

Community Crisis Intervention & Support Services

FISCAL YEAR 2020 ANNUAL REPORT

JULY 1, 2019 - JUNE 30, 2020





**Hope is being
able to see that
there is light
despite all of
the darkness.**

— DESMOND TUTU

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Mission

The Huntsman Mental Health Institute (HMHI), formerly known as the University Neuropsychiatric Institute (UNI), is committed to providing excellence in mental health care to the Intermountain West community.

Vision

To provide leadership in patient-centered care, built on a foundation of knowledge, innovation, and human values.

Values

Compassion, innovation, collaboration, advocacy, communication, flexibility, adaptation, and empowerment

STATEMENT FROM Leadership

The Huntsman Mental Health Institute (HMHI), formerly known as the University Neuropsychiatric Institute (UNI), a part of U of U Health, has been a long-standing pillar of health care excellence in our community. Through collaboration with community partners and strategic vision to increase access to critically needed services and reduce stigma around support for mental health, its Community Crisis Intervention and Support Services (CCISS) deliver and coordinate exceptional care to Utah residents from children to adults.

CCISS provides hope, healing, and connectedness through a continuum of crisis, referral, and data services available to all Utahns, anywhere and anytime. This includes (1) a crisis line accepting all calls and providing and dispatching support based on the assessed need of the caller, (2) mobile crisis teams dispatched to wherever the need is in the community, (3) a crisis receiving and stabilization center, (4) a warm line to provide less acute services for emotional support, (5) text and tip based service provision via SafeUT, and (6) Safe Care Transitions for our highest risk patients.

Most recently, a generous donation by the Huntsman family is establishing the Huntsman Mental Health Institute (HMHI). Funding provided by the Huntsman family sets the foundation for:

- improving mental health resources for young adults
- increasing mental health resources in underserved communities
- advancing research for improved mental health treatment
- identifying the genetic basis of mental health conditions

We are well poised and looking forward to the future growth of services, via support and collaboration with stakeholders and leaders across the state. As an academic medical center, it is our privilege to be part of a system of care supporting people in their time of need and excelling in physical and behavioral health care.



Our Why

In August of 2019, a report analyzing Utah's mental health system was published by the Kem C. Gardner Institute. This analysis in brief indicates:

"Our country is in the midst of a mental health crisis. Increasing suicide rates, untreated anxiety and depression among our youth, traumatic brain injuries, and serious mental illness are all signs of the need for accessible, affordable, and comprehensive mental health services. Utah is not exempt from this crisis. Utah has a high rate of adults with mental illness, but a shortage of mental health providers. This study assesses the current state of mental health services in Utah, highlighting gaps in services, barriers to providing and accessing care, and considerations for improving the system. It includes qualitative research from discussion groups and interviews held with key industry leaders from Utah's mental health system."

According to the Gardner Institute analysis, a discussion group of participants agreed that an ideal mental health system would: (1) Provide integrated mental and physical health services in a timely manner, (2) Consistently use mental health screenings to assess individuals and identify risk, allowing for early intervention, (3) Ensure people have the resources to access necessary mental health services as well as safe, acuity-appropriate places to seek treatment.

As a result of this analysis, multiple stakeholders across the state have come together to respond to this plea—including social policy analysts, public and private health care representation, state and local officials, and many others—engaging in significant efforts to further enhance and develop Utah's ideal behavioral health system of care.

HMHI/UNI is providing many of the key services for our Behavioral Health Crisis Response System of Care, which is fully aligned with SAMHSA National Guidelines for Behavioral Health Crisis Care.

The following represent the National Guidelines for Behavioral Health Crisis Care essential elements within a "no-wrong-door" integrated crisis system:

- 1 REGIONAL CRISIS CALL CENTER:** Regional 24/7 clinically staffed hub/crisis call center that provides crisis intervention capabilities (telephonic, text, and chat). Such a service should meet National Suicide Prevention Lifeline (NSPL) standards for risk assessment and engagement of individuals at imminent risk of suicide and offer air traffic control (ATC) - quality coordination of crisis care in real-time;
- 2 MOBILE CRISIS TEAM RESPONSE:** Mobile crisis teams available to reach any person in the service area in his or her home, workplace, or any other community-based location of the individual in crisis in a timely manner; and
- 3 CRISIS RECEIVING AND STABILIZATION FACILITIES:** Crisis stabilization facilities providing short-term (under 24 hours) observation and crisis stabilization services to all referrals in a home-like, non-hospital environment.

Although there are many other services that will be incorporated into the continuum of a comprehensive system of care, these three programmatic components represent the three true crisis service elements when delivered to the fidelity of the Crisis Service Best Practice guidelines defined in this toolkit. However, crisis systems must not operate in isolation, instead striving to fully incorporate within the broader system of care so seamless transitions evolve to connect people in crisis to care based on the assessed need of the individual.

Utah CrisisLine

OVERVIEW

The Utah CrisisLine is dedicated to providing statewide quality phone services by licensed mental health professionals, 24 hours a day, seven days a week. It is designed to provide compassionate support, assistance, risk assessment, and crisis intervention to individuals experiencing emotional distress or psychiatric crisis. Our goal is to provide prompt, compassionate, and effective help during personal, family, or community emergencies.

