

These provisions take effect July 1, 2016. Having a Subchapter III Emergency Mental Health Services Program can assist the county in complying with this new law. Details on meeting this requirement are available in Appendix A.

Applicants are urged to be attentive to recent developments in the field in designing their project toward certification. The following resources would be useful (click on hyperlink):

- [*Crisis Now: Transforming Services is Within Our Reach*](#)

³ Forward Health: <https://www.dhs.wisconsin.gov/health-care-coverage/health-care-coverage/medicaid/badgercare-plus/forwardhealth>

⁴ See administrative code under the authority of the Office of the Commissioner on Insurance: http://docs.legis.wisconsin.gov/code/admin_code/ins/3/37/3/g

⁵ Emergency Mental Health Services Programs (Wis. Admin. Code DHS 34, *Crisis Programs*): https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/34.pdf

⁶ Emergency Mental Health Services Program: https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/34.pdf

⁷ State Alcohol, Drug Abuse, Developmental Disabilities and Mental Health Act: <http://docs.legis.wisconsin.gov/statutes/statutes/51.pdf>

⁸ Additionally, under Section 1883k, the provisions of Chapter 51.15 (4m) (e), for the Milwaukee pilot allowing a 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).

⁹ Wisconsin Stat. § 51.15 (2): <http://docs.legis.wisconsin.gov/statutes/statutes/51/15/2>

- [Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies](#)
- [2012 National Strategy for Suicide Prevention: Goals and Objectives for Action](#)
- [Wisconsin Suicide Prevention Strategy](#)
- [Prevent Suicide Wisconsin: Zero Suicide in Wisconsin](#)
- [Sentinel Event Alert: Detecting and Treating Suicide Ideation in All Settings](#)
- [Crisis Center Accreditation Program of the American Association of Suicidology](#)
- [National Suicide Prevention Lifeline Network](#)
- [Columbia Suicide Severity Rating Scale \(C-SSRS\)](#)
- [Text “Hopeline” to 741741](#)
- [Caring for Adult Patients with Suicide Risk: A Consensus Guide for Emergency Departments](#)

Crisis intervention programs have effectively helped spare consumers and counties unnecessary psychiatric hospitalization through intervention and stabilization in the community. This has saved consumers unnecessary disruption to their lives, promoted natural supports in the community, reduced traumatization, and saved county governments the expense of transporting and paying for individuals to be hospitalized. DHS 34, Subchapter III programs are eligible for reimbursement through insurers and the Wisconsin Medicaid program, thus providing offsets to expenses for the county to provide the program.

Eligible Applicants

Only the following counties, which do not have Subchapter III certification and who have significant rural areas, are eligible to apply: Bayfield, Douglas, Florence, Iron, Taylor, Trempealeau and Washburn

Legislative intent for the use of these funds was to make a one-time funding resource available to support the development of Subchapter III crisis certification in rural parts of the state. It is expected that programs will be able to sustain and maintain Subchapter III certification beyond the grant period through related eligibility to bill to third party payers, realizing savings in unnecessary hospitalization costs, and through other adjustments to budgets as a result of the evolving behavioral health funding environment (e.g., comprehensive community services being fully funded through state resources, mental health and substance abuse parity, etc.).

Proposal Application

Please submit a proposal that describes the creation of Subchapter III certified crisis intervention services to rural areas within Wisconsin. Evaluation criteria below describe the required elements of the proposal. Proposals must be submitted 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 cover page, budget spreadsheet, appendices, and letters of support. Budgets are to be submitted on the required [Excel budget spreadsheet](#) as a separate document to the proposal narrative. For both the proposal narrative and the budget, please submit one original and four paper copies to the Contract Administrator (below). Additionally, applicants must submit the entire proposal in electronic form in a non-password protected Portable Document Format (.pdf) and budget using the required Microsoft Excel template on a reproducible CD(s) or portable flash drive labeled as follows:

Certified Mobile Crisis Team Serving Rural Areas 2016-17

Name and Address of Proposer

Disc X of Y

Required Elements

Goals and Objectives

Objectives of this funding are in support of the overarching goal to develop Subchapter III certified crisis intervention services in rural areas of the state by a specific date. Objectives 1, 2, and 3 are required of all proposals. Other objectives are optional but provide enhancements to the overall score of a proposal (as so designated).

