Chapter DHS 34

EMERGENCY MENTAL HEALTH SERVICE PROGRAMS

Note: Corrections in this chapter made under s. 13.93 (2m) (b) 1., 6., 7., Stats., Register, September, 1996, No. 489. Chapter HFS 34 was renumbered to chapter DHS 34 under s. 13.92 (4) (b) 1., Stats., and corrections made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635. Chapter DHS 34 was reprinted Register December 2010 No. 660 to revise a Note in s. DHS 34.03.

Subchapter I — General Provisions

DHS 34.01 Authority, scope and purpose. (1) This chapter is promulgated under the authority of s. 51.42 (7) (b), Stats., to establish standards and procedures for certification of county and multi−county emergency mental health service programs. Section 51.42 (1) (b), Stats., requires every county to provide emergency mental health services to persons within the county in need of those services. The persons who need those services are persons who are experiencing a mental health crisis or are in a situation likely to turn into a mental health crisis if supportive services are not provided. A county may comply with s. 51.42 (1) (b), Stats., by operating or contracting for the operation of an emergency mental health program certified under this subchapter and either subch. II or III of ch. DHS 34.

(2) This chapter applies to the department, to counties that request certification or are certified to provide emergency mental health services and to county−contracted agencies that request certification or are certified to provide emergency mental health services.

(3) This chapter relates only to the certification of programs providing emergency mental health services. It is not intended to regulate other mental health service programs or other emergency service programs.

History: Cr. Register, September, 1996, No. 489, eff. 10−1−96; correction in (1) made under s. 13.93 (2m) (b) 7., Stats, Register, April, 2000, No. 532.

DHS 34.02 Definitions. In this chapter:

(1) "Certification" means the approval granted by the department that a county's emergency mental health services program meets the requirements of this chapter.

(2) "Client" means a person receiving emergency mental health services from a program.

(3) "Coordinated emergency mental health services plan" means a plan prepared under s. DHS 34.22 (1) by an emergency mental health services program to ensure that emergency mental health services will be available that are appropriate to the specific conditions and needs of the people of the county in which the program operates.

(4) "County department" means a county department of human services under s. 46.23, Stats., or a county department of community programs under s. 51.42 (1) (b), Stats.

(5) "Crisis" means a situation caused by an individual's apparent mental disorder which results in a high level of stress or anxiety for the individual, persons providing care for the individual or the public which cannot be resolved by the available coping methods of the individual or by the efforts of those providing ordinary care or support for the individual.

(6) "Crisis plan" means a plan prepared under s. DHS 34.23 (7) for an individual at high risk of experiencing a mental health crisis so that, if a crisis occurs, staff responding to the situation will have the information and resources they need to meet the person's individual service needs.

(7) "Department" means the Wisconsin department of health services.

(8) "Emergency mental health services" means a coordinated system of mental health services which provides an immediate response to assist a person experiencing a mental health crisis.

(9) "Guardian" means the person or agency appointed by a court under ch. 54, Stats., to act as the guardian of a person.

(10) "Medical assistance" means the assistance program under 42 USC 1396 and ss. 49.43 to 49.475 and 49.49 to 49.497, Stats.

(11) "Medication administration" means the physical act of giving medication to a client by the prescribed route.

(12) "Medication monitoring" means observation to determine and identify any beneficial or undesirable effects which could be related to taking psychotropic medications.

(13) "Medically necessary" has the meaning prescribed under s. DHS 101.03 (96m).

(14) "Mental disorder" means a condition listed in the Diagnostic and Statistical Manual of Mental Disorders IV (4th edition), published by the American psychiatric association, or in the International Classification of Diseases, 9th edition, Clinical Modification, ICD−9−CM, Chapter 5, "Mental Disorders," published by the U.S. department of health and human services.

(15) "Minor deficiency" means a determination by a representative of the department that while an aspect of the operation of the program or the conduct of the program's personnel deviates from the requirements of this chapter, the deviation does not substantially interfere with the delivery of effective treatment to clients, create a risk of harm to clients, violate the rights of clients created by this chapter or by other state or federal law, misrepresent the nature, amount or expense of services delivered or offered, or the qualifications of the personnel offering those services, or impede effective monitoring of the program by the department.

(16) "Mobile crisis service" means a mental health service which provides immediate, on−site, in−person mental health service for individuals experiencing a mental health crisis.

