

A photograph of two men in business suits shaking hands in an office. The man on the left is a Black man, and the man on the right is a white man. They are both smiling. The man on the right is holding a tablet. The background shows a window with greenery outside.

Mandatory Provider Training Spring 2017

Housekeeping Reminders

- Once the WebEx starts, all lines will be placed on mute.
- To ask a question, either press the raised hand sign and we will unmute your line to ask a question or;
- Click the chat bubble in the right hand corner and type your question. The presenter can respond.
- To expand your screen, click on the directional arrows located above the right hand corner of the presentation window

Agenda

- Welcome: Boyd Woolsey, Optum SLCo Network Director (5 min)
- Suicide Prevention Training: Kim Myers, Utah Department of Human Services, Suicide Prevention Coordinator (2 hours)
 - 15 Minute Break
- Overview of Crisis Diversion Services available in SLCo: Julie Hardle & Robyn Emery- Optum SLCo Recovery & Resilience (20 min)
- Safety Planning: Noelle Gardner, CMHC Optum SLCo Care Advocate (15 min)
- PCONN Entry: Vicky Christensen, Optum SLCo Network Manager (10min)

Suicide Prevention Training

Kim Myers,
Utah Department of Human Services,
Suicide Prevention Coordinator



Break

15 Minutes



Overview of the Crisis Diversion Services available in SLCo

Julie Hardle & Robyn Emery
Optum SLCo Recovery & Resilience





Crisis
Diversion Services in Salt Lake County

Understanding the Crisis Options

Overview

Optum Salt Lake County's Crisis Redesign
Contractor University Neuropsychiatric Institute
Crisis Line 801-587-3000

Description of Services

Examples of Crisis Redesign Services

Goals of Crisis Redesign Task Force

The goal of Optum Salt Lake County was to work with community stakeholders to put into place a crisis redesign system.

The goals of the task force were to create:

- A Jail Diversion Program
- A Hospital Diversion Program
- Crisis Intervention Services for Consumers and Family Members wherever a psychiatric crisis occurs / i.e. at homes, schools, therapeutic offices, on the street.
- Utilization of Peer Support Specialists in all crisis intervention programs

Assistance Changing Providers or Making Appointments

Access for Assistance

– **Optum:**

1-877-370-8953

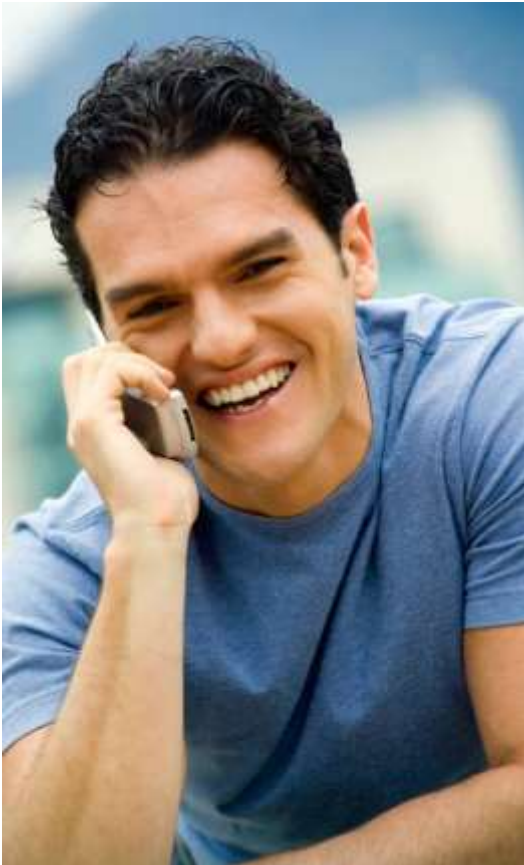


Crisis Diversion Services for Adults - Salt Lake County

The Services

MCOT Mobile Outreach Crisis Team	<ul style="list-style-type: none">▪ Referral through 911 Dispatch, Crisis Line, Self, Family, Friends, School, etc.▪ 24/7 Team goes to consumer (LCSW, Peer Specialist, by telephone Psychiatrist).▪ Team remains with consumer to de-escalate & offer or provide higher levels of care.▪ 801-587-3000
Warm Line	<ul style="list-style-type: none">▪ Not a crisis line, available to consumers that need support.▪ Staff of Certified Peer Support Specialists can relate to experience, listen, offer support and refer to community based services.▪ Available when support most needed 9 am to 10 pm, 365 days a year.▪ 801-587-1055
Recovery Wellness Center	<ul style="list-style-type: none">▪ An adult residential program for Salt Lake County residents experiencing an acute mental health issue. Emphasizes strengths & recovery.▪ Provides a longer stay option for crisis triage and intervention, assessment services, medication intervention and case management▪ 801-587-2460
Receiving Center	<ul style="list-style-type: none">▪ Short term (up to 23 hours) secure center providing therapeutic crisis management, an assessment based on strengths and psychiatric needs, medication intervention, and wellness recovery/discharge planning.▪ Access to higher levels of care if deemed necessary.▪ 801-587-7988
Crisis Line	<ul style="list-style-type: none">▪ 24/7 Crisis Line.▪ Staff by Licensed Clinical Social Workers trained as crisis workers.▪ Available both locally and statewide as the Utah affiliate for the National Suicide Prevention Lifeline▪ 801.587.3000