Staff receive training through observation, written documents, call simulation, and review of best practice examples. They are expected to complete state required Crisis Worker Certification training within the first three months of hire. Supervision of staff is ongoing to ensure quality care for callers and to provide continued support and feedback for staff.

OUR MENTAL HEALTH CLINICIANS PROVIDE:

- Compassionate and nonjudgmental emotional support
- Suicide prevention services
- Crisis de-escalation services
- Education about mental health challenges, including healthy coping skills and resiliency skills
- Information and guidance support for friends and family with mental and emotional health challenges
- Follow-up services, information, and referrals
- Dispatch for the Mobile Crisis Outreach Teams (MCOT) throughout the state

PHONE NUMBERS CONNECTED TO THE UTAH CRISISLINE:

- National Suicide Prevention Lifeline: **1-800-273-TALK (8255)**
- Local number: **801-587-3000**

HISTORY

In March 2011, the Huntsman Mental Health Institute (HMHI), formerly UNI, joined with Salt Lake County and Optum Health Salt Lake County to develop a continuum of crisis response programs for all Salt Lake County residents at no cost to those served. The CrisisLine was the first program rolled out.

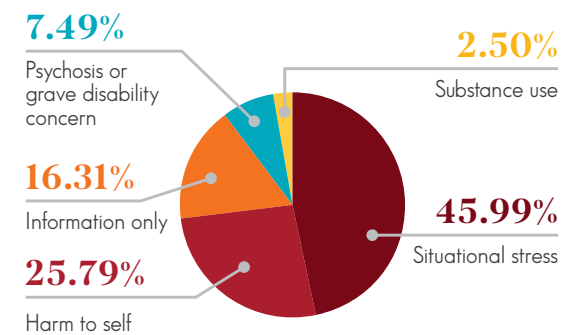
In the 2018 Legislative session, House Bill 41 (HB41) was passed, creating a statewide crisis line through the National Suicide Prevention Lifeline. HMHI/UNI was selected to manage this service. **As of today, 20 separate crisis lines managed throughout the state by numerous Local Mental Health Authorities have been consolidated into one number offering 24/7 support.**

KEY FACTS

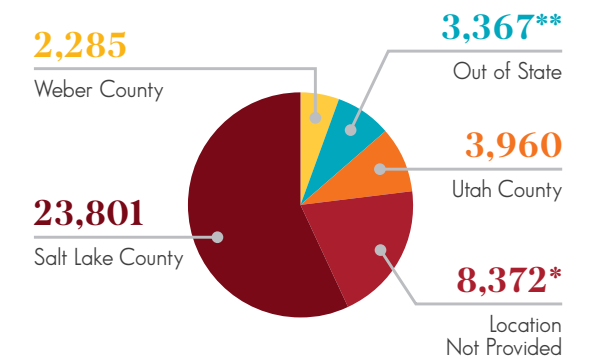
TOTAL NUMBER OF CALLS RECEIVED

70,097

TOP 5 REASONS FOR CALLING



TOP 5 REGIONS SERVED



*Callers have the right to remain anonymous and not provide this information.

**Calls made through the lifeline are routed based on area code. An individual may have a Utah-based area code but live in another state and be connected to our center.

CALLS REGARDING A THIRD PARTY

14,410

LOOKING FORWARD

WE DID IT! Because of actions taken by many advocates, the U.S. House of Representatives unanimously passed the bipartisan S. 2661, the National Suicide Hotline Designation Act.

THIS BILL IS AN IMPORTANT STEP TO MAKING

9-8-8

A NATIONWIDE THREE-DIGIT DIALING CODE FOR MENTAL HEALTH CRISES
AND SUICIDE PREVENTION, OPERATIONAL.

It passed the Senate in September 2020 and then went to the President's desk to be signed into law in October 2020. The Federal Communications Commission (FCC) has approved 9-8-8, **with a goal to have it available nationwide by July 2022.**

Mental health crises deserve a mental health response, and this law helps us get one step closer to that reality.

"THANK YOU!

My brother is alive because of the work you all do.

– A caller whose brother received life-saving intervention from the Utah CrisisLine and first responders

BEHAVIORAL HEALTH CRISIS RESPONSE COMMISSION & PARTNERS

ROSS VANVRANKEN

HMHI/UNI, Executive Director

DOUG THOMAS

Department of Health, Division of Substance Abuse and Mental Health, Director

RIC CANTRELL

Utah Attorney General's Office

DEONDRA BROWN

Child Advocate

DOUGLAS GRAY, MD

HMHI/UNI, Psychiatrist

TIM WHALEN

Salt Lake County Behavioral Health Services, Director

AIMEE WINDER NEWTON

Salt Lake County, Council Chair

MELISSA HUNTINGTON

Four Corners Community Behavioral Health, Clinical Director

STEVE ELIASON

Utah House of Representatives

DANIEL THATCHER

Utah State Senator

JORDAN SORENSON

Utah Hospital Association, Project Manager

EMMA CHACON

Utah Division of Medicaid and Health Financing, Operations Director

MARK FOOTE, MD

Intermountain Healthcare, Psychiatrist

TOM ROSS

Bountiful Police Department, Chief

MARY JO McMILLEN

Utah Support Advocates Recovery Awareness (USARA), Executive Director

Utah WarmLine

OVERVIEW

The Utah WarmLine is staffed seven days a week from 8 a.m. - 11 p.m. by Certified Peer Support Specialists (CPSS), who play a key part in implementing the Community Crisis Intervention & Support Services' philosophy and goals. CPSS's are a valued part of our team and have the ability to connect and share experiences with clients in a way that clinicians and other individuals may not. CPSS's have the unique ability to share their own personal recovery journey to assist others in:

- Developing hope
- Creating a secure base and sense of self
- Building supportive relationships
- Feeling empowered
- Creating opportunities for social inclusion
- Improving their use of coping skills
- Finding meaning in their own lives

Staff on the Utah WarmLine utilize the Recovery Model approach to provide care to the callers. The Recovery Model is a holistic, person-centered approach to mental health and substance dependence disorders. It focuses on the idea that recovery is possible and that it is a journey, not a destination.