(17) "Parent" means a biological parent, a husband who has consented to the artificial insemination of his wife under s. 891.40, Stats., a male who is presumed to be the father under s. 891.41, Stats., or has been adjudicated the child's father by final order or judgment of a court of competent jurisdiction in this state or another state, or an adoptive parent, but does not include a person whose parental rights have been terminated.

(18) "Program" means an emergency mental health services program certified under this chapter.

(19) "Psychotropic medication" means an antipsychotic, an antidepressant, lithium carbonate or a tranquilizer or any other drug used to treat, manage or control psychiatric symptoms or disordered behavior.

Note: Examples of drugs other than an antipsychotic or antidepressant, lithium carbonate or tranquilizer used to treat, manage or control psychiatric symptoms or disordered behavior include, but are not limited to, carbamazepine (Tegretol), which is typically used for control of seizures but may be used to treat a bi−polar disorder, and propanolol (Inderal), which is typically used to control high blood pressure but may be used to treat explosive behavior or anxiety state.

(20) "Response plan" means the plan of action developed by program staff under s. DHS 34.23 (5) (a) to assist a person experiencing a mental health crisis.

(21) "Stabilization services" means optional emergency mental health services under s. DHS 34.22 (4) which provide short−term, intensive, community−based services to avoid the need for inpatient hospitalization.

(22) "Telephone services" means telephone response services to provide callers with immediate information, counseling, support and referral and to screen for situations which require in−person responses.

(23) "Walk−in services" means emergency mental health services provided at one or more locations in the county where a person can come and receive information and immediate, face−to−face counseling, support and referral.

History: Cr. Register, September, 1996, No. 489, eff. 10−1−96; corrections in (7), (9) and (13) made under s. 13.92 (4) b) 6. and 7., Stats., Register November 2008 No. 635.

DHS 34.03 Certification. (1) APPLICATION. (a) A county department seeking to have its emergency mental health services program certified or recertified under this chapter, or a private agency contracting with a county department to operate an emergency mental health services program, shall submit a written application to the department.

(b) The application shall contain information and supporting documents required by the department.

Note: For a copy of the application form, write to the Behavioral Health Certification Section, Division of Quality Assurance, P.O. Box 2969, Madison, WI, 53701−2969.

(2) INITIAL CERTIFICATION PROCESS. (a) On review of an application for initial certification, the department shall do all of the following:

1. Review the application and its supporting documents.

2. Designate a representative to conduct an on−site survey of the program, including interviewing program staff.

(b) The department's designated representative shall do all of the following:

1. Interview a representative sample of present or former participants in the program, if any, provided that the participants indicate a willingness to be contacted.

2. Review the results of any grievances filed against the program pursuant to s. DHS 94.27 during the preceding period of certification.

3. Review a randomly selected, representative sample of client service records.

4. Review program policies and operational records, including the coordinated community services plan developed under s. DHS 34.22 (1) (a) or amended under s. DHS 34.22 (1) (c), and interview program staff to a degree sufficient to ensure that staff have knowledge of the statutes, administrative rules and standards of practice that may apply to the program and its participants.

(c) The certification survey under par. (b) shall be used to determine the extent of the program's compliance with the standards specified in this chapter. Certification decisions shall be based on a reasonable assessment of the program. The indicators by which compliance with the standards is determined shall include all of the following:

1. Statements made by the applicant or the applicant's designated agent, administrative personnel and staff members.

2. Documentary evidence provided by the applicant.

3. Answers to questions concerning the implementation of program policies and procedures, as well as examples of implementation provided to assist the department in making a judgment regarding the applicant's compliance with the standards in this chapter.

4. On−site observations by surveyors from the department.

5. Reports by participants regarding the program's operations.

6. Information from grievances filed by persons served by the program.

(d) The applicant shall make available for review by the designated representative of the department all documentation necessary to establish whether the program is in compliance with the standards in this chapter, including the written policies and procedures of the program, work schedules of staff, program appointment records, credentials of staff and treatment records.

(e) The designated representative of the department who reviews the documents under pars. (a) to (d) and interviews participants under par. (b) 1. shall preserve the confidentiality of all participant information contained in records reviewed during the certification process, in compliance with ch. DHS 92.

(3) ISSUANCE OF CERTIFICATION. (a) Within 60 days after receiving a completed application for initial certification, the department shall do one of the following:

1. Certify the program if all requirements for certification are met.

2. Provisionally certify the program under sub. (10) if only minor deficiencies are found.

3. Deny certification if one or more major deficiencies are found.

(b) 1. If an application for certification is denied, the department shall provide the applicant reasons in writing for the denial and identify the requirements for certification which the program has not met.

