EMERGENCY MENTAL HEALTH SERVICE PROGRAM
INITIAL CERTIFICATION APPLICATION

Chapter DHS 34

- This application is to verify that the emergency mental health service program complies with Chapter DHS 34, Wisconsin Administrative Code.
- After review of the submitted application, a preliminary determination will be made as to the unit's eligibility for certification. If eligibility appears feasible, an onsite visit will be scheduled and certification status determined.
- If no significant deficiencies are found by the site visit, a certificate will be issued. If significant deficiencies are identified, the applicant will be afforded an opportunity to develop a plan of correction to complete compliance.

To Program Personnel:

- Read these instructions carefully before completing this questionnaire.
- The relevant standard is printed immediately preceding the corresponding questionnaire item.
- Respond to **every** item carefully. Do not omit a response to any item.
- Where "verification" is required in the questionnaire, **list** the type of document or materials that will be presented to verify the statement in question. With the exception of the Plan for Coordination of Services (DHS 34.22), **DO NOT** forward the actual documents or material with the application unless requested to do so, but be sure that they are available for review at the time of the onsite survey.

By completing and submitting this form, the clinic indicates that it is in compliance with the program standards as required by state statutes.

Name – Facility				
Address – Physical	City	State	Zip Code	County

Telephone Number	E-mail Address ☐ *May be published in Provider Directory*
Fax Number	Internet Address ☐ *May be published in Provider Directory*

Name – Contact Person	Telephone Number	E-mail Address ☐ *May be published in Provider Directory*
Name – Person Who Completed this Form	Telephone Number	E-mail Address ☐ *May be published in Provider Directory*

I hereby attest that all statements made in this application and any attachments are correct to the best of my knowledge and that I will comply with all laws, rules, and regulations governing mental health and substance abuse services.

FULL SIGNATURE – Director	Date Signed	Full Name – Director *(Print or type.)*

Checkboxes indicate a required response. To avoid delays in certification, respond to each item.

CHAPTER DHS 34.11(1) GENERAL

A basic emergency services program shall:

(a) Provide immediate evaluation and mental health care to persons experiencing a mental health crisis.

(b) Make emergency services available within the county's mental health outpatient, mental health inpatient or mental health day treatment program and shared with the other two programs and,

(c) Be organized with assigned responsibility, staff and resources so that it is clearly an identifiable program.

CHAPTER DHS 34.11(2) PERSONNEL

(a) Only psychiatrist, psychologists, social workers, and other mental health personnel who are qualified under ch. DHS 34.21(3)(b)1-15 may be assigned to emergency duty. Staff qualified under ch. DHS 34.21(3)(b)16-20 may be included as part of a mobile crisis team if another member of the team is qualified under ch. DHS 34.21(3)(b)1-15.

(b) Telephone emergency service may be provided by volunteers after they are carefully selected for aptitude and after a period of orientation and with provision for in-service training.

(c) A regular staff member of the program shall be available to provide assistance to volunteers at all times.

(d) Medical, preferably psychiatric, consultation shall be available to all staff members at all times.

☐ Yes ☐ No Does your agency have a contract with a 51.42 Board?

If "yes," indicate with which county(ies):

1. Documentation of Staff. Complete the "Emergency Mental Health Treatment Staff" form on page 20. Have available for review: copies of degrees, certificates, and/or licenses.
2. Are those who answer the emergency telephone paid staff or volunteers? ☐ Paid staff ☐ Volunteers
3. If volunteers:

☐ Yes ☐ No a. Are volunteers screened for suitability for their assigned tasks? Explain:

☐ Yes ☐ No b. Do they receive an orientation and in-service training? How is that documented:

☐ Yes ☐ No c. Do you have a six month projected schedule of in-service presentations for volunteers?

☐ Yes ☐ No d. Do you maintain a record of presentations that includes dates, topics or subjects, resources, and attendance?

☐ Yes ☐ No e. Are there written guidelines for referral of emergencies they are not qualified to deal with?

☐ Yes ☐ No 4. Do you have a regular staff member available at all times to assist the volunteers in your program?

Name of Person: _____

☐ Yes ☐ No 5. Is medical consultation available to all staff members at all times?

Names of Those Available: _____

☐ Yes ☐ No 6. Is psychiatric consultation available to staff members:

Name of Person: _____

CHAPTER DHS 34.11(3) PROGRAM OPERATION AND CONTENT

(a) Emergency services shall be available 24 hours a day and seven days a week.

☐ Yes ☐ No 1. Are your services available 24 hours a day, seven days a week? How is this documented?

(b) A program shall operate a 24-hour crisis telephone service staffed by mental health professionals or paraprofessionals, or by trained mental health volunteers backed up by mental health professionals. The crisis telephone service shall have a published telephone number and that number shall be widely disseminated to community agencies and the public.

☐ Yes ☐ No 2. Do you have a 24-hour a day crisis telephone?

3. Indicate who answers the emergency telephone:

☐ Mental Health Professionals ☐ Paraprofessionals ☐ Trained Mental Health Volunteers

☐ Yes ☐ No a. Are there written guidelines for referral of emergencies that paraprofessionals or volunteers or volunteers answer the telephone?

☐ Yes ☐ No b. Is there a written schedule of professional staff who serves as backup when paraprofessionals or volunteers answer the telephone?

☐ Yes ☐ No 4. Do you have a published telephone number that is widely disseminated to community agencies and the public so as to facilitate use of your services and make people aware of them? How is this documented?

