CRISIS AND DIVERSION SERVICES

PRESENTERS: SAFEUT SUPERVISOR, DEMA OLLERTON, CMHC; MOBILE CRISIS OUTREACH TEAM (MCOT) SUPERVISOR, STELLA STENCER, LCSW; MCOT CERTIFIED PEER SUPPORT SPECIALIST, DAVID WALSH AND AMANDA MCNAB, LCSW, EMDR
CLINICAL STAFF DEVELOPMENT EDUCATOR
COUNTY CRISISLINE 801-587-3000
UTAH STATE CRISISLINE 1-800-273-TALK(8255)

- Staffed by licensed behavioral health professionals 24/7
- Provides support and assistance to individuals of all ages experiencing any type of emotional distress or psychiatric crisis
- Receives calls from Dispatch Centers, Police, EMS etc.
- Designed to provide one number for callers to get whatever they need
- Referral to outpatient resources
- Follow up Services
CRISISLINE CALL VOLUME

Statewide CrisisLine Call Volume by Month

2019 CALL VOLUMES

- SL County CrisisLine (801-587-3000)
  - 45,680

- National Suicide Prevention Lifeline (1-800-273-TALK)
  - 18,193

- 31.3% year over year growth
WARMLINE 801-587-1055

- 8 am - 11 pm, 7 days a week
- Staffed by Certified Peer Support Specialists
- Provide support, empowerment, and connection through the use of the Recovery Model
WARMLINE VOLUME

• 2019 Call Volume
  – 30,419

• HB 32 Utah Statewide Warm Line Funding is in the works for us to become the Statewide Warm Line.
SAFEUT TEXTLINE

Users can submit:

- **Tip** - Concerns (weapons, bullying, self-harm, drugs etc.) that are immediately sent to both SafeUT staff and the school to evaluate.

- **Chat** - Therapeutic dialogue through texting with a SafeUT Licensed Clinical Social/Crisis Worker.

- **Call** – Therapeutic dialogue through a phone conversation with a SafeUT Licensed Clinical Social/Crisis Worker.
REAL LIVES, REAL STORIES
MOBILE CRISIS OUTREACH TEAM

• MCOT provides services for residents of Salt Lake County
  o Also in Weber, Davis, Utah, and Washington counties
• Interdisciplinary team of Licensed clinicians and Certified Peer Support Specialists. In your home or at location between 30-60 minutes.
• Provide mobile outreach to anyone who is experiencing a behavioral health crisis – Not transportation

• **Face to face:**
  • Assessment  Peer support  Referrals
  • De-escalation
  • Commitment/safety,  Advocacy  Crisis Response Planning
  • involuntary vs voluntary  Goal is to divert from the Emergency Rooms.

• Salt Lake County – teams include:
  • one **Youth Team**-Focus is to work with the Schools, youth shelter, Youth Detention Center
  • Three **general teams**- will see all ages and areas of the county
  • one based out of **4th Street Clinic** that is funded by the State-Focus on the Rio Grand area and homeless population. Works our community partners (Police, Troopers, EMS, Fire Dept.).
  • **Mobile outreach is coordinated and dispatched through the CrisisLine**
CURRENT MCOT TEAMS

- Salt Lake County has funded 5 teams since 2012. Salt Lake, Weber, Davis, Utah and Washington Counties.
- In 2019, the State Crisis Commission recommended and legislature funded 5 more teams throughout Utah.
- Gaps in coverage statewide still exist – legislation in progress.
- FY19 Monthly Average Outreaches in SLCo: 300
- Diversion from jails/emergency rooms: 90%
• As you start to work on a Crisis Response Plan, ask your pt what he/she would like to change or be different in his life.
• By doing so, you can begin to identify priorities that are personal and relevant to the pt.
• Have the pt write the plan not you. If able, put the plan on a small card like an index card. Something they can put in their wallet, purse or bag.
• A pt thinking about suicide may not want to focus on suicide prevention. Instead, focus on helping him with accomplishing some of his “change” goals.
TYPICAL CRISIS RESPONSE PLAN

• **Identify Personal Warning Signs:**
  - Try to ask clear questions to obtain specific warning signs.
  - Look at identifying signs that are far enough in advance to be helpful. IE: “If you want to prevent this from happening in the future, how would you know your heading down that path or the rabbit hole?”
  - “I have been: hyper critical in my thinking about everyone and everything, even with my sweet grandmother.”
  - Procrastination, avoidance, missing work

• **Reason for Living:**
  - My kids (Jake and Kelly)
  - My pets (Otis and Cooper)
  - Try and look for reasons for living? See if they can tell you a brief example of one of their reasons. IE: Pets: How did your pet Otis come into your life?
  - What is one of your favorite moments with Jake or Kelly?
  - You will have those few Pts who will say, “I don’t have a reason to live.” Ask, “What gets in the way of a suicide attempt?”

• **Look at things the pt can do on their own:**
  - Go for a walk, Listen to music, play a calm game on their phone
  - Wash their car, clean out their closet.
TYPICAL CRISIS RESPONSE PLAN

- **Social Supports:**
  - If the pt says they have no social supports, try some suggestions like: Friends, family, co-workers, the lady from the dog park.
  - Best Friend (Tanya) 555-259-1515 (Have them write the names and numbers down).
  - Sister (Ally) 555-259-1552

- **Crisis/Professionals Assistance:**
  - Doctor Paula Gibbs, MD 555-121-5555
  - Leave a message if you do not get them right away
  - Call Utah Crisis Line 801-587-3000
  - Kids or College Students: SafeUT
  - Call the Utah Crisis Line to dispatch MCOT
SAFE CARE TRANSITION FOLLOW-UP PROGRAM

• Goals to improve transition
  – Reduce suicidal behaviors post discharge
  – Provide caring contacts and support
  – Provide encouragement to follow up with discharge plans and outpatient care
  – Provide continued suicide assessment and crisis response planning
  – Provide resources and referrals
  – Improve access to crisis services if needed

• Preliminary contact made by CPSS
DATA

• Call Volumes 30-50 Daily for ages 25 and Up
• Adding a program to include ages 10-24 and CAC
  – Forecasting increase in 8-10 daily calls
• CAC Forecast on Call Volumes
  – Average number of patients aged 18+ discharged home per month (2019): ~82
  – Average number of patients aged 18+ discharged home per day (2019): ~2.7
• Over 2,600 individuals identified and services provided
23-HOUR FACILITIES

• Receiving Center at UNI, 801-587-7988
• Free and County funded.
• Behavioral Health Access Center at LDS Hospital, 801-408-8330
• Not free. They will take all insurances other than Medicaid.
QUESTIONS AND ANSWERS

Any Questions?