UNI Warm Line: 801-587-1055



- Non-crisis hotline for Salt Lake County residents
- 801-587-1055
- 365 days a year, 9 am to 10 pm
- Certified Peer Specialists offer support, engagement and a sense of hope

Mobile Outreach Crisis Team: 801-587-3000



- Multi-discipline Team: Clinician and Certified Peer Specialist
- 24 hours, 7 days a week
- Engages consumers on peer level
- Adult teams and family team
- Access Through Crisis Line:
 - 801-587-3000
- Request the MCOT team

Receiving Center

- Police, Family, Self, and Provider Referrals
- Access: 801-587-3000
- Open 24/7, 365 days a year
- Up to 23 Hour Stay
- Crisis Stabilization and Plan for Care going Forward



Wellness Recovery Center



- 24/7, 365 days a year
- Peer support services
- A longer stay option for Salt Lake County residents
- Psychiatric assessment & medication intervention
- Assist guest with WRAP
- Access for Providers - 801-587-2460
- Provides consumers a transition from higher levels of care back into their community

Peer Navigator

- Peer Navigator Program for those transitioning back to their community after an Inpatient stay
- The Peer Navigator program addresses those with the most acute needs
- Maintain contact with consumer
- Help consumers locate support
- Help peer develop a WRAP
- Assist consumers in establishing their own pathway to recovery



Example of Crisis Diversion Services





Crisis diversion for Children and Adolescents

Family Access to Stabilization and Treatment (FAST)

- Collaboration between Optum and the Salt Lake County Division of Youth Services for Medicaid youth ages 12-18, who are at risk of being removed from their home for inpatient hospitalization
- Also a step down option for inpatient transition
- Referrals from Mobile Crisis Outreach Team, Emergency rooms, Police, or inpatient hospitals
- Receive individual and family counseling, Family Resource Facilitator, family classes/groups, substance use treatment, and case management
- Follow up care includes; Individual and family therapy, family classes/groups. Family Resource Facilitators, in home counseling/therapy/parent modeling and substance use treatment

Crisis Interventions - FASTER

- Latency FAST program
- Ages 6-11 that live in Salt Lake County and have Optum Medicaid
- Used as a diversionary option to acute mental health inpatient services. Team is dispatched to the family's home
- Need to be in the custody of parents or in legal guardianship of responsible adult
- Can include- crisis intervention, temporary out of home placement, in home therapeutic services, individual and family therapy and medication management, behavioral interventions, case management, parent support/peer parenting, and Family Resource Facilitator
- Phone number – 801-216-3193
- Open 6 a.m. to 11 p.m. Monday - Sunday

Juvenile Receiving Center (JRC)

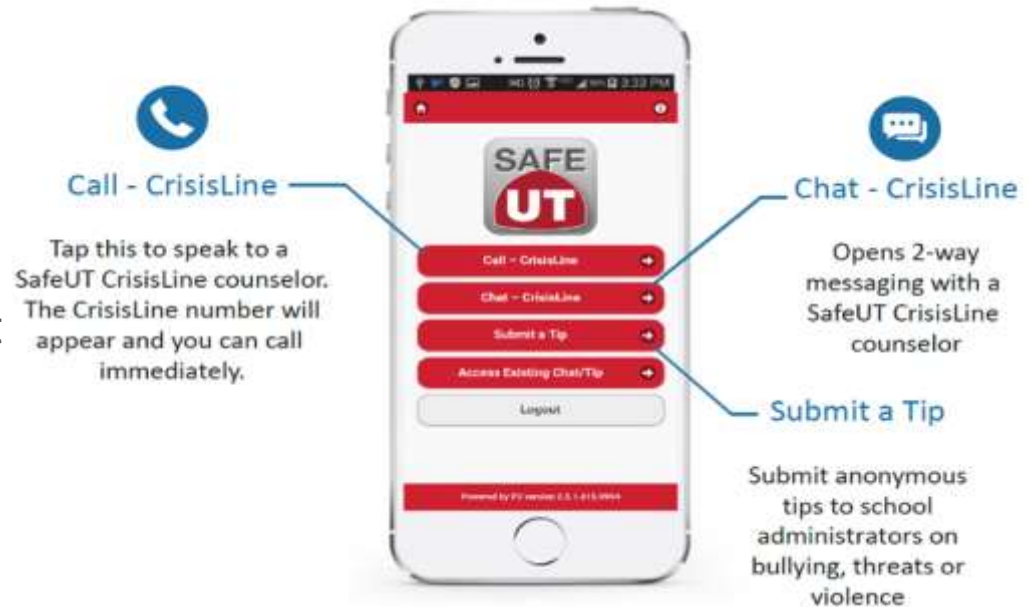
- Free crisis counseling, referrals and short- term placement for youth ages 8-17
- Parents can use as a short term “time out”
- No appointment necessary
- There are counselors available to deal with crisis if necessary