2. A notice of denial shall state that the applicant has a right to request a hearing on that decision under sub. (12) and a right to submit a plan under par. (c) to correct program deficiencies in order to begin or continue operation of the program.

(c) 1. Within 10 days after receiving a notice of denial under par. (a), an applicant may submit to the department a plan to correct program deficiencies.

2. The plan of correction shall indicate the date on which the applicant will have remedied the deficiencies of the program. Within 60 days after that date, the department shall determine whether the corrections have been made. If the corrections have been made, the department shall certify the program.

(d) The department may limit the initial certification of a program to a period of one year.

(4) CONTENT OF CERTIFICATION. Certification shall be issued only for the specific program named in the application and may not be transferred to another entity. An applicant shall notify the department of all changes of administration, location, program name, services offered or any other change that may affect compliance with this section, no later than the effective date of the change.

(5) DATE OF CERTIFICATION. (a) The date of certification shall be the date that the department determines, by means of an on−site survey, that an applicant is in compliance with this section.

(b) The department may change the date of certification if the department has made an error in the certification process. A date of certification which is adjusted under this paragraph may not be earlier than the date the written application under sub. (1) was submitted to the department.

(6) DURATION OF CERTIFICATION. (a) Certification remains valid until it is suspended or terminated by the department in accordance with sub. (8), (9) (c), (10) (f), or (11).

(b) Certification becomes invalid due to non−submission of the biennial report or non−payment of biennial fees in accordance with sub. (7) (c).

(7) BIENNIAL REPORT AND FEES. (a) Every 24 months, on a date determined by the department, the program shall submit a biennial report on the form provided by the department and shall submit payment of the certification continuation fees under s. 51.04, Stats.

(b) The department shall send the certification continuation materials to the provider, which the provider is expected to complete and submit to the department according to the instructions provided.

(c) A certification shall be suspended or terminated if biennial reports and fees are not submitted prior to the end of the biennial cycle.

(8) ACTIONS AGAINST A CERTIFIED PROGRAM. The department may terminate or suspend a program's certification after providing the program with prior written notice of the proposed action which shall include the reason for the proposed action and notice of opportunity for a hearing under sub. (12), whenever the department finds that any of the following has occurred:

(a) A program staff member has had sexual contact, as defined in s. 940.225 (5) (b), Stats., or sexual intercourse, as defined in s. 940.225 (5) (c), Stats., with a client.

(b) A staff member of the program requiring a professional license or certificate claimed to be licensed or certified when he or she was not, has had his or her license or certificate suspended or revoked, or has allowed his or her license or certificate to expire.

(c) A program staff member has been convicted of a criminal offense related to the provision of or claiming reimbursement for services under the medicare program under 42 CFR 430 to 456, or under this state's or any other state's medical assistance program or any other third party payer. In this paragraph, "convicted" means that a judgment of conviction has been entered by a federal, state or local court, regardless of whether an appeal from that judgment is pending.

(d) A staff member has been convicted of a criminal offense related to the provision of care, treatment or services to a person who is mentally ill, developmentally disabled, alcoholic or drug dependent; or has been convicted of a crime against a child under ch. 948, Stats.

(e) The program has submitted, or caused to be submitted, statements for purposes of obtaining certification under this chapter which it knew or should have known to be false.

(f) The program failed to maintain compliance with or is in substantial non−compliance with one or more of the requirements set forth in this section.

(g) A program staff member signed billing or other documents as the provider of service when the service was not provided by the program staff member.

(h) There is no documentary evidence in a client's services file that the client received services for which bills had been submitted to a third party payer.

(9) INSPECTIONS. (a) The department may make announced and unannounced inspections of the program to verify continuing compliance with this chapter or to investigate complaints received regarding the services provided by the program.

(b) Inspections shall minimize any disruption to the normal functioning of the program.

(c) If the department determines during an inspection that the program has one or more major deficiencies, or it finds that any of the conditions stated in sub. (8) or (11) exist, it may suspend or terminate the program's certification.

(d) If the department determines during an inspection that the program has one or more minor deficiencies, it may issue a notice of deficiency to the program and offer the program provisional certification pursuant to sub. (10).