- **Objective 1. Required.** Identify a deadline by which to attain DHS 34, Subchapter III certification through DHS Division of Quality Assurance in a county or counties that is or are not presently certified, and commence billing to Medicaid for emergency mental health services.
- **Objective 2. Required.** Prior to certification, establish a system for universal suicide screening and provide to the contract administrator the crisis program's written policy for universal suicide screening of crisis contacts.¹⁰ At the time of certification, at least 90 percent of Crisis contacts will have documented evidence of suicide screening, as reported in the DHS Program Participation System (PPS). Six months following certification, 100 percent of all contacts shall be screened for suicide.
- **Objective 3. Required.** Ensure that any emergency mental health detention occurs only if 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 there is a reasonable belief that the individual will not voluntarily consent to evaluation, diagnosis, and treatment. A crisis assessment may be conducted in person, by telephone, or by telemedicine or video conferencing technology.
- **Objective 4. Additional Points.** As part of the Subchapter III certification, substantive expansion of hours of mobile operations, beyond the required 8-hour/7-day per week minimum, and identification of the specifics of mobile operations described in program policies and procedures as well as in the Emergency Mental Health Services Plan (which shall be submitted to the DHS Contract Administrator and Area Administration within nine months of the start of the grant). Proposers must include within their proposal the expected hours of mobile service availability one year following certification.
- **Objective 5. Additional Points.** Plan for expanding Subchapter III certified *mobile* contacts in natural settings, as measured as an aggregate percentage of in-home, in-school, and community mobile contacts outside of hospital-based emergency department or law enforcement agency settings (inclusive of jails, police stations, or sheriff's departments). In order to earn extra points, a proposal must develop policy and procedure supporting and encouraging mobile outreach and contact in natural settings, which includes a process for measuring and logging the percentage of countable mobile contacts and reporting quarterly through the duration of the grant.
- **Objective 6. Additional Points.** Plan for expanding Subchapter III services to youth ages 0 through 21, who may potentially be diagnosable with severe emotional disturbance (SED). Proposers must identify policies and revisions to their Emergency Mental Health Services Plan with a timeline to accomplish intended revisions. A quality improvement plan must be developed to increase and enhance outreach and service to youth who could conceivably have SED while simultaneously tracking and reporting on contacts and psychiatric hospitalizations objectively.

Required Process Improvement Strategies

Proposers will be required to employ accepted process improvement strategies for the development and expansion of mobile crisis services to rural areas. Applications for funding must identify what model(s)

¹⁰ See Zero Suicide Initiatives: <http://zerosuicide.sprc.org/>

will be employed to continuously improve mobile crisis services in relation to the unique identified strengths and needs of the proposed service area. Data driven processes could include but are not limited to: Plan-Implement-Execute (PIE);^{11,12} Define-Measure-Analyze-Improve-Control (DMAIC)/Define-Measure-Analyze-Design-Verify (DMADV)/Design for Six Sigma;¹³ or NIATx-type (Network for the Improvement of Addiction Treatment)¹⁴ rapid-cycle improvement strategies.

Required Program Participation (PPS) System Reporting

As with all Subchapter III programs, there must be a plan to assure accurate, complete, and prompt reporting into the state PPS.¹⁵ Proposers must describe how this will occur within their proposal.

Required Matching Funds

In accordance with 2013 Wisconsin Act 132 counties or regions comprised of multiple counties are required to provide matching funds at twice the amount of state General Purpose Revenue (GPR) grant funding awarded to the county or region. Proposers must describe how matching funds will be applied, assuring that they are not identified elsewhere as a matching resource to a different initiative. In other words any given amount cannot serve as match for two funding streams or programs simultaneously. Sources of matching funds could come from a single or braided funding stream.

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.

