

## Chapter PW-MH 60

## MENTAL HYGIENE

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**PW-MH 60.02 Traffic and conduct on Mendota state hospital property.** (1) **DEFINITIONS.** Unless the context otherwise requires:

(a) "Department" is the Wisconsin state department of public welfare. [Health and Social Services].

(b) "Hospital" is the Mendota state hospital.

(c) "Superintendent" is the superintendent of the Mendota state hospital.

(d) "Road" or "driveway" includes courts, circles, drives and lanes.

(2) **POLICE OFFICERS.** Such persons as shall be authorized by the hospital superintendent as to the hospital property shall be constituted police officers and shall have the power to enforce these rules and regulations, and for the purposes thereof shall police the properties under their respective jurisdictions. Such officers shall have all the powers provided in section 46.05 (2), Wis. Stats., except where such powers are specifically limited or modified by the department. Said police officers shall be identified by an appropriate shield or badge bearing the words "Police, Mendota State Hospital", and bearing a number, which badge shall be conspicuously worn when enforcing these regulations. Such officers may warn motor vehicle operators regarding defective equipment and require the owners to have the defects repaired.

(3) MOTOR VEHICLE REGULATIONS. (a) 1. No person not holding a valid and current operator's license issued under chapter 343, Wis. Stats., shall operate any motor vehicle on any roadway, driveway or parking lot of the hospital unless exempt under the provisions of section 343.05 (2), Wis. Stats., from the requirement that he hold such a license in order to operate a motor vehicle on the highways of this state, and no person shall operate a motor vehicle on said grounds except on what clearly appears to be driveways, roadways or parking lots.

2. No person shall operate any motor vehicle on any driveway, roadway or parking lot of the hospital unless the same has been properly registered as provided by chapter 341, Wis. Stats., unless exempt under an applicable provision of section 341.05, Wis. Stats., from the requirement that the vehicle be registered in order that it may be operated on the highways of this state.

(b) All provisions of chapter 346, Wis. Stats., entitled "Rules of the Road", which are applicable to highways as defined in section 340.01 (22), Wis. Stats., are hereby adopted for the regulation of traffic on the roadways and driveways under the control of the superintendent except as follows:

1. Provisions of chapter 346, Wis. Stats., which are in conflict with any specific provision of these regulations.

2. Penalty provisions of chapter 346, Wis. Stats.

3. Sections 346.61 through 346.74, Wis. Stats.

(4) PARKING. (a) Parking is prohibited at all times on the hospital grounds, roadways and driveways, except that the superintendent of the hospital or his designated representative (as to the hospital property) are authorized to establish necessary parking areas on the properties under his jurisdiction, including areas having parking spaces reserved for specified persons and areas as appropriate and safe for parking for specific groups at specific times, providing such areas are properly posted.

(b) Parking in any reserved parking area is prohibited to persons other than those specifically assigned to such area by the superintendent; and motor vehicles so assigned to any of the reserved parking areas shall be identified by an appropriate parking permit affixed to the rear bumper of vehicle so designated by the superintendent.

(c) Parking is prohibited at all times in areas which must be kept clear for the passage of fire apparatus. Said areas shall be designated by the proper superintendent by standard signs reading, "Fire Zone, No Parking At Any Time, Day or Night".

(d) Parking is prohibited at all times in areas which must be kept clear for vehicles to load and unload. Such areas shall be designated by the proper superintendent by standard signs reading, "Loading Zone, 30-Minute Limit, Day or Night".

(e) Parking is prohibited at all times as follows:

1. In a driveway.

2. In a firelane.

3. Across a line marking the outside limits of a parking stall.
4. Overtime in a zone having a maximum designated time limit for parking.
5. In a stall already occupied in whole or in part by another motor vehicle.
6. In any area designated as a "no parking" zone.
7. Within 4 feet of the outside limits of any loading or unloading dock or zone.

(f) Motor vehicles parked in a restricted parking area without a permit, or motor vehicles parked in a fire zone, loading zone or no parking zone, or in a parking area at time when parking therein is prohibited, and unlicensed or partially dismantled motor vehicles, may be towed off the premises and stored at the owner's expense.