(e) If the department terminates or suspends the certification of a program, the department shall provide the program with a written notice of the reasons for the suspension or termination and inform the program of its right to a hearing on the suspension or termination as provided under sub. (12).

(10) PROVISIONAL CERTIFICATION PENDING IMPLEMENTATION OF A PLAN OF CORRECTION. (a) If, during an inspection, the department determines that minor deficiencies exist, the department shall issue a notice of deficiency to the program and offer the program a provisional certificate pending correction of the identified deficiencies.

(b) If a program wishes to continue operation after the issuance of a notice of deficiency under an offer for provisional certification, it shall, within 30 days of the receipt of the notice of deficiency, submit a plan of correction to the department identifying the specific steps which will be taken to remedy the deficiencies and the timeline in which these steps will be taken.

(c) If the department approves the plan of correction, it shall issue the program a provisional certificate for up to 60 days of operation, pending the accomplishment of the goals of the plan of correction.

(d) Prior to the expiration of the provisional certification, the department shall conduct an on−site inspection of the program to determine whether the proposed corrections have occurred.

(e) Following the on−site inspection, if the department determines that the goals of the approved plan of correction have been accomplished, it shall restore the program to full certification and withdraw the notice of deficiency.

(f) If the goals of the plan of correction have not been accomplished, the department may suspend or terminate the program's certification or allow the program one extension of no more than 30 additional days to complete the plan of correction. If after this extension the program has still not remedied the identified deficiencies, the department shall suspend or terminate the certification.

(g) If the department denies, suspends, or terminates the certification, the department shall provide the program with a written notice of the reasons for the action and inform the program of its right to a hearing under sub. (12).

(11) IMMEDIATE SUSPENSION. (a) The department may immediately suspend the certification of a program or bar from practice in a certified program any program staff member, pending a hearing on the matter, if any of the following has occurred:

1. Any of the licenses, certificates or required local, state or federal approvals of the program or program staff member have been revoked, suspended or expired.

2. The health or safety of a client is in imminent danger because of knowing failure of the program or a program staff member to comply with requirements of this chapter or any other applicable local, state or federal statute or regulation.

3. A staff member of the program has had sexual contact as defined in s. 940.225 (5) (b), Stats., or sexual intercourse, as defined in s. 940.225 (5) (c), Stats., with a client.

4. A staff member of the program has been convicted of client abuse under s. 940.285, 940.29 or 940.295, Stats.

(b) The department shall provide written notice to the program or program staff member of the nature of the immediate suspension, the acts or conditions on which the suspension is based, any additional remedies which the department will be seeking and information regarding the right of the program or the person under the suspension to a hearing pursuant to sub. (12).

(12) RIGHT TO A HEARING. (a) In the event that the department denies, terminates, or suspends certification, or gives prior notice

of its intent to do so, an applicant or program may request a hearing under ch. 227, Stats.

(b) The request for a hearing shall be submitted in writing to and received by the department of administration's division of hearings and appeals within 30 days after the date on the notice required under sub. (3), (8), (9), (10) or (11).

Note: The mailing address of the Division of Hearings and Appeals is P.O. Box 7875, Madison, WI 53707.

(13) DISSEMINATION OF RESULTS. Upon completing action on an application for certification, staff of the department responsible for certification shall provide a summary of the results of the process to the applicant program, to the subunit within the department responsible for monitoring community mental health programs and to the county department in the county in which the program is located.

(14) VIOLATION AND FUTURE CERTIFICATION. A person with direct management responsibility for a program and all practitioners of a program who were knowingly involved in an act or acts which served as a basis for immediate termination shall be barred from providing service in a certified program for a period not to exceed 5 years. This applies to the following acts:

(a) Acts which result in termination of certification under s. DHS 106.06.

(b) Acts which result in conviction for a criminal offense related to services provided under s. 632.89, Stats.

(c) Acts involving an individual staff member who has terminated affiliation with a program and who removes or destroys participant records.

