

Crisis Center Data

The Behavioral Health Crisis Center has been a wonderful addition to eastern Idaho since opening December 12, 2014. We are a short-term resource for people who are experiencing a behavioral health crisis related to substance abuse or mental health issues or both combined. The crisis center is an easily accessed point of referral for those seeking help for their crisis.

The emergency rooms and jails have historically been the places used for acute help, but they do not offer crisis case management that is necessary to resolve the underlying issues. They fix the immediate issue and the client goes on their way. The crisis center has four purposes; provide a safe a safe environment, help a person identify what their underlying issues are, find resources to help them address those gaps, and set goals to improve their lives. The crisis center seeks to help clients find the best path forward and give them hope that they can make those incremental or larger steps toward a better life.

Knowing the value of the crisis center, the Eastern Idaho communities partnered with the center in a variety of ways:

- ◆ Substance abuse treatment providers complete assessments within 24-hour hours to get crisis center clients into treatment sooner.
- ◆ Local physicians have stepped up to see our clients quickly.
- ◆ Emergency rooms are referring clients to the crisis center so that people are learning to access care in appropriate settings.
- ◆ Local behavioral health agencies bring their clients for a tour of the crisis center while they are well so that when they are sick they will access the crisis center instead of the emergency room.
- ◆ The crisis center has been able to identify gaps in our system and work with our local stakeholders to fill them, such as greater coordination of services and transportation.

Preface:

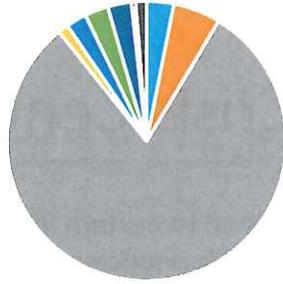
The following data is from a WITS extract covering services dates 12/12/14-09/30/15.

| Total Admissions | 1100 |
|----------------------|------|
| Male | 587 |
| Female | 508 |
| Unknown | 5 |
| | |
| Caucasian | 886 |
| Black | 36 |
| Asian/Pacific Island | 3 |
| American Indian | 24 |
| More than One Race | 118 |
| Other/Unknown | 33 |

| Unique Client Count | 500 |
|----------------------|-----|
| Male | 247 |
| Female | 251 |
| Unknown | 1 |
| | |
| Caucasian | 396 |
| Black | 12 |
| Asian/Pacific Island | 1 |
| American Indian | 14 |
| More than One Race | 47 |
| Other/Unknown | 28 |

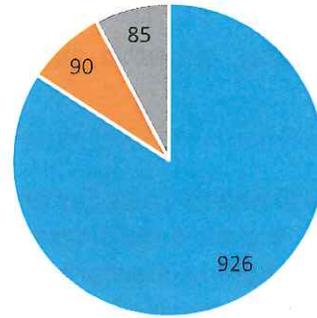
| Client Episode | Count |
|----------------|-------|
| 1 Episode | 316 |
| 2 Episodes | 78 |
| 3 Episodes | 35 |
| 4 Episodes | 17 |
| 5 Episodes | 12 |
| 6 Episodes | 9 |
| 7 Episodes | 12 |
| 8 Episodes | 7 |
| 9 Episodes | 1 |
| 10 Episodes | 6 |

Clients by County



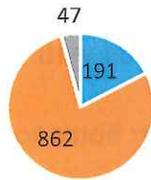
- Bannock - 34 ■ Bingham - 5 ■ Bonneville - 888
- Fremont - 13 ■ Jefferson - 26 ■ Madison - 30
- Out of State - 30 ■ Teton - 5