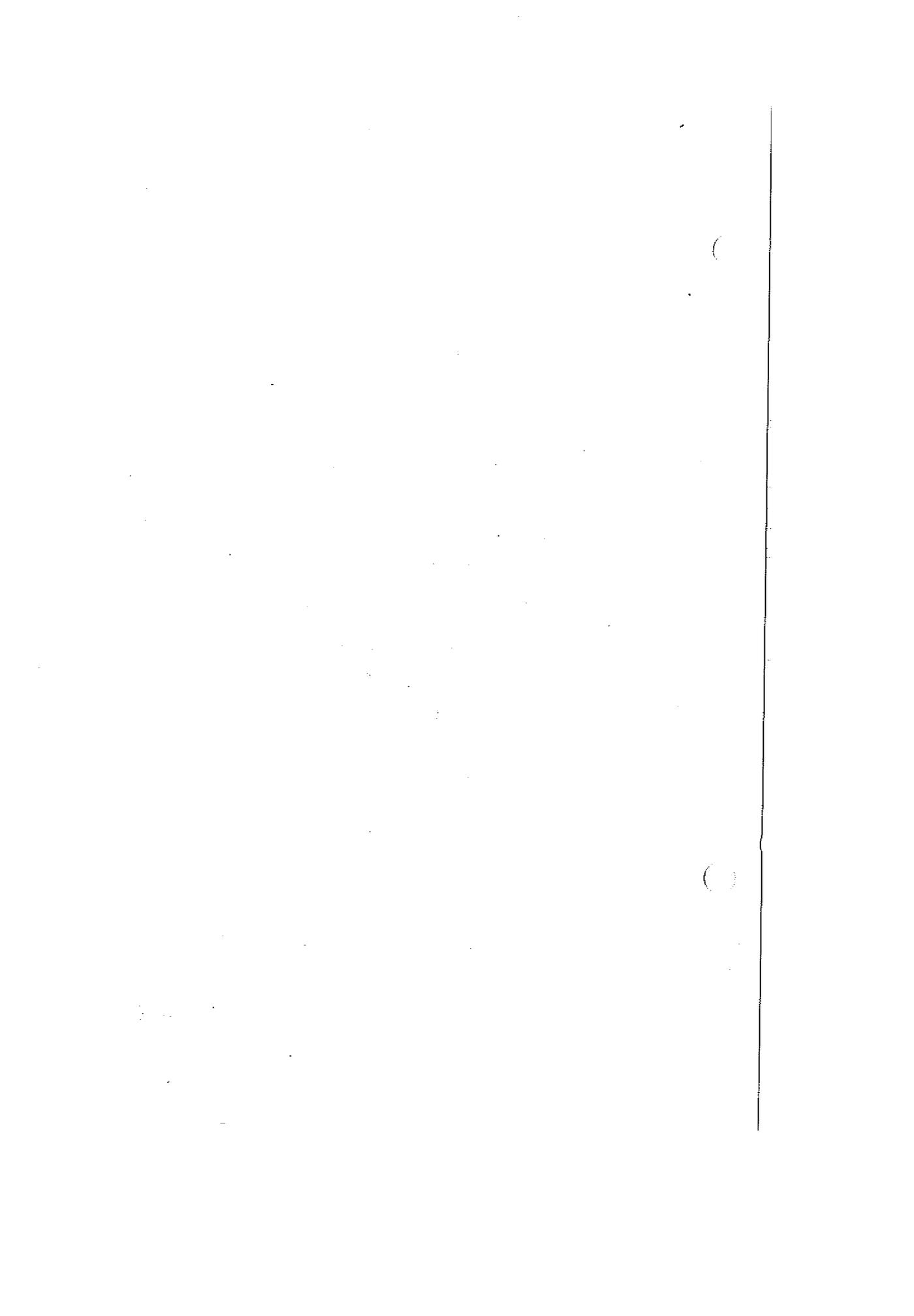
(5) TRAFFIC REGULATIONS. (a) As a safety measure, the maximum speed on the following driveways and roadways on the hospital property shall be:

1. Ten miles per hour on all roadways at crosswalks or intersections with sidewalks and any place where patients are being escorted or walking in groups, and on roadways designated as "courts", "alleys", or "circles".
2. Fifteen miles per hour on Canteen Road, Goodland Road, Tower Road, Lake Road, and Garden Road.
3. Twenty-five miles per hour on Main Drive, Memorial Drive, Service Road, and North Road.

(b) On the hospital grounds, all vehicles shall come to a full and complete stop at the following intersections and places:

1. Main drive at entrance to Troy Drive.
2. Main Building Circle at intersection with Main Drive.

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limitations. The record of the patient's progress in activity therapy should be recorded weekly and kept with his clinical record.

(g) *Industrial therapy.* Industrial therapy assignments shall be based on the therapeutic needs of the patient rather than the needs of the inpatient service. Industrial therapy shall be provided only upon written order of the psychiatrist. The written order shall become part of the patient's clinical record. The industrial therapy assignment of patients shall be reviewed by the treatment staff weekly. The review shall be written and included in the patient's clinical record. Continued use of industrial therapy will require a new order from the psychiatrist weekly.

(h) *Religious services.* 1. Adequate religious services must be provided to assure every patient his right to pursue the religious activities of his faith.

2. Each service shall provide regularly scheduled visits by a clergyman.

3. Each service may utilize the services of a clinical pastoral counselor as a member of the treatment team, provided he has had clinical training in a mental health setting.

