

O'ROURKE
Dementia
Stabilization Unit

STABILIZE | ANALYZE | EDUCATE

THE DSU PROVIDES SHORT-TERM STABILIZATION AND ASSESSMENT FOR PEOPLE WITH DEMENTIA IN CRISIS SO THAT THEY MAY RETURN TO THEIR HOMES OR A NEW FACILITY TO BE CARED FOR BY COMPETENT, WELL-INFORMED CAREGIVERS.

Introduction

- ▶ Crystal Noble is the O'Rourke DSU Manager. She holds a Master's Degree in Organizational Leadership. Her certifications and instructional expertise include: Certified Dementia Practitioner, C.N.A., an instructor for CBRF trainings, and an instructor for CPI and Trauma.
- ▶ Beth Tordoff is the Social Service & Life Enrichment Supervisor at Pleasant View Nursing Home. She also supports the DSU. She has a Master's Degree in Special Education & Behavior Management.

WHAT IS THE DSU?


Background

- ▶ Pleasant View Nursing Home created the O'Rourke Dementia Stabilization Unit, which is physically located in Monroe, Green County, Wisconsin.
- ▶ The DSU is a six-bed community-based residential facility licensed by the State of Wisconsin.
- ▶ The DSU admitted the first resident 12/6/2021.

WHAT IS THE DSU?

The Goal


- ▶ The goal of the O'Rourke DSU is to serve as a temporary placement and stabilization for individuals of advanced age with a diagnosis of dementia who are exhibiting crisis behaviors.
- ▶ The O'Rourke DSU provides stabilization by conducting a thorough assessment, developing a stabilization plan, and returning people to their home or a new facility equipped with better support and education for their caregivers. We give the individual the best chance of success.



WHAT IS THE DSU?

Stabilization


- ▶ The O'Rourke DSU is dedicated to enhancing the quality of life for residents and their families. During stabilization, the team is able to assess medication, physical, psychiatric, emotional, social, and historical needs.
- ▶ This in-depth assessment includes an exploration of the resident's life span experiences to understand their world and the meaning behind their troubling responses to their environment. The comprehensive assessment provides the basis for an individualized service plan by maximizing their strengths and abilities.



WHAT IS THE DSU?


Discharge

- ▶ This short-term program shares the information gathered with the individual's core group of support. Discharge planning works with the core group to find the best placement.
- ▶ With renewed understanding, additional support, and newly learned strategies from their care team, the individual can safely return home or transition into a new facility.
- ▶ We want the individual to succeed in the next step of their life.



Why the DSU?


- ▶ Individuals who have dementia or cognitive impairment with crisis behaviors.
 - ▶ Last chance
 - ▶ Evicted – 30 day notice
 - ▶ Caregiver Burn out
 - ▶ Jail
- ▶ Staff training includes:
 - ▶ Dementia
 - ▶ Trauma
 - ▶ Traumatic Brain Injury
 - ▶ Crisis Prevention
 - ▶ Behavior Management



Difference in Behaviors

Individuals with dementia and behaviors do not belong in a Geri-psych.


Dementia Behaviors		Psychiatric Behaviors	
Onset	Usually later in life; gradual	Onset	Often earlier in life; can be sudden
Course	Progressive worsening	Course	Episodic or stable; may improve
Memory	Clearly impaired, especially new learning	Memory	Usually intact (may seem poor due to attention)
Orientation	Frequently disoriented	Orientation	Typically oriented to time/place/person
Insight	Insight often poor or absent	Insight	Often some insight (varies)
Hallucinations	Less common; visual more typical	Hallucinations	Common (esp. auditory)
Personality change	Often a noticeable, lasting change	Personality change	May fluctuate
Language	Word-finding, comprehension problems	Language	Generally intact
Response to meds	Limited, symptom-focused response	Response to meds	Often strong response