Tab 1. Cover Sheet

- a. Table of Contents
- b. Vendor Information form, DOA-3477¹⁶

Tab 2. Goals, Objectives, and Performance Expectations

Tab 3. Environmental Scan, Needs Assessment, and Program Design and Methodology

Tab 4. Work Plan

Tab 5. Organizational Experience and Capacity

Tab 6. Reporting, Performance Measurement, and Quality Improvement

Tab 7. Budget

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

¹¹ SPRC Plan, Implement, Evaluate, Improve: <http://www.sprc.org/basics/about-suicide-prevention/strategic-planning/implement-evaluate-and-improve-interventions>

¹² Centers for Disease Control: Planning Implementing, and Evaluating an Intervention—An Overview: <http://www.cdc.gov/violenceprevention/pdf/chapter1-a.pdf>

¹³ DMAIC: The Five Phases of Process Improvement: <http://www.dmaictools.com/>

¹⁴ NIATx Website: Removing Barriers to Treatment & Recovery: <http://www.niatx.net/Home/Home.aspx?CategorySelected=HOME>

¹⁵ Wisconsin Department of Health Services, Program Participation System (PPS): <http://www.dhs.wisconsin.gov/pps/>

¹⁶ Department of Administration form, DOA-3477: <http://vendornet.state.wi.us/vendornet/doaforms/doa-3477%20Vendor%20Information.doc>

Evaluation Criteria

Proposals must at minimum include Objective 1, 2, and 3. Objectives 4, 5, and 6 can enhance scoring potential. Proposers that plan to tackle all six objectives will have the best opportunity for maximal scoring. All proposals will be scored according to the following criteria for a maximum of 100 points.

Environmental Scan and Needs Assessment – 10 points

Proposers should determine the scope of the proposal (county, region, multi-county partnership) and provide a needs assessment outlining strengths, deficits, and barriers for the identified service area regarding the provision of certified mobile crisis services to rural areas; including the how unmet needs impact emergency or crisis services to those residing in rural areas. Rural areas of the county to be served must be described. Items to focus on include the access, availability, and response time of crisis intervention services in light of expanding mobile crisis capacity to rural areas.

Goals, Objectives, and Performance Expectations – 40 points

Proposers must describe goals, objectives, and performance expectations for each year of the grant, and fulfill the requirements described above. Proposals will be evaluated based on scope, feasibility, and reasonableness of the deliverable outcomes designed to support the overarching goal of providing improved mobile crisis services to rural areas of the state. Objectives for the unique project must be framed as “SMART” deliverables: Specific, Measurable, Attainable, Relevant, and Time-Bond, tracked on the *DMHSAS Program Performance Report*, form F-20389 (4/2014).¹⁷

Program Design and Methodology – 20 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 timeframes for completion of the project objectives as soon as is practicable, but in no case later than June 30, 2017. Rapid-cycle, continuous quality improvement strategies must be described along with process to achieve PPS reporting. A plan to achieve universal suicide screening must also be described.

Organizational Experience and Capacity – 10 Points

Proposers are required to describe their organizational experience and capacity to accomplish the stated goals and objectives. Proposers shall have capacity to promote Subchapter III rule compliance, policies, and practices. Moreover, it is expected that proposers will be able to establish crisis programs where none exist (Objective 1). Promotions of evidence-based and best practices are expected. Organizations should have familiarity with the Wisconsin Medicaid¹⁸ environment along with knowledge of documentation and billing requirements. Proposers should be able to develop, facilitate, or collaborate with other agencies toward developing community stabilization resources toward reduction of unnecessary psychiatric hospitalization and increasing diversion efforts. Understanding provisions within Wisconsin Chapter § 51¹⁹ and related codes (DHS 92²⁰ and DHS 94²¹) are key.

¹⁷ DMHSAS Program Performance Report: <http://www.dhs.wisconsin.gov/forms1/f2/f20389.doc>

¹⁸ Wisconsin ForwardHealth (Medicaid) Webpage: <https://www.forwardhealth.wi.gov/WIPortal/Default.aspx>

¹⁹ Wisconsin Stat. ch. 51: <http://docs.legis.wisconsin.gov/statutes/statutes/51.pdf>

²⁰ Wisconsin Admin. Code ch. DHS 92, Confidentiality of Treatment Records:
http://docs.legis.wisconsin.gov/code/admin_code/dhs/030/92.pdf

²¹ Wisconsin Admin. Code ch. DHS 94, Patient Rights and Resolution of Patient Grievances:
http://docs.legis.wisconsin.gov/code/admin_code/dhs/030/94.pdf