History: Cr. Register, September, 1996, No. 489, eff. 10–1–96; correction in (12) (b) made under s. 13.93 (2m) (b) 6., Stats., Register, September, 1996, No. 489; correction in (2) (e) and (14) (a) made under s. 13.93 (2m) (b) 7., Stats., Register, April, 2000, No. 532; correction in (11) (a) 3. made under s. 13.93 (2m) (b) 7., Stats., Register October 2004 No. 586; corrections in (2) (b) 2., (e) and (14) (a) made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635; **CR 22–078: am. (2) (title), (a) (intro.), (3) (a) (intro.), r. and recr. (6), (7), am. (8) (intro.), (10) (a), (f), (g), (12) (a) Register July 2023 No. 811, eff. 8–1–23.**

DHS 34.04 Waivers. (1) POLICY. (a) Except as provided in par. (b), the department may grant a waiver of any requirement in this chapter when the department determines that granting the waiver would not diminish the effectiveness of the services provided by the program, violate the purposes of the program or adversely affect clients' health, safety or welfare, and one of the following applies:

1. Strict enforcement of a requirement would result in unreasonable hardship on the provider or on a participant.

2. An alternative to a rule, including a new concept, method, procedure or technique, new equipment, new personnel qualifications or the implementation of a pilot project is in the interests of better participant care or program management.

(b) The department may not grant a waiver of client confidentiality or rights under this chapter, ch. DHS 92 or 94 or under other administrative rules, state statutes or federal regulations.

(2) APPLICATION. An application for a waiver under this section shall be made in writing to the department and shall specify all of the following:

(a) The requirement to be waived.

(b) The time period for which the waiver is requested.

(c) Any alternative action which the program proposes.

(d) The reason for the request.

(e) Assurances that the requested waiver would meet the requirements of sub. (1).

(3) GRANT OR DENIAL. (a) The department may require additional information from the program before acting on the request for a waiver.

(b) The department shall grant or deny each request for wavier in writing. Notice of denial shall contain the reasons for denial. If a notice of a denial is not issued within 60 days after the receipt of a completed request, the waiver shall be automatically approved.

(c) The department may impose any condition on the granting of a waiver which it deems necessary.

(d) The department may limit the duration of a waiver.

(e) No waiver may continue beyond the period of certification without a specific renewal of the waiver by the department.

(f) The department's decision to grant or deny a waiver shall be final.

History: Cr. Register, September, 1996, No. 489, eff. 10–1–96; correction in (1) (b) made under s. 13.93 (2m) (b) 7., Stats., Register, April, 2000, No. 532; correction in (1) (b) made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635.

Subchapter II — Standards for Basic Emergency Service Programs

DHS 34.10 Applicability. (1) A county may operate or contract for the operation of a basic emergency mental health services program.

(2) A basic emergency mental health services program operated by a county or under contract for a county shall comply with subch. I and this subchapter.

History: Cr. Register, September, 1996, No. 489, eff. 10–1–96.

DHS 34.11 Standards. (1) GENERAL. A basic emergency service mental health 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 programs, mental health inpatient program or mental health day treatment program and shared with the other 2 programs.

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

(2) PERSONNEL. (a) Only psychiatrists, psychologists, social workers and other mental health personnel who are qualified under s. DHS 34.21 (3) (b) 1. to 15. may be assigned to emergency duty. Staff qualified under s. DHS 34.21 (3) (b) 16. to 19. may be included as part of a mobile crisis team if another team member is qualified under s. DHS 34.21 (3) (b) 1. to 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 inservice 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.

(3) PROGRAM OPERATION AND CONTENT. (a) Emergency services shall be available 24 hours a day and 7 days a week.

(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.

(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.

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

History: Cr. Register, September, 1996, No. 489, eff. 10–1–96; correction in (2) (a) made under s. 13.93 (2m) (b) 7., Stats., Register October 2004 No. 586.

Subchapter III — Standards for Emergency Service Programs Eligible for Medical Assistance Program or Other Third Party Reimbursement

DHS 34.20 Applicability. (1) A county may operate or contract for the operation of an emergency mental health services program that is eligible for medical assistance program reimbursement or eligible for third–party payments under policies governed by s. 632.89, Stats.

(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, Stats., that is operated by a county or under contract for a county shall comply with subch. I and this subchapter.

History: Cr. Register, September, 1996, No. 489, eff. 10–1–96.

DHS 34.21 Personnel. (1) POLICIES. (a) An emergency mental health services program shall have written personnel policies.

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

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

(b) 1. An applicant for employment shall provide references regarding professional abilities from at least 2 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.

2. References and recommendations shall be documented either by letter or in a signed and dated record of a verbal contact.

(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, Stats., an individual may not have a conviction record.

Note: See s. 165.82, Stats., relating to the fee charged by the Wisconsin department of justice for a criminal records check.