RECOVERY IS NOT SEEN AS A LINEAR PROCESS AND FOCUSES ON FOUR SPECIFIC AREAS:

- 1 HEALTH:** overcoming or managing one's symptoms and making informed, healthy choices that support physical and emotional well-being
- 2 HOME:** having a stable and safe place to live
- 3 PURPOSE:** conducting meaningful daily activities and having the independence, income, and resources to participate in society
- 4 COMMUNITY:** having relationships and social networks that provide support, friendship, love, and hope

"My heartfelt thanks and sincerest gratitude for the WarmLine, staff, and support and services offered. I appreciate being able to call and get help - everyone is so nice, warm, and kind." - A WarmLine caller

HISTORY

In June 2012, HMHI/UNI joined with Salt Lake County and Optum Health Salt Lake County to form the WarmLine to serve residents of Salt Lake County.

In the 2020 Legislative session, House Bill 32 (HB 32) required the Division of Substance Abuse and Mental Health to implement a statewide warm line. HMHI/UNI was provided the support needed to expand the WarmLine throughout the state of Utah.

PHONE NUMBERS CONNECTED TO THE UTAH WARMLINE:

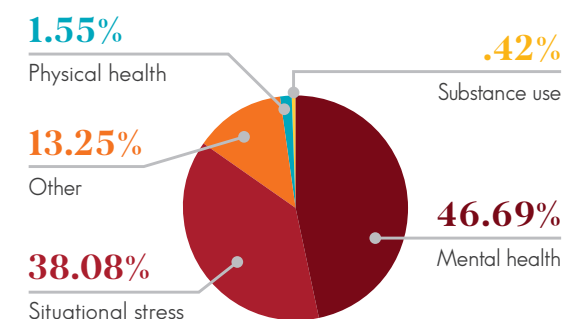
- **1-833-SPEAK-UT**
- Local number: **801-587-1055**

KEY FACTS

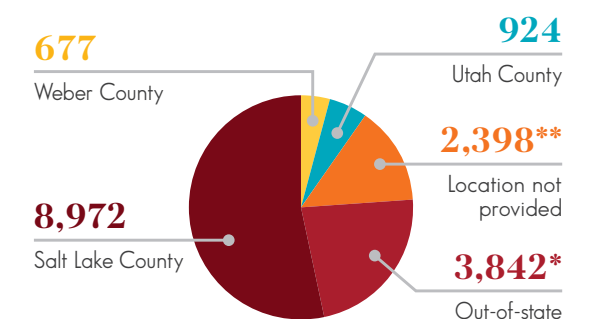
TOTAL NUMBER OF CALLS RECEIVED

28,251

TOP 5 REASONS FOR CALLING



TOP 5 REGIONS SERVED



*Increased capacity for Utah callers by re-routing out-of-state calls to applicable state-based resources effective November 1, 2019.
 **Callers have the right to remain anonymous and not provide this information.

Mobile Crisis Outreach Teams

OVERVIEW

The Mobile Crisis Outreach Team (MCOT) program is designed to provide rapid, community-based crisis intervention services to residents of Salt Lake County at no cost to the client. This service was designed to be a third part of Salt Lake County's Emergency Response System, responding specifically to mental and behavioral health crises in the community. MCOT may respond directly to the individual or family in need, as well as in conjunction with law enforcement and EMS. The service operates 24 hours a day, seven days a week and may be dispatched through the statewide CrisisLine. The team is staffed by a licensed mental health professional, who has specific training as either a Mental Health Officer or Designated Examiner, and a Certified Peer Support Specialist.

OUR TEAMS PROVIDE:

- Face-to-face assessment for voluntary and involuntary hospitalization or to create a plan for the individual to remain in the community
- De-escalation
- Peer support
- Advocacy
- Referrals
- Crisis response planning

"I was stressed out to the point I could not function, having bad side effects from anti-depressants, and unable to sleep. MCOT was sent out for an outreach, and I was able to talk about feeling anxious about financial and relationship stressors. The team provided support, validation, and encouragement and talked about ways to address harmful thought processes like guilty feelings. I was given strategies for self-care and resources for therapy, even without insurance coverage. I can't believe they would come out to my home and spend the time to help me in this way. I appreciate this so much. You have been life savers for me."

— A client who used MCOT services

HISTORY

In 2012, HMHI/UNI joined with Salt Lake County and Optum Health to fund five MCOT teams in Salt Lake County.

In 2019, the Utah Behavioral Health Crisis Response Commission recommended and legislatively funded four more teams, in Weber, Davis, Utah, and Washington counties.

