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# 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)

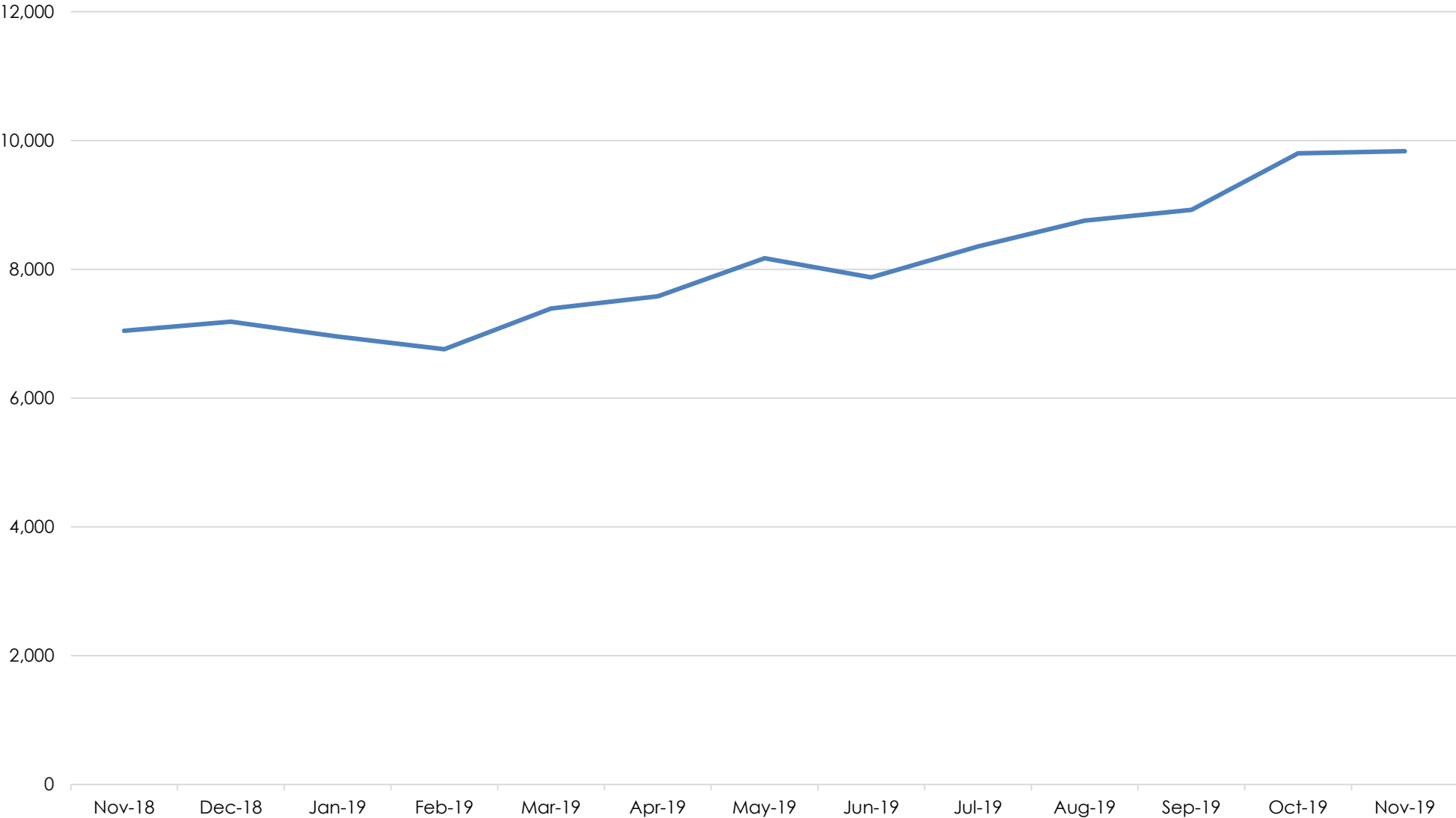
- Staffed by licensed behavioral health professionals 24/7
- Provides support and assistance to individuals of all ages experiencing any type of emotional distress or psychiatric crisis
- Receives calls from Dispatch Centers, Police, EMS etc.
- Designed to provide one number for callers to get whatever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