(c) A program shall provide face-to-face contact for crisis intervention. Face-to-face contact for crisis intervention may be provided as a function of the county's outpatient program during regular hours of outpatient program operation, with an on-call system for face-to-face contact for crisis intervention at all other times. A program shall have the capability of making home visits or seeing patients at other off-headquarter locations and shall have the resources to carry out on-site interventions when this is clinically desirable.

☐ Yes ☐ No 1. As part of your outpatient program, do you have face-to-face contact for crisis intervention during regular work hours? How is this documented?

☐ Yes ☐ No 2. Is this backed up by an on-call system at all other times?

☐ Yes ☐ No 3. Do you make home visits? With what frequency or in accordance with what basis?

☐ Yes ☐ No 4. Do you see patients at other off-headquarters locations? Name some of these places:

☐ Yes ☐ No 5. Do you carry out on-site interventions when they are clinically desirable?

What are the criteria for providing on-site interventions?

How is this documented?

(d) When appropriate, emergency staff may transfer clients to other county mental health programs.

☐ Yes ☐ No 1. When you are not able to handle certain cases, does your staff transfer patient to other program elements to assure adequate services and follow-up?

a. What is the policy and procedure for transfers?

b. Where is the transfer procedure documented?

c. Provide names of agencies to which you have transferred patients.

☐ Yes ☐ No 2. Do you share your emergency services with any inpatient, outpatient, or other day treatment facility?

Names of Facilities:

Where is this information documented?

SUBCHAPTER III - STANDARDS FOR EMERGENCY SERVICE PROGRAMS ELIGIBLE FOR MEDICAL ASSISTANCE OR OTHER THIRD-PARTY REIMBURSEMENT

CHAPTER DHS 43.20 APPLICABILITY

☐ Yes ☐ No **(1)** A county may operate or contract for the operation of an emergency mental health services program that is eligible for medical assistance or eligible for third-party payments under policies governed by s. 632.89, Wis. Stats.

☐ Yes ☐ No **(2)** An emergency mental health services program eligible for medical assistance program reimbursement or eligible for third-party payments under policies governed by s. 632.89, Wis. Stats., that is operated by a county or under contract for a county shall comply with subchapter I and this subchapter.

CHAPTER DHS 34.21 PERSONNEL

(1) Policies

(a) The emergency mental health services program shall have written personnel policies.

(b) A program shall maintain written documentation of employee's qualifications and shall make that information available upon request for review by clients and their guardians or parents where a guardian or parent consent is required for treatment, and by the department.

☐ Yes ☐ No 1. Do you have written personnel policies?

☐ Yes ☐ No 2. Do you maintain written documentation of employee's qualifications?

Where?

☐ Yes ☐ No 3. Is this documentation available for review upon requests from appropriate persons?

(2) General Qualifications

(a) Each employee shall have the ability and emotional stability to carry out his or her assigned duties.

☐ Yes ☐ No (b) 1. An applicant for employment shall provide references regarding professional abilities from at least two people and, if requested by the program, references or transcripts from any post secondary educational institution attended and employment history reports or recommendations from prior employers.

☐ Yes ☐ No 2. References and recommendations shall be documented either by letter or in a signed and dated record of a verbal contact.

Where is this documented? _____

☐ Yes ☐ No 1) Does your employment policy require applicants to provide at least two references regarding their professional abilities?

☐ Yes ☐ No 2) Are references and recommendations documented by letter or by a signed and dated record of verbal contact?

Where is this documented? _____

(c) A program shall review and investigate application information carefully to determine whether employment of the individual is in the best interests of the program's clients. This shall include a check of relevant and available conviction records. Subject to ss. 111.322 and 111.335, Wis. Stats., an individual may not have a conviction record.

☐ Yes ☐ No 3. Does your review and investigation of application information include a check of relevant and available conviction records?

How is this documented? _____

☐ Yes ☐ No (d) The program shall confirm an applicant's current professional licensure or certification if that licensure or certification is a condition of employment.

☐ Yes ☐ No 4. Is there documentation that confirmation of an applicant's licensure or certification is obtained when it is a condition of employment?

Where is this documented? _____

(3) Qualifications of Clinical Staff

☐ Yes ☐ No 1. Do all professional staff retained to provide mental health crisis services meet the minimum qualifications listed in ch. DHS 34.21(3)(b)1 – 19?

Where is this documented? _____

(4) Required Staff

(a) ***Program Administrator.*** A program shall designate a program administrator or equivalently titled person, who shall have overall responsibility for the operation of the program and for compliance of the program with this chapter.

Who is your program administrator? _____

(b) ***Clinical Director.*** 1. The program shall have on staff a clinical director of similarly titled person qualified under sub. (3)(b)1 or 2 who shall have responsibility for the mental health services provided by the program.

2. Either the clinical director or another person qualified under sub. (3)(b)1 – 8 who has been given authority to act on the director's behalf shall be available for consultation in person or by phone at all times the program is in operation.

1) Your clinical director is a: ☐ licensed psychiatrist ☐ licensed psychologist

Name: _____ License No: _____

☐ Yes ☐ No 2) Is the clinical director available for consultation in person or by phone at all times the program is in operation?

If "no," who has been given designated authority to act on behalf of the director?

Name: _____

Qualifications: _____

(5) Additional Staff

A program shall have staff available who are qualified under sub. (3)(b)1-9 to meet the specific needs of the community as identified in the emergency mental health services plan under ch. DHS 34.22(1).

☐ Yes ☐ No 1. Does your staffing reflect the specific needs identified in the emergency mental health services plan?

How is this documented?

(6) Volunteers

A program may use volunteers to support the activities of the program staff. Volunteers who work directly with clients of the program or their families shall be supervised at all times by a program staff member qualified under sub. (3)(b)1 – 8.