Veteran Status



- Never in military ■ Veteran ■ Unknown

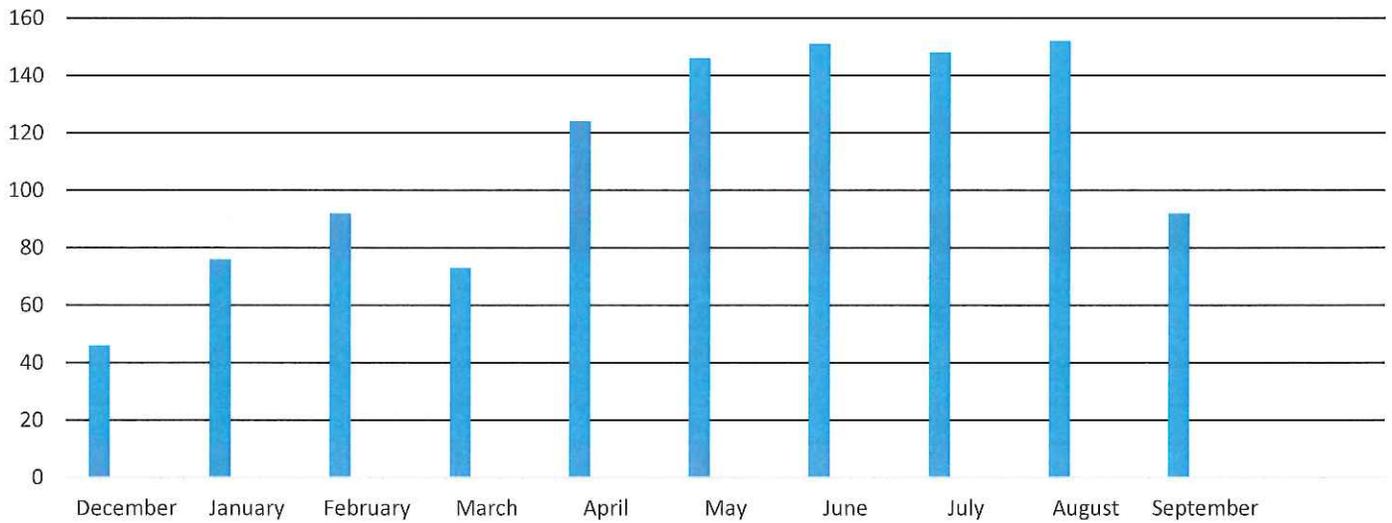
Referral Source

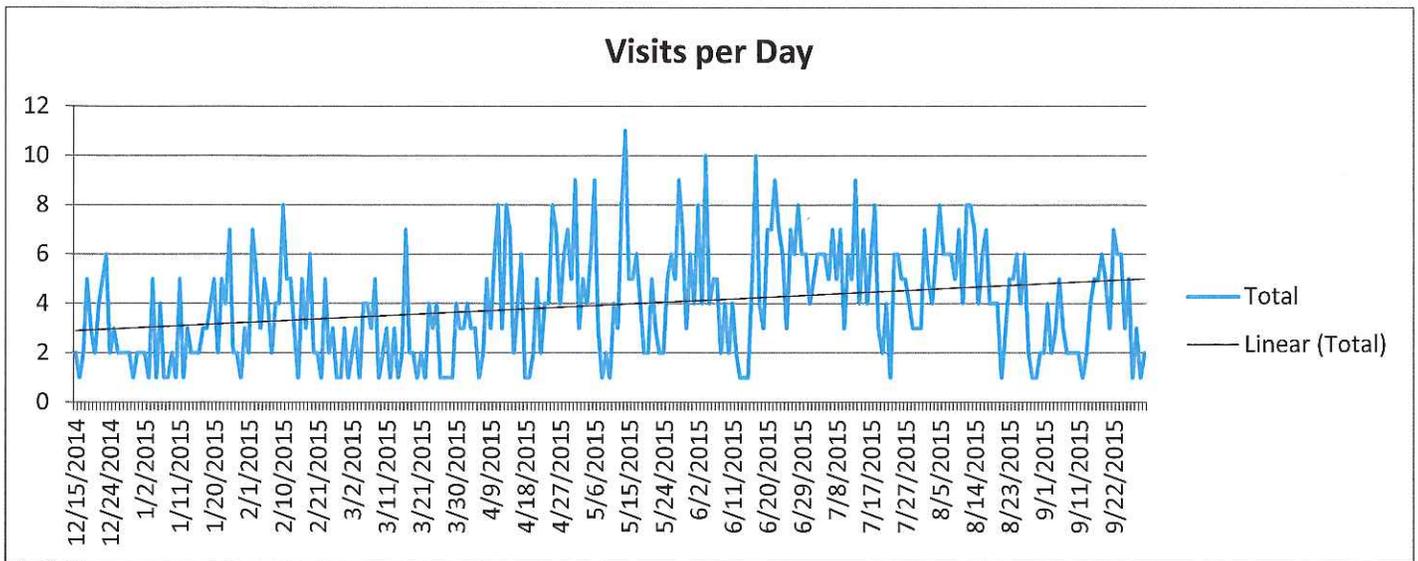


- Law Enforcement ■ Community/Self ■ Hospital

Rationale Note: Referral Source was consolidated down to three categories. Clients that were referred by Hospital were often escorted by police, in these instances the hospital was the referral source.

Visits Per Month





| Crisis Evaluation Diagnosis Type | Total |
|-------------------------------------|-------|
| Inadequate Information | 40 |
| Mental Health & Substance Use | 449 |
| Mental Health Only | 461 |
| No Significant MH or Substance Use | 31 |
| Substance Use Only | 117 |
| Blank | 2 |

Stories of Success

- Jane was homeless and now is in transitional living and on her way to being financially independent of any systems. She has been able to keep custody of her son.
- John came from a remote rural area to access services for his depression. His family is so grateful that there was a place for him to find help before it was too late.
- GI Joe was homeless and has schizophrenia. Through crisis case management he was able to be connected with VA services and get services such as medication and a counseling. He has been able to use the crisis center on occasion to help manage his chronic illness and keep him safe in the community and out of the state hospital.
- Mark was depressed and had a plan for suicide. He was brought to the crisis center by law enforcement. He worked with a case manager and came up with a plan for moving forward. He checked in with us recently to let us know that his life has greatly improved.
- Bruce, also a veteran, was homeless, panhandling and drinking heavily when he came to the crisis center. He has now entered treatment for his substance abuse, counseling for his prior traumatic experiences, and is living in a safe and sober housing unit. He is doing well.