(i) *Use of mechanical restraint and seclusion.* Mechanical restraint and seclusion are measures to be avoided if at all possible. In most cases control of behavior can be attained by the presence of a sympathetic and understanding person or appropriate use of tranquilizers and sedatives upon order of the psychiatrist. To eliminate unnecessary restraint and seclusion, the following rules shall be observed.

1. Except in an emergency, no patient shall be put in restraints or seclusion without a medical order. In an emergency the administrator of the service or his designee may give the order. Such action shall be reviewed by a physician within 8 hours.

2. Patients in seclusion—restraints must be observed every 15 minutes and a record kept of observations.

(j) *Extramural relations.* Inpatient mental health services are one component of community based comprehensive mental health program provided or contracted by the unified boards under section 51.42, Wis. Stats. As a component of the community based comprehensive program the inpatient service program must be integrated and coordinated with all services provided through the unified board. Evidence of integration and coordination shall be detailed in the unified board's plan. Professional staff should be used jointly by the inpatient and other services and clinical records shall be readily transferable between services.

1. Alternate care settings. Every effort shall be made to find and develop facilities for patients who require medical or social care or less than full time inpatient mental health treatment. Such facilities, known as alternate care settings, shall include but not be limited to group homes, foster homes, residential care facilities, nursing homes, halfway houses, partial hospitalization and day services. Special effort shall be made to place patients in family care settings whenever possible.

2. Vocational rehabilitation. The inpatient service shall establish an ongoing relationship with vocational rehabilitation counselors. Every effort shall be made to identify patients amenable to vocational rehabilitation and to refer them to the appropriate agency. Sheltered workshops shall be utilized to the fullest possible extent.

3. Family and community ties. Active effort shall be made to maintain the family and community ties of all patients. In many cases the inpatient service staff must take the initiative to develop and maintain family contact. Visiting of patients in the hospital and patient visits outside the hospital shall be as frequent and as long as circumstances permit. Maintaining community ties would include such activities as arranging for patients to do their own shopping, attending church, continuing employment, and participating in recreational activities within the community.

History: Cr. Register, December, 1973, No. 216, eff. 1-1-74.

**PW-MH 60.63 Enforcement.** (1) All community mental health inpatient services receiving state aid must meet the above standards. Departmental personnel familiar with all aspects of mental health treatment shall review each inpatient service at least annually in connection with state funding of county programs.

(2) State funding shall be discontinued to any inpatient service not maintaining an acceptable program in compliance with the above standards after the service has had reasonable notice and opportunity for hearing by the department as provided in chapter 227, Wis. Stats.

(3) The service will be deemed in compliance with these standards if its governing body can demonstrate progress toward meeting standards to the department; however, all services must be in full compliance with these standards within a maximum of 2 years of the issuance of these rules.

History: Cr. Register, December, 1973, No. 216, eff. 1-1-74.

## **STANDARDS COMMUNITY MENTAL HEALTH PROGRAMS**

**PW-MH 60.64 Introduction.** The following standards have been developed for community mental health programs receiving state aids, whether directly operated by counties or contracted from private providers. The standards are intended to insure that each mental health program will provide appropriate treatment to restore mentally disordered persons to an optimal level of functioning and, if possible, keep them in the community.

History: Cr. Register, March, 1977, No. 255, eff. 4-1-77.

**PW-MH 60.65 Outpatient programs.** Outpatient programs shall be the major focus of community mental health programs and shall be closely integrated with other elements of service. They shall include services which emphasize early detection and prevention, casefinding, diagnosis, evaluation, treatment, aftercare for the previously hospitalized and assistance to other disability groups. These services shall be accessible to all.

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(1) **REQUIRED PERSONNEL.** At least 40 hours each of psychiatry, psychology and social work services shall be provided weekly for the initial 50,000 population to be served by the outpatient program. Counties of less than 50,000 persons shall provide services at least proportionate to their population. For every additional 10,000 population to be served, the outpatient program shall add 40 hours of additional qualified professional or paraprofessional's time as specifically approved by the department.

(2) **PROGRAM OPERATION AND CONTENT.** (a) *Accessibility.* Each outpatient program shall be open for a minimum of 40 hours weekly and shall include evening or Saturday hours of operation or both for direct patient services. The outpatient program shall make provision for services to walk-in clients, provide for home visits and offer clinical consultation for patients in hospitals, nursing homes and other community facilities.

(b) *Program content.* 1. The outpatient program shall provide for preadmission screening and evaluation and shall offer a broad range of treatment services including but not limited to such modalities as time limited individual psychotherapy, group psychotherapy, family and couples therapy, drug therapy and behavior modification techniques.

2. The outpatient program shall provide aftercare services for patients formerly hospitalized, working closely with social service agencies, courts, public health nurses, family physicians and others.