Behavior Patterns


<p>Dementia Behaviors</p> <ul style="list-style-type: none"> ▶ Repeating the same questions or stories ▶ Getting lost in familiar places ▶ Difficulty with once-routine tasks ▶ Confabulation (filling memory gaps without awareness) ▶ Sundowning (worse confusion in evenings) ▶ Come from progressive brain disease (Alzheimer's, vascular dementia, Lewy body, frontotemporal). ▶ Involve ongoing cognitive decline (memory, language, judgment). ▶ Progressive and irreversible, though symptoms can be managed. 	<p>Psychiatric Behaviors</p> <ul style="list-style-type: none"> ▶ Complex, systematized delusions ▶ Hearing voices commenting or commanding ▶ Mood-congruent behaviors (e.g., mania → impulsivity) ▶ Symptoms wax and wane with stress ▶ Clear periods of normal functioning ▶ Come from mental health conditions (like schizophrenia, bipolar disorder, severe depression, personality disorders). ▶ Thinking and behavior are disrupted, but basic cognition is often intact, especially early on. ▶ Can improve significantly with treatment.
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Some conditions blur the line:
Depression in older adults can mimic dementia ("pseudodementia")
Lewy body dementia often presents with psychiatric symptoms
esp.
Delirium (acute confusion) can coexist with either and must be ruled out




Activity – The Silent Line Up

- ▶ **Time:** 5 minutes
- ▶ **Best for:** Energetic groups
- ▶ **How it works**
- ▶ Without talking, line up by:
 - ▶ birthday (month/day)
 - ▶ Use fingers, gestures, stomping, or other ideas without speaking or mouthing words
- ▶ **Why it builds trust**
- ▶ Requires nonverbal cooperation
- ▶ Fun, slightly chaotic bonding




Explanation of activity

- ▶ Communicate in other ways
- ▶ What our residents go through when they can't communicate?
- ▶ Did you have any triggers while participating?
- ▶ How did you feel from it?
- ▶ Was someone able to help you get past feeling that way?
- ▶ Were you able to help someone else?



How do we DSU?

- ▶ Finding triggers:
 - ▶ We can't duplicate the individual's previous environment
 - ▶ We have to figure out what triggers the individual in our setting
 - ▶ We have a safe setting for the residents
- ▶ 1 staff to 2 resident ratio
- ▶ Intentional, slow down and observe
 - ▶ Behavioral charting every 30 minutes
 - ▶ Safety checks every 30 minutes



Protective Placement

- ▶ 🗨️ **Quick Reality Checklist (what must exist)**
- ▶ To get into O'Rourke, you almost always need
 - ▶ Depends on the county and specific judicial orders
- ▶ Guardianship Order (**GN-3170**)
- ▶ Protective Placement Order (**GN-4060**)
- ▶ Locked unit authorization in the order
- ▶ Completed evaluations (**GN-3135, GN-4050**)



Protective Placement


- ▶ **WHO CAN GET THE PROTECTIVE PLACEMENT:**
- ▶ Adult Protective Services (APS)
- ▶ County
- ▶ Guardian
- ▶ Attorney – POA
- ▶ Etc...



Protective Placement


- ▶ Initial petition
 - ▶ GN-4040 – Petition for Protective Placement / Protective Services
 - ▶ 🗨️ This is the key filing that leads to O'Rourke eligibility
- ▶ Evaluation documents
 - ▶ GN-4050 – Comprehensive Evaluation (functional + medical)
 - ▶ 🗨️ REQUIRED before placement hearing
- ▶ Court orders
 - ▶ GN-4060 – Order for Protective Placement
 - ▶ 🗨️ THIS is the document O'Rourke requires
 - ▶ GN-4070 – Order for Protective Services

Each County may have a different title for the order that means the same. Talk with the DSU regarding the order.




Protective Placement

- ▶ **STEP 1: Crisis / Unsafe Behavior**
 - ▶ Examples:
 - ▶ Wandering
 - ▶ Aggression
 - ▶ Unable to care for self
 - ▶ Unsafe at home
 - ▶ Not taking medications
 - ▶ At this point, people often:
 - ▶ Call Adult Protective Services (APS)
- ▶ **STEP 2: Temporary / Emergency Protective Placement**
 - ▶ Person may go to hospital under emergency detention
- ▶ **Important:**
 - ▶ This is temporary (usually ≤72 hours unless extended)
 - ▶ Court hearing has to be held within 72 hours.
 - ▶ Depending on circumstances, the DSU may be able to admit under 72 hour EPP.




