

Chapter PW-MH 60

MENTAL HYGIENE

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PW-MH 60.01 History: Cr. Register, February, 1959, No. 38, eff. 3-1-59; r. Register, August, 1972, No. 200, eff. 9-1-72.

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.

(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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tion, special education, hospital administration, medicine, or a related field. He shall have had, in addition, progressively responsible experience in this or a related field.

b. An equivalent combination of training and experience may be substituted for these requirements, in considering personnel having held responsible administrative positions in this or related fields.

(b) *Program personnel.* Qualifications of program personnel are those established for approval of programs under section 51.38, Wis. Stats., through Wis. Adm. Code section PW-MH 60.30.

(5) **QUALITY OF PROFESSIONAL SERVICES.** Services for the developmentally disabled provided under section 51.437, Wis. Stats., shall meet the standards established for such programs by Wis. Adm. Code section PW-MH 60.30, and other applicable codes.

(6) **REQUIREMENTS FOR INSERVICE AND EDUCATION LEAVE PROGRAMS FOR PERSONNEL.** Personnel policies shall incorporate provisions for inservice training and education leave programs for program personnel.

(7) **ELIGIBILITY OF CLIENTS.** No developmentally disabled person shall be denied service on the basis of race, color, sex, creed, location, or inability to pay.

History: Cr. Register, July, 1973, No. 211, eff. 8-1-73.

STANDARDS COMMUNITY MENTAL HEALTH INPATIENT SERVICES

PW-MH 60.61 Introduction and definitions. (1) **INTRODUCTION.** The following standards have been developed for community inpatient mental health services receiving state aids, whether directly operated by counties or contracted with private providers. The standards are intended to be consistent with those stated in *Standards for Psychiatric Facilities*, published by the American Psychiatric Association, 1969; with the psychiatric footnotes to the Accreditation Manual for Hospitals, published by the Joint Commission on Accreditation of Hospitals, December, 1970; and with recent federal court decisions in Wisconsin and other states. They are intended to insure that each mental health inpatient service will provide appropriate treatment to restore mentally disordered persons to an optimal level of functioning and return them to the community at the earliest possible date. In order to do this the service must:

(a) Have an ethical, competent staff responsible for carrying out a comprehensive treatment program;

(b) Integrate its services with those provided by other facilities in the county which serve the mentally ill, mentally retarded, and alcoholics and drug abusers;

(c) Preserve the dignity and rights of all its patients; and

(d) Be responsive to the needs of its community.

(2) **DEFINITIONS.** (a) Community mental health inpatient services (hereafter called Services) means a county-operated unit, general hospital psychiatric unit, or private psychiatric hospital whose primary objective is to provide care and intensive treatment for the mentally ill, alcoholics and drug abusers.

(b) Department means the department of health and social services.

(c) Patient means anyone receiving care in a community mental health inpatient service.

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

PW-MH 60.62 Mental health treatment program. (1) **REQUIRED PERSONNEL.** (a) *Psychiatry.* Each mental health inpatient service shall have a psychiatrist who has completed an approved residency training program in psychiatry as its director of mental health services. This director shall be responsible for organization and maintenance of an active mental health treatment program and shall assume responsibility for the admission, treatment, discharge planning, and release of patients from the inpatient service. The director of mental health services and additional psychiatrists, as needed, shall be available for daily inpatient visits, in order to carry out an adequate treatment program. Additional provision shall be made for emergency contact between such visits. Each service shall provide for a minimum of .8 hour a week psychiatric treatment time per patient under care. The psychiatric staff will assume responsibility for patient care, utilizing the services of the medical staff for necessary general medical care.

(b) *Nursing service.* 1. Registered Nurses and Licensed Practical Nurses. Each service shall employ sufficient registered nurses and licensed practical nurses to provide full-time nursing service for each shift 7 days a week. All registered nurses and licensed practical nurses employed to provide nursing service must have a current Wisconsin certificate to practice as a RN or LPN, and appropriate experience and/or further education for the responsibility of the position. The following schedule of licensed nursing coverage is minimal, with the added provisions that at least one staff member on the day and evening shift be a registered nurse. In computing the number of licensed personnel needed on each shift, the totals should be rounded up if .5 or more, down if less than .5. There must always be at least one licensed person on duty on each shift, even if the number required is less than .5.

<i>Day Shift</i>	<i>Evening Shift</i>	<i>Night Shift</i>
.32 hrs/pat/day	.16	.16
or		
2.24 hrs/pat/wk	1.12	1.12

2. Aides and other paraprofessionals. Each service shall employ a sufficient number of aides or other paraprofessionals to provide a ratio of 1.25 hours of such time per patient per day. In computing this ratio, dietary, maintenance and housekeeping staff, volunteers or building watchmen shall not be included as aides. There shall be at least one aide or other treatment staff person on duty in each ward when patients are present to insure adequate patient supervision. In determining adequate care the department has the authority to determine what constitutes units of coverage. Paraprofessionals entitled mental health technicians or mental health workers may be employed. They shall be selected on the basis of their personal qualities and aptitude. They must have a period of orientation and inservice training, and work under the supervision designated treatment staff.