☐ Yes ☐ No 1. Are volunteers who work directly with clients or their families supervised by appropriate program staff?

(7) Clinical Supervision

(a) Each program shall develop and implement a written policy for clinical supervision to ensure that:

1. The emergency mental health services being provided by the program are appropriate and being delivered in a manner more likely to result in positive outcomes for the program's clients.
2. The effectiveness and quality of service delivery and program operations are improved over time by applying what is learned from the supervision of staff under this section, the results of client satisfaction surveys under ch. DHS 34.26, the review of the coordinated community services plan under ch. DHS 34.22(1)(b), comments and suggestions offered by staff, clients, family members, other providers, members of the public, and similar sources of information.
3. Professional staff has 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.
4. Any supervision necessary to enable professional staff to meet requirements for credentialing or ongoing certification under ch. 455, Wis. Stats., and related administrative rules and under other requirements promulgated by the state or federal government or professional associations is provided in compliance with those requirements.

(b) The clinical director is accountable for the quality of the services provided to participants and for maintaining appropriate supervision of staff and making appropriate consultation available for staff.

(c) Clinical supervision of individual program staff members includes direct review, assessment, and feedback regarding each staff person's delivery of emergency mental health services.

(d) Program staff providing emergency mental health services who have not had 3,000 hours of supervised clinical experience, or who are not qualified under sub. (3)(b)1-8, 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.

(e) Program staff who have completed 3,000 hours of supervised clinical experience and who are qualified under sub. (3)(b)1-8 participate in a minimum of one hour of peer clinical consultation per month or every 120 clock hours of face-to-face mental health services they provide.

(f) Day to day clinical supervision and consultation for individual program staff is provided by mental health professionals qualified under sub. (3)(b)1-8.

(g) Clinical supervision is accomplished by one or more of the following means:

1. Individual sessions with the staff member to review cases, assess performance, and let the staff member know how he or she is doing.
2. Individual, side-by-side sessions in which the supervisor is present while the staff person provides emergency mental health services and in which the supervisor assesses, teaches, and gives advice regarding the staff member's performance.
3. Group meetings to review and assess staff performance and provide staff advice or direction regarding

specific situations or strategies.

4. Other professionally recognized methods of supervision, such as review using videotaped sessions and peer review, if the other methods are approved by the department and are specifically described in the written policies of the program.

(h) Clinical supervision provided for individual program staff shall be documented in writing.

(i) Peer clinical consultation shall be documented in either a regularly maintained program record or a personal diary of the mental health professional receiving the consultation.

(j) The clinical director may direct a staff person to participate in additional hours of supervision or consultation beyond the minimum identified in this section in order to ensure that clients of the program receive appropriate emergency mental health services.

(k) A mental health professional providing clinical supervision may deliver no more than 60 hours per week of face-to-face mental health services and supervision in any combination of clinical settings.

☐ Yes ☐ No 1. Does your program have a written policy for clinical supervision?

2. How is clinical supervision provided? (Check all that apply.)

☐ Individual sessions ☐ Group meetings ☐ Individual side-by-side ☐ Other methods

3. How is supervision for individual program staff documented?

4. How is peer clinical consultation documented?

5. How are the hours of mental health professionals providing supervision and face-to-face mental health services documented?

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(8) Orientation and On-going Training

(a) ***Orientation Program.*** Each program shall develop and implement an orientation program for all new staff and regularly scheduled volunteers. The orientation shall be designed to ensure that all staff and volunteers know and understand all of the following:

Please check the areas below that your program orientation covers:

☐ Pertinent parts of this chapter

☐ The program's policies and procedures

☐ Job responsibilities for staff and volunteers in the program

☐ Applicable parts of chapters 48, 51, and 55, Wis. Stats., and any related administrative rules

☐ The provisions of ch. 51.30, Wis. Stats., and ch. DHS 92 regarding confidentiality of treatment records

☐ The provisions of ch. 51.61, Wis. Stats., and ch. DHS 94 regarding patient rights

☐ Basic mental health and psychopharmacology concepts applicable to crisis situations

☐ Techniques and procedures for assessing and responding to the emergency mental health service needs of persons who are suicidal, including suicide assessment, suicide management and prevention

☐ Techniques for assessing and responding to the emergency mental health service needs of persons who appear to have problems related to abuse of alcohol or other drugs

☐ Techniques and procedures for providing non-violent crisis management for clients, including verbal de-escalation, methods for obtaining back-up, and acceptable methods for self-protection and protection of the client and others in emergency situations.

(b) ***Orientation Training Requirement.***

1. Each newly hired staff person who has had less than six months of experience in providing emergency mental health services shall complete a minimum of 40 hours of documented orientation training within three months after beginning work with the program.
2. Each newly hired staff person who has had six months or more of prior experience in providing emergency mental health service shall complete a minimum of 20 hours of documented orientation training within three months after beginning work with the program.
3. Each volunteer shall receive at least 40 hours of orientation training before working directly with clients or their families.

How is the required training documented?

Where is this documentation kept?

(c) ***Ongoing Training Program.*** Each program shall develop and implement an ongoing training program for all staff, which may include, but is not limited to:

1. Time set aside for in-service training
2. Presentations by community resource staff from other agencies
3. Attendance at conferences and workshops
4. Discussion and presentation of current principles and methods of providing emergency mental health services

☐ Yes ☐ No Do you have an ongoing training program for all staff?