3. The outpatient program shall assure accessibility of appropriate services as needed to all segments of the population including minority non-indigenous population groups such as college students, seasonal workers and others.

(3) **PRIVATE FACILITY REQUIREMENTS.** Any facility not operated by or contracted with a board may be designated an approved facility by the department by meeting the personnel qualification standards set forth in the General Provisions of Standards for Community Mental Health Developmental Disabilities, and Alcoholism and Other Drug Abuse Services, chapter PW-MH 60, or the requirements of H24 Wis. Adm. Code. Such facility shall have demonstrated procedure for ensuring continuity of care for the client through either the facility itself or other appropriate program.

*History:* Cr. Register, March, 1977, No. 255, eff. 4-1-77.

**PW-MH 60.66 Emergency care program.** The emergency care program of a community based system organized under section 51.42, Wis. Stats., shall provide immediate evaluation and mental health care to persons in crisis on a 24 hour a day, 7 day week basis. Emergency services shall be available within the outpatient, inpatient or day treatment programs and shall be shared among these elements as indicated. The program must be organized with assignment of responsibility, staff and resources to provide a clearly identifiable program.

(1) **REQUIRED PERSONNEL.** Psychiatrists, psychologists, social workers and other mental health personnel who meet the personnel requirements established under the rules for inpatient and outpatient programs may be assigned to emergency duty. Telephone emergency

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service may be provided by volunteers after careful selection for aptitude and after a period of orientation and inservice training approved by the department. A regular staff member must be available to provide assistance to volunteers at all times, and medical, preferably psychiatric, consultation must also be available to staff members at all times.

(2) **PROGRAM OPERATION AND CONTENT.** (a) Emergency services shall be available 24 hours a day, 7 days a week.

(b) There shall be a 24 hour a day crisis telephone service system manned either by mental health professionals or paraprofessionals or trained mental health volunteers backed up by mental health professionals. A published telephone number should be provided with wide dissemination of this number to community agencies and the public.

(c) Face to face contact for crisis intervention may be provided as a function of the outpatient program during regular hours of operation, backed up by an on call system at all other times. The program shall include 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 the emergency staff may transfer patients to other program elements to assure adequate services and followup. A patient may be admitted to the inpatient service only with a physician's approval.

*History: Cr. Register, March, 1977, No. 266, eff. 4-1-77.*

**PW-MH 60.67 Day treatment program.** Day treatment is a basic element of the mental health program providing treatment while the patient is living in the community. Its services shall be closely integrated with other program elements to ensure easy accessibility, effective utilization and coordinated provision of services to a broad segment of the population. Day treatment provides treatment services for patients with mental or emotional disturbances, who spend only part of the 24 hour period in the services. Day treatment is conducted during day or evening hours.

(1) **REQUIRED PERSONNEL.** (a) Day treatment staff shall include various professionals composing a mental health team. They shall be directly involved in the evaluation of patients for admission to the service, determining plan of treatment and amount of time the patient participates in the service and in evaluating patients for changes in treatment or discharge.

(b) A qualified mental health professional shall be on duty whenever patients are present.

(c) A psychiatrist shall be present at least weekly on a scheduled basis and shall be available on call whenever the day treatment service is operating.

(d) A social worker shall participate in program planning and implementation.

(e) A psychologist shall be available for psychological services as indicated.

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(f) A registered nurse and a registered activity therapist shall be on duty to participate in program planning and carry out the appropriate part of the individual treatment plan.

(g) Additional personnel may include licensed practical nurses, occupational therapy assistants, other therapists, psychiatric aides, mental health technicians or other paraprofessionals, educators, sociologists, and others, as applicable.

(h) Volunteers may be used in day treatment and programs are encouraged to use the services of volunteers.

(2) **SERVICES.** (a) A day treatment program shall provide services to meet the treatment needs of its patients on a long or short term basis as needed. The program shall include treatment modalities as indicated by the needs of the individual patient. Goals shall include improvement in interpersonal relationships, problem solving, development of adaptive behaviors and establishment of basic living skills.

(b) There shall be a written individual plan of treatment for each patient in the day treatment service. The plan of treatment shall be reviewed no less frequently than monthly.

(c) There shall be a written individual current record for each patient in the day treatment service. The record shall include individual goals and the treatment modalities used to achieve these goals.

*History: Cr. Register, March, 1977, No. 255, eff. 4-1-77.*

**PW-MH 60.68 Rehabilitation program.** The community mental health program shall be responsible for the provision of an organized rehabilitation service designed to reduce the residual effects of emotional disturbances and to facilitate the adjustment of the mentally ill, mentally handicapped and emotionally disturbed in the community through a variety of rehabilitation services. When possible, these services should be provided in conjunction with similar services for other disabilities.