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(c) *Activity therapy.* Each service shall employ at least one full-time registered occupational therapist and one certified occupational therapy assistant or a graduate of the division of mental hygiene's Activity Therapy Assistant Course. Where other health care services are located in the same or continuous property, one full-time occupational therapist may serve the other health care service as well as the inpatient mental health services. The mental health inpatient service shall maintain a ratio of 1.6 hours of activity therapy staff time per patient per week. A registered music therapist or art therapist may fill the requirement for activity therapy positions after one registered occupational therapist has been employed. Where work therapy is utilized, each service shall designate the registered occupational therapist to coordinate the planning, assignment and evaluation of industrial therapy, unless the service has employed a vocational rehabilitation counselor. In this circumstance the vocational rehabilitation counselor shall be in charge of industrial therapy.

(d) *Social services.* Each service shall employ one full-time social worker and provide for a minimum of .8 hour a week social work time per patient under care. Social workers must have a master's degree from an accredited school of social work or a bachelor's degree in social work or social science. The first social worker hired must have a master's degree in social work.

(e) *Psychological services.* Each service shall employ or contract for the services of a clinical psychologist licensed in the state of Wisconsin to provide psychological testing, counseling and other psychological services. A minimum ratio of .8 hour per week psychology time per patient under care shall be provided.

(f) *Exceptions.* A special exception to any of the foregoing personnel requirements may be granted in unusual circumstances, if a service develops an alternative proposal, satisfactory to the department, to provide an innovative approach to patient care, which provides levels of services equivalent to those required in these standards. An exception may also be granted to a proposal which substitutes personnel with qualifications equal to those listed above.

(2) PROGRAM CONTENT. (a) *Therapeutic milieu.* 1. General consideration. An important factor in a mental health treatment program in an inpatient service is a therapeutic atmosphere. Although intangible, the presence or lack of this atmosphere is pervasive and immediately apparent. It is important that all staff members treat each patient with respect, providing him all freedoms his condition permits and allowing him to retain his sense of individuality, his freedom of choice and his independence. Patients shall be encouraged to behave appropriately and in a socially acceptable way. Patients shall be permitted to dress in individually selected street clothing and retain sentimentally important personal possessions as clinically indicated. They shall be permitted to write letters, subject to restrictions only as clinically indicated. Home-like living quarters with drapes, pictures and furnishings shall be provided, and normal needs for privacy and feelings of modesty respected. Conversely, severe restriction of freedom of movement by prison-like practices; implicit or explicit expectations of dangerous, unpredictable behavior; use of punishment, especially seclusion and restraint, in the guise of therapy; exploitation of patient labor; use of spoons only as eating utensils and the like, shall not be permitted.

2. Staff functions. To maximize the therapeutic effect of hospitalization, all aspects of mental health inpatient care must be integrated into a continuous treatment program. The activities of all staff—psychiatrists, physicians, psychologists, social workers, activity therapists, nurses, aides, chaplains and others—must be coordinated in a concerted treatment effort, utilizing the special skills and roles of each in a complementary manner to effect a total therapeutic purpose. The services of volunteers must be used in the same way. The specific treatment responsibilities of psychiatrists, psychologists, social workers and activity therapists are generally well understood, but the contributions of volunteers and other staff, such as chaplains and food service workers, also have important implications for patients' welfare. Their work must be carried out in a manner which furthers the total treatment program. Nursing staff shall be full partners in the therapeutic team and, as a significant portion of their nursing responsibilities, shall participate in activities such as group therapy, supportive counseling, and socializing experience for patients. Mental health aides are valuable contributors to the therapeutic milieu. As staff members who are constantly in close contact with patients, their activities are to be geared carefully to provide patients with emotional support and respite from inquiry into their difficulties, promote their independence, and provide them with companionship and assistance in personal care and grooming, recreational activities, social behavior, care of property and day to day living.

(b) *Evaluation.* Every newly received patient shall be evaluated by the professional staff within 48 hours after admission. This evaluation shall include psychiatric examination, the initiation of family contact and social history taking, and psychological examination when indicated. A plan of treatment and/or disposition shall be formulated and periodically reviewed. Progress notes on all cases shall be written frequently and regularly as the patient's condition requires, but in no instance less than once a week.

(c) *Clinical records.* The mental health inpatient service shall maintain a current treatment plan and clinical record on each patient admitted to the service.

(d) *Drug and somatic therapy.* Every patient deemed an appropriate candidate shall receive treatment with modern drugs and somatic measures in accordance with existent laws, established medical practice, and therapeutic indications as determined by current knowledge.

(e) *Group therapy.* Each mental health inpatient service is encouraged to develop group therapy programs, including remotivation groups where appropriate. Nursing and aide staff should be trained in these therapy techniques.

(f) *Activity therapy.* The occupational therapist shall organize and maintain an activity therapy program on a year-round full time basis. This treatment and rehabilitation program shall be reality oriented and community focused. The program shall be carried on both in the facility and in the community. The activity therapy department shall also provide a program of recreational activities to meet the social, diversional and general developmental needs of all patients. A recreational therapist may be employed for this purpose. Activity therapy should be a part of each patient's treatment plan and should be individually determined according to his needs and

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.