**1-800-273-TALK**  
[utahsuicideprevention.org](http://utahsuicideprevention.org)

# CRISISLINE CALL VOLUME

Statewide CrisisLine Call Volume by Month



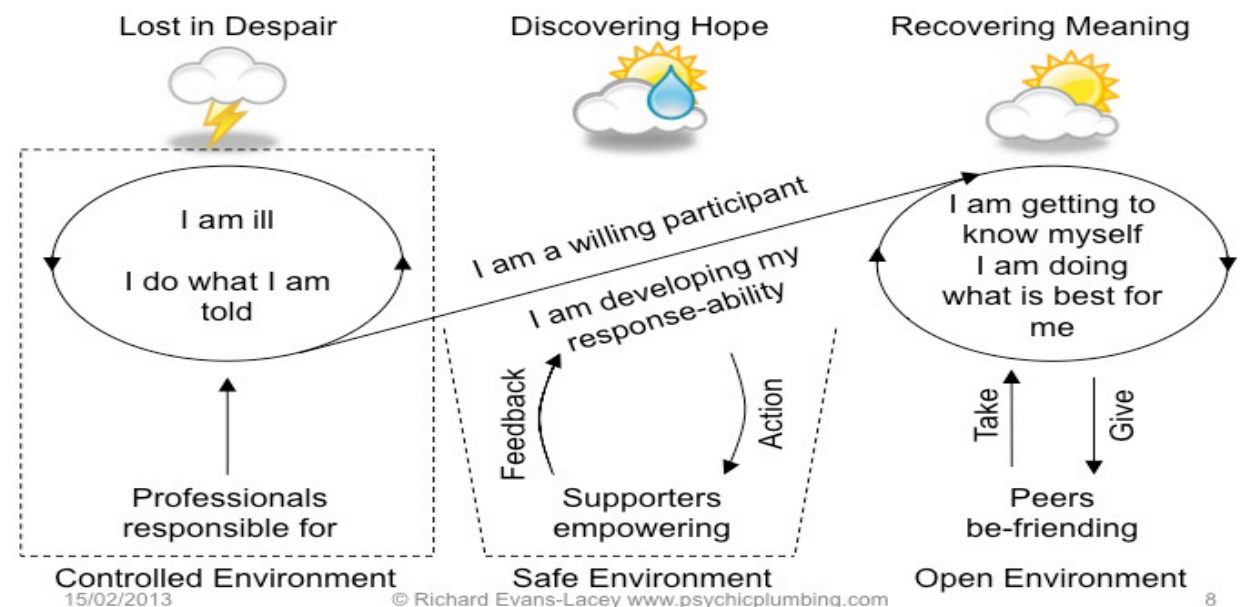
# 2019 CALL VOLUMES

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

