



## Dane Crisis Provider Network

### Quarterly Newsletter

April 2025



## Announcements and Reminders

- Starting April 1st, Journey will be the hub for **Crisis Plans** and **Response Plans**. Please refer to communications that have been shared with leadership. Questions can be sent to [crisis.response.plan@journeymhc.org](mailto:crisis.response.plan@journeymhc.org) or your contract manager. Journey will host open office hours for questions specifically related to this new process. The first one will be on **April 14th**:  
2nd Monday of every month  
1:30pm to 2:00 pm  
[Zoom link](#)
- County's RFP cycle has started and will be released on a rolling basis between April and May. This will include some crisis programs. If you haven't already, you can get familiar with the [RFP process here](#).
- BHRC has moved its offices to 2450 Rimrock Rd. Office hours are 8:00 am to 4:30 pm Monday-Friday. They accept walk ins!

- The first DCPN Clinical Supervisors Committee (CSC) meeting will be held in May. This group will meet quarterly and information from the CSC will be brought to other DCPN leadership meetings. Every agency providing MA billable services have been invited to participate. The two main goals of this group include:
  1. develop a universal understanding of the MA criteria
  2. provide space for peer-to-peer consultation

May 9th

11:00am to 1:00 pm

Zoom: *if you think you should have the link, please reach out to your contract manager*

- Recent federal cuts to COVID-era APRA funding may cause disruptions for Uplift WI, the state-funded peer-run warm line. Terminating funding early closed down the program effective April 5, 2025. Although the Governor recommended continued program funding in his 2025-27 budget, it is unknown if the warmline will continue after April 5. For future updates on the warmline, you can visit <https://www.mhawisconsin.org/upliftwi>.

## Program Spotlight

### Mental Health Residential Options : Short Term care and Long Term Care



When applying for a residential bed, there is a place on the residential referral form for the case manager to indicate if they are applying for a short-term or long-term care bed. This needs to be planned decision, as we do not just change a person from short-term care to long-term care when 60 days have passed. The decision of applying for short-term care or long-term care should not be dependent on if the person has income or not. If a person does not have income and needs a long-term bed, then there is no cost of care for this person until they establish an income.

Short-term Care is any stay that is planned to last 60 days or less. This is often used to transition a person back home after a hospitalization or to allow the referred person a

break from their home where current stressors/triggers are present, allowing them to re-stabilize and address the factors in the home which are causing the person to be in crisis.

Cost of care: Because it is assumed that a person has a place to go in 60 days, and are likely paying for that placement, there is no cost of care owed in short-term care.

Long-term care is any placement that is projected to be longer than 60 days. The actual length of stay is based upon meeting MA crisis stabilization billing guidelines, transfer to CRS funding, or discharging to an identified lower level of care. Residents cannot remain in a residential bed, if a lack of housing is the lone factor keeping them there.

Cost of care: \$1300/month. This is subject to a person's income. If the person has no income, cost of care will not be charged until an income has been established. Cost of care covers room/board, food, utilities, basic hygiene products, and household items, etc. Residents are allowed a \$100 a month spending allowance, and would need to pay the rest of their income in towards cost of care.

*See upcoming newsletter editions for more information on mental health residential options: contracted vs non-contracted.*

## Handbook Highlight Response Plans versus Crisis Plans



Last quarter's highlight covered what services can be billed under the MA Crisis benefit. This highlight addresses the difference between **Response Plans** and **Crisis Plans**.

DHS 34 regulation establishes language for two specific types of plans to be used when delivering emergency mental health (crisis) services: **Response Plans** and **Crisis Plans**.

### **Response Plans:**

The purpose of a DHS 34 Response Plan is to describe a person's presenting crisis and summarize key information that may be helpful in resolving the crisis, including services to be provided. All crisis services billed to MA must be authorized by a response plan.

If an individual experiences a crisis and does not have a current Response Plan, the program that first initiates services with them will provide Journey with the information necessary to create a plan. If a plan already exists, it should be updated if a new program begins providing crisis services.

### **Crisis Plans:**

The purpose of a DHS 34 Crisis Plan is to provide a holistic summary of needs, risks, protective factors, and services that may be relevant to supporting the individual when they experience a crisis. Crisis Plans are created proactively in anticipation of future crises, rather than in response to one that is happening right now.

Only a small subset of clients who receive crisis services will have a Crisis Plan. They are developed for clients at high risk of recurrent crises, to include people who are placed under a Ch. 51 civil commitment or settlement agreement or who are identified as needing residential stabilization services from a group home or adult family home.

Crisis Plans are created collaboratively with Journey Crisis Stabilization staff, program(s) providing the individual care, and, whenever possible, the client themselves. DCPN programs are expected to participate in this process when requested to do so by Journey. They may also contact [crisis.response.plan@journeymhc.org](mailto:crisis.response.plan@journeymhc.org) to consult about creating a Crisis Plan for a person who does not have one.

*More information on **Crisis Plans** and **Response Plans** are detailed on pages 9 and 10 of the DCPN Handbook.*

Click the link below to go directly to the DCPN Handbook!

DCPN Handbook

## Training Opportunities



### **Wisconsin Peer Recovery Conference**

April 15-17, 2025 (Wisconsin Dells/Virtual)

Register: [Wisconsin Peer Recovery Conference - Continuing Education and Outreach | UWSP](#)

### **NAMI Wisconsin Annual Conference**

April 25-26, 2025

Register: [Annual Conference - NAMI Wisconsin](#)

### **Youth Canvas: Painting the Picture of Mental Health**

May 1-2, 2025



### Opioids, Stimulants, and Trauma Summit

May 6-8, 2025

Register: [Opioids, Stimulants, and Trauma Summit | Wisconsin Department of Health Services](#)

### Prevent Suicide Wisconsin Annual Conference

May 13-16, 2025 (13<sup>th</sup> is in person, 14-16 are virtual half days)

Register: [Prevent Suicide Wisconsin - PSW Annual Conference](#)

### Harm Reduction Conference

July 16-17, 2025

Register: <https://www.dhs.wisconsin.gov/aoda/harm-reduction-conference.htm>

### Crisis Intervention Conference

September 18-19, 2025

Information: <https://www3.uwsp.edu/conted/Pages/Crisis-Intervention-Conference-.aspx>

### Addressing Tobacco Dependence in the Behavioral Health System: Training in the "Bucket Approach" 2022-25

The UW Center for Tobacco Research and Intervention invites you to take an online course on the Bucket Approach. Learn more about this model and complete the free training here: <https://ctri.wisc.edu/providers/behavioral-health/behavioral-health-bucket-approach/>

- **WPPNT:**  
<https://www.dhs.wisconsin.gov/wppnt/2025.htm>
- **MHTTC Network:**  
<https://mhttcnetwork.org/centers/global-mhttc/free-online-courses>
- **Behavioral Health Training Partnership Special Topics:** <https://www.uwgb.edu/behavioral-health-training-partnership/online-training/>
- **UW-Oshkosh On-Demand Training:**  
<https://uwosh.edu/ccdet/caregiver-demand/>
- **4-Step Approach to Treating Co-Occurring Disorders (12 free CEUs):**  
<https://www.uwsp.edu/orsp/research-centers-and-initiatives/citee/co-occurring-disorders-training>

Additional  
ongoing  
training  
resources



## Additional DCPN information



If you are offering an upcoming training you would like to share with the DCPN, or have any questions for the Program Spotlight, or any other questions please contact us via

[DCPN@danecounty.gov](mailto:DCPN@danecounty.gov)

*If you would like to sign up for periodic emails from the Dane County Department of Human Services, click the "subscribe" link*



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