In the 2020 Legislative session, House Bill 32 (HB 32) expanded the Mobile Crisis Outreach Team grant program to fund additional teams in rural areas. The Local Mental Health Authorities that were granted this funding included Bear River Mental Health Services, Northeastern Counseling Center, Healthy U Behavioral Summit County, Four Corners Community Behavioral Health, and San Juan Counseling Center.

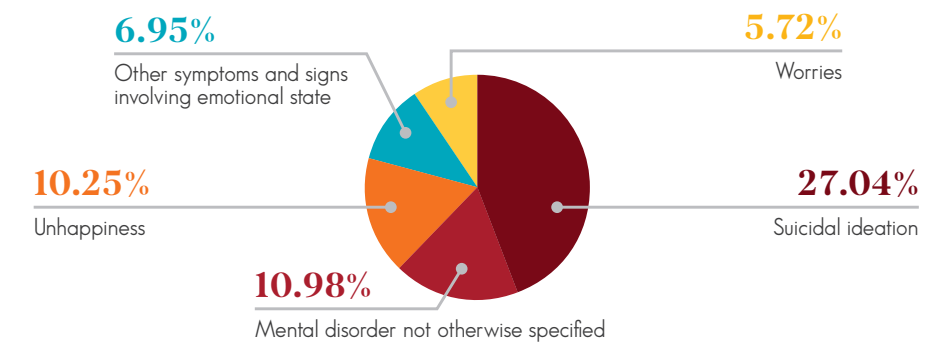
KEY FACTS

TOTAL NUMBER OF CONTACTS

3,567



TOP 5 REASONS FOR OUTREACH



SafeUT

OVERVIEW

The SafeUT smartphone app is a statewide service that provides real-time crisis intervention to Utah's students, parents, and educators at no cost. SafeUT was developed by the legislatively created SafeUT Commission, chaired by the Utah Attorney General's Office. SafeUT allows students in crisis to open a two-way messaging service with master's level clinicians, call a crisis counselor directly, or submit confidential tips to school administrators on bullying, threats, violence, etc. The app is staffed by master's level trained crisis counselors at HMHI/UNI 24 hours a day, 365 days a year.



ENROLLMENT

Enrolled schools are listed within the SafeUT app, and school administrators are trained to handle submitted tips received through the app. At the end of the 2019-20 academic school year, 87.8% of all Utah K-12 schools and universities (including public, private, and charter) had been enrolled in SafeUT. All tips submitted through the app are immediately reviewed by HMHI/UNI staff. Non-urgent tips are sent daily to the appropriate school administrators, and tips of a more threatening nature (including violence or planned school attacks) are triaged by crisis counselors who may involve law enforcement and administrators to quickly resolve the crisis. During the 2019-2020 academic school year, the SafeUT app received tips about 201 unique verified school threats, which included reports of explosives, guns, knives, and planned school attacks.

STUDENTS WHO HAVE ACCESS TO THE APP

802,373

HISTORY

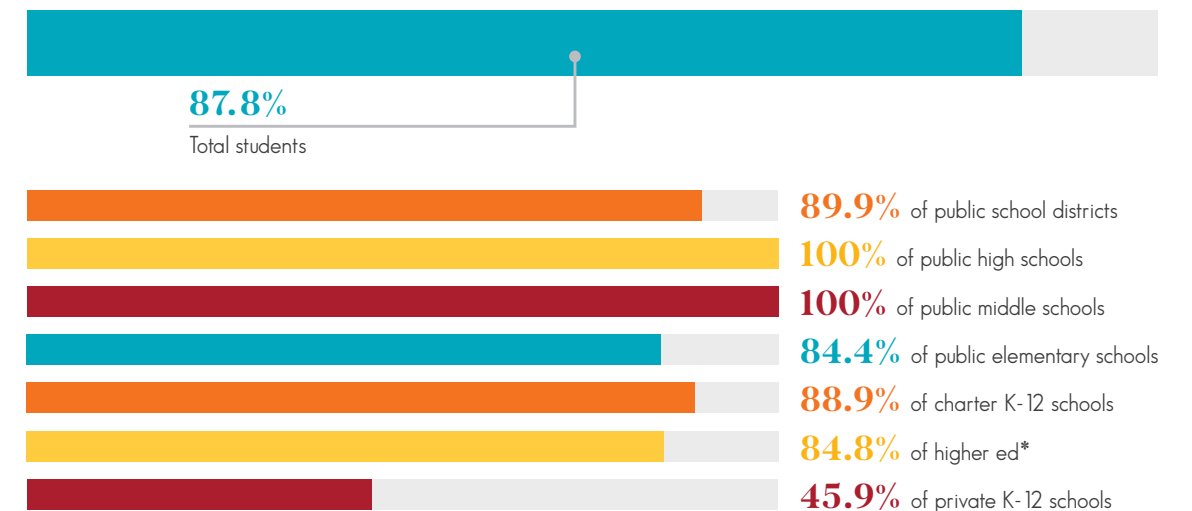
Suicide is the leading cause of death for youth in the state of Utah. After studying the issue, the Utah Attorney General's Office and Sen. Daniel Thatcher proposed legislation in 2014 to form a commission to explore solutions. The legislation passed, and the commission was led by the University Neuropsychiatric Institute (UNI), already renowned for their excellence in crisis call support. In 2015, the School Safety and Crisisline legislation (SB 175) sponsored by Sen. Thatcher and Rep. Steve Eliason passed the Utah State Legislature, designating HMHI/UNI as the crisis services provider and creating an active commission, chaired out of the Attorney General's Office, for implementation. The SafeUT app became available to middle and high schools in early 2016.