(d) ***Ongoing Training Program.***

1. Each professional staff person shall participate in at least the required number of hours of annual documented training necessary to retain certification or licensure.
2. Staff shall receive at least eight hours per year of in-service training on emergency mental health services, rules, and procedures relevant to the operation of the program, compliance with state and federal regulations, cultural competency in mental health services and current issues in client's rights and services. Staff who are shared with other community mental health programs may apply in-service hours received in those programs toward this requirement.

(e) ***Training Records.*** A program shall maintain as part of its central administrative records updated, written copies of its orientation program, evidence of current licensure and certification of professional staff and documentation of orientation and ongoing training received by program staff and volunteers.

THESE RECORDS MUST BE AVAILABLE UPON REQUEST.

CHAPTER DHS 34.22 SERVICES

(1) Plan for Coordination of Services

(a) Each emergency mental health emergency services program shall prepare a written plan for providing coordinated emergency mental health services within the county. The coordinated emergency mental health services plan shall include all of the following:

1. Does your plan include:

☐ Yes ☐ No 1) A description of the nature and extent of the emergency mental health service needs in the country

☐ Yes ☐ No 2) A description of the county's overall system of care for people with mental health problems

☐ Yes ☐ No 3) An analysis of how the services to be offered by the program have been adapted to address the specific strengths and needs of the county's residents

☐ Yes ☐ No 4) A description of the services the program offers, the criteria and priorities it applies in making decisions during the assessment and response stages, and how individuals, families, and other providers and

agencies can obtain program services

☐ Yes ☐ No 5) A description of specific responsibilities, if any, which other mental health providers in the county will have in providing emergency mental health services, and a process to be used which address confidentiality and exchange of information to ensure rapid communication between the program and the other providers and agencies

☐ Yes ☐ No 6) Any formal or informal agreements to receive or provide back-up coverage which have been made with other providers and agencies, and any role the program may play in situations in which an emergency protective placement is being sought for a person under s. 55.06(11), Wis. Stats.

☐ Yes ☐ No 7) Criteria for selecting and identifying clients who present a high risk for having a mental health crisis and a process for developing, maintaining, and implementing crisis plans under ch. DHS 34.23(7) on their behalf.

8) A description of the agreements, including any written memoranda of understanding which the program has made with law enforcement agencies, hospital emergency rooms within the county, the Winnebago or Mendota Mental Health Institutes, if used for hospitalization by the county, or the county corporation counsel which do all of the following:

a. Outline the role program staff will have in responding to calls in which a person may be in need of hospitalization, including providing onsite and over-the-phone assistance.

b. Describe the role staff will have in screening persons in crisis situations to determine the need for hospitalization.

c. Provide a process for including the emergency mental health services program in planning to support persons who are being discharged from an inpatient stay, or who will be living in the community under a ch. 51, Wis. Stats., commitment.

(b) If a program provides emergency services in conjunction with alcohol and other drug abuse (AODA) services, child protective services or any other emergency services, the coordinated emergency mental health services plan shall describe how the services are coordinated and delivered.

☐ Yes ☐ No 2. Does your program provide services in conjunction with AODA, child protective, or any other emergency service?

(c) Prior to application for recertification under ch. DHS 34.03(6), a program shall review its coordinated emergency mental health services plan and adjust it based on information received through surveys under ch. DHS 34.26, consultation with other participants in the plan's development, and comments and suggestions received from other resources, including staff, clients, family members, other service providers, and interested members of the public.

3. What is the date of your coordinated community services plan? _____

4. When was the plan last reviewed? _____

SEND THIS PLAN WITH THE DOCUMENT SURVEY.

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(2) General Objectives for Emergency Mental Health Services

A program providing emergency mental health services shall have the following general objectives:

a. To identify and assess an individual's immediate need for mental health services to the extent possible and appropriate given the circumstances in which the contact with or referral to the program was made.

b. To respond to that need by providing a service or group of services appropriate to the client's specific strengths and needs to the extent they can be determined in a crisis situation.

c. When necessary and appropriate, to link an individual who is receiving emergency mental health services with other community mental health service providers for ongoing treatment and support.

d. To make follow-up contacts, as appropriate, in order to determine if needed services or linkages have been provided or if additional referrals are required.

☐ Yes ☐ No 1. Does your program subscribe to the general objective listed above?

2. How is this documented?

(3) Required Emergency Mental health Services

An emergency mental health services program shall provide or contract for the delivery of the following services:

(a) ***Telephone Service.*** A telephone service providing callers with information, support, counseling, intervention, emergency service coordination and referral for additional, alternative or ongoing services. The telephone service shall do all of the following:

1. Be directed at achieving one or more of the following outcomes:
   a. Immediate relief of distress in pre-crisis and crisis situations
   b. Reduction of the risk of escalation of a crisis
   c. Arrangements for emergency onsite responses when necessary to protect individuals in a mental health crisis
   d. Referral of callers to appropriate services when other or additional intervention is required
2. Be available 24 hours a day and seven days a week and have a direct link to a mobile crisis service, a law enforcement agency, or some other program which can provide an immediate, onsite response to an emergency situation on a 24 hour-a-day, seven day-a-week basis.
3. Be provided either by staff qualified under ch. DHS 34.21(3)(b)1 – 19 or by fully trained volunteers. If the telephone service is provided by volunteers or staff qualified under ch. DHS 34.21(3)(b)9 – 19, a mental health professional qualified under ch. DHS 34.21(3)(b)1 – 8 shall be on-site or constantly available by telephone to provide supervision and consultation.
4. If staff at a location other than the program, such as a law enforcement agency or a 911 center, are the first to answer calls to the telephone service, ensure that those staff are trained by program staff in the correct way to respond to persons in need, are capable of immediately transferring the call to an appropriate mental health professionals, and identify themselves as being part of the emergency mental health services system rather than the law enforcement agency or other organization where the calls are being picked up.