Budget – 20 points

Submit a detailed line item budget on the [Excel Budget Spreadsheet](#) along with a narrative justification for all project costs. Proposers need to address the plan for matching the requested grant funding (in a separate Excel Budget Spreadsheet). Provide a plan for sustaining the program developments and enhancements once the grant funding ends. All budget costs must comply with the DHS Allowable Cost Policy Manual.²²

By delivery or mail, your complete application must be received by 4:00 p.m. on Monday, July 11, 2016, at the address below. Emailed applications are not acceptable. Additional information and questions regarding this memo should also be directed to:

CENTRAL OFFICE CONTACT:

Brad Munger
Contract Administrator
Department of Health Services
Division of Mental Health and Substance Abuse Services
P.O. Box 7851
1 W Wilson St., Room 851
Madison, WI 53707-7851
608-266-2754
Brad.Munger@Wisconsin.gov

Memo Websites:

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[DMHSAS Information and Numbered Memos Email Subscription Service](#)

Receive an email each time a new memo is released. This email will include a link to the online version of the memo.

²² Wisconsin Allowable Cost Policy Manual: <https://www.dhs.wisconsin.gov/business/allow-cost-manual.htm>

Appendix A: Compliance with 2015 Wisconsin Act 55, Section 1881

The Department of Health Services (DHS), through the Division of Mental Health and Substance Abuse Services (DMHSAS), was 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, and departments of community programs are required to have written policies and procedures that encompass the three components 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, DHS defines a “mental health professional” as staff qualified to be listed under a DHS 34.21(3)(b) 1 through 19²³ roster, who are qualified, trained, and supervised in accordance with the minimum supervision requirements in the following paragraph²⁴ regardless of whether or not a county, region, or department of community programs is currently using the services of a Subchapter III²⁵ 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 5²⁶ conditions. Populations include: children, youth, and families; persons with serious and persistent mental illness; individuals with a 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, psychologist, or a mental health professional as described under DHS 34.21(3)(b) 1 through 7, and must be signed within 14 days of service provision. If the crisis assessment is being provided by a 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 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 9²⁷ are permitted to provide clinical supervision. Provisions within this memo are not to be interpreted as reducing any requirement for a Subchapter III certified program. All certified programs must continue to meet administrative

²³ Wisconsin Admin. Code ch. 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))

²⁴ 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).

²⁵ DHS 34, Subchapter III:

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

²⁶ American Psychiatric Association. (2013) *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC.

²⁷ 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))

requirements in order to remain certified through the Division of Quality Assurance.²⁸ Approved mental health professional staff providing crisis assessments must be provided with supervision mirroring, which is required in § DHS 34.21(7)²⁹ 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):³⁰

- 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 § DHS 34.21(3)(b) 1 through 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 Wis. Stat. ch. 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 themselves 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*³¹ produced by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) as well as others, a few of which are listed below.³²

²⁸ Wisconsin DHS Division of Quality Assurance: <https://www.dhs.wisconsin.gov/dqa/sections.htm>

²⁹ 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))

³⁰ 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))

³¹ *Core Elements in Responding to a Mental Health Crisis*: <http://store.samhsa.gov/shin/content/SMA09-4427/SMA09-4427.pdf>

³² 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);

At a minimum, the crisis assessment will meet the requirements set in Wis. Stat. ch. 51³³ and DHS 34.³⁴ As outlined in § 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 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 that may be used for doing harm;

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- *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>).

³³ Wisconsin Stat. ch. 51 (<http://docs.legis.wisconsin.gov/statutes/statutes/51/15>)

³⁴ Wisconsin Admin. Code ch. DHS 34 (https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/34/III/23)

- 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.³⁵ 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 § 51.15(5) and § DHS 34.23(8).

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 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.³⁶ 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.

³⁵ Example safety plan for persons at risk for suicide: <http://www.suicidesafetyplan.com/>

³⁶ *Mental Health and Substance Abuse Telehealth—Criteria for Certification* (DMHSAS Memo 2015-08): <https://www.dhs.wisconsin.gov/dqa/memos/15-011.pdf>