



Dane Crisis Provider Network

Quarterly Newsletter

July 2025



Announcements and Reminders

- Journey Mental Health Center's Emergency Services Unit has moved to 37 Kessel Court, Suite 105.
TIP: Use the door on the left, not the double door.
- The DCPN Webinars are returning on August 20th at 11am. Please join us for a conversation with our partners in Adult Protective Services (APS) around guardianship process, what a guardian can and can't do and when Behavioral Health should consider pursuing a guardianship. There will be time for question and answer at the end.

Register:

<https://countyofdane.zoom.us/meeting/register/d6XTkEs6QtOpnSdRTh75JQ>

- On Saturday, September 6th there will be a **Rally for Recovery** at the Capitol. Sponsorships or attendees can register here:

<https://wisconsinvoicesforrecovery.org/2025-recovery-rally/>

Program Spotlight

Behavioral Health Placements: Contracted vs Non-Contracted homes



Contracted beds: Goodwill-Northport/Offshore, Tellurian- Acewood/Crawford, Women in Transition (WIT), Yasmin's Loving Care and Porchlight-School Road.

- 1 - Always considered first, these beds are paid for if we have someone in them or not.
- 2 - DCDHS has sole admitting rights to these homes, whereas non-contracted homes can take other funding streams (MCO, out of county, private pay).
- 3 - All homes, except School Road, are staffed 24/7 with sleep overnight staff.

Non-contracted beds: reserved for special circumstances, and as a last resort when contracted beds are full.

- 1 - Many Providers in Dane County
 - tend to be more of the "mom and pop" homes
 - AFH is either in the providers own home, or in a shift staffed home
 - varying degree of training and experience
- 2 - A monthly rate needs to be negotiated for each placement, and a placement agreement is entered with the provider.
- 3 - There is a set annual budget for these beds, not an allocated number of beds
- 4 - Examples of "circumstances" of when we would use a Non-Contracted bed

Decision Making: The decision on which home we are going to send the referral to is very nuanced where one element will/can impact another. The list below includes only **SOME** of the decision making we use to decide on a home:

- 1 - What homes have beds open and if it's a share room? (are the two people compatible?)
- 2 - How will this person interact with the other people in the home?
- 3 - If it's a non-contracted bed, will the home accept the rate we are offering? Do the "needs" of the resident match the rate which the provider generally asks for?
- 4 - Is there a symptom or need that impacts the staffing pattern needed? (awake overnight staff, 2:1 staffing ratio)
- 5 - How soon can the provider take the person?
- 6 - Are there ambulation issues or co-morbid medical needs?
- 7 - How is the home set up to accommodate needs?

Things that "impact" the decision

- 1 - Prioritization of referrals: the most acute person on our "active" list is placed first or a bed is "held" for that person, for example if we know that someone is

- discharging from WMHI and placement is needed, we will earmark a bed for that person.
- 2 - The number of beds open vs number of referrals greatly impacts our decision.
 - 3 - Has the person been recently placed and how did that go, did they “fail out of the bed” and if so, has those reasons been addressed?
 - 4 - If the person is newly connected to case management, will the services that the case manager can offer offset the need for a group home?
 - 5 - Is violence, sex offender status, and/or arson part of their history?
 - 6 - Level of engagement and what services the home can actually offer this person (besides housing)
 - 7 - If the person being referred has any type of nursing cares (cannot be more than 3 hours per week)

Handbook Highlight Clinical Supervision



Each DCPN program has a designated clinical supervisor. Clinical Supervisors are responsible for ensuring that service providers receive adequate support, guidance, and oversight so that our crisis system can deliver the best care possible.

Every staff member involved in providing crisis services to clients must engage in routine clinical supervision or peer clinical consultation. **Most staff working in the DCPN crisis continuum need a minimum of one hour of clinical supervision per week or for every 30 hours of service provided.** The default expectation is weekly hour-long supervision. However, if a staff member works (or engages in direct client care) significantly less than full time, less supervision may be required.

Service providers who have completed 3000 hours of supervised clinical experience and who are qualified under DHS 34.21(3)(b) 1 to 8, must engage in a minimum of one hour of peer clinical consultation per month or for every 120 hours of service provided.

Here are some important things to keep in mind about clinical supervision:

- Supervision shouldn't be combined into fewer (but longer) sessions. In other words, a two-hour supervision session every two weeks isn't the same as one hour of supervision every week. Frequent (at least weekly) supervision helps ensure services adapt to changing clients, circumstances, and client needs.
- It is everyone's responsibility to make sure adequate clinical supervision happens. Clinical supervisors must offer supervision opportunities in a way that makes participation accessible to all staff. Staff must ensure they participate in the clinical supervision that is required of them and communicate if there are barriers to this so that a solution can be found.