Protective Placement

- ▶ **STEP 3: File Petitions (the turning point)**
 - ▶ Usually county or family files:
 - ▶ GN-3100 → Guardianship petition
 - ▶ GN-4040 → Protective placement petition
 - ▶ At this stage:
 - ▶ Person is NOT yet placeable at O'Rourke
 - ▶ You are waiting for court
- ▶ **STEP 4: Evaluations**
 - Required before court:
 - Physician/psychologist completes: GN-3135 (competency) GN-4050 (functional assessment)
 - These establish:
 - Dementia/incapacity
 - Need for placement
 - Dangerousness / inability to care for self





Protective Placement

- ▶ **STEP 5: Court Hearing**
 - ▶ Judge determines:
 - ▶ Is the person incompetent? (Ch. 54)
 - ▶ Do they meet placement criteria? (Ch. 55)
 - ▶ Criteria include:
 - ▶ Primary need for care/custody
 - ▶ Risk of harm
 - ▶ Least restrictive placement
- ▶ **STEP 6: Court ORDERS issued**
 - If approved:
 - GN-3170 → Guardianship Order
 - GN-4060 → Protective Placement Order
 - ▶ This is the first moment placement becomes legal
 - ▶ DSU only needs a 30-day protective placement order at this time. Taking this approach may help the judicial system by providing a temporary placement, allowing for a formal review at a later date to determine if a permanent order is necessary.



Protective Placement

- ▶  STEP 7: Locked Unit Authorization (critical for O'Rourke)
- ▶ O'Rourke is a secure dementia unit (egress locked doors), so the order must include:
- ▶ Specific finding that:
 - ▶ person is so disoriented/confused they may wander
 - ▶ or is dangerous
- ▶  Without this, placement can be denied even with an order



Now what....

Now you can submit:

Court orders (GN-4060, GN-3170)

Hopefully you have already been in touch with the DSU and have sent some records including:

- Medical records
- Behavioral history
- Progress Notes
- Medication List
- Physical – Medical/Psych clearance

▶ Referral



- ▶ Crystal will send you
 - ▶ Referral documents
 - ▶ filled out by anyone who knows individual
 - ▶ Admission documents
 - ▶ filled out by Guardian

Facility reviews and accepts/denies

- ▶ AFS/MCO/GN sets up transportation




Guardianship

- ▶ Core filing forms
 - ▶ GN-3100 – Petition for Guardianship (Person and/or Estate)
 - ▶ GN-3130 – Confidential Petition Addendum (details like diagnosis, behaviors)
- ▶ Required supporting documents
 - ▶ GN-3135 – Examining Physician/Psychologist Report
- ▶  REQUIRED to prove incompetency
 - ▶ GN-3140 – Statement of Acts by Proposed Guardian
 - ▶  Shows willingness/ability to serve
- ▶ Court outcome
 - ▶ GN-3170 – Order for Guardianship (Person and/or Estate)



Protective Placement


- ▶ 🚨 **Quick Reality Checklist (what must exist)**
- ▶ To get into O'Rourke, you almost always need:
 - ▶ Guardianship Order (**GN-3170**)
 - ▶ Protective Placement Order (**GN-4060**)
 - ▶ Locked unit authorization in the order
 - ▶ Completed evaluations (**GN-3135, GN-4050**)



Protective Placement

- ▶ ⚠️ **Common Delays / Problems**
- ▶ Why admissions get stuck:
 - ▶ Petition filed but **no order yet**
 - ▶ Missing **GN-4050 evaluation**
 - ▶ No **locked unit language** in order
 - ▶ Trying to use **Chapter 51 instead of 55**
 - ▶ No guardian appointed yet
- ▶ This doesn't include PAYMENT

DSU only needs a 30-day protective placement order at this time. Taking this approach may help the judicial system by providing a temporary placement, allowing for a formal review at a later date to determine if a permanent order is necessary.



THE PAYMENT

- ▶ **Accepted payment options**
 - ▶ **Private Pay – Payment upfront is preferred**
 - ▶ **County Funded**
 - ▶ DSU and County need a contract
 - ▶ **MCO – Authorization Needed**
 - ▶ My Choice
 - ▶ Inclusa
 - ▶ Lakeland Care
 - ▶ Working on Community Care

\$975.00 per day
28 day stay = \$27,300.00
Does not matter payor source



What happens at the 28 day mark?