(d) A program shall confirm an applicant's current professional licensure or certification if that licensure or certification is a condition of employment.

(3) QUALIFICATIONS OF CLINICAL STAFF. (a) In this subsection, "supervised clinical experience" means a minimum of one hour per week of supervision by a mental health professional qualified under par. (b) 1. to 9., gained after the person being supervised has received a master's degree.

(b) Program staff retained to provide mental health crisis services shall meet the following minimum qualifications:

1. Psychiatrists shall be physicians licensed under ch. 448, Stats., to practice medicine and surgery and shall have completed 3 years of residency training in psychiatry or child psychiatry in a program approved by the accreditation council for graduate medical education and be either board–certified or eligible for certification by the American board of psychiatry and neurology.

2. Psychologists shall be licensed under ch. 455, Stats., and shall be listed or meet the requirements for listing with the national register of health service providers in psychology or have a minimum of one year of supervised post–doctoral clinical experience related directly to the assessment and treatment of persons with mental disorders.

3. Psychology residents shall hold a doctoral degree in psychology meeting the requirements of s. 455.04 (1) (c), Stats., and shall have successfully completed 1500 hours of supervised clinical experience as documented by the Wisconsin psychology examining board.

4. Psychiatric residents shall hold a doctoral degree in medicine as a medical doctor or doctor of osteopathy and shall have successfully completed 1500 hours of supervised clinical experience as documented by the program director of a psychiatric residency program accredited by the accreditation council for graduate medical education.

5. Certified independent clinical social workers shall meet the qualifications established in ch. 457, Stats., and be certified by the examining board of social workers, marriage and family therapists and professional counselors.

6. Psychiatric nurses shall be licensed under ch. 441, Stats., as a registered nurse, have completed 3000 hours of supervised clinical experience and hold a master's degree in psychiatric mental health nursing from a graduate school of nursing accredited by the national league for nursing.

7. Professional counselors and marriage and family therapists shall meet the qualifications required established in ch. 457, Stats., and be certified by the examining board of social workers, marriage and family therapists and professional counselors.

8. Master's level clinicians shall be persons with a master's degree and coursework in areas directly related to providing mental health services, including clinical psychology, psychology, school or educational psychology, rehabilitation psychology, counseling and guidance or counseling psychology. Master's level clinicians shall have 3000 hours of supervised clinical experience or be listed in the national registry of health care providers in clinical social work, the national association of social workers register of clinical social workers, the national academy of certified mental health counselors or the national register of health service providers in psychology.

9. Post–master's level clinician interns shall have obtained a master's degree as provided in subd. 8. and have completed 1500 hours of supervised clinical experience, documented as provided in subd. 4.

10. Physician assistants shall be certified and registered pursuant to ss. 448.05 and 448.07, Stats., and chs. Med 8 and 14 and shall have had at least one year of experience working in a clinical mental health facility, or there shall be a specific plan for the person to acquire equivalent training and skills within 3 months after beginning employment.

11. Registered nurses shall be licensed under ch. 441, Stats., as a registered nurse, and shall have had training in psychiatric nursing and at least one year of experience working in a clinical mental health facility, or there shall be a specific plan for the person to acquire equivalent training and skills within 3 months after beginning employment.

12. Occupational therapists shall have obtained a bachelors degree and have completed a minimum of one year of experience working in a mental health clinical setting, and shall meet the requirements of s. DHS 105.28 (1).

13. Certified social workers, certified advance practice social workers and certified independent social workers shall meet the qualifications established in ch. 457, Stats., and related administrative rules, and have received certification by the examining board of social workers, marriage and family therapists and professional counselors.

14. Other qualified mental health professionals shall have at least a bachelor's degree in a relevant area of education or human services and a minimum of one year of combined experience providing mental health services, or work experience and training equivalent to a bachelor's degree including a minimum of 4 years of work experience providing mental health services.

15. Specialists in specific areas of therapeutic assistance, such as recreational and music therapists, shall have complied with the appropriate certification or registration procedures for their profession as required by state statute or administrative rule or the governing body regulating their profession, and shall have at least one year of experience in a mental health clinical setting.

16. Certified occupational therapy assistants shall have at least one year of experience in a mental health clinical setting and shall meet the requirements of s. DHS 105.28 (2).

17. Licensed practical nurses shall be licensed under ch. 441, Stats., as a licensed practical nurse and have had either training in psychiatric nursing or one year of experience working in a clinical mental health setting.