(1) **REQUIRED PERSONNEL.** A person responsible for coordination of rehabilitation services shall be named and all staff shall have qualifications appropriate to their functions. Each such person shall have the required educational degree for his or her profession and shall meet all requirements for registration or licensure for that position in the State of Wisconsin.

(2) **PROGRAM OPERATION AND CONTENT.** Because of the variety of programs and services which are rehabilitative in nature, individual program content is not enumerated. Such facilities as halfway houses, residential care facilities, foster and group homes shall meet all departmental and other applicable state codes. The department of health and social services shall evaluate each proposal for funding of rehabilitation services on the basis of individual merit, feasibility and consistency with the approved community plan required in section 51.42, Wis. Stats. Applicants for aid under this section must fully describe the rehabilitation service designed to meet the particular needs of the residents of their county or counties, taking into consideration existing community resources and services.

*History: Cr. Register, March, 1977, No. 255, eff. 4-1-77.*

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**PW-MH 60.69 Consultation and education programs.** Prevention is as important to mental illness as it is to physical illness. Certain facts and relationships between mental illness and environmental factors, individual personal contacts, and human development stages can be the basis for sound primary prevention programs. Education programs designed to increase the understanding and acceptance of the mentally ill are especially vital as increased numbers of persons receive needed treatment in their own community. Such programs can help prevent the chronicity of recurrence of mental illness. They can bring persons to seek counsel or treatment earlier and help to remove what has been an unacceptable "label" for family, friends, and co-workers. Because consultation and education programs are required elements of community mental health programs, the activities must be as well defined, organized and provided for as those for other program elements. Mental health staff and time allocations must be made and structured consultation and education programs designed and carried out.

(1) **CONSULTATION REQUIRED PERSONNEL.** The mental health coordinator or designee shall be responsible for the consultation program. Mental health staff shall respond to individual consultation requests. In addition staff shall actively initiate consultation relationships with community service agency staff and human service personnel such as clergy, teachers, police officers and others.

(2) **CONSULTATION SERVICE CONTENT:** (a) No less than 20% of the total mental health program staff time, exclusive of clerical personnel and inpatient staff shall be devoted to consultation. The service shall include:

1. Case-related consultation.
2. Problem-related consultation.
3. Program and administrative consultation.

(b) There shall be a planned consultation program using individual staff skills to provide technical work-related assistance and to advise on mental health programs and principles. The following human service agencies and individuals shall have priority for the service:

1. Clergy
2. Courts
3. Inpatient services
4. Law enforcement agencies
5. Nursing/transitional homes
6. Physicians
7. Public health nurses
8. Schools
9. Social service agencies

(3) **EDUCATION REQUIRED PERSONNEL.** The qualified educator maintained by the community board shall be responsible for the

mental health education program. Refer to chapter PW-MH 60. Mental health staff members shall cooperate and assist in designing and carrying out the mental health education program, providing their specialized knowledge on a regular, established basis to a variety of specified activities of the service. In cooperation with the education specialist maintained by the board, additional education staff may be employed on a full-time or part-time basis. Education services can also be contracted for through the same procedures followed for other service elements contracts.

(4) **EDUCATION SERVICE CONTENT.** No less than 10% of the total mental health program staff time exclusive of clerical personnel and inpatient staff shall be devoted to education. The service shall include:

- (a) Public education
- (b) Continuing education
  - 1. Inservice training
  - 2. Staff development

(5) **EDUCATION PROGRAM.** There shall be a planned program of public education designed primarily to prevent mental illness and to foster understanding and acceptance of the mentally ill. A variety of adult education methods shall be used including institutes, workshops, projects, classes and community development for human services agencies, individuals and for organized law groups and also the public information techniques for the general public. There shall be a planned program of continuing education using a variety of adult education methods and available educational offerings of universities, professional associations, etc. for agency staff and related care-giving staff.

History: Cr. Register, March, 1977, No. 255, eff. 4-1-77.

## **STANDARDS COMMUNITY MENTAL HEALTH CHILDREN AND ADOLESCENTS ADDITIONAL REQUIREMENTS**

**PW-MH 60.70 Introduction and personnel requirements. (1)**  
**INTRODUCTION.** The following standards have been developed for community mental health services for children and adolescents. Except for the substitution of minimal hourly requirements, these standards are intended to be in addition to PW-MH 60.61 through PW-MH 60.69 and are consistent with those stated in Standards for Psychiatric Facilities Serving Children and Adolescents, published by the American Psychiatric Association; and the Joint Commission on Accreditation of Hospitals. Planning psychiatric facilities and services for children and adolescents is difficult and complex. These standards are intended to insure a continuity of care notwithstanding the complexities involved. To accomplish this each service must:

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- (a) Consider the children and adolescents development needs as well as the demands of the illness;
- (b) Have cognizance of the vital meaning to children and adolescents that group and peer relationships provide;
- (c) Recognize the central importance of cognitive issues and educational experiences;
- (d) Recognize the children and adolescents relative dependence on adults;
- (e) Place some importance on the children and adolescents receiving repeated recognition for accomplishments;
- (f) Provide an individualized treatment program by so structuring the environment to allow for optimal maturational, emotional and chronological growth.