Safe UT Crisis Text and Tip Line

SafeUT Crisis Text and Tip Line

- Free, Anonymous, & Confidential Crisis Service
- Real-time, two-way communication with SafeUT crisis counselors available 24/7
- Answers crisis calls, texts, and chats – about you or someone else
- If an “active rescue” is necessary Counselor will alert emergency services to attempt a face-to face safety evaluation
- Tips can be submitted with picture and/or video
- Mobile app works with Apple & Android devices
- Developed with teens in mind but will talk to anyone that calls
- Covers the whole state of Utah 24/7



Outcomes

- Overall 57,255 people were served through the Crisis and Warm Lines for FY2016, for an increase of 2% from FY2015
- The programs were effective in diverting people from inpatient stays and emergency room visits. Only 6% of those served continued on to an inpatient stay and 4% into Emergency Departments for a total diversion rate of 90% across programs

Outcomes cont.

- FAST and FASTER have served 51 children (total) during quarters 3 & 4 of FY2016 through quarters 1 & 2 of FY2017
- FAST disposition of clients during the calendar year 2016
 - 2 children were sent to inpatient services, and 1 child went to a residential facility
 - 32 children returned home
 - 1 went to an alternative guardian
 - 1 went into foster care
 - 1 had unknown dispositionFor a total of 37 served

Safety Planning

Noelle Gardner, CMHC
Optum SLCo Care Advocate



Let's Practice

- Scenario Activity

Adult Scenario

- Taylor is a 30 year old female who was referred to you after a recent inpatient hospitalization. Over the past several years she has received various mental health services, mainly for depression which she reports have complicated her personal relationships and resulted in difficulties staying employed. She has a history of not staying engaged in services during times when she has taken on a multiple of activities like starting a new job, returning to school, starting a small business, etc. During her recent hospitalization Taylor's diagnosis was changed from MDD to Bipolar Disorder Type I and PTSD.
- She also has a history of SUD, but states she is presently clean and sober. "I only use a little weed to calm my nerves." Taylor admits that she uses alcohol when she becomes so overwhelmed with life that she just can't, "go on." She does admit that she has had two previous suicide attempts.

Adult Scenario cont.

- One was at age 19, during her freshman year of college, “I overdosed, but it wasn’t serious.” The second, again an overdose on prescribed medications at age 25 required medical intervention. “I broke up with my girlfriend, and didn’t want to live anymore.” Taylor states that her family is not supportive.” In fact she hasn’t spoken to anyone but her sister in several months. Taylor’s sister helped her apply for SSDI and she recently received word that she has been approved but will require a payee.
- She is having great difficulty coming to terms with being “disabled” and in today’s session she has said several times that she is, “tired, worn out, spent, I just don’t want to live this way.” On query she admits to thinking about “killing herself,” but states that isn’t new she often feels this way. She is guarded in sessions because she says doesn’t want to end up back in the hospital.

Adult Scenario cont.

- After all of today's training what are steps you would take? Give consideration to:
 - C-SSRS
 - Safety Planning
 - Crisis Diversion Services in SLCO



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Adobe Acrobat Document

Adolescent Scenario

- Angela is 14 years old and lives with her mother, step father, and 3 siblings. She has been a good student until about 6 months ago. Angela disclosed to her mother around that time that her step father was abusing her. Her mother didn't believe her and the step father is still in the home. He is a long haul driver and is away much of the time.
- Angela tries to stay away from home as much as she can when he is home. But it is getting more and more difficult to make excuses to be away during his home time. Angela tried going to her mother again and was told to stop telling lies and pull herself together or she will be finding somewhere else to live. Angela knows she can't support herself and is scared of the future. Her mother isn't protecting her and she feels that no one cares about her.
- This last conversation with her mother has made it evident to her that mom is not going to be there for her but she has no one else.

Adolescent Scenario cont.

- After a particularly difficult weekend with step father at home Angela ran away from home and was found several hours later in a park near her home with some questionable adults. When the police tried to take Angela she fought them. Now she is facing charges for resisting arrest.
- At the suggestion of the police Mom made an appointment with a therapist for Angela. When Angela went to her first session she was actively suicidal and confessed her plan to kill herself with some medications she had acquired from friends and her mother's "secret" stash of "anxiety" meds.



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Adobe Acrobat Document

Adolescent Scenario cont.

- After all of today's training what are steps you would take? Give consideration to:
 - C-SSRS
 - Safety Planning
 - Crisis Diversion Services in SLCO



Thank you

Recovery and Resiliency

Optum SLCO

877-370-8953

801-982-3217