- ▶ Placement is found?
 - ▶ APS/MCO/GN sets up transportation
 - ▶ Documents are sent to new facility along with all meds.
 - ▶ Behavior Support Plan H&P
 - ▶ Progress Notes Psychiatric Evaluation
 - ▶ Medication List Service Plan
- ▶ If placement is not found or ready?
 - ▶ Individual needs to discharge at 28 days, even if it is for 1 night.
 - ▶ Resident can come back into DSU for another 28 days if needed.
 - ▶ If available, an individual may be able to go to PVNH for the night.
 - ▶ Family/GN can pick up individual for the night.
 - ▶ DSU staff can go to new facility to assist with transition.



What happens after 28 days?

- ▶ Individuals learn to live their best life.
 - ▶ A resident was able to go on vacation with family to FL.
 - ▶ A resident has learned to enjoy his new home by playing catch with others and going for ice cream.
- ▶ The DSU likes to check up on residents to see how they are doing.
- ▶ You can also send Crystal an email on how the residents are doing, just a quick message.



Closing

After all of this, do you see any of your residents or loved ones differently?

Do you have any additional questions?

You can email Crystal at cnoble@greencountywi.org

Or call at 608-426-3010





A. Counties are located in the State of Wisconsin and have a need for a facility to place individuals with dementia in crisis who are not proper subjects for treatment under Chapter 51 of the Wisconsin Statutes.

B. Each County Corporation Counsel represents the interests of government and related service providers for their respective counties.

C. In *Fond du Lac County v. Helen E.F.*, 333 Wis. 2d 740, 798 N.W. 2d 707 (2012), the Wisconsin Supreme Court concluded that individuals in need of emergency protection who are presumed to have a primary diagnosis of dementia are not proper subjects for inpatient mental health treatment in a psychiatric facility nor are they subject to emergency mental health treatments and interventions provided in Chapter 51. The Court determined that Chapter 55 more appropriately serves the needs of these individuals because of the nature of the condition and the additional procedural protections afforded by Chapter 55.

The process for emergency protective placement (“EPP”) is dictated by Section 55.135 Wis. Stats. A law enforcement agency, fire department or county department agency or agency with which it contracts under Section 55.02(2) Wis. Stat. shall designate at least one employee authorized to take an individual under custody. Counties must keep the DSU up to date as to who the designated employee(s) are authorized to take an individual under custody under Chapter 55.

Counties must use State Form GN-4000 (Statement of Emergency Protective Placement) or draft an equivalent form. EPPs are based upon personal observation of or a reliable report made by a person who identifies himself or herself to a sheriff, police officer, fire fighter, guardian, if any, or authorized representative of a county department or an agency with which it contracts under Section 55.02 (2) Wis. Stats. Counties must attempt to collect medical or other documents relevant to the need for an EPP.

Pursuant to Section 55.135(3) Wis. Stats., a notice of rights must be provided to the individual taken into custody by the facility, both orally and in writing. The DSU will provide the notice of rights to the individual at the time of admission. However, it is recommended that the individual receive a copy at the time he/she is taken into custody.

ATTACHMENT A GUIDANCE REGARDING EMERGENCY PROTECTIVE PLACEMENT

SUMMARY

A Statement of Emergency Protective Placement is used to take an individual into custody in an emergency situation and temporarily protectively place the individual in an appropriate facility.

EMERGENCY PROTECTIVE PLACEMENTS UNDER CHAPTER 55

Emergency protective placements are a means of intervening in an emergency situation if it is probable that an individual, as a result of an impairment as defined in Chapter 55, is incapable of providing for his or her own care or custody so as to create a substantial risk of physical harm to himself, herself or others if protective intervention is not immediately taken.

WHO CAN MAKE AN EMERGENCY PROTECTIVE PLACEMENT?

Under Wis. Stat. § 55.135, an emergency protective placement may only be made by a sheriff or police officer, a fire fighter, a guardian of the individual, or an authorized county representative, such as a representative of the county APS or crisis system.

HOW IS AN EMERGENCY PROTECTIVE PLACEMENT MADE?

The person making the emergency protective placement must prepare Form GN-4000, the Statement of Emergency Protective Placement, which includes specific factual information concerning the person's personal observations and/or reports made to that person by others. The completed Form GN-4000 must be "filed" with the facility director where the person is placed, meaning the document can be left in the office of the director with a staff person or director designee who can accept the document on the director's behalf and give it to the director.

There is no requirement of a prior court finding of incompetence and need for guardianship to make an emergency protective placement.