1) Are telephone services provided directly by the program or by contract? ☐ Provide ☐ Contract

2) If contracting, who are you contracting with?

3) How is the emergency on-site response arranged for, when necessary?

☐ Yes ☐ No 4) Are the telephone services provided 24 hours a day, 7 days a week?

5) What are the qualifications of the staff answering crisis calls?

- ☐ Professionals (DHS 34.21(3)(b)1-8
- ☐ Para-professionals (DHS 34.21(3)(b)9-19
- ☐ Fully trained volunteers

6) If phones are staffed by volunteers or paraprofessionals, is a mental health professional on-site or constantly available by phone to provide supervision and consultation?

Name and schedule of professionals utilized:

(b) ***Mobile Crisis Service.*** A mobile crisis service that can provide on-site, in-person intervention for individuals experiencing a mental health crisis. The mobile crisis service shall do all of the following:

1. Be directed at achieving one or more of the following outcomes:
   a. Immediate relief of distress in crisis situations
   b. Reduction in the level of risk present in the situation

c. Assistance provided to law enforcement officers who may be involved in the situation by offering services such as evaluation criteria for emergency detention under s. 51.15, Wis. Stats.

d. Coordination of the involvement of other mental health resources which may respond to the situation

e. Referral to or arrangement for any additional mental health services which may be needed

f. Providing assurance through follow-up contacts that intervention plans developed during the crisis are being carried out

2. Be available for at least eight hours a day, seven days a week during those periods of time identified in the emergency mental health services plan when mobile services would be most needed.

3. Have the capacity for making home visits and for seeing clients at other locations in the community. Staff providing mobile services shall be qualified under ch. DHS 34.21(3)(b)1 – 15, except that staff qualified under ch. DHS 34.21(3)(b)15 – 19 may be included as part of a mobile crisis team if another team member is qualified under ch. DHS 34.21(3)(b)1-14. A mental health professional qualified under ch. DHS 34.21(3)(b)1-8 shall either provide in-person supervision or be available to provide consultation by phone.

☐ Yes ☐ No 1) Is your mobile crisis service available at least eight hours a day, seven days a week?

☐ Yes ☐ No 2) Does the period of time that mobile crisis services are available coincide with the time identified as most needed in your emergency mental health services plan?

3) What is the schedule of your mobile crisis unit?

4) List the staff providing services on your mobile crisis team and their qualifications

☐ Yes ☐ No 5) Is there a qualified mental health professional available to provide on-site supervision or telephone consultation to the mobile crisis staff?

Who? _____

(c) ***Walk-in Services.*** A walk-in service that provides face-to-face support and intervention at an identified location or locations on an unscheduled basis. A walk-in service shall do all of the following:

1. Be directed at achieving one of more of the following outcomes:

a. Immediate relief of distress and reducing the risk of escalation in pre-crisis and crisis situations

b. Referral to or arrangement for any additional mental health services which may be needed

c. Self-directed access to mental health services.

2. Be available for at least eight hours a day, five days a week, excluding holidays. The specific location or locations where walk-in services are to be offered and the times when the services are to be offered shall be based on a determination of greatest community need as indicated in the coordinated emergency mental health services plan developed under sub.(1).

3. Be provided by the program or through a contract with another mental health provider, such as an outpatient mental health clinic. If the walk-in services are delivered by another provider, the contract shall make specific arrangements to ensure that during the site's hours of operation clients experiencing mental health crises are able to obtain unscheduled, face-to-face services within a short period of time after coming to the walk-in site.

4. Be provided by persons qualified under ch. DHS 34.21(3)(b)1-14. However, persons qualified under ch. DHS 34.21(3)(b)9-14 shall work under the supervision of a mental health professional qualified under ch. DHS 34.21(3)(b)1-8.

1) Are walk-in services provided directly by the program or contract? ☐ Provide ☐ Contract

2) If contracted, who is your contract for walk-in services with?

☐ Yes ☐ No 3) Are walk-in services provided at least eight hours a day, five days a week?

4) What is the schedule for walk-in services?

5) Where are the walk-in services provided?

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6) List the staff providing walk-in services and their qualifications.

7) Who supervises walk-in services?

(d) ***Short-term Voluntary or Involuntary Hospital Care.*** Short-term voluntary or involuntary hospital care when less restrictive alternatives are not sufficient to stabilize an individual experiencing a mental health crisis. Short-term voluntary or involuntary hospital care shall do all of the following:

1. Be directed at achieving one or more of the following objectives:
   a. Reduction or elimination of the symptoms of mental illness contributing to the mental health crisis
   b. Coordination of linkages and referrals to community mental health resources which may be needed after the completion of the inpatient stay
   c. Prevention of long-term institutionalization
   d. Assistance provided in making the transition to a less restrictive living arrangement when the emergency has passed.
2. Be available 24 hours a day and seven days a week.
3. Be available for both voluntary admissions and for persons under emergency detention under s. 51.15, Wis. Stats., or commitment under s. 51.20, Wis. Stats.

☐ Yes ☐ No 1) Do you provide short-term voluntary or involuntary hospital care 24 hours a day, seven days a week?

(e) ***Linkage and Coordination Services.*** Linkage and coordination services to support cooperation in the delivery of emergency mental health care in the county in which the program operates. Linkage and coordination services shall do all of the following?