(2) **PERSONNEL REQUIREMENTS.** The following personnel requirements are relevant only to children and adolescents' services and are applicable for each program. These requirements are in addition to the personnel qualifications listed in the General Provisions of Standards for Community Mental Health, Developmental Disabilities, and Alcoholism and Other Drug Abuse Services, chapter PW-MH 60.

(a) *Psychiatry.* Special effort shall be made to procure the services of a child psychiatrist who is licensed to practice medicine in the state of Wisconsin and is either board eligible or certified in child psychiatry by the American Board of Psychiatry and Neurology. If a child psychiatrist is unobtainable, special effort shall be made to procure a psychiatrist who has had a minimum of 2 years clinical experience working with children and adolescents.

(b) *Nursing service.* 1. Registered Nurses and Licensed Practical Nurses. Special effort shall be made to procure the services of registered nurses and practical nurses who have had training in psychiatric nursing. A portion of this training shall have been with emotionally disturbed children and adolescents.

2. Aides, child care workers and other paraprofessionals. Each service shall make a special effort to recruit the aides, child care workers and paraprofessionals who have the following background.

- a. College or university credit or non-credit courses related to child care.
- b. Vocational courses planned for child development.
- c. High school diploma and experience in children or adolescents' related activities.

(c) *Activity therapy.* Each service shall provide at least one full time activity therapist. In addition to having formal training in children and adolescents growth and development, preference shall be given to those professionals who have had clinical training or professional experience with emotionally disturbed children and adolescents.

(d) *Social service.* The social worker shall have had 2 years experience working with children and adolescents.

(e) *Psychological service.* Each service shall employ or contract for the service of a clinical psychologist who shall have the appropriate experience in the area of children and adolescents. Providers of psychological services who do not meet these requirements shall be supervised by a qualified psychologist.

(f) *Educational service.* Each child and adolescent service shall have associated with that service at least one teacher either employed by the service or by a local educational agency.

(g) All personnel shall participate in a documented in-service education program at a minimum of 48 hours per year, relating to areas of mental health concepts of children and adolescents.

History: Cr. Register, March, 1977, No. 255, eff. 4-1-77.

**PW-MH 60.71 Children and adolescents mental health inpatient program.** The following personnel requirements are minimum. There is no intention to restrict new programs to these minimal staffing patterns. Existing treatment programs which exceed these requirements may not be reduced without extensive and thorough review and a clear realization of what services would be lost by reduction.

(1) **REQUIRED PERSONNEL.** (a) *Psychiatry.* Each child and adolescent mental health inpatient service shall provide a minimum of 1.4 hours a week psychiatric treatment time per patient under care. Additional psychiatrists, as needed, shall be available for inpatient visits in order to carry out an adequate treatment program. For emergency purposes a psychiatrist will be on call 24 hours a day each day the facility is in operation. A psychiatrist shall be readily accessible by telephone and ideally, be able to reach the facility within one hour of being called.

(b) *Nursing service.* 1. The following schedule of licensed nursing coverage is minimal.

Day Shift	Evening Shift	Night Shift* (see below)
.64 hrs/pat/day	.64	.32
or		
4.48 hrs/pat/wk	4.48	2.24

\* If child and adolescent service is part of an adult hospital with adjacent units, nursing service could be shared with other services on night shift. Such nursing coverage should be documented in total nursing schedule for child and adolescent unit.

2. Aides, child care workers and other paraprofessionals. Child care workers are primarily responsible for day-to-day living experiences of the children. They also carry out assigned aspects of the treatment program under the direction and supervision of designated treatment staff. Each service shall employ a sufficient number of aides, child care workers and paraprofessionals to provide the following minimal care:

Day Shift	Evening Shift	Night Shift
Children (0-12)		
.98 hrs/pat/day	1.28	.64
or		
6.86 hrs/pat/wk	8.96	4.48
Day Shift	Evening Shift	Night Shift
Adolescent (over 12)		
.80 hrs/pat/day	1.10	.40
or		
5.60 hrs/pat/wk	7.70	2.80

(c) *Activity therapy.* The inpatient service shall maintain a ratio of 1.6 hours of activity therapy staff time per patient per week. Additional therapists may be employed as needed. In addition sufficient free time for unstructured but supervised play or activity will be provided.

(d) *Social service.* Each service shall employ at least one full time social worker and provide for a minimum of 1.6 hours per week per patient under care.