A Petition for Protective Placement/Protective Services, Form GN-4040, and a Petition for Guardianship Due to Incompetency, Form GN-3100 (unless the individual is already under guardianship), must be filed in the court along with the Statement of Emergency Protective Placement, the Notice of Rights on Emergency Protective Placement, Form GN-4010, and Notice of Initial Placement by Appropriate Board or Designated Agency, Form GN-4070.

TO WHAT FACILITIES CAN EMERGENCY PROTECTIVE PLACEMENTS BE MADE?

Wis. Stat. § 55.02 (2) (b) (4) states that the county department shall "designate at least one appropriate medical facility or protective placement facility as an intake facility for the purpose of emergency protective placements under s. 55.135."

An individual who requires emergency protective placement may be taken into custody and transported to an appropriate medical facility or to a facility or home of the type to which a court could order a long-term protective placement. Wis. Stat. § 55.01 (6 m) defines "protective placement facility" as "a facility to which a court may under s. 55.12 order an individual to be provided protective placement for the primary purpose of residential care and custody." Pursuant to Wis. Stat. § 55.12 (2), "protective placement may be made to nursing homes, public medical

institutions, centers for the developmentally disabled under the requirements of s. 51.06 (3), foster care services or other home placements, or to other appropriate facilities, but may not be made to units for the acutely mentally ill.” The individual could also remain in a home or facility where the individual is currently residing if appropriate services and supports can be provided.

O'Rourke DSU

ATTACHMENT B
PROCEDURAL STEPS FOR EMERGENCY PROTECTIVE PLACEMENT

This process defines the steps that are needed for a Human or Social Services Agency, as the responsible agency pursuant to Wis. Stat. 55.02(2), to initiate and follow through with an Emergency Protective Placement pursuant to Wis. Stat. Chapter 55.

Initiating an Emergency Protective Placement (EPP)

1. Obtain copy of **GN-4000** (Statement of Emergency Protective Placement) or draft such form.
 - EPPs may be initiated by law enforcement, Adult Protective Services Worker (APS Worker), or other authorized individual per Wis. Stat. 55.135(1).
 - If APS Worker initiates EPP:
 - APS Worker shall personally observe adult-at-risk before initiation.
 - Verify Wis. Stat. 55.135(1) standards are satisfied. (see end of this document for definition)
 - Draft form **GN-4000**.
 - Collect medical or any relevant documents regarding situation.
 - Consult with Corporation Counsel if assistance is needed on EPP eligibility.
2. Obtain copy of **GN-4010** (Notice of Rights on Emergency Protective Placement) or draft such form.
 - Per statute, the Notice of Rights is to be given to the adult-at-risk by the placement/treatment facility both orally and in writing. However, law enforcement and/or APS Worker is strongly encouraged to provide the Notice of Rights to adult-at-risk of EPP as well.
3. Verify bed availability at protective placement facility and provide assistance in making arrangements for admission of adult-at-risk. Prepare **GN-4070** (Notice of Initial Placement by Appropriate Board or Designated Agency) on a facility has been determined.
4. Transportation of the EPP adult-at-risk shall be provided by law enforcement or a willing family member of the adult-at-risk as arranged by APS Worker. Law enforcement or family member shall transport the EPP adult-at-risk to the medical facility for medical clearance then transport to the placement facility.
 - Note: Typically, protective placement facility requires the adult-at-risk be medically cleared before admission. Obtain medical clearance PRIOR to initiating an EPP if possible depending on adult-at-risk's level of cooperation.
 - Upon discharge from medical clearance, ensure a **discharge order** or **admissions order** is provided to protective placement facility.
5. The APS Worker shall make an effort to determine if there is an identified decision maker for the subject of the EPP.

- Contact with the facility in which the individual is placed may be helpful in determining if there is an identified decision maker (i.e. Power of Attorney, Guardian, etc).
- If Power of Attorney for Health Care is established, verify if it is activated and make attempts to contact the designated agent.
 - A Power of Attorney for Health Care is “activated” when TWO doctors have evaluated the adult-at-risk and signed a Statement of Incapacitation.