DEVELOPMENT & EXPANSION

The SafeUT program was developed with funding from the Utah State Legislature in collaboration with the Utah Attorney General's Office, HMHI/UNI and U of U Health, the Utah State Board of Education, and the Utah Anti-Bullying Coalition. In 2018, SafeUT expanded to Utah higher-ed institutions and Utah technical colleges. In 2019, SafeUT expanded services to the Utah National Guard.

In the winter of 2020 SafeUT is expanding services for Utah first responders in the form of SafeUT Frontline, which will be available for law enforcement officers, fire, EMS, health care workers, and other front-line workers and their families.

TOTAL STUDENT REACH



*Westminster College, BYU, and LDS Business College not enrolled.

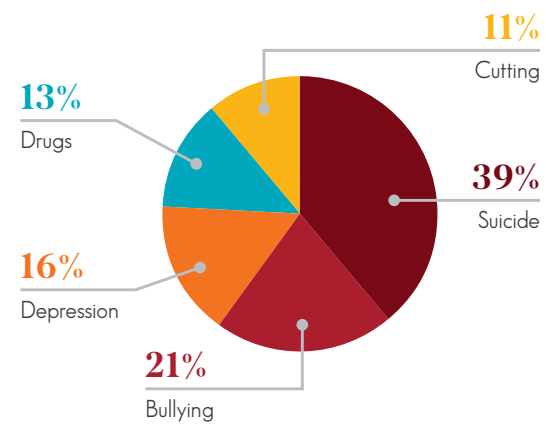
KEY FACTS – TIPS & THREATS

SafeUT enables a student, parent/guardian, or educator to call or send a text message chat in a messaging platform inside the app to a SafeUT crisis counselor, or submit a confidential tip to school administrators on concerns like bullying, threats, violence, weapons, and planned school attacks, along with other school-related concerns.

TOTAL TIPS

Received from August 1, 2019 to May 31, 2020

8,702

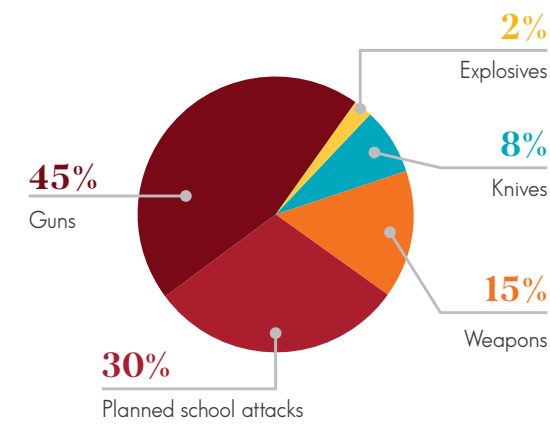


SUICIDE	1,808 tips
BULLYING	991 tips
DEPRESSION	741 tips
DRUGS	612 tips
CUTTING	499 tips

TOTAL THREAT TIPS

Received from August 1, 2019 to May 31, 2020

294



GUNS	133 tips
PLANNED SCHOOL ATTACKS	89 tips
WEAPONS	43 tips
KNIVES	23 tips
EXPLOSIVES	6 tips

POTENTIAL SCHOOL THREAT TIPS Received from August 1, 2019 to May 31, 2020

279 VERIFIED TIPS resulted in **201** UNIQUE VERIFIED SCHOOL THREATS

KEY FACTS – CHATS & LIFE-SAVING INTERVENTIONS

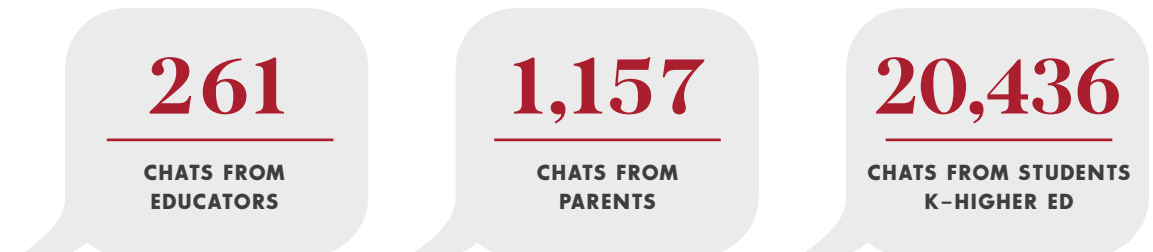
Licensed clinicians in our 24/7 CrisisLine call center respond to all incoming chats and calls by providing supportive or crisis counseling, suicide prevention, and referral services. SafeUT can help anyone with emotional crises, bullying, relationship problems, mental health, or suicide-related issues.

If a SafeUT user is actively attempting suicide or has plans to harm themselves in the immediate future, SafeUT clinicians will work in coordination with first responders/school personnel to initiate an active rescue (life-saving intervention).