(e) *Psychological service.* Each service must provide a minimum of one hour per week of psychology time for each patient under care.

(f) *Educational service.* Each mental health inpatient service for children and adolescents is responsible for providing or arranging for special educational programs to meet the needs of all patients being served in the facility. If the service provides its own school program, 4.8 hours per patient per week of teacher time is considered minimal care.

(g) *Vocational service.* If indicated by patient need each inpatient service shall make available a vocational program to each adolescent 14 years of age and older according to the individual patient's age, developmental level and clinical status. This program will be under the auspices of a vocational counselor and is to be carried out in conjunction with, and not in place of the school program. Vocational counseling and training shall be a minimum of 1.3 hours per patient per week, if the service operates its own school program and .8 hour per patient per week, if the facility uses public or other schools.

(h) *Speech and language therapy.* Each mental health inpatient service shall provide one hour per patient per week minimal care of speech and language therapist time for children and adolescents diagnosed as requiring such therapy.

(i) *Add-on factor.* To account for vacation time, sick leave or other absences to which employees may be entitled, the application of a "post shift" factor of 1.59 should be calculated for treatment posts staffed 7 days a week and 1.13 for those staffed 5 days a week. In addition, a 20% factor should be used to account for patient charting, planning and other non face to face care which is required to maintain the program.

Example of calculation for a 10 bed unit:

Nursing-RNs (7 day week)      Psychiatry-Psychiatrists (5 day week)

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1.28 hrs per day per standard		1.4 hrs per week per standard	
<u>X 10 patients</u> (2 shifts)		<u>X 10 patients</u>	
12.8 hrs		14 hrs	
+ <u>8 hrs</u> per day per staff		+ <u>40 hrs</u> per week per staff	
1.6 staff posts		.35 staff posts	
<u>X 20%</u>	1.6	<u>X 20%</u>	.35
.32	+ <u>.32</u>	.07	+ <u>.07</u>
1.92	1.92	.42	.42
X 1.59 post shift factor for		X 1.13 post shift factor	
_____ 365 day coverage		.4746 or .48 positions	
3.05 positions			

(2) PROGRAM OPERATION AND CONTENT. (a) *General consideration.* Children and adolescents shall be accepted for other than emergency inpatient treatment only if the child or adolescent requires treatment of a comprehensive and intensive nature and is likely to benefit from the program the inpatient facility has to offer or outpatient alternatives for treatment are not available. No child or adolescent shall be admitted to any inpatient facility more than 60 miles from home without permission of the department. Each inpatient service shall specify in writing its policies and procedures, including intake and admission procedures, current costs, the diagnostic, treatment and preventive services it offers and the manner in which these are regularly conducted. Intake and admission procedures must be designed and conducted to ensure as far as possible a feeling of trust on the part of the child and family. In preparation for admission, the diagnosis and evaluation as well as the development of the treatment plan shall take into consideration the age, life experience, life styles, individual needs and personality, clinical condition, special circumstances necessitating admission and special problems presented by the patient and family. Complete assessment shall include clinical consideration of each of the fundamental needs of the patient; physical, psychological, chronological and developmental level, family, education, social, environmental and recreational. In addition to establishing a diagnosis and carrying out treatment, each service must also make provision for the diagnosis and treatment of any concurrent or associated illness, injury, or handicap. When treatment is to be concluded, the responsible agency will plan with the child, parents and other significant persons or community agencies to ensure an environment that will encourage continuing growth and development.

(b) *Family participation.* Mental health inpatient service shall involve the family's participation. Information about the patient's home experiences will be obtained and the family shall be informed of the patient's problems, progress and experiences in the facility. Information regarding contacts with parents shall be made part of the clinical record. There shall be appropriate educational programs for families designed to enhance their understanding of the goals of the facility and to help them feel welcome as active and participating partners. Participation for families should be scheduled at times when they can reasonably be expected to attend. Family therapy can be included at the discretion of the therapist.

(c) *Special education program.* Each inpatient service is responsible to see that all patients shall be helped to secure a formal education. There shall be flexibility in the special education program and each program shall be tailored to each individual in order to maximize potential growth.

(d) *Vocational program.* If appropriate, plans for work experience shall be developed as part of the overall treatment plan for each adolescent, 14 years of age and older. In planning such experiences, the vocational counselor shall consider the individual's aptitudes and abilities, interests, sensorimotor coordination, and self and vocational perception. When appropriate, work experiences shall be utilized to promote structured activity, provide opportunities for accomplishment, increase the patient's self-confidence and self-esteem, and provide vocational training and preparation.

(e) *Activity therapy.* Appropriate programs of activity therapy and social activities shall be provided for all patients for daytime, evenings and weekends, (emphasis on latter two), to meet the needs of the patient and the goals of the program. Programs shall be structured to reflect patterns and conditions of everyday life. These programs shall be planned to aid the patients in exploring the nature of their individuality and creativity, in motor, cognitive and social skills, and integrating these into a positive sense of self and to meet therapeutic goals as described.

