
DANE COUNTY
DEPARTMENT OF
HUMAN SERVICES

CRISIS SYSTEM UPDATE



Todd Campbell, Division Administrator
Carrie Simon, Urgent Care Manager

DANE COUNTY'S CRISIS CONTINUUM

- Dane County Crisis Services are provided in partnership with Journey Mental Health Center – Emergency Services Unit (Crisis). Crisis is certified by the Wisconsin Department of Health Services under Wis. Admin. Code Ch. 34.
- Network of services operates under the umbrella of Dane County's Crisis Continuum
- Goal – stabilize the immediate crisis in the least restrictive way possible, connect to ongoing support



MOBILE CRISIS RESPONSE – JOURNEY MHC

- JMHC Crisis Unit
 - Crisis intervention, de-escalation, safety planning – respond to hotline calls that cannot be resolved over the phone
 - Assess for dangerousness, authorize emergency detentions and county funded inpatient stays if needed
- Law Enforcement Embedded Crisis
 - Crisis workers embedded with Madison Police Dept and Dane County Sheriff's Office
 - Review reports and follow up with familiar faces
 - Limited mobile response - self-selected based on availability
- Community Alternative Response Emergency Services (CARES) – partnership with City of Madison
 - Non-law enforcement mobile community emergency response: MFD Community Paramedic + JMHC Crisis Worker
 - Dispatched from 911 center - diverts low risk 911 calls or can be called in by other first responders on scene

TECHNICAL ASSISTANCE: 911 DISPATCH

- City/County team (MFD/911/HS) recently selected for Harvard Kennedy School Government Performance Lab's Alternative 9-1-1 Emergency Response Implementation Cohort
- Research support and technical assistance for developing, improving, and expanding the use of unarmed emergency response teams that can be directly dispatched to 9-1-1 calls.
- Dispatch is key to effective diversion from Law Enforcement response even with new resources on board
- Recognize that this is a really different resource to dispatch, need to change the flow of dispatch to accommodate
 - Traditional resources - need to dispatch immediately, limited capacity to gather information up front
 - Sense of safety and the need to recognize this new type of resource as a first responder
- Increased complexity at dispatch as we consider options for non-LE response outside the city
- Ultimate goal is to be able to employ a behavioral health resource anytime there is a behavioral health need

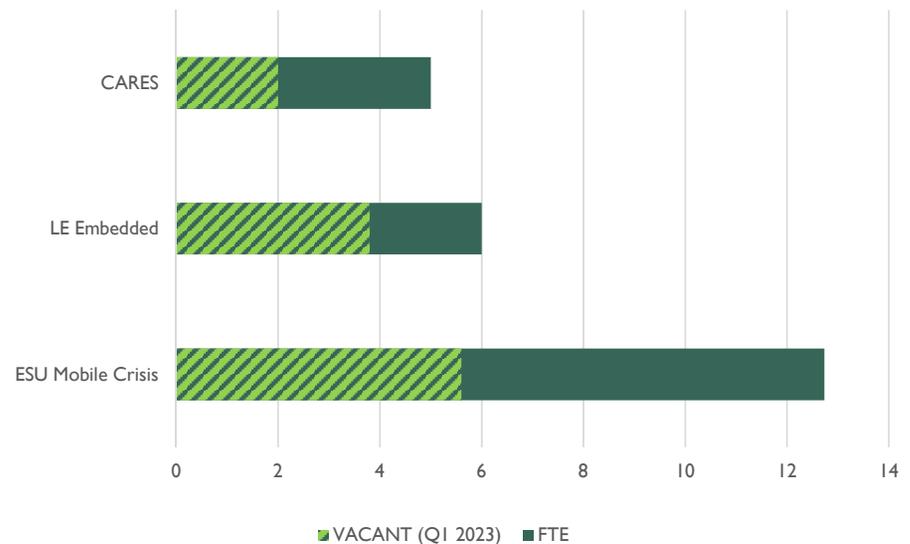
STAFFING SHORTAGE

- Unprecedented difficulty recruiting and retaining a crisis workforce
- Roughly half of the FTE capacity allocated to fully staff existing Mobile Crisis functions is vacant
- Expansion of services both within crisis programs and beyond drains the available workforce
- Low wages tied to POS contract hinders hiring and employee retention

Dane County Social Worker	\$30.04 - \$37.82
Journey Mental Health Center	\$22.24 - \$30.24

- Efficiency is imperative – need to streamline roles and resources

Mobile Crisis Vacancy



MOBILE CRISIS TEAMS

“Realign the current mobile crisis service assets with the national crisis care guidelines, which will result in MCTs, comprised of a BH Clinician and a Peer Support Specialist, being dispatched by the crisis call center and intervening 24/7 with anyone, anywhere, and anytime.”

– Dane County Crisis Triage Center Implementation Report, 2021

“...explore the establishment of a non-law enforcement embedded mobile crisis response system outside the City of Madison..”