1. Be provided for the purposes of achieving one or more of the following outcomes:
   a. Connection of a client with other programs to obtain on-going mental health treatment, support and services, and coordination to assist the client and his or her family during the period of transition from emergency to on-going mental health services.
   b. Coordination with other mental health providers in the community for whom the program is designated as crisis care back-up, to ensure that adequate information about the other providers' clients is available if a crisis occurs.
   c. Coordination with law enforcement, hospital emergency room personnel, and other county service providers to offer assistance and intervention when other agencies are the initial point of contact for a person in a mental health crisis.
2. Be available 24 hours a day, seven days a week as a component of the services offered under pars. (a) - (d).
3. Be provided by persons qualified under ch. DHS 34.21(3)(b)1-19.

☐ Yes ☐ No 1) Do you provide linkage and coordination services 24 hours a day, seven days a week?

(f) ***Services for Children and Adolescents and their Families.*** Each program shall have the capacity to provide the services identified in pars. (a) to (e) in ways that meet the unique needs of young children and adolescents

experiencing mental health crises and their families. Services for young children and adolescents and their families shall do all of the following:

1. Be provided for the purpose of achieving one or more of the following outcomes:

   a. Resolution or management of family conflicts when a child has a mental health crisis and prevention of out-of-home placement of the child.

   b. Improvement in the young child's or adolescent's coping skills and reduction in the risk of harm to self or to others.

   c. Assistance given the child and family in using or obtaining on-going mental health and other supportive services in the community.

2. Include any combination of telephone, mobile, walk-in, hospitalization and stabilization services determined to be appropriate in the coordinated emergency mental health services plan developed under sub.(1), which may be provided independently or in combination with services for adults.

3. Be provided by staff who either have had one year of experience providing mental health services to young children or adolescents or receive a minimum of 20 hours of training in providing the services within three months after being hired, in addition to meeting the requirements for providing the general type of mental health services identified in pars. (a) to (e).

4. Be provided by staff who are supervised by a staff person qualified under ch. DHS 34.21(b)1-8 who has had at least two years of experience in providing mental health services to children. A qualified staff person may provide supervision either in person or be available by phone.

☐ Yes ☐ No 1) Do you provide services to young children, adolescents, and their families?

☐ Yes ☐ No 2) What services are available to young children, adolescents, and their families? (Check all that apply.)

☐ Telephone ☐ Walk-in ☐ Hospitalization ☐ Stabilization

3) What are the qualifications of the staff providing services to young children, adolescents, and their families?

4) Who is responsible for the supervision of these services?

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(4) Optional Stabilization Services

(a) In addition to services required under sub. (3), a program may provide stabilization services for an individual for a temporary transition period, with weekly reviews to determine the need for continued stabilization services, in a setting such as an outpatient clinic, school, detention center, jail, crisis hostel, adult family home, community-based residential facility (CBRF), or a foster home or group home or child caring institution (CCI) for children, or the individual's own home. A program offering stabilization services shall do all of the following:

1. Provide those services for the purpose of achieving one or more of the following outcomes:

   a. Reducing or eliminating an individual's symptoms of mental illness so that the person does not need inpatient hospitalization.

   b. Assisting in the transition to a less restrictive placement or living arrangement when the crisis has passed.

2. Identify the specific place or places where stabilization services are to be provided and the staff who will provide the services.

3. Prepare written guidelines for the delivery of the services which address the needs of the county as identified in the coordinated emergency mental health services plan developed under sub. (1) and which meet the objectives under subd. 1.

4. Have staff providing stabilization services who are qualified under ch. DHS 34.21(3)(b)1-19, with those staff qualified under ch. DHS 34.21(3)(b)9-19 supervised by a person qualified under ch. DHS 34.21(3)(b)1-8.

☐ Yes ☐ No 1) Does your program provide stabilization services? If so:

2) Where? _____

By whom? _____

☐ Yes ☐ No 3) Do you have written guidelines for the delivery of stabilization services?

HAVE THESE GUIDELINES AVAILABLE UPON REQUEST.

(b) If a program elects to provide stabilization services, the department shall provide or contract for on-site consultation and support as requested to assist the program in implementing those services.

(c) The county department of the local county may designate a stabilization site or a receiving facility for emergency detention under s. 51.15, Wis. Stats., provided that the site meets the applicable standards under this chapter.

(5) Other Services

Programs may offer additional services, such as information and referral or peer-to-peer telephone support designed to address needs identified in the coordinated emergency mental health services plan under sub. (1), but the additional services may not be provided in lieu of the services under sub. (3).

1. What additional services, if any, does your program provide?

(6) Services Provided Under Contract by Other Providers

If any service under subs. (3) and (5) is provided under contract by another provider, the program shall maintain written documentation of the specific person or organization who has agreed to provide the service and a copy of the formal agreement for assistance.

(7) Services in Combined Emergency Services Programs

Counties may choose to operate emergency service programs which combine the delivery of emergency mental health services with other emergency services, such as those related to the abuse of alcohol or other drugs, those related to accidents, fires, or natural disasters, or those for children believed to be at risk because of abuse or neglect, if the services identified in sub. (3) are available as required and are delivered by qualified staff.

CHAPTER DHS 34.23 ASSESSMENT AND RESPONSE

(1) Eligibility for Services

To receive emergency mental health services, a person shall be in a mental health crisis or be in a situation which is likely to develop into a crisis if supports are not provided.

(2) Written Policies

A program shall have written policies which describe all of the following:

1. Check all of the assessment elements listed below for which your program has written procedures.

☐ (a) The procedures to be followed when assessing the needs of a person who requests or is referred to the program for emergency mental health services and for planning and implementing an appropriate response based on the assessment.