History: Cr. Register, March, 1977, No. 255, eff. 4-1-77.

**PW-MH 60.72 Children and adolescents mental health outpatient service.** (1) **REQUIRED PERSONNEL.** Of the treatment personnel required for any out-patient service, a minimum of 30% staff time must be devoted to children and adolescents services. If qualified children and adolescents mental health professionals are not available on a full or part-time basis, arrangements shall be made to obtain their services on a consulting basis. The staffing patterns of the facility shall be adequate for the provision of high quality of care and shall be appropriate in relationship to: characteristics of patient population; the hours and days the facility operates; chronological and developmental ages of patients; assessment, therapeutic and follow-up programs; intensity and kinds of treatment; nature of disorders, amount of work done with families and significant others; geographic characteristics of territory to be covered; community education and consultation programs; amount of training and research done by facility.

(2) **PROGRAM OPERATION AND CONTENT.** (a) *Accessibility.* Outpatient services insofar as possible should be scheduled at times that are reasonably convenient to the patients and families served, in relation to the availability of transportation and considering work or school requirements. The outpatient service shall make provision for walk-in clients, provide for home visits, if clinically indicated, offer clinical consultation to clients in day care services, head start programs, schools, youth centers, jails, alternate care facilities and other community programs. An appointment system that serves to minimize waiting time, in addition to a system for follow-up of broken appointments, should be established.

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(b) *Program content.* 1. The patient shall participate in the intake process and in the decision that outpatient treatment is indicated to the extent appropriate to age, maturity and clinical condition. The patient's family, wherever possible, shall have explained to them the nature and goals of the outpatient treatment program and their expected participation and responsibilities. Insofar as possible, the family shall be informed and involved appropriately in decisions affecting the patient during intake treatment, discharge and follow-up.

2. The psychiatric outpatient service shall document about each patient: responsibility for financial support, arrangements for appropriate family participation in the treatment program when indicated; authorization and consent for emergency medical care if the patient becomes ill or has an accident while in treatment and the family cannot be reached; arrangements for transportation to and from the facility; and authorization if the patient is to go to other community areas, facilities or events as part of the outpatient program; releases for sharing of confidential materials when necessary; appropriate consents for participation in research programs.

3. Assessment shall include clinical consideration of the physical, psychological, development, chronological age, environmental, family, social, educational and recreational factors related to the child and adolescent.

4. The relationship between any adult, who has current and/or continuing responsibility for the child's and adolescent's life, and the patient shall be carefully evaluated at regular intervals.

*History:* Cr. Register, March, 1977, No. 255, eff. 4-1-77.

**PW-MH 60.73 Child and adolescent mental health day treatment service.** (1) **REQUIRED PERSONNEL.** (a) Day treatment personnel shall include various professionals composing a child and adolescent mental health team. They shall be directly involved in the evaluation of patients for admission to the service, determining plan of treatment and amount of time the patient participates in the service and in evaluating patients for changes in treatment or discharge. When qualified child and adolescent mental health professionals are not available on a full or part-time basis, arrangements shall be made to obtain their services on a consulting basis.

(b) Day treatment services shall provide activity therapy for children and adolescents in the program by employing a recreational therapist or occupational therapist or both.

(c) Each service should consider having on staff at least one teacher who can supplement the public school program and who can act as liaison between the public school program personnel and the mental health treatment personnel.

(2) **PROGRAM OPERATION AND CONTENT.** (a) A day treatment program shall provide:

1. Family therapy as indicated.
2. Arrange for special education programs as indicated.

(b) Speech and language therapy shall be available when needed.

(c) The patient shall participate in the intake process and in the decision that day treatment is indicated to the extent appropriate to age, maturity and clinical condition. Staff shall explain to the patient and family the nature and goals of the programs and their expected participation and responsibilities.

(d) A staffing conference involving the professional staff responsible for the patient and other staff who participate in the patient's therapeutic programs shall be held within one week after the patient's admission. The staff shall review the patient's response to the treatment program, to the patient's adjustment to the program, to other patients and to staff. Where indicated the patient's current educational needs, including weaknesses and strengths, shall be assessed using special educational testing. A report of the conference, with observation and recommendations, shall be made part of the patient's record.

(e) Monthly conferences shall be held with a member of the professional staff and at least one member of the child's or adolescent's family or that person most responsible for the child's or adolescent's welfare. There shall be an exchange of information about the patient's home experiences, progress and experiences at the facility, and any problems encountered. Reports of such conferences shall be made part of the patient's record.

**History:** Cr. Register, March, 1977, No. 255, eff. 4-1-77.