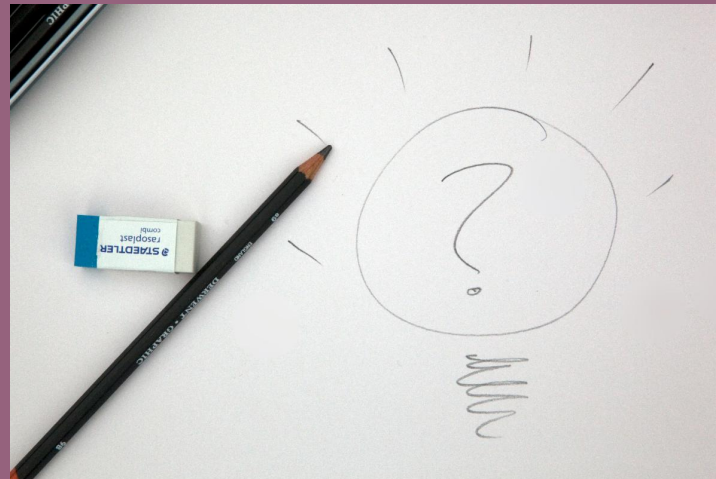
- Clinical supervision documentation is submitted to DCDHS on a quarterly basis. Any time a supervision log reflects less than the standard amount of supervision (less than one hour each week for non-licensed staff), please provide context for this on the log (for example, noting if the staff member was on vacation or on leave for part of the quarter, noting hours worked per week if significantly less than full time, etc.)

A DCPN Clinical Supervisors Committee (CSC) was recently formed and first met in May 2025. This group is open to those who provide clinical supervision to DCPN programs and will convene on a quarterly basis to help support clinical supervisors, offer an opportunity for peer consultation, and increase consistency across programs. The next meeting will take place in August.

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

DCPN Handbook

Training Opportunities



Building Participation: Introduction to Psychiatric Rehabilitation (free)

Recorded presentations (10 hours) available on-demand until August 1, 2025, No CE

Register: [Psychosocial Rehabilitation - Additional Trainings - UW-Green Bay](#)

DBT Approach to Assessment, Conceptualization, and Management of Suicide Risk

August 4, 2025, 8:30am-3:30pm (Virtual)

6 CE hours

Register: <https://www.uwgb.edu/behavioral-health/additional-trainings/suicide-care/dialectical-behavior-therapy/>

Wisconsin Mental Health Laws

August 5-6, 2025, 8:30am-11:30am each day (Virtual)

6 CE hours

Register: <https://events.blackthorn.io/en/Dn6Aug17/g/3DM6CtK8PC/2025-crisis-core-trainings-5a1KTSR2p6v/overview>

Great Lakes Motivational Interviewing Conference

August 6-8, 2025 (Madison)

CE available

Register: <https://www.wisconsinconnect.org/micon.html>

Anesis Multicultural Mental Health Conference

August 21-22, 2025 (Madison)

CE available

Register: <https://anesistherapycenter.com/conf25>

Suicide Prevention in LGBTQIA+ Communities: Affirming and Effective Approaches

August 22, 2025, 10:30am-12:30pm (Virtual)

2 CE hours

Register: <https://www.uwgb.edu/behavioral-health/training-series/focus-fridays/suicide-prevention-in-lgbtqia-communities/>

Assessing & Managing Suicide Risk (AMSR) for Outpatient Settings

August 27-28, 2025, 8:30am-11:45am each day (Virtual)

6.5 CE hours

Register: <https://www.uwgb.edu/behavioral-health/additional-trainings/suicide-care/assessing-managing-suicide-risk/>

Skills for Effective Crisis Supervision

September 17, 2025, 12:30pm-5:00pm

4.5 CE hours

Register: <https://events.blackthorn.io/en/Dn6Aug17/g/AX14G29BrD/2025-skills-for-effective-crisis-supervision-5a1KTSouMB0/overview>

Crisis Intervention Conference

September 18-19, 2025 (Wisconsin Dells/Virtual)

CE available

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

Ethics in Action for Crisis Workers

October 3, 2025, 8:30am-12:30pm (Virtual)

4 CE hours

Register: <https://www.uwgb.edu/behavioral-health/additional-trainings/ethics-boundaries/ethics-in-action/>

- **WPPNT:**
<https://www.dhs.wisconsin.gov/wppnt/2024.htm>
- **MHTTC Network:**
<https://mhttcnetwork.org/centers/global-mhttc/free-online-courses>
- **BHTP 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.uww.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

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



Dane County DHS | 1202 Northport Drive | Madison, WI 53704 US

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