☐ (b) Adjustments to the general procedures which will be followed when a person referred for services has a sensory, cognitive, physical, or communicative impairment which requires an adaptation or accommodation in conducting the assessment or delivering services or when a person's language or form of communication is one in which staff of the program are not fluent.

☐ (c) The type of information to be obtained from or about a person seeking services.

☐ (d) Criteria for deciding when emergency mental health services are needed and for determining the type of service to be provided.

☐ (e) Procedures to be followed for referral to other programs when a decision is made that a person's condition does not constitute an actual or imminent mental health crisis.

☐ (f) Procedures for obtaining immediate back-up or a more thorough evaluation when the staff person or persons making the initial contact require additional assistance.

☐ (g) Procedures for coordinating referrals, for providing and receiving back-up and for exchanging information with other mental health service providers in the county, including the development of crisis plans for individuals who are at high risk for crisis.

☐ (h) Criteria for deciding when the situation requires a face-to-face response, the use of mobile crisis services, stabilization services, if available, or hospitalization.

☐ (i) Criteria and procedures for notifying other persons, such as family members and people with whom the person is living, that he or she may be at risk of harming himself or herself or others.

☐ (k) Procedures for reporting deaths of clients which appear to be the result of suicide, reaction to psychotropic medications, or the use of physical restraints or seclusion, as required by s. 51.64(2), Wis. Stats., and for

☐ 1. Supporting the debriefing family members, staff, and other concerned persons who have been affected by the death of a client.

☐ 2. Conducting a clinical review of the death which includes getting the views of a mental health professional not directly involved in the individual's treatment who has the training and experience necessary to adequately examine the specific circumstances surrounding the death.

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(3) Initial Contact

During an initial contact with an individual who may be experiencing a mental health crisis, 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) The names of any people who are or who might be available t o support the individual, such as friends, family members, or current or past mental health service providers.

1. What information is gathered at initial contact? (Check all that apply.)

☐ Location	☐ Current / past providers	☐ Physical condition
☐ Circumstances	☐ Telephone number	☐ Threat to self / others
☐ Primary concerns	☐ Current mental status	☐ Family / friends
☐ AODA related		

☐ Other (Specify.) _____

☐ Other (Specify.) _____

☐ Other (Specify.) _____

☐ Other (Specify.) _____

(4) Determination of Need

(a) Based on an assessment of the information available after an initial contact, staff of the program shall determine whether the individual is in need of emergency mental health services and shall prepare and implement any necessary response.

1. Who makes the determination that an individual is in need of emergency mental health services?

Name(s): _____

(b) If the person is not in need of emergency mental health services, but could benefit from other types of assistance, staff shall, if possible, refer the person to other appropriate service providers in the community.

(5) Response Plan

(a) If the person is in need of emergency mental health services, staff of the program shall prepare and initiate a response plan consisting of services and referrals necessary to reduce or eliminate the person's immediate distress, de-escalate the present crisis, and help the person return to a safe and more stable level of functioning.

1. Who prepares the response plan?

Name(s): _____

2. How is this documented?

(b) The response plan shall be approved as medically necessary by a mental health professional qualified under ch. DHS 34.21(3)(b)1-2 either before services are delivered or within five days after delivery of services, not including Saturdays, Sundays, or legal holidays.

☐ Yes ☐ No 1. Are response plans approved by a licensed psychiatrist or psychologist prior to services being delivered or within five days after delivery of services?

(6) Linkage and Follow-up

(a) After a response plan has been implemented and the person has returned to a more stable level of functioning, staff of the program shall determine whether any follow-up contacts by program staff or linkages with other providers in the community are necessary to help the person maintain stable functioning.

(b) In on-going support is needed, the program shall provide follow-up contacts until the person has begun to receive assistance from an on-going service provider, unless the person does not consent to further services.

(c) Follow-up and linkage services may include but are not limited to all of the following:

1. Contacting the person's on-going mental health providers or case manager, if any, to coordinate information and services related to the person's care and support.

2. If a person has been receiving services primarily related to the abuse of alcohol or other drugs, to address needs resulting from the person's developmental disability, or if the person appears to have needs in either or both of these areas, contacting a service provider in the area of related need in order to coordinate information and service delivery for the person.

3. Conferring with family members or other persons providing support for the person to determine if the response and follow-up are meeting the client's needs.

4. Developing a new crisis plan under sub. (7) or revising an existing plan to better meet the person's needs based on what has been learned during the mental health crisis.

☐ Yes ☐ No 1) Does the program have linkage and follow-up policies?

2) How is this service documented in client files?

(7) Crisis Plan

(a) The program shall prepare a crisis plan for a person who is found to be at high-risk for a recurrent mental health crisis under criteria established in the coordinated community services plan under ch. DHS 34.22(1)(a)7.

☐ Yes ☐ No 1. Is a crisis plan prepared for those individuals at high risk for recurrent mental health crisis?

(b) The crisis plan shall include, whenever possible, all of the following:

2. Check all elements listed that are included in your crisis plan whenever possible:

☐ 1) The name, address, and telephone number of the case manager, if any, coordinating services for the person.

☐ 2) The address and phone number where the person currently lives, and the names of other individuals with whom the person is living.

☐ 3) The usual work, school, or activity schedule followed by the person.

☐ 4) A description of the person's strengths and needs and important people or things in the person's life which may help staff to develop a rapport with the person in a crisis and to fashion an appropriate response.

☐ 5) The names and addresses of the person's medical and mental health service providers.

☐ 6) Regularly updated information about previous emergency mental health services provided to the person.

☐ 7) The diagnostic label which is being used to guide treatment for the person, any medications the person is receiving, and the physician prescribing them.