18. Mental health technicians shall be paraprofessionals who are employed on the basis of personal aptitude and life experience which demonstrates their ability to provide effective emergency mental health services.

19. Clinical students shall be students currently enrolled in an academic institution and working toward a degree in a professional area identified in this subsection who are providing services to the program under the supervision of a staff member meeting the qualifications under this subsection for that professional area.

(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.

(b) *Clinical director.* 1. The program shall have on staff a clinical director or 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. to 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.

(5) ADDITIONAL STAFF. A program shall have staff available who are qualified under sub. (3) (b) 1. to 19. to meet the specific needs of the community as identified in the emergency mental health services plan under s. DHS 34.22 (1).

(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. to 8.

(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 most 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 s. DHS 34.26, the review of the coordinated community services plan under s. 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 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.

4. Any supervision necessary to enable professional staff to meet requirements for credentialing or ongoing certification under ch. 455, 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 program staff member's delivery of emergency mental health services.

(d) Program staff providing emergency mental health services who have not had 3000 hours of supervised clinical experience, or who are not qualified under sub. (3) (b) 1. to 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 3000 hours of supervised clinical experience and who are qualified under sub. (3) (b) 1. to 8., participate in a minimum of one hour of peer clinical consultation per month or for 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. to 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 is documented in writing.

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

(j) The clinical director is permitted to 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 is permitted to deliver no more than 60 hours per week of face−to−face mental health services and supervision in any combination of clinical settings.

(8) ORIENTATION AND ONGOING 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 staff and volunteers know and understand all of the following:

1. Pertinent parts of this chapter.

2. The program's policies and procedures.

3. Job responsibilities for staff and volunteers in the program.

4. Applicable parts of chs. 48, 51 and 55, Stats., and any related administrative rules.

5. The provisions of s. 51.30, Stats., and ch. DHS 92 regarding confidentiality of treatment records.

6. The provisions of s. 51.61, Stats., and ch. DHS 94 regarding patient rights.

7. Basic mental health and psychopharmacology concepts applicable to crisis situations.

8. 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.

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

10. Techniques and procedures for providing non−violent crisis management for clients, including verbal de−escalation, methods for obtaining backup, 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 6 months of experience in providing emergency mental health services shall complete a minimum of 40 hours of documented orientation training within 3 months after beginning work with the program.

2. Each newly hired staff person who has had 6 months or more of prior experience in providing emergency mental health service shall complete a minimum of 20 hours of documented orientation training within 3 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.

(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.

(d) *Ongoing training requirement.* 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 8 hours per year of inservice 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 inservice 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.

History: Cr. Register, September, 1996, No. 489, eff. 10−1−96; corrections in (3) (b) 12., (8) (a) 5. and 16. made under s. 13.93 (2m) (b) 7., Stats., Register, April, 2000, No. 532; corrections in (3) (b) 12., 16., (8) (a) 5. and 6. made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635.

DHS 34.22 Services. (1) PLAN FOR COORDINATION OF SERVICES. (a) Each emergency mental health 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. A description of the nature and extent of the emergency mental health service needs in the county.

2. A description of the county's overall system of care for people with mental health problems.

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.

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.

5. A description of the 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 addresses confidentiality and exchange of information to ensure rapid communication between the program and the other providers and agencies.

6. Any formal or informal agreements to receive or provide backup 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. 55.135, Stats.

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 s. 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 institute, 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 on−site 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, 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.

(c) Prior to application for recertification under s. 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 s. 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.

(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.

(3) REQUIRED EMERGENCY MENTAL HEALTH SERVICES. An emergency mental health services program shall provide or contract for the delivery of all 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 7 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, 7 day a week basis.

3. Be provided either by staff qualified under s. DHS 34.21 (3) (b) 1. to 19. or by fully trained volunteers. If the telephone service is provided by volunteers or staff qualified under s. DHS 34.21 (3) (b) 9. to 19., a mental health professional qualified under s. DHS 34.21 (3) (b) 1. to 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 professional 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.

(b) *Mobile crisis service.* A mobile crisis service that can provide onsite, 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, 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 8 hours a day, 7 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 s. DHS 34.21 (3) (b) 1. to 15., except that staff qualified under s. DHS 34.21 (3) (b) 15. to 19. may be included as part of a mobile crisis team if another team member is qualified under s. DHS 34.21 (3) (b) 1. to 14. A mental health professional qualified under s. DHS 34.21 (3) (b) 1. to 8. shall either provide in−person supervision or be available to provide consultation by phone.