– 2023 Operating Budget Amendment HHN-O-14 Amended

MOBILE CRISIS TEAMS

- Contract with Centerstone
 - Provide recommendations on the most efficient and effective way to organize mobile crisis resources for optimal 24/7 countywide response.
 - Include the best method for co-response with other first responder resources such as law enforcement, fire and rescue, and emergency medical technicians.
 - Recommend optimal composition of mobile crisis teams in Dane County.
 - Outcome and process measures to assure quality in mobile crisis teams.
 - Relevant suggestions for implementation strategy.

CRISIS TRIAGE CENTER – UPDATE

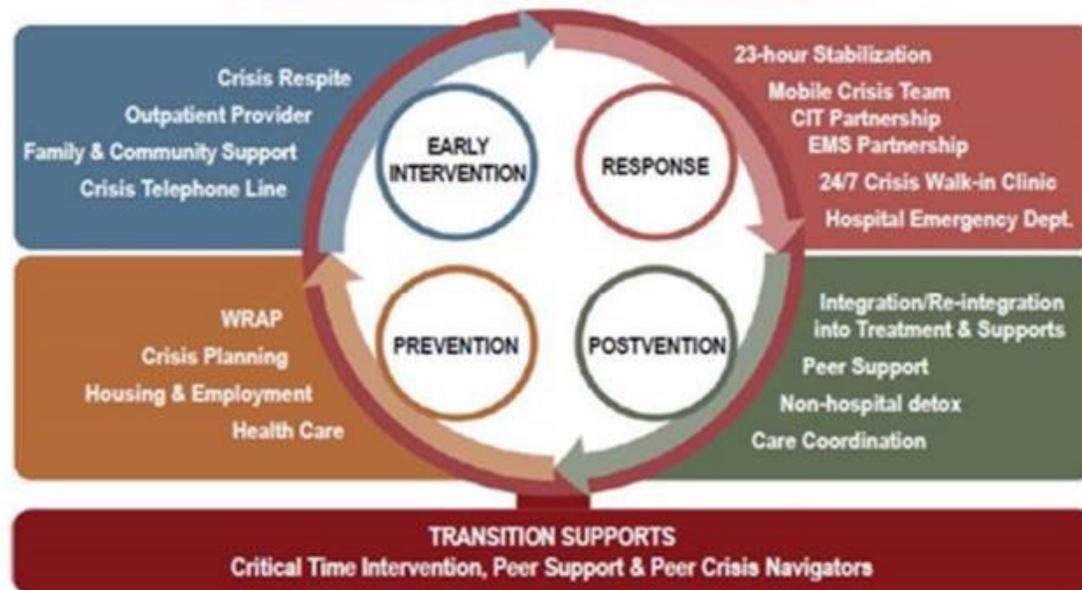
- Facility-based stabilization
 - Length of Stay up to 23 hours
 - Not the Wrong Door
 - Linkage to next level of stabilization or other follow-up care
- Request for Proposals for Operator closed May 19, 2023
 - Next Steps

RI REPORT RECOMMENDATIONS

1. Crisis Response System Accountability
2. Crisis Response System Redesign
3. Performance Expectations and Metrics
4. Policy and Regulatory Barriers
5. Startup and Operational Costs
6. **CRISIS TRIAGE CENTER IMPLEMENTATION**
7. Facility Based Crisis Services
8. Mobile Crisis Team (MCT) Service
9. Rural Crisis Service Adaptations
10. Crisis Care Traffic Control Hub
11. Care Coordination
12. Behavioral Health (BH) Workforce Development
13. Cost Offsets and Reinvestment Opportunities
14. Peer Respite

IDEAL CRISIS CONTINUUM

A CONTINUUM OF CRISIS INTERVENTION NEEDS



THE FUTURE OF CRISIS SERVICES

- **Crisis service system is a resource that helps all who need it, when they need it**
 - Using the right resource at the right time
 - No wrong door
 - Continuity of care - warm hand off to follow up care
 - Seamless ability to collaborate
 - Efficient and effective navigation/coordination among an array of service providers
 - Options that fit the multitude of needs
 - Strong and stable workforce
 - Effective messaging to partners/public
 - High level of integrity to local regulations and national standards

THE FUTURE OF CRISIS SERVICES – MISSING LINKS

- Missing links
 - Streamlined 24/7 mobile crisis response county-wide
 - Crisis Triage Center with ability to accept involuntary admissions
 - Short term stabilization facility for involuntary admissions
 - Walk up urgent care style clinic
 - Continuity of care throughout the continuum
 - IT platform for information sharing and real-time referrals
 - Peer support
 - Sobering capacity
 - Direct link to timely placement in supportive housing
 - Adequate wages to retain a qualified workforce
 - Administrative capacity to collect necessary information and perform meaningful QA
- Overall the system is under-resourced to meet all needs in the community

QUESTIONS?



Todd Campbell – Behavioral Health Division Administrator
campbell.todd@countyofdane.com (608) 630-0977

Carrie Simon – Urgent Care Manager
simon@countyofdane.com (608) 471-0882