TOTAL CHATS

Received from August 1, 2019 to May 31, 2020

21,854



LIFE-SAVING INTERVENTIONS INITIATED

Received from January 1, 2019 to May 31, 2020

583

300 FROM JAN. 2019 TO DEC. 2019 | **283** FROM JAN. 2020 TO MAY 2020

SAFEUTNG

In the 6 months since launching SafeUTNG, in collaboration with the HMHI/UNI, U Health IT, and the Utah National Guard, SafeUTNG has had more than 1,000 downloads and continues to help our service members, civilian personnel, and their families who may be struggling. Users of the app connect with a master's level clinician 24/7/365 confidentially and at no cost to them. Brig. Gen. Michael J. Turley, adjutant general, Utah National Guard, said it best: "I strongly recommend each and every Service Member download the SafeUTNG app, whether they feel they are in a crisis or not. I have full faith and confidence in the behavioral health providers working behind the scenes at HMHI/UNI to make this app possible. We've seen firsthand how it can save lives." Free, N. (2020) SafeUTNG App Reporting Early Success. Public Affairs Office.



Received from Dec. 6, 2019 through June 30, 2020

134
CHATS

22
TIPS

1,143
DOWNLOADS



2020 BEST OF STATE AWARD
Best Web-based Community Resource

COMMISSION & PARTNERS

RIC CANTRELL, Commission Chair, Utah Attorney General's Office

CHRISTY WALKER, Utah Public Education System

SPENCER JENKINS, Utah System of Higher Education

TERESA BRECHLIN, Utah Department of Health

REP. STEVEN ELIASON, Utah State House of Representatives

SEN. DANIEL THATCHER, Utah State Senate

RACHEL LUCYNSKI, Huntsman Mental Health Institute / University Neuropsychiatric Institute

KEN WALLENTINE, Law Enforcement & Emergency Response

AMANDA ALKEMA, Utah Department of Human Services

BARBARA STALLONE & PAM HAYES, Representatives of the Public

MICHELLE BUSCH-UPWALL, Staff to the Commission

"My cousin has a daughter named Emma [who was] struggling... she was using the SafeUT app on Saturday the 8th of February. Someone named Bryce [a SafeUT clinician] was texting back and forth with her as she proceeded to try to take her life.... Her parents and I are reaching out because we want to tell someone, anyone, everyone... The SafeUT app and Bryce saved her life.... Bryce had gotten enough information to figure out who she was and send the police and paramedics to save her... she survived and is getting help. I know you guys know how important this is, but as someone who has worked and volunteered in a similar capacity... I thought perhaps you... and Bryce if you can find him, might want to know she lived. This app saved their daughter's life and I am so grateful for you and your work." – Message from a grateful family member

Safe Care Transition Follow-Up Program



PROGRAM DESCRIPTION

The Safe Care Transition Follow-up Program at the HMHI/UNI provides telephonic follow-up support for individuals discharged home from HMHI/UNI, the South Jordan Medical Center's Emergency Department (SJMC ED), and the University of Utah Medical Center's Emergency Department (UUMC ED) who indicated any level of suicidal ideation or intent during their visit. The program is made possible by a joint effort from the Utah CrisisLine, Utah WarmLine, and the Salt Lake County Mobile Crisis Outreach Teams. The program provides support, resource assistance, risk assessment, Counseling on Access to Lethal Means (CALM), and crisis intervention via telephonic encounters.

PROCEDURE & GOALS

FOUR CARING CONTACTS ARE PROVIDED VIA PHONE OVER 90 DAYS:

- 1-3 days post discharge
- 7-10 days post discharge
- 30-60 days post discharge, and
- 60-90 days post discharge

THE GOALS OF THESE ENCOUNTERS ARE TO:

- Create human connection through contact and support
- Reduce suicidal behaviors post discharge
- Provide continued suicide assessment and crisis planning
- Provide encouragement to follow up with discharge plans and outpatient care
- Provide resources and referrals
- Improve access to crisis services

RESEARCH & HISTORY

- The National Suicide Prevention Lifeline (NSPL), in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA), have identified caring contacts and follow-up services as best practice for NSPL affiliates following a mental health crisis.
- Evidence has shown a significant **risk of suicide and suicidal behavior immediately following discharge** from an inpatient facility or emergency department¹.
- As many as **70% of individuals who attempted suicide never attend their first appointment** or maintain treatment for more than a few sessions following an attempt².
- **Follow-up contacts are shown to lower the rates of suicide and suicide attempts** following inpatient or emergency department discharge by significant rates³.
- They have also been **shown to increase attendance in outpatient services**⁴. Follow-up contacts have been shown to be cost-effective and possibly even save money in the long run by reducing hospital readmissions⁵.
- Crisis centers are uniquely positioned to be a crucial resource for the administration of follow-up care, as they have the resources, trained staff, and technological capabilities to provide effective services and appropriate referrals. Effective use of crisis centers in follow-up contacts could **reduce community suicide rates by 20-30 percent**⁶.