6. If there is a request for involuntary medication orders, contact Corporation Counsel.

Court Filings

1. File completed **GN-4000** along with completed **GN-3100** (Permanent Guardianship Petition) and **GN-4040** (Protective Placement Petition) with the court ASAP after initiation of EPP. Provide filed copies to Corporation Counsel.
 - **GN-3100** and **GN-4040** shall be completed and filed by Social/Human Services Agency.
 - If the adult-at-risk does NOT have an identified decision maker, a Temporary Guardianship Petition shall be completed and filed (Permanent Guardianship will follow, separately).
 - Circumstances which warrant a Temporary Guardianship include lack of an identified decision maker or request of the placement facility. Temporary Guardianship petition is part of form **GN-3100**.
 - Temporary (if needed) and Permanent Guardianship Petitions are to be drafted on separate petitions and scheduled separately. Contact Corporation Counsel for assistance.
2. A court hearing shall be scheduled to occur **within 72 hours** of the initiation of the EPP (excluding holidays and weekends).
 - Contact the court for scheduling when petitions are filed.
 - At this hearing, the EPP and the Temporary Guardianship (if applicable) will be heard.
3. Once a hearing on EPP has been scheduled, the **GN-4020** (Notice of Hearing) should be drafted, filed with the court, and distributed to relevant parties with a copy to the adult-at-risk (and attorney of adult-at-risk) as soon as possible.
4. If Temporary Guardianship Petition is filed, the petition should be heard at EPP hearing with **GN-3110** (Notice of Hearing) drafted for the temporary guardianship hearing, filed with the court, and distributed to all parties.

Court Preparation

1. Ensure copy of court filings are provided to all interested parties as soon as possible.
2. Placement facility shall have the adult-at-risk evaluated by a medical doctor **prior to the hearing.**
 - The placement facility and medical doctor shall utilize form **GN-3130** to document a completed medical evaluation by the receiving facility.
 - A copy of such report shall be provided to Social/Human Services Agency **within 24 hours** of admission to the facility.
 - File this report with the court and provide copy to Corporation Counsel as well as GAL and adult-at-risk's attorney.
 - Evaluating doctor must be available for testimony.
3. Collaborate with Corporation Counsel to ensure medical professional or other individuals familiar with the adult-at-risk are available for testimony.
 - APS Worker shall make efforts to obtain witnesses' telephone numbers for testimony.
4. APS Worker shall make arrangements for the adult-at-risk to appear at the hearing (i.e. coordinate transportation with service provider or family member; arrange for video/telephonic appearance, etc). ****It is essential that the APS Worker make arrangements for the adult-at-risk to attend the hearing.**

Probable Cause (PC) Hearing

1. For EPP:
 - Need **GN-4030** (Temporary Protective Placement Order) completed.
2. For Temporary Guardianship (if applicable):
 - Need **GN-3250** (Temporary Guardianship Order) completed.
 - Need **GN-3260** and **GN-3265** (Temporary Guardianship Letters) completed.
 - Need **GN-3230** (Temporary Guardianship Consent to Serve) completed by guardian.
3. All orders are preferred to be completed at the time of hearing but not required.

Scheduling Future Hearings

1. **IF EPP IS ORDERED**, schedule the hearing on the Permanent Guardianship and Protective Placement **within 30 days** of EPP order.
 - EPP orders expire in 30 days and cannot be extended except in rare cases.

2. Use **GN-3110** (Notice of Hearing) to document date and time of hearing and provide copies to interested parties.

55.135(1) – EPP Statute

“If, [upon a credible report to or,] from personal observation of, or a reliable report made by a person who identifies himself or herself to, a sheriff, police officer, fire fighter, guardian, if any, or authorized representative of a county department or an agency with which it contracts under s. 55.02 (2), it appears probable that an individual is so totally incapable of providing for his or her own care or custody as to create a substantial risk of serious physical harm to himself or herself or others as a result of developmental disabilities, degenerative brain disorder, serious and persistent mental illness, or other like incapacities if not immediately placed, the individual [under this paragraph who received the credible report or] who personally made the observation or to whom the report is made may take into custody and transport the individual to an appropriate medical or protective placement facility. The person making emergency protective placement shall prepare a statement at the time of detention providing specific factual information concerning the person's observations or reports made to the person and the basis for emergency placement. The statement shall be filed with the director of the facility and with any petition under s. 55.075. At the time of emergency protective placement the individual shall be informed by the director of the facility or the director's designee, orally and in writing, of his or her right to contact an attorney and a member of his or her immediate family and the right to have an attorney provided at public expense, as provided under s. 967.06 and ch. 977, if the individual is a minor or is indigent. The director or designee shall also provide the individual with a copy of the statement by the person making emergency protective placement.”