## The Recovery Model



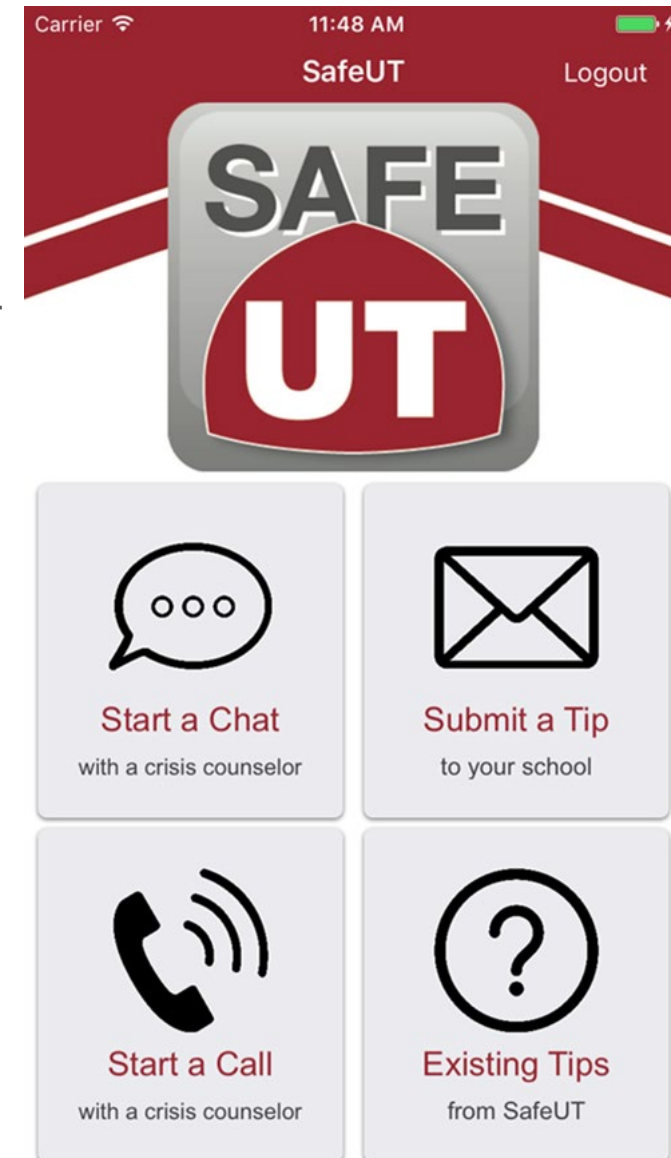
# WARMLINE VOLUME

- 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

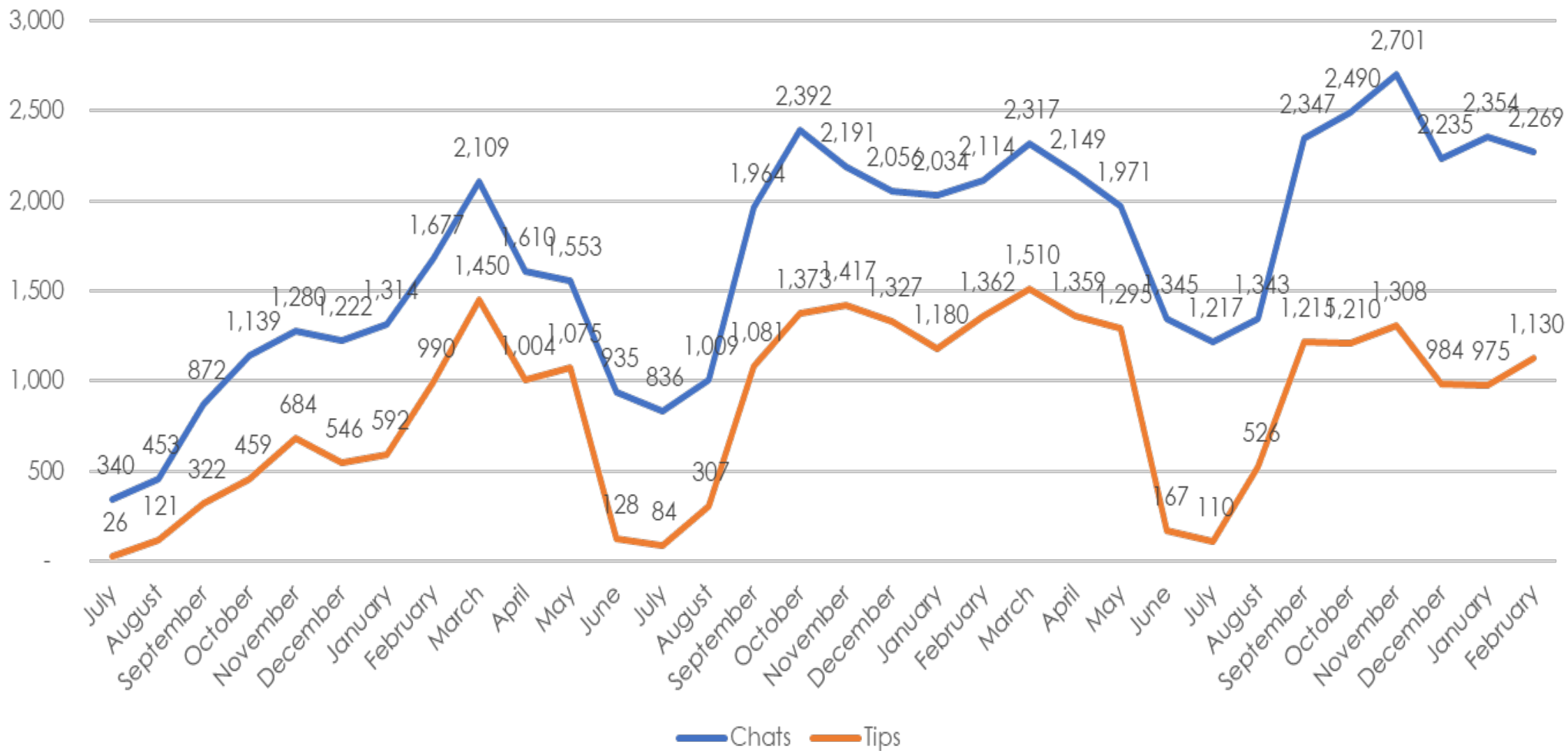
Users can submit:

- **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.