☐ 8) Specific concerns that the person or the people providing support and care for the person may have about situations in which it is possible or likely that the person would experience a crisis.

☐ 9) A description of the strategies which should be considered by program staff in helping to relieve the person's distress, de-escalate inappropriate behaviors, or respond to situations in which the person or others are placed at risk.

☐ 10) A list of individuals who may be able to assist the person in the event of a mental health crisis.

(c) A person's crisis plan shall be developed in cooperation with the client, his or her parents or guardian where their consent is required for treatment, the case manager, if any, and the people and agencies providing treatment and support for the person, and shall identify to the extent possible the services most likely to be effective in helping the person resolve or manage a crisis, given the client's unique strengths and needs and the supports available to him or her.

(d) The crisis plan shall be approved as medically necessary by a mental health professional qualified under ch. DHS 34.21(3)(b)1 or 2.

(e) Program staff shall use a method for storing active crisis plans, which allows ready access in the event that a crisis arises, but which also protects the confidentiality of the person for whom a plan has been developed.

(f) A crisis plan shall be reviewed and modified as necessary, given the needs of the client, but at least every six months.

☐ Yes ☐ No 3. Are crisis plans developed in cooperation with the client or his/her parent or guardian where consent is required for treatment?

☐ Yes ☐ No 4. Does the client or parent/guardian acknowledge this by signing the plan?

☐ Yes ☐ No 5. Does the licensed psychiatrist or psychologist approve all crisis plans?

☐ Yes ☐ No 6. How are the crisis plans stored to provide availability and protect confidentiality?

☐ Yes ☐ No 7. Are all crisis plans reviewed at least every six months?

CHAPTER DHS 34.24 CLIENT SERVICE RECORDS

(1) Maintenance and Security

(a) A program shall maintain accurate records of services provided to clients, including service notes prepared under ch. DHS 34.23(8) and crisis plans developed under ch. DHS 34.23(7).

(b) The program administrator is responsible for the maintenance and security of client service records.

(2) Location and Format

Client service records shall be kept in a central place that is not accessible to persons receiving care from the program, shall be held safe and secure, shall be managed in accordance with standard professional practices for the maintenance of client mental health records, and shall be arranged in a format which provides for consistent record keeping within the program and which facilitates accurate and efficient record retrieval.

(3) Disposition Upon Program Closing

An organization providing emergency mental health services under contract with the county shall establish a written plan for maintenance and disposition of client service records in the event that the program loses its certification or otherwise terminates operations. The plan shall include a written agreement with the county department to have the county department act as the repository and custodian of the client records for the required retention period or until the records have been transferred to a new program.

(4) Confidentiality

Maintenance, release, retention, and disposition of client service records shall be kept confidential as required under s. 51.30, Wis. Stats., and ch. DHS 92.

1. Who is responsible for the maintenance and security of client service records?

2. Where are records stored?

3. How long do you retain client's records?

4. In the event that the program ceases operation, is there a written disposition plan for client records?

CHAPTER DHS 34.25 CLIENT RIGHTS

(1) Policies and Procedures

All programs shall comply with s. 51.61, Wis. Stats., and ch. DHS 94 on the rights of clients.

(2) Conflict Resolution

(a) A program shall inform clients and their parents or guardian, where the consent of the parent or guardian is required for services, that they have the option of using either formal or informal procedures for resolving complaints and disagreements.

☐ Yes ☐ No 1. Does your program comply with s. 51.61, Wis. Stats., and ch. DHS 94 Patient Rights?

(b) A program shall establish a process for informal resolution of concerns raised by clients, family members, and other agencies involved in meeting the needs of clients.

(c) A program shall establish a grievance resolution system which meets the requirements under ch. DHS 94.27 for a grievance resolution system.

CHAPTER DHS 34.26 CLIENT SATISFACTION

(1) Each program shall have a process for collecting and recording indications of client satisfaction with the services provided by the program. This process may include any of the following:

(a) Short in-person interviews with persons who have received emergency services.

(b) Evaluation forms to be completed and returned by clients after receiving services.

(c) Follow-up phone conversations.

(2) Information about client's satisfaction shall be collected in a format which allows the collation and comparison of responses and which protects the confidentiality of those providing information.

(3) The process for obtaining client satisfaction information shall make allowance for persons who choose not to respond or are unable to respond.

(4) Prior to a recertification survey under ch. DHS 34.03(6)(c), the program administrator shall prepare and maintain on file a report summarizing the information received through the client satisfaction survey process and indicating:

(a) Any changes in program policies and operations or to the coordinated community services plan under ch. DHS 34.22(1) made in response to client views.

(b) Any suggestions for changes in the requirements under this chapter which would permit programs to improve services for clients.

☐ Yes ☐ No 1. Does your program have a process for collecting and recording client satisfaction with services?

☐ Yes ☐ No 2. Do you have a report on file that summarizes the client satisfaction information?

☐ Yes ☐ No 3. Does this report document changes made in policy and operation in response to client views?

HAVE THIS PLAN AVAILABLE UPON REQUEST.

EMERGENCY MENTAL HEALTH TREATMENT STAFF LISTING

Name – Facility	Facility Address – Street Address	City	Zip Code

Name	Position	Verification Signature *	Date	Degree	Knowledge of applicable Parts of Chapters 48, 51, 55
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

* ***VERIFICATION SIGNATURE*** *– Verifies that the above experience and knowledge factors are correct and that there is a criminal record check on file.*

I affirm that the above statements are correct to the best of my knowledge.

SIGNATURE – Facility Director	Name – Facility Director (Print or type.)	Date Signed