(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 or 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 8 hours a day, 5 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 s. DHS 34.21 (3) (b) 1. to 14. However, persons qualified under s. DHS 34.21 (3) (b) 9. to 14. shall work under the supervision of a mental health professional qualified under s. DHS 34.21 (3) (b) 1. to 8.

(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 7 days a week.

3. Be available for both voluntary admissions and for persons under emergency detention under s. 51.15, Stats., or commitment under s. 51.20, Stats.

(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 purpose of achieving one or more of the following outcomes:

a. Connection of a client with other programs to obtain ongoing 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 ongoing mental health services.

b. Coordination with other mental health providers in the community for whom the program is designated as crisis care backup, 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, 7 days a week as a component of the services offered under pars. (a) to (d).

3. Be provided by persons qualified under s. DHS 34.21 (3) (b) 1. to 19.

(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 others.

c. Assistance given the child and family in using or obtaining ongoing 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 3 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 s. DHS 34.21 (3) (b) 1. to 8. who has had at least 2 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.

(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 s. DHS 34.21 (3) (b) 1. to 19., with those staff qualified under s. DHS 34.21 (3) (b) 9. to 19. supervised by a person qualified under s. DHS 34.21 (3) (b) 1. to 8.

(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 as a receiving facility for emergency detention under s. 51.15, 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).

(6) SERVICES PROVIDED UNDER CONTRACT BY OTHER PROVIDERS. If any service under subs. (3) to (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.

History: Cr. Register, September, 1996, No. 489, eff. 10−1−96; correction in (3) (c) 4. made under s. 13.93 (2m) (b) 7., Stats., Register October 2004 No. 586; correction in (1) (a) 6. made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635.

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:

(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 backup 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 backup 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.

(j) If the program dispenses psychotropic medication, procedures governing the prescription and administration of medications to clients and for monitoring the response of clients to their medications.

(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), Stats., and for:

1. Supporting and 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.

(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 to support the individual, such as friends, family members or current or past mental health service providers.

(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.

(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.

(b) The response plan shall be approved as medically necessary by a mental health professional qualified under s. DHS 34.21 (3) (b) 1. or 2. either before services are delivered or within 5 days after delivery of services, not including Saturdays, Sundays or legal holidays.

(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) If ongoing support is needed, the program shall provide follow−up contacts until the person has begun to receive assistance from an ongoing 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 ongoing 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 or 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.

(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 the criteria established in the coordinated community services plan under s. DHS 34.22 (1) (a) 7.

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

1. The name, address and phone 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 s. 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 once every 6 months.

(8) SERVICE NOTES. As soon as possible following a client contact, program staff shall prepare service notes which identify the person seeking a referral for emergency mental health services, describe the crisis and identify or describe all of the following:

(a) The time, place and nature of the contact and the person initiating the contact.

(b) The staff person or persons involved and any non−staff persons present or involved.

(c) The assessment of the person's need for emergency mental health services and the response plan developed based on the assessment.

(d) The emergency mental health services provided to the person and the outcomes achieved.

(e) Any provider, agency or individual to whom a referral was made on behalf of the person experiencing the crisis.

(f) Follow−up and linkage services provided on behalf of the person.

(g) If there was a crisis plan under sub. (7) on file for the person, any proposed amendments to the plan in light of the results of the response to the request for services.

(h) If it was determined that the person was not in need of emergency mental health services, any suggestions or referrals provided on behalf of the person.

History: Cr. Register, September, 1996, No. 489, eff. 10−1−96.

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 s. DHS 34.23 (8) and crisis plans developed under s. 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 recordkeeping 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, Stats., and ch. DHS 92.

History: Cr. Register, September, 1996, No. 489, eff. 10−1−96; correction in (4) made under s. 13.93 (2m) (b) 7., Stats., Register, April, 2000, No. 532; correction in (4) made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635.

DHS 34.25 Client rights. (1) POLICIES AND PROCEDURES. All programs shall comply with s. 51.61, 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.

(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 s. DHS 94.27 for a grievance resolution system.

History: Cr. Register, September, 1996, No. 489, eff. 10−1−96; corrections in (1) and (2) (c) made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635.

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 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 s. 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 s. 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.

History: Cr. Register, September, 1996, No. 489, eff. 10−1−96.