KEY FACTS

The Safe Care Transition Follow-up Program began in March 2018. Overall, there were a total of 1,729 individuals added to the program for fiscal year 2020. Of these there were **1,536 unique individuals**, as some are enrolled more than one time following another encounter. The staff made **6,897 contacts or contact attempts**. Approximately 88% of the contacts or contact attempts were completed by the department's Certified Peer Support Specialists. These are "individuals who utilize their lived experience in recovery from mental illness and/or substance use disorder, in addition to skills learned in a formal training, to deliver services promoting recovery and resiliency."^{*}

^{*}Utah Department of Human Services, Substance Abuse and Mental Health

¹ Appleby et al., 1999; Qin & Nordentoft, 2005; Crawford, 2004; Goldacre, Seagroatt, & Hawton, 1993

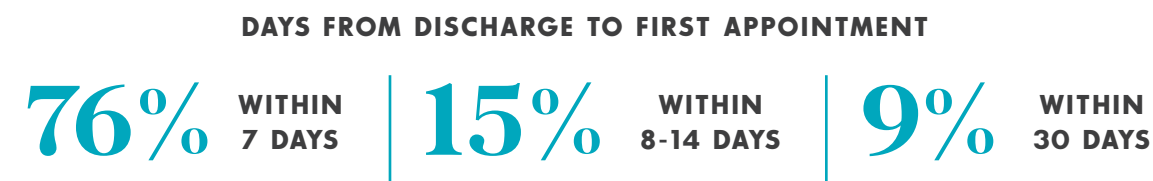
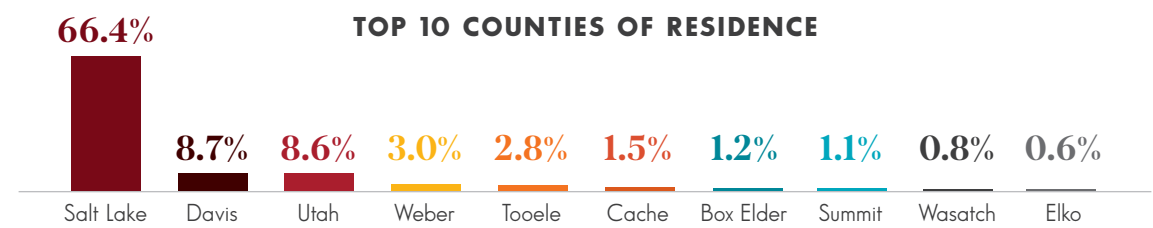
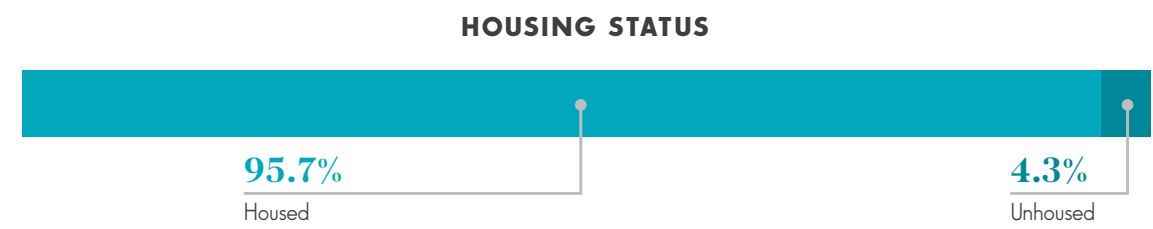
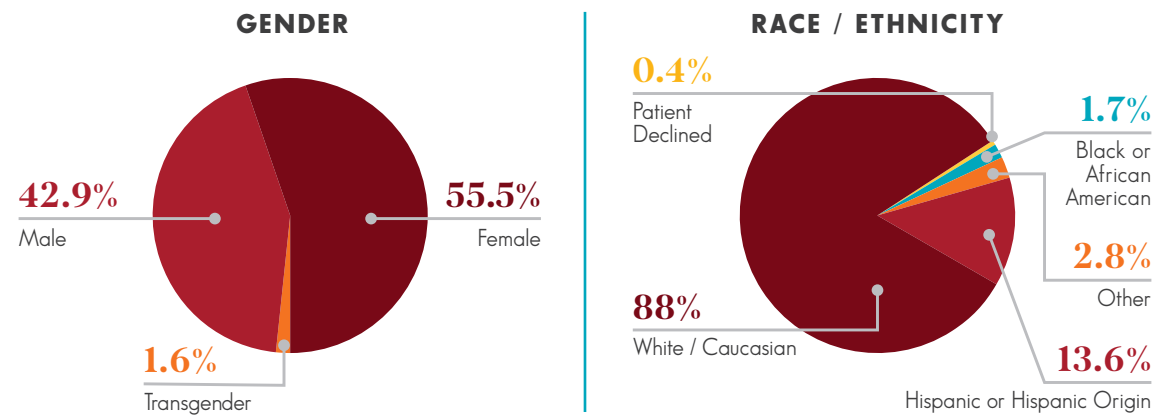
² Appleby et al., 1999; Boyer, McAlpine, Pottick, & Olfson, 2000; Jauregui, Martinez, Rubio, & Santo-Domingo, 1999; Tondo, Albert, & Baldessarini, 2006; Stanley et al., 2018

³ Fleischmann et al., 2008; Denchev et al., 2018; Miller, Camargo, & Arias, 2017; Luxton, June, & Comtois, 2013; Motto & Bostrom, 2001; Stanley et al., 2018; Vaiva et al., 2006; Mousavi & Nordentoft, 2005; While et al., 2012

⁴ Boyer et al., 2000; Stanley et al., 2018; Zanjani, Miller, Turiano, Ross, & Oslin, 2008

