

**Crisis Services for Children Network (CSCN)
Provider Verification of DHS 34 Training and Supervision**

Name of Agency providing crisis stabilization services:	
Date:	
Agency Contact Person:	

I certify that staff or foster parents providing stabilization services have received training on the following topics:

- Pertinent aspects of DHS 34
- Crisis Stabilization Programming Policy and Procedures
- Job responsibilities for staff in the program
- Applicable parts of 48, 51, 55 and related rules
- The provisions of s 51.30 and DHS 92 regarding confidentiality of treatment records
- The provisions of s 51.61 and DHS 94 regarding patient's rights
- Basic mental health and psychopharmacology concepts applicable to crisis situations
- Techniques and procedures for assessing and responding to the emergency mental health services needs of persons who are suicidal, including suicide assessment, suicide management, and prevention
- Techniques for assessing and responding to emergency mental health service needs of persons who appear have problems related to the abuse of alcohol or other drugs.
- Techniques and procedures for providing non-violent crisis management for clients, including verbal de-escalation, methods for obtaining backup, and acceptable methods of self-protection and protection of the client and others in an emergency situation.

I certify that our agency has 24/7 consultation with a person meeting one of the following sets of qualifications, please check which one:

- WI Licensed Psychiatrist (DHS 34.21 (3)(b) 1.)
- WI Licensed Psychologist (DHS 34.21 (3)(b) 2.)
- Psychology residents shall have 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 WI psychology examining board (DHS 34.21 (3)(b) 3.)
- 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 (DHS 34.21 (3)(b) 4.)
- WI Certified Independent Clinical Social Worker (DHS 34.21 (3)(b) 5.)

I attest that the above information is accurate and reflects the training and consultation provided.

Printed Name of Agency Representative

Signature of Agency Representative

Date