# SAFEUT UTILIZATION

July 2017 - December 2019





# REAL LIVES, REAL STORIES



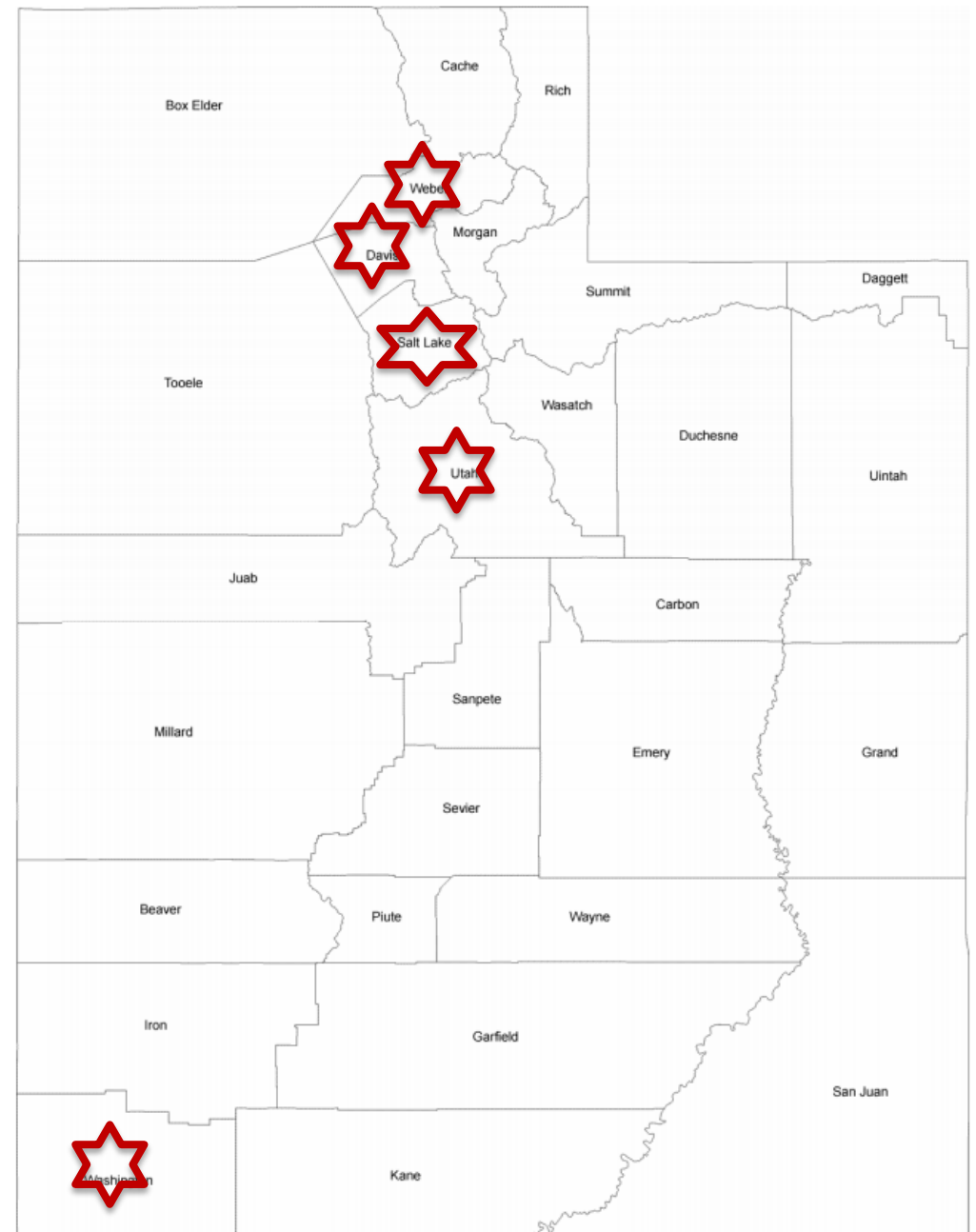


# MOBILE CRISIS OUTREACH TEAM

- MCOT provides services for residents of Salt Lake County
  - 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 **4<sup>th</sup> 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%**



# CRISIS RESPONSE PLAN

- 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