⁵ Denchev et al., 2018; Richardson, Mark, & McKeon, 2014

⁶ Appleby et al., 1999; Miller, Camargo, & Arias, 2017



	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019	Jan-Mar 2020	Apr-Jun 2020
New Individuals Added	31	248	377	317	307	389	377	347	319	631
Running Total	31	279	656	973	1280	1669	2046	2393	2712	3343
Percentage Growth from Prev. Qtr.	n/a	135.1%	48.3%	31.6%	30.4%	22.6%	17.0%	17.0%	13.3%	23.27%

ADULT OVERVIEW

The adult program provides follow-up for adults 25 years and older and has been supporting individuals since March of 2018. The adult program added 1,452 individuals during fiscal year 2020, 1,266 of whom were unique. The adult clients averaged 7 days of inpatient treatment before discharge, and the longest stay was 73 days. Individuals in the program had an average age of 40.8 years, and the most senior person in the program was 88 years old. A majority of the participants, 78.9%, were discharged from HMHI/UNI inpatient units, UUMC ED contributed 19.4%, and SJMC ED contributed 1.7%.

ADULT TREATMENT

At the time of discharge, 95.8% of patients were referred to some form of outpatient care. At the time of the first follow-up phone call (typically within 1-3 business days), over 62% indicated they had already participated in some type of outpatient treatment, and over 40% said they planned to do so. By the second follow-up, 74.2% reported attending outpatient treatment; and by the third follow-up, 76% said they had participated in outpatient treatment. There was a slight drop at the fourth follow-up to 74%, likely due to the decrease in respondents by the fourth follow-up.

	1st	2nd	3rd	4th
PLANS TO FOLLOW UP	40.5%	25%	24%	27.5%
HAS ATTENDED 1	36.6%	21.8%	9.6%	8.2%
ATTENDED MULTIPLE	26.2%	52.4%	66.4%	66%
REFUSED	0.4%	1.6%	0.0%	0.0%

Percentages are approximate and only include people we were able to reach and ask about follow-up appointments. Also, numbers may not add up to 100% due to some people being included in more than one category, i.e. plans to follow up and has already attended once.

YOUTH OVERVIEW

Our youth program provides follow-up for individuals aged 10 to 24. It began May 2020, therefore has only been active for two months out of the last fiscal year. Based on the number of new patients added during this time period, it is anticipated the youth program will add approximately the same number of individuals as the adult program. During the first two months, 293 clients were added to the program, of which 286 were unique individuals (like adults, some individuals become eligible for the program more than once). Youth in the program have a slightly longer inpatient stay than the adults, with an average of 8 days and the longest stay being 131 days. The average age for the youth program was 16.7 years old. The youth clients originate from HMHI/UNI inpatient approximately 89.8% of the time, UUMC ED about 7.8%, and SJMC ED about 2.4%.

YOUTH TREATMENT

Upon discharge, 98.5% of our youth clients were referred to services, which is slightly above the percentage of adults. Due to the program only being in existence for two months, there is no data for youth completing the program to the fourth follow-up. The preliminary data shows that over 70% of clients report participating in treatment by the time of the second follow-up.

YOUTH OUTPATIENT TREATMENT

	1st	2nd	3rd	4th
PLANS TO FOLLOW UP	28.6%	29.4%	43.8%	n/a
HAS ATTENDED 1	28.6%	11.8%	12.5%	n/a
ATTENDED MULTIPLE	42.9%	58.8%	43.8%	n/a
REFUSED	0%	0%	0%	n/a

Percentages are approximate and only for people we were able to reach and ask about follow-up appointments. Numbers may not add up to 100% due to rounding. And 4th follow-ups not completed yet.

CAC

The Clinical Assessment Center (CAC) follow-up program began on May 25, 2020, and follows up with patients aged 18 and older who were assessed but ultimately discharged home. There is a lack of significant data to report at this time, as only 17 patients were added during fiscal year 2020.

Training



Throughout the year, our staff have participated in numerous training opportunities, including but not limited to:

- State Crisis Worker Certification
 - Introduction to crisis intervention
 - Building rapport
 - Commitment laws
 - Law enforcement culture
 - Cultural humility
 - Confidentiality
 - Introduction to psychopharmacology
- Ethics, duty to warn, CPS/APS reporting
- Crisis Response Planning
- Counseling on Access to Lethal Means (CALM)
- Understanding military culture

Community Relations

The Community Crisis Intervention & Support Services team is committed to providing education, preventative services, and support to our community. Our staff have participated in numerous opportunities to provide increased knowledge on topics such as mental and emotional health, suicide prevention, crisis response, postvention efforts, de-escalation skills, safety planning, and general support services that are available.

TOTAL NUMBER OF COMMUNITY EDUCATION OUTREACHES BY MCOT

453

TOTAL NUMBER OF COMMUNITY PRESENTATIONS

27

TOTAL NUMBER OF COMMUNITY OUTREACH EVENTS BY SAFEUT MARKETING TEAM

120



CALLER SATISFACTION

Goal 80%

QUARTER 1



QUARTER 2



QUARTER 3



QUARTER 4



We are incredibly grateful to provide meaningful influence in the lives of Utahns, leading to hope and healing. Our compassionate team, best practices, and state-of-the-art technology will lead us into the future.